



USAID
FROM THE AMERICAN PEOPLE

USAID DISABILITY SUPPORT PROGRAM

MONITORING AND EVALUATION PLAN

DECEMBER 2012 (Revised January 2014)

THIS PUBLICATION WAS PRODUCED FOR REVIEW BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT. IT WAS PREPARED BY DAI.

USAID DISABILITY SUPPORT PROGRAM MONITORING AND EVALUATION PLAN

DISCLAIMER

THE VIEWS EXPRESSED IN THIS PUBLICATION DO NOT NECESSARILY REFLECT THE VIEWS OF THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT OR THE UNITED STATES GOVERNMENT.

PERFORMANCE MONITORING PLAN

The performance monitoring plan (PMP) for DSP contains the key indicators, statistics, and measures to be collected and reported on for all project activities. In addition to these metrics and descriptors, project activities may collect other relevant information specific to the scopes of work being executed in those areas. Indicators measure quantitative and/or qualitative progress in achieving project outputs and outcomes related to the four main DSP project objectives and specific tasks/activities under these objectives.

The PMP is an important tool for managing and documenting DSP's performance and effectiveness. It enables timely and consistent collection of comparable performance data in order to make informed program management decisions over the course of the project. The PMP defines specific performance indicators and determines M&E baselines and benchmarks; guides planning and managing the quarterly and final report data collection process; and ensures incorporation of relevant data collection requirements into activities; The PMP also states expectations to partners responsible for producing the outputs. It is essential that all project team members and consultants understand the M&E data collection requirements of the PMP and their respective roles in contributing to the PMP. Using the PMP to document indicator definitions, sources, and data collection methods increases the likelihood that the program will have access to comparable data over time, even if key personnel change. The PMP also supports reliable data collection by documenting the frequency and schedule of data collection and assigning responsibilities.

BASIC EVALUATION QUESTIONS

The basic 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 workplan 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.

DATA COLLECTION FOR MONITORING AND EVALUATION OF PERFORMANCE

In selecting indicators for the PMP, our team attempted to minimize the burden of data collection and reporting while maximizing our ability to track the outputs, outcomes and impact of DSP activities under the four main project objectives. We also selected indicators that track financial and management performance. Many of the indicators will be tracked and analyzed using the DAI's Technical Assistance Management Information System (TAMIS) and will take advantage of Integrated Disability Data System and Software for Danang City (developed by VNAH and IBM) when it is rolled out. The TAMIS information system can be exported to statistical software packages to allow more elaborate statistical analysis of project M&E data. Baseline estimates for quantitative indicators will be established in Year 1 through a comprehensive baseline assessment. Certain baseline indicators (e.g., number of PWDs and CWDs by type of disability; percent of adult PWDs ages 18-50 currently employed; and percent of CWDs ages 5-9 and 10-17 years of age enrolled in school) may be extracted from the USAID-funded Danang Disability Survey conducted in each Danang's seven districts over the past two years. In addition to regular monitoring data, Year 1 baseline data on key outcome indicators will be compared to these indicators at the end of project, to be collected in a comprehensive end of project evaluation using quantitative surveys and qualitative data collection methods. The End of

Project comprehensive assessment will also identify challenges in implementation, document progress, outcomes and impact, as well as shortcomings and lessons learned, and help to identify disability program needs for the future.

REPORTING PLAN

DSP will produce a variety of project reports that help our leadership and USAID manage and monitor performance of our activities. These reports include:

- Trip / Activity Reports: Developed by the implementation teams in the field and reviewed by technical area leads, DCOP, and/or COP as appropriate.
- Field Reports: these periodic field reports by the different technical area teams show the progress on long-term field activities.
- Quarterly Reports: The quarterly report is the key document that allows Project to show its value as it helps build capacity in social work, case management and referral systems for PWDs, surveillance of birth defects, strengthening newborn screening and early interventions, a population-based cancer registry, and pre-pregnancy counseling services (e.g., nutritional counseling for prevention of exposure to pollutants and environmental contaminants that may cause birth defects).
- Quarterly M&E Activity Update: will produce this M&E report in advance of the quarterly meetings with the AOTR. It will contain updates of on all of our ongoing M&E activities.
- Rapid Baseline Needs Assessment (Danang:7 districts; Bien Hoa (Dong Nai province), Phu Cat District, Binh Dinh province);
- Baseline Disability Prevalence Survey/Census of PWDs in Phu Cat District Binh Dinh (replicating Da Nang 2011 Disability Survey and DIS for Phu Cat District)
- End of Project quantitative survey and qualitative assessment of progress on key project indicators and End of Year 3 evaluation of outcome and impact indicators for project interventions. Qualitative success stories and lessons learned will also be documented in Years 2 and 3 of the project.
- Special evaluations and specific assessments (e.g., disability case management system; newborn screening system; birth defects surveillance system; cancer registry system; Some of these specific assessments and evaluations will be conducted in collaboration with CDC and local government partners, The DSP M&E team leader, the HSPH, VPHA and M&E STTA consultants (e.g., from DAI, VNAH, CDC, Hue Medical College) may be engaged in the design, data collection/field work, analysis, and/or report writing of these data. The specific assessments and evaluation reports will be provided to the DSP COP and USAID within one-two months from the completion of the data collection for each assessment.

PERFORMANCE INDICATOR REFERENCE SHEETS

A performance Indicator Reference Sheet is being prepared for each of the final key indicators in the PMP. The PIRS will include (1) A precise definition of the indicator; (2) The unit(s) of measure; (3) Variables for disaggregation of the indicator (e.g., by district; gender; type of disability; type of worker); (4) Justification and management utility of the indicator; (5) The plan for data acquisition (method of data collection; and data source; frequency and timing of data collection; (6) Data quality issues (data limitations; pre-testing; validity tests; threats to internal and external validity; completeness and consistency issues); (7) plans for data analysis, review and reporting (descriptive, statistical measures, types of indicators and control variables; presentation of the data – tables, texts, graphics); (8) Reporting of the data (regular reporting, reporting baseline, benchmarks, end-of project results; trends over time); and (9) Other Notes on the indicator (e.g., comments on targets set, or lack of targets due to absence of baseline information).

DATA SOURCES FOR DSP M&E

- Past and current project documents and evaluation reports;
- Danang baseline disability survey (2010/2011), and Phu Cat, and Bien Hoa baseline disability survey/assessments;
- DSP regular monitoring data on project activities and indicators (e.g., for trainings/capacity building, direct assistance to PWDs, public health awareness IEC/BCC and prevention work, and development of case management and referral system, BD surveillance, NBS, and cancer registry systems), DSP Trip reports and training workshop summary reports;
- Results from DSP Training pre-test and post-test evaluation surveys, and follow-up assessments of DSP trainees' knowledge, skills and practices; and follow-up visits with PWDs receiving direct assistance, referrals, VT, IE, and/or employment services;
- CBR worker reports on service provision and PWD case management and referrals
- Project assessments of BD, NBS, Cancer Registration system, and pre-pregnancy counseling services conducted by the DSP, assessments and evaluations conducted by VNAH sometimes in collaboration with its partners Viet Health and Irish Aid, and also the Atlantic Philanthropies funded baseline BD/NBS assessment done for Danang City in collaboration with the Danang DOH and consultants of Hue Medical College (May 2012 Final Report);
- Facility-based service provider data reports on PWD services supported by DSP (i.e., medical and physical rehabilitation facilities, vocational training and employment service centers, and IE and SE programs in Danang);
- Reported data from Birth Defect surveillance system, NBS, and Danang cancer registry;
- Disability data from Danang integrated disability data computerized information system;
- Mid-term project evaluation (mid-term results on key indicators; FGDs and in-depth interviews with key partners, stakeholders, and beneficiaries);
- End-of-Project evaluation (quantitative and qualitative assessment of project performance, outcomes, results for key indicators, and lessons learned for the future).

GENDER INDICATORS

To the extent possible gender breakdowns will be collected for all DSP indicators relating to capacity building training of service providers and direct assistance support to beneficiaries, including CWDs, PWDs, parents/caregivers, with special efforts to ensure that female service providers and PWDs have full access to DSP capacity building and direct support assistance activities. The goal is to achieve equal access of both female and male PWDs to disability support activities to improve their health, physical rehabilitation, education, employment and economic and social status in the community.

There are a few additional USAID gender indicators that may periodically be reported on during the course of the DSP project. The mandatory gender indicator for DSP is:

GNDR-6: # of people receiving USG-funded GBV awareness training

The target is to train 289 service providers on GBV as it affects PWDs. GBV training will be included in the DSP training curricula for social workers/case managers, and for inclusive education teachers.

OUTCOME INDICATORS FOR DSP TRAININGS (e.g., trainings in PT; SW/CM)

- Percent improvement in knowledge of key concepts and topics of training

(Data Source: Pre-training/Post-training test of knowledge of key concepts and topics of training; Questionnaire administered to all trainee/participants for each specific training topic, first recording information on name, position, age, gender, district of trainee, and the name of the training, specific topics and date of specific DSP training was conducted, followed by 5 to 10 questions on the key concepts, issues or topics covered in the training that relate to the learning objectives of the training and that were covered in the training curriculum, readings and class instructions/presentations)

- Percent of follow-up sample of trainees who retain knowledge of key concepts and topics of training after six months following the training
- Percent of DSP trainees currently using the information and/or skills learned in the training in their current job (six months after the training was completed)

(Data Source: Follow-up survey of all trainees from a training workshop or a random sub-sample of trainees, using same questionnaire as in the pre-training post training test, with additional follow-up questions added to the end of the original test questionnaire. Additional questions include:

+Q1. Are you currently working in a position that involves working with people with disability or with disability data and support services? 1. Yes 2. No

+Q2. Does your current position require knowledge of the concepts and topics you learned about in your DSP-supported training course “Title of Training”? 1. Yes 2. No

(Note: If respondent says yes to either or both of these additional questions, they can be credited as using the knowledge and/or skills they learned in the DSP-supported training workshop.)

INDICATORS OF INSTITUTIONALIZATION OF COMPREHENSIVE DISABILITY SUPPORT PROGRAM

The following DSP indicators will provide results and evidence of the DSP efforts to help build and institutionalize a comprehensive multi-sectoral CM disability support system in Danang (and other project sites) with the ultimate intention that it will serve as an efficient, effective and sustainable model for replication throughout the entire country, with the full support of the Government of Vietnam, other key stakeholders, and PWD beneficiaries.

DSP Institutionalization Indicators reference number (from M&E Plan) and Indicator Description:

1. Number of PWDs receiving comprehensive disability support services through ISP/CM identification, referral, and treatment/support service system (DSP Impact Indicator).
6. Number of new Government policies and action plans developed to support disability programs (DSP Impact indicator);
 - 1.1.1 Number of communal workers and district supervisors who successfully completed disability social work training and refresher training supported by DSP;
 - 1.1.2 Number of trainers certified as Master trainers on SW and CM with PWDs through TOT, who are SW lecturers and practicing professionals at local institutions;
 - 1.1.3 Number of communes having workers trained in SW with PWDs, CM with PWDs, and CBR skills;
 - 1.1.4 Local capacity for training commune and district disability SWs/CMs established at a local certificate-granting institution that is supported by local government (new indicator)
 - 1.2.1 Number of districts with trained multidisciplinary teams with trained CM supervisors for a comprehensive disability referral system;

2.52 Number of government sponsored disability program meetings at the city-wide/
province-wide, and district level that formally include DPO and/or self-help PWD
groups;

2.53 Number of directives, disability action plans, decisions or policy guidelines developed
by People's Committee that involves DPOs/PWDs in the design and planning;

DSP M&E DATA COLLECTION, STORAGE, RETRIEVAL AND VERIFICATION PLAN

All data collected for monitoring and evaluation purposes for the DSP will follow a strict protocol for ensuring confidentiality and integrity of the data. The DSP M&E Manager Dr. Tri, the DSP M&E data entry assistant, Mr. Nam, and the DSP M&E Advisor Dr. Thomas T. Kane, will be the only ones in the project authorized to enter, edit, store, analyze or retrieve the data for project reports and presentations. The DSP M&E data will be maintained on a specially designated computer requiring a username and password to access this data set (Dr. Tri's computer). A back-up copy of the data will be kept on a separate but also password-protected data storage device (i.e., Mr. Nam's computer). Dr. Tri and Mr. Nam will coordinate weekly to ensure that the most up-to-date DSP M&E data files and EXCEL data entries are backed-up on the second M&E data storage device (Mr. Nam's computer). This protocol is established to ensure the quality, confidentiality and security the DSP project data will be properly maintained, and help to ensure that no unauthorized person will have access to the raw data or have the capacity to edit, change, or delete the data in the system. Information on DSP project data quality assurance, including procedures for ensuring data validity integrity, precision, reliability, timeline, and information on data limitations and data collection protocols and data verification procedures are already outlined in a DSP report document "Data Quality Assessment Worksheet" and on specific DSP study and assessment protocol documents..

DSP PWD CLIENT SATISFACTION SCORECARD

The DSP is incorporating a PWD Client Satisfaction Scorecard to obtain direct feedback from DSP beneficiaries over the course of the Project. PWDs receiving disability assistance will be periodically asked about the disability services they have received, whether they were satisfied with those services, and if not, why they were not satisfied. The brief client satisfaction survey will also ask if they feel that the quality of disability support services has improved during the previous 12 months, and to rate the level of perceived quality of services between 1 (worst quality) and 5 (highest quality). They will also be asked if they are currently in need of any other disability support services (and if so, what services they still need). This information will provide ongoing feedback to the DSP Project and its implementing partners on the satisfaction and comprehensiveness of the disability support services being provided from the PWD beneficiary perspective, identify additional service needs or problems in service quality, and to track improvements in client satisfaction and quality of service provision over time. Limited background information will be collected on each PWD respondent, including full name, age, gender, province/district, and type of disability. The Client Scorecard data collection will be carried out in Danang at Disability Day events. The DSP M&E team and assistants for the Danang DPO will ensure that at least 200 PWDs will complete the Client satisfaction survey, and they will assist respondents with vision, hand motor, or learning disabilities in completed the short Scorecard forms. The Client Scorecard Survey will be conducted in the same way at the 2014 Disability Day events, and in selected other settings over the course of the project. For example, the client scorecard may be administered to IE PWD students, parents/caregivers visited by the SW/CM teams (or by independent visits by DSP M&E staff or hired interviewers such as DPO members trained in conducting the survey for DSP. Client Satisfaction Scorecard data will be entered into the DSP M&E data base by the DSP M&E manager and/or his assistant and analyzed using standard statistical software, and then reported to the DSP COP and team leaders and local implementing partners.

QUALITY ASSURANCE STRATEGY

DSP will implement quality assurance activities at 3 levels:

1. DSP staff (M&E and technical team) will conduct routine follow-up checks on the implementation of project activities. This will include periodic visits to beneficiaries as well as follow-up evaluation of selected training activities (as outlined in our revised M&E plan).
2. DSP will coordinate quality assurance activities with case managers and service providers. These will include follow-up visits soon after delivery of services/procedures and twice-yearly follow-up visits to a 10% sample of beneficiaries.
3. National experts will be engaged twice yearly to provide STTA quality checks on selected activities.

For P&O services, wheelchairs, and corrective surgeries, a first follow up visit will be made within one month after service delivery. A second follow up visit will be made on a schedule depending on the complexity of the procedure and the recommendation of the service provider. For corrective surgeries, DSP beneficiaries will be invited to the hospital for follow up. DSP will provide patients a travel allowance for this appointment. For P&O services, the hospital technician and/or other staff will be invited to join the case manager to visit the patient in the home; a travel allowance will be paid to the technician for this purpose. During the follow up visits, the monitoring team (technical staff, CM, and DSP staff) will make direct clinical observations of the patient's condition and assess his/her satisfaction and complaints. A written report will become part of the patient's record and also be summarized in a quality assurance report included in DSP's quarterly monitoring and evaluation report. The DSP technical team will also work with the hospitals, helping them to develop needed follow up protocols for each specific type of procedure.

The following example illustrates how our quality assurance approach would apply to our proposed agreement with the Danang Orthopedic and Rehabilitation Hospital for P&O services.

The Hospital will be required to provide follow-up consultations and adjustments that may be needed at least twice following the delivery of the device, free of charge. The first visit will be within one month of delivery of a device. The patient will be visited at home by the P&O technician from the Hospital and the Health Case Manager from the patient's community. The Hospital will develop a checklist to use during the visit to assess the performance of the device and the patient's adjustment to and satisfaction with it. Results of the assessment will be kept in the patient's record with a copy provided to DSP. The assessment team may also use DSP's client satisfaction score card to monitor the patient's satisfaction with the service received.

Twice a year, DSP's M&E and technical staff will make a random selection of 10% of beneficiaries to be visited to evaluate the devices' use and quality. Different staff from the Hospital (doctor, PT, P&O technician) will be invited to participate in the assessment, depending on the type and complexity of the devices received. For this assessment, the teams will conduct observations of the patient and the condition of the device, and interview the patient and his family, using DSP quality monitoring forms and taking note of customer satisfaction and complaints. DSP will make a written report of the assessment including recommendations for quality improvements to the Hospital. A national-level expert or experts will be invited to participate in the twice-yearly quality assurance visits and to work with the Hospital on updating follow-up protocols that may be needed.

MONITORING DSP FINANCIAL EXPENDITURES AND REPORTING

DSP will also prepare and monitor monthly financial reports, including monthly accrued expenditures in its quarterly reports to USAID. The DSP Financial and Administration Director will graphically track monthly expenditures against the annual budget each year, to determine, on monthly basis, whether there is any lag between actual and expected expenditures according to the workplan, and to bring any lags to the attention of the COP or technical area leads for possible corrective actions.

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
Objective: Needs of PWDS met through comprehensive, integrated systems						
Impact Indicators:						
1. Number of PWDs receiving comprehensive disability support services through ISP/CM referral system (annually)	Measures the extent to which PWDs are being reached and provided with comprehensive disability support services through the ISP/CM and referral system. PWDs visited by the joint team and received at least two services per year	Number Disaggregated by commune, district, gender of CWD/PWD, and type of disability, and type of services received (general categories)	Assesses the effectiveness of the ISP/CM and referral system in reaching CWDs/PWDs and successfully linking them to appropriate support services	ISP/CM records; DIS data; and CWD/PWD service support records of different departments (DOH, DOLISA, DOET)		Year 1: TBD Year 2: TBD Year3: TBD
2. Number of additional CWDs (ages 5-17) that are currently enrolled in school with DSP support (annually)	Measures the participation of CWDs in the educational system through IE, SE, or normal classroom instruction programs	Number and percent Disaggregated by commune, district, gender of CWD in and out of school, age group (5-9, 10-17), type of disability, and type of education program	Demonstrates the extent to which DSP support for IE/SE programs and the ISP/CM referral system is effectively linking CWDs to educational programs	Baseline 2011 Danang Disability Survey; annual ISP/CM records, DIS; and DOET baseline data	1,351	Increase the number of CWDs in school in Danang by 10 percent at end of year 2 and by 10 more percent by the end of Year 3 Year 1: 0 Year 2: 135 Year 3: 150
3. Number of additional PWDs currently employed (including self-employed) with DSP support (annually)	Measures the extent to which DSP support for VT and employment service programs for PWDs is improving the labor force participation of PWDs	Number and percent Disaggregated by commune, district, gender of PWD, age group of PWD (18-30, 31—60), type of disability and work sector)	Demonstrates improvement in economic opportunities and economic status of PWDs	Baseline 2011 Danang Disability Survey; DOLISA baseline data; DSP project records on VT and employment placements of PWDs, DIS; Follow-up survey of PWD employment status in Danang City during Year 3.	3,190	Increase the number of PWDs gainfully employed by 10 percent at end of year 2 and by 10 more percent by the end of Year 3 Year 1: 100 Year 2: 329 Year 3: 352 Life of project total 781
4. Number of PWDs who receive any type of direct assistance for disability services by DSP supports (annually)	Basic measurement of availability and use of disability support services in Danang by DSP intervention	Number and Percent (Disaggregated by commune, district, gender, age groups (0-17, 18+), type of disability, and type of support received)	Measures the extent to which disability support services are reaching PWDs and caregivers across geographic and demographic groups in Danang City by DSP intervention	2011 Danang Disability Survey		Year 1: 1,275 (DN: 855, BD:200, BH:220) Year 2: 4,139 (DN: 1,989, BD: 600, BH:1,150, others: 400) Year 3: 2,586 (DN: 1,156, BD: 400, BH: 630, others: 400) Total project life: 8,000
5. Number of DPOs and	Capacity strengthening	Number	Capacity building of	DSP project M&E	2	End Year 1: 2 DPOS in

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
parents association whose capacity has been strengthened with DSP support (annually)	to be measured by groups participation in training in financial and organizational management, advocacy, PWDs rights; vocational training provision, referral-making, etc. and participation in Danang disability planning and implementation activities with other stakeholders	(Disaggregated by district, type of group strengthened (i.e., DPO and parent/caregiver groups) and type of capacity building received)	local organizations helps ensure the effectiveness, quality and long-term sustainability of disability support programs	reports, DSP training records		Danang End Year 2: 1 Parent Association and 3 DPOs in Danang. 1 DPO in Dong Nai End Year 3: 2 DPOs in Danang, 1 DPO in Binh Dinh and 1 Parent Association in Dong Nai
6. Number of new GVN policies/plans developed to support disability programs. (annually)	A measure of the extent to which the government is taking concrete action to support disability programs and PWDs rights, through support by the USAID-funded DSP	Number (Disaggregated by general categories (policy/plan/ budget)	Capacity-building resulting in around policies, planning, and program budgeting help ensure the equity, effectiveness, quality and long-term sustainability of disability support programs	DSP project M&E reports; reviews of government policies, documents, and planning meetings for disability support program; records of DSP technical support to GVN departments (DOLISA, DOH, DOET)	1	End Year 1: 2 End Year 2: TBD End Year 3: TBD
7. Percent of PWDs reporting satisfaction with the quality of disability they receive services (with focus on corrective surgery, prosthetics, and wheelchairs) (annually)	An effort to get a client/beneficiary scorecard on perceived quality and improvements in disability support services over the course of the DSP project.	Percent (Disaggregated by district, gender of PWD; and type of disability)	Beneficiary/client satisfaction is a good measure of the quality and competency of the disability support services being provided	Baseline (Year 1) and Follow-up (Year 2 and Year 3) stratified surveys (minimal sample size)	Baseline % 2013 Baseline Survey (Gender equality and GBV Survey) sample of 200 PWDs, 80 service providers (stratified by male and female and by rural and urban district)	Year 2: 10 percent increase (if baseline is less than 65%) Year 3: 20 percentage point increase from baseline (if baseline is less than 65%)
Additional core (mandatory) indicators)						
8. Number of service providers of all types who have received training from DSP (with DSP support) (quarterly)	A measure of the aggregate reach of DSP supported training and capacity building activities for disability support service providers	Number (Disaggregated by gender, district, and type of training received)	This is a core (mandatory) reporting requirement for relevant USAID-funded projects.	DSP project training records for all groups receiving DSP-supported training : DOLISA, DOH and DOET, NGOs, DPOs,, VT/ Employment agencies	0	End Year 1: 518 End Year 2: 1,500 End Year 3: 700

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
9. Number of PWDs who receive any type of disability service by DSP support (quarterly)	Basic measurement of availability and use of disability support services in Danang by DSP intervention	Number (Disaggregated by commune, district, gender, age groups (0-17, 18+), type of disability, and type of support received)	This is a core (mandatory) reporting requirement for relevant USAID-funded projects	DSP M&E report; monthly ISP/CM report,	0	Year 1: 1,747 (DN: 1,327, BD: 200, BH: 220) Year 2: 5,317 (DN:2,367, BD:800, BH:1,650, others: 500) Year 3: 2,936 (DN:1,306, BD: 500, BH: 630, others: 500) Total project life: 10,000 individuals
10. Number of target population receiving USG-funded Gender-Based Violence awareness training (annually)	An indicator of the impact of gender-based violence awareness issues included in DSP-supported disability trainings.	Number (Disaggregated by gender, district, target group (i.e., PWDs, service providers, and/or government disability program managers)	This is a core (mandatory) reporting requirement for relevant USAID-funded projects	DSP M&E report, DSP project training records for all groups receiving GBV training	0	End Year 1: 0 End Year 2: 289 End Year 3: TBD
11. Percent improvement in knowledge of key concepts and topics of training on social work/case management for case managers, inclusive education for teachers, rehabilitation medicine for doctors and PTs, and PWD daily care for care givers (Annually)	Basic measurement of knowledge improvement of participants after training	Percent (Disaggregated by district, gender; and type of service providers)	Demonstrate knowledge improvement of service providers including case managers, inclusive teachers, doctors, PTs, and care givers who receive DSP training	Data Source: Pre-training/Post-training test of knowledge of key concepts and topics of training.	0	TBD
12. Percent of follow-up sample of trainees on case management/social work, inclusive education and medical rehabilitation who retain knowledge of key	Measurement of DSP trainees' knowledge retained six months after DSP training	Percent (Disaggregated by district, gender; and type of service providers)	Demonstrate knowledge retention of service providers including case managers, inclusive teachers and doctors and PTs who receive DSP	Follow-up survey for a random sub-sample of trainees, using same questionnaire as in the pre-training post training test, with additional	0	TBD

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
concepts and topics of training after six months following the training (Annually)			training	follow-up questions		
13. Percent of DSP trainees on case management/social work, inclusive education and medical rehabilitation currently using the information and/or skills learned in the training in their current job (six months after the training was completed) (Annually)	Measurement of DSP trainees' use of knowledge & skills that they learned from DSP in their current job.	Percent (Disaggregated by district, gender; and type of service providers)	Demonstrate the use in their current job of knowledge & skills DSP trainees learned at DSP training	Follow-up survey for a random sub-sample of trainees, using same questionnaire as in the pre-training post training test, with additional follow-up questions and observe their skills/actual performance.	0	TBD
14. Number of disability services for PWDs as a result of case management and referral system (Annually)	Measures the numbers of services PWDs receive through the case management and referral mechanism.	Number	Demonstrates the functionality of the case management system and disability support referral system at different levels	DSP M&E report; monthly ISP/CM report,	0	End Year 2: 300 End Year 3: 2,000

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
IR 1: Effective disability case management/social work and a comprehensive referral system implemented in Danang using an approach that is sustainable and replicable to other hot spots.						
Sub IR 1.1 A force of professional social workers and case managers developed						
1.1.1 Number of communal workers and district supervisors who successfully complete disability social work training and refresher training supported by DSP <i>Annually</i>	Communal CMs and district, city CM supervisors are social workers, health workers and school teachers are an important segment of the disability support workforce. Supporting the development of DOLISA social workers and the social work capacity skills in DOH and DOET inclusive education and special education staff and teachers contributes to the development of a comprehensive integrated support and referral system for PWDs and their families and caregivers.	Number <i>Disaggregated by city/province, district, commune, gender of trainee; and department/organizational affiliation of Trainee (e.g., DOLISA, DOH, DOET, NGO)</i>	Highlights improvements in local and district social work capacity to support PWDs and their families/caregivers, and identifies geographic and organizational coverage and any gaps that may exist in the disability social work training.	Project training reports	0	Yr 1: 189 (Danang) Yr 2: 100 (Bien Hoa) Yr 3: 50 (Phu Cat) Life of Project Total: 339
1.1.2 Number of trainers certified as Master trainers on SW and CM with PWDs through TOT, who are SW lecturers and SW professionals at local institutions <i>Annually</i>	Training of trainers on social work, case management with disability and referral system	Number count <i>Disaggregated by city/province, gender of trainee; and University /organizational affiliation of Trainee</i>	Highlights number of additional leaders in social work, case management are in project sites	Project training reports, reports from DOLISA, ULSA, NUSSA	0	Yr 1: 15 Yr 2: 15 Yr 3: 0 Life of Project Total: 15

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
1.1.3 Number of communes having communal workers trained in SW and CM in field of disability, and CBR skills. <i>Annually</i>	Measures the geographic coverage of CM work capacity for disability support services	Number count <i>Disaggregated by city/province</i>	Indicates viable disability support and referral service providers exist locally and across districts to provide support to PWDs and their families and caregivers.	Project training reports and DOLISA District Social Work Service Center data	0	Yr 1: 56 (Danang) Yr 2: 56 (Danang) + 10 (Bien Hoa) + 9 (Phu Cat) Yr 3: TBD Life of Project Target: TBD
1.1.4 Local capacity for training commune and district disability SWs/CMs established at a local certificate-granting institution that is supported by local government	Measures the institutionalization of comprehensive disability support program	Number count <i>Disaggregated by city/province</i>	Demonstrates the results and evidence of DSP efforts to help build and institutionalize a comprehensive multi-sectoral CM disability support system in Danang and other project sites.	Documentation of official certificate-granting program in SW/CM training established at local university	0	Life of project Target: 1
Sub IR 1.2 A multidisciplinary referral system developed and functioning						
1.2.1 Number of Districts with teams of trained CM supervisors for a multidisciplinary disability referral system <i>Annually</i>	Measures the geographic coverage of CM supervisors capacity for disability support services across districts and demonstrates interaction with the city- level Social Work Service Center and service providers.	Number <i>Disaggregated by district, commune, type of referral, gender of referred client</i>	Each district has CM supervisors who master and operationalize procedures, methods, materials and resources to provide disability support services from community to higher levels	Project training reports and DOLISA District Social Work Service Center data	0	Yr 1: 7 (Danang), 1 (Phu Cat), 1 (Bien Hoa) Yr 2: 9 Yr 3: 9 Life of Project Target: 9
1.2.2 Number of Referrals Made; Number of PWDs referred acting on the referral and receiving services; <i>Quarterly</i>	Measures the numbers of referrals that are made for any type of disability support services, and the number of clients who act on the referrals and then receive the referred services	Number <i>Disaggregated by district, commune, type of referral, gender of referred client</i>	Demonstrates the functionality of the disability support referral system at different levels	Project training reports, DOLISA District Social Work Service Center data, service delivery site data	0	Y1: 0 Y2: 228 (Danang) Y3: 100 (Danang)
Sub IR 1.3. Supporting policies for case management and referral developed and promoted						
IR 2: Improved quality and access of specialized services for PWD						

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
Sub IR 2.1 Specialized quality medical rehabilitation services are available and accessible to PWD						
2.1.1 Number of medical doctors receiving advanced training at district and city levels (and refresher training) <i>Annually</i>	Measures number of doctors with improved skills in providing services to PWD.	Number <i>Disaggregated by district, gender of doctor</i>	Highlights potential improvements in service delivery across geography.	Project training reports, DOH data	0	Yr 1: 24 Yr 2: 24 Yr 3: 0 Life of Project Target: 24 total doctors
2.1.2 Number of physical therapists (PTs) at district and city levels receiving advanced training and refresher training. <i>Annually</i>	Measures number of PTs with improved skill sets to conduct therapy to PWD.	Number <i>Disaggregated by district, gender of PT</i>	Highlights potential improvements in service delivery of PT, based on international best practices.	Project training reports	0	Yr 1: 40 Yr 2: 40 Yr 3: 40 Life of Project Target: 40 PTs
2.1.3 Number of CM/SW receiving basic CBR training (and refresher training) <i>Annually</i>	Measures number of CM/SW with improved skill sets to conduct basic rehab services.	Number <i>Disaggregated by district, commune, gender of worker, type of worker</i>	Highlights improvements in professional skills of CBR/social workers	Project training reports		See IR.1
2.1.4 Number of medical rehabilitation doctors and senior PTs receiving TOT training <i>Annually</i>	Measures number of doctors and senior PTs certified as Master Trainers.	Number <i>Disaggregated by district, gender of doctor or senior PT</i>	Highlights number of additional leaders in PT in each district	Project training reports	0	Yr 1: 0 Yr 2: 10 (Danang) + 5 (Bien Hoa and Phu Cat) Yr 3: 15 Life of Project Total: 15
2.1.5 Number of selective caregivers/parents provided training in basic therapy <i>Annually</i>	Measures number of caregivers or parents able to provide basic PT to PWD in household.	Number <i>Disaggregated by caregiver gender, type of training, district, commune</i>	Highlights skills transfer to household level.	Project training reports, data from computerized disability information system (DIS)	0	Yr 1: 70 Yr 2: 750 Yr 3: 0 Life of Project Total: 820 caregivers

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
2.1.6 Number of doctors, PTs and nurses trained at commune/ward health clinics in early detection and intervention Annually	Measures number of health professionals trained at 56 commune/ward health clinics in newborn screening	Number <i>Disaggregated by gender, commune, ward, professional position</i>	Highlights the integration of effective newborn screening at local level health system. Important information for ISP and referrals	DSP project, DOH records	0	Y1: NA Y2: 150 Y3: 150 Life of Project Target: 300 doctors, PTs, and nurses
2.1.7 Number of clinical examination provided for diagnosis confirmation with DSP support Annually	Measures the number of PWDs identified in the 2010/2011 Danang Disability Survey receiving confirmation of diagnosis. Survey identified 5,530 needing confirmation.	Number <i>Disaggregated by type of disability, gender of PWD, and age category (adult PWD or CWD <18)</i>	Fundamental to ensuring PWD receive appropriate services, referrals and ISP.	DOH clinical reports, data computerized disability information system (DIS)	0	Yr1:300 Yr2: 300 Yr 3: 50 Life of Project Target: 650 PWD
2.1.8 Number of PWDs receiving DSP support for physical therapy Annually	Number of PWDs receiving PT with project support. 3,897 PWDs identified in the 2010/2011 Danang Disability Survey as needing PT.	Number <i>Disaggregated by type of disability, gender of PWD, and age category (adult PWD or CWD <18), district, commune</i>	Highlights effectiveness of ISP	Data from computerized disability information system (DIS), case manager files, DSP project data	0	Yr 1: 0 Yr 2: 300 Yr 3: 150 Life of Project Target: 450 PWD
2.1.9 Number of PWDs with speech disability receiving speech therapy Annually	Number of PWDs receiving speech therapy with project support. 3,029 PWDs identified in the 2010/2011 Danang Disability Survey as needing speech therapy	Number <i>Disaggregated by gender of PWD, and age category (adult PWD or CWD <18), district, commune</i>	Highlights effectiveness of ISP	Data from computerized disability information system (DIS), case manager files, DSP project data	0	Yr 1: 0 Yr 2: 100 Yr 3: 75 Life of Project Target:175 PWDs

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
2.1.10 Number of PWDs with hearing disabilities and in need of hearing aids who receive them with DSP project support <i>Quarterly</i>	Number of PWDs receiving hearing aids with project support. 2,772 PWDs identified in the 2010/2011 Danang Disability Survey as hearing aids.	Number <i>Disaggregated by gender of PWD, and age category (adult PWD or CWD <18), district, commune</i>	Highlights effectiveness of ISP	Data from computerized disability information system (DIS), case manager files, DSP project data	0	Yr 1: 50 Yr 2: 75 Yr 3: 0 Life of Project Target: 125 PWDs
2.1.11 Number of PWDs in need of corrective surgery (e.g., mobility & cleft lip palate) who receive surgeries with DSP project support <i>Annually</i>	Number of PWDs receiving corrective surgery with project support. 404 PWDs identified in the 2010/2011 Danang Disability Survey as requiring some sort of corrective surgery	Number <i>Disaggregated by gender of PWD, and age category (adult PWD or CWD <18), district, commune, type of surgery</i>	Highlights effectiveness of ISP	Data from computerized disability information system (DIS), case manager files, DSP project data, DOH clinic records	0	Yr 1: 0 Yr 2: 50 Yr 3: 0 Life of Project Target: 50 PWDs
2.1.12 Number of assistive devices provided to PWDs in need of such devices (might exclude eyewear) with DSP project support <i>Quarterly</i>	Number of PWDs receiving assistive devices with project support. 5,000 PWDs identified in the 2010/2011 Danang Disability Survey as requiring some sort of assistive device (might exclude eyewear).	Number <i>Disaggregated by gender of PWD, and age category (adult PWD or CWD <18), district, commune, type of device</i>	Highlights effectiveness of ISP	Data from computerized disability information system (DIS), case manager files, DSP project data, DOH clinic records	0	Yr 1: 120 Yr 2: 150 Yr 3: 0 Life of Project Target: 270 PWDs

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
Sub IR 2.2 Increased school enrollment of children with disabilities in Danang by 20 percent						
2.2.1 Number of children with disabilities enrolled in school (See indicator 2 in the objective/impact indicator) Annually	Measures the number increase from baseline of CWD school enrollment and impact of DSP Project on lives of PWD.	Number and Percent; Percentage points increase <i>Disaggregated by commune, district, gender, , age group (5-9; 10-17), type of disability</i>	Indicates improvements that are achieved in the lives of CWDs over the life of the DSP project. Helps identify PWD groups, and specific areas where improvements are lagging, indicating a need for more attention by project managers and implementers.	Various sources including annual analysis of data from computerized disability information system (DIS); USAID-funded Danang 2011 Baseline Survey; DOLISA UNICEF 2011 Disability Survey in Bien Hoa; and DSP 2013 Baseline Disability Survey in Phu Cat; , and DOET reports	1,351	(See indicator 2 in the objective/impact indicator)
2.2.2 Number of additional resource rooms set up for inclusive education at selective schools in 7 districts of Danang city with DSP support Annually	Targets based on setting up 2 IE rooms for each of the six urban districts, and 3 IE resource rooms in selected schools with DSP project support)	Number <i>Disaggregated by commune and district</i>	Improves access to information across geographic area.	DSP project data and grantee reports	0	Yr 1: 5 Yr 2: 10 Yr 3: 0 Life of Project Target: 15 resource rooms
2.2.3 Number of teachers trained and receiving refresher training in inclusive education with DSP support. Annually	Measures training received by teachers in inclusive education and special education Priority given to the 101 elementary schools.	Number <i>Disaggregated by teacher gender, commune, district</i>	Increases skills of service providers and capacity to accept referrals	DSP project data, program data from UNICEF and FIDA	0	Yr 1: 100 Yr 2: 80 Yr 3: 80 Life of Project Target: 260 teachers
2.2.4 Number of school teachers trained in early detection and intervention with DSP support Annually	Measures number of teachers trained in early detection and intervention (and receive refresher training)	Number <i>Disaggregated by gender, commune, district</i>	Highlights the integration of effective early detection practices at local level health and education system. Important information for ISP and referrals.	DSP project and grantee reports, DOH/ DOET records, data from computerized disability information system (DIS)	0	Y1: 35 Y2: 210 Y3: 0 Life of Project Target: 245 teachers

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
2.2.5 Number of CWD who receive early intervention with project support Annually	Number of children receiving early intervention based on 2% estimate of children from VNAH's experience from Cam Le District 2011 pilot study	Number <i>Disaggregated by gender, commune, district, type of disability</i>	Highlights the integration of effective early detection practices at local level health system. Important information for ISP and referrals.	DSP project and grantee reports, DOH/ DOET records, CDC team reports; data from computerized disability information system (DIS)	0	Y1: 0 Y2: 100 Y3: 75 Life of Project Target: 175 CWDs
2.2.6 Number of CWD who receive educational support by DSP Annually	Measures number of CWD benefiting from educational support by the project intervention..	Number Disaggregated by gender, commune, district, type of disability	Highlights strength of DSP intervention on educational aspect for CWD and highlights effectiveness of ISP	DSP project data, Data from computerized disability information system (DIS), and DOET baseline data,	0	Y1: 300 Y2: 150 Y3: 75 Life of Project Target: 525 CWDs
Sub IR 2.3 Employment rate among PWD increased by 20 percent from baseline						
2.3.1 Number of additional adult PWDs receiving employment, including self-employment, with project support (See the objective indicator number 3) (annually)	Measures the number of PWD in need of employment support as obtaining some employment. Number of PWDs in need identified by Danang Disability Survey as needing support: 1,304	Number and Percent <i>Disaggregated by gender of PWD, type of employment, commune, district</i>	Highlights strength of livelihoods interventions of DSP and highlights effectiveness of ISP	DSP project data, Data from computerized disability information system (DIS), and DOLISA baseline data,	3,190	Yr 1: 50 Yr 2: 379 Yr 3: 352 Life of Project Total: 781 PWDs in need of work are employed with DSP support
2.3.2 Number of PWDs receiving Vocational training (annually)	Measures number of PWD benefiting from vocational training. Disability Survey indicated that 572 PWD in need of this type of training.	Number <i>Disaggregated by gender of PWD, district, commune</i>	Highlights strengths of livelihoods interventions of DSP and highlights effectiveness of ISP	DSP project data Data from computerized disability information system (DIS)	0	Yr 1: 25 Yr 2: 100 Yr 3: 70 Life of Project Total: 195 PWD
2.3.3 Number of eligible PWDs receiving Preferential Loan with DSP support (annually)	Measures number of PWD receiving loans. Disability Survey indicated that 1,600 PWD in need of this type of training.	Number <i>Disaggregated by gender of PWD, district, commune</i>	Highlights strengths of livelihoods interventions of DSP and highlights effectiveness of ISP	DSP project data, Data from computerized disability information system (DIS)	0	Yr 1: 10 Yr 2: 50 Yr 3: 50 Life of Project Target: 110
Sub IR 2.4 Improved housing						

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
2.4.1 Number of PWD households receiving home improvement, accessibility, WC facilities and water supply and sanitation with DSP project support.	Measures number of PWD households needing home improvement receiving improvements with project support. 963 households identified in Disability Survey	Number <i>Disaggregated by gender of PWD, district, commune</i>	Highlights improvements in accessibility for PWD and highlights effectiveness of ISP	DSP project and grantee reports	0	Yr 1: 0 Yr 2: 100 Yr 3: 109 Life of Project Target: 209 households in Danang
Sub IR 2.5 Supportive policies in place and promoted						
2.5.1 Number of PWDs directly benefiting from DSP support of DPOs/public events Annually	Through DSP subgrants to provincial and district DPO organizations Da Nang, DPOs will be able to provide support services directly to PWDs, e.g., revolving fund micro-loans, VT classes, referrals for health, education and employments services, information about the national disability law, rights of PWDs, and participation in DPO activities as members	Number <i>Disaggregated by gender, DPO name, type of support received through the DSP supported DPO</i>	Highlights ways that DPOs are providing opportunities to PWDs and empowering PWDs to more fully participate in health, social and economics services and opportunities	DSP monitoring data; DPO reports	0	Yr 1: 472 Yr 2: 150 Yr 3: 50 Total: 672
2.5.2 Number of government sponsored disability program meetings at the City-wide and district-level that formally include DPO and/or PWD self-help groups Annually	Measures willingness of City and district officials to include participation of DPOs and self-help groups as full members of committees or working groups	Number <i>Disaggregated by district, city, type of activity</i>	Demonstrates inclusion of DPOs and self-help groups and their advocacy capacity	Project data and grantee reports (DPOs), Social Work Service Center data	4	Y1: 2+ Y2: 6+ Y3: 12+ Life of Project Target: 100% inclusion in semi-annual, quarterly, monthly DSC Committees, Working Groups meetings

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
2.5.3 Number of directives, disability action plans, decisions or policy guidelines developed by People's Committee of Danang that involves DPOs/PWDs in design, planning. Annually	Measures willingness of City and district officials to include participation of DPOs and self-help groups as full members of committees or working groups	Number	Demonstrates inclusion of DPOs and self-help groups and their advocacy capacity	Official government records of disability meetings and directives, policies, action plans made. DSP project records	2	Y1: 3 Y2: 3 Y3: 3 Life of Project Target: 9 action plans, directives
IR 3: Improved relevant public health services (population-based birth defects surveillance, post-natal newborn screening, pre-pregnancy services and cancer surveillance.						
Sub IR 3.1 Birth defects surveillance 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						
Sub IR 3.2 Newborn screening						
3.2.1 Number of doctors and nurses trained at commune/ward health clinics in /district/city health clinics in newborn screening with DSP support Annually	Measures number of health professionals trained in newborn screening at 56 commune/ward, health clinics and at 7 district health centers, and at 4 city hospitals. Note: Four Danang City Hospitals are: OB/GYN-Pediatric; Hoan My; Binh Dan; and Phu Nu Hospitals.	Number <i>Disaggregated by gender, commune, ward, district, city professional position</i>	Highlights the integration of effective newborn screening at local level health system. Important information for ISP and referrals	DSP project, DOH records		Y1: NA Y2: 75 Y3: 75 Life of Project Target: 150 doctors, and nurses
3.2.2 Completeness of Newborn Screening coverage Annually	Measures the total coverage of births screened among all births occurring in Danang City	Number and Percent of all births screened in Danang City Disaggregated by commune, district, and birth/newborn facility	Assesses improvements in newborn screening system	DOH birth screening records; DSP Project site records	7,5 %	Yr 1: NA Yr 2: TBD Yr 3: TBD

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
Sub IR 3.3 Pre-pregnancy (preconception) services						
3.3.1 Number of nurse/doctor at commune or ward/district/city health clinics trained (and receive refresher trainings) in pre-pregnancy health counseling for women supported by DSP Annually	Measures number of health workers trained in pre-pregnancy counseling for adolescents and women in prevention of birth defects, and importance of good nutrition, early screening for pregnancy risks and NBS, and avoiding exposure to environmental contaminants (56 nurses/midwife trained – 1 per commune/ ward clinics; plus number of nurse/midwives and doctors at ditrict and city level	Number <i>Disaggregated by commune or ward, gender of nurse or health worker</i>	Highlights strength of DSP public health activities and integration within health system	DSP project and grantee reports, DOH records	0	Y1: NA Y2: 75 Y3: 75 Life of Project Target: 150 nurses/health workers
3.3.2 Number of women (including adolescent females) who receive pre-pregnancy counseling. Quarterly	Assumes strategy and action plan for providing pre-pregnancy counseling services for prevention of birth defects and other disabilities in Danang is developed by key stakeholders, following international best practices and including provisions high quality training in counseling and key messages	Number <i>Disaggregated by commune or ward, district, age group of women getting counseling (Under age 20, ages 20 and over)</i>	Highlights the reach and effectiveness of DSP public health activities supporting the Danang health system in providing pre-pregnancy counseling to women including adolescent females	DSP project records and grantee reports, DOH records on women and adolescent females coming to Danang City RH Care Centers, 7 District health Centers, the Government OB/GYN Hospital and 3 private OB/GYN hospitals in Danangt City.	0	Y1: NA Y2: TBD Y3: TBD

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
Sub IR 3.4 Cancer surveillance and prevention						
3.4.1 Number of cancer surveillance staff at relevant health facilities trained on population cancer registration system and receiving refresher trainings with DSP support Annually	Training includes data collection, classification, analysis and reporting following international best practices and procedures and according to IARC certification standards. Trainees will include health workers at commune level and doctors at district and city levels across hospitals.	Number <i>Disaggregated by type of professional, commune, district, City, gender of health professional</i>	Demonstrates integration of cancer surveillance system into existing public health system	Project training reports, DOH data	0	Yr 1: NA Yr 2: 75 Yr 3: 75 Life of Project Target : 75
IR 4: Expand implementation of the Program of Comprehensive and Integrated Support to People with Disabilities to selected areas.						
Sub IR 4.1 Assessments in Bien Hoa and Phu Cat for Expanded PWD Services						
4.1.1 Disability assessment tool, and assessment training and implementation plan finalized Annually	Measures assessment completion assessment and of implementation plan	Number <i>Disaggregated by geography</i>	Determines offering of expanded service in other areas matches need of PWD	DSP project reports	0	Y1: 2 Y2: 2 Y3: 0 Life of Project Total: 2 assessments and 2 DSP Action Plans
4.1.2 Baseline PWD assessments conducted in hot spots, resulting in comparable baseline indicators on disability prevalence, services, needs, and institutional and CBR support capacity in hot spots Annually	Measures assessment completion assessment and of implementation plan	Number <i>Disaggregated by geography</i>	Determines offering of expanded service in other areas matches need of PWD	DSP project reports	0	Y1: 2 Y2: 2 Y3: 0 Life of Project Total: 2 assessments and 2 DSP Action Plans
Sub IR 4.2 Direct Assistance Provided to PWDs in Dong Nai/Bien Hoa and Binh Dinh/Phu Cat						
Dong Nai/Bien Hoa						

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
4.2.1 Number of PWDs benefiting from establishment of Dong Nai Provincial DPO/public events Annually	Measures number of PWD members of DPO supported by DSP	Number	Determines number of PWDs formally involved in organized PWD-run program to improve status of PWDs		0	Y 1: 0 Y 2: 500 Y3: TBD
4.2.2 Number of PWDs benefitting from DSP small grants to Doan Ket SHG and Xuan Loc DPO for livelihood developments Annually		Number			0	Y1: 0 Y2: 150 Y3: TBD
4.2.3 Number of PWDs provided direct assistance support by DSP in Bien Hoa Annually	PWD identified in need of direct assistance by DOLISA/UNICEF 2011 survey	Number Disaggregated by gender, age group, type of disability and type of assistance needed and provided with DSP support	Fulfills unmet need for direct assistance identified in DOLISA/UNICEF survey (???)	DSP monthly reports on direct assistance provided by DSP F&A Officer	0	Y 1: 200 Y2: 1000 Y3: 630
4.2.4 Number of school staff and CWD supported for CWD transition service at Dong Nai School for CWD Annually		Number of School Staff trained; Number of PWD supported		DCOP	0	15 SP, 20 PWD Y2 and 3: TBD (cost share)
4.2.5 Number of communes/wards with PWD social work, case management, and CBR activities supported by DSP Annually		Number		DCOP and Obj 1 team leader	0	See Indicator 1.1.3
4.2.6 Number of SWs, case managers, CBR workers trained in Bien Hoa Annually		Number	Improve CBR and PWD case management capacity in Dong Nai province	DSP monthly program reports on DSP sponsored trainings	0	See indicator 1.1.1

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
4.2.7 Number of rehab workers/PT and caregivers at rehab centers and support centers trained in Dong Nai Annually		Number	Improve medical rehabilitation capacity in Dong Nai Province	DSP monthly program reports on DSP sponsored trainings	0	Y 1: 30 Service providers Y 2 and 3: TBD
4.2.8 Number of rehabilitation units at commune health clinic in Bien Hoa City and Vinh Cuu District provided equipment support by DSP Annually		Number Disaggregated by type of support provided for each clinic			0	Y 1: 2 rehabilitation clinics Y 2 and 3: TBD
Phu Cat						
4.2.9 Number of social workers, case managers and CBR workers trained with DSP support (Phu Cat) Annually		Number Disaggregated by type of provider trained	Improve CBR worker and PWD case manager capacity in Phu Cat	DSP monthly program reports on DSP sponsored trainings	0	See indicator 1.1.1
4.2.10 Number of PWDs in Phu Cat participating in the public events with DSP support		Number	Determines number of PWDs formally involved in organized PWD-run program to improve status of PWDs	DSP monthly program reports on DSP sponsored trainings	0	Y1: 0 Y2: 200 Y3: 100
4.2.11 Number of PWDs in Phu Cat receiving direct assistance from DSP Annually		Number Disaggregated by gender, age group, type of disability and type of direct assistance received by PWDs with DSP support	Meet PWDs current unmet needs for direct assistance in Ph Cat	DCOP & DSP F&A officer	0	Y 1: 200 Y 2: 600 Y3: 400
Other provinces						

Indicator/ Frequency of Reporting	Description	Unit of Measure/ Disaggregation	Justification and Management Utility	Data Source/ Collection Method	Baseline	Targets
4.2.12 Number of PWDs in other provinces receiving direct assistance from DSP Annually		Number Disaggregated by gender, age group, type of disability and type of direct assistance received by PWDs with DSP support	Meet PWDs current unmet needs for direct assistance in other provinces	DCOP & DSP F&A officer	0	Y1: 0 Y2: 400 Y3: 400
4.2.13 Number of PWDs in other provinces participating in the public events with DSP support		Number	Determines number of PWDs formally involved in organized PWD-run program to improve status of PWDs	DSP monthly program reports on DSP sponsored trainings	0	Y1: 0 Y2: 100 Y3: 100
<i>Depending on which activities are rolled out, based on needs of Bien Hoa and Phu Cat, indicators from Objectives 1–3 will be used to measure progress</i>						