UN Country Team Joint Submission on the Progress towards the Implementation of the Convention on the Rights of Persons with Disabilities in Lao PDR

This Joint Submission on the progress towards the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) in the Lao People’s Democratic Republic (PDR) reflects the knowledge and analysis of both resident and non-resident UN agencies, funds, and programmes (UN AFPs) of the UN country team (UNCT) produced within their individual mandates and joint priorities under the Lao PDR-UN Partnership Framework (UNPF 2017-2021) and the new 2022-2026 Lao PDR-UN Sustainable Development Cooperation Framework (UNSDCF).

The preparation of this Joint Submission was led by UNDP on behalf of the UN country team.

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<td>ADWLE</td>
<td>Association for Development of Women and Legal Education</td>
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<td>Association for Autism</td>
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<td>AFD</td>
<td>Association for the Deaf</td>
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<td>Central Disaster Management Committee</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women (1979)</td>
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<td>Case-Free Village</td>
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<td>Cooperative Orthotic and Prosthetic Enterprise</td>
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<td>DHIS2</td>
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<td>Acronym</td>
<td>Description</td>
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<td>LNOB</td>
<td>Leave No One Behind</td>
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<td>National Strategy on Inclusive Education</td>
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<td>NSPS</td>
<td>National Social Protection Strategy</td>
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<td>NSSF</td>
<td>National Social Security Fund</td>
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<td>Post-Disaster Needs Assessment</td>
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<td>PSC-CMS</td>
<td>People's Supreme Court's Case Management System</td>
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<td>SDG Indicator</td>
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<td>Safe Path Forward – UXO strategy</td>
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<td>SNV</td>
<td>SNV Netherlands Development Organization</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>Sector Working Group</td>
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<td>TEMIS</td>
<td>Teacher Education Management Information System</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>TTC</td>
<td>Teacher Training College</td>
</tr>
<tr>
<td>TVET</td>
<td>Technical and Vocational Education and Training</td>
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<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
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<tr>
<td>UN AFP</td>
<td>UN agencies, funds, and programmes</td>
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<td>UNCT</td>
<td>UN country team</td>
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<td>UNPF</td>
<td>Lao PDR-UN Partnership Framework</td>
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<td>Lao PDR-UN Sustainable Development Cooperation Framework</td>
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<td>UPR</td>
<td>Universal Periodic Review</td>
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<td>UXO</td>
<td>Unexploded Ordnance</td>
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<td>Violence against Women</td>
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<td>VDBA</td>
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<td>VMU</td>
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<td>VNR</td>
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<td>WASH</td>
<td>Water, Sanitation, and Hygiene</td>
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<td>WASH FIT</td>
<td>WASH Facility Improvement Tool</td>
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<td>WG</td>
<td>Washington Group Disability Statistics</td>
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<tr>
<td>WVMF</td>
<td>War Victims Medical Fund</td>
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</table>
I. INTERNATIONAL AND REGIONAL COMMITMENTS

- **Article 32. International Cooperation**
  
  1. **International Classification of Functioning, Disability, and Health Framework (2001), ICF** - In 2001 at the 44th World Health Assembly, Lao PDR, together with other 190 Member States, endorsed the ICF, the WHO Framework for measuring health and disability.¹

  2. **ILO Conventions** - The ILO Convention Concerning Discrimination in Respect of Employment and Occupation (No. 111, 1958) was ratified by Lao PDR on 13 June 2008. The ILO Convention on Vocational Rehabilitation and Employment of Disabled Persons (No. 159, 1983) is yet to be signed and ratified.

  3. **Convention on Cluster Munitions (2008), CCM** - Lao PDR became the 1st country in Asia that ratified the CCM on 18 March 2009, which spells out the rights of persons with disabilities across sectors and victim assistance provisions for UXO survivors. The Government of Lao PDR hosted the 1st Meeting of States Parties to the CCM in Vientiane in November 2010, where the CCM Vientiane Declaration and the Vientiane Action Plan (2011-2015) were adopted.² No national implementation measures have been passed as called for under Article 9 of the CCM.

  4. **Convention on the Rights of Persons with Disabilities (2006), CRPD** - The CRPD was ratified by Lao PDR on 25 September 2009 with no declarations and reservations. The CRPD Optional Protocol is yet to be signed and ratified. In 2010, during the UPR 1st cycle, the recommendation on signing and ratification of the CRPD Optional Protocol (98.7) was noted by Lao PDR with the explanation that the Government “wishes to implement the Convention 1st before considering its Optional Protocol.”³ In 2015, during the UPR 2nd cycle, recommendation (121.28) to ratify the CRPD Optional Protocol was accepted by the Government⁴; however, the State Report on the UPR implementation progress submitted to the UPR Working Group in 2019, prior to the UPR 3rd cycle, highlighted the necessity to continue the harmonization of domestic legislation “leading to the consideration of ratification of those international human rights instruments at an appropriate time.”⁵ No specific recommendations on the ratification of the CRPD Option Protocol were made during the 3rd Country Review in 2020.

  5. **Incheon Strategy** - Lao PDR is committed to the ESCAP Incheon Strategy (2013-2022) to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific and its goals, targets, and M&E indicators to monitor the implementation of the CRPD in the region. No reports on the implementation of the Incheon Strategy have been submitted by Lao PDR to ESCAP to date.

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² CCM, *First Meeting of States Parties*, 2010. [www.clusterconvention.org/meetings/msp/1msp](http://www.clusterconvention.org/meetings/msp/1msp)

**Priority Recommendations:**

| 1.1 | Ratify the CRPD Optional Protocol. |
| 1.2 | In consultation with OPDs, review the progress of Lao PDR's implementation of the Incheon Strategy and compile the final State Report for submission to ESCAP. |

**II. NATIONAL DISABILITY PREVALENCE**

- **Article 31. Statistics and Data Collection**

7. **Disability Prevalence** - There are no regular special population-based disability surveys or disability module statistics about persons with disabilities in Lao PDR and, therefore, the reliable and comparable data on prevalence, profile, and needs of persons with disabilities remain scarce.

Over the past 20 years, the decennial Population and Housing Census (PHC) and individual household surveys used different methodologies, definitions, and measurements of disability, while some had different target populations. This has resulted in reported variances of disability prevalence in the country, ranging from 1.3 to 12.7 per cent.

**Disability Prevalence in Lao PDR Reported by the PHCs and Household Surveys in 2002-2016**

![Disability Prevalence Chart]

*Source: UNCT Lao PDR calculations from the open data.*

*Children between the age of 2-9.*
8. **3rd PHC** - The 3rd PHC carried out in 2005 asked a direct question: “is there a disabled person in the household?”. This was followed by a question specifying the type of disability according to five classifications: “visually impaired” (17 per cent), “deaf or dumb” (27 per cent), “arm or leg handicapped” (39 per cent), “multiple disabilities” (7 per cent) and “other disabilities” (10 per cent). The 3rd Census also sought to identify the cause of disability according to six classifications: “at birth” (39 per cent), “disease” (28 per cent), “accident” (16 per cent), “war” (11 per cent), “drugs” (1 per cent), and “other” (5 per cent). The medical-oriented methodology of the 3rd PHC estimated a prevalence rate of 1.3 per cent of the overall population.6

9. **4th PHC** - The 4th PHC in 2015 included a series of questions in line with the ICF functional capacity and the WG Short Set of Questions on Disability Statistics and identified the overall prevalence as 2.77 per cent. Higher prevalence was found in difficulties related to “seeing” (1.35 per cent) and “walking or climbing stairs” (1.3 per cent), followed by “hearing” (1.23 per cent) and “remembering or concentrating” (1.2 per cent), “self-care” (1.1 per cent) and “communicating” (0.95 per cent).

The 4th PHC pointed out “illness” (44.7 per cent) as the leading cause of disability, followed by “other causes” (24.74 per cent), “congenital causes” (18.95 per cent), “accident” (7.19 per cent), including road traffic accidents, “war” (3.74 per cent) and “UXO” (0.68 per cent). There was an apparent decrease in the incidence of the main disability causes compared to the 3rd PHC, particularly congenital causes (from 39 per cent to 19 per cent) and war/UXO (from 11 per cent to 4.4 per cent), possibly due to more effective obstetric and early detection services for the former, and reduction in the total number of war veterans and improvements in UXO detection and action. Over the past decade, illness grew from 28.5 to 44.7 per cent to become the top-disabling cause, likely due to a progressive increase of non-communicable diseases and aging-related diseases.7 8

10. **Disability Monograph Report** - In 2017-2020, the Lao Statistics Bureau, in cooperation with the NCDE, UNFPA, and Humanity and Inclusion, conducted an in-depth analysis of the disability data collected by the 4th PHC and developed the extensive Disability Monograph Report. The Report reflects the disability prevalence by, *inter alia*, demographic characteristics (age, sex, ethnicity, religion), household characteristics (household size, marital status, children, living standards), levels of discrimination in education, vocational training, and employment. It laid a strong foundation for further disability-inclusive development policies and improved disability-related data collection by Lao PDR.

However, several methodological limitations were noted in the 4th PHC design, questionnaires, data collection, and quality control mechanisms which restricted the reliability of some data of both the 4th Census and Disability Monograph Report. For example, some significant differences appeared between the standard questions recommended by the WG and the ones used in the 4th PHC: (1) the leading WG statement, which states “because of a health problem”, was not included as such in the

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4th PHC questionnaire; (2) questions 1 and 2 related to seeing and hearing difficulties did not include the 2nd part of the question (“even when wearing glasses / if using a hearing aid”). Moreover, the 4th PHC questionnaire and the Manual for Field Enumerators to Implement the Census had several discrepancies in the list and formulation of questions, and it is unknown who among enumerators used and who did not use the Manual, who included “even if wearing glasses / is using a hearing aid”, and who did not say so.9

In addition, the 2015 PHC did not take into consideration children with disabilities of age 0-5 years and had no direct questions on UXO. UXO only emerged as one response category under the question on causes of disabilities. Consequently, the 4th PHC defined only “people who reported UXO” as a cause of their disabilities, and this could lead to an under-estimation of UXO survivors since some of them may have reported another factor as the main cause of their disabilities.10

11. International Disability Data - In comparison to the 4th PHC, the international disability data indicates more robust prevalence rates in Lao PDR. The 2011 World Bank Report on Disability suggests that 8 per cent of people in Lao PDR have disabilities, which reflects the findings from the World Health Survey carried out by WHO and the World Bank in 2002-2004.11 Using a narrow and expanded conceptualization of disabilities among persons aged 18-65, the World Bank conducted a secondary analysis of the data available from the World Health Surveys for Lao PDR and concluded that the proportion of people with disabilities in the country was 3.1 per cent and 12.7 per cent, respectfully.12

Several national-level household surveys, including MICS13 and LECS1415, indicate disability prevalence higher than defined by the 4th Census and closer to international disability data.

12. DMIS Database - In line with the Key Intervention 2.1 of the National Strategy and Action Plan on Disabled Persons (2020-2030), as well as the 9th NSEDP (2021-2025) (Outcome 3.3), the NCDE has been working with Humanity and Inclusion to explore ways to develop a DMIS, centrally-managed database of persons with disabilities to (1) collect reliable household-level disability data; (2) coordinate the issuance of disability ID cards to document the eligibility for special benefits; (3) ensure individual case-management; and (4) monitor and report on Lao PDR’s national and international disability-related commitments, including the National Action Plan on Disabled Persons (2020-2030), CRPD and VNR. As the 9th NSEDP aims to develop “a central database of persons with disabilities and the elderly at the national level” (Outcome 3.3), it remains

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9 Ibid.
10 Ibid.
unclear whether the elderly will be a part of the upcoming DMIS database or will be targeted by another system.

The DMIS aims to connect and exchange information with the existing EMIS managed by the MoES, Health Management Information System (HMIS) managed by the MoH, and Labour Market Information System (LMIS) managed by the MoLSW.

The DMIS is to be piloted in two districts of Xieng Khouang and Savannakhet provinces in 2022.16

The 9th NSEDP calls for the relevant sectors to roll it out across all 17 provinces and Vientiane by 2025. However, there is no such target in the National Strategy and Action Plan on Disabled Persons (2020-2030).

To develop effective and applicable DMIS collection and analysis tools and support the Government in mapping its national and international disability-related commitments, in 2021, the DMIS Technical Working Group (DMIS TWG) consisting of the NCDE, OPDs, INGOs, UN AFPs, and diplomatic missions was established. As of June 2022, it held two regular meetings.

**Priority Recommendations:**

2.1  **(a)** Improve the use of the WG Short Set of Questions in the next 5th PHC in accordance with the international standards for inclusion of disability into PHCs; **(b)** apply the WG Child Functioning Modules (ages 2-4 years; and 5-17 years) to the 5th PHC.

2.2  Use the WG Extensive Set of Questions for creating the DMIS collection and analysis tools.

2.3  Clarify whether DMIS will include data on the elderly as aimed by the 9th NSEDP.

2.4  **(a)** Strengthen the collaboration between the DMIS pilot and UNICEF modelling of the child protection system in Xieng Khouang province; **(b)** increase budgetary allocations to expand the DMIS pilot to at least nine provinces; **(c)** increase efforts to issue disability ID cards for all persons with disabilities in these provinces.

2.5  Make the DMIS database publicly available and accessible.

2.6  Ensure the protection of personal information of persons with disabilities in the DMIS database.

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**III. NATIONAL LEGAL FRAMEWORK**

- **Article 4. General Obligations**
- **Article 5. Equality and Non-Discrimination**
- **Article 10. Right to Life**
- **Article 12. Equal Recognition Before the Law**
- **Article 17. Protecting the Integrity of the Person**

13. **Decree on Disabled Persons** - After ratifying the CRPD Convention, Lao PDR made significant efforts to internalize its provisions into Lao PDR’s domestic legislation by

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both issuing new and amending the existing legal provisions—directly targeting the rights of persons with disabilities.

In 2014, the Government adopted Decree No.137 on Disabled Persons, which legally domesticated the CRPD articles in the Lao context and defined “the principles, rules, and measures for the protection of the rights and legitimate interests of persons with disabilities” in the country (Article 1). Decree No.137 provided the 1st national definition of “persons with disabilities” as persons with “physical, mental or intellectual anomalies or defects including vision, hearing and speaking impairments for a long term, which hinder their daily activities and full and effective participation in society on an equal basis with others” (Article 2). Although this definition took a deficit approach, emphasizing “anomalies and defects”, it listed different types of disability, including mental and intellectual disorders, and created an important legal foundation for the promotion and protection of the rights of persons with disabilities “irrespective of the cause of disability” across the social, economic and cultural rights, civil and political rights, thematic rights and rights of specific groups of population (women and children with disabilities).17

14. Law on Disabled Persons - In 2018, Decree No.137 was replaced with the more detailed and expansive Law No.57 on Disabled Persons, which provided an adjusted definition of “a disabled person” in the spirit of the CRPD Article 1 as “an individual who has physical, visual, hearing, speaking, intellectual and memorizing impairment, as well as other forms of obstacles that hinder her/his full engagement in daily works, learning, and social activities” (Article 2). The definition of “obstacles” encompassed both environmental and social obstacles (Article 3).

Law No.57 spells out the rights of persons with disabilities to independent living in the community (Article 25), special and mainstream education (Articles 25, 30, and 31), health treatment and rehabilitation (Article 25, 28, and 29), participation in sports, culture, and leisure (Article 34 and 35), employment, TVET, and skills development (Articles 36-39), access to information, public facilities and transport (Articles 42-45). It also includes a provision for persons with disabilities to receive a disability ID card as part of the national effort to collect and desegregate disability data (Articles 17 and 18).

In addition, when a person with a disability is from a poor household or lives without a caregiver, Law No.57 guarantees her/his exemption from health treatment costs (Article 28), rehabilitation, prosthetic and mobility devices costs (Article 29), as well as special allowances “as stipulated by concerned regulations” (Article 41). Articles 32 and 37 call for public and private educational institutions to exempt or reduce the educational, TVET, and skills development fees for all persons with disabilities regardless of their economic status. When traveling by public passenger transport, all persons with disabilities shall also benefit from exemption or reduction of transportation and service fees, “as stipulated in relevant regulations” (Article 45). Article 39 provides profit, income, and excise tax exemptions for businesses owned by persons with disabilities, as well as customs exemptions for importing raw materials, equipment, components, and vehicles “to directly serve their production”.

The Law defines OPDs as associations, foundations, clubs, and other forms of organizations led by persons with disabilities with a mandate “represent and harmonize disabled persons to encourage, promote and protect their legitimate rights and interests” (Article 52). According to the Law, the establishment of an OPD requires approval from the Government (Article 52).\(^\text{18}\)

However, several limitations persist in the legal provisions of Law No.57. Article 5, for example, does not directly categorize four out of eight principles of the CRPD that shall be applied across all disability-related policies and operations in Lao PDR, such as respect for individual autonomy, accessibility, equality of opportunities, and respect for the evolving capacities of children with disabilities.

Although sign language appears among the mandatory standards for “specialized assistance in the educational institutions” listed in Article 31, the Law lacks general definitions of “communication” and “language” in line with those defined in the CRPD and overlooks sign language among other means of “accessibility and safety” and in the compulsory facilities to eliminate the environmental barriers (Article 3).

Law No.57 does not provide definitions of “reasonable accommodation”, nor does it list “denial for reasonable accommodation” as a form of discrimination against persons with disabilities. The definition of “discrimination on the basis of a disability status” fails to link it with a violation of human rights (Article 3). A definition and term of “universal design” is not used by the Law.

Article 25 on the Rights of Persons with Disabilities defines their right to live independently in the community. However, the standards to ensure this right are still absent. Personal assistance services – the key services to support persons with disabilities to live independently are not currently identified as a profession or covered under a certain profession by Law No.57 or any other regulations.

The Law does not directly recognize that women and children with disabilities are subject to multiple discrimination and, therefore, does not incorporate a gender- and age-sensitive perspective to promote the full enjoyment of human rights by such groups.

It also lacks special provisions and measures to guarantee persons with disabilities effective access to justice and legal aid, the right to liberty and security, freedom from torture and inhuman treatment, as well as to raise awareness to foster respect for the rights and dignity of persons with disabilities and combat stereotypes, prejudices, and harmful practices against them.

15. **Sectoral Laws** - Several laws of general application, issued or amended after the ratification of the CRPD, enforce equality between all Lao citizens irrespective of various discriminatory factors and address issues encountered by persons with disabilities across sectors. However, many of them are yet to be harmonized with the principles and rights recognized by the CRPD, including through terminology adopted in the Lao language in such laws, as outlined in Annex A. Through such sectoral laws, there is a repeating confusion between the Lao terms of “disability” and “amputation”.

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**Laws on Justice** - The 2015 revised Constitution of Lao PDR enshrines that “the State acknowledges, respects, protects and guarantees the human rights including fundamental rights of all Lao citizens in accordance to the Law” (Article 34). The Constitution directly refers to the rights of persons with disabilities in two instances: Article 28 entrenches the responsibility of the Government and society to provide social security benefits to the disadvantaged population, including amputees; and Article 39 guarantees that workers have the right to receive assistance in the event of incapacity or amputation acquired at work. The language used in the Constitution excludes other types of disability besides amputation.

Although, Article 4 of the Civil Code makes specifications concerning the human rights and equality of all Law citizens before the Law, its language and several legal provisions are vague in terms of ensuring the protection of civil rights and access to justice for persons with intellectual and mental disabilities.

It defines the capacity to act as “a personal capacity to exercise rights and obligations” (Article 68), while a person who lost the capacity to act as a “person incapable of acting or knowing the consequences of her/his actions due to her/his mental health issues” (Article 71). The Civil Code states that “lost capacity to act persons” are unable to create any juristic acts on their own and shall rely on their guardians as legal representatives (Article 77), including in establishing a will or receiving/waiving inheritance (Articles 602, 621 and 623). According to Article 75, People’s Courts shall assign a guardian for each person who is deemed to have lost capacity to act, either upon a request from a parent, Supreme People’s Prosecutor, related organization or without it, for her/him to proceed with claims or stand trial. In addition, Article 176 lists the mental issues of a spouse who has “lost her/his mind” as one of the 10 recognized reasons to approve a divorce.

The Civil Code defines special protection measures for children with disabilities. Article 217 obliges parents to take care of their children “who remain underage or become sui juris but has no capacity to act or work such as be “crazy or disabled””. It calls the Courts to apply all the measures “to protect the interests of children or spouse unable to work” when determining a divorce (Article 177). Article 487 enacts parents, guardians, or administrators (schools, hospitals, etc.) to be responsible for any damages caused by those “who are crazy” under their control.  

The Penal Code states that “the adjudication of criminal cases shall take place based on the principle that all Lao citizens are equal before the Law and the Courts” (Article 6), and refers to persons with physical and intellectual disabilities in several instances. Firstly, it defines persons with intellectual disabilities as those “who lost their brain functionalities” (Article 3) and exempts offenders with intellectual disabilities, recognized by a People’s Court, from infliction to a death sentence (Article 51).

The Penal Code directly defines “physical violence against women and children, elderly persons and people amputation” as a criminal offense; while failing to reflect other types of disability, as well as mental or psycho-social violence or abuse (Article 41). Article 225 provides a definition of “discrimination” in the spirit of the CRPD and states

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that “any person who discriminates a disabled person, puts pressure or restricts her/him from participating in political, economic, scientific, socio-cultural or family activities on the ground of a disability status, shall be subject to public criticism or re-education without deprivation of liberty or shall be sentenced to imprisonment for a term ranging from three months to two years […].” In addition, discrimination against children based on a disability defines an immediate sentence to imprisonment for a term ranging from one year to three years (Article 226).

The Penal Code does not include deprivation of liberty as a punishment to either those “who cruelly treat any person dependent on them” (Article 200), or “fail to take care of minor children, parents in need, sick spouses or spouses with an amputation” (Article 261) and primarily prescribes public criticism and re-education to offenders […].

In addition, the Penal Code defines punishments for criminal offenses causing either an amputation or disability by violating road traffic security and regulations (Articles 143-145 and 147-150), breaking work safety and hygiene (Articles 175 and 177-180), engaging in child labour (Article 176), violating regulations of medical treatment (Article 181), breaking factory and food safety or manufacturing fake food and goods (Articles 182, 183 and 290), practicing “black magic” (Article 184), torturing (Article 212), trafficking in persons (Article 215), providing misleading information on product quality (Article 289), forcing another to use illicit drugs (Article 324), or obstructing the performance of duties (Articles 371 and 396). Article 188 categorizes an increased penalty for a murder of a person “who cannot help her-/himself” among other vulnerable populations.20

Law No.37 on Criminal Proceedings enshrines that “criminal proceedings must be conducted on the basis of equality of all citizens before and under the Law, regardless of sex, nationality, ethnicity, socio-economic status, language, education level, occupation, religion, geography, etc.” (Article 13). Although persons with disabilities are not specified in Article 13 on equality, the Law calls for the national investigation agencies, Prosecutor’s Office, and People’s Courts “to create conditions for all citizens to exercise their rights”. The Law prohibits “deaf, blind and mute persons, persons who lost intellect and persons who lost mind” to attend court proceedings as witnesses (Article 70). In taking testimony “from a deaf, blind or mute person, a person who lost her/his intellect and person who lost her/his mind”, there shall be the participation of a caregiver, teacher, parent, guardian, or any other legal representative (Article 117). In cases when the accused or defendant is a person with vision, speech or hearing impairments, and persons with intellectual and mental disorders, the participation of a lawyer is mandatory; in cases when they have no lawyer or cannot find one, the Court of the case proceeding must help in finding a lawyer immediately (Article 71). Article 146 requires an immediate case suspension if there is a written confirmation from a medical professional that the accused person “is crazy, lost her/his mind”. In addition, during the investigation or a court hearing, or during the serving of a sentence of deprivation of liberty, special medical treatment measures can be applied towards a detainee or person serving a sentence with a certification of “being crazy, lost mind”. Time for such medical treatment shall be included in the time for serving a sentence.

(Articles 265 and 266). Article 9 states the alignment of Law No.37 with the international conventions ratified by Lao PDR. 21

According to Law No.41 on Juvenile Criminal Procedure, “when testifying or interrogating children with disabilities, such as children who are deaf, blind, mute, with weak intellect or lost mind, parents, guardians, teachers, experts or experienced persons, lawyers or other protectors must be present, while procedures must be conducted in an appropriate place” (Article 53). Article 84 enshrines that hearings involving child victims with disabilities should avoid their direct confrontation with defendants by using a veil or a mask, taking defendants out of the courtroom, or interviewing them by using video conference. 22

Law No.22 on People’s Courts also guarantees that “all citizens are equal before the law and national Courts, regardless of sex, nationality, ethnicity, socio-economic status, language, education level, occupation, religion, geography, etc.”, without including a disability status in the list (Article 9). The mandatory standards for judges of the Supreme Court and People’s Courts enshrined in Law No.22 include “good health” (Article 48 and 49), which according to the definition by Law No.58 on Healthcare, inter alia, means, proved “absence of disease or disability” (Article 3), 23 and may impede a person with a disability from being appointed as a judge. Law No.72 on Court Fees exempts claims for compensation for damages causing an amputation from the Courts’ fees, except for the lost court cases (Article 42). There are no exemptions defined for persons with disabilities to access justice. 24

**Laws on Participation** - Article 36 of the 2015 Constitution denies the right to vote and stand for elections to “crazy persons, persons who lost mind”. 25 This provision contravenes the CRPD and Article 9 of the outdated Decree No.137, which committed the Government to “ensure providing persons with disabilities with political rights such as: the right to vote and to be elected.” This denial to “crazy persons, persons who lost mind” is also enshrined in Law No.105 on Election (Article 4). Articles 8 and 10 of Law No.105 require candidates to the NA and PPAs “to be healthy” and provide “a good health certificate” when standing for elections, which according to the definition of “good health” by Law No.58 on Healthcare, may exclude persons with disabilities. In addition, in line with the CRPD provision on participation in political and public life, Law No.105 on Elections guarantees persons with amputation effective access to mobile voting at their locations if they cannot be physically present at the official locations of the vote (Article 34). Other types of disabilities are not covered by Article 34 of Law No.105. 26

Law No.74 on Civil Service also states that only “healthy” people are eligible to be appointed to serve, inter alia, in the State Party, ministries, central and local public offices, Lao Front for National Development, and other mass organizations (Articles 2

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and 17), which according to the definition of “good health” by Law No.58 on Healthcare may exclude persons with disabilities from taking posts in the public sector.\(^{27}\)

Law No.25 on Military Service provides for the mandatory conscription of male Lao citizens from birth between the age of 18-20 and the voluntary conscription of female Lao citizens from birth also between the age of 18-23, with proven good health (Article 9). Article 14 explicitly exempts “persons who are mute, crazy, lost mind, amputees and disabled persons” from the mandatory conscription.\(^{28}\)

Law No.74 on Sport and Physical Activities guarantees that “all Lao citizens regardless of age, sex, ethnicity, health status, disability, or socio-economic status” have equal right to exercise, play sports, participate in, watch, and organize sports competitions (Articles 6 and 13). Article 15 on Sport and Physical Activities for Persons with Disabilities calls for national sports agencies at all levels and the society to strengthen the participation of persons with disabilities in physical activities and sports events “for their physical and mental health, entertainment and integration into the society”, as well as to “research and develop activities and curricula for sport and physical exercises suitable for all types of disability”. Law No.74 also guarantees subsidies for persons with disabilities “to train and participate in local, national, regional and international competitions” (Articles 15), and benefits for sports athletes and referees in case of illness, disability, amputation, or death caused by sport and physical activity, either professional or amateur, by the National Sports Fund (Articles 38, 40 and 69). On the contrary, Article 33 on Standards and Conditions for the Lao National Team’s Athletes requires them to “be healthy”, which according to the definition of “good health” by Law No.58 on Healthcare may discriminate against persons with disabilities. Articles 73 and 74 provide the detailed terms of reference for the Lao National Paralympic Committee, which have no special requirements for the membership and participation of persons with disabilities or their representative OPDs in its decision-making. Law No.74 aims to contribute to the implementation of Lao PDR’s international obligations (Article 8).\(^{29}\)

Although Law No.03 on Performing Arts has no specific provisions on the rights of persons with disabilities, particularly the accessible formats of art and accessibility of cultural performances, services, and sites, it does guarantee to all Lao citizens “the equal right to access information, knowledge, entertainment, and performing arts products, cultural heritage, and national multi-ethnic traditions” (Article 6).\(^{30}\)

**Laws on Health** - Although the protection from discrimination on the ground of disability status is not outlined in the general principles of the State Policy on Hygiene, Disease Prevention and Health Promotion (among “sex, age, ethnicity, religion or belief, economic and social status”) set in Law No.73 (Article 6), its Article 43 firmly guarantees equal access to hygiene and health information, advice and services to “persons of all types of disability”. Article 5 states that hygiene and health promotion should comply with the international conventions that Lao PDR is a party to.\(^{31}\)

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Law No.58 on Healthcare singles out persons with disabilities among other target groups of the State Policy on healthcare (Article 4), guarantees all Lao citizens the right to life, and requires medical personnel to obtain free and informed “consent of patients or their relatives, when necessary” prior to any form of health treatment or procedure, “except for the cases of emergency, or if a patient is unconscious and has no close relatives.” (Articles 5 and 10). Article 35 calls to ensure issuing of “certificates of amputation” by healthcare professionals as legal evidence, referring to “medical and scientific principles” for their provision (Article 35). Certification of other types of disability is not regulated by Law No.58.32

Law No.60 on Health Insurance guarantees to “all Lao citizens” access to health insurance that covers medical services such as diagnostic and examination services, medical treatment, rehabilitation, hygiene, and health promotion, as well as non-medical benefits such as food, transportation, medical emergency supplies, etc. (Articles 2, 20 and 21). It does not spell out persons with disabilities as a particular target group of the State Policy on Health Insurance (Article 6), and excludes treatment of leprosy from the services covered by national health insurance (Article 22). It does not provide for any possible exemptions for persons with disabilities from contributions to the NHIF, but only for people in poverty (Article 10).33

Law No.53 on Vaccination guarantees equal access to vaccines and information on those to “all Lao citizens, especially women and children, regardless of sex, age, ethnicity, nationality, religion, and socio-economic status”, without referring to disability status, among others (Article 6). According to Law No.53, vaccination professionals must be “healthy” (Article 39); “good health and absence of mental disorders” are also among mandatory conditions for vaccine service providers (Article 50), which according to the definition of “good health” by Law No.58 on Healthcare may impede a person with a disability from being appointed as a vaccine professional or service provider. Article 46 states that “vaccine service providers are responsible for damage causing a disability or death and punished in accordance to the special regulations”. Law No.53 contributes to the implementation of the international conventions that Lao PDR is a party to (Article 8).34

Laws on Education - Law No.62 on Education reiterates that “all Lao citizens” have the right to education without discrimination based on different grounds such as ethnicity, origin, sex, and socio-economic status, without explicitly listing a disability status. It enshrines that primary and lower secondary education is compulsory (Article 4). Although the revised Law does not directly allow the establishment of segregated education, Article 32 refers to special education standards of “educational institutions for disabled persons,” which are set out “in the separate regulations”. Article 45 guarantees learning subsidies to “disadvantaged and disabled talented students, especially among women and girls”. In addition, Article 48 includes “good health” as one of the teacher’s mandatory requirements, which, according to the definition of

33 National Assembly, Law No.60 on Health Insurance (unofficial translation), 1 December 2019.
34 National assembly, Law No.52 on Vaccination (unofficial translation), 25 June 2018.
“good health” by Law No.58 on Healthcare, may impede a person with a disability from being appointed as a teacher.\(^{35}\)

Law No.63 on TVET introduces a new term of “students with problems,” which refers to “disadvantaged, disabled, amputees, and those undergoing reeducation, detention, or imprisonment” (Article 3). The Law guarantees “support through the use of policies for credit, exemptions and reductions on customs tariffs and tax” for vocational training of students with problems (Articles 4 and 63), as well as the support of enhancing skills and knowledge of “teachers teaching students with problems” (Article 88). Disability status is not reflected in the list of the non-discrimination principles of the State Policy on TVET (Article 5).\(^{36}\)

**Laws on Employment and Social Protection** - Labour Law No.43 enshrines the “promotion of employment for the poor, disadvantaged, disabled, unemployed, and for those with social problems” (Article 4), as well as the “promotion of occupational freedom, working from home, and hiring of disadvantaged persons, women, disabled persons, or the elderly” (Article 33) and prioritizes “disadvantaged persons, the poor, and the disabled” in the national labour skills development system (Article 9). While the Law does address issues such as providing suitable jobs and aid in the case of work-related disability, it fails to protect persons with disabilities in areas such as workplace discrimination.\(^{37}\)

Profit Tax Law No.67 exempts salaries and allowances of persons with disabilities from being liable for tax (Article 35). Article 52 also guarantees that allowances for subsistence expenses are deducted from the annual income of a household with “a dependent person with no income, such as father, mother, wife or husband, and child” before the annual income tax is calculated.\(^{38}\) The newly adopted Excise Tax Law No.68 does not exempt goods and services produced by persons with disabilities from exercising tax, which is at odds with the outdated 2011 Tax Law No.05.\(^{39,40}\)

Law No.54 on Social Security again refers to the international conventions that Lao PDR is a party to (Article 8) and requires compulsory registration of “persons with amputation acquired in the Armed Forces and their caregivers” with the NSSF (Article 90). It enshrines allowance for occupational accidents and diseases, as well as unemployment benefits for persons with amputation, calculated based on six levels of working capacity loss between 15 per cent and 100 per cent (Articles 28, 29, and 83). The Law describes working capacity loss as a "loss of physical ability or normal mind condition, loss of organ or amputation due to an accident or disease, including occupational” (Article 3). It guarantees monthly subsidies for the families with children (under age 18) “who are disabled or lost mind”, preventing them from working (Articles...
41 and 64), and the provision to persons with disabilities with prostheses and mobility equipment by the NSSF (Articles 31 and 55).

**Laws on Humanitarian Situations** - Law No.71 on Disaster Management guarantees disaster survivors, particularly “pregnant women, children, disabled persons and the elderly”, equal access to emergency relief assistance (food, water, clothes, and temporary shelters), essential health services, and information, repairs of private housing, as well as income opportunities (Article 43), in line with the international conventions ratified by Lao PDR (Article 8). However, it fails to define the special safety and security needs of persons with disabilities in the disaster management process, disaggregation of disability data in case of emergency, accessible early warning systems, post-disaster (re-)construction, and rehabilitation.

**Laws on Children and Women with Disabilities** - Law No.05 on Protection of the Rights and Interests of Children provides a definition of “children with disabilities” as children “who are not whole in body, mind or spirit so as to cause suffering and affecting their growth and development” (Article 2). Article 16 states that “disabled children shall receive health examinations and treatment in various treatment facilities with the service fees to be paid by the NSSF”, but denies “children who are not fully conscious” to decide the method and place of appropriate medical treatment. Article 30 ensured access to education and vocational training for children with disabilities without discrimination. Moreover, the Law guarantees the confidentiality of medical examinations of children’s “physical and mental conditions” (Article 62).

Law No.86 on Youth outlines young people with disabilities as one of the main target groups of the State Policy on the protection of the rights and needs of Lao youth (Article 9), and provides a definition of “disabled youth” as young persons with “physical, sensory, intellectual, psycho-social and other impairments, including difficulties in mobility” (Article 18). The Law commits the Government, legal entities, Lao Veterans’ Union, Lao Front for National Development, and other mass organizations, social organizations, families, and individuals to protect the rights of youth with disabilities, particularly by protecting them from stigma and discrimination and providing access to education, including vocational training, healthcare, employment opportunities, social security, cultural life and sport (Articles 25 and 38).

Law No.8 on the Development and Protection of Women has no direct references to the rights of women with disabilities and does not explicitly mention a disability status in the list of the prohibited grounds of discrimination against women (Article 3).

Law No.56 on Preventing and Combatting Violence against Women and Children specifies disability in the definition of discrimination against both women and children (Article 4), but lacks provisions on disability-sensitive referral systems, recovery

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services and facilities, reintegration, accessible information, and education on exploitation, violence, and abuse.\(^\text{46}\)

There are no references to women with disabilities in Law No.77 on Gender Equality, including in Article 8 enshrining equality “regardless of age, ethnicity, socio-economic status, or sex”.\(^\text{47}\) As with most of the above-mentioned laws, Laws No.56 and No.77 commit to the implementation in line with the international conventions that Lao PDR is a party to.

**Laws on Accessibility** - One of the principles of construction activities set in Law No.05 on Construction is to ensure building “facilities for disabled persons and the elderly” (Article 5). It remains unclear whether this principle enables persons with disabilities to access facilities and services open to the public or only those specifically constructed for them. Access to public transport and buildings by persons with disabilities is not mainstreamed across the Law’s Articles, including those on technical standards and norms, project assessments, and authorizations.\(^\text{48}\)

Law No.40 on Urban Planning, aimed to ensure that Lao urban planning and development are “balanced, convenient, peaceful, hygiene-safe, beautiful and civilized”, does not refer to either accessibility or universal design (Article 1). Law No.40 and its provisions on urban design, certification, construction, and modification highlight the “safety” of infrastructure in several instances but lack mentioning the accessibility and other needs of persons with disabilities.\(^\text{49}\) However, both Law No.05 and Law No.40 guarantee their adherence to Lao PDR’s international obligations.

Although Law No.24 on Land Transportation refers to the international conventions ratified by Lao PDR (Article 8), it does not ensure accessibility among other State Principles for Land Transportation, such as “quality, convenience, comfort, speed and safety” (Article 5), and has no references to the rights and needs of persons with disabilities in its regulations for stations and stops (Article 43), parking areas (Article 53), bus and ticket shops (Article 55). However, Article 24 on obligations of passenger transport vehicles requires transport operators to allocate seats for “monks, the elderly, disabled persons, amputees, pregnant women, and children”. Law No.24 also obliges drivers of public and private land vehicles to “be healthy” (Article 14), which according to the definition of “good health” by Law No.58 on Healthcare, may be interpreted as a denial to persons with disabilities to obtain driving licenses.\(^\text{50}\)

Law No.53 on Civil Aviation provides a definition of “special passenger,” which means “a passenger under supervision and control, including persons who lost mind” (Article 3). “Special passengers’ safety measures” are listed among the key civil aviation safety measures provided both onboard and within civil aviation infrastructure (Article 123); however, the Law fails to define what those special passengers’ measures involve. Accessibility is again not specified in the main principles of the State Policy on civil

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\(^{48}\) National Assembly, *Law No.05 on Construction (unofficial translation)*, 26 November 2009.


\(^{50}\) National Assembly, *Law No.24 on Land Transportation (unofficial translation)*, 12 December 2012.
aviation among “quality, convenience, promptness, safety, transparency and fairness”, however Law No.53 states that civil aviation services in Lao PDR shall meet “the international standards” (Article 4), including the regulations of the International Civil Aviation Organization, and international conventions that Lao PDR is a party to (Article 8). There are no provisions regarding the rights of persons with disabilities from the principles of planning and (re-)construction of airports and their compounds (Articles 50-57) to general flight conditions and responsibilities of passenger carriers (Articles 179 and 180). In addition, the general standards for civil aviation technical personnel require “perfect physical state and health” (Article 37), which according to the definition of “good health” by Law No.58 on Healthcare, may exclude persons with disabilities. Article 106 guarantees compensation to passengers with a “trauma, amputation or death” caused by a flight accident.

Although Laws No.01 on Media, No.17 on Radio Communications, and No.09 on Telecommunications refer to non-discrimination principles of the State Policy on Access to Local and International Information, as well as Lao PDR’s international obligations, they fail to guarantee equal access to information by persons with disabilities. Law No.01 requires heads, deputy heads of media organizations, and journalists to be “healthy” to receive certification (Articles 29, 32, and 34), which according to the definition of “good health” by Law No.58 on Healthcare, may prevent persons with disabilities from obtaining a media certificate.

16. **National Action Plan on Disabled Persons** - The National Action Plan on Disabled Persons (2026-2030), enacted in August 2020 by the NCDE, *inter alia*, seeks to amend at least five pieces of legislation to bring them into full compliance with the CRPD. (Key Intervention 8.3).

**Priority Recommendations:**

3.1 In consultation with OPDs, revise Law No.57 on Disabled Persons to bring it into full compliance with the CRPD, including by adding a definition of “children with disabilities” and children-specific provisions.

3.2 In consultation with OPDs, revise the sectoral laws to bring them into line with the human rights model of disability and remove Lao terminology that excludes and/or demeans persons with particular types of disability, particularly from the 2015 Constitution, Civil Code, Penal Code, Law No.37 on Criminal Proceedings, Law No.41 on Juvenile Criminal Procedure, Law No.72 on Court Fees, Law No.105 on Election, Law No.25 on Military Service, Law No.58 on Healthcare, Law No.54 on Social Security, and Law No.53 on Civil Aviation.

3.3 In consultation with OPDs, revise the sectoral legislation, particularly Law No.37 on Criminal Proceedings, Law No.22 on People’s Courts, Law No.60 on Health Insurance, No.73 on Hygiene, Disease Prevention and Health Promotion, Law No.53 on Vaccination, Law No.62 on Education, Law No.8 on the Development and Protection of Women, Law No.77 on Gender Equality, Law No.01 on Media, Law No.17 on Radio Communications,

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and Law No.09 on Telecommunications, to include disability status among other prohibited grounds of discrimination.

3.4 In consultation with OPDs, revise provisions in the 2015 Constitution, Civil Code, Law No.37 on Criminal Proceedings, and Law No.105 on Election that deny persons with intellectual or mental disorders and persons deprived of their legal capacity to exercise civil and political rights.

3.5 Revise the definition of "good health" in Law No.58 on Healthcare to bring it in line with the WHO Constitution.

3.6 In consultation with OPDs, revise (a) Labour Law No.43 to protect persons with disabilities from discrimination in the workplace; (b) Excise Tax Law No.68 to exempt goods and services produced by persons with disabilities from exercising tax; (c) Law No.54 on Social Security to require registration with the NSSF of all persons with all types of disability beyond those with amputation from the Armed Forces.

3.7 In consultation with OPDs, revise Law No.71 on Disaster Management to bring it in full compliance with the Sendai Framework for Disaster Risk Reduction 2015–2030.

3.8 In consultation with OPDs, (a) particularly the Association of Children with Disabilities, revise Law No.05 on Protection of the Rights and Interests of Children, particularly the provisions that deny children with intellectual or mental disorders to decide the method and place of appropriate medical treatment; (b) particularly the Lao Women’s with Disabilities Association (LWWDA), mainstream rights of women with disabilities in Law No.8 on the Development and Protection of Women, Law No.56 on Preventing and Combating Violence against Women and Children, Law No.77 on Gender Equality and other sectoral legislation.

3.9 In consultation with OPDs, revise the sectoral legislation, particularly Law No.05 on Construction, Law No.24 on Land Transportation, Law No.53 on Civil Aviation, Law No.01 on Media, Law No.17 on Radio Communications, and Law No.09 on Telecommunications to establish and mainstream universal design standards, a system of sanctions for non-compliance, and complaints mechanisms for persons with disabilities.

### IV. NATIONAL INSTITUTIONAL FRAMEWORK

- **Article 8. Awareness-Raising**
- **Article 33. National Implementation and Monitoring**

17. **Implementation of International Conventions** - Law No.18 on International Conventions and Agreements administers the implementation of each international convention ratified by Lao PDR under the auspices of the concerned Ministry, while the MoFA is assigned responsible for the overall coordination of dissemination, monitoring, and reporting (Articles 124). According to Law No.18, each ratified Convention shall be translated into Lao (Article 7) and disseminated in two languages on the MoFA website, and the Lao Gazette website managed by the MoJ (Article 83). Article 125 calls the administrating Ministry to ensure the implementation of the ratified instrument by (1) issuing new or amending the existing laws to fully align the domestic legislation with Lao PDR's international obligations (Articles 8 and 125); (2) developing a long-term and
annual Plan of Action to operationalize and monitor the implementation of the Convention and related domestic laws; as well as (3) cooperation with the international mechanisms (Article 125).55

18. **Convention on the Rights of Persons with Disabilities, CRPD** - The CRPD was officially translated into Lao in 2014, printed in a handbook format in the amount of 500 copies, and distributed among civil servants, military police officers, and citizens. As of June 2022, it has been published only on the website of the NRA in English but not on the MoFA “International Treaties” webpage (www.mofa.gov.la/index.php/treaty-and-laws/56-treaty-and-laws/217-international-treaty) and the MoJ Lao Gazette website (www.laoofficialgazette.gov.la). There are no publicly available accessible formats of the translated CRPD, such as easy-read versions, in Braille and Lao sign language.

Although Law No.57 on Disabled Persons is available on the MoJ Lao Gazette website, it has not been produced and disseminated in accessible formats either. There is no official translation of Law No.57 into English.

19. **National Committee for Disabled Persons and Elderly, NCDE** - The MoLSW at the central, provincial, and district levels is appointed to administrate all the disability-related activities by Law No.57 on Disabled Persons (Article 66). Article 67 describes the duties of the MoLSW, that, *inter alia*, include the creation and amendment of laws and policies concerning the rights of persons with disabilities, drafting strategies and plans, their broad dissemination, making proposals on the State Budget allocations, considering proposals of establishment and management of OPDs, receiving and considering complaints, monitoring and reporting. In addition, the Minister of Labour and Social Welfare acts as the Chairperson of the NCDE, “non-standing [inter-governmental] organization” that coordinates disability-related activities across sectors; while the Department of Policy to Devotees, Disability and the Elderly (MoLSW) serves as its Secretariat (Article 49).56

The NCDE is appointed by the Prime Minister and consists of 10 Deputy Ministers and representatives of the CSOs (the Law does not specify which ones) (Article 49). The NCDE holds meetings at the central, provincial, and district levels on an annual basis (Article 51). Initially established in 1995 as National Committee for Disabled People (NCDP),57 the NCDE has seen its role and functions reinforced with Law No.57: (1) it prepares and adopts policies, laws, and strategies; (2) studies international conventions and protocols; (3) coordinates their implementation by, *inter alia*, liaising with the public and private sectors, and international organizations; (4) publicizes and disseminates policies, laws, and strategies; as well as (5) monitors and reports on the implementation of Law No.57 on Disabled Persons (Article 50). The distinction between the duties of the MoLSW (Article 67) and the NCDE (Article 50) remains unclear, while coordination of disability data collection is not prescribed to either body. In contrary to Law No.18 on International Conventions and Agreements, the country-level implementation and monitoring of the CRPD are not directly reflected in either the responsibilities of the MoLSW or the NCDE.

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57 Prime Minister’s Office, *Decree No.732 on National Committee for Disabled People (unofficial translation)*, 1995.
20. **National Strategy and Action Plan on Disabled Persons** - In August 2020, the MoLSW, through the NCDE, enacted the National Strategy and Action Plan on Disabled Persons (2020-2030), which defines eight key areas, 23 projects, and 86 activities, divided into two five-year phases. The key areas of intervention include: (1) raising public awareness; (2) data and statistics; (3) healthcare; (4) accessibility of physical environment, information, communications, and services; (5) work and employment, including TVET; (6) social protection; (7) participation in cultural life, recreation, and sports; (8) disability-inclusive governance. Access to justice, inclusive education, and disaster management are not separated as priority areas.

By 2030, the National Strategy and Action Plan (2020-2030), inter alia, aims to report the progress of their implementation to the CRPD Committee. Both the NCDE and MoLSW are assigned responsible for the intervention (Key Intervention 8.6).

21. **National Fund for Disabled Persons** - Law No.57 establishes the National Fund for Disabled Persons, financed from the State Budget, contributions from individuals, legal entities, civil society, and international organizations, as well as "disabled persons’ activities" (Articles 54 and 55). The Fund targets TVET, skills development and job promotion for persons with disabilities, assistance to persons with disabilities in case of an emergency, allowances for poor households with a person with a disability, etc. (Article 56). The operations of the NCDE are not reflected in the expenditures of the National Fund, and it remains unclear how they are financed. The National Fund budgetary allocations, its sources, and annual delivery are not publicly available.

In 2021, the MoLSW initiated the drafting of two new Decrees: (1) to establish an NCD, distinguishing the focus on disability from aging; (2) to refine the terms of reference of the National Fund for Disabled Persons.

22. **National Human Rights Committee, NHRC** - According to Decree No.77 on the NHRC, the NHRC is an overarching “ad-hoc [inter-governmental] organization mandated to coordinate the promotion, protection, and fulfillment of human rights of Lao citizens”. Amended on 25 February 2021, in accordance with Decree No.09 on the Appointment of the NHRC, the NHRC is a “non-standing governmental organization, serving as an advisory body for the Government in doing research, guiding and supporting activities that aim at promoting and protecting human rights, as well as other fundamental rights entitled by Lao citizens. Moreover, the Committee helps the Government in ensuring effective and smooth coordination between the central and local authorities with regard to human rights issues, as well as international cooperation and coordination on such issues under its scope of responsibility, with the Treaty and Law Department, Ministry of Foreign Affairs, acting as the secretariat and focal point”.

The NHRC is chaired by the Minister of Foreign Affairs, administrated by the Department of Treaties and Law (MoFA), and consists of the Deputy Head of the Prime Minister’s Office, thirteen Deputy Ministers, including the Deputy Minister of Labour and Social Welfare, representatives of the NA, the People’s Supreme Court, the Supreme People’s Prosecutor’s Office, Lao People’s Revolutionary Youth Union, Lao Front for National Development, NCAWMC, Lao Federation of Trade Unions, and the National Economic and Social Science

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58 Prime Minister’s Office, Decree No. 09 on the Appointment of the National Human Rights Committee (unofficial translation), 25 February 2021.
Institute. The NCDE is not an independent NHRC member. Each NHRC member has a Ministry’s Focal Point on Human Rights responsible, inter alia, for collecting sectoral data for State reporting to the international human rights mechanisms.

Close coordination and clarity over the division of responsibilities are critical between the NHRC, NCDE, and MoLSW, in particular those outlined by Law No.18 on International Conventions and Agreements and Law No.57 on Disabled Persons, given the potential overlap of the NHRC, including on: (1) information dissemination and awareness-raising; (2) harmonization of the domestic legislation with the ratified international conventions; (3) reporting to the international human rights mechanisms; and (4) facilitation of the implementation of the recommendations emanating from the Country Reviews by the international human rights mechanisms (Article 3). The budget of the NHRC is sourced from the annual budget allocated to the MoFA (Article 8). 59

As outlined by Lao PDR’s views on UPR 3rd cycle conclusions and recommendations, the NHRC, in cooperation with the NCDE, NCAWMC, and the National Steering Committee on Anti-Human Trafficking, corresponds to Lao PDR’s National Human Rights Institution (NHRI). However, it should be noted that none of the bodies fully meet the Paris Principles on the criteria of independence and pluralism. All four recommendations on strengthening the Lao NHRI in full compliance with the UN Paris Principles were noted by Lao PDR in the UPR 3rd cycle (115.31-115.34). 60

23. Disability-Inclusive Development Working Group, DID WG - In 2018, the INGO Network of Lao PDR established the DID WG: (1) to increase coherence in disability-related programming, partnerships, and advocacy; (2) to exchange information, particularly on the regulatory framework, data, good practices, and lessons learnt from individual disability-related programming and advocacy; (3) to develop and implement joint disability-related activities. The DID WG meets every three months and, as of June 2022, consists of 26 INGOs, OPDs, UN AFPs, and diplomatic missions active in the area of work. Lao PDR’s Review by the CRPD Committee and the participation of OPDs in the reporting and follow-up processes were identified as one of the DID WG’s joint priorities for 2022.

Priority Recommendations:

4.1 Make the CRPD in Lao available in accessible formats (easy-read, in Braille and Lao sign language).

4.2 Publish the CRPD in English, Lao, and accessible formats on the MoFA website and the MoJ Lao Gazette website.

4.3 Make the official English translation of Law No.57 on Disabled Persons available for international development partners.

4.4 Elaborate additional interventions to promote access to justice and legal aid in the National Strategy and Action Plan on Disabled Persons (2020-2030).

4.5 Establish a standing platform for annual dialogue between the NCD(E) and DID WG.

59 Prime Minister’s Office, Decree No.77 on the Appointment of the National Human Rights Committee (unofficial translation), 26 September 2019.

60 A/HRC/44/6/Add.1, Lao PDR Addendum, Views on Conclusions and/or Recommendations, Voluntary Commitments and Replies Presented by the State under Review, 16 September 2020.
V. NATIONAL IMPLEMENTATION
A. OVERALL NATIONAL PLANNING AND MONITORING

24. The 8th National Socio-economic Development Plan, NSEDP - The 8th NSEDP (2016-2020) paid limited attention to the rights of persons with disabilities. Output 2.5, “Improvement of and Access to Social Protection”, identified three priority activities related to disability:
   - Build infrastructure for the accommodation of disabled officials;
   - Conduct a survey on persons with disabilities and the elderly; and
   - Implement a project for basic healthcare provision for persons with disabilities and the elderly.

The “Cross-Cutting Output” referred to young persons with disabilities in the priority activity to “promote technical education to young people and juveniles in urban and rural areas, and especially those disadvantaged by living in remote rural areas or by their gender or ethnicity, and people with disabilities”.61 There were no references to persons with disabilities and disability-specific priority activities within other outcome and output areas of the 8th NSEDP.

The Mid-Term Review (MTR) of the implementation of the 8th NSEDP did not report the results of the disability-related priority activities under Output 2.5; and recommended to “establish the issue of disability as a stand-alone cross-cutting issue in the 9th NSEDP” (2021-2025), with particular focus on economic empowerment, access to basic services, inclusive healthcare and education, awareness-raising, "systematic budgetary allocations to implement the CRPD", and data disaggregation.62

During the UPR 3rd cycle, the Government accepted a similar recommendation on mainstreaming the rights of women, children, persons with disabilities, and other relevant groups into the 9th NSEDP (115.57).63

25. The 9th National Socio-economic Development Plan, NSEDP - Although a separate “Cross-Cutting Output” on persons with disabilities was not formulated in the 9th NSEDP, the Plan refers to the rights of persons with disabilities in a more systematic manner than the 8th National Plan – across several outputs on labour skills development and equal access to labour markets (Output 2.3), equal opportunities and development (Output 3.3), youth (Output 3.4), social security services (Output 3.5), lives safe from UXO (Output 3.6), good governance and justice (Output 6.3). For example, as outlined in Clause 12, Section II on the National Disability Prevalence, the Plan aims to develop a central database of persons with disabilities and the elderly and, by 2025, roll it out across all 17 provinces and Vientiane. It also seeks to improve the management of the NSSF to make it “more sustainable, effective and accountable”, increase registration of new insurance members, and strengthen and expand the social

63 A/HRC/44/6/Add.1, Lao PDR Addendum, Views on Conclusions and/or Recommendations, Voluntary Commitments and Replies Presented by the State under Review, 16 September 2020.
protection schemes to poor households, persons with disabilities, children with special protection needs and groups vulnerable to trafficking.\textsuperscript{64}

In the UXO sector, the 9\textsuperscript{th} NSEDP prioritizes enhancing mine-risk training and education, including through school curricula, raising public awareness on the CRPD and the rights of persons with disabilities, as well as expanding victim assistance on medical treatment, mental health, physical rehabilitation, TVET and employment opportunities to those impacted by UXO.\textsuperscript{65}

Moreover, the 9\textsuperscript{th} National Plan aims to improve access to gender- and age-sensitive legal aid services and justice, with a focus on persons with disabilities, among other vulnerable groups. The promotion of participation of persons with disabilities and the elderly in public life is also identified as one of the cross-cutting priority measures for the effective implementation of the Plan.\textsuperscript{66}

However, the outputs on healthcare services (Output 2.1), education (Output 2.2), infrastructure (Output 5.1), as well as on prevention, control, and post-disaster recovery (Output 4.3) overlook direct references to the rights of persons with disabilities, disability inclusion, and accessibility.\textsuperscript{67}

The 9\textsuperscript{th} NSEDP M&E Framework (2021-2025), adopted together with the 9\textsuperscript{th} National Plan for the 1\textsuperscript{st} time, defines only two national indicators targeting data on persons with disabilities:

- Unemployment rate (by sex, age, and disability status) with the 2025 target of 15 per cent (in line with SDGi 8.5.2 and Indicator for the implementation of the CRPD 27.20); and
- Number of UXO survivors received assistance in: (1) medical services (with the 2025 target of 250 persons); (2) mental services (with the 2025 target of 250 persons); (3) rehabilitation services for UXO-related injuries (with the 2025 target of 750 persons); (4) skills training and employment (2,000 persons); (5) training on the CRPD and rights of persons with disabilities (with the 2025 target of 2,500 persons).

The MoLSW was assigned to monitor and report on both indicators on an annual basis.

All other 9\textsuperscript{th} NSEDP indicators, including on health insurance, school and TVET enrolment, drop-outs and graduation rates, involvement in physical exercises and sports, poverty rates, access to social security and justice, birth registration, etc., require disaggregated data by sex or age only, or no disaggregation at all.

The 9\textsuperscript{th} National Plan defines a separate indicator, monitored by the MoFA, on the percentage of the implemented recommendations emanating from the 2022 CRPD Country Review with the 2025 target of 50 per cent.

\textsuperscript{64} National Assembly, 9\textsuperscript{th} National Socio-Economic Development Plan (2021–2025), 22-26 March 2021.
\textsuperscript{65} Ibid.
\textsuperscript{66} Ibid.
\textsuperscript{67} Ibid.
Indicators for implementation of the CRPD and Incheon Strategy are not currently integrated into the 9th NSEDP M&E Framework or any other in-country monitoring platforms.\textsuperscript{68}

26. **Localized SDGi** - In 2019, the National SDGs Steering Committee and Lao Statistics Bureau contextualized the Global Indicator Framework for the SDGs and targets and issued a National Master List of 238 SDGi for Lao PDR with 102 SDGi remaining the same as global, 60 adjusted SDGi, and 76 new SDGi.

Lao PDR’s Master List reflects three SDGi that seek to monitor data on disability: 52 (education enrolment), 113 (average hourly earnings), and 234 (population in UXO contaminated villages with information on Confirmed Hazardous Areas), not currently aligned with the 9th NSEDP M&E Framework.

A number of global SDGi with reference to disability such as 1.3.1 (social protection floors/systems), 4.5.1 (parity indices in education), 8.5.2 (unemployment rate), 10.2.1 (people living below 50 per cent of median income), 11.2.1 (access to public transport) and 16.7.1 (positions in national and local institutions) were adjusted to the Lao context and excluded disaggregation by disability status. The global SDGi 11.7.1 (open space for public use), 11.7.2 (victim of physical or sexual harassment), and 16.7.2 (population who believe decision-making is inclusive and responsive) that require the collection and monitoring data on persons with disabilities were not integrated into Lao PDR’s Master List. \textsuperscript{69}

The National SDGs Steering Committee, chaired by the Prime Minister, appointed sectoral ministries’ Focal Points on SDGs to collect and report data against the relevant localized SDGi, particularly within the VNR process.

27. **Voluntary National Review on the implementation of the 2030 Agenda, VNR** - The analysis of the 2018 VNR paid limited attention to persons with disabilities and their rights, referring to the description of the legal and institutional frameworks on disability challenges in the data collection and disaggregation.\textsuperscript{70} The 2021 VNR provided a brief description of the situation of persons with disabilities in Lao PDR with the statistics from the 4th PHC, legal and institutional frameworks, and regional and international cooperation on disability inclusion. The priority disability-related actions identified by the Government in the 2\textsuperscript{nd} VNR Report included (1) clear division of functions of different Governmental Institutions in the new Decree on Social Relief for Persons with Disabilities; (2) data disaggregated by disability status, including on UXO survivors, on the IMS of the NSPS; (3) more disability-specific “questionnaires” for the next 5\textsuperscript{th} PHC. The 2021 VNR did not examine the implementation of SDG10 and SDG16 (which underpin progress towards a disability-inclusive implementation across all the SDGs), and lacked disability-disaggregated statistics against either global or localized SDGi of the selected nine SDGs.\textsuperscript{71}

\textsuperscript{68} National Assembly, 9\textsuperscript{th} NSEDP M&E Framework (2021–2025), 22-26 March 2016.
\textsuperscript{69} National SDGs Steering Committee, Localized SDG Indicators of Lao PDR, 6 June 2019.
28. Indicators of the National Action Plan on Disabled Persons - The National Action Plan on Disabled Persons, enacted in August 2020, introduced a list of indicators for 2020-2025 different from the 9th NSEDP M&E Framework and localized SDG:

- **Key Area 1 – Raising Public Awareness** - 2,000 employees from the public and private sectors better understand the CRPD and the rights of persons with disabilities;
- **Key Area 1 – Raising Public Awareness** - 5,000 people with disabilities, their families and caregivers, and OPDs’ representatives better understand the basics of disability work;
- **Key Area 2 – Data and Statistics** - 1 centrally-managed database of persons with disabilities created;
- **Key Area 2 – Data and Statistics** - 600 employees from the public sector have the knowledge and capacity to collect and disaggregate disability data; 1 national survey to collect disability data conducted;
- **Key Area 3 – Healthcare** - 400 health workers, including sexual and reproductive health service providers, strengthened the capacity to provide services to persons with disabilities;
- **Key Area 3 – Healthcare** - 1,800 women and children with disabilities benefited from sexual and reproductive health training;
- **Key Area 4 – Accessibility** - 10,000 individuals (including policy-makers, engineers, physicians, teachers, families, and caregivers of persons with disabilities) have an increased understanding of accessibility in compliance with the CRPD; three pieces of legislation to promote accessibility issued or amended; and
- **Key Area 4 – Accessibility** - Technical Standard Guide on Accessible Public Facilities, focusing on both construction and maintenance, is developed and approved.72

29. Localized Disability Indicators and NCM - In 2021, the MoLSW initiated a series of cross-ministerial consultations to identify the priority Indicators for implementation of the CRPD and Incheon Strategy and adapt them for the Lao PDR context. Lao PDR’s Master List of Disability Indicators is to be finalized in 2022.

The Disability Indicators are to be monitored by the NCD(E)’s NCM, the terms of reference for which are currently being developed. The purpose of the NCM is to strengthen national coordination for implementing and monitoring Law No.57 on Disabled Persons, National Strategy and Action Plan on Disabled Persons (2020-2030), CRPD, and SDGs with stakeholders, both governmental and non-governmental.

The 36 members of NCM will include the same Ministry members of the NCDE listed in Law No.57 on Disabled Persons (Article 49), plus the Ministry of Defence (MoD), Ministry of Public Security (MoPS), Ministry of Home Affairs (MoHA), Lao Red Cross, Lao Veterans’ Union, Lao Women’s Union, Lao Revolutionary Youth Union, Lao Federation of Trade Unions, Lao Front for National Development, Ministry of Natural Resources and Environment (MoNRE), Ministry of Agriculture and Forestry (MAF),

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Ministry of Technology and Communications (MoTC) and nine OPDs, registered both as NPAs and micro and small enterprises.

The NCM will meet on a quarterly basis. Its decisions are to be made by consensus; in case it is impossible to reach consensus, decisions are made by voting (minimum 50 per cent +1). The NCM will be funded from the State Budget, which will include the distribution of funds to OPD members to participate in the implementation and monitoring activities.\(^\text{73}\)

Each governmental NCM member is to appoint a Ministry’s Focal Point on Disability, who will be responsible, *inter alia*, for collecting data against Lao PDR’s Disability Indicators and reporting through the DMIS database described in Clause 12, Section II on the National Disability Prevalence.\(^\text{74}\)

Source: National Committee for Disabled Persons and Elderly, 1\(^{st}\) Draft Terms of Reference of the National Coordination Mechanism, June 2021.

It remains unclear how the duties of the MoLSW, NCDE, new NCD, new NCM, including ministries’ Focal Points on Disability, ministries’ Focal Points on SDGs, NHRC, and its Focal Points on Human Rights, will be divided and coordinated.

30. **Indicators of the UPR Plan of Action** - During the 3\(^{rd}\) UPR cycle, Lao PDR accepted all disability-related recommendations, including on disability-inclusive climate-change adaptation (115.49), 9\(^{th}\) NSEDP (115.57), access to social services (115.144), resources for the implementation of the National Action Plan on Disabled Persons (2020-2025) (115.222-115.224), and special needs of children with disabilities (115.225)\(^\text{75}\).

\(^{73}\) National Committee for Disabled Persons and Elderly, 1\(^{st}\) Draft Terms of Reference of the National Coordination Mechanism, June 2021.


\(^{75}\) A/HRC/44/6/Add.1, Lao PDR Addendum, Views on Conclusions and/or Recommendations, Voluntary Commitments and Replies Presented by the State under Review, 16 September 2020.
Since 2020, the MoFA has been leading the preparation of Lao PDR's Plan of Action to implement the recommendations accepted by the Government in the 3rd UPR cycle. As of June 2022, the draft Plan (in English) provides eight disability-related priority actions different from those in the 9th NSEDP, National Action Plan on Disabled Persons (2020-2025), their M&E Frameworks, and localized SDGi:

- Organize workshops to disseminate the CRPD, Law No.57 on Disabled Persons, and National Strategy and Action Plan on Disabled Persons (2020-2030) (target from the National Strategy and Action Plan on Disabled Persons [2020-2025]: 2,000 employees);
- Print the CRPD and related laws and policies and disseminate them among OPDs and the general public (target: 2,000 copies);
- Amend the 2010 National Strategy on Climate Change and monitor operations of industries in coordination with the affected groups of the population, including persons with disabilities (no target);
- Issue stand-alone legislation on special schools for persons with disabilities (no target);
- Improve the curriculum for special-needs students, including those with disabilities (no target); and
- Ensure improving and building appropriate infrastructure for vulnerable groups, including persons with disabilities, under the Urban Development Plan (2 similar actions) (no target).76

Priority Recommendations:

5.1 In consultation with OPDs, mainstream the rights of persons with disabilities across all the outcomes, and at least 80 per cent of the outputs of the 10th NSEDP.

5.2 Ensure the 10th NSEDP M&E Framework is aligned with the reviewed National Master List of the localized SDGi, indicators of the National Action Plan on Disabled Persons (2020-2030), and the upcoming National Master List of Disability Indicators.

5.3 Revise the National Master List of the localized SDGi to ensure disability disaggregation of at least SDGi 1.3.1 (social protection floors/systems), 4.5.1 (parity indices in education), 8.5.2 (unemployment rate), 10.2.1 (people living below 50 per cent of median income), 11.2.1 (access to public transport) and 16.7.1 (positions in national and local institutions), in compliance with the Global SDGi Framework.

5.4 Ensure that the upcoming National Master List of Disability Indicators encompasses all the existing disability-related indicators across sectors.

5.5 Assign and strengthen the capacity of the existing sectoral ministries’ Focal Points on SDGs and NHRC’s Focal Points on Human Rights to collect statistics against the upcoming National Master List of Disability Indicators, and report through the DMIS database.

76 National Human Rights Committee, Draft Plan of Action for the Implementation of the 3rd UPR Cycle’s Recommendation Accepted by Lao PDR, as of 22 March 2022.
5.6 Clarify the distribution of duties on awareness-raising, implementation, monitoring, and reporting on the CRPD between the MoLSW, NCDE, new NCD, new NCM, and NHRC.

5.7 Ensure the Plan of Action for the Implementation of the 3rd UPR cycle’s recommendation accepted by Lao PDR is implemented in alignment with the 9th NSEDP, National Action Plan on Disabled Persons (2020-2025), their M&E Frameworks, and localized SDGi.

5.8 Prioritize the collection and reporting of disability data on the reviewed localized SDGi for 2024 VNR.

B. JUSTICE

- **Article 13: Access to Justice**
- **Article 14: Liberty and Security of the Person**

31. **Justice Surveys** - There is limited evidence of increased understanding of, or access to legal processes among persons with disabilities.

The 2011 country-level Survey on the People’s Perspectives on Access to Justice, led by the Lao Bar Association (LBA), identified that customary justice mechanisms were the most familiar and trusted among people, and that poverty, language, and accessibility were the main obstacles preventing people from accessing remedies through Courts. However, the Survey methodology did not explicitly target persons with disabilities among the 600 respondents.

In 2015, the MoJ, with support from UNDP, undertook the Public Justice Survey that found that, among 1,443 respondents, public knowledge of the functions of the main justice institutions was very low, and knowledge of grievance submissions to the relevant justice institutions was lower among persons with lower levels of education, women and ethnic groups. However, as the selection of the surveyed households was randomized, none of the 1,443 responders identified themselves as a person with a disability.

Although the 2nd round of the Service Users Feedback Survey (SUFS-2), undertaken in 2021 by the MoHA, with the support from UNDP, to capture the experience of public services users and assess the performance of local government authorities, included 39 respondents with disabilities, justice institutions were not included in the list of six public service providers selected by the Survey’s methodology.

32. **Court Cases** - In 2016-2018, 27,464 cases (18,895 criminal and 8,569 civil cases) were brought to the Courts across Lao PDR, with 15.4 per cent being subsequently resolved. There is no data on the number of court cases involving persons with disabilities to date. The piloted PSC-CMS, with the statistics from all the levels, lacks

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disaggregation/search function by a disability status of either a plaintiff or defendant and management of the requests for procedural accommodations.\textsuperscript{81}

As outlined in Clause 15, Section III on the National Legal Framework, Law No.72 on Court Fees does not exempt claims filed by persons with disabilities from the Court service fee (80,000-100,000 LAK per a civil case, plus documentation fees), except for compensation for damages causing a disability (Article 42).\textsuperscript{82}

33. Village Mediation Units, VMU - VMUs were established in 1997 under the MoJ Decision No.304, followed by several amendments and, most recently, Prime Minister’s Decree No.626 on Village-Level Dispute Mediation. Established under the MoJ, VMUs are grass-root “law-related institutions, which play a role in solving village-level disputes […] using peaceful means based on both the legal framework and local traditions”.\textsuperscript{83} They are responsible for handling civil, family, labor, trade, environmental, and minor criminal disputes, including those involving children (Article 15). VMUs are also authorized to disseminate legislation and raise legal awareness at the community level (Article 42).

Each VMU is composed of a Head, Deputy Head, and three members, with invited representatives from the Lao Front for National Development, Lao Women’s Union, Lao Revolutionary Youth Union, and other relevant organizations on a case-by-case basis (Article 27). Persons with disabilities are not explicitly listed as special invitees for VMUs to consider in Decree No.626. The mandatory standards for a Mediator include “not to be insane” and “prove good health” (Article 44), which according to the definition by Law No.58 on Healthcare, \textit{inter alia}, means proved “absence of disease or disability” (Article 3). As of 2021, there are 41,320 members of VMUs. Members are often not sensitized to the needs of vulnerable groups, including persons with disabilities, and are ineffective when dealing with more complex legal issues.\textsuperscript{84}

There is a fee for the VMUs’ services (no more than 200,000 LAK per case, with each party required to pay a half).\textsuperscript{85} Decree No.626 does not exempt persons with disabilities from the VMU service fee, but only people in poverty (Article 40).

According to the Decree, physical abuse against women and children, persons over 60 years of age, and persons with disabilities are considered insidious crimes and are not addressed at the VMU level (Article 21).\textsuperscript{86}

As of 2021, there are 8,469 VMUs established under the MoJ in all villages across the country.\textsuperscript{87} As of 2021, VMUs collectively processed 1,893 disputes (1,486 civil and 407 criminal disputes), while 212 are yet to be resolved. As the standardized form for annual dispute data collection does not include disability status, there is no data on the number of VMU disputes involving persons with disabilities filed and/or resolved to date.

\textsuperscript{81} Sukjoo Kim, \textit{Transition to E-Governance in Laos}, May 2018.
\textsuperscript{82} National Assembly, \textit{Law No.72 on Court Fees (unofficial translation)}, 25 June 2019.
\textsuperscript{83} Ministry of Justice, Office of the Supreme People’s Prosecutor, People’s Supreme Court and Ministry of Security, \textit{Master Plan on Development of the Rule of Law in Lao PDR toward the Year 2020}, August 2009.
\textsuperscript{84} ASEAN Intergovernmental Commission on Human Rights, \textit{Thematic Study on Legal Aid}, 2019.
\textsuperscript{86} Prime Minister’s Office, \textit{Decree No. 626 on Village Mediation Units (unofficial translation)}, 22 October 2021.
\textsuperscript{87} UNICEF, \textit{Assessment of the Child Protection System on Lao PDR}, June 2021.
The recent MoJ campaign to declare villages with all disputes being resolved at the grass-root level without appealing to the formal justice mechanisms to be “Case-Free Villages” (CFV) may, on occasion, result in certain cases involving vulnerable groups, including persons with disabilities, not being referred upwards in order to meet national targets. In 2021, there were 436 CFVs declared across the country.

As of 2018, the Government also designated 25 Model Villages that complied with the Law selected by the MoJ from 8,514 villages across the country. There were also 55,516 Law Model Families, which is equivalent to some 4.7 per cent of the families in Lao PDR. Information on whether the selected Model Villages and Model Families had community or family members with disabilities is not available.

Under the Legal Sector Master Plan (LSMP) for 2009-2020, the MoJ developed the Dispute Mediation Handbook and VMU Training Manual. While the Handbook lists special considerations for the resolution of disputes involving women and children (Articles 5.1 and 5.2), it lacks references to persons with disabilities and their needs, including when providing recommendations for mediation room arrangements.

34. **Legal Aid** - In line with Law No.37 on Criminal Proceedings (Article 71), Decree No.77 on Legal Aid defines persons with disabilities as those “with long-term physical and mental impairments, including sensory impairments such as vision, hearing and speech impairments” (Article 3) and targets them as the recipients of free legal aid services (Articles 2 and 32), which include four categories: (1) legal information, (2) legal consultation, (3) drafting legal documents, and (4) legal representation (Article 7).

According to Articles 24 and 25 of the Decree, legal aid services are covered by the Legal Aid Fund managed by MoJ and financed from the State Budget, contributions by individuals and legal organizations, both domestic and foreign, as well as “implementation of legal activities”. The Fund also covers “necessary travel, accommodation, and living expenses of the legal aid recipient during the proceedings” (Article 26), which may include procedural and reasonable accommodation for persons with disabilities. However, the Fund has not been established yet.

Legal aid advice services are run by the MoJ, LBA, including LBA mobile legal aid clinics, the non-profit Association for Development of Women and Legal Education (ADWLE), Lao Women’s Union, and Lao Federation of Trade Unions. In 2016-2020, the MoJ reported 197,946 citizens obtained legal aid services (with 19,403 citizens supported throughout 2019) from the MoJ, LBA, and Lao Women’s Union. However, disaggregated data on persons with disabilities for this period is unavailable.

Legal aid services are provided physically in person, by phone, and, more commonly, by WhatsApp chat *messaging*. Other distribution channels include posters and leaflets put up around public spaces, as well as public speakers, inaccessible for persons who are blind and deaf, respectively.

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90 Prime Minister’s Office, *Decree No.77 on Legal Aid (unofficial translation)*, 28 February 2018.
Some Legal Aid Clinics, for example, the LBA’s Legal Aid Clinic and Counseling and Protection Center for Women and Children in Vientiane, are not physically accessible. They have no ramps or elevators and can be reached only by climbing stairs.

Each governmental Legal Aid Office is served by only one or two Legal Aid Officers who, in addition to legal aid service provision, have other tasks to carry out. They are not required to have minimum qualifications and experience and are often without the necessary knowledge and skills to provide advice to vulnerable groups, including persons with disabilities. Currently, no comprehensive training programme for Legal Aid Officers exists, except a five-day induction which focuses on Decree No. 77 on Legal Aid, law dissemination, and village-level mediation.92 The rights and needs of persons with disabilities are not included in the existing induction programme.

According to Decree No.77 on Legal Aid, assignments to a lawyer are administered by the LBA (Article 11)93, however, it is made irrespective of their competence and relevant skills in representing particular groups, such as persons with disabilities. There are only 317 lawyers who are mainly based in Vientiane, leaving provincial clients under-served. As the Legal Aid Fund is yet to be established, lawyers are currently not paid for taking on legal aid cases, with only five referrals to a professional lawyer made from 2018-2020.94

The MoJ, with support from UNDP, is currently developing the National Strategy for Strengthening Legal Aid System (2022-2025) with the four strategic aims: (1) increase public awareness of legal aid; (2) provide people with the help they need; (3) increase public trust in the service; and (4) keep the service sustainable. The Strategy aims to increase access to legal aid for target groups under the Decree, including persons with disabilities, inter alia, by collecting disaggregated data on such groups.

35. **Legal Information** - To strengthen access to updated legislation, the MoJ launched the “LaoLaw” mobile phone application linked with the LaoGazette website in 2018, which allows users to search, read, and comment on existing and draft laws and regulations. However, the majority of the published pieces of legislation are scanned documents and inaccessible for speech input and output technologies.

Another MoJ mobile application, “LaoLaw Term”, provides more than 10,000 legal terms in Lao from existing laws and regulations. However, there is no official term of “disability”, and related terms from Law No.57 on Disabled Persons added to the application to date. The application only provides the term of “disabled children” from Law No.05 on Protection of the Rights and Interests of Children, outlined in Clause 15, Section III on the National Legal Framework.

Both the “LaoLaw” and “LaoLaw Term” applications are not fully accessible for persons with disabilities.

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92 Ministry of Justice, Drafting Committee of Programmes and Projects to Implement the Development Plan for the Justice Sector for the Period 2021-2025, Document to Implement the Development Plan for the Justice Sector for the period 2021-2025, 18 November 2021.

93 Prime Minister's Office, Decree No.77 on Legal Aid (unofficial translation), 28 February 2018.

In 2021, MoJ, with support from UNDP, piloted the DLAP (www.legal-aid.moj.gov.la) to provide legal information in an easy-to-understand format for the general public, contact details of Legal Aid Offices, legal representation request forms, and an instant chat messaging function with a governmental Legal Aid Office. Several FAQs on non-discriminatory employment of persons with disabilities are currently being developed. The website, including the chat function, is accessible for speech input and output technologies.

The Capacity-Needs Assessment of the Justice and Policing Sector under the National Action Plan for the Elimination of Violence Against Women and Children (NAPEVAWC), conducted in 2021-2022 by the NCAWMC and Lao Women’s Union, with support from UNDP and the Korea International Cooperation Agency (KOICA), recommended the MoJ to ensure that legal assistance and advice, information on rights and remedies, and protection measures are available in various languages and formats to meet the needs of different groups of women, including women with disabilities. The DLAP will serve as the key tool for the implementation of this recommendation.

36. **Deprivation of Liberty** - The overall number of persons with disabilities deprived of liberty and placed in institutional settings is unknown. According to the Government’s response to the Global Study on Children Deprived of Liberty, cited in the 2021 VNR, in 2018, there were 1,010 children with disabilities (602 boys and 408 girls) living in specialized institutions across the country.96

**Priority Recommendations:**

5.9  **(a)** In consultation with OPDs, undertake a comprehensive study of experiences of persons with disabilities in accessing formal and informal justice services, particularly VMUs, Legal Aid Offices, Lawyers, and Courts, to assist in guiding policy and practices;  
     **(b)** include respondents with different types of disability in the methodology of all national service user surveys.

5.10 **(a)** Collect data on persons with disabilities involved in disputes/cases at both VMU and Court levels (disaggregated by age, gender, and type of disability), and requests for procedural accommodations made and satisfied on an annual basis, including by refining the VMU dispute registration form and disaggregation function on the Supreme Court’s Case Management System;  
     **(b)** ensure the protection of personal data of persons with disabilities.

5.11 In consultation with OPDs, strengthen the capacity of VMUs on the rights and needs of persons with disabilities, including by mainstreaming disability within the Dispute Mediation Handbook and VMU Training Manual.

5.12 In consultation with OPDs, award at least three Law Model Villages and 15 Law Model Families with community and family members with disabilities for their efforts in promoting the rights of persons with disabilities.


| 5.13 | (a) Collect data on persons with disabilities seeking and receiving legal aid from the governmental service providers (disaggregated by age, gender, and type of disability) on an annual basis; (b) ensure the protection of personal data of persons with disabilities. |
| 5.14 | Increase efforts to raise awareness of free legal aid available for persons with disabilities in easy-to-understand and accessible formats. |
| 5.15 | Develop a training module on the rights and needs of persons with disabilities for the induction of all Legal Aid Officers. |
| 5.16 | Develop and enforce minimum accessibility standards for the governmental Legal Aid Offices and services and the provision of reasonable accommodation. |
| 5.17 | Create a pool of lawyers (in Vientiane, the north and south of the country) competent and with a record in the area of the rights of persons with disabilities. |
| 5.18 | (a) Strengthen the accessibility of the “LaoLaw” and “LaoLaw Term” mobile applications for persons who are blind, persons with vision impairment or low vision; (b) add the term of “disability” and related terms, including universal design and accessibility, in compliance with Law No.57 on Disabled Persons and the CRPD, to the “LaoLaw Term” application. |
| 5.19 | Produce easy-to-understand FAQs on the entire spectrum of the rights of persons with disabilities, in compliance with Law No.57 on Disabled Persons and the CRPD; and make them available and accessible on the DLAP. |
| 5.20 | (a) Collect data of persons with disabilities deprived of liberty and placed in institutional settings (disaggregated by age, gender, and type of disability) on an annual basis; (b) ensure the protection of personal data of persons with disabilities. |

### C. PARTICIPATION

**Article 29. Participation in Political and Public Life**

37. **Civil Society** - Persons with disabilities in Lao PDR are represented by formalized OPDs or other groups existing under ad-hoc arrangements. There are seven OPDs formally established as Social Welfare, and Development NPAs by the MoLSW and three Disability Service Centers registered as enterprises by the MoIC. As of September 2020, in total, there are around 178 Non-Profit Associations (NPAs) and 33 Foundations registered across the country.\(^97\)

The establishment and management of all the types of NPAs are regulated by Decree No.238 on Associations. Article 4 on the State Policy on associations states that “only the Government’s Agencies have the right to approve the establishment of Associations”, regulate their interactions and cooperation with international organizations, as well as their resource mobilization and acceptance of donations and assets from individuals, domestic and foreign entities.\(^98\)

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\(^98\) Prime Minister's Office, *Decree No.238 on Associations (unofficial translation)*, 11 August 2017.
NPAs’ registration is burdensome and takes from 165 days\textsuperscript{99} to two years\textsuperscript{100}, while the
time for registration of a private company has been recently reduced from six months
to one month. The NPAs’ registration shall be renewed on an annual basis (Article
20).\textsuperscript{101} NPAs are required to obtain the MoFA’s approval to receive foreign funding and
assets (Article 55) greater than USD60,000\textsuperscript{102}. There are strict requirements for those
that receive foreign funding depending on Memorandums of Understanding.\textsuperscript{103}
According to Decree No.238, NPAs are prohibited from accepting foreign experts and
volunteers to have permanent work in the organization (Article 31).\textsuperscript{104}

The 2020 Lao PDR Country Report on Human Rights Practices by the US Department of
State notes that the Government occasionally influences board membership of NPAs
and forces “some organizations to change their names to remove words it deemed
sensitive, such as «rights»”.\textsuperscript{105}

The UPR recommendation to amend Decree No. 238 to align it with Lao PDR’s
international human rights obligations (115.114), recommendations to guarantee the
effective exercise of freedom of association (115.95, 115.97, and 115.106), and
refraining from initiating criminal proceedings against individuals for the peaceful
exercise of their civil rights (115.110) were noted by the Government in the 3\textsuperscript{rd} cycle.
The Addendum explains that the revision of the legislation on NPAs cannot be accepted
as Decree No.238 “had already gone through extensive consultations with all relevant
stakeholders.”\textsuperscript{106} The UPR recommendations on freedom of association and enabling
environment for NPAs that do not require amending the Law (115.100 and 115.112)
were accepted by Lao PDR.\textsuperscript{107}

38. **OPDs’ Capacity** - Seven of 10 OPDs have no branches or permanent representatives at
the provincial level, with the exception of the LDPA, Association for Autism (AFA), and
Lao Association for the Blind (LAB). The LDPA manages 11 provincial branches, which
capitalize on village meetings as a mechanism to spread information about disability
rights and services at the grass-root level and convene Village Committees of Persons
with Disabilities. The AFA supports two private Autism Centers in Savannakhet and
Champasak provinces that provide preschool and primary education to children with
autism. The LAB has two provincial branches to provide vocational training, particularly
on “visually impaired therapy” and electrical stimulation therapy to persons who are
blind.

\textsuperscript{100} US Department of State, Bureau of Democracy, Human Rights and Labor, Country Reports on Human Rights Practices for
2020, 30 March 2021.
\textsuperscript{101} Prime Minister's Office, Decree No.238 on Associations (unofficial translation), 11 August 2017.
\textsuperscript{102} US Department of State, Bureau of Democracy, Human Rights and Labor, Country Reports on Human Rights Practices for
2020, 30 March 2021.
\textsuperscript{103} Ibid.
\textsuperscript{104} Prime Minister's Office, Decree No.238 on Associations (unofficial translation), 11 August 2017.
\textsuperscript{105} Ibid.
\textsuperscript{106} A/HRC/44/6/Add.1, Lao PDR Addendum, Views on Conclusions and/or Recommendations, Voluntary Commitments and Replies
Presented by the State under Review, 16 September 2020.
\textsuperscript{107} Ibid.
All OPDs, both at the central and provincial levels, require support to develop technical and organizational capacities, computer literacy, partnership, and communications skills, as well as access to systematic and sustainable funding and human resources.

According to the 2021 Organizational Capacity Assessment Reports for eight OPDs, supported by Humanity and Inclusion, OPDs lack:

- Sufficient human resources (six OPDs);
- Permanent office space (one OPD);
- Association development strategies (four OPDs);
- Administration and human resource policies (six OPDs);
- Accounting software (seven OPDs);
- Procurement policies (two OPDs);
- Safety policies and procedures (eight OPDs);
- Management information systems (six OPDs);
- Fundraising strategies and capacities (six OPDs);
- (Operational) websites (seven OPDs);
- Communications and outreach strategies (seven OPDs); and
- Accessible IT equipment (three OPDs).

### Organizational Capacity of Local OPDs Assessed Against Five Criteria

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<th>Support Services</th>
<th>Operational Capacities</th>
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<td>72%</td>
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</tbody>
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Source: Humanity and Inclusion, Organizational Capacity Assessment Reports for Eight OPDs, 2021.

* Association for the Deaf (AFD)
** Intellectual Disability Association (IDA)
*** Vocational Development for the Blind Association (VDBA)
**** Disability Service Center (DSC) – enterprise

Gender balance of the OPDs Board Members remains an issue for the OPDs with Board Committees, with 40 per cent of them being female as of 2021. However, 62 per cent of the Directors of the OPDs assessed by Humanity and Inclusion are female.

While the Lao mass organizations (semi-governmental Party organizations, such as the Lao Women’s Union, Lao Revolutionary Youth Union, and Lao Front for National Development) continue fulfilling many civil society roles, OPDs interventions are mainly focused on fragmented service delivery in the awareness-raising, education, and skills development areas, often dependent on financial support from small-grant programmes of INGOs.

39. **OPDs and NCDE** - As outlined in Clause 19, Section IV on the National Institutional Framework, according to Law No.57 on Disabled Persons, CSO representatives are

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ordinary members of the NCDE and participate in its regular and ad-hoc meetings (Article 49). In practice, only the LDPA and LWWDA, mainly representing persons with physical disabilities, are invited to the NCDE meetings. For example, these two OPDs took part in the drafting of the National Strategy and Action Plan on Disabled Persons (2020-2030), the 2016 State Report to the CRPD Committee, as well as the 2020 State Reply to the CRPD Committee’s List of Issues. Other OPDs representing particular types of disability were not included in such consultations.

There have been no systematic consultations with any OPDs by the sectoral ministries on drafting new or amending the existing legislation across sectors to date. OPDs currently do not have any existing partnership with the ministries beyond the NCDE Secretariat.

40. OPDs and LCCC - The Lao CSO Coordination Committee (LCCC) was mandated by the MoHA to represent all the NPAs at both the national and international levels. The LCCC consists of the Head, three Deputies, and seven NPA members representing Sector-Based Teams. As of June 2022, the Head of LWWDA leads the LCCC Labour Team.

41. Federation of OPDs - The registered OPDs, including micro and small enterprises, are united in the ad-hoc Board Committee of the Lao Disabled People’s Organizations (LDPO Board Committee) to “share and exchange lessons learnt, experiences and resources” in the disability-related programming. The LDPA and LWWDA that have access to cross-sectoral meetings under the NCDE and LCCC have limited capacity to serve as a liaison point between the NCDE, LCCC, and LDPO Board Committee.

In 2019, to improve cooperation and cohesion among OPDs, the organizations operating at the central level initiated a proposal with the NCDE on the registration of a National Federation of OPDs that could represent all types of disability when participating in the NCDE-level discussions and events. OPDs drafted a Joint Regulation and submitted it to the NCDE for approval. The Committee rejected the initiative explaining the decision with Decree No.238 on Associations that does not regulate networks or councils of registered NPAs.

42. OPDs and UPR - In 2014, a network of six OPDs made a public submission to the UPR 2nd cycle. The Report identified 6 “key areas of concern” and made 22 recommendations on: (1) data on persons with disabilities; (2) legislation and consultations with OPDs; (3) accessibility of public buildings, transport, and information; (4) access to special and mainstream education; (5) access to TVET and employment; and (6) access to healthcare and rehabilitation.

The LDPA President was included in the official Lao Delegation to the 35th Session of the Human Rights Council Working Group on the UPR 3rd cycle as an observer. Again, only the LDPA and LWWDA participated in the National Consultation with NPAs on Lao PDR’s Addendum to the UPR organized by the MoFA and, together with other civil

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111 Ibid.
society representatives, supported 119 recommendations in the areas of non-discrimination, gender equality, access to public services, food security, climate change, the rule of law and justice, all of which were afterward accepted by the Government in the final Addendum.

The NHRC is currently finalizing Lao PDR’s Plan of Action to implement the recommendations accepted by the Government in the 3rd UPR cycle. All OPDs were involved in the one NHRC's Consultation with NPAs on 21 March 2022. The current draft lacks programmatic activities implemented by NPAs, including OPDs.

43. OPDs and CRPD - In 2021-2022, a network of 11 OPDs from 11 provinces, with support from UNDP and OHCHR, developed a Parallel Report under the CRPD to complement the information provided in Lao PDR’s initial National Report (2016), and National Reply to the List of Issues (2020) with the lived experiences and observations of persons with different types of disability and their caregivers. The OPDs’ Parallel Report to the CRPD is the first parallel submission made by national NPAs for a Lao PDR Review by a Human Rights Treaty Body.

44. OPDs and SDGs - Although the Vientiane Declaration on Partnerships for Effective Development Cooperation aims to enhance partnerships with NPAs and their greater engagement in shaping national development policies at all levels (Article 27)\textsuperscript{113}, neither NPAs nor OPDs were consulted during the 9th NSEDP development process. NPAs and OPDs have not been systematically involved in the national Round Table Process, a multi-stakeholder mechanism supporting the design and implementation of the national development plans across 10 SWGs which has been held since 2000. The Summary and Follow-Up Actions from the 2019 Round Table Implementation Meeting commit every SWG to expand the participation of NPAs in the recurrent SWGs’ meetings to be held at least three times a year and in the overall ongoing Round Table Process, “to fully reap the benefits of their contributions towards the sustainable graduation from the Least Developed Country (LDC) status and SDGs implementation” (Actions 3.4.3 and 7).\textsuperscript{114}

The NPAs’ Parallel Submission on the implementation of the 2030 Agenda to the High-Level Political Forum in 2018 states that the NPAs' engagement was limited to the civil society representatives directly invited by the authorities, and NPAs’ comments were submitted “through informal channels”. It was recommended to the Government to facilitate meaningful and inclusive participation of the NPAs in the next VNR, as well as “in all the processes of policy and legislation planning, implementing, monitoring and evaluation, and reporting” (SDG7 and SDG17). The 2018 Parallel submission called the Government to ensure that persons with disabilities were provided with equal access to public health services (SDG3), and education (SDG4), as well as “to implement

\textsuperscript{113} Government of Lao PDR, \textit{Vientiane Declaration on Partnerships for Effective Development Cooperation, 12th High-Level Round Table Meeting, 27 November 2015.}

\textsuperscript{114} Ministry of Planning and Investment, \textit{Draft Summary and Follow-up Actions of the Key Discussion Points/Focus Action Areas from the 2019 Round Table Implementation Meeting, March 2020.}
integrated land use planning with utilities and infrastructure plans, with special attention to accessibility by persons with disabilities” (SDG11).¹¹⁵

45. The NPAs’ Parallel Submission on the implementation of the 2030 Agenda to the High-Level Political Forum in 2021 reviewed all the progress towards all SDGs, and again called the Government to ensure equal access to health services without discrimination, including with a special policy to assist persons with disabilities (SDG3), support children with disabilities to complete free equitable and quality primary and secondary education (SDG4), enhance access to labour market by persons with disabilities and improve their skills (SDG8), ensure integrated land use planning which include public utilities, transportation, and infrastructure development, especially considering convenience, safety of access among persons with disabilities (SDG11), disseminate laws and policies, and raise awareness of the rights of persons with disabilities (SDG16), ensure adequate response to the health needs and livelihood of the UXO survivals and support the NPAs’ assistance to them (SDG18). The 2021 Parallel Submission also stresses the importance of the extended partnerships between the Government and NPAs to implement the 9th NSEDP (SDG17).¹¹⁶

46. **Special Villages** - The MoLSW manages one special Veteran with Disabilities Village (Koutsambath Village, Xaythany district, Vientiane), gathered only persons with disabilities and their families from different provinces, while the MoH supported several special Leprous Villages, including Ban Somsanouk, 120 km from Vientiane – with the essential and special public services provided. The Special Villages had autonomous Village Chiefs, Administration, representatives of the Lao Women’s Union and Revolutionary Youth Union, as well as Production Sub-Groups.¹¹⁷

There is no official data on the exact numbers of the Special Villages currently existing in the country.

**Priority Recommendations:**

| 5.21 | Increase efforts to strengthen organizational and technical capacities of OPDs. |
| 5.22 | Support OPDs in establishing and formalizing a national umbrella organization of OPDs, representing different types of disability. |
| 5.23 | Appoint the national umbrella organization of OPDs, representing different types of disability, as an ordinary member of the NCD(E). |
| 5.24 | Develop guidelines for consultation of the national umbrella organization of OPDs, representing different types of disability, by ministries for drafting new or amending the existing legislation across sectors. |
| 5.25 | Establish a standing platform for annual dialogue between the NCD(E) and the national umbrella organization of OPDs, representing different types of disability. |
| 5.26 | Mainstream and support OPD-led programmatic activities in Lao PDR’s Plan of Action to implement the recommendations accepted by the Government in the 3rd UPR cycle. |


5.27 Ensure participation of at least one OPD in each SWG of the national Round Table Process.

5.28 Ensure consultations with the national umbrella organization of OPDs, representing different types of disability, in the development of the 10th NSEDP and its M&E Framework.

5.29 In consultation with OPDs, scale community awareness-raising campaigns and family engagement efforts, emphasizing the rights of persons with different types of disability and the importance of their non-discrimination and inclusion.

D. HEALTH

– Article 25. Health
– Article 26. Habilitation and Rehabilitation

Disability Statistics from the 2020 Disability Monograph Report:
– Disability prevalence is higher in the poorest areas with 3.3 per cent in rural areas without roads, 2.8 per cent in rural areas with roads and 2.4 per cent in urban areas.
– Illness grew from 28.5 to 44.7 per cent to become the top-disabling cause. The main causes of mortality and morbidity are still communicable diseases, although the incidences of non-communicable diseases are increasing as Lao PDR has started an epidemiological transition.
– Although the proportion of disabilities reportedly caused by accident decreased from 15.9 per cent in 2005 to 7.2 in 2015, the increased fatality rate from road accidents over the same period indicates that the incidence of disabling wounds and injuries by road traffic accidents will keep growing. It is estimated that road traffic accidents cause 10 times more injuries than deaths which may have a significant impact on disability prevalence in the future.

Disability Statistics from the 2017 LSIS II:
– 2 per cent of children between 2 and 4 years of age experienced functional difficulties in at least one of the domains.
– Only 0.8 per cent of children have access to assistive hearing devices, 0.6 per cent wear glasses and 0.4 per cent have assistive devices for walking.

47. Decrees on Healthcare - In addition to Law No.73 on Hygiene, Disease Prevention and Health Promotion, and Law No.58 on Healthcare, outlined in Clause 15, Section III on the National Legal Framework, several other regulations further extend healthcare provisions to persons with disabilities in Lao PDR, including (1) the Prime Minister’s Decree No.178 on Social Security for Government Employees which promotes access to rehabilitation services as well as ongoing financial support through pensions provisions;\textsuperscript{118} (2) the Prime Minister’s Decree No.207 on Social Security for Corporate Employees;\textsuperscript{119} (3) and Minister’s of Health Regulation No.723 on the Community-Based Health Insurance Fund for the Informal Sector Population, which both regulate

\textsuperscript{118} Prime Minister’s Office, Decree No.178 on Social Security for Government Employees (unofficial translation), 30 November 1993.
\textsuperscript{119} Prime Minister’s Office, Decree No.207 on Social Security Scheme for Enterprises (unofficial translation), 23 December 1999.
allowances for work accidents and professional diseases, as well as long-term allowances for permanent losses of working ability.\textsuperscript{120}

48. Sectoral Policies and Strategies on Healthcare - Persons with disabilities have been identified as a priority group for the health sector under the Policy on Primary Healthcare (PHC), revised in 2019 with the support of WHO and UNICEF. According to the PHC Policy, the Government, \textit{inter alia}, aims to achieve Universal Health Care (UHC) by 2030, with increased health insurance coverage for 96 per cent of the population. The PHC Policy includes the promotion of primary health for persons with disabilities and the elderly in the 12 Primary Health Relevant Tasks, and assigns Village Health Volunteers to implement them, in collaboration with village authorities and Health Centers.\textsuperscript{121}

The National Health Insurance Strategy (2017-2020) aims to achieve UHC and health insurance coverage for 96 per cent of the population by 2025, with a reduced out-of-pocket expenditure to no more than 35 per cent by 2020, but does not include persons with disabilities in the priority groups, among pregnant women, children and the poor.\textsuperscript{122}

The NSPS (2020-2025) also specifies support for persons with disabilities, particularly UXO survivors, as one of the priority classifications. The Strategy outlines that by 2030, all identified UXO survivors shall have their health needs met.\textsuperscript{123}

The National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (2016-2025), developed with the support from UNFPA, UNICEF, and WHO, has 11 strategic objectives, including on reproductive health information, safe delivery, emergency obstetric care, newborn and curative care, immunization and nutrition. Although the Evaluation Report of the previous Strategy (2009-2015) recommended incorporating specific activities to reach women and children with disabilities, the updated strategy lacks disability-targeted interventions and indicators.

While the 2019 National Policy on WASH, assisted by UNICEF, aims to “achieve access and equitable sanitation and hygiene for all and end open defecation”, persons with disabilities are not identified within the vulnerability criteria, instead outlining “special attention to the needs of women and girls, and people of all ethnic groups in remote and rural areas”.\textsuperscript{124}

The updated Policy is complemented by the MoH WASH Committee’s Community Booklet that addresses standards for building toilets and WASH facilities, although the standards are not yet inclusive of the needs of persons with disabilities. In addition, the WASH Committee’s terms of reference outline that each Committee should include 10 people, of which 30 per cent are female, but there is no requirement to include persons

\textsuperscript{120} Ministry of Health, \textit{Regulation No.723 on Community-Based Health Insurance Fund for Informal Sector Population (unofficial translation)}, 13 April 2005.
\textsuperscript{121} Health Sector Working Group of the National Round Table Process, \textit{Progress Report}, 11 November 2021.
\textsuperscript{124} SNV, \textit{Understanding Factors that Affect People with Disability in Having Access to WASH Facilities and Services in Three Districts, Savannakhet Province}, 2020.
with disabilities, and the guidelines refer to Committee members being “mentally and physically fit to deliver the services”. 125

The National Nutrition Strategy (2016-2025) and Action Plan (2016-2020), developed with technical input from UNICEF, WHO, FAO, and WFP, refer to the global evidence of the correlation between malnutrition and disability of 50 per cent of disabled children under the age of four. However, there are no interventions targeting persons with disabilities across its 11 strategic objectives, including on improving access to nutritious food and clean water, mother and childcare practice, preventing water-, food-, and vector-borne diseases, and the indicators do not require disaggregation by disability status.

The National Mental Health Strategy (2012-2020) focuses on: (1) developing human resources; (2) encouraging the development of research culture and capacity; (3) enhancing service delivery at national and local levels; (4) mental health promotion and advocacy; and (5) policy and legislation. As part of the Strategy, in 2020, the MoH developed the National Mental Health and Psycho-Social Support Guidelines, which have assisted in training healthcare and social workers throughout the COVID-19 pandemic. There are no explicit references to persons with disabilities and their needs in both the Strategy and Guidelines.

49. National Action Plan on Disabled Persons - In line with the National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health, the National Action Plan on Disabled Persons (2020-2025), enacted in August 2020 by the NCDE seeks to, inter alia, (1) conduct a preliminary assessment of sexual and reproductive health services for women and children with disabilities; (2) provide trainings on disability-inclusive service to healthcare personnel, including sexual and reproductive health service providers; (3) develop training manuals on sexual and reproductive health services targeting persons with disabilities; and (4) provide trainings to women and children with disabilities on sexual and reproductive health. 126

By 2025, the National Action Plan aims to train 400 healthcare personnel in disability-inclusive service and 1,800 women and children with disabilities in sexual and reproductive health. Its estimated budget for all the planned activities in the health sector for 2020-2025 is USD590,000. 127

50. Strategy on Rehabilitation - In 2018, the MoH, with the support of WHO and Humanity and Inclusion, developed the Disability-Inclusive Rehabilitation Strategy and Action Plan (2018-2025), in compliance with the “Rehabilitation 2030: A Call to Action”. The Strategy directly targets persons with disabilities and all others “with a health condition experiencing some form of limitation of functioning”.

According to the Strategy, the rehabilitation services include manual therapies, exercise, treatment modalities, such as electrical, thermal, or mechanical energy, and the provision of assistive products. Although its definition of “health condition” includes “stress and congenital disorders”, the list of priority services overlooks those. The

125 Ibid.
127 Ibid.
provision of pediatric rehabilitation is specifically included in the overall mission statement of the Strategy.

The Strategy states that rehabilitation is part of UHC and proposes to integrate rehabilitation services at all levels of Lao PDR’s healthcare system.

51. **Healthcare Services** - In 2019, Lao PDR’s percentage of health expenditure, with respect to Gross Domestic Product (GDP), is considerably lower than its neighboring countries at 2.6 per cent, compared to Thailand (3.8 per cent), Myanmar (3.7 per cent), Viet Nam (5.2 per cent) and Cambodia (7 per cent),

with 21.2 per cent coming from external funding. This limited expenditure does impact the availability and accessibility of healthcare services for persons with disabilities, particularly in rural and remote areas.

**Distance** - In Lao PDR, tertiary and secondary healthcare services are carried out by the Central, Provincial, and District Hospitals, while 1,060 Health Centers are established at the grass-root level to provide primary health services to approximately 10 villages each. According to the 2019 LECS, 88 per cent of households are located within 11-30 km from the closest Health Center.

To solve the distance issue, the MoH introduced an Integrated Outreach Service (IOS) with mobile healthcare provision by the Health Centers to remote villages on a quarterly basis. However, it is found that the main focus of the IOS is currently immunization rather than comprehensive PHC, and some target villages are not accessible throughout the rainy season.

Since 2017, the MoLSW, MoH, and MoES, with support from UNICEF, have been implementing a low-cost family support service model for children with disabilities in Xieng Khouang and Savannakhet provinces. In 2021, 106 children with disabilities, mostly from ethnic groups, received regular visits by a mobile technical team from three ministries. The regular visits and services include medical screening, diagnosis, rehabilitation planning, and monitoring, psycho-social counseling, and referral assistance.

**Human Resources** - There is a shortage of qualified staff at the Health Centers, particularly aware of disability and obtaining knowledge and skills to serve persons with different types of disability. Although there were no questions on disability included in the 2016 Health Center Workforce Survey, it identified that 44 per cent of the Health Center workers had never undergone any in-service training.

Depending on the size of the village, there is at least one Health Volunteer with limited equipment who can assist the community only with minor issues. Village Health

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Volunteers generally lack knowledge of disability and the skills to serve persons with different types of disability and advise their families.

Research conducted by SNV in 2020 reported that interviewed health officials acknowledged that they do not generally consult with persons with disabilities because this is not the focus of their work and that they had not received any training in working with persons with disabilities. One official admitted that their assumptions of the capacity of persons with disabilities were low.\textsuperscript{134}

**Costs** - Persons with disabilities have reported widespread financial, physical, and social barriers in accessing healthcare services across the country,\textsuperscript{135} which are influenced and compounded by several development challenges, including poverty, literacy and education levels, and gender.

Persons with disabilities in rural areas cited transportation and lodging costs while accessing health services as significant deterrents to seeking health information and treatment. This is a significant barrier for many persons with disabilities, considering that, according to the 2020 Disability Monograph Report, disability prevalence remains higher in rural communities.\textsuperscript{136}

Women with disabilities also reported that their travel costs to health facilities are often higher as they are unable to journey alone due to safety and social concerns. Women with physical disabilities often require the accompaniment of two persons when traveling to seek healthcare or rehabilitation services, with one assisting with bathing and personal needs and another assisting with mobility barriers on transport and in facilities. It has been reported that services can lack privacy safeguards for what can be intimate treatments, and patients can feel uncomfortable and embarrassed. When staying multiple days for treatment in health facilities and dormitories, inpatient accommodations are not always separated by gender.\textsuperscript{137}

**Accessibility** - Most health facilities still lack proper ramps and accessible roads, materials, and signage available in Braille or staff competent in the Lao sign language.\textsuperscript{138} For example, a study in Savannakhet province showed that only 30 per cent of Health Centers have an access ramp.\textsuperscript{139}

According to the 2019 USAID Study, accessible WASH infrastructure appears to be limited, as the updated building regulations that include disability, accessible toilets, and basins only apply to new Health Centers.\textsuperscript{140} To assess WASH facilities in health facilities across the country, in 2020-2021, WHO supported the MoH in conducting a national baseline assessment, with the Report expected to be finalized in 2022. The definition of sanitation facility for persons with reduced mobility was added in Lao
PDR’s WASH Monitoring Framework for health facilities, in line with the WASH SDG Monitoring Framework. The definition was also included in the WASH Facility Improvement Tool (WASH FIT), which is being implemented at the health facility level across the country.

There are rarely assistive services or staff available to help persons with disabilities navigate hospital procedures, and healthcare providers are often unaware of what services and support are available for persons with disabilities. 141

Respondents to the 2018 USAID Study acknowledged that there is also a lack of uniform and consistent sharing of information about available healthcare and rehabilitation services for persons with disabilities, especially in rural areas. They commented that information is not shared in a systematic way and can lead to confusion for families seeking support. 142

52. Healthcare Services for Persons with Particular Types of Disability - It is reported that the majority of healthcare services available for persons with disabilities in Lao PDR appear to cater to persons with physical disabilities, and even if a teacher, parent, Health Center worker, or Village Health Volunteer is aware of a child with an intellectual disability, or a severe vision, hearing, or speech impairment, the health system is often limited by the expertise and resources available to support that child, especially in remote districts. 143

There is no substantial capacity to diagnose the diversity in intellectual disabilities, including syndrome-specific conditions. Unless there is a visible coexisting condition, such as cerebral palsy or Down syndrome, children with intellectual disabilities are generally undiagnosed and left without access to intervention, support, or treatment services. 144 Families are often required to deliver services themselves, making parent-led interventions commonplace in Lao PDR. 145

The 2017 country-level Study confirmed that there is a reliance on neighboring countries’ health system support, particularly in Thailand, when accessing diagnosis and treatment for family members with intellectual disabilities. This privately sourced medical treatment is only available for families that can afford such costs. 146

There are examples of a small number of service providers catering to persons with intellectual disabilities by enabling staff to train and develop skills in neighboring countries. One Government provider is aiming to establish an early intervention programme for children with significant developmental delay and autism. However, proper diagnosis of intellectual disabilities and related conditions obtained abroad is often required to access these specialist service facilities. 147

Services for persons with sight and hearing impairments also have difficulties in finding appropriate and suitable care in Lao PDR. In a recent focus group discussion,

141 USAID, Gender Analysis on Disability Final Report, March 2018.
142 Ibid.
145 Ibid.
146 Ibid.
147 Ibid.
participants could only identify one Ophthalmology Center in Vientiane that provides services for people who are blind, while the Mahosot Hospital, also located in Vientiane, was identified as the only center known to provide medical services specific to people who are deaf.\textsuperscript{148}

The non-governmental Epilepsy Study conducted in 2006 identified the total number of persons with epilepsy to be approximately 50,000 people, and the treatment gap was 90 per cent or more.\textsuperscript{149} Low availability of anti-epileptic drugs throughout the country was reported in 2008, with an annual importation of phenobarbital allowing to treat around 2 per cent of persons with epilepsy. As of 2008, there was only one neurologist and one neurosurgeon practicing in Vientiane.\textsuperscript{150} The 2013 Survey on the Health Worker Knowledge and Practices on Epilepsy revealed that only 2.5 per cent of health workers at all levels had ever received training on epilepsy; while 41.2 per cent of health professionals considered it a communicable disease transmitted mostly by saliva.\textsuperscript{151} Epilepsy was cited by 90.9 per cent of traditional healers also as a communicable disease transmitted with saliva or urine, and herbal medicines were predominantly used (86.4 per cent) to treat it.\textsuperscript{152}

53. \textbf{Health Insurance} - In 2016, the MoH launched the Nationa Health Insurance (NHI) Scheme, a tax-based model covering the informal sector that includes a small built-in co-payment when people access public health facilities (5,000-20,000 LAK for outpatient services and 5,000-30,000 LAK for inpatient services). The co-payment to the NHIF is exempted for poor households that are registered annually by their district authorities, as well as expectant mothers, children under the age of 5,\textsuperscript{153} and contributors to the NSSF, under the auspices of the MoLSW.\textsuperscript{154} There is no reference to the exemption provision explicitly extending to persons with disabilities accessing healthcare.\textsuperscript{155}

As of 2021, the NHI covers 17 provinces except for Vientiane Capital and reaches approximately 74 per cent of the Lao population. When combined with the other social protection schemes, the national population covered by health insurance services is estimated to be as high as 94 per cent.\textsuperscript{156}

According to the NHI Assessment conducted by the MoH in 2020, most of the poor, pregnant women, and children under the age of 5, continue to pay out of pocket. The out-of-pocket payments by patients remain much higher than initially anticipated.\textsuperscript{157}

\textsuperscript{149} Tran, et al., \textit{Prevalence of Epilepsy in a Rural District of Central Lao PDR}, Neuroepidemiology, 2006.
\textsuperscript{150} Barrennes, et al., \textit{Epilepsy in Lao PDR: From Research to Treatment Intervention}, Neurology Asia, 2008.
\textsuperscript{156} Ministry of Health, \textit{Roles of Social Health Protection in Achieving UHC in Lao PDR (Presentation)}, April 2019.
which is likely to have a greater impact on persons with disabilities who have higher healthcare costs and often require specialized rehabilitation services.

As outlined in Clause 15, Section III on the National Legal Framework, according to Law No.60 on Health Insurance, treatment of leprosy is excluded from the services covered by NHI (Article 22) as currently funded by the vertical programme. Despite that, according to WHO, the MoH has taken steps to prevent and provide treatment for leprosy as one of the priority diseases for free-of-charge treatment. The Dermatologist Hospital in Vientiane is the lead in treating and monitoring leprosy across the country and is providing preventive training for staff and coordinating with Health Center workers to raise community awareness.

54. Rehabilitation Services - Five Hospitals and three specialized centers in Vientiane offer rehabilitation services in their facilities. All Provincial Hospitals, except Saysomboun province, also have a Rehabilitation Medicine Section. Rehabilitation is yet to be provided at the district level, except at the Kham District Hospital in Xieng Khouang province, which already has a Rehabilitation Unit staffed with two Physical Therapists due to the higher rate of UXO incidents. The Central and Provincial Hospitals provide predominantly physical therapy treatment and no assistive products. As the NHI does not currently cover Vientiane, patients at the Central Hospitals and specialized centers must pay each time they come for physical therapy or other rehabilitation treatment. The costs for physical therapy vary from 10,000 to 40,000 LAK.\(^{158}\)

Service Providers - The main provider of rehabilitation services outside the MoH facilities is the governmental Center for Medical Rehabilitation (CMR), established under the auspices of the MoH and currently located in Luang Prabang, Xieng Khouang, Savannakhet, and Champasak provinces, with the Center in Vientiane serving as the central hub. The majority of services offered at CMR/PRSCs are the rehabilitation treatments and provision of assistive products for adults and children with limb loss and paralysis. Assistive products generally provided for free include a range of prosthetics and orthotics as well as mobility aids, such as crutches, walking frames, wheelchairs, and tricycles. The CMR also has a community-based rehabilitation programme that covers 40 villages in Khammouan province.\(^{159}\)

The NCDE is responsible for the oversight of the MoLSW-led Ban Koeun Rehabilitation Center established in Vientiane. The NRA, mandated to coordinate efforts on UXO survivor assistance, including with rehabilitation services, also operates under the auspices of the MoLSW.\(^{160}\)

The Cooperative Orthotic and Prosthetic Enterprise (COPE) Center is one of the prominent non-governmental service providers located in Vientiane, which, as of 2019, has 11 mobile clinic operations in six provinces specializing in supporting UXO survivors.\(^{161}\) It delivers a range of free services, such as physical therapy, clubfoot

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\(^{159}\) Ibid.

\(^{160}\) Ibid.

\(^{161}\) Ibid.
treatment, assistive products, and related surgical procedures, to groups with certain types of conditions.

While the number of avenues through which rehabilitation services and assistive products are available is growing, regulations on the procurement and provision standards, as well as minimum standards for rehabilitation treatment, are yet to be developed by the MoH.

Due to the lack of district-level and community-based rehabilitation services, rural and remote communities continue to have limited awareness and access to services. According to the 2018 USAID Study, “information about CMR services is not clearly and widely distributed and promoted at the district and village levels. Therefore, local people are hesitant to come to the center or hospital and are not sure whether they are eligible for free services/devices [...] there are several types of supportive devices provided in the centers [...], but some people complain that they have to buy the devices because they are not classified as a target group.”

**Human Resources** - According to WHO, as of 2020, the total number of beds in Lao PDR’s health facilities is 9,506, of which approximately 100 beds are for rehabilitation (predominantly dormitory beds for CMR/PRSCs).

The rehabilitation workforce in Lao PDR comprises mainly Prosthetics and Orthotics Specialists and Physical Therapists. As of 2018, there is only one doctor with specialized training in rehabilitation medicine serving at the MoH and not engaged in the clinical services; 55 Prosthetics and Orthotics Specialists (less than 10 per cent are female; only 12 obtain 3-year Course Diplomas) and 117 Physical Therapists (81 per cent are female; only 40 obtain 3-year Course Diploma) in CMR/PRSCs and Ban Koeun Center.

Although, by 2017, more than 1,000 individuals were trained in physical therapy, none of them were trained for the bachelor’s degree level. In 2018, the 1st class of 28 bachelor-level Physical Therapists (85 per cent are female) graduated from the University of Health Services (Faculty of Medical Technology). However, its current physical therapy curriculum and clinical supervision do not meet the international standards, as students are being trained to higher levels than their clinical supervisors.

In 2012, the MoH and the University of Health Services launched a three-year pre-service programme on Prosthetics and Orthotics, with 42 people completing it by 2021. However, the International Society for Prosthetics and Orthotics (ISPO) does not recognize Lao PDR’s training curriculum and certification.

**Assistive Devices** - As of 2018, the CMR/PRSCs and Ban Koeun Center provided 2,384 basic prosthetics and orthotics products and 560 wheelchairs. However, aside from the MoH and MoLSW budgets provided to their rehabilitation centers, there is no specific budget line for assistive products. There is extensive external funding from

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international development partners for both the supply of assistive products and raw materials. An MoH Priority Assistive Product List in line with the WHO GATE is yet to be developed.\(^{167}\)

**Budget** - In 2018, the CMR annual budget was approximately 465M LAK, with almost 50 per cent of it used for the Annual Rehabilitation Meeting and 30 per cent for the community-based rehabilitation programme.\(^{168}\)

55. **Pediatric Rehabilitation Services** - The Children’s Hospital, Mahosot Hospital, Mother Newborn Hospital, CMR Pediatric Unit in Vientiane, and Children’s Hospital in Luang Prabang are the main providers of rehabilitation services to children with disabilities. The Mahosot and Mother and Newborn Hospitals use a newborn screening tool, while the Children’s Hospital developed and use the Case Management Guideline for Early Detection and Intervention.

According to the MoH 2018 Rehabilitation Sector Situation Analysis, the CMRs provide occupational therapy and speech-language for children with disabilities, as well as treatment for clubfoot using the Ponseti method. However, as of 2013, there were no qualified occupational therapy and speech-language and social workers across the country.\(^{169}\) In 2018, 291 children with clubfoot received Ponseti treatment in the CMRs.\(^{170}\)

Under the low-cost family support service model for children with disabilities in target villages of Xieng Khouang and Savannakhet provinces, the MoLSW and MoH, with support from UNICEF, have provided training sessions for caregivers of and communities with children with disabilities on basic rehabilitation services for children with disabilities with the use of materials available at the community level.

56. **Health Data Collection** - While Lao PDR’s HMIS is going through a continuous process of strengthening, a case study into socio-demographic information collected at Provincial Hospitals in 2018 suggested that routine data collection did not consider disability data collection a priority, with Provincial Hospitals mainly collecting age, sex, marital status, level of education, household size, income level of household, the existence of chronic conditions within their households, and the respondents’ occupation.\(^{171}\)

In 2017, the MoH issued a Ministerial Directive endorsing the HIS/DHIS2 to collect routine data for all major health programmes and sub-programmes. According to the MoH 2018 Rehabilitation Sector Situation Analysis, a platform for rehabilitation information is available within DHIS2, but has not been populated.\(^{172}\) Hence, there is limited information on the healthcare and rehabilitation needs of persons with disabilities in the country, which prevents effective disability-inclusive health and rehabilitation planning.


\(^{168}\) Ibid.


However, the MoH, with support from WHO, has more recently included disability data as part of its Health Population Census called “Family Folder,” which is hosted on DHIS2 and covers every household of Lao PDR. The first “Family Folder” Census was conducted in 2020, and there are plans underway to carry out a follow-up survey in 2022. “Family Folder” data enables cross-tabulations with other health outcome datapoints to deepen equity analyses relating to persons with disabilities.

**Priority Recommendations:**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
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<tbody>
<tr>
<td>5.30</td>
<td>In consultation with OPDs, mainstream the rights of persons with disabilities within the next National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health; National Policy on WASH and National Mental Health Strategy, and their M&amp;E Frameworks.</td>
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<tr>
<td>5.31</td>
<td>Ensure sufficient budgetary allocations to implement all the health-sector activities planned under the National Action Plan on Disabled Persons (2020-2025).</td>
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<tr>
<td>5.32</td>
<td>(a) Revise the WASH Committee’s Community Booklet with the disability-inclusive standards for building toilets and WASH facilities; (b) revise the WASH Committee’s terms of reference to ensure the participation of persons with disabilities.</td>
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<tr>
<td>5.33</td>
<td>(a) In consultation with OPDs, develop a manual and train healthcare workers, in serving persons with disabilities and the services available for them, prioritizing Health Center workers and Village Health Volunteers; ensure the inclusion of a training session(s) on epilepsy in the manual and trainings; (b) develop/provide continuing professional development programmes, particularly on rehabilitation.</td>
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<tr>
<td>5.34</td>
<td>(a) In consultation with OPDs, undertake a nationwide accessibility audit of health services, incorporating facility inspections and health service forms and information and consultation practices; (b) develop an Action Plan, resources, and budgetary allocations to address critical gaps considering all types of disability.</td>
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<tr>
<td>5.35</td>
<td>In consultation with OPDs and Lao Women’s Union, develop and enforce gender-sensitive standards for accessible healthcare and rehabilitation facilities (including transport options, lodging, WASH facilities, medical information, consultation, and administration) where women and girls with disabilities can receive treatment with dignity, and effective protective measures are in place.</td>
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<tr>
<td>5.36</td>
<td>(a) Strengthen intellectual disability diagnostic capacities of health professionals; (b) consider partnerships and centralized payment options with healthcare facilities in the neighboring countries to improve access to specialists for persons with intellectual disabilities from low-income households.</td>
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<tr>
<td>5.37</td>
<td>In consultation with OPDs, improve healthcare and rehabilitation service information packages, and community engagement with persons with disabilities and their families to raise their awareness of the available services and financial assistance in easy-to-understand and accessible formats; (b) integrate disability inclusion awareness-raising activities and disability-screening community outreach into the terms of reference of Health Center workers and Village Health Volunteers.</td>
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<tr>
<td>5.38</td>
<td>Increase budgetary allocations to expand the CMR’s community-based rehabilitation programme to at least nine provinces; ensure the inclusion of pediatric rehabilitation in the programme.</td>
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</table>
5.39 (a) Develop and enforce regulations on the assistive product procurement and provision standards, mandatory for governmental and non-governmental rehabilitation service providers; (b) develop the Priority Assistive Product List, and integrate it into the MoH Medical Products Procurement and Supply.

5.40 (a) Support scholarships for physical therapy, occupational therapy, and speech and language therapy at internationally accredited schools; (b) increase efforts to achieve the international accreditation for the national programmes on Physical Therapy and Prosthetics and Orthotics.

5.41 Enable free healthcare and rehabilitation coverage for all persons with disabilities regardless of individual wealth by prioritizing the extension of the NHI co-payment exemption to persons with disabilities.

5.42 (a) Incorporate disability-disaggregated data into the HIS/DHIS2; (b) include data disaggregation in the 5th PHC that enables comparison of persons with disabilities and the total population across the key health indicators; (c) ensure the protection of personal data of persons with disabilities.

E. EDUCATION

- Article 24. Education

Disability Statistics from the 2020 Disability Monograph Report:

- 52.9 per cent of persons with disabilities are literate compared to 86 per cent of the overall population.
- 43.16 per cent of children with disabilities have never enrolled in primary school compared to 9.6 per cent of the overall population.
- School retention rates are lower for persons with disabilities compared to the rest of the population, with more than 20 per cent of those who had the opportunity to go to school, dropping out before the end of primary school and only 16.8 per cent completing primary education (compared to 20.8 per cent of the rest of the population).
- 9.1 per cent of students with disabilities went to high school against almost 28.7 per cent of persons without disabilities. This is repeated in the transition between high upper secondary school and university where persons with disabilities were 2.2 times less likely to enroll in tertiary education.

57. Education Sector Development Plan (ESDP) and Education and Sport Sector Development Plan, ESSDP - The ESDP (2016-2020) has been central to shaping the national roadmap for achieving universal education for all and aligns with several international frameworks, including the SDGs, 2015 UNESCO Muscat Agreement, and the Incheon Declaration on the Future of Education.173

The ESDP recognizes several strategies and intermediate outcomes to support persons with disabilities to access quality education, including:

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- Build the capacity of teachers educating children with special needs;
- Increase the number of primary school children with functional literacy and numeracy skills by developing and providing learning materials and appropriate tools for teaching the Lao language to students with disabilities;
- Strengthen the capacity of PESSs and DESBs to prioritize reducing the disparity between urban and rural areas, poverty, gender, ethnicity, and disability;
- Map the incidence and type of disability nationally to improve programme strategies, teaching methodologies, and school facilities for students with disabilities; and
- Commence a process for regulatory action on the agreement of the definition and measurement of disability in order to include data on children with disabilities in EMIS reporting.\(^ {174}\)

While persons with disabilities were recognized in several intermediate outcome and activity-level priorities, they were not specifically identified in any of the 10 high-level outcome areas, including in High-Level Outcome 9, which focuses on reducing disparities in education, despite other vulnerable groups being named directly.\(^ {175}\)

The new ESSDP (2021-2025) does not report any disability-specific achievements during the previous ESDP cycle. However, it targets persons with disabilities in High-Level Outcome 1 on increased graduation from early childhood to upper secondary education, High-Level Outcome 4 on youth and adult literacy rates, and High-Level Outcome 8 on sports. A number of intermediate outcomes, including on student learning outcomes, intake and progressing rates, teacher capacity, data, and sports clubs, also refer to persons with disabilities in their rationale. However, the new ESSDP again lacks disability-related indicators in the M&E Framework.\(^ {176}\)

Although the Sub-Sector Development Plans (2021-2025) for (1) Early-Childhood Education; (2) Primary Education; (3) Non-Formal Education; (4) Sports and Gymnastic; (5) Management and Administration prioritize persons with disabilities in several activities, only the Plan for Early-Childhood Education created a target on the enrolment rate of five-year-old children, including children with disabilities, in 40 districts as 83 per cent. The Sub-Sector Development Plans (2021-2025) for (1) Lower Secondary Education; (2) Upper Secondary Education; and (3) Higher Education do not provide any specific activities related to persons with disabilities.\(^ {177}\)

58. **Inclusive Education Center, IEC** - The national inclusive education development and systems strengthening are predominantly under the responsibility of the IEC, operating under the Department of Pre-Primary and Primary Education (MoES) since 2012. The IEC Center comprises four Divisions, including Special Education Division.\(^ {178}\)

\(^{174}\) Ibid.  
\(^{175}\) Ibid.  
The IEC does not oversee the only two Special Schools for the Deaf and Blind in Vientiane and Luang Prabang province, which operate under the auspices of the MoH.

59. **Mainstream [General] Education** - Lao PDR’s percentage of total education expenditure, with respect to GDP, is considerably lower than its neighboring countries at 2.9 per cent, compared to Thailand (3.7 per cent) and Viet Nam (4.5 per cent).\(^{179}\) with 7-25 per cent coming from external funding in 2012-2014.\(^{180}\) This limited expenditure does impact the availability and accessibility of quality education services for persons with disabilities, particularly in rural and remote areas.

The education system in Lao PDR is structured into four main parts: (1) early childhood education; (2) general education; (3) technical and vocational education; and (4) higher education.

The Provincial Education Sport Service (PESSs) oversees education development in the provinces by, *inter alia*, establishing plans and budgets to achieve set accountabilities and overseeing the provision of lower secondary school and TVET services. PESSs supervise District ESBs, which are responsible for planning and developing pre-primary and primary school services. At the grass-root level, Village EDCs support their local schools and the involvement of the community in school affairs.\(^{181}\)

According to the School Management Handbook for Primary School Principals, while VEDCs prepare and execute the school operating budget (including on infrastructure and learning materials), oversee pupil attendance and local curricula, as well as lead the school self-assessments against the Education Quality Standards (EQS), there are no requirements to include persons with disabilities in VEDC members.\(^{182}\)

**Participation in Education by Persons with Particular Types of Disability** - Feedback from parents of children with disabilities highlights that the availability of education remains dependent on the type and severity of the disability, with most inclusive education schools catering to children with physical disabilities.\(^{183}\) Other intellectual and developmental disabilities, such as autism, are not accounted for in the mainstream education system, with only four known private pre-primary facilities operated by the IDA and AFA in Vientiane, Savannakhet, and Champasak provinces.

The Evaluation of the Inclusive Education Project (1993-2009), jointly implemented by the Save the Children and the MoES to establish at least one inclusive school in each district across the country, also identified that students with more complex needs were not catered for within the Project-targeted schools and children with moderate or severe hearing impairments could not be adequately supported in mainstream settings.\(^{184}\)

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**Distance and Accessibility** - As of 2021, the primary education services cover approximately 8,780 public schools, and secondary education is available only at 1,780 public schools across all the provinces, with many mountainous villages with either no or incomplete primary schools nearby.\(^{185}\) The average walking time to school for children between the age of 6-15 nationwide is 39 minutes,\(^ {186}\) which disproportionately impacts the school enrolment and progression of children with limited mobility and disabilities. According to the 2021 ASEAN Assessment of Lao PDR’s Human Resource Readiness, physical distance to school remains a challenge for all children in the country, especially when they progress through the education system, with 30-40 per cent of those who drop out of primary schooling early living in a village where nearby schools do not offer primary Grades 4 and 5.\(^ {187}\)

A survey in 2016 confirmed that the main barriers for persons with disabilities accessing and remaining in mainstream education included the distance from school, transportation options to school, and bad roads, among limited personal interest and family support.\(^ {188}\)

Respondents to the 2018 USAID Study also acknowledged that children with physical disabilities were often not able to walk the long distances to school in rural areas, and parents may not have had the ability to accompany them every day. The findings of the Study highlighted that parents of girls with disabilities might not have let them travel to a local school by themselves or with friends due to concerns over safety. The respondents reflected that parents were more fearful of sending daughters with disabilities to schools in urban centers, particularly for secondary or special education, due to the same concerns.\(^ {189}\)

In 2009, the MoES, with the support from UNDP, issued the School Construction Guidelines for all future school constructions undertaken by the MoES at all levels, mainly with due consideration to the natural hazards. Although the Guidelines do not refer to the principles of the universal design, it lists an “enabling learning environment, including accommodating children with physical and mental/learning disabilities” as one of the “good school” construction criteria. The Standards require an entrance ramp, emergency exits, and classroom doors accessible for wheelchair-users and students with crutches while overlooking accessibility standards for school toilets and WASH facilities. The PESSs are mandated to implement the standards, with DESBs and communities monitoring the implementation.

It is unclear whether these construction standards have a legal obligation for enforcement, and, to date, there is limited evidence of continuous monitoring and reporting of the existing or new school facilities against the Guidelines.

The Policy on Dormitories for Secondary Education, complemented by the supportive Guidelines for Secondary Education Dormitory Specifications, has also been developed.

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by the MoES in 2014-2015 to address equity, access, and participation as general principles. The Guidelines require, *inter alia*, a separate toilet for persons with physical disabilities to be “fitted at the girls’ section.”\(^{190}\)

In 2012, the MoES, with support from UNICEF, also established six (42 indicators) EQS for Primary Education and six (45 indicators) EQS for Secondary Education. Both-level EQS require school facilities and toilets to be “convenient” for persons with disabilities (Indicators 21 and 25 for Primary Education; and Indicators 20 and 24 for Secondary Education) and to promote the enrollment of children with special needs (Indicators 1 and 16 for Primary Education; Indicator 15 for Secondary Education). Other standards, including on teacher qualifications, learning equipment, management, and administration, do not refer to the special needs of persons with disabilities. Schools are required to set policies for the improvement, change, and development of their facilities in accordance with the EQS and act as a reference point for their own internal monitoring, self-evaluation, and development of annual school development workplans.\(^{191,192}\)

The MoES, with support from UNICEF, is currently finalizing the FQS for Primary and Secondary Education. The three self-assessment tools for primary schools based on FQS for Primary Education, already published on the LESMIS, have only one disability-related question on the “enrollment and participation of all school-aged children, including children with disabilities, in school”. Other questions related to school buildings, toilets and WASH facilities, learning materials, and pedagogical skills do not refer to the needs of persons with disabilities.\(^{193}\)

**Costs** - Although primary and secondary education is generally free of charge in Lao PDR, schools are entitled to raise registration fees (in Vientiane: 110,000 LAK/student/year, with some indications of students with disabilities requiring extra in-school support, paying 150,000 LAK/student/year\(^{194}\)), as well as fees for specific purposes, which are used for school operation and maintenance, including small repairs and subsidies for teachers.\(^{195}\) There are no requirements for school principals and VEDCs to include budgetary allocations for reasonable accommodation for students with disabilities in their operational plans approved by DESB on an annual basis.

Both male and female respondents in the 2018 USAID Study described that households weigh the comparative costs and advantages of keeping their children in school, which often results in children with disabilities being less likely to continue with schooling as parents see that their employment opportunities later in life as lower.\(^{196}\)

There is evidence to suggest that these decisions are not only financial, and that social discrimination and stigma do exist within family units, as children with disabilities

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\(^{192}\) Ibid.


explained that they were unaware of the educational opportunities available for them and the rights of persons with disabilities. Other interviews outlined that families did not value the education of children with disabilities, with some key informants providing examples of families with high incomes still not providing education for their children with disabilities.\(^{197}\)

Since 2018, the MoES, in collaboration with the wider social protection architecture in Lao PDR, has made some progress in addressing the financial barriers for students with disabilities by identifying them as an eligible group under Law No.62 on Education (Article 45) to provide stipends to students from poor households. This payment is generally administered by the Inclusive Education Center (IEC) and mostly supports students with disabilities that attend the two Special Schools for the Deaf and Blind discussed below.\(^{198}\) The 2018 ESDP Mid-Term Report noted that approximately 2,000 vulnerable students received the monthly stipend of 150,000 LAK in 2018, however it is unclear what percentage of these recipients were students with disabilities.\(^{199}\)

The IEC also subsidizes fees for students with disabilities who have completed primary and lower secondary education and enrolled at the Special Schools. The Center manages a small scholarship programme for students with disabilities that is supported by both the Government of Lao PDR and international development partners. In 2018, the Laos-Australia Institute provided 15 scholarships for students with disabilities to study at the National University of Lao PDR in Vientiane and eight for its branch in Luang Prabang province.\(^{200}\)

**Curriculum and Learning Materials** - The 2018 ESDP Mid-Term Review identified that there was a lack of inclusion within the current school curriculum and that the availability of assistive learning materials was not readily available in mainstream classrooms, meaning that students with disabilities often fell behind in their learning outcomes. The Review also highlighted that human and financial allocations to schools did not account for additional materials that could enable teachers to effectively prepare inclusive classes for students with diverse learning needs, even when the teacher had undergone training.\(^{201}\)

Minimum standards for learning materials and equipment for mainstream settings with children with different types of disability are yet to be developed by the Government.

According to UNICEF, the MoES has commenced printing the new curriculum materials for Grades 1 and 2 in Braille and produced an early childhood development TV series called “My House”, using the Lao sign language. The “My House” has a dedicated episode on inclusion and caring for children with disabilities.

In 2021, as part of the COVID-19 education emergency response, the MoES, with the support from UNICEF and other international development partners, developed the on and offline Teaching and Learning Platform “Khang Panya Lao” (www.laos.learningpassport.unicef.org). Materials for teacher professional

\(^{197}\) Ibid.


\(^{199}\) Ibid.

\(^{200}\) Ibid.

\(^{201}\) Ibid.
development, including the Teacher Handbook on IEPs and Teaching Methods, were also uploaded on the “Khang Panya Lao”. Accessibility for persons with disabilities was taken into consideration in developing digital content, including by adding the Lao sign language, subtitles and/or audio. As of June 2022, the Platform cannot adjust color themes but zooms in on content for ease of reference.

**Human Resources** - As of 2021, there were 65,483 teachers working at the primary and secondary public schools (30,543 in primary education and 34,940 in secondary) across all the provinces,202 with the least qualified ones serving in remote areas.203

In 2014-2015, the IEP and inclusive teaching methods for children with disabilities were introduced by the MoES, with the support from the Catholic Relief Service, in Khammouan and Savannakhet provinces, with 517 teachers being trained. In 2016, two Handbooks and a five-day training on the IEPs and Inclusive Teaching Methods were developed for school teachers and principals. The Handbooks target student teachers (pre-service training) and enrolled teachers (in-service training), with a focus on pre-primary and primary levels. They cover such topics as impairments and barriers, inclusion, inclusive education, Inclusive Learner-Friendly Environment (ILFEs), special and integrated schooling, as well as basic strategies to communicate, support writing and reading, and prepare IEPs. They also provide a teacher ILFE self-assessment checklist and IEP template.204

According to UNESCO, a mandatory inclusive education module has been available through all the Teacher Training Colleges (TTCs), since 2012.205 However, this remains nascent due to a limited number of qualified trainers. The Handbooks on IEPs and Inclusive Teaching Methods were also made available through TTCs. There is an optional module on Braille and sign language for pre-service and in-service teachers, targeting teachers at the Special Schools for the Deaf and Blind, and the MoES plans to make these schools “training centers” for future teachers to complete their practicums and build skills in communicating with children who are deaf and blind.206

Although Law No.62 includes “good health” in the teacher’s mandatory requirements (Article 45), the MoES is currently completing a major Education Planning and Management Training based on the UNESCO International Institute for Educational Planning Programme. The Training has supported, *inter alia*, central, provincial, and district education administrators in understanding how to recruit and deploy teachers from diverse backgrounds, including teachers with disabilities. The Programme aims to work with persons with disabilities who are role models in their community and able to identify and mentor other persons with disabilities to train as teachers.207

60. **Special Education** - There are two Special Schools for the Deaf and Blind in Lao PDR, with the 1st founded at the CMR in Vientiane in 1993 and the 2nd in Luang Prabang.

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207 Ibid.
province in 2008, both under the auspices of the MoH. To date, the Special Schools offer only five grades of primary and four grades of lower-secondary education levels, requiring their students to enter the mainstream education system to continue with upper secondary education.

According to the AFD, as of June 2022, the two Special Public Schools enrolled 179 students with disabilities (107 in Vientiane and 72 in Luang Prabang Special Schools), including students from other provinces accommodated in dormitories. The Government provides them with a stipend of 200,000 LAK/student/month.

There is one special private school for the deaf operated by the Hands of Hope Skills Development Center in Vientiane, which, as of 2021, had 50 deaf primary school-age students. To date, there are no private educational institutions for students who are blind.

As outlined above, the private Center for Intellectual Disabilities in Vientiane and three private Autism Centers in Vientiane, Savannakhet, and Champasak provinces help prepare children with disabilities to participate in mainstream schools through life skills, communicating, reading, and writing classes. All four centers provide only day-schooling, charge tuition fees (800,000 LAK in the Center for Intellectual Disabilities and 2,000,000 LAK for the Autism Centers), and accommodate students from the cities of their location. According to the IDA and AFA, as of 2021, there were 60 students enrolled in the Center for Intellectual Disabilities in Vientiane and 55, 11, 2 in the Autism Centers in Vientiane, Savannakhet, and Champasak provinces, respectively. To date, there are no official (pre-) school curricula or Teacher Handbooks for serving students with intellectual disabilities and autism introduced by the Government.

There are currently no learning subsidies provided by the IEC to students enrolled in special private schools.

With all the special education facilities located in Vientiane and regional cities, children with disabilities and their families often face increased financial and social costs in accessing quality education caused by increased travel expenses to provincial centers and the social and household implications for a parent or family member often needing to relocate to accompany the student with disabilities, particularly girls.

The 2016 JICA Data Collection Survey suggested that the Government would re-open another government-led special education facility, which used to operate under the responsibility of the MoH in Savannakhet province, and establish a new one in Champasak province. However, the 2018 MoES Review concluded that building and staffing more special schools were not cost-effective, and efforts were required to make all classrooms inclusive for children with disabilities. It is unclear whether two more special facilities are expected.

61. **Data Collection** - Disability data collection in education is currently under the management of the IEC and is independent of the national Education and Management Information System (EMIS) and related Management Information System (MIS). The IEC has developed templates and a monitoring system in partnership with the PESSs.

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However, with limited capacity for identifying and diagnosing intellectual disabilities, particularly in rural areas, data collection has predominately focused on children with physical disabilities (mobility, hearing, and vision impairments).\textsuperscript{210} Several reports reference that the IEC is not sufficiently resourced to coordinate a separate comprehensive national surveillance of learners with disabilities and that the current datapoints do not align with the Annual Education Census indicators. This means that persons with disabilities are likely under-represented in annual reporting, analysis, and budgeting, as well as limited information made available on the achievements of learners with disabilities.\textsuperscript{211}

According to the 2018 ESDP Mid-Term Review, the MoES is in the process of developing a data collection system for children with disabilities in early childhood education by applying the WG Child Functioning Module to improve early detection and referral processes for young learners. The MoES is training School Health Task Teams that will be capable of collecting data on children with disabilities both in and out of school.\textsuperscript{212} The MoES, with the support from UNICEF, is also finalizing the Lao Education and Sports Management Information System (LESMIS) (www.lesmis.la/en), a data visitation and aggregation platform that will draw statistics from the different MoES MIS, such as the EMIS, Teacher Education Management Information System (TEMIS), Lao University Management System (LUMS), TVET MIS, Personnel Management Information System (PMIS). As of June 2022, there is neither disability-disaggregated data from the mainstream schools nor student and teacher data from the Special Schools for the Deaf and Blind on the LESMIS.

**Priority Recommendations:**

5.43 In consultation with OPDs, (a) strengthen the capacity of PESSs, DESBs, and VEDCs to assist children with disabilities in accessing education; (b) employ and train a PESS Officer in each province dedicated to assisting DESBs and VEDCs in onboarding and retaining students with disabilities; (c) revise the VEDC’s terms of reference to ensure the participation of persons with disabilities.

5.44 In consultation with OPDs, (a) improve education information packages, and community engagement with children with disabilities and their families to raise their awareness of education opportunities and learning subsidies available in both mainstream and special education in easy-to-understand and accessible formats; (b) upgrade the “Khang Panya Lao” Platform with curriculum applicable for homeschooling for children with different types of disability.

5.45 Scale equivalence programming for out-of-school youth and adult education programmes that support literacy and numeracy with effective engagement strategies targeting persons with different types of disability.

5.46 (a) In consultation with OPDs, undertake a nationwide accessibility audit of infrastructure in the educational system against the existing School Construction Guidelines and Policy on Dormitories for Secondary Education; (b) develop an Action Plan, resources, and budgetary allocations to address critical gaps considering all types of disability.

\textsuperscript{210} Ibid.  
\textsuperscript{211} Ibid.  
\textsuperscript{212} Ibid.
of disability; (c) establish a centralized mechanism to formally request reasonable accommodation support, from both teachers and parents, in the educational system.

5.47 In consultation with OPDs, mainstream the rights of persons with disabilities within the FQS for both primary and secondary education.

5.48 (a) Improve the implementation of education fee subsidizations for children with disabilities, including those enrolled in the private Centers for Intellectual Disabilities and Autism; (b) provide mainstream schools and VEDCs with a recurring budget for reasonable accommodation of persons with disabilities, to minimize school registration fees for children with disabilities.

5.49 (a) In consultation with OPDs, develop and enforce minimum standards for learning materials and equipment for mainstream schools with children with different types of disability; (b) increase budgetary allocations to print curriculum materials in Braille for all grades of primary and secondary education.

5.50 In consultation with OPDs, ensure that school meals are accessible for children with different types of disability.

5.51 (a) Prepare a pool of qualified trainers to deliver the mandatory inclusive education module at the TTCs; (b) increase the number and capacity of teachers that can use Braille and Lao sign language; (c) engage, train, and recruit persons with disabilities as teachers and administrators within the educational system.

5.52 In consultation with OPDs, develop official pre-school and primary curricula and Teacher Handbooks for serving children with intellectual disabilities and autism.

5.53 (a) Incorporate disability-disaggregated data from all levels of mainstream education and data from the Special Schools into the EMIS and LESMIS; (b) ensure the protection of personal data of persons with disabilities.
62. **Sectoral Policies and Strategies on Training and Skills Development** - Persons with disabilities have been identified as a priority group for the TVET sector under the National TVET Strategic Plan (2006-2020). The Plan is focused on expanding education coverage, quality, standards, and relevance that enable women and disadvantaged people to access training and skills development.

There is one disability-specific strategic objective in the Plan aimed at “increasing access to TVET for up to 60 per cent of graduates of secondary schools nationwide by

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214 Ibid.
promoting women, poor, disabled and ethnic groups”, and general policy requirement on promoting disabled as an area for TVET.\(^{215}\) However, the Plan does not outline any activities or indicators targeting persons with disabilities.

To assist in the implementation of the National TVET Strategic Plan (2006-2020), in 2008, the MoES issued the Master Plan for TVET Development (2008-2015), which identifies equitable access to education, and the need for specific approaches to cater to persons with disabilities. However, persons with disabilities are specifically targeted only in one of 130 activities outlined in the Master Plan.\(^{216}\) The updated Master Plan (2016-2020) was developed in 2016, which according to the 2020 TVET Country Profile, encourages training and skills development providers to target several groups, including certain disadvantaged groups,\(^{217}\) but does not explicitly include persons with disabilities.

The new ESSDP (2021-2025) aims to align the quality and number of school leavers and post-basic graduates entering employment with the priorities of the 9\(^{\text{th}}\) NSEDP and LDC graduation by, *inter alia*, improving the relevance and quality of TVET programmes, quality of TVET teachers and strengthening TVET cooperation and management. While the ESSDP highlights the importance of identifying measures to support persons with disabilities in entering employment, it lacks activities specific to them and their needs.\(^{218}\)

The Sub-Sector Development Plan for TVET (2021-2025) aims to (1) increase the number of graduates from TVET programmes; (2) improve the quality of teaching; and (3) improve the quality of TVET management.\(^{219}\) However, it does not indicate any activities targeting persons with disabilities.

63. **Decent Work Country Programme, DWCP** - The DWCP (2022-2026) outlines the Government’s commitments to labour force participation and inclusion in an agreement between ILO and the national constituents (Government, Lao employers’ organizations, and Lao workers’ organizations).

The framework is aligned with the implementation of the 9\(^{\text{th}}\) NSEDP’s and UNSDCF’s workforce-related outcomes and outputs, as well as the 2019 ILO Centenary Declaration for the Future of Work, 2021 ILO Global Call to Action for a Human-Centered Recovery from the COVID-19 Crisis, ILO global Strategic Plan (2022–2025), and the 2016 Bali Declaration.\(^{220}\)

The DWCP identifies non-discrimination, including on the basis of disability, as a cross-cutting theme and, *inter alia*, commits to (1) enhancing the Government’s capacity to deliver a disability-responsive social protection system (Outcome 2); (2) enhancing the Government’s capacity to facilitate new and inclusive opportunities for employment for persons with disabilities, among other vulnerable and marginalized groups (Outcome

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\(^{215}\) Ibid.

\(^{216}\) Ibid.


4); (3) supporting skills and entrepreneurship development for persons with disabilities, among other vulnerable and marginalized group (Outcome 5).

The DWCP specifically identifies four targets focused on disability inclusion and/or disaggregated by disability status, including that by 2026, 28,000 people received livelihood support, of whom 7,500 are employed (under Outcome 4) and 5,530 people benefitted from skills development – including vocational skills, entrepreneurship, and financial literacy, essential life skills and digitization (under Outcome 5).  

64. National Action Plan on Disabled Persons - In line with the National Technical and Vocational Education and Training (TVET) Strategic Plan and the DWCP, the National Action Plan on Disabled Persons (2026-2030), enacted in August 2020 by the NCDE seeks to *inter alia*, (1) issue or amend legislation related to TVET and employment of persons with disabilities; (2) improve facilities and curricula of TVET programmes to better meet the needs of persons with disabilities; (3) provide disability trainings for teachers from public and private TVET facilities; (4) reduce or waive the TVET costs for students with disabilities; (5) determine quota for employment of persons with disabilities; and (6) provide seed-funds for income-generating activities to persons with disabilities.  

By 2030, the National Action Plan aims to increase the employment rate of persons with disabilities employed by 10 per cent. Its estimated budget for all the planned activities in the employment sector for 2026-2030 is USD1,85M.  

65. TVET, Skills Development, and Labour Services Structure - The TVET and skills development sector is divided into three levels: (1) primary level (at upper secondary level); (2) middle level; and (3) high level (at post-secondary level), and is delivered across formal, integrated, and non-formal education mechanisms. There is a tiered certification system with the lowest level being a general certification, moving through to high diplomas as the highest TVET classification in the country.  

66. National Training Council, NTC - The NTC, a multi-sectoral body established in 2002 under the MoES, is the lead governing and advisory body in the implementation of the TVET policy framework and all issues related to skills development. The NTC is chaired by the MoES, co-chaired by the MoLSW and Lao National Chamber of Commerce and Industry (LNCCI), and comprised of 35 members from the public and private sectors, and civil society, with 50 per cent of the members coming from the industries. Neither the NCDE nor OPDs are NTC members.  

67. Training Institutions - Lao PDR has made good progress in the expansion of TVET services over the past two decades, extending formal TVET facilities into each province and advancing skills development through non-formal Training and Skills Development Centers, as well as Community Learning Centers at the district and village levels.

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221 Ibid.
223 Ibid.
The MoES is the primary service provider for formal TVET courses, with 25 TVET facilities offering short-term skills certified courses through to high-level diplomas and multi-year study programmes in business and accounting, agriculture, and industrial programmes, such as engineering and welding, among others. In 2019-2020, the MoES TVET student intake was at approximately 15,700. 226

Apart from the MoES, 11 sector-specific line-ministries also manage formal TVET facilities, including the MoH (12 nursing colleges); MoF (three training institutes); MAF (five training institutes); Ministry of Information, Culture and Tourism (MoICT) (five training institutes); and MoJ (three training institutes) 227.

The MoLSW Training and Skills Development Centers generally offer a range of informal lower-level short- and long-term training courses in traditional vocational education fields, including information technology, auto repair, garment-making, construction, carpentry, and hospitality. There are currently 11 Training and Skills Development Centers operating under the MoLSW, with a total of 5,585 full-time and part-time students. 228

In 2019-2020, there were approximately 63 private TVET institutions, with a student intake of 26,000. 229 With just over 700,000 students enrolled in tertiary education, the overall number of students in the TVET sector, both public and private, remains comparably small at approximately 62,000. 230

Although there is no disability-disaggregated data on the enrollment in the mainstream TVET and skills development, persons with disabilities often find themselves ineligible, particularly for formal TVET programmes, due to the prerequisite educational levels. 231

TVET and Skills Development Services for Persons with Disabilities - Recently, the MoES has also made progress on TVET and skills development targeting persons with disabilities by establishing two segregated TVET Centers in Vientiane and Luang Prabang province, with the 3rd facility under construction in Savannakhet province. 232

However, persons with disabilities have reported that the Sikeut Vocational Training Center in Vientiane (considered the most prominent segregated TVET facility) only offers mid-level certifications and qualifications and short-term skills development courses which are not aligned with the high-level vocational certifications required by many employers. This limitation within the segregated schools is significant considering that student and industry preferences have continued to shift towards higher qualifications in recent years. 233

Accessible training opportunities are also criticized for commonly clustering persons with disabilities into similar vocations based on their type of difficulty, such as massage

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training programmes for persons who are blind. The segregated TVET facility is also highly selective in its placement offerings, only allowing for persons with disabilities that have completed all primary and secondary grades. This educational qualification is considered a barrier to education for many persons with disabilities that are rarely able to complete their full schooling cycle.

The Government reported that of the 680 persons with disabilities that graduated from the segregated TVET Centers between 2016–2019, 522 graduates were able to move into work or self-employment.

Several OPDs, including the LDPA, LWWDA, LAB, and VDBA, also provide short-term training to persons with disabilities on cooking, mushroom cultivation, electronic and computer skills, sewing and needlework, weaving, paper making, and massage (for persons who are blind). In 2016, LWWDA, with support from World Education, ensured that their training packages met the national certification requirements – improving the employability of those women with disabilities undertaking the training opportunities.

### 68. TVET and Skills Development Quality

The quality of TVET remains uneven due to factors such as inadequate infrastructure and facilities, a shortage of textbooks and teaching materials, insufficient instruction time, curriculum deficiency, a shortage of teachers, and low quality of teaching capacities.

Education quality remains a considerable issue for persons with disabilities, that are often pushed into lower-level and informal skills development programmes, where teacher quality is reduced, and the training facilities are unable to maintain the regular upgrades required to meet the changing demands of the industry. There is limited evidence of TVET and skills development institutions providing accommodating measures for persons with disabilities outside of the two segregated TVET Centers under the MoES.

There have been improvements to the learning equivalency standards and practices to ensure that school leavers, drop-outs, and adult learners, particularly those in rural and remote areas, could effectively re-enter education and skills development opportunities at an appropriate level. However, the formal TVET facilities located in each province do not actively recruit, tailor courses, or assist teachers in disability-inclusive training skills and practices. Both men and women with disabilities noted that it is difficult for adults with disabilities to seek education support as there is no place for adults with disabilities to pursue basic education that includes learning to read and write.

Most recently, ILO commenced the Strengthening Skills Development in Lao PDR through South-South and Triangular Cooperation in partnership with China. The Project is supporting the Government in advancing skills development courses and better connecting training opportunities with emerging industries. The Project is designed to

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234 Ibid.
235 Ibid.
improve skills development, labour market participation, and promote gender equality and inclusiveness. Skills development opportunities will be improved through the capacity building of Training and Skills Development Centers, TVET facilities, and trainers to deliver quality services, addressing the needs of youth, women, migrant workers, and persons with disabilities.\textsuperscript{240}

69. **Distance** - Participation in TVET and skills development programmes is also impacted by urban-rural divide. One labour survey results showed that out of the total number of people aged 15–64 who had received TVET in the country, 51 per cent were from urban areas, 45 per cent from rural areas with roads, and only 4 per cent from remote rural areas that had no road access, and of the same grouping 23 per cent of TVET participants came from Vientiane alone.\textsuperscript{241} Furthermore, people in urban areas were more likely to complete formal TVET education with approved certifications at 73 per cent, compared to 59 per cent in rural areas with roads, and 55 per cent in rural areas without roads.\textsuperscript{242} The distance and road condition to TVET and Training and Skills Development Centers disproportionately prevents the enrolment of persons with limited mobility and disabilities.

70. **Costs** - In Lao PDR, TVET and skills development courses are mostly provided free up to diploma level. The MoLSW informal Training and Skills Development Centers all offer free courses, with contributory fees remaining only for those that have higher equipment costs, such as automotive and electronic courses for which students have to pay 1.5–2M LAK per year.\textsuperscript{243} The Ministry provides dormitories for women and men and operates a fully funded stipend scheme for disadvantaged groups primarily geared toward women, the poor, ethnic groups, and people from disadvantaged areas without access to trainings and boarding.

Students working towards a diploma or a high diploma within the formal TVET facilities under the MoES in almost any field, including technical and non-technical programmes, must pay a fee of 1.5–2M LAK per year. In addition, students also have to pay for dormitory accommodation, transportation, daily living expenses, meals, and other expenses. The level of tuition fees is defined by each institution and submitted to the MoES for approval. While there is no student loan system in Lao PDR, the MoES provides fully funded scholarships to the 10 best students as identified in a selection process, and offers stipends of 200,000 LAK per month per student to those taking courses that address national skills shortages.\textsuperscript{244}

While some persons with disabilities can qualify for stipend and scholarship support by other criteria, there are no references to TVET and skills development services being specifically subsidized for persons with disabilities outside of the segregated facilities. Due to this barrier, many persons with disabilities and their families see the associated costs of TVET and skills development as a significant barrier to employment when


\textsuperscript{242} Ibid.


\textsuperscript{244} Ibid.
compared to the uncertainty of the job market and potential income generation for the lower-level courses most often accessible for persons with disabilities.

71. Access to Employment Information - The MoLSW Skills Development and Employment Department extends its services to assist job seekers access information and connect with local employers. This support is coordinated through the Provincial Job Offices, located in 13 provinces, in partnership with employment service operators and the business development services at the sub-national level.

The Department has established the Public Employment Service (PES) website (www.pes.molsw.gov.la), which provides some labour force information and contains a job listings page with links to application processes. Although the overall PES website, including the application form, appears to be accessible for speech input and output technologies, it cannot adjust color themes for an easier read, and its usage guidelines published in video format lack the Lao sign language interpretation and/or subtitles. The website also lacks references to the non-discrimination employment policy, including on the basis of disability status, enshrined in Labour Law No.43.

Evidence suggests that persons with disabilities have limited knowledge or access to information regarding services that can assist with seeking employment. Other studies have also found that awareness of job opportunities is low for both men and women with disabilities, with individuals not knowing what types of jobs they can apply for, who will hire them, or how to search for vacancies.

This limited awareness of employment services, job opportunities, and the rights of persons with disabilities is again more acute in rural and remote areas where persons with disabilities are perceived to be the least informed. This urban and rural divide is heightened by the increasing use of the web and social media in advertising jobs and sharing services information, as this generally targets those with the Internet.

72. Access to Employment Opportunities - With over 60 per cent of the Lao workforce primarily employed in agriculture and more than 70 per cent of the economy considered agrarian, persons with disabilities, particularly in rural and remote areas, continue to be impacted by labour suitability disadvantages as livelihood activities often require physical labour and mobility.

Lao PDR is currently experiencing one of the fastest rates of urbanization and industrialization in Asia as the economy continues transitioning to and developing industry capabilities in mining and hydropower, expanding trade and manufacturing, and investing in tourism, telecommunications, and information technology. In theory, this should be a positive economic shift for persons with disabilities, as jobs more suited to their skillsets and interests are likely to emerge over time.

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248 Ibid.
249 Ibid.
251 Lao Statistics Bureau, Census of Population and Housing, 2015.
However, as outlined above, the TVET and skills development sector is struggling to maintain pace with the country’s market expansion, and with a low-skilled workforce, Lao PDR is currently experiencing a labour market supply and demand gap. This is causing high competition for the small number of jobs where skill sets align with vacancies, disproportionately impacting persons with disabilities excluded from higher levels of TVET and skills development programmes and often entering the job market with lower levels of education. According to the 2018 USAID Study, while non-agricultural jobs are considered important for persons with disabilities in Lao PDR, there are limited opportunities across the country, and competition is high for hourly and salaried employment.252

This disconnect highlights that without a better alignment to employment opportunities, the job prospects for persons with disabilities remain low. With an additional 1.6 million people expected to enter the active age population from 2015 to 2030, at an annual labour market entry rate estimated at 143,000 new entrants per year, Lao PDR is at risk of not being able to generate enough jobs to absorb the country’s growing labour force,253 further exasperating the difficulties persons with disabilities face in finding decent work across the country.

To bridge this labour market divide, the Government and private TVET facilities have developed several TVET courses that directly connect students with industry and businesses and improve the employability of the Lao workforce. While many of these courses have built-in gender empowerment and women’s participation quotas, there is limited evidence of persons with disabilities benefiting from such opportunities and are likely often excluded due to the prerequisite education levels.

The training and skills development services at the Sikeut Vocational Training Center do not extend to supporting persons with disabilities in job placement coaching following their trainings. This is a considerable barrier for persons with disabilities in seeking work as they are often left to negotiate with potential employers about their specific needs and capabilities without support.254

The persons with disabilities surveyed by USAID in 2018 reported that applications from persons with disabilities are often overlooked as employers rationalize not hiring them on economic grounds as there is a common perception that persons with disabilities place a burden on the organization resulting in a loss of profits. Moreover, job applications often require a “good health” certificate or include physical health/ability to travel as a position requirement, deterring many from applying due to the risk of discriminatory hiring practices.255

The respondents with disabilities also described situations where employers would not hire an individual due to the organization not having the relevant policies requiring them to employ persons with disabilities.256

252 USAID, Gender Analysis on Disability Final Report, March 2018.
255 USAID, Gender Analysis on Disability Final Report, March 2018.
256 Ibid.
In addition, the 2018 USAID Study cited that employer discrimination against persons with disabilities appeared to increase with the severity of the disability, which was most problematic for those that have difficulty communicating, such as those who are deaf or have intellectual disabilities. Both men and women with disabilities agreed that employers are likely to view women with disabilities as less capable, lacking confidence, and even "weak" compared to men with disabilities.257

There is also an overall confusion about the rights of persons with disabilities under the national labour legislation and institutional frameworks, as noted by the 2018 USAID Study. Persons with disabilities could not articulate the role of the Government in regulating or promoting the hiring of persons with disabilities, and wrongly understood that employers are required to hire 1-2 per cent of their workforce as persons with disabilities and that the MoLSW would find persons with disabilities jobs if individuals approached the Ministry directly.258

Since 2019, the Disability Mainstreaming Advisory Service Center (DMAS), an OPD established as an enterprise with the support from the Okard Project, has also provided consultancy services to local employers on disability inclusion practices and reasonable accommodation, as well as job readiness trainings and entrepreneurial coaching to DMAS beneficiaries with disabilities prior to entering the workforce.

ILO has attempted to reduce the prevalence of discrimination and negative perceptions toward persons with disabilities in the workforce at the policy level through the Disability Inclusion Support Service under the “INCLUDE” Project. The Project worked alongside governmental counterparts to better integrate disability-centric policies and services towards an approach emphasizing the full participation of women with disabilities in the mainstream labour markets.259

Accessibility - Accessibility remains a considerable barrier for persons with disabilities in commencing work as building designs are rarely conducive for persons with mobility and sensory difficulties, even in urban centers and non-agrarian workplaces.260 Persons with disabilities have confirmed that companies are often reluctant to hire individuals due to the extra costs that would be associated with making their workplaces accessible.261

Workplace accessibility is also marred by the low levels of disability-inclusive transport services and urban planning that prevent persons with disabilities from applying for work or accepting work placements as they are unable to independently travel to and from work.

The 1st National Labour Inspection Plan was developed in 2018 to provide strategic direction on company compliance with the national labour regulations. A labour inspection data management system has been established to assist with regular monitoring and progress tracking of individual companies against industry standards. This has led to the introduction of Workplace Improvement Committees in some

257 Ibid.
258 Ibid.
261 USAID, Gender Analysis on Disability Final Report, March 2018.
garment factories, offering a forum for bilateral discussion and exchange between workers and employers to improve the workplace environment.  

Under the National Labour Inspection Plan, labour inspectors have updated inspection checklists that align with the labour legislation, although it remains unclear if the checklists review worksite accessibility standards, among other non-discrimination policies and practices.

73. **Self-Employment, Livelihoods, and Access to Finances** - The DWCP has overseen the delivery of the capacity building for micro, small and medium enterprises (MSMEs). In coordination with the Business Development Services, business associations, and the micro-finance associations, training modules and standardized finance application templates have been developed to assist MSMEs in business planning and meet local banking requirements for loans, improving their access to finance.

In Lao PDR, persons with disabilities account for a disproportionately higher percentage of the informal sector, as formal sector employment, which only accounts for 17 per cent of total employment, is often unobtainable. As a result, many persons with disabilities look to self-employment as a more rewarding form of income generation.

However, accessing finances can be challenging for persons with disabilities looking to grow their own business, as the existing bank loan regulations require persons with disabilities to provide excessive proof of the loan’s viability compared to those without disabilities. This results in only persons with mild disabilities generally having financing applications approved. Persons with disabilities have reported that the challenges faced in undertaking a loan were especially harmful to those who were able to complete TVET and skills development programmes, as it is a critical barrier to enabling them from accessing the sufficient credit needed to generate an income.

There are some good examples of localized livelihood projects that are specifically targeting persons with disabilities. A basic stakeholder mapping exercise showed that of the 18 NPAs and INGOs linked to working within the disability sector in areas of health, education, livelihoods, civil society, and other, livelihoods support provided the most diverse grouping of organizations. For example, the Quality-of-Life Association, McKnight Foundation, Mines Advisory Group (MAG), the Schmitz Foundation, GIZ, and the German Development Services all develop small business enterprises and provide livelihoods trainings for UXO survivors and other persons with disabilities. Humanity and Inclusion has a similar business enterprise project focused on entrepreneurship in Savannakhet and Champasak provinces. Whereas CARE International, Health Poverty Action, and World Education, with funding support from Australia, provide short-term social transfers, productive asset creation opportunities, and livelihood coaching to project beneficiaries.

74. **Social Stigma** - Social stigma and negative attitudes towards disability are a significant deterrent for persons with disabilities seeking employment in Lao PDR, impacting their

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263 Ibid.
264 USAID, Gender Analysis on Disability Final Report, March 2018.
265 Ibid.
self-confidence as their families and communities may not believe they are capable of being productive members of society.²⁶⁶ A female respondent in the 2018 USAID Study emphasized that negative stereotypes affect their employability, as "people see persons with disabilities as useless, weak and not able to help themselves [...]. If they work with other people, they will cause trouble, and they are too slow".²⁶⁷

This stigmatization of persons with disabilities is reportedly more acute in rural and remote areas, with persons with disabilities acknowledging that jobs were more widely available in urban centers, where employers are generally open-minded and better educated. Rural communities were characterized as having less understanding and awareness of persons with disabilities, their rights, and capabilities.²⁶⁸

Another key observation was that men and women with disabilities could often receive different messaging from family and society about employment. Families may not want women with disabilities to look for work because they could potentially be harmed or face difficulties. Women with disabilities also experience the social expectations that they will take care of the home and children, which is also likely to have kept some families from encouraging women to seek employment.²⁶⁹

The Okard Project is currently employing community-based inclusive development facilitators to assist in creating a strong enabling environment at the village level as persons with disabilities develop their personalized livelihood plans prior to receiving financing support. The Project works with a variety of partners to provide innovative approaches to ensure that persons with disabilities are empowered to choose their employment pathways based on their skills and interests.²⁷⁰

75. **Job Vulnerability, Low Motivation, and Confidence** - As persons with disabilities continue to confront social stigma and discrimination in the workplace and at home, experience marginalization in accessing professional forms of employment, and are pushed towards menial jobs within the informal economy, many persons with disabilities acknowledge demotivation and lack of confidence have themselves become a barrier to employment. Persons with disabilities note that some of them do not apply to jobs at all because they are so discouraged by thinking they will not be hired.²⁷¹

Trends are now emerging where persons with disabilities gravitate to certain types of jobs, such as in information technology or accounting services, or others work for small businesses with specific skilled work, such as electronic repair shops, or perform unskilled labor, such as cleaning or construction. This creates an environment where persons with disabilities are commonly found working alongside other persons with disabilities in organizations or businesses specific to people with disabilities, rather than working in a mixed setting.²⁷²

²⁶⁸ Ibid.
²⁶⁹ Ibid.
²⁷² Ibid.
Persons with disabilities have reported their discomfort with this clustering approach of businesses and siloed job market opportunities available for them. As one respondent of the 2018 USAID Study stated, “many people who are blind would like to work in other jobs [besides massage therapy] that people give high respect and are challenging”.\textsuperscript{273}

Both male and female respondents also noted that women with disabilities are more likely to lack confidence in seeking employment opportunities with a lack of role models to look to for motivation and encouragement.\textsuperscript{274}

76. **Prevention of Disabilities in the Workplace** - The MoLSW has prioritized disability preventative measures in recent years, with Decree No.22 in Occupational Safety and Health (OSH) being endorsed in 2019. This has allowed for a national policy and legal framework under the DWCP, facilitating pathways for compensation for employee injuries. A team of Labour Inspectors has been trained, and central and provincial levels in the OSH Worksite Improvement in Construction, and the MoLSW is now coordinating with several industry associations and provincial counterparts in Champasak province to assist in the implementation of the national standards for the global supply chain sector, reducing the risk of occupational accidents, injuries, and diseases.\textsuperscript{275}

77. **Data Collection** - Data collection, analysis, utilization, and dissemination is an ongoing challenge in all areas of labour participation and the TVET and skills development sector. There have been several attempts in recent years to develop a National Labour Force Survey, however, the cost of national monitoring and challenges within the Department of Statistics and the Statistics Division of the Cabinet of the MoLSW have stalled initial development. Instead, several fragmented skills-needs surveys have been undertaken, such as (1) the National Training Needs Assessment Survey by GIZ in 2005; (2) Labour Force Survey by ADB in 2010; and (3) study by the World Bank in 2013. ADB also established the Labour Market Information System (LMIS) to support monitoring processes and ensure that students and industry had improved access to information. The LMIS, operationalized on the PES website, primarily illustrates data from the 2010 Labour Force Survey, disaggregated by age, sex, location, and sector, and not disability status.\textsuperscript{276}

Most recently, the Government completed its 2\textsuperscript{nd} Labour Force Survey under the DWCP in 2017, which, as of June 2022, is not visualized on the LMIS. Although the Survey Finding Report does not provide any disability-disaggregated data, the questions in the data collection form on household composition and characteristics were informed by the WG Short Set of Questions, and several specific questions included disability as an optional reason for (1) not attending school; (2) not finding a paid job/starting business in the last 30 years; (3) absence from work in the last seven days; and (4) unpaid family care. The overall Survey methodology placed “infirmed/disability” in the economically inactive population, while the definition of the “population outside labour force” in the

\textsuperscript{273} Ibid.

\textsuperscript{274} Ibid.


\textsuperscript{276} Public Employment Service. [www.pes.molsw.gov.la](http://www.pes.molsw.gov.la)
findings section referred to “full-time students, the retired elderly, and the incapacitated”. 277

The “Education for All” Review emphasized that in 2014 there were significant capacity gaps in data collection and information management in literacy rates, non-formal education programmes, TVET, and life skills courses. The absence of a proper data collection system and full integration of life skills and TVET indicators into the EMIS limited results measuring and gap identification. 278 As of June 2022, there is no systematic disability-disaggregated data collection against TVET participation and engagement on the TVET-EMIS.

**Priority Recommendations:**

5.54  **(a)** Prioritize a reporting section on persons with disabilities in the final evaluations of the ESSDP (2021-2025), and Sub-Sector Development Plan for TVET (2021-2025), including reporting against outputs and performance indicators; **(b)** develop an inclusive TVET and skills development strategy and action plan that are specific to the training needs of persons with disabilities and prioritize their equitable access to mainstream formal TVET facilities, as well as Training and Skills Development Centers; **(c)** introduce persons with disabilities participation and graduation targets across all national TVET qualification levels.

5.55  Ensure sufficient budgetary allocations to implement all the employment-sector activities planned under the National Action Plan on Disabled Persons (2026-2030) and to achieve the disability-related targets of the DWCP (2022-2026).

5.56  **(a)** In partnership with the Bank of Lao PDR, commercial and State-owned banks and financial regulators, revise the loan requirements and application processes to ensure they do not discriminate against persons with disabilities in accessing finances; **(b)** consider developing a small business grant scheme specifically targeting persons with disabilities; **(c)** consider tax-incentives to enable businesses owned and operated by persons with disabilities join the formal economy.

5.57  In consultation with OPDs, develop a disability inclusion module for TVET teacher capacity-strengthening.

5.58  Specifically identify persons with disabilities as eligible for TVET and skills development scholarships and stipends regardless of wealth and set an appropriate quota for financially assisted positions annually.

5.59  **(a)** Upgrade the PES website with non-discrimination policies, including on the basis of disability status, enshrined in Labour Law No.43; **(b)** strengthen the accessibility of the PES website and its video guidelines for persons with all types of disability.

5.60  **(a)** Strengthen capacities of personnel at Provincial Job Offices and employment services operators in basic disability inclusion and engagement practices; **(b)** strengthen capacities of OPDs in employment services qualifications and consider contracting short-listed OPDs to provide employment services support directly to persons with disabilities.

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5.61 **(a)** In consultation with OPDs, establish career coaching courses and job preparation training for persons with disabilities in the segregated TVET Centers; **(b)** increase private sector partnerships and engagement with the segregated TVET Centers to promote the skills of students with disabilities; **(c)** increase course diversity and qualification levels at the segregated TVET Centers, improving the employability of persons with disabilities in a mixed setting.

5.62 Revise the National Labour Inspection Plan and inspection checklists with benchmarks on worksite accessibility standards, and other non-discrimination policies and practices.

5.63 In consultation with OPDs, scale community awareness-raising campaigns and family engagement efforts, emphasizing the right of persons with disabilities to work and the importance of non-discrimination in employment and the workplace.

5.64 Strengthen data disaggregation by disability status, including across **(a)** labour force information monitoring indicators; **(b)** all TVET monitoring indicators, with a particular focus on participation and graduation results, and ensure the protection of personal data of persons with disabilities.

### SOCIAL PROTECTION

- **Article 28. Adequate Standard of Living and Social Protection**

**Disability Statistics from the 2020 Disability Monograph Report:**

- Persons with disabilities have a higher proportionate share of the poorest households at 25.1 per cent within the lowest quintile compared to 22.4 per cent for persons without disabilities.
- Persons with disabilities have a smaller share from the wealthiest households at 14 per cent within the highest quintile compared to 18.7 per cent for persons without disabilities.
- Disability prevalence is higher in the poorest areas at 3.3 per cent in rural areas without roads and 2.8 per cent in rural areas with roads, compared to 2.4 per cent in urban areas.
- Disability prevalence is also higher in impoverished ethnic groups, such as the Mon-Khmer at 3.51 per cent compared to the national average of 2.77 per cent. The Mon-Khmer is identified as the poorest ethnic group according to the 2013 LECS.
- There is no significant correlation between poverty and type of difficulty, although persons with walking difficulties are on average wealthier compared with other type of difficulties and persons with hearing or communication difficulties have the higher representation in the poorest households.

78. **National Social Protection Strategy, NSPS** - Through the implementation of Laws No.60 on Health Insurance, No.54 on Social Security, and No.63 on Education, Lao PDR’s social protection architecture intersects across several sector-specific policies and strategies administered by key line ministries, including the MoLSW, MoH, MoES, and MAF.
To assist in the convergence of the current legislation and regulations and accelerate the expansion of social protection services through a coordinated and system-driven approach, the Government has developed the NSPS “Vision 2030, Goal 2025”, a guiding tool for social protection framework in Lao PDR. The NSPS has been designed to align closely with the 8th NSEDP deliverables on social protection and the independent sectoral social protection policies, regulations, and programmes.\textsuperscript{279}

Endorsed in 2020, the NSPS aims to strengthen and further develop the three pillars of social protection, namely: (1) health insurance; (2) social security; and (3) social welfare, contributing to the redistribution of economic growth to all groups in society, social harmony, and cohesion, poverty and inequality reduction, and to long-lasting, resilient growth that benefits all.\textsuperscript{280}

The NSPS is guided by the principles of equity, adequacy, effectiveness, universality, progressivity, and sustainability. It states that “all Lao people will have access to social protection services in the same conditions regardless of age, sex, geographic location, socio-economic group or any other consideration.”\textsuperscript{281}

While the NSPS goals are more geared towards systems strengthening and coverage capacity, persons with disabilities are specifically identified in Goal 3, which aims to “develop and scale-up benefits and services to children from poor families or in vulnerable situations, persons with disabilities, older adults and low-income and informal sector workers,” which is then reinforced under Activity 2 aimed to “provide services and benefits to persons with disabilities and UXO survivors.”\textsuperscript{282}

Goal 3 does address several key barriers outlining that TVET opportunities be revised and further developed to prioritize poor and working-age people in vulnerable situations in accordance with their conditions and abilities. The Goal also identifies that student allowances need to increase and target students with disabilities, among others, at the lower secondary level, as well as improving data collection services, mainstreaming disability services, and improving service provisions for all types of difficulties and disabilities.\textsuperscript{283}

However, while acknowledging that the NSPS is a high-level and multi-sectoral Strategy, both Goals 1 and 2 appear to have limited interventions that address equitable access to the existing financial, institutional, and service barriers experienced by persons with disabilities outlined in the Health, Education and, Work and Employment Chapters.

The NSPS identifies the need for increased evidence-based research on how poverty and various vulnerabilities affect population groups across the country. However, it fails to include disability as a key intersectional component in Lao PDR’s poverty analysis, identifying age, sex, income level, and geographic area as critical areas of study to successfully reach the goals of the strategy.\textsuperscript{284}

\textsuperscript{280} Ibid.
\textsuperscript{281} Ibid.
\textsuperscript{282} Ibid.
\textsuperscript{283} Ibid.
\textsuperscript{284} Ibid.
79. **National Action Plan on Disabled Persons** - In line with the NSPS, the National Action Plan on Disabled Persons (2026-2030), enacted in August 2020 by the NCDE seeks to, *inter alia* (1) issue or amend legislation related to social protection of persons with disabilities; and (2) improve social protection policies for persons with disabilities to better access the NHIF, NSSP and Poverty Reduction Fund. ²⁸⁵

By 2030, the National Action Plan aims to achieve a 30 per cent increase in the number of persons with disabilities benefiting from national social protection services. Its estimated budget for all the planned activities in the social protection sector for 2026-2030 is USD1.13M.²⁸⁶

80. **National Social Protection Committee, NSPC** - The NSPS is implemented through the inter-governmental NSPC, which is responsible for the monitoring and evaluation of the Social Protection Programme and overseeing the social protection policy development and implementation, drawing on the operational support of the MoLSW as the NSPC Secretariat.²⁸⁷ Neither the NCDE, nor OPDs are NSPC members.

81. **Health Insurance Coverage** - As outlined in Section V on National Implementation, Sub-Section D on Health, Lao PDR has made good progress towards UHC, transitioning from just 10.8 per cent population coverage in 2008 to a social health protection coverage as high as 94 per cent of the population in 2018.²⁸⁸ This has been achieved through the introduction and rollout of the national taxed-based NHI, combined with several pre-existing voluntary insurance funds.

Expectant mothers, children under the age of 5, poor patients, and contributors to the Lao Social Security Organization (LSSO) are meant to be exempt from the co-payments to the NHIF.²⁸⁹ Nevertheless, most users continue to pay significantly more than co-payments. Financial and other barriers mean that large inequities persist in access and financial protection, across income groups and by ethnicity.²⁹⁰

Due to limited disability-disaggregated data, the number of persons with disabilities supported and accessing the NHI year on year is unknown. Without this data, it is difficult to understand if persons with disabilities are increasingly accessing healthcare services since the NHI introduction and rollout.

82. **Social Security Coverage** - Social security has expanded and strengthened through the establishment of the NSSF in 2018 by Law No.54 on Social Security, which requires employers to make compulsory contributions to the social security system. The NSSF has enabled the Government to effectively merge the State social protection system with the private sector system, as well as offer voluntary participation in social security to the informally employed and self-employed.²⁹¹

²⁸⁶ Ibid.
²⁸⁷ Ibid.
²⁸⁹ Ibid.
The NSSF, managed by the LSSO, provides protection assistance through eight schemes: (1) sickness benefits; (2) childbirth grant; (3) employment injury and occupational disease benefits; (4) nonwork-related disability benefits; (5) pensions; (6) death grants; (7) benefits for insured family members; and (8) unemployment benefits. The beneficiaries of these developments include formal economy workers, public sector workers, police, military, and their dependents, self-employed workers, voluntary and informal economy workers, as well as family members of the beneficiaries as specified in Law No.54 on Social Security.\(^{292}\)

The social insurance scheme under the LSSO covers most of the public sector and, to a lesser extent, the formal private sector. The scheme covers workers for medical benefits, pensions, employment injury, occupational disease and non-work-related disease (including long-term disability), sickness, maternity, unemployment, and survivorship. However, the beneficiary group only accounts for a small part of the population, as the formal economy constitutes only 17.3 per cent of the workforce.\(^{293}\)

Indeed, the majority of the Lao workforce (83 per cent) comprises self-employed and informal workers forms which do not benefit from this protection.

Formal private and public sector employees are entitled to sickness benefits. Sickness benefits are paid only to those who have paid social security premiums for at least three months, thus excluding those who were only recently formally employed. Employers are responsible for paying full salary during sick leave for up to 30 days, after which sickness benefits are paid by the LSSO to active participants. The LSSO sickness benefit is paid for up to six months at 70 per cent of the insured wage. If the health condition is expected to improve, the benefit is extended by another six months at 60 per cent of the wage. Otherwise, the worker is transferred to the long-term disability benefit.\(^{294}\)

As of 2020, 184,747 public sector employees and 117,509 private-sector employees are eligible for the benefits.\(^ {295}\) Currently, there is no disability-disaggregated data to determine the number of persons with disabilities eligible for social insurance benefits or actively accessing their social security payments.

83. **Social Welfare Coverage** - Lao PDR incorporates several services in defining the national social welfare safety net, including access to free educational support, welfare programmes and livelihood assistance, and essential services.

The social welfare support available across the education sector is implemented through a variety of programmes, including: (1) the administration of block grants to eliminate school fees for all students; (2) provision of scholarships to children in secondary education from poor families; (3) provision of school meals for primary and secondary schools in poor districts; (4) provision of a stipend to poor students in

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\(^{292}\) Ibid.


\(^{295}\) Ibid.
secondary education (both lower and upper levels); and provision of TVET scholarships to students from poor and disadvantaged families.\textsuperscript{296}

The Government also provides improved livelihood opportunities and assistance in accessing essential services to children with special needs, children with special protection, the elderly, and persons with disabilities, including UXO victims, as well as providing emergency assistance and rehabilitation services to victims of disasters.\textsuperscript{297}

Most welfare assistance is provided through short-term cash and in-kind transfers and subsidized rehabilitation services. Yet, there has been some progress made in diversifying support packages, demonstrated by the establishment of the Poverty Reduction Fund, which aims to improve access to essential goods and services for poor communities through asset creation and livelihood promotion activities, as well as the national TVET Scholarship Programme.

While the Government has confirmed that the national TVET Scholarship Programme has supported 680 graduates with disabilities between 2016-19, due to limited disability-disaggregated data, the number of persons with disabilities that receive social welfare assistance, including subsidized education, healthcare, essential services, and livelihood support or emergency assistance during disasters is unknown. Without this data, it is again difficult to understand if persons with disabilities are increasingly participating in social welfare services.

84. **Accessibility of Social Protection Services** - Social protection service delivery mechanisms remain a challenge for persons with disabilities, as many of the free social protection services continue to operate through the reimbursement of upfront costs, which disincentivized households from accessing assistance due to limited income and the difficulties in collecting entitlements.\textsuperscript{298}

According to the NSPS, to date, there has been limited public awareness and advocacy in regard to the national health insurance criteria for membership, services, rights, and obligations.\textsuperscript{299} This is impacting community perceptions that the long-term benefits of participating in the NHI do not equate to the use of scarce household resources for more immediate needs. This is more commonly reported in rural and remote areas where services are harder to access.\textsuperscript{300}

Persons with disabilities in rural areas also identified that they lacked knowledge of their NHI and other entitlements and were not capable or willing to pay upfront costs for the extended transportation and related expenses in seeking assistance. Depending on the financial situation of the household and the time of year, the cash needed may not be available.\textsuperscript{301} Without an improved economic incentive and a better understanding of

\textsuperscript{297} Ibid.
\textsuperscript{300} ILO, *Extension of Social Security to Workers in Informal Employment in the ASEAN Region*, 2019.
the entitlements already available under the NSPS, there is a risk of families devaluing services and losing motivation to register a family member or a child with disabilities. The NSPS also highlights that there remains no systematic approach to social welfare services and benefits for children under the age of 3, children requiring special protection, persons with disabilities, older adults living alone or lacking a pension, among others. With this, a large part of the country’s population still lacks access to adequate protection from a variety of social and economic risks. This is especially true for those outside the formal economy and those living in poverty who are not part of formal social security arrangements, including persons with disabilities.

85. Urban-Rural Divide - Challenges outlined in the NSPS suggest that there is a disparity in the administration of social security and social welfare provisions in rural and remote areas as funding and facility allocations to regional districts are less prioritized, and the resources for community awareness-raising and village engagement remains low. This disproportionately impacts persons with disabilities that have a higher prevalence in rural and remote areas. In addition, staff responsible for the fund disbursements in rural areas are inadequately trained in the social protection framework, policies, eligibility criteria, and beneficiary rights.

86. Disproportionate Disadvantage - With no reference to exemptions from healthcare co-payments and additional subsidies in accessing services, persons with disabilities are disadvantaged due to their increased vulnerabilities and cost of living. As outlined by ESCAP, disability-related expenses for medical care, transportation, assistive devices, and personal assistance mean that persons with and without disabilities can have different standards of living at the same income level. Adjusting for these costs widens the poverty gap for persons with disabilities in Lao PDR, as they are not effectively compensated by the social protection schemes.

With a higher prevalence of persons with disabilities either self-employed or working as employees in the informal sector, persons with disabilities are less likely to gain access to social security services in Lao PDR – placing them in the vulnerable position of seeking voluntary contributions from their employers or using scarce personal resources.

Due to the policy limitations in acknowledging the lived experience of persons with disabilities, social protection services continue to fall short in resolving the financial barriers associated with disability in Lao PDR. This is confirmed in the 2018 USAID Study, as persons with disabilities continually outlined a lack of income as one of the primary barriers preventing them from accessing services. The same research also revealed that female focus group participants in Xieng Khouang province felt that the

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303 Ibid.
309 USAID, Gender Analysis on Disability Final Report, March 2018.
study scholarships available for persons with disabilities were insufficient, as they did not cover necessary transportation, food, or lodging costs.

The impacts of this are realized in a recent survey that found people with disabilities have significantly poorer health than people without disabilities in Lao PDR. The survey also showed women with disabilities are often at a greater disadvantage, with very few women with disabilities having any form of insurance, despite their greater need for healthcare than women without disabilities.

87. **Budget** - The NSPS does provide percentage cost modelling against GDP and Gross Government Expenditure (GGE) until 2030 for children, persons with disabilities, and old-age social benefits. These benefits are determined by a standard package for all poor households, starting at 100,000 LAK per month in 2019, and will be subsequently adjusted for annual inflation. In 2019, the combined child and disability benefits were predicted to be 0.01 per cent of GDP and 0.04 per cent of GGE. By 2025, disability benefits should increase to 0.02 per cent of GDP and 0.07 per cent of GGE, before flattening until 2030, with the percentage of GDP remaining the same and GGE only increasing to 0.08 per cent. In monetary terms, social protection for persons with disabilities is expected to grow from 12B LAK in 2019 to 80B LAK by 2030.

Older adult benefits will not commence until 2025 at 0.02 per cent of GDP and 0.09 per cent of GGE but will accelerate quickly to be the largest percentage of the social protection model by 2030 (0.05 per cent of GDP and 0.23 per cent of GGE). The interlinkages in policy and payment between disability and old age, where the disability prevalence is higher, remain unclear. The cost modelling also uses a stagnant population assumption from 2013 of 1.46 per cent for persons with disabilities, which may limit the modelling accuracy as disability prevalence is likely to increase as identification, diagnosis, and data collection of persons with disabilities improves in Lao PDR.

Currently, Lao PDR displays among the lowest public social expenditure as a share of GDP, at less than 1 per cent. The most recent data available from 2015 shows that Lao PDR spends USD94M yearly on social protection, with USD84M going to social insurance and USD10M towards social welfare assistance. Pension support represents the highest percentage of social insurance expenditure at approximately USD72M, while social welfare assistance is split between assistance to the elderly and health assistance. The ADB reports the bias between poor and non-poor is further widening, as spending on social insurance increased steadily since 2009, while spending on social assistance incurred a downward trend.

The NHIF and the NSSF continue to operate at risk of collapse, as the funds are yet to generate sufficient earnings to maintain service support for the expanding population base. While there are several contributing macroeconomic factors, a significant

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311 Ibid.
312 Ibid.
The implementation gap is in the low uptake of the compulsory contributions of the formal sector, with only 50 per cent of the registered businesses currently meeting the national regulatory payment requirements. Without these contributions, the health insurance co-payments remain higher than originally designed, supporting as much as 46 per cent of the funds in 2015. As outlined in Section V on National Implementation, Sub-Section D on Health, this disproportionately impacts persons with disabilities who have higher healthcare costs and often require specialized rehabilitation services.

The depleted funds also inhibit the scalability of social security and social welfare services from targeting payments to identified vulnerable populations, such as persons with disabilities, as well as limiting existing service packages and reimbursement schemes. An example of this shortfall is observed in Lao PDR, outlining one of the lowest legal coverage rates for employment injuries in Southeast Asia at just 6.67 per cent.

Several social welfare programmes currently operational within the national social welfare infrastructure are financially supported by international development partners, including the World Bank, ADB, UNCDF, UNICEF, ILO, WFP, Catholic Relief Services, and the Education for Development Fund, among others – such as the UXO Victim Assistance partners outlined in Section V on National Implementation, Sub-Section G on Humanitarian Situations. The social welfare pillar of the NSPS, which is critical in reducing the financial barriers that many persons with disabilities experience in accessing education, does appear to be deprioritized in terms of national funding, suggesting that funding will likely continue to be dependent on Official Development Assistance.

While the scale of the socio-economic impacts of COVID-19 is yet to be fully understood in Lao PDR, it was estimated by the National Institute for Economic Research that national revenue could have experienced losses of up to 30 per cent during the pandemic. This revenue decline may have had substantial fiscal impacts on the NSSF and NHIF, which were also likely to experience high levels of unemployment benefits claims, as well as the potential for a rapid increase in hospitalizations. Further destabilization of the nascent social protection mechanisms in Lao PDR could have long-lasting socio-economic impacts on persons with disabilities due to their compounding vulnerabilities, including poverty and limited mobility.

**Data Collection** - Information on poverty and vulnerability is weak across the social protection framework, with household and wealth data generally only made available every five years through the Lao Expenditure and Consumption Survey (LECS). The LECS has a limited social protection module that does not record information on social assistance programmes, and with many of the social assistance programmes

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fragmented across key line ministries and international funding support, the limited information available is difficult to assess and inform on social protection policies.\textsuperscript{321} The MAF is currently responsible for the establishment of a Social Registry, which will provide an improved household-level data profile, including identifying each house with a poverty score. So far, the methodology has been piloted in the 12 districts in partnership with the World Bank, with all districts expected to be covered by the end of 2022. It is understood that the Social Registry will play a critical role in different line ministries targeting social assistance programs.\textsuperscript{322} It is unclear if disability-disaggregated data or the WG Short Set of Questions have been used as part of the Social Registry data collection process.

A dedicated Social Protection MIS is to be established under the NSPS to facilitate the work planning, coordinating, and supervising the implementation of the strategy. The system will be hosted by the MoLSW and aim to centralize the information produced across all the social protection programmes in Lao PDR.\textsuperscript{323} There is currently no disaggregated data to evaluate the accessibility, participation, and impact of health insurance, social security, and social welfare programmes on persons with disabilities in Lao PDR.

**Priority Recommendations:**

5.65 Explicitly recognize persons with disabilities as a vulnerable group under the NSPS.

5.66 Ensure sufficient budgetary allocations to implement all the social protection-sector activities planned under the National Action Plan on Disabled Persons (2026-2030).

5.67 Appoint the NCD(E) and national umbrella organization of OPDs, representing different types of disability, as members of the NTC.

5.68 In consultation with OPDs, undertake a comprehensive study of experiences of persons with disabilities in accessing social protection services, including health insurance, social security, and social welfare programmes, to assist in guiding policy and practices.

5.69 Enable free healthcare and rehabilitation coverage for all persons with disabilities regardless of individual wealth by prioritizing the extension of the NHI co-payment exemption to persons with disabilities \textit{(duplicated from the recommendations in Section V on National Implementation, Sub-Section D on Health)}.

5.70 (a) Revise financial assistance delivery modalities of social welfare entitlements for persons with disabilities, including travel and lodging expenses, to enable upfront or real-time payments; (b) increase stipends and social welfare assistance to persons with disabilities, particularly women with disabilities, in rural and remote areas, improving accessibility to both education and health services.

5.71 In consultation with OPDs, improve information packages, and community engagement with persons with disabilities and their families to raise their awareness of existing


\textsuperscript{322} Ibid.

social protection services entitlements and eligibility, in easy-to-understand and accessible formats.

5.72 (a) Strengthen knowledge of personnel at the provincial and district levels of the existing social protection services, entitlements, and eligibility of persons with disabilities and capacity on basic disability inclusion and engagement practices; (b) strengthen knowledge of OPDs of the existing social protection services, entitlements, and eligibility of persons with disabilities.

5.73 (a) Increase national expenditure across all social protection services, prioritizing social welfare and assistance programmes; (b) introduce persons with disabilities participation targets across all national social welfare and assistance programmes, ensuring that there are proportionate budgetary allocations to enable persons with disabilities to access essential services.

5.74 (a) Incorporate disability-disaggregated data into the National Social Protection MIS and Social Registry data collection process; (b) ensure the protection of personal data of persons with disabilities.

G. HUMANITARIAN SITUATIONS

- Article 11. Situations of Risk and Humanitarian Emergencies

DISASTERS

89. **Central Disaster Management Committee, CDMC** - Law No.71 on Disaster Management, outlined in Clause 15, Section III on the National Legal Framework, is under the direct supervision of the CDMC, chaired by the Deputy Prime Minister/Minister of Planning and Investment, and co-chaired by the Minister of Labour and Social Welfare (Article 52). The CDMC is appointed by the Prime Minister and consists of 15 Deputy Ministers, together with the Lao Front for National Development, Lao Revolutionary Youth Union, and Lao Red Cross. Neither the NCDE nor OPDs are currently CDMC members. The MoLSW acts as the CDMC Secretariat and is responsible for the overall coordination of disaster risk management (DRM) priorities with all relevant ministries, non-governmental organizations, international organizations, and diplomatic missions (Article 52).

The Disaster Management Law also allows the establishment of a Disaster Management Fund at the central, provincial, and district levels. The Fund will consist of a government resource allocation and can be further monetarized by various sources, including donors and communities, with the aim of “ensuring a sufficient and sustainable budget for effective and efficient disaster management work” (Article 45).

90. **Policies and Strategies on DRM** - Lao PDR’s national disaster risk management framework is in its infancy, with Law No.71 on Disaster Management and the following recent policies and strategies being central to its ongoing development:

- National Strategy on Disaster Risk Reduction (NSDRR) 2021-2030;
- 2019 National Emergency Preparedness and Response Plan (NEPRP); and
National Strategy on Disaster Risk Reduction, NSDRR - The NSDRR outlines that its implementation is compliant with "policies, the Constitution, laws, strategies, NSEDPs, national defense and security, and international conventions and agreements, to cover all types of disasters, to ensure equality, justice, transparency, disclosure, and accountability, to ensure the participation of all social sectors and coordination between the ministries, agencies, organizations and local authorities".  

Although the NSDRR does not explicitly acknowledge that persons with disabilities may require additional support and inclusion in preparing for, responding to, and recovering from disasters, the Strategy does recognize the interlinkage of DRR and Decree No.169 on Social Welfare. Decree No.169 sets out principles, regulations, and measures for implementing social welfare policies for disaster victims and other disadvantaged people in order to ensure they receive assistance and services in an efficient, effective, fair, and comprehensive manner.

Strategic objective 5 specifically addresses the need to understand the sources of vulnerability in disasters, increasing the resilience of the identified vulnerable groups and communities, including persons living with disabilities. Persons with disabilities are then specifically supported through the strategic objective focus area 5.3, which aims "to reduce the risk, protect and support families and organizations of people living with disabilities."

The NSDRR also acknowledges the importance of improving vulnerability data and research and advancing inclusive early warning systems across the country. These are outlined in (1) strategic objective focus area 5.2, which commits to collecting and analyzing quantitative data and conducting qualitative research on vulnerable groups and ways to increase their resilience; and (2) focus area 6.2, which aims to develop early warning systems that can reach all the people with warning messages.

The NSDRR has identified key interventions to assist persons with disabilities in preparing for disasters, including the development of SOP for working with persons with disabilities in emergency response and early recovery needs. These procedures will specifically target preparedness planning, early warning systems, evacuations, disaster relief, situations of displacement, and early recovery needs for social protection, health, and welfare services.

To ensure the participation of vulnerable groups, the NSDRR commits to the establishment of an Advisory Group on Resilience of Women and Vulnerable Populations, of which the NCDE is a member. The Advisory Group will work towards the empowerment and disaster resilience of women and vulnerable groups, including persons with disabilities. The Group is to be the primary community-government joint body that advises the MoLSW on: (1) relevant international standards and research to support disaster resilience of vulnerable populations; (2) effective methodologies for the inclusion and empowerment of vulnerable groups in decision-making roles in DRR.

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and disaster management; and (3) priority needs of vulnerable groups identified in their work at the community level.

Under the NSDRR, the MoLSW and the NCDE will also convene a National Taskforce on Disability and Disasters, responsible for undertaking research, increasing awareness, and supporting resilience-building initiatives for persons with disabilities and their families. The role of the Taskforce includes: (1) design and implement strategies to provide targeted information on early warning, evacuation, and other aspects of disaster response to persons with disabilities; (2) work with the NCDE and stakeholder groups, to determine the most appropriate mechanisms to ensure the needs of persons with disabilities are considered in local disaster response and recovery operations; (3) mobilize community volunteers to support evacuations and provide other assistance for persons with limited mobility or disabilities. 327

By 2025, the NSDRR commits to developing a five-year Plan on Disability Inclusion in DRR, including budget resources and monitoring and evaluation frameworks that will commence operation in 2026-2030. 328

In addition, the NSDRR commits to mainstreaming disability inclusion in community-based DRR programming by improving local planning and targets for community capacity-building in priority high-risk areas, with a focus on early warning, evacuations, information-sharing, awareness-raising, and local contingency plans. The Strategy also identifies the importance of disability-inclusive health services, including psycho-social support, being available during disasters. 329

While the NSDRR has considered the needs of persons with disabilities in several strategic areas, it does not recognize persons with disabilities as a target group for training Village Chiefs and other relevant community authorities in DRR and disaster management, only identifying women, men, and youth. Several disability-related outputs are not scheduled to start until year 3 or 5 of the Strategy.

Community-Based Disaster Risk Reduction, CBDRR - The NSDRR is complemented by the CBDRR Manual that identifies persons with disabilities, alongside other vulnerable groups, as community stakeholders that should be included in local planning and decision-making when preparing for disasters.

The CBDRR Manual provides reference materials and tools for collecting disaggregated data and engaging in focus group discussions with persons with disabilities. It also has examples of basic intersectionality, including women with disabilities and recording different types of disability. 330

The CBDRR Manual encourages the participation of persons with disabilities in community-level risk assessments and provides guidance for communities in developing their Village Disaster Preparedness and Control Committee (VDPCCs) with representation from vulnerable groups. However, persons with disabilities are not seen as mandatory but preferred. It also outlines that persons with disabilities do have

327 Ibid.
328 Ibid.
329 Ibid.
330 Ministry of Natural Resources and Environment, Community-Based Disaster Risk Reduction Manual, 2015.
specific needs in times of emergencies and emphasizes that they can contribute to disaster preparedness and response. OPDs are also identified as local resources that can support community-level planning.

The CBDRR Manual is currently being rolled out on an ad-hoc basis, with the number of VDPCCs unknown and scarcely populated. Without a national reporting mechanism, it is unknown how many active VDPCCs have included persons with disabilities or if persons with disabilities have been incorporated into community-level disaster preparedness plans.

**National Emergency Preparedness and Response Plan, NEPRP** - The 2019 NEPRP identifies that there are increased risks for persons with disabilities during and after disasters. The NEPRP states that all interventions are to be in accordance with Lao PDR’s legal frameworks, and commits to equality, justice, transparency, and accountability in emergency response deliverance.

Strategic objective 1 “Emergency Relief” identifies that rapid response structures must prioritize public safety, especially for high-risk groups, including persons with disabilities. These actions include: (1) search and rescue; (2) the establishment of evacuation centers; (3) provision of food and safe water; (3) construction of temporary shelters; (4) provision of hygiene items, non-food items, and healthcare.

The NEPRP does not outline procedures or budgetary allocations to ensure reasonable accommodation and professional assistance are available during emergencies for persons with disabilities, including in essential service areas such as accessibility to information, emergency shelters or evacuation centers, emergency relief assistance, early warning systems, community needs assessments and participation in early recovery planning and interventions.

**Draft National Disaster Recovery Framework** - The 2021 draft National Disaster Recovery Framework, currently under review, has been designed to assist the CDMC and concerned stakeholders build relevant skills and practices to better integrate activities that directly address gender equality and Leave No One Behind (LNOB) considerations, strengthening the inclusion of vulnerable groups to play a proactive role in managing and recovering from disasters such as floods, droughts, and pandemics.

The draft Framework includes specific guidance on disability inclusion in disasters that recognizes the rights of persons with disabilities and provides guidance for increasing the participation and roles in the decision-making of OPDs when recovering from disasters.

91. **2018 Floods** - The Post-Disaster Needs Assessment (PDNA) undertaken following the 2018 floods that impacted 17 provinces and Vientiane identified that the floods exacerbated the preexisting inequalities faced by poorer households, particularly

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331 Ibid.
332 Ibid.
333 Ibid.
persons with disabilities; impacts for these groups were observed across employment levels, income, food security, GBV, and general safety and security.\textsuperscript{336}

The field assessments further revealed stigma and discrimination experienced by internally displaced children and adults with disabilities, with reports suggesting that persons with disabilities encountered increased barriers to accessing aid and facilities. The access of LGBTQI persons with disabilities to services was further hampered by a lack of understanding of their identity, needs, and the specific forms of discrimination they face in their communities. Women with disabilities reported experiencing higher levels of stigma and harassment than men with disabilities, as well as significant barriers to obtaining services, particularly in rural areas.\textsuperscript{337}

The PDNA highlighted that persons with disabilities, particularly children with disabilities, were reported to be experiencing stigma and discrimination in overcrowded camps with limited security and social protection mechanisms.\textsuperscript{338} In addition, internally displaced persons with disabilities appeared isolated and likely excluded from decision-making and other camp activities, including the participation of children with disabilities in child family services.

The Hadyao temporary camp facilities, which included temporary housing units, bathrooms, and showers, were not accessible for persons with mobility difficulties and disabilities. It was reported that persons with disabilities were reliant on others when using the toilet and bathing. This accessibility limitation was heightened by cultural norms in rural areas, where persons with disabilities and the elderly limit food and water intake to reduce the number of times they defecate, not wanting to burden often female relatives and caregivers. This had negative repercussions on their hygiene and health. Women with disabilities reported difficulty in remaining clean, especially during menstruation.\textsuperscript{339}

The PDNA Assessment Team identified that there was no official data disaggregated by age, sex, disability status, or ethnicity and acknowledged that persons with disabilities were not included in the assessment consultations or interviews. No baseline data was available on persons with disabilities or mental health conditions.

The PDNA Recovery Strategy\textsuperscript{340} defined several immediate, short-term recovery needs, which were complemented by phased medium- and long-term recommendations aimed at building the resilience of social protection systems and ensuring that women, children, people of diverse gender identities, persons with disabilities, and other marginalized groups were able to affect the DRM decisions that affect them. The PDNA disability-related recommendations included:

- Improve participation of persons with disabilities by ensuring men and women with disabilities are interviewed during the assessment phase and in monitoring exercises to account for their specific needs in relief planning; support increased participation of women’s organizations and OPDs in the development of the

\textsuperscript{337} Ibid.
\textsuperscript{338} Ibid.
\textsuperscript{339} Ibid.
\textsuperscript{340} Ibid.
recovery strategy; adopt a Camp Management Committee model that includes persons with disabilities to improve visibility and participation in camp activities and decision-making;

- Ensure that all Humanitarian Clusters use the WG Short Set of Questions during interviews and field visits and strengthen data collection mechanisms across sectoral ministries and international development partners to capture disaggregated data, including by disability status;
- Establish referral systems that include children without adequate parental care and children with disabilities;
- Review, adapt, and revise the national disaster management structures, laws, and policies to ensure disability is mainstreamed rather than treated as an afterthought; and
- Develop a National Disaster Response Strategy that includes a social protection scheme component for all persons with disabilities and the elderly.

There is limited evidence to confirm the extent to which these actions were undertaken or completed. A MoSLW-UNCT Joint Mission Report to Sanamxay district, Attapeu province (the most heavily affected province by the 2018 Floods) in May 2020 identified the need to strengthen community development approaches to improve the participation of vulnerable groups. The Report noted that there was minimal participation of women during the consultations and persons with disabilities appeared isolated within the temporary housing camps. In addition, it raised concern about the capacity of local protection mechanisms and the suitability of the temporary housing camp facilities, particularly for vulnerable groups, including women, persons with disabilities, and the elderly.\(^{341}\) Livelihood opportunities also appeared to be minimal for persons with disabilities, with the majority of interventions targeted at manual labour and agricultural production.

The 2018 floods’ CERF Final Report did not reflect disability-disaggregated data. There was an acknowledgment of vulnerable groups as target beneficiaries, but the programming activities reported did not identify any accommodating measures being undertaken to support persons with disabilities to access relief and participate in their own recovery. The programming interventions had a strong focus on conditional cash grants for manual labour, and it is likely that persons with disabilities were unable to access assistance. The CERF Final Report identified that recovery assistance information was translated into local languages, however, there was no evidence of accommodations being made for persons with disabilities.\(^{342}\)

92. **Recent Flood Emergencies** - In 2020, floods impacted 14 districts across Savannakhet, Salavan, and Xekong provinces, affecting approximately 19,000 households, 113,000 people (57,000 female).\(^{343}\) The WG Short Set of Questions again was not used by the Cluster Leads in the post-disaster data collection efforts, and disability-disaggregated

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data was not identified in the Emergency Response Needs Assessment presented to the CDMC.344

Some progress was achieved following the 2021 Xayabouly Floods, which impacted 43 villages across 10 districts, affecting some 13,297 people from 2,747 households of which 6,524 were female345 as the WG Short Set of Questions were incorporated into a household-level basic impact, livelihoods, and food security assessment jointly undertaken by the MoLSW and UNCT partners in accompaniment to the official Post-Disaster Needs Assessment. The results showed that 4.3 per cent of people responded that they had some form of difficulty, with seeing difficulties and walking difficulties having the highest prevalence.346

93. **Data Collection** - In 2013, the MoNRE established the LaoDi Platform, a centralized database that captures data on past natural and technological disasters, as well as social, ecological, physical, and economic vulnerability and loss from them.

After several years of deactivation, the Platform has recently been institutionalized under the MoLSW and updated to DesInventar Sendai server to meet the reporting requirements of all the indicators of the Sendai Framework. It is being updated manually with the data from previous disasters, which is not disaggregated by disability status.

With the support from UNDP, the data collection templates for future disaster data collection were assessed to ensure their compliance with the Sendai reporting requirements, including disability disaggregation.

**Priority Recommendations:**

5.75 Revise the CDMC’s terms of reference to ensure the participation of OPDs.

5.76 Consider a percentage of funding reserved to assist persons with disabilities in accessing specialized and additional assistance in preparedness for or during an emergency within the newly endorsed National Disaster Management Fund.

5.77 (a) Ensure sufficient budgetary allocations to implement all the disability-related activities of the NSDRR; (b) ensure consultations with OPDs for the development of SOP in working with persons with disabilities in emergency response and early recovery needs; (c) appoint the national umbrella organization of OPDs, representing different types of disability, as a member of the upcoming National Taskforce on Disability and Disasters; (d) ensure consultations with OPDs for the development of Plan on Disability Inclusion in DRR (2026-2030).

5.78 (a) In consultation with OPDs, revise the VDPCC’s terms of reference to include persons with disabilities; (b) establish a centralized mechanism to monitor the VDPCC membership and community-level disaster preparedness plans.

5.79 Revise the NEPRP with SOP for reasonable accommodation and/or professional assistance during emergencies for persons with disabilities or other vulnerable groups.

344 Ibid.


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<th>Enhanced emergency response actions by increasing the participation of the affected persons with disabilities in preparing for, responding to, and recovering from disasters.</th>
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<td>Improve engagement with OPDs and specialist international non-governmental organizations in national planning, implementation, and monitoring of local disaster risk management policies, plans, and strategies.</td>
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<td>(a) Increase capacity and awareness of the Government at all levels on how to best assist persons with disabilities in times of disaster; (b) ensure all DRR and preparedness guidelines and training manuals incorporate disability inclusion criteria, particularly in early warning, information sharing, evacuation, and livelihoods.</td>
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<td>Develop and enforce national humanitarian standards for temporary shelters and internally displaced people camps that include gender- and age-sensitive provisions for persons with disabilities’ accessibility and participation.</td>
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<td>Include accessibility provisions for persons with disabilities in the resilient infrastructure requirements.</td>
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<td>(a) Ensure disability-disaggregation of data collected for the LaoDi database to improve vulnerability mapping, analysis, and decision-making for persons with disabilities in emergencies; (b) train authorities at the provincial, district, and village levels on disability-disaggregated data collection in emergencies and update all emergency assessment templates to be disability-inclusive; (c) ensure that all Humanitarian Clusters use the WG Short Set of Questions during interviews and field visits; (d) ensure the protection of personal data of persons with disabilities.</td>
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94. Per capita Lao PDR is among the most heavily bombed countries in the world, with over two million tons of munitions dropped during the Indochina War (1964-1973). According to the National UXO Programme “UXO Lao”, this includes 266 million cluster bomb sub-munitions, of which 30 per cent are estimated to have failed to detonate as per design. In 1996-2021, 836,323 UXO were destroyed, which amounts to only 1 per cent of the munitions believed still buried across the country.

While the number of UXO-related casualties has dropped significantly over the past decade, all 17 provinces and Vientiane remain UXO-contaminated, and approximately 25 per cent of villages still suffer from various degrees of UXO contamination.

95. National Regulatory Authority for the UXO/Mine Action Sector, NRA - The NRA is the inter-governmental institution responsible for the overall oversight and management of UXO operations.
the UXO sector. It was established in 2004 and, since 2018 mandated to perform its duties under the guidance of the MoLSW, including to: (1) translate the Government’s policies on UXO into strategies and projects; (2) examine, elaborate, and disseminate legal instruments on UXO; (3) supervise the establishment of and manage a UXO IMS; (4) supervise line ministries, local authorities, and UXO operators in carrying out UXO activities; (5) mobilize funds and technical assistance for UXO activities; (6) monitor and manage equipment and other assets to support UXO activities; (7) elaborate, amend and approve national standards for UXO activities; (8) monitor and report on all activities in the UXO sector.  

The NRA is comprised of 22 members, including 12 sectoral ministries, provincial authorities, Lao Women’s Union, Lao Revolutionary Youth Union, and Lao Front for National Development, chaired by the MoLSW and reports directly to the Prime Minister. The NRA office with a Head and Deputy Head appointed by the Prime Minister is located at the MoLSW and serves as the NRA Secretariat. Neither the NCDE nor OPDs are currently NRA standing members.

There are seven Technical Units established under the NRA: (1) Information Management; (2) Clearance; (3) Mine Risk Education; (4) Victim Assistance; (5) Quality Management; (6) Public Relations; and (7) International Cooperation and Treaty Support, as well as five Technical Working Groups (focused on the same areas as Technical Units 1-5), that include INGOs and other international development partners with the existing programming on disability, such as Humanity and Inclusion and World Education. There is limited evidence of whether the NCDE and OPDs are systematically involved in the Technical Working Groups’ quarterly meetings.

96. **Safe Path Forward, SPF** - The most recent national strategy for the UXO sector (2011-2020), SFP-II, is under evaluation as the Government finalizes the new 10-year strategic framework, with support from UNDP and other international Mine Action organisations. The next cycle of UXO programming will consist of an overarching ten-year SPF-III, supported by two associated five-year workplans and a Victim Assistance Strategy. The new framework will align with the targets of the Lao-specific national SDG18, “Lives Safe from UXO,” the CCM obligations and the associated Lausanne Action Plan.

The SFP-II aimed “to reduce the humanitarian and socio-economic threats posed by UXO to the point where the residual contamination and challenges can be adequately addressed by a sustainable national capacity fully integrated into the regular institutional setup of the Government”. It was built around six strategic objectives: (1) “Reduction of Victims”; (2) “Victim Assistance”; (3) “Land Release Operations”; (4) “Management of the National UXO Programme”; (5) “National Capacities”; and (6) “Compliance with Lao PDR’s International Obligations”. Strategic objective 2 called for the MoH and MoLSW to *inter alia*, establish a Victim Information System (VIS) and

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351 Ibid.


provide emergency medical support, transportation, and psycho-social rehabilitation services to UXO survivors at the community level.

The draft Assessment of the SFP-II identifies that the establishment, rollout, and ongoing utilization of the VIS database has been a key achievement in recent years and survivor records appear to be well maintained and reliable. The draft Assessment Report also acknowledges that there has been some improvement in the capacity to provide emergency medical evacuation in high-risk districts and that the MoH is continuing to improve the patient discharge arrangements to streamline support to rehabilitation services, including physical therapy and the provision of assistive products through the network of CMR/PRSCs. However, the draft Assessment Report lacks information on any interventions on strengthening psycho-social services conducted within the SPF-II cycle and concludes that the overall implementation of SPF-II strategic objective 2 is still ongoing.

The draft Assessment Report also highlights that, with the exception of the VIS, the national victim assistance programming has now fully transitioned to the responsibility of the MoH and MoLSW, incorporated into their regular service delivery and national policies, planning, and capacity-strengthening.

97. Victim Assistance Strategy - In Lao PDR, victim assistance has been guided by the National UXO/Mines Victim Assistance Strategy (2014-2020), which is in the process of being revised and extended until 2025. Its implementation is under the coordination of the NRA and its Victim Assistance Unit, which, according to the Strategy, are not engaged with direct service delivery but instead coordinate with a range of service providers, including the MoH, CMR, Humanity and Inclusion, World Education, Association for Aid and Relief, COPE Center, Quality of Life Association as well as two OPDs – the LDPA and LWWDA.

Although the NCDE is not listed among the key implementing partners of the Strategy, the document outlines a number of activities in collaboration with the NCDE, including on data collection, access to education, TVET, and income-generating activities, micro-finance services, mapping and monitoring of victim assistance providers.

The Strategy identifies the importance of a survivor-centered approach and provides definitions for the terms of "UXO survivor" and "UXO victim", as well as acknowledges both the rights and needs of UXO victims in the contexts of disability and development. It also utilizes the term "victim assistance" as defined by the CCM to be inclusive of medical care, physical rehabilitation, psychological support, social and economic reintegration.

The Strategy enables services to be designed through a holistic approach, including acknowledging family members and affected communities as UXO victims and therefore providing them with programming support. In addition, the document outlines that all efforts to assist UXO victims should be based on the principle of non-discrimination and that most survivors are part of a larger group of persons with

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356 Ibid.
disabilities and that UXO services and programmes should not discriminate, directly or indirectly, against other persons with disabilities.\footnote{Ibid.}

According to the Strategy, victim assistance efforts should be based on the principles, and concepts underpinning the CRPD, and survivors are the people best placed to inform policy-making to address their rights and needs.\footnote{Ibid.}

There are six pillars within the Strategy, such as: (1) data collection; (2) medical care; (3) physical rehabilitation; (4) psycho-social rehabilitation; (5) economic reintegration and vocational training; and (6) advocacy for UXO victims’ rights.\footnote{Ibid.}

With the NRA Annual Reports predominantly focused on quantitative data and land clearance analysis and the assessment of the SPF-II still ongoing, it is unclear as to the achievements and progress made against the National UXO/Mines Victim Assistance Strategy in the last cycle.

98. **Services and Costs** - The 2012 National Standards for UXO/Mines Victim Assistance also recognize the holistic approach of victim assistance, including to affected families and communities, and describes victim assistance through seven complementary groups of services, in coherence with the National UXO/Mines Victim Assistance Strategy, including: (1) emergency medical care; (2) continuing medical care; (3) physical rehabilitation; (4) psychological and social support; (5) employment and economic reintegration; (6) advocacy for UXO victims’ rights; and (7) data collection. The Standards require all victim assistance projects to address one or more of these complimentary services, consider merging victim assistance activities for UXO survivors with other groups of persons with disabilities, and involve beneficiaries in planning, monitoring, and reporting.\footnote{National Regulatory Authority for the UXO/Mine Action Sector, Lao PDR National UXO/Mine Action Standards on UXO and Mine Victim Assistance, 15 October 2012.}

To date, there is no centralized information about available victim assistance services, coverage, eligibility, and procedures for requesting it in the national strategies and standards on victim assistance. The NRA Operation Dashboard provides statistics on the provision of the following victim assistance “items”: limb prosthesis, physical therapy, walking aids, glasses, wound healing, surgery, TVET, micro-grants for livestock, cash assistance, scholarships, religious ceremonies, and funeral allowance.\footnote{National Regulatory Authority, Operation Dashboard, May 2022.} The standardized Victim Assistance data collection form adds wheelchairs, hearing aids, dentures, micro-grants for agriculture, handicrafts production and (re-)starting a business, financial accounting training, house repair, psycho-social support, and mental treatment to the list of potential UXO victim assistance means.\footnote{National Regulatory Authority for the UXO/Mine Action Sector, Victim Assistance Report Form (unofficial translation).} According to the 2018 USAID Study, victim assistance also covers travel (including for one caretaker to accompany a male survivor and two caretakers for a female survivor), and lodging costs,\footnote{USAID, Gender Analysis on Disability Final Report, March 2018.} most likely referring to the War Victim’s Medical Fund (WVMF) coverage.

\footnotetext[357]{Ibid.}
\footnotetext[358]{Ibid.}
\footnotetext[359]{Ibid.}
\footnotetext[360]{National Regulatory Authority for the UXO/Mine Action Sector, Lao PDR National UXO/Mine Action Standards on UXO and Mine Victim Assistance, 15 October 2012.}
\footnotetext[361]{National Regulatory Authority, Operation Dashboard, May 2022.}
\footnotetext[362]{National Regulatory Authority for the UXO/Mine Action Sector, Victim Assistance Report Form (unofficial translation).}
\footnotetext[363]{USAID, Gender Analysis on Disability Final Report, March 2018.}
Since 2006, the NRA, with the support from World Education, has administered the WVMF, covering medical care, surgery costs, transportation and food allowance (including two family members), accommodation during hospital stay (150,000 LAK per night), dental services, assistive devices, funerals and other religious ceremonies for all UXO survivors of any age, except for those who used a UXO for a crime, dismantled a UXO for the purpose of generating income from scrap metal or was involved in a UXO accident at a commercial construction site where workers were covered by insurance. TVET and other economic reintegration services are not covered by the WVMF. The Fund is administered by the Provincial Department of Health and currently available at all Provincial Hospitals. It is unclear whether the WVMF coordinates budget planning and allocations with the NHI and Health Equity Fund (HEF).

The COPE Center also covers patient costs associated with the transportation and food for patients and their caregivers along with the cost of rehabilitation treatment but supports any person regardless of the cause of disability.

There is no public information on exact services, coverage, and target groups prioritized by victim assistance of Terra Renaissance and the LDPA.

The 2018 USAID Study acknowledges that there is a disparity across the country’s UXO victim assistance providers as only a small number of them have the financial capabilities to reimburse survivor transportation and lodging costs. The Study also indicates that information about different UXO victim assistance services is not coherent, inconsistently distributed, and seldom known by local authorities and communities.

99. **Data Collection** - UXO accident and victim records are reported through the nationwide VIS database integrated into the overall UXO sector MIS database operationalized on the international Information Management System for Mine Action (IMSMA) platform. The VIS documents accident epidemiology, supports operational planning (risk education and land release), as well as monitors the service delivery for UXO survivors.

The data collection is carried out by Village Chiefs who report UXO accidents to District Focal Points and Provincial Focal Points with an Accident Form and, as indicated by some victim assistance providers, are rewarded with 50,000 LAK for each completed report. The UXO survivor data is then collected by Victim Assistance Enumerators using the unified UXO/Mine Victim Assistance Report Form and recorded into the VIS database.

The Victim Assistance Report Form seeks to obtain the survivor’s detailed personal information, including details of relatives and occupation both before and after the accident, type of bomb caused the accident, type(s) of injuries and/or disability acquired, as well as the assistance needed (including medical treatment, assistive products, psycho-social support, and economic reintegration). All survivors recorded

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364 World Education, *War Victim Medical Fund.*
365 COPE Center, [www.copelaos.org](http://www.copelaos.org)
through the Victim Surveys are given a unique identification code consisting of the province code, District code, Village code, accident number, and individual survivor number. The Form also documents the assigned victim assistance provider. The service providers assigned to the survivors registered on the NRA Operation Dashboard in 2015-2021 include the COPE Center, World Education, Terra Renaissance, and the LDPA.

The National Standards on Information Management require the Provincial Focal Points to ensure survivors and their families are advised about victim assistance services available both at the provincial and national levels and notify victim assistance organizations operating in their province about newly registered survivors.

**100. Budget** - Between 1996-2020 approximately USD394M was allocated to support the UXO programme, with 3 per cent contributed from the State Budget.

The draft Assessment Report of the SPF-II recommends that the upcoming SPF-III consider sustainability issues within the current programming which is largely supported by international development partners. It is likely that the current model of programming cannot be sustained long-term, and planning should commence now to ensure that UXO victims are not burdened by a drop or gap in service delivery.

Although a multi-donor Trust Fund for the UXO sector in Lao PDR was established by UNDP, it has been abandoned over the past two decades, and donors have directly provided funding to the NRA and line ministries, UXO operators or channeled their support through UNDP for specific activities. This approach makes it difficult to monitor the overall budgetary allocations for UXO victim assistance. According to the National UXO/Mines Victim Assistance Strategy (2014-2020), the NRA budget covers only victim data management and coordination of victim assistance programming, with medical care, physical and psycho-social rehabilitation, economic reintegration, and TVET relying on the regular budgetary allocations of the relevant ministries.

**Priority Recommendations:**

5.86 Appoint the NCD(E) and national umbrella organization of OPDs, representing different types of disability, as members of the NRA, and its Technical Working Groups.

5.87 (a) In consultation with OPDs and UXO survivors, conduct an independent evaluation of the National UXO/Mines Victim Assistance Strategy (2014-2020) across all six pillars to inform the development of the next Strategy; (b) improve qualitative monitoring and reporting of the next Strategy within the NRA Annual Reports.

5.88 In consultation with OPDs and UXO survivors, undertake a comprehensive study of experiences of UXO survivors in accessing victim assistance services, including

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368 National Regulatory Authority for the UXO/Mine Action Sector, *Victim Assistance Report Form (unofficial translation).*


372 Ibid.


emergency transport, and psycho-social/mental support services, to assist in guiding policy and practices.

5.89 (a) Map all the existing UXO victim assistance providers, including their locations, services, coverage, eligibility criteria, and access procedures; (b) develop and enforce standards and regulations for victim assistance service provision, coverage, eligibility, and procedures for accessing them.

5.90 In consultation with OPDs and UXO survivors, improve UXO victim assistance information packages, and community engagement with UXO survivors and their families to raise their awareness of the available victim assistance and financial assistance in easy-to-understand and accessible formats.

H. CHILDREN AND WOMEN WITH DISABILITIES

- Article 7. Children with Disabilities

Children with Disabilities Statistics from the 2017 LSIS II:

- 2 per cent of children of the age from 2 to 4 have functional difficulty in at least one domain. In rural areas without road, 3.8 per cent of children have functional difficulty in at least one domain. There are disparities between the north (1.7 per cent) and the south (4.3 per cent).
- While 2 per cent of children of the age from 2 to 4 have functional difficulty in at least one domain, those in the same age group from the poorest quintile households have a higher rate (3.6 per cent) of functional difficulty, as most cases of child disability are preventable if the family has the knowledge and means.
- 0.7 per cent of children of the age from 6 to 17 have intellectual disabilities.
- The causes of child disability in Lao PDR are mostly injury, pregnancy, and birth.

- Article 6. Women with Disabilities

- Article 16. Freedom from exploitation, violence, and abuse

VIOLENCE AGAINST CHILDREN WITH DISABILITIES

Statistics from the 2016 VAC Survey:

- 34.3 per cent of girls and 35.1 per cent of boys are subject to violence before the age of 18.
- 15 per cent of girls and 16.9 per cent of boys experience physical violence before the age of 18. 24.2 per cent of girls and 17.7 per cent of boys experience emotional violence from a parent, guardian, adult caregiver, or adult relative. 7.3 per cent of girls and 12 per cent of boys experience sexual abuse.
- 0 per cent of girls received services for physical violence and sexual abuse during childhood.

101. Child Protection System Structures - Since ratifying the CRC in 1991 and enacting Law No.05 on Protection of the Interests and Rights of Children, outlined in Clause 15, Section III on the National Legal Framework, the Government of Lao PDR has
demonstrated commitment to building a formal child protection system, with the significant effort invested in establishing numerous governmental agencies and intergovernmental structures.

However, as suggested by the Child Protection System Assessment, conducted by the MoLSW with support from UNICEF in 2019, the division of roles between different mechanisms and individual service providers appears to be unclear, and the coordination among them remains irregular and fragmented at all levels. To date, the actual presence, visibility, and service provision of the formal child protection system on the ground remain limited across the country.375

Committee of the Protection and Assistance of Children, CPAC - The primary responsibility for identifying children and families at protection risk formally lies with the CPAC. It is chaired by the MoLSW and has a multi-ministerial membership consisting of the MoJ, MoPS, Lao Women’s Union, MoH, and MoES, among others.376 To date, the NCDE is not an independent member of the CPAC.

According to Law No.05, the roles and responsibilities of the CPAC are to: (1) receive reports on children who are at risk and children in need of special protection, and identify emergency measures to protect and assist them; (2) provide assistance to families of children in need of special protection and children at risk; (3) advise, monitor and regularly inspect the care and assistance to children under various shelters and centers; and (4) collect statistics on children in need of special protection and children at risk.377

The Child Protection and Assistance to Trafficking Victims Division under the Department of Social Welfare at the MoLSW has lead responsibility for issues pertaining to child protection, which includes, *inter alia*, policy-making, strategic planning, and programming, as well as the coordination of direct child protection services through the CPAC. However, with the lack of human resources and limited budget, to date, the Ministry’s primary function with regard to child protection is limited to oversight and monitoring of INGO initiatives and ad-hoc direct service provision.378

A number of INGOs implement child protection programmes based on individual and organizational priorities and negotiate workplans bilaterally with partner ministries rather than based on a holistic and systemic approach aligned with initiatives being implemented by other stakeholders.379 To address this fragmentation, in 2021, the Government launched the NAPEVAWC (2021-2025) and approved the National Plan of Action on Child Protection System Strengthening (2022-2026). Both Plans are inclusive of children with disabilities and recognize care and protection services specific to them as part of the minimum child protection services to be implemented at the village level.

Child Protection Network, CPN - Under the CPAC, Law No.05 established CPNs to “monitor neglected children or those being taken advantage of, collect grass-root data

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379 Ibid.
on children in need of special protection and report to the CPAC, provide counseling and [...] collaborate with relevant sectors for the protection and assistance to children” (Article 36).380 The CPNs were further mandated under the MoLSW's Agreement on the Establishment of CPNs as the key mechanism “for the protection and assistance to children at the community level [...] and for referring children to receive appropriate assistance.”381

With the lack of qualified social workers, the MoLSW relies on CPNs as key human resources to provide basic protection services, identify and refer cases at the village level. According to the MoLSW, to date, 1,284 villages have a CPN out of an estimated 8,507 villages (14 per cent) across the country. Based on the 2019 Child Protection System Assessment, many community members, including some CPN members themselves, are unaware of the CPN or its intended function. The Networks did not appear to be functioning in any of the locations where Assessment fieldwork was conducted, and Village Chiefs did not refer to or use the CPN in any way when managing child protection cases.382

Based on the 2021 Core Recommendations for Strengthening the Child Protection System and in line with the National Plan of Action on Child Protection System Strengthening (2022-2026), the MoLSW is currently revitalizing the CPNs by piloting a Standard CPN Operationalization Model in Xieng Khouang and Attapeu provinces. The existing Child Protection Case Management SOP include standard case management protocols for responding to child protection cases involving children with disabilities.

In 2022, the MoLSW also finalized the Guidelines on Alternative Care for Children without Appropriate Care. The Guidelines are supported by the Minimum Standards for Residential Care Institutes, including Centers for Children with Disabilities.

**Lao Women’s Union** - The Lao Women’s Union is a mass organization established in 1955 to represent, promote and empower women and children.383 With membership spanning the central, provincial, district, and village levels, the Lao Women’s Union is seen by community members and Village Chiefs as the main source of support for women and children and appears to be more well known in this capacity than CPNs, Lao Social Welfare (LSW) Offices and Village LSW Volunteers.

At the central level, the Lao Women’s Union supports overall policy and strategy development related to women and children. At the sub-national level, it has 3-4 officers based in every province and district, who provide, *inter alia*, direct counseling to children and women, free legal aid, and victim-witness protection through the prosecution process.

The Lao Women’s Union also appoints 1-2 village volunteer representatives, who collect data on vulnerable and marginalized women and children, and represent the Union at the community-level structures, such as VMUs and CPNs.

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383 Ibid.
The Lao Women’s Union operates the Center for Counseling and Protection of Women and Children (CPCWC) in Vientiane, which provides both counseling and shelter for women and children victims of violence and trafficking. Other shelters have been established in Savannakhet and Luang Namtha provinces, with the latter yet to be fully operational. In 2022, the Union, with support from UNFPA, will establish four more shelters in Bokeo, Bolikhamxay, Champasak and Attapeu provinces, taking into consideration accessibility standards and principles of universal design.

The Lao Women’s Union has an established hotline and several counseling centers in most provinces. However, it is reported that these services are not functioning effectively and are often difficult to access, while cases involving women and children with disabilities are unknown.\(^{384}\)

102. **Human Resources** - There are very few qualified social workers in Lao PDR, and a large majority of governmental and INGO staff involved in child protection work at the sub-national level are volunteers. While volunteers can play an instrumental role in increasing the child protection service availability and coverage, this has significant implications for the quality and capacity of local-level service provision, particularly for children with disabilities who may require specific knowledge and skills for assistance and protection.

To date, there is no national certification system for social workers in Lao PDR and no centralized social work training established by the Government.\(^{385}\)

At the provincial and district levels, the MoLSW has small teams with broad responsibilities, including the wellbeing of the poor, elderly, persons with disabilities, children in need of assistance, skills development, labour management, as well as responding to natural disasters. Based on the interviews with the MoLSW sub-national staff conducted by the Child Frontiers in 2019, 39 per cent of LSW Officers at the provincial and district levels stated that they did not feel their job responsibilities were clear to them, 64 per cent received training, and only 15 per cent believed that it was sufficient in order to fill their responsibilities well. Some 93 per cent of respondents stated that they did not have sufficient resources to complete their work.\(^{386}\) The Survey did not assess their knowledge and skills to provide protection services to persons with disabilities.

The MoLSW provides basic capacity-building to the voluntary CPN members, but this does not appear to have been actioned on a consistent or regular basis, with the most CPNs members interviewed in 2019 understanding that their role was simply to count and report the total number of children in their village, including age ranges and those with disability. According to the 2019 Child Protection System Assessment, of 1,284 CPNs that have been established, only CPNs in 337 villages (26 per cent) have received training on child protection and their roles and responsibilities.\(^{387}\)

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\(^{386}\) Ibid.

\(^{387}\) Ibid.
The updated capacity-building programmes for district and provincial LSW Officers and CPNs do cover disability inclusion.

According to the Lao Women’s Union, their provincial and district counselors also face significant capacity limitations due to a lack of education and the existing curriculum not being applicable in all locations. With support from UNICEF, an effort has been made to provide simplified, practical training for the Lao Women’s Union sub-national staff on how to respond to reported cases and minimum best practice standards. There is no evidence of whether these practical trainings include standards for protecting persons with disabilities.

**Community and Local Authorities Perceptions of Violence against Children, VAC -**

While the majority of children and adolescents in Lao PDR grow up surrounded by immediate and extended relatives as well as community members who help to protect and ensure their wellbeing, national surveys show that children in Lao PDR face a range of serious protection risks, including physical, emotional and sexual violence.

Adult and children respondents engaged in the 2017 LSIS II described psychological or verbal violence experienced at home as the most prevalent form of VAC. This type of violence was linked to parenting styles and described as disciplining children. Other forms of domestic violence included physical violence or arguments between parents, frequently attributed to alcohol consumption, which directly or indirectly affected children living in the household. Exploitation and sexual abuse were rarely mentioned by community respondents. As the 2017 LSIS II did not disaggregate VAC findings by disability status, the prevalence of different forms of violence against children with disabilities is unknown.

Community members and children also clearly identified linkages between school drop-out and early marriage, with adolescent girls explaining that they wanted to stay in school for as long as possible in order to have a better future and avoid getting married at a young age. Due to limited disability-disaggregated data, it is unclear if these trends are also experienced by girls with disabilities that are unable to finish school.

Several key informants in the 2018 USAID Study noted that some families in rural areas keep children with severe disabilities at home due to fear of gossip or negative social stigma and beliefs that disability is an indicator of bad luck. While this behavior can be considered a form of child neglect in some circumstances, it is understood that this is also driven by a perceived threat of violence, including sexual violence, against women and girls with disabilities.

Girls with disabilities experience double discrimination in this regard as female caretakers said, “to have a daughter with a disability is more difficult than a son, we cannot let her go and stay without someone guarding her [...] we are worried she might get raped if she stays home alone or at least sexually abused.” Another respondent to the 2018 USAID Study said, “I am very worried about my daughter too, now she is only...”

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388 Ibid.
390 Ibid.
391 Ibid.
5-6 years old, but when she turns 14-15 years old, we cannot leave her at home alone. We do not want to lock her in the room. If they have a boy, parents do not have to worry about this issue.”

While community members do acknowledge different forms of VAC do occur, in Lao PDR, it is not considered a priority concern in relation to child wellbeing. The 2019 Child Protection System Assessment clearly indicated that families, communities, and Village Chiefs, as well as national child protection stakeholders, view child protection within a wider lens of child wellbeing. When asked to identify leading child protection priorities, respondents inevitably mentioned poverty, malnutrition, lack of healthcare, dangers posed by road accidents, and UXO, among other concerns, as critical to address in order to ensure the protection of children.

The social norms and community understanding of violence as well as other child protection issues, are likely to fall short in incorporating the specific needs of children with disabilities due to their increased experiences of social exclusion and stigma.

103. **Referral System and Shelters** - In Lao PDR, most child protection issues are handled within families. When cases are brought to the attention of Village Chiefs, the primary focus tends to be on counseling and disciplining the perpetrator rather than maximizing the limited resources to direct services and support to the child victim. There is little expectation from community members or children of any external form of help, which will likely remain if formal child protection services are unable to demonstrate consistently positive outcomes for children.

To shift child protection from the incident-focused to preventive support, UNICEF is currently supporting the Lao Women’s Union to pilot a parenting package that includes holistic development and protection messages targeting mothers and fathers. Awareness-raising materials being tested in two provinces include priority messages on the rights and needs of children with disabilities.

According to the 2019 Child Protection System Assessment, limited services available across governmental and non-governmental agencies are currently inconsistent, with no systematic referral mechanism linking different child protection services established. Past efforts to create a national comprehensive referral system have been hindered by the lack of child protection services and limited capacity within the Government.

With the Lao Women’s Union shelters, SOS Villages, and other fragmented INGO programmes predominantly located in urban areas, child protection services remain inaccessible to families and children in rural and remote areas, where disability prevalence is higher.

Vulnerable children, especially children with disabilities that often require specific services and skillsets to engage with the child protection system, often experience multiple forms of deprivation that cannot be addressed solely through vertical

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393 Ibid.
395 Ibid.
396 Ibid.
Government structures and institutional frameworks that only provide sectoral service support.\textsuperscript{397}

The quality of protection services for victims of VAC available at shelters and counseling centers does not currently extend to meeting the accessibility standards or providing reasonable accommodation necessary to effectively support them and their families. Although the Lao Women’s Union’s hotline service is now expanded with a WhatsApp contact modality, with support from UNFPA, and became more accessible for persons with hearing and speech difficulties, it may exclude those unable to access a phone or the Internet.

\textbf{104. Budget} - As child protection and social services are not delivered through a single governmental agency, information on budget definitions, budgetary guidelines, and trends in budgetary allocations, including towards children with disabilities, is unavailable, which poses significant challenges for the planning and management.

According to the 2019 Child Protection System Assessment, despite the lack of detailed resource information, the overall level of financial investment in the child protection system is insufficient to sustain even a minimal level of service provision. The MoLSW does not provide central-level budgetary support to the provincial and district levels outside of emergency cases, with all other sub-national operations reliant on funding provided by Provincial Governor’s Offices. There is no funding provided to support the establishment and operation of the CPNs, while financial assistance for specific incidents is expected to be procured on an ad-hoc basis from different sources, which appears to rarely occur, if at all.\textsuperscript{398}

In terms of INGO resources, in 2012, it was estimated that approximately USD3M was allocated for child protection efforts in Lao PDR. This included support for shelter management and maintenance, awareness, and advocacy programmes, as well as establishing and training the CPNs.\textsuperscript{399} There is limited evidence of whether there were INGO budgetary allocations for programming or direct assistance to children with disabilities.

\textbf{105. Data Collection} - To date, there is no MIS tracking and storing of data on child protection incidents or trends of abuse, violence, exploitation, and neglect has been established in Lao PDR. Information on cases of orphans, poor families, or children with disabilities is recorded in fragmented locations and reported to the national level only upon request. This information does not appear to be systematically consolidated or utilized, and there are no clear procedures for follow-up on cases.\textsuperscript{400}

The Lao Women’s Union and INGOs document the number of calls received, and cases handled, based on thematic areas such as human trafficking or abuse, at their level, without consolidating it centrally for centralized analysis, planning, and management. According to the MoLSW, although INGOs are required to submit their case data within

\textsuperscript{397} Ibid.
\textsuperscript{398} Ibid.
\textsuperscript{400} Ministry of Labour and Social Welfare, \textit{Assessment of the Child Protection System in Lao PDR}, June 2021.
annual reports, this information is currently not provided, and the Ministry does not obtain a record of the number or types of child protection cases managed by INGOs. There is little evidence of standardization of incident data collection tools across different governmental and non-governmental actors, including on its disaggregation by disability status.

The VAC Survey, conducted in 2016 by the Lao Statistics Bureau and the NCAWMC, with support from UNICEF, was not designed to produce statistically stable estimates of violence against children with disabilities and other marginalized and vulnerable groups and, therefore, its findings were not disability-disaggregated. The Survey Findings Report suggested that children with disabilities are often among those at the highest risk of violence in Lao PDR, and further research to explore violence among them is warranted.

In 2022, the MoLSW, with support from UNICEF, initiated the development of a Child Protection Information Management System (CPIMS) to standardize and systemize the collection, analysis, and management of data on child protection.

VIOLENCE AGAINST WOMEN WITH DISABILITIES

**Women with Disabilities Statistics from the 2020 Disability Monograph Report:**
- 49.8 per cent of persons with mild disabilities, 51 per cent with moderate disabilities, and 52.2 per cent with severe disabilities are female.

**Statistics from the 2014 VAW Study:**
- 30.3% per cent of women who had ever been in a relationship reported experiencing at least one of the three types of violence (physical, sexual and/or emotional) in their lifetime.
- 5.1 per cent of women experienced physical violence by a non-partner in their lifetime from the age of 15.
- Only 28.6 per cent of women who experienced physical and/or sexual violence sought help from local authorities, 18.9 per cent from Village Chiefs, and 11.7 per cent from a VMU.

106. **Women Protection System Structures** - Since internalizing the key provisions of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in the 2015 Constitution that enshrines equal rights of men and women in Article 35: “Lao citizens are all equal before the law irrespective of their gender […],” the Government has prioritized addressing VAW as indicated by the development of the Five-Year NAPEVAWC (2014-2020) and NAPEVAWC (2021-2025). With the support from UNFPA, the NAPEVAWC (2021-2025) is inclusive of women with disabilities and, *inter alia*, prioritizes disability-disaggregated administrative VAW data and service provision tailored to the needs of women and girls with disabilities.

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401 Ibid.
The implementation of the NAPEVAWC is overseen by the NCAWMC, with support from the Lao Women’s Union.

**National Commission for the Advancement of Women, Mothers, and Children, NCAWMC** - The NCAWMC was established in 2003 as a mechanism for monitoring, coordinating, and promoting the implementation and realization of the rights of women and children across a broad range of ministries. Chaired by the Deputy Prime Minister, the NCAWMC has a multi-sectoral membership that incorporates support from 12 governmental bodies, including the Ministry of Planning and Investment (MPI), MoHA, MoH, and Lao Women’s Union, among others. To date, the NCDE is not an independent member of the NCAWMC.

The NCAWMC is responsible for establishing the policies, legislation, and programmes, as well as conducting the research and data analysis necessary for the Government to take action on the prevention of and response to Violence Against Women (VAW) and VAC.

The NCAWMC has offices at the provincial and district levels, which are similarly mandated to act as coordinating bodies within their areas of responsibility. The NCAWMC’s structure then intersects with the local level by assigning one member of the Village Development Committee to facilitate interventions in the village.

**Lao Women’s Union** - As outlined above, the Lao Women’s Union is mandated to represent, promote and empower women and children, as well as to provide preventive activities on VAW and VAC. It plays an instrumental role in assisting victims of violence by offering counseling, healthcare, free legal aid, and victim-witness protection through the prosecution process, as well as providing temporary shelters, TVET, and reintegration through the woman and child counseling and protection networks at the central, provincial, district and village levels. In addition, the Union is responsible for raising awareness of VAW and VAC.

As outlined above, through the CPCWC, and with support from UNFPA, the Lao Women’s Union manages a hotline, counseling center, and shelters in Vientiane and Savannakhet province, as well as other counseling centers in most provinces. The Union has recently established a new shelter in Luang Namtha province and, with support from UNFPA, is preparing to open four more shelters in Bokeo, Bolikhamxay, Champasak, and Attapeu provinces in 2022.

**Gender Network** - At the central level, there is a non-governmental Gender Network that includes NPAs, INGOs, UN AFPs, and international development partners with programming on gender equality and women’s empowerment, which aims “to facilitate mutual learning and exchange between gender experts and development actors, strengthen evidence-based approaches to drive effective solutions, and enhance critical

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403 Prime Minister’s Office, *Decree No.37 on the National Commission for the Advancement of Women,* 1 April 2003.

404 Ibid.


dialogue and policy influence”.408 The CEDAW Taskforce and GBV Taskforce are two sub-groups created by the Gender Network to consolidate constructive input from civil society into decision-making, as well as the CEDAW implementation, monitoring, and reporting.409

To date, only the LWWDA, mainly representing women with physical disabilities, is a member of the Gender Network. In 2018, the LWWDA Director attended the Constructive Dialogue between the CEDAW Committee and Lao PDR at Sessions 1647 and 1648 as part of Lao PDR’s National Delegation.

107. **Human Resources** - As outlined above, the Lao Women’s Union has significant coverage in the country, with its membership spanning across central, provincial, district, and village levels. It reported that in 2009 it had a membership of 1,015,506 women,410 and, as of 2021, has 3-4 counselors in 148 districts across all provinces.411 However, the Union is overly reliant on the support of local volunteers in delivering community-level interventions. Its representatives’ ability to provide services, conduct monitoring and provide ongoing support is limited by the scarcity of resources and lack of skills training opportunities. This often leads to roles becoming representative-focused, and a significant investment of resources and capacity-strengthening are required to equip local level volunteers to play a meaningful role in family welfare service provision.

Knowledge and skills shortages in VAW have also been reported in law-enforcement personnel, public health staff, and VMU members, with reports of low capacities in identifying different forms of VAW, a lack of reporting incidents, and gender-insensitive case management. To date, gender awareness and VAW prevention trainings for health workers and law-enforcement personnel have been slow to rollout.

There is currently no evidence that the limited VAW prevention, response, and rehabilitation staff capacity-building interventions and trainings, as well as course curricula have considered the intersectionality of disability and VAW or if there has been disability inclusion training provided separately to local NPAs, VMUs and the Lao Women’s Union counseling staff and village volunteers.

108. **Community Perception of VAW** - Domestic violence is generally considered a family matter to be solved among relatives or members of the immediate family in Lao PDR.412 The 2017 LSIS II reported that 29.5 per cent of women and 16.2 per cent of men believe violence is justified, including when women do not conform to traditional gender roles. Women also spoke about intimate partner violence as “bad luck”, while VAW perpetrated by a stranger is considered violence.413

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408 Cord and LCCO, Lao CSOs Directory, 21 October 2019.
410 Lao Women’s Union, Promotion and Protection of Lao Women’s Rights, August 2009.
The key triggers of VAW in the Lao culture context include mistrust and jealousy associated with infidelity, alcohol intake, unemployment, or financial difficulties. Persistent norms, practices, and traditions, as well as patriarchal attitudes and deep-rooted stereotypes regarding gender roles, impacts the perceptions of violence, especially in rural and remote areas in Northern Lao PDR and within some ethnic groups. Rape is often viewed as a negative act and socially unacceptable, but many ethnic groups see a marriage between the perpetrator and victim as the only remedy for restoring harmony.

A study on the violence perceptions of young people in Lao PDR and Thailand also identified that there is a tolerance for VAW within this age cohort. While many respondents say all forms of VAW are wrong, many also confirm that domestic violence is a private family matter and that violence is sometimes acceptable when women dress improperly, fail to perform their domestic duties, or refuse sex.

As the 2017 LSIS II and other national and regional data collection processes did not disaggregate VAW findings by disability status, the prevalence of different forms of violence against women with disabilities is unknown.

There is a strong perception, particularly in rural and remote areas, that women with disabilities face additional challenges in accessing services, including transportation, education, and healthcare, due to the higher perceived risk of sexual assault or attack for women traveling alone or with a man who is not her husband. As a male key informant in Vientiane explained, “women [with disabilities] have more difficulties. [...] Our culture does not accept a woman traveling alone, or even if it is her father or brother, people will ask [questions]. Our parents always taught us that girls could not go out with men without other women. It is not safe because of the high chance of sexual assault, and our culture does not accept single mothers.” As outlined above, families are also more restrictive in allowing women with disabilities to remain home alone.

109. **Shelters and Referral System** - According to the VAW Study, conducted in 2014 by the Lao Statistics Bureau and the NCAWMC, with support from UNFPA, UN Women, and WHO, women in Lao PDR tend to not report or tell others about the violence they have experienced. The 2014 NCAWMC Study revealed that among those who experienced physical and sexual violence, 42.2 per cent never told anyone, and only 28.6 per cent sought help from the local authorities, with 11.7 per cent coordinating with VMUs. Even fewer women approached women’s organizations, police, and health facilities.

Although there is no disability-disaggregated data on average reporting among women with disabilities, they may be less likely to report VAW due to increased stigma and social exclusion, higher levels of dependence on intimate partners and other family members.

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417 Ibid.
members, as well as the lack of awareness of violence prevention, the national legal system regarding VAW, and women’s rights.

The 2014 VAW Study reported that 16.9 per cent of women in urban areas understood local laws and practices regarding VAW, compared to only 5.4 per cent in rural areas and 1.5 per cent in rural areas without road access, where disability prevalence is higher. Regardless of location, women with disabilities are likely to be disadvantaged in accessing the information on violence prevention due to the proportionately lower levels of education attained, as, in general, women that received a higher education were six times more likely to have received knowledge on VAW than women that only attended primary school.420

Victims of VAW that do try to access protection services are often limited to low-quality services and poorly trained and knowledgeable local officials, including the police. The VMUs, as one of the primary entry points, are not considered to be victim- or women-centered, often taking conservative approaches focused on reconciliation and avoiding engagement with other support services. This generally results in women having to remain in violent environments and largely left to seek additional help on their own.421

To date, there are no comprehensive referral pathways available in Lao PDR, and coordinated Government responses to VAW at national and sub-national levels are lacking.422 As outlined above, the CPCWC under the Lao Women’s Union is often the only service provider for victims of violence, offering a range of counseling services and TVET, including handicraft production, sewing, and basic business management to assist victims in their recovery. However, the CPCWC continues to lack the financial support to assist women in rural and remote communities, as well as meet the accessibility standards or provide reasonable accommodation for VAW victims with disabilities.

There are very few women’s shelters available outside of Vientiane. The overall basic support services available in violence prevention and response are generally considered to be both low quality and inaccessible.423 As outlined above, the CPCWC operates a national counseling hotline for victims of violence, which did increase its service capacity during the COVID-19 pandemic to support those living under movement restriction orders. Although the hotline is now expanded with a WhatsApp contact modality, with support from UNFPA, and accessible for persons with hearing and speech difficulties, it may exclude those unable to access a phone or the Internet. There are mixed reports about the overall hotline’s effectiveness, with call lines often under-resourced and calls and messages going unanswered.

The NCAWMC and Lao Women’s Union, with support from UNFPA, are currently finalizing the establishment of a National GBV Coordination Mechanism and a nationwide referral system for GBV. The upcoming referral pathways will include

421 Ibid.
423 Mauney, Gender Based Violence in CARE’s Remote Ethnic Target Communities, 2015.
disability-specific support services and ensure the participation of OPDs in assisting women with disabilities.

110. **Budget** - In 2016, UN Women undertook a cost estimate exercise for a minimum package of essential services for victims of violence in Lao PDR. The minimum service package considered a national hotline to facilitate information sharing on support services, One-Stop Crisis Centers, an increased number of shelters prioritizing rural and remote areas, improved police liaison for women and children experiencing violence, the provision of counseling services, as well as the capacity strengthening of VMUs among others. The total cost of the proposed interventions start-up and operating costs over a three-year period was estimated to be approximately USD13.5M, equivalent to 0.25 per cent of Lao PDR’s GDP. Costs were estimated to gradually decrease after the initial short-term investments. 424

It is unknown if disability-inclusive personnel capacity building, infrastructure, communications, and information needs were considered in the development of the costing package. Currently, there is no known budget allocation under the NCAWMC, Lao Women’s Union, and non-governmental programming targeting service delivery improvements for women with disabilities that experience VAW.

111. **Data Collection** - The most recent data pertaining to VAW is found in the Lao PDR VAW Prevalence Study conducted in 2014 by the Lao Statistics Bureau and the NCAWMC using the standardized WHO methodology. The 2014 Study is Lao PDR’s first-ever national survey on VAW. It provides national-level data, with some specific information in rural and remote areas only, 425 but overlooks disaggregation by disability status.

While there are estimates that worldwide, girls and young women with disabilities face up to 10 times more GBV than those without disabilities, 426 and adult women with disabilities are at least 1.5 times more likely to be victims of violence than women without disabilities across Asia and the Pacific 427, there remains no data on the intersection of disability and VAW in Lao PDR. 428

The NCAWMC, with support from UNFPA, incorporated one indicator on disability-disaggregated VAW data into the NAPEVAWC (2021-2025): number of cases of violence that result in administrative remedy/punishment, disaggregated into the types of violence and victims’ age, ethnicity, residency, and disability.

**Priority Recommendations:**

5.91 (a) Appoint the NCD(E) as a member of the CPAC and NCAWMC; (b) encourage the national umbrella organization of OPDs, representing different types of disability, to participate in the Gender Network.

5.92 (a) In consultation with OPDs, integrate modules on disability-inclusive protection from VAC and VAW, including in emergency contexts, in the existing trainings for staff and

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427 ESCAP, *Disability in Asia and the Pacific*, 2016.
volunteers of the MoLSW, Lao Women’s Union, CPNs, law-enforcement personnel, public health staff, and VMU officials; (b) recruit and train women and men with disabilities for working with victims of VAC and VAW; (c) strengthen capacities of disability service providers and OPDs in VAC and VAW prevention and response, and link them with the upcoming National GBV Coordination Mechanism and a nationwide referral system for GBV.

5.93 In consultation with OPDs, (a) develop disability-accessible information packages and community engagement with children and women with disabilities and their families to raise their awareness of VAC and VAW prevention, the national legal system, and the rights of children and women.

5.94 In consultation with OPDs, (a) embed an accessible helpline specific to children and women with disabilities into the existing hotline services to provide counseling, mental health and psycho-social support, and referral services; (b) develop accessible contact options for the existing hotline services, including face-to-face counseling and telecommunications relay services; (c) ensure that all survivor shelters and counseling centers are accessible for children and women with disabilities; (d) mainstream the rights of persons with disabilities in the upcoming National GBV Coordination Mechanism and a nationwide referral system for GBV.

5.95 In consultation with OPDs, undertake a comprehensive study that specifically analyzes the intersectionality between disability and violence.

5.96 (a) Incorporate disability-disaggregated data into the next LSIS, CPIMS, and VAW Prevalence Study; (b) ensure the protection of personal data of persons with disabilities.

I. ACCESSIBILITY

- Article 9. Accessibility
- Article 19. Living Independently and Being Part of the Community
- Article 20. Personal Mobility
- Article 21. Freedom of Expression and Opinion, and Access to Information

112. National Strategy and Action Plan on Disabled Persons - The National Strategy and Action Plan on Disabled Persons (2020-2030), enacted in August 2020 by the NCDE, acknowledges that “environment, transportation, information, and communications generally remain inaccessible for persons with disabilities in Lao PDR, […] with a lack of accessible ramps, elevators, and WASH facilities, signage and paving […], transport vehicles, communications in Braille and speech input and output technologies”.

By 2025, the National Action Plan seeks to, inter alia (1) develop accessibility manuals, in compliance with the CRPD and provide trainings on accessibility to the relevant governmental staff at central and local levels; (2) issue or amend legislation related to accessibility; (3) produce various programmes in Braille and sign language, and integrate them into media and education; (4) train concerned staff and persons with disabilities on Braille and sign language; (5) develop national accessibility standards; and provide trainings to the relevant governmental staff at central and local levels; (6)
conduct an assessment of the accessibility of buildings and public facilities; and (7) pilot a project on improving and constructing accessible public infrastructure.\textsuperscript{429}

The National Action Plan lists only three indicators for the planned activities on accessibility: (1) 10,000 people, including policy-makers, engineers, physicians, teachers, families, and caregivers of persons with disabilities, have an increased understanding of accessibility; (2) issued or amended at least three pieces of legislation related to the accessibility of persons with disabilities; and (3) Technical Standard Guide on Accessible Public Facilities, focusing on both construction and maintenance, is developed and approved. Whereas the estimated budget for the planned activities on accessibility for 2020-2025 is \textsterling 1.2M.\textsuperscript{430}

The National Strategy and Action Plan on Disabled Persons (2020-2030) do not aim to create an overarching coordination structure for the accessibility implementation and monitoring across sectors and place responsibility for meeting accessibility obligations under Law No.57 on Disabled Persons and laws of general application on individual ministries.

113. **Sectoral Projects on Town Planning and Information** - The existing sectoral strategic policies and frameworks in transport and town planning infrastructure have primarily focused on expanding access to rural and remote areas, while information accessibility has prioritized Lao language proficiency, also with a focus on rural and remote locations.

In 2016-2020, the Ministry of Public Works and Transport (MoPWT) carried out 44 development projects with the aim of reducing development disparities between urban centers and rural hinterland, lessening ecological, environmental, and social pressure on existing urban centers, and achieving balanced regional and local development. Similarly, in the district and provincial towns, a number of infrastructure projects were implemented with the objectives of improving the provision of services and marketplaces for agricultural products from nearby rural villages.\textsuperscript{431} However, no MoPWT projects could be found to be prioritizing or mainstreaming disability-accessible physical environments and town planning.

The projects of the MoICT have promoted an expansion of radio (including 11 national, 55 provincial, and 10 Community Radio Stations) and television coverage (42 stations, of which six are broadcast nationally) across the country. Whereas the MoTC has continued to prioritize mobile phone and Internet penetration projects over the past decade, which by 2018 had reached 81 per cent and 39 per cent of the population, respectively. With this increased coverage, it is estimated that 39 per cent of the population are active social media users.\textsuperscript{432} To date, Lao PDR's digital access data is not disaggregated by disability status.

Most recently, the MoTC identified the need to promote local language and the creation of digital content by developing fonts and keyboards that support the Lao language for


\textsuperscript{430} Ibid.


computers and mobile devices in order to accelerate the digital transformation across the country.\textsuperscript{433} However, assistive devices that support the learning and participation of persons with different types of disability continue to remain unchecked.

114. **Physical Environment and Urban Planning** - Despite the more recent acceleration in urbanization, Lao PDR has maintained reasonable urban planning capacities prior to the recent population trends, evidenced by the 116 urban Master Plans produced in 1991-2007. The official Urban Planning Manual was developed in 2007 by a consortium of Lao urban planners and international consultants and represents an impressive work that key informants confirmed is still in use in 2017, even if the process promoted may not be strictly adhered to. The Manual offers a step-by-step approach to the creation of a master plan, including data collection, environmental assessment, drafting, participatory consultation, submission, implementation, monitoring, and evaluation.\textsuperscript{434}

In 2011, the Japan International Cooperation Agency (JICA) assisted in the production of the present Vientiane Urban Master Plan, which is targeted towards the year 2030. It promotes an increase in the planned urban area from 20,950 to 61,600 ha within the prefecture and is based on a scenario of an increase in population to 1.4M inhabitants, and a level of economic growth of 8 per cent per annum.

The Vientiane Master Plan underwent several consultation processes and had nine Working Groups that each had at least two official opportunities to provide feedback throughout the drafting process. A stakeholder meeting was attended by representatives from different organizations such as the Vientiane Capital Department of Housing and Urban Planning, Vientiane Urban Development Administration Authority, Public Works and Transport Institute, National Land Management Authority, among other Departments, District Offices, mass organizations, NPAs, Public Service Companies, international development partners, National University of Lao PDR, and students. In addition, a social survey was undertaken to collate feedback from community members on draft proposals. Yet, the consultation timelines, Working Group memberships, and stakeholder engagement meetings suggest that neither individual persons with disabilities, OPDs, nor the NCDE were consulted on accessibility and inclusive social and economic environment throughout the Vientiane Master Plan development.\textsuperscript{435}

The Vientiane Master Plan has undergone moderate revisions since 2011, but much of the initial concepts remain robust throughout, and it is unclear if updated versions have revised the Master Plan in compliance with the legislation and regulations that were developed over the past decade.

Previous taxation laws that traditionally taxed businesses on the amount of street frontage also had a considerable influence on earlier urban planning and corporate architecture in urban cities of Lao PDR that led to narrow, multi-story buildings, which remain a physical barrier for many persons with disabilities. Shops, businesses, and service providers continue to operate in these locations, and persons with mobility

\textsuperscript{433} Borgen Project, *Laos’ Development into a Digital Economy*, 2022.
difficulties, particularly wheelchair users, are generally unable to access shops, businesses, and service providers operating in these older urban centers due to their legacy design issues.\footnote{Hinton and Rutherford, \textit{Disability Rights in Laos}, Journal of ERW and Mine Action, 2014.}

According to OPDs, inaccessible pathways, roads, and minimal disability-friendly parking also create barriers for persons with disabilities accessing public spaces and engaging in social and economic activities. Persons with physical and vision impairments experience difficulties in crossing streets, finding safe areas to walk, and commuting to and from work as well as social and cultural activities due to lacking accessible installations, such as traffic lights and pedestrian crossings and ongoing maintenance issues. This is most acute in rural areas.

Most recently, the MoPWT, in partnership with UN-Habitat, completed its 1\textsuperscript{st} New Urban Agenda Progress Report to assess urban planning impacts. The Report consists of three parts, including on: (1) sustainable urban development for social inclusion and ending poverty; (2) sustainable and inclusive urban prosperity and opportunity for all; and (3) environmentally sustainable and resilient urban development. While the report did not provide any clear evidence of policies, projects, or interventions focused on improving disability inclusion in urban public spaces, there was one documented lesson learnt from Luang Prabang province where pedestrian walkways needed to be expanded and with accessibility considerations to that persons with disabilities and elder groups could fully participate in local cultural and social activities.\footnote{Ministry of Public Works and Transport, \textit{National Progress Report on the Implementation of the New Urban Agenda}, 2021.}

115. **Buildings and Public Facilities** - The Department of Housing and Urban Planning (MoPWT) developed the national Building Code in 2016, which provides the “determination of principles, regulations, technical standards, construction procedure standards, using and maintenance of controlled buildings”. The Building Code recognizes accessibility standards for persons with disabilities and the elderly as one of four central controls, with a dedicated Section on "Health and Easement."

The Building Code requires buildings such as hospitals, hotels, schools, terminals, shopping centers, banks, sports facilities, and amphitheaters to consider the elderly, pregnant women, and "handicapped groups," ensuring ease of access, safety in using, and principles of good environments. Public facilities in controlled building types are then held to a higher level of compliance and must be designed for the elderly, pregnant women, and “disabled groups”, including the following minimum requirements: (1) entrances, stairs, ramps, and car parks are all safe and easy to use; (2) public toilets are provided; and (3) doorways inside buildings are designed to the notable specifications.\footnote{Ministry of Public Works and Transport, \textit{Building Code (unofficial translation)}, 2016.}

The Section outlines the dimensions for ramps across three different lengths, includes the requirement for disability-friendly parking, and provides the expected building regulations for accessible pathways and the surrounding building exterior, as well as the use of handrails. Wheelchair accessibility is considered with specifications for entryways, doors, and passageways inside buildings. Support for vision impairments is also expected through the installation of Braille signage in public buildings, including
hospitals, terminal buildings, and other important public locations. Whereas disability-friendly WASH facility specifications are recorded under a separate Section, considering wheelchair users, grab rails, faucet types, basin and toilet heights, and non-slip floors.

While the Building Code regulations do provide accessibility regulations for persons with disabilities, implementation is stalling as the regulations meet the private sector. Several studies reference construction companies being unaware of the Building Code requirements, and enforcement to comply with physical accessibility regulations is low, leaving public buildings and commercial spaces generally unaltered. Building contractors have also complained that the specifications and designs are often difficult to understand, and the accommodations are often too costly to implement.

The shortfalls in the implementation and advocacy for local accessibility regulations are evident across all building and facility types, including public offices and spaces, essential service facilities, and corporate buildings. As outlined in both the Sub-Sections on Health and Education, Section V on the National Implementation, inaccessible facilities remain a primary barrier in deterring persons with disabilities from seeking medical treatment or enrolling and continuing their educations. For example, many hospitals continue to lack proper ramps and accessible roads and signage available in Braille, and where there have been accommodating actions taken, there is inconsistency in their quality and performance, for example, the ramp at the Mother and Child Hospital in Vientiane, which is too steep for wheelchair users to access independently. Whereas the 2020 SNV Study showed that none of the schools assessed met the basic WASH facilities accessibility criteria, with each school using squat toilets without any form of structural supports like grab bars.

Persons with disabilities have reported that women with disabilities experience increased barriers in accessing essential services and participating in social and economic activities where basic accommodations have not been met. This is most apparent when disability-friendly WASH facilities are unavailable in public places, deterring women with disabilities from accessing services, engaging in public meetings, and attending social activities as they feel a "higher sense of shame as a burden" when reliant on their family members in using WASH facilities outside the home. According to CARE International, inaccessible WASH facilities were also identified to have disproportionately impacted women with disabilities in the Attapeu floods temporary camps.

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439 Ibid.
440 Ibid.
443 USAID, Gender Analysis on Disability Final Report, March 2018.
445 Ibid.
While private housing is not identified as a controlled building type within the Building Code, households for persons with disabilities, particularly in rural and remote areas, often remain without basic modifications. Stilted houses in rural areas are common across Lao PDR due to seasonal flooding and steep undulations, leading to most entrances to homes generally using steps and ladders, which are difficult for many persons with limited mobility. \(^{447}\)

The 2020 SNV Study showed that less than 10 per cent of respondents with disabilities had installed basic modifications to their household WASH facilities, meaning that a 34 per cent of respondents were still reliant on others to support them in bathing and using the toilet in their own home. A lack of income and limited knowledge of market products and assistive designs were identified as the two primary barriers to basic accommodating renovations. \(^{448}\) It is unclear if there is social welfare assistance for home modifications is available for persons with disabilities, although there is no evidence of temporary relocation homes or resettlement housing designs supported by the Government allowing for basic modifications for persons with disabilities.

116. **Transport** - The limited availability and poor quality of transportation, especially in rural areas, is a key barrier to accessing services in Lao PDR. Public transport options are generally only limited to urban areas, and inter-provincial transport services are often unreliable. \(^{449}\) With this, there is a high dependence on private vehicles as private vehicle registrations have grown by more than 10 per cent over the past decade, and in 2011, motorcycles accounted for 67 per cent of daily trips compared to an estimated 0.6 per cent for public transport. \(^{450}\)

This dependency and expectation of private transport access can also exclude persons with disabilities from participation in social and economic activities, as a “good health” certificate, which according to the definition by Law No.58 on Healthcare means *inter alia*, proved “absence of disease or disability”, is a requirement in driving license applications. \(^{451}\)

Of the limited public transport available, persons with disabilities reported that there is no specific accommodation for persons with disabilities, such as lower entryways or reserved seats, and there is often little consideration for ensuring that persons with disabilities can access seating, often having to stand. Although each difficulty type is impacted differently, persons with all types of disability experience challenges when using public transport across the country.

While persons with disabilities’ experiences in using the new Lao-China Railway train service are yet to be documented, the train consists of 720 seats across two sitting classes, with 56 seats allocated to the 1\textsuperscript{st} class and the remaining 662 in the 2\textsuperscript{nd} class with only two special seats reserved for persons with disabilities (less than 0.003 per

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cent of the carrying capacity). The newly erected railway stations are accessible for persons with disabilities and are wheelchair-friendly.

Tuk-tuks are the main alternative option for commuter transportation, which create a unique set of challenges for people with disabilities due to the difficulties in getting on and off. Persons with disabilities also reported that tuk-tuk drivers, as well as occasionally public bus operators, refuse to accept passengers with disabilities due to the additional “burden” of having to support them entering and exiting the vehicle.

As outlined in Clause 108, Section V on the National Implementation, Sub-Section H on Children and Women with Disabilities, persons with disabilities reported that women with disabilities experience additional challenges in accessing transportation due to the higher perceived risk of sexual assault or attack for a woman traveling alone or with a man who is not her husband. The stigma and safety concerns related to women traveling alone inhibit their ability to access transportation because additional people are expected to accompany them, often on scarce household resources.

Transport options are further restricted for persons with disabilities in rural areas, as motorbikes remain the primary form of transport in connecting villages to provincial centers on inadequate roads, making such journeys often too dangerous for many persons with disabilities.

There is a pilot programme providing transport services to people with disabilities in Vientiane, with the support of the Republic of Korea in coordination with the LDPA. The alternative taxi service assists persons with disabilities traveling to and from the Mahosot Hospital. Persons with disabilities can contact the service by phone to arrange their trip, with trips within the city costing the user approximately 5,000 LAK, and those outside the city are charged 10,000 LAK. To date, the service has four vehicles, and all the drivers are male.

A recently announced project aims to improve public transport accessibility in Vientiane by developing a Bus Rapid Transit system. Bus Rapid Transit route will stretch for approximately 304 km integrated into the existing Vientiane City State Bus Enterprise Service (a State-owned enterprise) network, linking key public locations, including the ITECC Mall, National University of Lao PDR, and Lao Statue Park, among others. The project will improve signalized pedestrian crossings, street lighting, pavement upgrades, and universal accessibility measures at each of the 28 Bus Rapid Transit stations. The project also includes an additional 50 new battery-electric buses, although it is unclear as to the vehicle’s accessibility features for persons with disabilities.

All airline carriers in Lao PDR have accommodating measures in place to support those that need assistance, including persons with disabilities, with transiting through airport facilities and on-boarding/off-boarding the aircraft. While the recently upgraded Wattay International Airport Terminal in Vientiane has accessible facilities and is wheelchair-friendly, smaller regional airport facilities remain inconsistent in applying the expected

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454 Ibid.
455 ADB, _Lao PDR: Setting Vientiane on the Road to Sustainable Transport_, 2021.
accessibility standards. Without a national accessibility audit on transport infrastructure in Lao PDR, the number of non-compliant airport facilities is unknown.

The costs of public transport are frequently reported as a deterrent for persons accessing services, particularly when traveling from rural and remote areas.\textsuperscript{456} While some social assistance programmes do support reimbursements for specifically related travel expenses, there are no known provisions that subsidize fees or tax exemptions for persons with disabilities using public transport in Lao PDR regardless of their destination.

117. **Information and Communications** - Without policies creating incentives for public and private mass media organizations to produce materials for diverse audiences and coordination structures specifically monitoring the progress of information and communications accessibility, accessible media remains ad-hoc and under-resourced in Lao PDR. There are only a few examples of any substantial programmes or investments in disability-friendly information services, with modest training interventions and resource development generally supported through international development partners.

With the exception of the recent support to the MoES in the printing of new curriculum materials for Grades 1 and 2 in Braille, little progress has been made in improving information accessibility for persons who are blind. A pilot speech input software developed by the LAB to improve access and interaction with the Windows system and 3rd-party applications in the Lao language is no longer operational. The software had several limitations, including the file size and compatibility with many devices and technical challenges in differentiating Lao-type vowels – leading to incomprehensible sentences.

The Lao sign language is yet to be officially recognized, which limits social and educational interactions for persons who are deaf. According to the AFD, there are currently less than 10 qualified interpreters in the country, with no sign language interpreter schemes existing in public services.

The inclusive radio programme “Friends of the Disabled,” dedicated to disseminating essential information to and about persons with disabilities, was closed in 2010 due to the lack of funds. The radio programme was a weekly 30-minute segment broadcasted by the LDPA in nine provinces on a weekly basis. The content of the “Friends of the Disabled” was written and presented by persons with disabilities. The programme was invaluable media for persons with disabilities to voice their opinions, educate the public, and break down stereotypes.\textsuperscript{457} To date, there are no alternative media channels managed by and/or for persons with disabilities in the country.

The NSDRR has identified the significant gaps in inclusive and accessible information in early warning systems and emergency information and aims to remedy this as a central component of the national early warning system capacity-strengthening efforts. Daily COVID-19 updates of the Center for Communication on Education and Health were the 1\textsuperscript{st} known example of nationally broadcasted simultaneous Lao sign language


interpretation during disasters in the country. The Lao sign language interpreters for daily COVID-19 updates have been supported by international development partners.

118. **Data Collection** - To date, there are no identifiable indicators or targets for improving the accessibility of the physical environment, public facilities, transport, information, and communications for persons with disabilities in Lao PDR. Accessibility implementation is not closely monitored, and there is little understanding of accessibility compliance across several ministries that oversee key service facilities that interact with the public, including hospitals, schools, courthouses, and evacuation centers.

While Humanity and Inclusion published a report in 2013 with recommendations for accessible transportation options for Lao PDR, there is currently no disability-disaggregated data collection on access to and usage of public and private transport by persons with disabilities.

There is little people-centered academic research that builds on the concept of the lived experience of persons with disabilities in the country. To improve accessibility understanding and service gaps, lived experience mapping should be included in all assessment and planning processes.458

**Priority Recommendations:**

5.97 Ensure sufficient budgetary allocations to implement all the accessibility-sector activities planned under the National Action Plan on Disabled Persons (2020-2025).

5.98 In consultation with OPDs, mainstream the rights of persons with disabilities within sectoral strategies, policies, and programmes when considering the expansion of public infrastructure, transport, information, and communications services.

5.99 **(a)** Appoint the NCD(E) as a member of the Environmental and Social Considerations Working Group as part of the consultation process on the next Vientiane Urban Master Plan; **(b)** include OPDs as part of the NPA membership invited to provide feedback on the next Vientiane Master Plan and ensure that the community feedback survey is disseminated through the OPD networks.

5.100 In consultation with OPDs, **(a)** undertake a comprehensive study of experiences of persons with disabilities under the current Vientiane Master Plan, collating lessons learnt to be included in the Plan’s updates; **(b)** undertake a nationwide accessibility audit of transport facilities, airports, hospitals, Government buildings that require public access, public WASH facilities, marketplaces, and public spaces, including parks, meeting halls, and recreational facilities, against the Building Code; **(c)** develop an Action Plan, resources and budgetary allocations to address critical gaps considering all types of disability.

5.101 In consultation with OPDs, **(a)** undertake an accessibility audit of all ministries’ public information packages, forms, and platforms; **(b)** develop an Action Plan, resources, and budgetary allocations to address critical gaps considering all types of disability.

5.102 Consider a subsidy or tax exemption payment system for persons with disabilities accessing public transport to further incentivize accessing services.

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5.103 In consultation with OPDs, (a) prioritize the development and rollout of improved Voice Input-Output Software in the Lao Language; (b) officially recognize Lao sign language and develop training programmes and employment incentives to strengthen interpreter and trainer capacity.

5.104 In consultation with OPDs, re-establish the “Friends of the Disabled” radio programme, with consideration to integrating broadcasting and community engagement across social media platforms.

5.105 (a) Establish disability-accessible targets for public facilities and information across all the ministries and ensure budget sufficiency for their implementation; (b) collect disability-disaggregated data on the accessibility of public services and information, including public transport and digital access.
## ANNEX A. LAO LEGAL TERMINOLOGY FOR DISABILITY

<table>
<thead>
<tr>
<th>Law</th>
<th>Year</th>
<th>Article Referring to Disability</th>
<th>Word(s) Used in Lao</th>
<th>Literate Translation into English</th>
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<tr>
<td>Law No.57 on Disabled Persons</td>
<td>2018</td>
<td>Title of the Law</td>
<td>ປົົ ນພິ ການ</td>
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<td>Article 1</td>
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<td>Article 28</td>
<td>ຄົ ນພິ ການ</td>
<td>Amputee</td>
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<td>2015</td>
<td>Article 36</td>
<td>ແບ້ ມະນະ, ຂອງຈັ ງ</td>
<td>Crazy person, person who lost her/his mind</td>
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<td>Article 39</td>
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<td>ປົົ ນພິການທາງສະໝອງ</td>
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President of the Lao People’s Democratic Republic
Issues this Ordnance with the following details:

Article 1 Promulgate the Law on Disabled Persons.

Article 2 This Ordnance shall become effective after the day of singing.
Resolution Of the National Assembly On the Adoption of the Law on Disabled Persons


After an extensive and thorough discussion and consideration of contents of the Law on Disabled Persons during the 6th Ordinary Session of the National Assembly 8th Legislature held on December 10, 2018,

National Assembly has reached the following agreements:

Article 1 Adopt the Law on Disabled Persons with majority votes.

Article 2 This Resolution shall become effective after the day of signing.

President of the National Assembly

Signed and Sealed

Pany Yarthortou
Article 1  Objectives
This law defines principles, regulations and standards on the management and monitoring of works related to disabled persons in order to safeguard their legitimate rights and interests, eliminate all forms of discrimination against disabled persons, create the environment that enables self-development, self-reliance and social participation for disabled persons, while ensuring political, legal, economic, cultural and social equality for them, and helping them integrating with the region and making contributions to the national socio-economic development.

Article 2  Disabled Persons
Disabled persons refer to those having physical, visual, hearing, speaking, intellectual and memorizing impairment, as well as other forms of obstacles that hinder their full engagement in daily works, learning and social activities.

Article 3  Definitions
Terms used in this law bear the following definitions:
1. **Obstacles** refer to the environment lacking basic facilities for disabled persons, namely: walkway, wheelchair ramp, handrail, restroom, elevator, rest area, parking space, symbol, braille alphabet and direction sign; behaviors and attitudes of people and society considered as discrimination against disabled persons;
2. **Discrimination** refers to acts of ridiculing, insulting, obstructing, restricting, isolating and rejecting disabled persons;
3. **Safe facilities development** refers to the development and improvement of the environment that provides safe facilities for disabled persons, such as walkway, wheelchair ramp, handrail, restroom, elevator, rest area, parking space, symbol, braille alphabet and direction sign;

4. **Supportive equipment** refers to equipment used for helping disabled persons to carry out their daily activities, namely prosthetic arm, prosthetic leg, walking cane;

5. **Assistive equipment** refers to equipment used for helping disabled persons to carry out their daily activities, such as wheelchair, tricycle and so on;

6. **Public places** refer to all places accessible and usable by everyone, for instance: school, hospital, temple, public park, tourist site, sport stadium, airport, port, market, parking lot, petrol station, event venue, bank;

7. **Accessibility** refers to the access to services without any obstacle in terms of the environment and attitudes.

**Article 4 Government’s Policies on Disabled Persons**

Government highly values works related to disabled persons by making contributions in terms of budget, materials and facilities to help strengthening the works, while ensuring that they are carried out in an effective and efficient manner.

Government supports and promotes jobs for disabled persons, allows the establishment of civil society organizations and funds that tailored specifically for their needs, while educating and raising awareness among the publics in order to better their understanding in helping and protecting rights of disabled persons.

Government supports and encourages individuals, legal entities and organizations, both domestic and international, to help and develop basic facilities, while making financial and technical contribution to the development of disabled persons.

**Article 5 Principles for Works Related to Disabled Persons**

Works related to disabled persons should be implemented in compliance with the following principles:

1. Align with national directions, policies, Constitution, laws and socio-economic development plan;
2. Managed in a harmonized and unanimous manner throughout the country;
3. Ensure political, legal, economic, cultural and social equality for disabled persons;
4. Ensure that there is no discrimination; violence; sexual, physical and psychological harassment hurting their dignity, including exploitation of disabled persons;
5. Respect gender equality, abilities and differences, while accepting disabilities as part of human diversity;
6. Engage disabled persons and all social parties in the protection, assistance and development of disabled persons;
7. Implement international agreements and treaties partied by the Lao PDR.

Article 6  Obligations on Disabled Persons
Individuals, legal entities or organizations are obliged to respect equality and rights of disabled persons as stipulated by the Constitution and applicable laws, while making contributions and participating in works related to disabled persons.

Article 7  Scope of Application
This law shall be applied on disabled persons, including individuals, legal entities and organizations, both domestic and international, engaging in works related to disabled persons.

Article 8  International Cooperation
Government promotes regional and international cooperation by exchanging knowledge, data, information, science and technology and human resources to help improving Lao capacity in dealing with works related to disabled persons, as well as implementing international agreements and treaties partied by the Lao PDR.

Part II
Types and Statistics of Disabled Persons
Chapter 1
Types of Disabled Persons

Article 9  Types of Disabled Persons
Below are different types of disabled persons:
1. Physical;
2. Visual;
3. Hearing and speaking;
4. Intellectual;
5. Memorizing;
6. Others.

Article 10  Physically Disabled Persons
Physically disabled persons refer to those having physical impairment which complicates physical functioning and mobility, including other impairments and the loss of limb.

Article 11 Visually Disabled Persons
Visually disabled persons refer to those having a visual impairment or loss of vision, for instance blindness, color blindness, blurred vision that impede visual effort.

Article 12 Hearing and Speaking Disabled Persons
Hearing and speaking disabled persons refer to those having an impairment or loss of hearing and speaking ability, for example deafness, dumbness, stuttering, unclear speech that impede hearing and speaking effort.

Article 13 Intellectually Disabled Persons
Intellectually disabled persons refer to those who experience slower mental development, and have limitations in carrying out their daily life and participate in social activities.

Article 14 Memorizing Disabled Persons
Memorizing disabled persons refer to those with mental disorder, for instance people with learning and cognitive disorder, including constantly changing emotions.

Chapter 2 Collecting Statistics and Registering Disabled Persons

Article 15 Statistics
Statistics demonstrate data and numbers reflecting the actual situation of disabled persons in each period of time. They also show information of disabled persons in terms of number and types of disability, residence, gender, age, occupation, living condition to be used as reference for managing and developing works related to disabled persons.

Article 16 Data Collection
Data collection refers to an act of recording information pertaining to disabled persons via interview; data gathering, summary and processing; research and analysis based on scientific and statistical methods stipulated in the Law on Statistics.
Article 17 Registering Disabled Persons

Registering disabled persons refers to an act of documenting their information, who are Lao nationals, into a management and monitoring system of the Disabled Persons’ Management Authority.

Disabled Persons’ Management Authority must collaborate with internal sectors, public security and local authorities to perform the registration work.

Article 18 Disabled Persons ID

Disabled persons ID refers to a document certifying a disability status for bearers, who are Lao nationals, consisting information, such as name and last name, date of birth, address and type of disabled persons.

Part III
Equality, Rights and Obligations of Disabled Persons
Chapter 1
Equality of Disabled Persons

Article 19 Equality of Disabled Persons

Disabled persons, regardless of their gender, age, social status, educational level, belief and ethnic background including their disability causes, are all entitled to political, legal, economic, cultural, social, family and other forms of equality as similar to other people as stipulated by laws.

Article 20 Political Equality

Disabled persons have political equality to elect, run for election, participate in political activities, discussions and making nationally important decisions. They can also be appointed with any position based on terms and conditions stipulated by laws.

Article 21 Legal Equality

Disabled persons have legal equality to propose, file lawsuits and make appeals, while respecting and implementing the Constitution and laws just like other people.

Article 22 Economic, Cultural and Social Equality

Disabled persons, as equal to other people, can engage in any economic, cultural and social activities, such as education; public health; business operation; trade; service; sport and acrobatic activities; art and literature activities; cultural and traditional
activities; research, innovative, technological and scientific activities based on their actual conditions and capabilities.

Article 23  Equality in Family
Disabled persons and other family members are all equal as stipulated by applicable laws.

Article 24  Equality during Emergency and Risky Situations
In case of emergency and risky situations caused by natural or social hazards, disabled persons must be subject to humanitarian protection and assistance as equal to other people.

Chapter 2
Rights and Obligations of Disabled Persons

Article 25  Rights of Disabled Persons
Disabled persons have the following fundamental rights:
1. To live freely, safely and equally with others in the community;
2. To be provided with care, treatment and health rehabilitation services;
3. To be protected from physical and psychological harm;
4. To access education, vocational trainings, jobs, social welfare, sport and acrobatic activities, art and literature activities, buildings, places, public transportation and information;
5. To be given opportunities to apply their creativity and talents in conducting scientific research and making use of modern technology to manufacture products that serve society;
6. To comment on any matter affecting their rights and individual interests, including national and social interests;
7. To be exempted from or subject to tax, fee, service rate or other cost reduction as stipulated by applicable laws and regulations;
8. To exercise other rights as stipulated by laws.

Article 26  Obligations of Disabled Persons
Disabled persons are obliged to respect and implement the Constitution and laws, while making contributions to the socio-economic development, public security and national defense based on their actual conditions and capabilities.
Part IV
Protection and Development of Disabled Persons

Chapter 1
Disability Prevention, Treatment and Health Rehabilitation

Article 27   Disability Prevention

Disability prevention is a procedure that prevents disabilities by birth, disease, accident or other causes.

Disability prevention shall be carried out as following:
1. Advertise and raise public awareness about disability prevention;
2. Provide guidance and essential healthcare services, such as prenatal, perinatal and postnatal care;
3. Provide vaccination;
4. Implement nutritional policies to ensure proper child growth;
5. Provide care and health rehabilitation services in an accurate and timely manner;
6. Prevent road, occupational, UXO and other forms of accident.

Article 28   Healthcare

Disabled persons have the right to access to healthcare services, namely disease prevention, analysis and diagnosis, at the hospital, health center, clinic as well as rehabilitation center as stipulated by applicable laws.

Disabled persons living in poverty and misery, those who are unable to help themselves as well as those who live without caretakers will be exempted from healthcare charge.

Article 29   Health Rehabilitation

Health rehabilitation refers to services provided for disabled persons receiving physical and psychological rehabilitation, medical operation and physical mutilation, supportive and assistive equipment based on proper medical guideline.

On a case-by-case basis, health rehabilitation can be carried out either at the hospital or rehabilitation center, at the central, community and home level.

Disabled persons living in poverty and misery, those who are unable to help themselves as well as those who live without caretakers will be exempted from health rehabilitation, supportive and assistive equipment charge.

Chapter 2
Education and Sports
Article 30  Inclusive Education
Inclusive education for disabled persons shall be carried out as following:
1. Disabled persons can study with other people at both public and private academic institutions based on their actual conditions and capabilities;
2. Academic institutions hosting disabled students must provide the following essential facilities:
   - Proper classroom and study place;
   - Curriculum designed specifically for each type of disabled persons;
   - Proper teaching-learning equipment and materials;
   - Enabling study environment within school.
3. Academic institutions hosting disabled students must consider applying proper teaching-learning methodologies, and recruiting qualified teachers and caretakers for disabled students.

Article 31  Specific Educational Assistance for Disabled Persons
Intellectually, memorizing, visually, hearing and speaking disabled persons shall be provided with specific educational assistance on a case-by-case basis, for instance in terms of curriculum, teachers, sign language, braille code, voice assistant software, equipment, media and other teaching-learning facilities.

Article 32  Educational Charge for Disabled Persons
Both public and private academic institutions must implement a policy exempting or reducing study fee and charge for disabled students as stipulated by laws.
Students with outstanding performance shall be provided with a scholarship and other privileges.

Article 33  Sport-Acrobatic Activities for Disabled Persons
Disabled persons can engage in any sport-acrobatic activity in a training ground, competition venue without discrimination. He/she shall be trained by a trainer and provided with appropriate sport-acrobatic equipment so that they can participate in a competition whether at the local, national, regional or international level.

Chapter 3
Art, Cultural and Recreational Activities

Article 34  Participation in Art and Cultural Activities
Disabled persons can participate in any art, cultural as well as traditional activities. They shall also have opportunities and facilities to participate in art-cultural exhibitions or competitions, as well as the celebration of both national and international events.

Article 35  Recreational Activities

Disabled persons can engage in recreational activities, such as watching movies, TV and soap operas; listening to radio; accessing public parks, and cultural, historical and natural tourist sites.

Chapter 4
Vocational Training and Job Application

Article 36  Vocational Training and Skill Development

Disabled persons can participate in any vocational training and skill development at both public and private vocational and skill development center as seen appropriate.

Vocational and skill development center must provide proper facilities, such as materials, curriculum, teaching-learning methodologies designed specifically for each type of disabled persons.

Trainers offering vocational and skill development for disabled persons shall be provided with opportunities to upgrade their knowledge, skills and techniques in a proper manner.

Article 37  Support for Vocational Training and Skill Development

Disabled persons are subject to study, dormitory and equipment fee exemption or reduction when participating in vocational training and skill development.

Vocational and skill development center has a duty in providing advices and suggestions on selecting appropriate job for disabled persons.

Article 38  Job Application

Disabled persons can apply for a job with any labor unit, both public and private organization, including international organization active in the Lao PDR based on their qualifications, and must be given wage, salary, promotion, position and welfare as equal to other people.

Labor units, public and private organizations, including international organizations active in the Lao PDR must ensure that disabled persons are given favorable conditions supporting their job application and priority for being recruited in a position matching their qualifications, while providing necessary facilities for disabled persons at a workplace.
Article 39  Promotion of Business Run by Disabled Persons

Disabled persons who run their own business, production or service group will be provided with policies easing their access to financial sources, investment expansion, customs and tax exemption, including transfer of knowledge, technology, production, service and marketing technique as seen appropriate.

Disabled persons running their own business, production or service group can access to financial sources via commercial banks and other financial institutes operated in the Lao PDR as stipulated by applicable laws.

Disabled persons who run their own business, production or service group will be subject to customs exemption for importing raw materials, equipment, components and vehicles to directly serve their production. Disabled persons will also be exempted from profit tax, income tax and excise tax as stipulated by laws.

Details on policies related to the access to financial sources, investment expansion, customs and tax exemption are elaborated further in a separate regulation.

Chapter 5  Assistance to Disabled Persons

Article 40  Assistance and Care Taking for Disabled Persons

Families, organizations and relevant authorities must take part in assisting, taking care and improving basic living conditions for disabled persons, for instance to provide them with food, clothes, accommodation, medications, facilities and safety.

In case of risk, emergency or casualty, families, organizations and relevant authorities must pay close attention in providing assistance to disabled persons in a timely manner.

Article 41  Subsidizing Disabled Persons

Disabled persons living in poverty and misery or those who are unable to help themselves are eligible to receive subsidy, plus assistance from families, society and government as stipulated by concerned regulations.

Organizations protecting disabled persons must coordinate with relevant sectors and local authorities to implement such subsidizing policy.

Chapter 6  Access to Information and Communication
Article 42 Access to Information

Disabled persons can have access to information via published, electronic, social and other forms of media as seen appropriate.

Organizations and relevant sectors must create favorable conditions helping disabled persons access information, while providing essential information regarding health rehabilitation services, places providing supportive and assistive equipment, healthcare, education and job vacancies.

Article 43 Access to Communication Services

Disabled persons can have access to various forms of communication service, namely telecommunication, post, Internet as well as other necessary communication services.

Telecommunication service providers must create favorable conditions helping disabled persons access their communication services.

Chapter 7
Access to Buildings, Places and Public Transportation

Article 44 Access to Public Buildings and Places

Disabled persons can have access to public buildings and places. Individuals, legal entities and organizations owning buildings and places should build, install or provide facilities for disabled persons, such as walkway, wheelchair ramp, handrail, elevator, restroom, parking lot, symbol and direction sign.

Article 45 Access to Public Transportation

Disabled persons can have access to public transportation to support their commute in a convenient and safe manner. They are also subject to service fee exemption or reduction as stipulated in relevant regulations.

Individuals, legal entities and organizations owning public transportation must build, install and provide facilities for disabled persons, such as passage for getting in and out of the bus, seats designated for disabled persons, services within the transportation system.

Part V
Scientific Research and Manufacturing of Equipment for Disabled Persons
Article 46   Scientific Research

Individuals, legal entities and organizations, both domestic and international, can conduct scientific research on disabled persons, for example research on causes and ways to prevent disability, medical operation and physical mutilation, invention and design of equipment for disabled persons using modern technology.

Article 47   Equipment Manufacturing

Individuals, legal entities and organizations, both domestic and international, can manufacture supportive and assistive equipment to help disabled persons carrying on their daily life, engaging in education and performing their tasks.

Individuals, legal entities and organizations investing in a business that manufactures supportive and assistive equipment will be given special policies easing their access to financial sources, and customs and tax exemption as stipulated by applicable laws, for instance raw materials, equipment, components, essential vehicles imported to serve their production.

Part VI
National Committee for Disabled Persons
and Disabled Persons’ Management Authority
Chapter 1
National Committee for Disabled Persons

Article 48   National Committee for Disabled Persons (NCDP)

NCDP is a non-standing organization, has a duty to collaborate with domestic and international authorities in promoting works related to disabled persons to make sure that the people are served by effective, convenient, swift and advanced services, while contributing to the national socio-economic development.

NCDP consists of the National, Provincial and District CDP.

Article 49   Personnel Structure

National Committee for Disabled Persons consists of:

1. Minister of Labor and Social Welfare   Chairperson;
2. Deputy Minister of Labor and Social Welfare   Vice Chair; Standing Committee Member;
3. Deputy Minister of Health   Vice Chair;
4. Deputy Minister of Education and Sports   Vice Chair;
5. Deputy Minister of Finance   Member;
6. Deputy Minister of Planning and Investment       Member;
7. Deputy Minister of Foreign Affairs          Member;
8. Deputy Minister of Justice                  Member;
9. Deputy Minister of Information, Culture and Tourism   Member;
10. Deputy Minister of Public Works and Transport Member;
11. Deputy Minister of Industry and Commerce     Member;
12. Representative from civil society organization (CSO) Member;
13. Director General of the Department of Policy to Devotees, Disability and the Elderly acts as a Committee Member and Head of the NCDP Secretariat.

NCDP is appointed by the Prime Minister as proposed by the Minister of Labor and Social Welfare. Department of Policy to Devotees, Disability and the Elderly will serve as a main office for the NCDP Secretariat.

For Provincial and District CDP, Vientiane Mayor, Provincial Governor, Chief of Municipality Area, District Governor shall appoint and establish such committee based on their scope of responsibility in compliance with the actual situation to promote works related to disabled persons within their local area.

Article 50   Rights and Duties of NCDP
NCDP has the following rights and duties:
1. Conduct studies and researches on policy directions, strategic plans, laws and regulations pertaining to disabled persons;
2. Advertise and disseminate policy directions, strategic plans, laws and regulations pertaining to disabled persons, in order to help whole society better their perception and understanding of works related to disabled persons, while making contributions to the development of this field of work;
3. Seek mechanisms to promote works related to disabled persons at both central and local level, before presenting findings to Disabled Persons’ Management Authority;
4. Study treaties, agreements, protocols, declarations and other international instruments on disabled persons, before proposing the Government for consideration and adoption;
5. Collaborate with concerned sectors, both public and private, in implementing treaties, agreements, protocols, declarations and other international instruments partied by the Lao PDR;
6. Cooperate with foreign countries regionally and internationally to help promoting works related to disabled persons as per designated;
7. Summarize and report its activities to the Government on a regular basis;
8. Exercise other rights and duties as stipulated by applicable laws or as per designated.

Provincial and District CDP shall define their own rights and duties based on the scope of their responsibility as long as they are in alignment with rights and duties of the NCDP.

Article 51 NCDP Meetings

NCDP Meetings consist of Ordinary and Extraordinary Session.

Ordinary Session is held once per year under the chairmanship of the CDP Chairperson at each level to consider and agree on important issues surrounding the encouragement and promotion of works related to disabled persons carried out by CDP at each level, while discussing funding sources for NCDP as well.

Extraordinary Session shall be held at any time when deemed necessary, vital and urgent. The session shall be convened and presided by CDP Chairperson at each level or as proposed by the Head of NCDP Secretariat.

CDP Meeting at each level can be held only when it is attended by at least 2/3 of the total members.

Meeting resolution shall become effective when it receives more than half of the majority vote from all attended members. In case of equal votes, Chairperson shall make his/her final decision.

Chapter 2

Disabled Persons’ Organization

Article 52 Disabled Person’s Organization

Disabled persons’ organization refers to association, foundation, club or other forms of organization approved by the Government, and has duties to represent and harmonize disabled persons to encourage, promote and protect their legitimate rights and interests.

Article 53 Rights and Duties of Disabled Persons’ Organization

 Disabled persons’ organization has the following rights and duties:

1. Create its own activity plan in each period of time by collaborating with Disabled Persons’ Management Authority, ministries, organizations, local authorities and other relevant sectors;

2. Support and promote works related to disabled persons to make sure that the people are served by effective, convenient, swift and advanced services;
3. Seek methodologies to collaborate, monitor and address issues obstructing works related to disabled persons;
4. Cooperate with foreign countries regionally and internationally to carry out its activities as per designated;
5. Evaluate, summarize and report implementation result of works related to disabled persons to Disabled Persons’ Management Authority on a regular basis;
6. Exercise other rights and duties as stipulated by applicable laws and as per designated.

Part VII
Disabled Persons Fund

Article 54 Disabled Persons Fund
Disabled Persons Fund is established to specifically serve disabled persons, for instance to be spent in vocational training, skill development and job promotion, assistance for disabled persons during emergency and risky situation, caretaking and other forms of welfare for disabled persons living in poverty, misery including those who are unable to help themselves.

Article 55 Revenue Sources for Disabled Persons Fund
Disabled Persons Fund is contributed by the following sources:
1. Contributions made by individuals, legal entities, CSOs, international organizations and other organizations both within and outside the country;
2. Contributions from the state budget;
3. Disabled persons’ activities;
4. Other legal revenue sources.

Article 56 Target Spending of Disabled Persons Fund
Disabled Persons Fund shall be spent based on the following targets:
1. Vocational training, skill development and job promotion;
2. Assistance provided for disabled persons during emergency and risky situation;
3. Financially support disabled persons living in poverty, misery as well as those who are unable to help themselves, including the casualty of disabled persons;
4. Other targets.

Article 57 Disabled Persons Fund Management
NCDP is responsible for managing Disabled Persons Fund, with support from NCDP Secretariat as stipulated by the Law on State Budget, as well as applicable laws and regulations.
Details on Disabled Persons Fund management are elaborated further in a separate regulation.

Part VIII
Prohibitions

Article 58 General Prohibitions
Individuals, legal entities and organizations are prohibited from engaging in the following behaviors:
1. Discriminate against or obstruct disabled persons from expressing their opinions;
2. Torture, use violence and harass disabled persons and seek interests from them;
3. Show no respect on personal life, family and accommodation of disabled persons;
4. Limit the livelihood of disabled persons in living together with the community;
5. Obstruct, hinder and neglect the implementation of works related to disabled persons by concerned officials;
6. Give or receive and act as a medium for giving or receiving bribes for concerned officials;
7. Advertise or disseminate distorted and dishonored information about disabled persons and works related to them;
8. Discriminate, insult and frame individuals, legal entities or organizations implementing works related to disabled persons;
9. Engage in other behaviors that are considered legal violation.

Article 59 Prohibitions for Concerned Officials
Concerned officials are prohibited from engaging in the following behaviors:
1. Limit the movement and nationality holding of disabled persons;
2. Make use of their rights, duties and positions to prolong and delay any process in order to seek bribery for benefits of their own, family or friends, inflicting damage upon national, collective or individual interests;
3. Implement their duties in a careless, neglecting, irresponsible or unethical manner, inflicting damage upon the government, individuals, legal entities or organizations;
4. Request for fees, service charges or spend technical revenues intended to support disabled persons in a way that conflicts with applicable laws;
5. Disclose personal data of disabled persons or confidential information of the government, individuals, legal entities or organizations pertaining to works related to disabled persons without permission;
6. Issue documents related to disabled persons and disabilities illegally, including forging of such documents;
7. Engage in other behaviors that are considered legal violation.

**Part IX**
**Dispute Resolution**

Article 60  **Forms of Dispute Resolution**
Dispute resolution for disabled persons can be carried out through the following forms:
1. Compromise or mediation;
2. Administrative resolution;
3. Economic Dispute Resolution Authority;
4. People’s Court;
5. International means.

Article 61  **Compromise or Mediation**
In case of disputes arise out of works related to disabled persons, parties involved can seek resolution via discussion, negotiation, comprise or mediation.

Article 62  **Administrative Resolution**
In case of disputes arise out of works related to disabled persons, parties involved can propose to Disabled Persons’ Management Authority for proper consideration and resolution. The authority shall address such conflicts within 20 days. Failing to do so, parties involved must be notified in writing.

Article 63  **Economic Dispute Resolution Authority**
In case of disputes arise out of works related to disabled persons, parties involved can propose to Economic Dispute Resolution Authority for proper consideration and resolution.

Article 64  **People’s Court**
In case of disputes arise out of works related to disabled persons, any party involved can propose to People’s Court for proper consideration and judgment.
Article 65  International Means

In case of disputes arise out of works related to disabled persons that yield international impacts, parties involved can propose to either Domestic or International Economic Dispute Resolution Authority for proper consideration and resolution, in compliance with international treaties and agreements partied by the Lao PDR.

Part X
Management and Monitoring of Works Related to Disabled Persons
Chapter 1
Management

Article 66  Disabled Persons’ Management Authority

Government manages works related to disabled persons in a harmonized and unanimous manner throughout the country by assigning Ministry of Labor and Social Welfare take direct responsibility and collaborate with Ministry of Health, Ministry of Education and Sports, Ministry of Public Works and Transport, Ministry of Science and Technology as well as relevant local authorities to implement such works.

Disabled Persons’ Management Authority consists of:
1. Ministry of Labor and Social Welfare;
2. Vientiane/Provincial Labor and Social Welfare Department;
3. District/Municipal/City Labor and Social Welfare Office.

Article 67  Rights and Duties of Ministry of Labor and Social Welfare (MoLSW)

Ministry of Labor and Social Welfare has the following rights and duties in managing works related to disabled persons:
1. Study the creation or improvement of policies, strategic plans and laws governing works related to disabled persons before submitting to the Government for consideration;
2. Translate policies, strategic plans and laws governing works related to disabled persons into clear regulations, plans, programs and projects for implementation;
3. Advertise, disseminate and provide education on policies, strategic plans and laws governing works related to disabled persons;
4. Study and propose the Government to consider allocating state budget into Disabled Persons Fund;
5. Guide and manage vocational training and skill development for disabled persons, including how to find suitable jobs for them;
6. Issue agreements, instructions, recommendations as well as notifications pertaining to disabled persons;
7. Guide and monitor the implementation of works related to disabled persons throughout the country based on its vertical organizational structure;
8. Consider a request for establishing, terminating and managing disabled persons’ organization;
9. Build, support, enhance, manage and make use of available personnel in implementing works related to disabled persons;
10. Consider approving summary, activity plan and budget of Disabled Persons Fund in each period of time;
11. Accept and consider settling any request from individuals, legal entities or organizations pertaining to works related to disabled persons;
12. Cooperate with foreign countries regionally and internationally on works related to disabled persons;
13. Summarize and report the implementation of works related to disabled persons to the Government on a regular basis;
14. Exercise other rights and duties as stipulated by laws.

Article 68 Rights and Duties of Vientiane/Provincial Labor and Social Welfare Department

Vientiane/Provincial Labor and Social Welfare Department has the following rights and duties, based on their scope of responsibility, in managing works related to disabled persons:
1. Implement policies, strategic plans, laws, regulations, plans, programs and projects pertaining to disabled persons;
2. Advertise, disseminate and provide education on policies, strategic plans, laws and regulations governing works related to disabled persons;
3. Guide District Labor and Social Welfare Office in implementing works related to disabled persons;
4. Build and enhance capacity for personnel implementing works related to disabled persons;
5. Monitor and support activities of disabled persons’ organization;
6. Accept and consider settling any request from individuals, legal entities or organizations pertaining to works related to disabled persons;
7. Collaborate with concerned divisions and sectors in managing, monitoring and promoting works related to disabled persons;
8. Cooperate with foreign countries on works related to disabled persons as per designated;
9. Summarize and report the implementation of works related to disabled persons to the MoLSW and Provincial Disabled Persons’ Management Authority on a regular basis;
10. Exercise other rights and duties as stipulated by laws.

Article 69 Rights and Duties of District/Municipal/City Labor and Social Welfare Office

District/Municipal/City Labor and Social Welfare Office has the following rights and duties, based on their scope of responsibility, in managing works related to disabled persons:

1. Implement policies, strategic plans, laws, regulations, plans, programs and projects pertaining to disabled persons;
2. Guide and monitor the implementation of works related to disabled persons;
3. Disseminate policies, strategic plans, laws and regulations governing works related to disabled persons;
4. Monitor and support activities of disabled persons’ organization;
5. Accept and consider settling any request from individuals, legal entities or organizations pertaining to works related to disabled persons;
6. Request for capacity building and enhancement for personnel implementing works related to disabled persons;
7. Collaborate with concerned offices and sectors in managing, monitoring and promoting works related to disabled persons;
8. Summarize and report the implementation of works related to disabled persons to Provincial Labor and Social Welfare Department as well as district authorities on a regular basis;
9. Exercise other rights and duties as stipulated by laws.

Article 70 Rights and Duties of Ministry of Health (MoH)

MoH has the following rights and duties, based on their scope of responsibility, in managing works related to disabled persons:

1. Request for the development or amendment of policies and laws, while studying the issuance of regulations on disability prevention, treatment and health rehabilitation;
2. Advertise, disseminate and provide education on policies, strategic plans, laws and regulations to raise awareness on disability prevention;
3. Guide and manage disability prevention, while creating conditions enabling disabled persons to access health services;

4. Summarize and report the implementation of works related to disabled persons to high-level authorities on a regular basis;

5. Exercise other rights and duties as stipulated by laws.

Article 71 Rights and Duties of Ministry of Education and Sports (MoES)

MoES has the following rights and duties, based on their scope of responsibility, in implementing works related to disabled persons:

1. Request for the development or amendment of policies and laws, while studying the issuance of regulations on inclusive education, sport-acrobat, specific assistance on education and educational policy for disabled persons;

2. Advertise, disseminate and provide education on policies, strategic plans, laws and regulations governing inclusive education, specific assistance on education and educational policy for disabled persons;

3. Guide and manage the development or amendment of curriculum to accommodate each type of disabled persons, including to ensure qualified teachers, and proper equipment and teaching-learning materials, while making education accessible for disabled persons;

4. Summarize and report the implementation of works related to disabled persons to high-level authorities on a regular basis;

5. Exercise other rights and duties as stipulated by laws.

Article 72 Rights and Duties of Ministry of Public Works and Transport (MPWT)

MPWT has the following rights and duties, based on its scope of responsibility, in implementing works related to disabled persons:

1. Request for the development or amendment of policies and laws, while studying the issuance of regulations governing the construction of facilities, ensuring safety, and access to buildings, places and public transportation for disabled persons;

2. Advertise, disseminate and provide education on policies, strategic plans, laws and regulations governing land transport to prevent road accidents;

3. Summarize and report the implementation of works related to disabled persons to high-level authorities on a regular basis;

4. Exercise other rights and duties as stipulated by laws.

Article 73 Rights and Duties of Ministry of Information, Culture and Tourism (MoICT)
MoICT has the following rights and duties, based on their scope of responsibility, in implementing works related to disabled persons:

1. Request for the development or amendment of policies and laws, while studying the issuance of regulations governing art, cultural and recreational activities, as well as access to media for disabled persons;
2. Advertise, disseminate and provide education on policies, strategic plans, laws and regulations governing works related to disabled persons;
3. Create favorable conditions, opportunities and facilities enabling disabled persons to participate and engage in art, cultural, traditional and recreational activities, as well as celebrations, exhibitions or contests;
4. Summarize and report the implementation of works related to disabled persons to high-level authorities on a regular basis;
5. Exercise other rights and duties as stipulated by laws.

Article 74  Rights and Duties of Ministry of Finance (MoF)
MoF has the following rights and duties, based on their scope of responsibility, in implementing works related to disabled persons:

1. Study and allocate budget for implementing plans and projects pertaining to disabled persons as approved by the National Assembly;
2. Instruct and monitor the implementation of budget revenue and spending as approved by the National Assembly and as designated by the Government;
3. Summarize and report the implementation of works related to disabled persons to high-level authorities on a regular basis;
4. Exercise other rights and duties as stipulated by laws.

Article 75  Rights and Duties of Ministry of Planning and Investment (MPI)
MPI has the following rights and duties, based on their scope of responsibility, in implementing works related to disabled persons:

1. Study and consider incorporating programs, projects pertaining to disabled persons into the National Socio-Economic Development Plan in each period of time;
2. Mobilize funding from development partners as well as domestic and international investors, while encouraging them to invest in constructing facilities, ensuring safety, manufacturing supportive and assistive equipment, including providing education and vocational trainings for disabled persons;
3. Study and define modalities for surveying and collecting information from disabled persons in collaboration with Disabled Persons’ Management Authority;
4. Summarize and report the implementation of works related to disabled persons to high-level authorities on a regular basis;

5. Exercise other rights and duties as stipulated by laws.

Article 76 Rights and Duties of Ministry of Science and Technology (MoST)

MoST has the following rights and duties, based on their scope of responsibility, in implementing works related to disabled persons:

1. Request for the development or amendment of policies, laws and regulations pertaining to scientific research and equipment study for disabled persons;

2. Advertise, disseminate and provide education on policies, laws and regulations governing findings from scientific research and equipment study for disabled persons, including to create conditions enabling disabled persons to access to information and communication;

3. Guide and manage the standardization of the production of voice assistant software, communication equipment and other tools for disabled persons, namely prosthetic arm and leg, cane, supportive and assistive equipment, wheelchair, tricycle and so on;

4. Summarize and report the implementation of works related to disabled persons to high-level authorities on a regular basis;

5. Exercise other rights and duties as stipulated by laws.

Article 77 Rights and Duties of Sectors, Local Authorities and Other Relevant Parties

Sectors, Local Authorities at different levels and other relevant parties have rights and duties in collaborating with labor and social welfare sector, NCDP, disabled persons’ organization, based on their role and responsibility, to help managing and developing disabled persons, while contributing to the protection of their legitimate rights and interests.

Chapter 2 Inspection

Article 78 Disabled Persons’ Inspection Authority

Disabled Persons’ Inspection Authority consists of:

1. Internal Inspection Authority which is the same as Disabled Persons’ Management Authority as stipulated in Article 66 of this Law;

2. External Inspection Authority refers to the National Assembly, Provincial People’s Assembly, State Inspection Authority, State Audit Organization, local audit
authorities, Lao Front for National Development, Lao National Veterans Federation, mass organizations, mass media and citizens in general.

Article 79  Content of Inspection
Disabled persons’ inspection covers the following contents:
1. Compliance to laws and regulations pertaining to disabled persons;
2. Implementation of works related to disabled persons by government officials;
3. Activities carried out by disabled persons’ organization.

Article 80  Inspection Modalities
Disabled persons’ inspection can be operated via the following 3 modalities:
1. Regular inspection refers to an inspection duty carried out on a regular basis with clear schedules;
2. Inspection with prior notice refers to an unplanned inspection duty carried out when deemed necessary. Purpose of the inspection will be notified in advance;
3. Urgent inspection refers to an inspection duty needed to be carried out immediately without prior notice.
   Disabled persons’ inspection shall strictly comply with applicable laws.

Part XI  Policies towards Devotees and Measures against Violators

Article 81  Policies towards Devotees
Individuals, legal entities or organizations with outstanding implementation of this law, shall be subject to compliments or other policies as stipulated by laws.

Article 82  Measures against Violators
Individuals, legal entities or organizations breaching this law shall be educated, warned, subject to disciplinary measures, fined, compensated for any damage incurred or punished by laws.

Article 83  Education
Individuals, legal entities or organizations with light violation of this law's prohibitions that is not a criminal offense, shall be warned and educated for the first time.

Article 84  Disciplinary Measures
Government officials breaching this law but not a criminal offense, shall be subject to disciplinary measures as stipulated by the Law on Civil Servants.

Article 85  Fine
Individuals, legal entities or organizations violating this law but not a criminal offense, for instance failing to comply with the educational measures as stipulated in Article 83 of this law, shall be fined on a case-by-case basis.
Fine rates are shown in a separate regulation.

Article 86  Civil Measures
Individuals, legal entities or organizations breaching this law and inflict damage upon other parties, shall be held accountable for the civil damage incurred.

Article 87  Criminal Measures
Individuals, legal entities or organizations violating this law constituting as criminal offense, shall be punished by laws based on the severity of their crime.

Part XII
Final Provisions

Article 88  National Day of Disabled Persons
Government considers December 3rd as the National Day of Disabled Persons.

Article 89  Implementation
Government of the Lao PDR is responsible for implementing this law.

Article 90  Effectiveness
This law shall become effective after the President of the Lao PDR issues Presidential Ordnance of Promulgation and after 15 days of its publication on Lao Official Gazette.
Any regulation and provision in conflict with this law shall be invalid.

President of the National Assembly
Signed and Sealed
Pany Yarthortou