USAID
FROM THE AMERICAN PEOPLE

USAID DISABILITY SUPPORT PROGRAM

YEAR 1 WORK PLAN

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1. PROJECT STARTUP

DAI and VNAH are pleased to present our first year work plan for the Disability Support Program to USAID. Our Year 1 goals are to provide more than 3800 direct assistance services to people with disabilities and build the capacity of more than 1100 service providers of all kinds.

There will be a substantial number of activities required in the first quarter to get the project up and running. These include obtaining a license to operate in Danang; identifying and leasing office space; building out the office space and furnishing it; opening a bank account; recruiting and hiring staff; establishing the project's management information, IT, and financial management systems; and introductory meetings with the USAID team and various partner agencies in Danang and Hanoi.

On the program side, we need to follow the Vietnam government's protocols for initiating a new project. These include developing an overall project proposal and having it approved, and then working out detailed plans (MOUs) with our principal government partners. The Ministry of Planning and Investment will formally approve our project proposal, but our principal partner in developing it will be DOLISA on behalf of the Danang Disability Steering Committee. DOLISA, DOH, and DOET will be the three departments with whom we work most closely and develop work plans. We will need to consult closely with USAID as we develop funding agreements with these organizations to help manage and coordinate project-related work, including the provision of direct assistance.

Fortunately, we are building on the base of VNAH's work in Danang over the past many years. We will work out of VNAH's office until our new office is ready to occupy, and VNAH's many close contacts with both GVN and NGO stakeholders in Danang will expedite the approval process for the project.

2. TECHNICAL PROGRAM

OVERVIEW

As illustrated in the Results Framework (Annex I), the overall objective of the Disability Support Program is to effectively address the needs and improve the lives of people with disabilities through strengthening of a comprehensive and integrated service system.

Work under IR1 builds on work initiated under USAID's previous investments in Central Vietnam to develop a service system for PWDs that is based on international standards of social work and case management and that effectively links departments serving PWDs whose work has heretofore been fragmented. A main focus will be social work training for DOLISA social work case managers and case management/community-based rehabilitation (CBR) workers under DOH and DOET to enable them to develop individualized support plans for PWDs, and continued development of the disability referral and information systems. The project's investment in the Disability Steering Committee to serve the linkage and coordination role will also be crucial.

Work under IR2 will include ensuring that quality medical rehabilitation services are available to PWDs; school enrollment of children with disabilities is increased; employment opportunities for PWDs are increased; and supportive policies are in place and promoted. The program will provide a substantial amount of direct assistance to PWDs, including support for corrective surgeries, assistive devices, speech therapy, occupational therapy, and refurbishment of PWD housing. It will also build capacity of disabled people's organizations (DPOs) through a program of small grants.

More limited in scope than the other IRs, IR3 activities will begin to strengthen birth defects surveillance, post-natal newborn screening, and cancer surveillance in Danang, as well as counseling and other pre-pregnancy services for women.

The vision inspiring DSP is to build and institutionalize a PWD service system in Danang that can be a model for the entire country. The majority of DSP's activities will be carried out in Danang, but implementation of selected activities will also occur in Dong Nai, BinhDinh, and Hue provinces.

IR1: SOCIAL WORK/CASE MANAGEMENT AND REFERRAL SYSTEM IMPLEMENTED

SUB IR 1.1: PROFESSIONAL SOCIAL WORKERS DEVELOPED

We will adapt the training needs assessment methodology that VNAH is developing with Irish Aid assistance in Cam Le District. Our objective will be to develop a comprehensive mapping of the disability resource situation throughout Danang City, in all 7 districts: i.e. # of case managers and CM/CBRs; the training they have received previously; additional training they need; rehabilitation services and their training needs, etc. We will apply two possible approaches: replicate the Irish Aid methodology in 1-2 additional districts and/or engage a consultant to collect this information from secondary sources (e.g. reports from Save the Children, East Meets West Foundation, FIDA, and other sources).

Our basic training target is to train 1social work case manager and 2 CM/CBR collaborators in all 56 communes (totaling 168), plus 28 supervisors for a total of 196. Supervisors include the 3 CM/CBR supervisors (DOLISA, DOET, and DOH) from each district, plus 3 from the City level and 4 from the city Social Work Service Center.

Since social work and case management are not yet formally and widely available/recognized in the commune-level health and education services, we will promote community-based efforts and the DSP approach (social work/case management) using the term CBR that is familiar within the current health/education systems. We will not, however, apply the traditional medical, volunteer-based CBR approach per se, but rather the approach that blends social work with relevant CBR principles and uses case management as the backbone. A social worker from DOLISA will become a case manager (CM) and lead a community team that also includes a formal health worker at the communal clinic, and a teacher from the elementary school. The health and education workers we refer to as CM/CBR workers. This three-party team can be called the Social Work/CBR team and reflects the responsibilities and interests of all three sectors (DOLISA/DOH/DOET). All of these are government staff who will receive intensive training in social work/case management and play a key role in the referral system. As mandated by law, DOLISA is the focal point for disability and social work; therefore it is more legitimate for DOLISA staff to become and be titled as case managers.

For the curriculum, we anticipate 3 areas of training, with a short course implemented in each area:

1. Basic social work and CBR—5 days. The social work component will focus on needs assessment and ISPs. The CBR component will be non-technical training, i.e. identification of basic disabilities, referral, community support, etc. 8 courses will be conducted to reach the target of 196. One of the courses will be specialized for CM/CBR supervisors. (For subsequent technical CBR training needed, DOH doctors and physical therapists will be engaged as trainers for needs at the clinic, commune, and caregiver levels.)
2. Social work with PWDs—3 days. All 196 people will be trained in 8 courses.
3. Case management with PWDs—3 days. This will be specialized for case managers (56) + supervisors (8) = 64 in 2 courses.

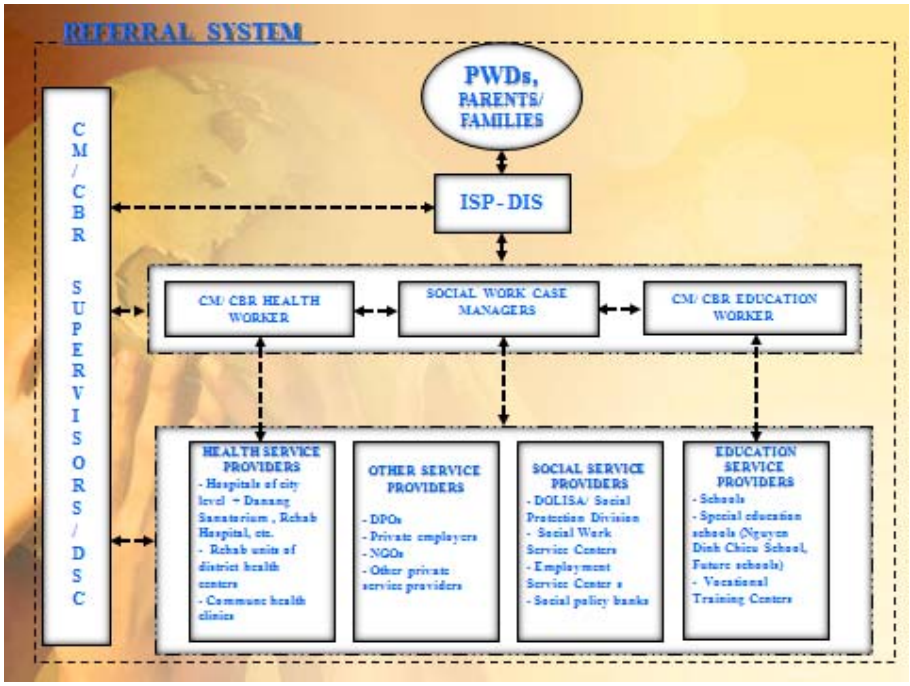
VNAH already developed and applied a CBR training curriculum under its previous project (implemented in Cam Le, HoaVang, and ThanhKhe Districts) which we will use. Content for the two other areas will be adapted from the national social work curriculum that VNAH is helping develop (scheduled for completion by the end of 2013).

These trainings will be preceded by Training of Trainers. 15 trainers, drawn from local training institutions (including the Teacher's Training University, Danang Vocational College, Dong A University, and the SWSC), will be trained for 6 days. Master Trainers will be drawn from ULSA, USSH, VinaRehab (Dr. Hai), and VNAH and DAI consultants (such as Robbie Gilligan and Mike Ong).We will be working with training institutions and universities to establish a long-term training program in social work and inclusive education in a way that will enable trainees/participants to further their career development. Trainees will be granted certificates recognized by current education/training systems such as the primary or associate degree in vocational/professional skill (sơcấp/trungcấpnghề/nghiệpvụ). These certificates will help participants to accumulate credits and further their training in the future to obtain higher professional levels and pay. We have met with staff from the Special Education/Psychology Departments of the Education Universities in Hanoi and Danang, who expressed their interest in collaborating with us to develop a certificate-granting program in social work and inclusive education in Danang.

SUB IR 1.2: REFERRAL SYSTEM FUNCTIONING

Once they have been trained, CMs and CM/CBR workers--who are based at the commune level--will begin conducting client needs assessments, developing Individualized Support Plans (ISPs), and making referrals to appropriate services in DOLISA, DOH, and DOET as well as other providers. Our project team will work with CM supervisors--who are at district level--to monitor the ISP and referral process. We will support monthly meetings at the district level of CM/CBR supervisors and all case managers and CM/CBRs to report on and review referrals being made. PWD tracking will be included in the strengthening of the disability information system (DIS training for all District CMs, CM/CBRs, and CM/CBR supervisors and monitoring use of the DIS) we have proposed under IR 1.3, Task 2. In addition, we plan to work with local partners to improve and use the "yellow book," a PWD profile/record that VNAH and Danang DOLISA used in the prior USAID-funded project. The yellow book contains information about the beneficiaries, their ISP, as well as status/progress during the project term. It will be maintained and updated by case managers. Information in the yellow book will be ultimately input/transferred into the DIS.

A diagram of the referral system is shown below.



SUB IR 1.3: SUPPORT POLICIES

VNAH is already working on a case management policy (i.e., the case management circulars) with MOLISA. Those national policies will eventually be applied throughout the country. We believe that what is needed in Danang is a referral protocol or guidelines for service providers issued by the Disability Steering Committee chaired by the Danang People's Committee.

One main area of activity in year 1 will focus on updating and further rolling out the Disability Information System (DIS). We will review existing guidelines for use of the DIS at district level; standardize training materials on the DIS system, and conduct a one-day workshop for all District and city CM/CBRs, CMs, and CM/CBR supervisors on using the DIS. We will work with DOLISA to ensure that the system is updated (at least every 6 months) and to monitor its use to ensure that ISPs are being entered correctly.

We will also initiate work on a "Citizen's Scorecard" for PWDs that will serve as a mechanism for empowering them to provide feedback to the GVN on their satisfaction with available services.

The table below summarizes all training planned in Year 1 under Objective 1.

Training Summary Table			
Course	**Trainees**	**Trainers**	**# and Duration**
TOT	15 from local training schools	4 Master Trainers from national level	1 at 6 days
Basic SW and CBR	56 case managers 112 CM/CBR collaborators 28 supervisors	2 from national level 2 from local level	8 at 5 days
SW with PWDs	56 case managers 112 CM/CBR collaborators 28 supervisors	2 from national level 2 from local level	8 at 3 days
Case management	56 case managers 8 supervisors	2 from national level 2 from local level	2 at 3 days
DIS	56 case managers 112 CM/CBR collaborators 28 supervisors	2 from local level	8 at 1 day

IR 2: IMPROVE QUALITY AND ACCESS TO SPECIALIZED SERVICES

SUB IR 2.1: Improved rehab services

We will initiate work under this result area by conducting a rapid assessment of training/human resource development needs citywide. A selection of institutions to be visited during the assessment will be made from the 7 district hospitals, plus Hospital C, Binh Dan Rehab Center, Danang Sanitorium, General Hospital, Danang Rehab Hospital, Danang Medical College, and the Military Hospital. The assessment will make recommendations for both short-term and long-term capacity development plans. It will also include an assessment of facility/equipment needs at 4 district health facilities. Similar assessments will be carried out in Bien Hoa and Phu Cat as part of the overall baseline assessments being planned with the VPHA.

Based on the assessment, we will plan and implement training for medical rehabilitation doctors from selected hospitals from Danang, Phu Cat and Bien Hoa as well as education specialists. Areas of training may include physical therapy and other medical interventions, speech therapy,

occupational therapy, needs of autistic children, developmental and learning disabilities, etc., but the specific content and modalities of training will await the completion of the assessment. They may include short training workshops by international or national experts, or such activities as sending a Danang specialist to an intensive one-month training opportunity within Vietnam, for example, an internship in HCMC on treating autism. We have also been requested by the DOH to help identify opportunities for specialized training in the areas of policy, management, and communication.

In addition to training, we will support renovation and equipment for rehabilitation clinics in 4 districts in Danang—Hai Chau, Son Tra, Ngu Hanh Son, and Lien Chieu. Equipment may include ultrasound, electrotherapy, parallel bars, stretch bands, traction tables, etc.

Under IR2.1, direct assistance will include:

- Payment for corrective surgeries. The Danang Disabilities Survey identified 404 PWDs needing various types of corrective surgeries. We expect that surveys in Bien Hoa and Phu Cat will identify additional needs. We will partner with local hospitals and service centers to provide corrective surgeries for persons with physical disabilities. Following corrective surgery, case managers will continue to monitor the overall condition of the patient as needed, and provide recommendations for further assistance. Typical cases which require further support may include lodging, nutrition, physical therapy, counseling, education, and vocational training.
- Payment for assistive devices such as wheelchairs and prosthetic and orthotic devices. Payments will cover the cost of constructing the devices as well as assistance in improving the quality of these devices. At least 5,000 PWDs were identified in the Danang survey as potential recipients of such devices. The program will work through local rehabilitation centers and will conduct regular outreach missions to rural communities to provide wheelchairs and limbs to those unable to travel to urban areas. The CM and CM/CBR who are working at the community level will assist in regular follow ups with beneficiaries and communicate with medical doctors/professionals at city institutions if problems arise. Random follow ups and monitoring visits by professionals/specialists will also be carried out.
- Payment for other services such as hearing aids, speech therapy, and diagnostic visits.

SUB IR 2.2: Increased school enrollment

At the request of DOET, we will initiate work in this area with a comprehensive inclusive and special education needsassessment. Many different inclusive education activities have been conducted in the past, but they have been piecemeal and without a standard curriculum. Following the needs assessment, teacher training will be initiated, building on schools where work has already been initiated with UNICEF and FIDA assistance and expanding into new schools. We will work with the Special Education Department of Hanoi Education University to completethe needs assessment and capacity building plan for Danang and other sites.

SUB IR 2.3: Increased employment rate

The 2011 Danang Disability Survey indicated that there were 1,304 PWD (adults) requiring employment support and 572 PWD (adults) requiring vocational training. Project funds will be used for a wide range of services including grants for livelihood development, planning of inclusive social activities, the formation of self-help groups, transportation vouchers, installation of barrier-free access ramps to offices, on-the-job training, employment fairs, etc. We will target unemployed PWDs (40%) identified in the DIS for special attention.

Under this result, we will expand the vocational rehab (VR) services that VNAH started to include additional Employment Service Centers (ESC) in Danang in the service network, which is based at the DOLISA's ESC. We will also plan to engage Danang DPO as an active stakeholder in the VR services as part of its grant. The work will also have a direct assistance component through grants to DPOs and local organizations such as the Blue Ribbon Employer's Council, REACH,and employers to improve employment training and placement for people with disabilities. We will also look to collaborate with CRS and Dong A University and help identify opportunities to employ the graduates of their new IT training course for young people with disabilities.

Collaboration with other organizations in this and other areas will provide not only useful mechanisms for coordination but opportunities to demonstrate cost share to USAID. For example, VNAH's advocacy has contributed to the Nippon Foundation agreement to give $200,000 to the Danang Bank for Social Policy for microloans to PWDs. We will collaborate with the Bank for Social Policy to extend the services to PWD targeted under this DSP.

SUB IR 2.4: Improved housing

Our work under this result will all be direct assistance, in the form of payment for home improvements for PWDs. The Danang Survey identifies 963 homes needing home improvement such as toilet facilities, and 749 requiring improved accessibility. Other improvements may include roof repair and installation of indoor water supply. In Year 1 our target will be 250 households for toilets and accessibility ramps, 50 for water supply improvements, and 300 for general improvements.

SUB IR 2.5: Supportive policies

A first important task under this result will be to help operationalize the Disability Steering Committee (DSC). This is a large multi-sectoral group that convenes periodically under the leadership of the Vice-Chairman of the Danang People's Committee. It was created under the Disability Action Plan to oversee all disability work and includes representatives from all 7 districts. We will support quarterly meetings of the whole DSC.

The day to day work of the Committee falls to the DSC Secretariat, comprised of one representative each from DOLISA, DOET, and DOH. The Secretariat will serve as the coordinating unit for our project, with DOLISA being our principal point of contact, whose successful functioning will be a key to developing a truly integrated service system for PWDs in Danang. We will have monthly meetings with them and provide a modest amount of operational support to them. We will hold quarterly meetings with the heads of each of the 3 departments.

We will increase support to Disabled People's Organizations (DPOs) in year 1 to help them develop stronger capacities in project and grant management. Currently there is one functional DPO at the city level in Danangand, less formally, in 3 districts. We propose to provide a grant to the Danang DPO with the primary objectives of supporting more employment and advocacy for PWDs. We will support the establishment of branches of the Danang DPO in all districts by the end of the year. We will add an activity to help establish parents' group in 6 districts over the project term (building on the model of the successful group of parents with autistic children), with the longer-term view of supporting a parents' association in the City.

We will also support the reactivation of the Disability Coordinating Group. This group includes both GVN agencies and INGOs (FIDA, UNICEF, World Vision, Save the Children, East Meets West Foundation, CRS, etc.) working in the disability field. We will support quarterly meetings for the purpose of policy dialogue and information sharing. As part of our support to the DSC to implement the Danang Disability Action Plan, we will support the DSC to develop and implement the M&E plan.

IR 3: IMPROVED PUBLIC HEALTH SERVICES

SUB IR 3.1: Birth defects surveillance improved

We will begin by conducting a baseline assessment of the birth defects surveillance system in Danang. Our starting point will be a review of the recent work already done by the Danang Department of Health with support from Atlantic Philanthropies, drawing lessons learned and looking to add to its findings as needed. We will engage the Genetics Counseling Center at Hue University to help develop the framework for the assessment, working with an expert international consultant, Dr. Jose Cordero.

Recognizing CDC's interest, expertise, and complementary resources, we will develop a joint work plan with CDC, beginning with development of the birth defects surveillance system assessment but also including work planned on newborn screening, pre-pregnancy services, and cancer surveillance.In addition, we will follow Irish Aid's work in Danang, whichis training elementary teachers and other community workers to screen all children in the community, then refer them to a medical doctor for confirmation of suspected birth defects, and explore the possibility of replicating the approach in one or more districts. We will also ensure that basic birth defects screening is including in CBR training under Result 1.1 and teacher training under Result 2.2

SUB IR 3.2: Newborn screening improved

Our work under Result 3.2 will be planned during the STTA visits by Dr. Jose Cordero and the CDC team. Year 1 activities will include an assessment of the NBS program in Central Vietnam and a strategy and plan of action for strengthening it.The CDC team and our STTA are expected to assist us in system design and recommending capacity building activities.

SUB 3.3: Pre-pregnancy services improved

Our work in this area will be limited in Year 1. We anticipate conducting an assessment of the current status of pre-pregnancy services in Danang and Bien Hoa in the last quarter of the year, beginning with a review of work already initiated by the Danang DOH with funding from Atlantic Philanthropies.

SUB IR 3.4: Cancer and prevention improved

We also anticipate limited work in this area, comprising a first assessment and planning visit by Dr. Peter Layde and a CDC team.

IR 4: EXPAND IMPLEMENTATION TO OTHER PROVINCES

SUB IR 4.1: Assessments in Dong Nai and Binh Dinh conducted

With assistance from the Vietnam Public Health Association, we will plan and conduct rapid disability needs assessments in Dong Nai (with a focus on Bien Hoa city) and Binh Ding (with a focus on Phu Cat district). UNICEF and DOLISA have already done a disability needs assessment in Bien Hoa, including a census of how many people need jobs, etc., that will provide a solid basis to build on. Through their previous successful work in these two localities, VNAH will provide access to key stakeholders to facilitate the approval process. We will also conduct a less formal assessment in Hue Province, in the process of developing a grant agreement with the Genetics Counseling Center at Hue University.

SUB IR 4.2: Direct assistance and system strengthening initiated

We anticipate being able to quickly identify some opportunities to provide direct assistance in these two provinces, starting with wheelchairs and other assistive devices, home improvements (e.g. ramps) and physical therapy.

In addition, we will support system strengthening in the two sites, including support for the development of the provincial disability action plan in Dong Nai, upgrading of the rehabilitation department at Phu Cat District health center, assistance to the Qui Nhon University Center for Counseling and Early Intervention, as well as training for selected social workers, physical therapists, and inclusive education teachers in these provinces.

SUB IR 4.3: Expansion of program to other geographic areas
Later in the year, we will engage an international consultant to work with VPHA or another Vietnamese partner to conduct a national disability needs assessment starting with a desk review of where there is a disability burden and needs (availability of services).

Resources permitting, we will initiate a small grants program that will be open to DPOs and other smaller local organizations to support needed disability initiatives in other provinces.

3. LINKAGES, SYNERGIES, AND PARTNERSHIPS

DSP will look for linkages and synergies with a wide range of programs and organizations. This will include working with VNAH and its University partners to adapt and use their social work training materials (social work with disabilities, case management, etc.) in the project areas. It will include building on earlier disability work in the region sponsored by USAID (VNAH, East Meets West, Save the Children) and other donors (Ford Foundation, Aspen Institute, Atlantic Philanthropies); other current USAID-funded projects, such as VNAH's IVWD project and CRS's vocational training initiative with Dong A University; collaboration with other donor programs currently engaged in disability work, such as the Irish Aid/Viet Health project on early detection/early intervention and the work of UNICEF and FIDA related to inclusive education; and a broad spectrum of organizations with whom DSP will establish formal work plans and funding agreements. Under IR3, DSP will work closely with CDC to chart out activities in NBS and birth defects and cancer surveillance and CDC's technical support role in these areas.

The table below lists those organizations that will be priorities for the project in developing partner funding agreements. Others may include the National Pedagogic University, National Center for Education Sciences, Resource Center for Inclusive Education, REACH, BREC, and others.

Organization	**Purpose**	**Estimated Level of Funding**
Hanoi School of Public Health/Vietnam Public Health Association	Design and implement assessments in Bien Hoa and Phu Cat & other research	$15 K
Vinareha	Support rehab training	$20K
Disability Steering Committee (under Vice-Chair of Danang People's Committee)	Umbrella agreement to support DSC Secretariat and projects with: --DOLISA --DOH --DOET OR, separate agreements with each of the above 3	$ 823 K
Danang Disabled People	Support employment initiative	$ 15 K

Organization	for PWDs	
Dong Nai DOLISA	Umbrella agreement for Bien Hoa	$ 224 K
Dong Nai DPO	Build DPO capacity	$ 8 K
Xuan Loc DPO	Build DPO capacity	$8K
Dong Nai School for CWDs	Support transition initiative	$15K
Doan Ket Self Help Group	Build SHG capacity	$8K
Binh Dinh DOLISA	Umbrella agreement for Phu Cat	$ 225 K
Phu Cat DPO and SHGs	Build DPO, SHG capacity	$15K (3 at $5K)
Qui Nhon University Department of Special Education and Social Work and Center for Counseling and Early Intervention	Support CBR/social work training	$ 20 K
Genetics Counseling Center, Hue University	Support birth defects, NBS initiative in Central Region	$20K

Gender Strategy. Women with disabilities often have greater difficulties in participating in basic social activities than men, and DSP will strive to ensure that our programming overcomes these gender challenges and inequities. Gender equity will be promoted through advocacy and awareness raising among service providers and stakeholders; specifically, it will be one of the provisions included in every subgrant and other funding agreement we make with DPOs, other NGOs, and GVN agencies. As a first important step, we will engage a DPO or other NGO to conduct an assessment of gender disparities in disability services.

4. BUDGET AND MANAGEMENT

5. EXIT STRATEGY

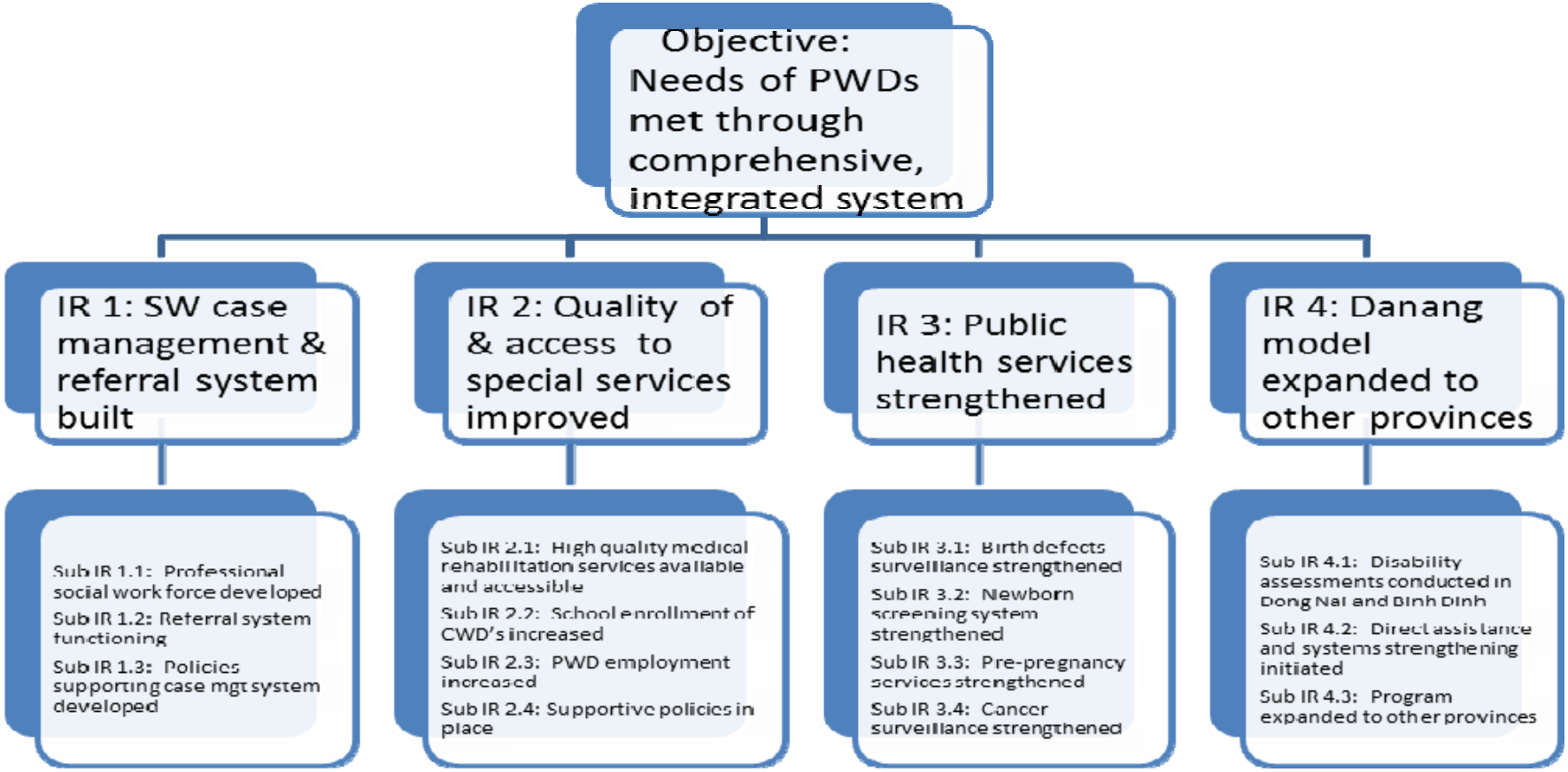
Our exit strategy is founded on a strong system strengthening approach with partners from Day 1. Supporting the DSC, helping them to execute their own Disability Action Plan, encouraging them to allocate their own resources to the Plan—all of these will contribute to exiting with a more robust disability system in place. In addition, the substantial investment we will make in building the capacity of local service providers—health workers, social workers, teachers—and institutionalizing a long-term social work training program at a local university will constitute key components of our exit strategy.

We believe that our Danang government partners are already committed and ready to invest substantial human resources as part of the DSP. DOLISA, DOH and DOET have expressed a strong interest in upgrading and professionalizing their commune-level work force. The case managers we train will be DOLISA staff who are likely to be selected as government social workers when the National Program 32 for Social Work Development is rolled out in Danang. These case manager/social workers will hopefully stay in place applying their new knowledge and skills when DSP finishes. It is the GVN's own case management curriculum that we will use in trainings, and ULSA experts will lead our TOT in Danang. We will provide the Disability Steering Committee with the skills, procedures, and tools to lead, coordinate, and manage an integrated program for PWDs, and hope that in doing so, Government will gradually increase their commitment and financial resources for disability services.

The private sector—both commercial and NGO actors—figures prominently in our exit strategy as well. Increasing engagement with commercial employers through BREC will not only provide immediate employment opportunities for PWDs but demonstrate to other employers the value that PWDs can add in the work place. Building the capacity of DPOs through our subgrant program to manage programs and grants will enable them to apply for and receive funding from other sources in the future. Working with and through universities like the Hanoi School of Public Health will further enhance their ability to independently conduct a variety of training and research activities in the future.

DISABILITY SUPPORT PROGRAM RESULTS FRAMEWORK

Disability Support Program Results Framework



Monitoring and Evaluation

Our plan for assessing and documenting the achievement of DSP's objective and IRs is included in the (separate) Monitoring and Evaluation Plan. The overall evaluation questions to be answered are:

- To what extent are the DSP objective and intermediate results of the DSP being achieved?
- What are the obstacles impeding the achievement of these results?
- What are the lessons learned in the implementation of each IR activity?
- How have the specific quantitative DSP indicators for each IR changed over the course of the project?
- Are the specific indicators targets in the annual work plan being achieved?

Quantitative evaluation information will be complemented with qualitative information on improvements in the quality of disability services and on the customer/beneficiary (CWD/PWD/parent/providers) satisfaction with those services; elimination of stigma and discrimination; and increased participation in public health, social, and economic opportunities in the communities.

The following are lists of some of the indicators being considered for the overall objective level and for each IR. The final and definitive list of indicators is contained in the M&E plan.

Objective: Needs of PWDs met through comprehensive, integrated systems
Impact Indicators:

1. Number of CWDs/PWDs receiving comprehensive disability support services through the ISP/CM referral system
2. Number and percent of CWDs (ages 3-17) that are currently enrolled in school
3. Number and percent of PWDs currently employed (including self-employed)
4. Number and percent of PWDs and parents/caregivers who receive any type of direct assistance for disability services, by type of support received, total and by gender of recipient
5. Number of DPOs and parents groups whose capacity has been strengthened
6. Number of new GVN policies, plans, and budgets developed to support disability programs
7. Percent of PWD's reporting satisfaction with the quality of services they receive

Additional core (mandatory) indicators:

8. Number of service providers of all types who have received training from DSP
9. Proportion of target population reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities (Gender-4)

10. Number of people receiving USG-funded Gender-Based Violence awareness training (Gender-6)

IR 1 Indicators:

1. Number of CBR/CM service providers trained by the DSP to provide comprehensive support and referrals for PWDs in project areas
2. Number of Case Managers (CMs) trained by the DSP to provide comprehensive management and referrals for PWDs in project areas
3. Number and percent of communes and wards with DSP trained CBR/CM workers, case managers, and CBR supervisors working effectively to support PWDs
4. Number of PWDs who received services as a result of referral made by referral system
5. Number of trained social workers and case managers employed full-time as DOLISA staff.
6. Annual number of DSC and Disability Coordinating Group meetings that involve DPOs in the meetings (participation, planning, design, information sharing)
7. Need to add indicator to measure the applicability/effectiveness of CM/SW training content/manual

IR 2 Indicators:

1. Number of doctors received DSP-supported advanced rehabilitation training (i.e., assessment/diagnosis/treatment)
2. Number of physical therapists received DSP-supported advanced PT training
3. Number of parents/caregivers received DSP-supported training in basic therapy
4. Number of PWDs received support for physical therapy;
5. Number and percent of PWDs needing speech therapy who received therapy (with DSP support)
6. Number and percent of PWDs needing hearing aids who received them (with DSP support)
7. Number and percent of PWDs needing corrective surgery who received surgery (with DSP support)
8. Number and percent of PWDs needing assistive devices (any kind) who received them (with DSP support)
9. Number of school teachers who are trained in CWDs' education (with DSP support)
10. Number of Parent Association increased capacity to support CWDs' education
11. Number and percent of CWDs and PWDs who received vocational training
12. Number and percent of PWDS (ages 18-50) who are currently employed (including self-employed) (with DSP support)
13. Number and percent of eligible PWDs/families receiving preferential loan (with DSP case manager support)
14. Number and percent of PWD households in need of household improvements, improved accessibility (ramps/WC), and/or water supply/sanitation hookups who received needed services (with DSP support)
15. Number of local stakeholders, providers, and decision-makers received awareness training on the rights, needs, and situation of PWDs
16. Number of local stakeholders, DPO PWDs, and decision-makers trained in advocacy for the rights of CWDs/PWDs
17. Number of children ages 0-6 who receive early detection screenings/exams for disabilities
18. Number of CWDs who received early intervention support services (with DSP support)

19. Number of doctors, PTs, nurses trained in early detection and intervention
20. Number of kindergarten and primary school teachers trained in early detection and intervention
21. Number of DPOs and PWD self-help groups managing donor funded disability support projects (with project management training provided by the DSP)
22. Number of local organizations (civil societies such as WU, YU, Vet's Union) working on PWD issues, with support from the DSP

IR 3 Indicators:

1. Number of nurses/health workers receiving training in pre-pregnancy health counseling for women
2. Percent of DSP trained health workers providing pre-pregnancy counseling services following international best practices
3. Number of pre-pregnancy counseling sessions held
4. Number of districts where health social marketing campaigns are conducted for pre-pregnancy counseling for women (with information on good nutrition during pregnancy; birth defect risk factors and prevention measures; importance of ANC and safe pregnancy and delivery; and contraception and condom use for prevention of unplanned pregnancy, HIV/AIDS and other STIs)
5. Completeness of newborn screening coverage (Number and % of births screened)
   Note: Indicator to be developed/refined in consultation with CDC
6. Number of cancer surveillance staff at relevant health facilities trained on population-based cancer registration system
7. Completeness of cancer registration coverage: number of cancer cases correctly diagnosed annually; number of cancer cases registered (by age, gender of cancer patient, commune and district, and type of cancer) Note: Indicator to be developed/refined in consultation with CDC
8. Number of birth defects identified annually, by commune and district: type of birth defects (age in months/years at diagnosis, facility/place of birth defect identification, gender of CWD/PWD) Note: Indicator to be developed/refined in consultation with CDC
9. Number of health providers and social workers trained in newborn screening (NBS)
10. Number of Birth defects detected and registered in BD/DIS system

From year 2 (or 3):

1. BD prevalence and trends determined/reported
2. Cancer prevalence/trends determined/reported
3. Number of public health policies developed following recommendations from PH BD, NBS and Cancer surveillance systems
4. Number of PH programs/activities developed/implemented following recommendation from PH BD, NBS and Cancer surveillance systems (GVN/civil societies)

IR 4 Indicators:

1. Number of disability situation assessments conducted and number of action plans developed for expansion areas in other provinces/areas (i.e., Bien Hoa City and Phu Cat District)
2. Number of PWDs in DSP expansion provinces/areas received direct assistance from DSP
3. Number of disability service providers in DSP expansion provinces/areas trained by DSP (includes CM/CBR workers, case managers, CM/CBR supervisors, rehabilitation doctors, PTs, nurses, IE teachers, VT and employment service center workers)
4. Disability case management system established and functioning in Bien Hoa and Phu Cat in districts and communes supported by the DSP (i.e., There are trained case managers are in place, working with CWDs/PWDs, using case management guidelines, managing ISP, making referrals, and monitoring and reporting on PWD status and progress using yellow books and DIS)

IMPLEMENTATION CHART

Tasks and subtasks	Start Date	End Date	Outputs	Persons responsible	Resources Required
PROJECT START-UP					
Team mobilized and local office established					
Obtain DAI registration in Danang	11/5	1/15	Business license issued	DAI HO	
Identify, lease, build out, and furnish office	11/15	1/1	Signed lease; Office ready to occupy		
Hold introductory meetings held with USAID	11/6		Briefing on cooperative agreement by AO	COP & DCOP	
Hold introductory meetings held with national level partners	11/13	12/15			
Configure management information system	11/5	11/30	DAI TAMIS system fully adapted to DSP	DAI HO (Whitfield)	
Set up financial accounting system	11/10	1/30		DAI HO	
Install project server and IT equipment	1/22	1/30	IT network		
Develop year 1 work plan and M&E plan	11/12	12/15	Work plan & M&E plan	COP & DCOP	
Recruit and hire key local staff	11/5	1/30		COP &DCOP	
Develop plan for subagreements and subgrants	11/15	1/31	Procurement plan and drafts of major agreements and grants	COP & DAI contracts office	
Local project approvals secured					
Hold introductory meetings with DOLISA, DOFA, DOH, DOET	11/23	11/30			
Review Disability Action Plan	11/23	11/30		COP	
Translate summary of DSP Program Descriptioninto Vietnamese	11/5	11/30	Vietnamese translation of program description	VNAH	
Provide summary to GVN		12/15		DCOP	
Prepare overall project document for approval	11/5	12/15		COP, DCOP& team	
Project proposal and budget submitted to GVN		12/15	Project MOU proposal & budget in English & Vietnamese		
Project approval received		1/31			
Develop detailed work plans and budgets	12/15	1/31	Work plans and budgets	COP & DCOP	

for agreements with DOLISA, DOH, DOET and Danang DPO			for major partners Funding agreements		
IR 1: Sustainable and replicable case management and referral system implemented					
Sub IR 1.1: A force of professional social workers developed					
Task 1: Conduct training needs assessments and adapt existing social work curriculum					
Review and adapt assessment methodology used by Irish Aid consultants working with VNAH in Cam Le District	11/26	12/31	Assessment methodology	DCOP &IR 1 Team Leader	
Conduct mapping/assessmentof disability training resources throughout Danang City (all districts)	12/15	1/15	Assessment report	IR 1 Team Leader & STTA	
Finalize training curricula in 3 areas: social work, CBR, and case management	1/1	1/31	3 training curricula	IR 1 Team Leader & team	
Task 2: Prepare to scale up social work/CBR training program across 7 districts in Danang					
Review/update job and task descriptions for CM/CBRs; establish selection criteria for CMs	1/1	2/28	Updated job descriptions	IR 1 Team Leader & team	
Identify case managers (social service) (56)	1/1	2/28		IR 1 Team Leader & DOLISA	
Identify CM/CBR collaborators (health and education services) (112)	1/1	2/18		IR 1 Team Leader & DOLISA, DOH & DOET	
Task 3: Implement training					
Identify and contract local trainers	1/1	1/31		IR 1 Team Leader	
Conduct SW/CM Training of Trainers		3/15	1 TOT	IR 1 Team Leader	
Conduct basic CM.CBR/social work training	March	May	8 CBR/social work training courses	IR 1 Team Leader	
Conduct social work with PWDs training	June	July	8 social work with PWDs training courses	IR 1 Team Leader	
Conduct case management with PWDs	August	August	2 case management with	IR 1 Team	

training for all CM/CBR from DOLISA, DOH and DOET			PWDs training courses	Leader	
Sub IR 1.2: Referral system functioning					
Task 1: Support implementation of referral system at city and district level					
Following training, CMs and CM/CBR workers conduct client needs assessments and develop ISPs	June	Sept and ongoing			
CMs and CM/CBRs refer cases to available services at DOH, DOET, and DOLISA	June	Sept and ongoing			
Revise VNAH/DOLISA Yellow Book to include ISP results and referral	6/1	6/30	Updated Yellow Book	IR 1 Team Leader & team	
Task 2: Monitor development and implementation of ISPs and referrals at commune level					
Support monthly meetings and allowance at district level of CM/CBR supervisors and all case managers and CM/CBRs to report on referrals	3/15	Sept and ongoing		IR 1 Team Leader & team	
Provide direct assistance to PWDs based on ISPs	March	Sept and ongoing			
Sub IR 1.3: Disability referral policies supported (Note: case management policy is a national policy under development by MOLISA)					
Task 1: Develop quality assurance mechanism for PWDs					
Develop "Scorecard" for use by PWD's to provide feedback to providers on satisfaction with services	July			M&E specialist with IR 1 Team Leader	
Task 2: Strengthen disability information system (DIS) as a managing/tracking tool of CM					
Review guidelines for district use of DIS; assess Cam Le district system for lessons learned	1/15	2/15		IR 1 Team Leader	
Standardize training materials on DIS system	2/15	3/15	Revised DIS training package	IR 1 Team Leader	
Conduct one-day workshop for all District and city CBRs, CMs, and CBR supervisors on use of DIS	4/1	6/30	8 DIS training courses		
Update DIS system every 6 months	April	September		DOLISA	

Monitor use of DIS to ensure ISPsare entered into system	June	Sept and ongoing		IR 1 Team Leader, DOLISA, SW supervisor	
IR 2: IMPROVE QUALITY AND ACCESS TO DISABILITY SPECIALIZED SERVICES					
Sub IR 2.1: Improved quality and quantity of medical rehab services					
Task 1: Build capacity of city medical rehab staff and facilities					
Conduct assessment of training/human resource development needs at citywide level; develop short-term and long-term capacity development plans	February	March	Assessment report	IR 2 Team Leader	
Provide trainingfor medical rehab specialists tailored to findings from assessment	April	September	Tailored training programs	IR 2 Team Leader	
Provide training for physical therapists (PTs) at district and city levels					
Identify needs and opportunities for more advanced training in policy, management, and communication	February	September		IR 2 Team Leader	
Support renovation &equipment for rehabilitation clinics in HaiChau, Son Tra, Ngu Hanh Son, Lien Chieu Districts	April	September	Upgraded rehab clinics in 4 districts	IR 2 Team Leader	
Provide training for selective caregivers/parents on basic therapy					
Task 2: Provide direct assistance to people/families					
Corrective surgeries	March	September	Surgeries performed		
Assistive devices (Braces, prosthetics, orthotics, wheelchairs)	March	September	Devices provided		
Hearing aids	March	September	Hearing aids provided		
Diagnostic visitsfor official classification	March	September	Diagnostic tests given		
Travel support for physical therapy and					

speech therapy ($15/PWD)					
Sub IR 2.2: Increased school enrollment					
Task 1: Build inclusive and special education services					
Conduct comprehensive training needs assessment	3/1	3/31	Assessment report	IR 2 Team Leader with local consultant team	
Consolidate standardized training curriculum	4/1	4/30	Training curriculum	IR 2 Team Leader	
Initiate teacher and principal training in 13 schools (8 that have already received some assistance from UNICEF + 5 new schools) Target for Year 1: 100 teachers	May	September	Inclusive education training programs	IR 2 Team Leader	
Conduct specialized training, including management, for resource room teachers	Schedule TBD		Activities and outputs TBD	IR 2 Team Leader	
Collaborate with UNICEF and parent groups on communication activities	Schedule TBD		Activities and outputs TBD	COP	
Task 2: Provide in-kind assistance					
Equip resource rooms at 5 schools in selected districts; build on FIDA supported rooms		September	Resource rooms equipped at 5 schools	IR 2 Team Leader& F&A officer	
Provide educational supports to CWD			Number of CWD benefited		
Sub IR 2.3: Increased employment rate					
Task 1: Improve skill training of PWDs					
Provide grant to Danang DPO to expand employment opportunities for PWDs (also listed under Result 1.3, Task 3)	January	Sept and ongoing	Subgrant agreement	COP& F&A officer	
Provide grants to build capacity at 14 Employment Service Centers, incorporating Vocational Rehabilitation services	Schedule TBD		Activities and outputs TBD		
Explore collaboration with CRS-supported IT training program at Dong A university	Schedule TBD		Activities and outputs TBD		
Task 2: Expand role of private sector					

Work with BREC member companies and other employers, including DOLISA's contacts,to increase job opportunities	January	September		DCOP	
Task 3: Improve business loan availability					
Strengthen relationship with Danang Bank for Social Policy to increase PWD access to microloans and support training for PWD clients (Target = 75)	January	September		DCOP	
Support Danang DPO to manage a revolving grant for livelihood development as part of its grant	January	September			
Sub IR 2.4: Improved housing					
Task 1: Provide direct assistance					
Support home improvements, including upgrades, toiletrefurbishments, and water supply access (Target = 600 households)	March	September	Water, sanitation, ramps and other home improvements	COP, DCOP, and F&A officer	
Sub IR 2.5: Supportive policies for specialized services					
Task 1: Assist government officials and agencies on PWD policies					
Hold policy forum on disability law	Schedule TBD		Forum proceedings	COP & DCOP	
Support VN Disability Day on April 18; Engage DPO in holding a job fair	April		Agreements with DSC and DPO announced	COP & DCOP	
Explore opportunities to collaborate with SKM and World Bank project to increase accessibility to public transportation	Schdule TBD		Activities/outputs TBD	COP & DCOP	
Task 2: Operationalize disability steering committee (DSC)					
Provide operational support to the DSC Secretariat (includes adminsupport for DSC, communication, travel, and meeting expenses)	March	September		COP & DCOP	
Support quarterly meetings of the DSC	March	September	Quarterly meetings held		
Support quarterly meetings of Disability Coordinating Group to review progress	March	September	Meetings held	COP	

and partner contributions to Disability Action Plan					
Task 3: Support expansion of and advocacy by DPOs					
Support establishment of branches of Danang DPO in 6districts	January	September		DCOP &IR 2 Team Leader	
Provide grant to DanangDPO to include a gender assessment, advocacy for PWDs, and employment of PWDs	January	Sept and ongoing	Subgrant agreement	COP & F&A officer	
Provide capacity building toDPO members to help them develop skill areas including project management, organizational development, peer counseling, and advocacy	February	Sept and ongoing		IR 2 Team Leader	
Establish parents' groups in districts (6 over the life of project), building on the model of the successful group of parents with autistic children	March	September		IR2 Team Leader	
IR 3: Public health services strengthened					
Sub IR 3.1: Birth defects surveillance improved					
Task 1: Conduct birth defects surveillance assessment and develop plan of action					
Develop joint work plan with CDC for birth defects surveillance, newborn screening, and cancer surveillance	February	March	Work plan	COP, DCOP, &IR 3 team leader	
Develop framework for baseline assessment of existing surveillance system	February	March	Assessment methodology	IR 3 Team Leader& CDC	
Conduct baseline assessment		May	Assessment report	IR 3 Team Leader & CDC	
Develop procedure manual and training plan		June	Manual and training plan	IR 3 Team Leader & CDC	
Task 2: Build capacity for early detection in children under 6 years					
Conduct two rounds of disability screening in one district	Schedule TBD			IR 3 Team Leader	
Incorporate birth defects screening in training of CM/CBRs under Result 1.1	March	May		IR 3 and IR 1 Team Leaders	

Incorporate birth defects screening in training of teachers under Result 2.2	May	September		IR 3 and IR 2 Team Leaders	
Sub IR 3.2: Newborn screening improved					
Conduct assessment of Central Region's NBS program, including assessment of lab needs and technology	TBD		Assessment report	IR 3 Team Leader& CDC	
Develop a Plan of Action for strengthening NBS system	TBD		Plan of action	IR 3 Team Leader& CDC	
Sub IR 3.3: Pre-pregnancy services improved					
Conduct assessment of Danang pre-pregnancy program	Aug/Sept		Assessment report	IR 3 Team Leader& CDC	
Develop strategy, plan of action to strengthen program	Year 2		Plan of action	IR 3 Team Leader& CDC	
Sub IR 3.4: Cancer surveillance and prevention improved					
Conduct baseline assessment of current registry operations	July	September	Assessment report	IR 3 Team Leader& CDC	
IR 4: Expand implementation to other provinces					
Sub IR 4.1: Assessments in Dong Nai and Binh Dinh conducted					
Task 1: Establish agreements with provinces					
Conduct introductory meetings with leaders in Bien Hoa and Phu Cat	11/12	11/16		VNAH (Ca)	
Follow up visit to build relationship	12/4	12/11		VNAH (Toan)	
MOUs developed	November	January	MOUs signed	VNAH	
Funding agreements developed	February	April	Funding agreements	COP & DCOP	
Task 2: Develop Assessment Methodology					
Develop agreement with Vietnam Public Health Association for assessments	December	March	Subagreement	COP	
Task 3: Conduct assessments					
Bien Hoa	Jan	February	Assessment report	VPHA	
Phu Cat	February	March	Assessment report	VPHA	
Sub IR 4.2: Direct assistance and systems strengthening initiated					
Dong Nai					
Support the development of Dong Nai Disability Action Plan	Jan	Sept		DCOP	

- 3 Province-level and 3 district level consultative workshops and 8 focus groups - 50 days national and local STTA - Other direct expenses					
Support the establishment of Dong Nai Provincial DPO	Feb	Sept	600 PWD		
Provide small grants to Doan Ket SHG and XuanLoc DPO for livelihood development	Apr	Sept	150 PWD		
Provide direct assistance--including surgery, assistive devices, home improvements, livelihood grants, etc.--to selected PWDs identified by DOLISA/UNICEF 2011 survey (Estimate average of $300/each PWD)	Mar	Sept	400 PWD		
Set up transition from school to work service at Dong Nai school for CWD	Mar	Sept	15 Service Providers, 20 PWD	DCOP	
- Assessment, system design, training of teachers	Mar	May			
- Equipment, work samples	May	June			
- Support skill training, employment and other activities	July	Sept			
Provide training in social work case management/CBR in 10 communes in Bien Hoa City				DCOP and IR 1 team leader	
- Develop criteria and select case manager and CM/CBR workers	Mar	Apr			
- Train SW case manager and CM/	June	Sept	30 Service Providers		

CBR worker (2 courses)					
- Train rehab workers/PT and caregivers at rehab centers and other support centers (2 courses)	Jun	Sept	30 Service Providers		
- Set up 2 rehabilitation units at commune health clinic in Bien Hoa City and VinhCuu District	July	Sept			
Support local coordination committee, CM and CM/CBR workers	Jan	Sept			
Phu Cat					
Secure MOU and select case manager, CM/CBR worker	Jan	Mar		DCOP	
Base line assessment by local partners (to assess and identify beneficiaries/PWDs needing supports), together with/using VPHA's assessment tools	Feb	Mar		DCOP	
Support the development of BinhDinh Disability Action Plan - 3 Province-level and 3 district level consultative workshops and 8 focus groups - 50 days national and local STTA - Other direct expenses	Apr	Sept			
Provide grant to Vinareha to establish CBR model and training	Apr	Sept		DCOP & F&A officer	
Train social work case managers and CM/ CBR workers (2 courses)	Jun	Sept	50 Service Providers		

Start direct assistance	April	September	Type of direct assistance provided	DCOP & F&A officer	
Provide grant to 3 DPO/SHGs in Phu Cat for capacity building and livelihood development	April	Sept and ongoing	Subgrant agreements (60 PWD)	DCOP & F&A officer	
Set up rehab unit in district hospital in Phu Cat and training for doctors/PT	May		Rehab equipment provided	DCOP & F&A officer	
Set up rehab unit in district hospital in Phu Cat and training for doctors/PT	May		Rehab equipment provided	DCOP & F&A officer	
Bring Bien Hoa and Phu Cat trainers to TOTs in Danang	Schedule TBD				
Support local coordination committee, CM and CM/CBR workers	Mar	Sept			
Grant to Qui Nhon University Department of Special Education and Social Work and Center for Counseling and Early Intervention			Early intervention center is upgraded		
Sub IR 4.3: Expansion to other geographic areas					
Task 1: Conduct national disability assessment					
Engage consultant to work with local organization to conduct desk review	May	July	National assessment report	International consultant	
Task 2: Initiate small grants program open to other priority provinces					
Develop RFA for small grants program	TBD	TBD	Subgrants to local NGOs	Grants manager	
REPORTING TO USAID					
Quarterly reports	January	September	Quarterly reports	COP	
Annual Report		September	Annual report	COP	