



USAID
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USAID DISABILITY SUPPORT PROGRAM

YEAR 2 WORK PLAN

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I. OVERVIEW OF YEAR 1 ACHIEVEMENTS

Year 1 was DSP's start-up year, with the first two quarters dominated by establishing the project's legal presence and forging agreement with local government partners and the second two quarters seeing a rapid ramp-up of project activity. By the end of Year 1, DSP had exceeded its targets for delivering a benefit to people with disabilities and strengthening the capacity of service providers.

Under IR1, the key achievements have been the formulation of an institutional process for the establishment of the case management system. 168 local case managers have been enrolled as case managers by their agencies DOLISA, DOH and DOET, case manager and supervisor job descriptions have been developed, and referral mechanism and case management operational guidelines have been drafted. Tools for case management have also been developed and are being finalized. In addition, DSP supported DOLISA in completing a social work training needs assessment of approximately 540 social workers in Danang, and completed two trainings for 25 master trainers from various universities and colleges across Vietnam.

Under IR2, the main accomplishments include a training need assessment among rehabilitation staff, establishment of a pediatric rehabilitation unit at the Hospital for Women and Children, and training courses conducted for 30 rehab doctors, 30 physical therapists, and 60 blind people. Direct assistance delivered included clinical assessments and plans for rehab interventions for 362 PWD in their homes and 227 assistive devices (17 hearing aids, 1 walking frame, 6 prostheses/orthoses, 133 wheelchairs, and 70 walking canes for the blind).

In addition, DSP improved the network to help out-of-school CWD identify opportunities to go to school, and enhanced the quality of inclusive education and special education (SE and IE) through training for teachers working directly with CWD. The comprehensive needs assessment done in year 1 helped DSP and DOET develop a strategy to build capacity for SE and IE in Danang. Some CWD were sent to schools immediately after DOET/DSP home visits to out-of-school children, and DOET directed schools to waive the age limit for CWD in school enrollment.

DSP and DOLISA prepared and employed tools for family assessments by DOLISA case managers. Home visits were made to about 100 families by case managers and DSP staff to assess the family situation and identify support needed. Service providers were identified for job training for PWD, both from formal and informal sectors, and a plan developed to build the capacity of these institutions and employers in vocational training and job placement for PWD.

Under IR3, DSP worked with the Department of Health and the U.S. CDC to conduct situation assessments in the areas of birth defects surveillance, newborn screening, and cancer surveillance. DSP also worked with local partners to conduct an assessment of pre-conception care in Danang.

2. YEAR 2 TECHNICAL PROGRAM

Year 2 will see the project in full implementation mode and its expansion to new provinces. DSP will continue its work in Danang and Dong Nai, initiate work in Binh Dinh now that the MOU has been signed, initiate focused programs in Quang Nam and Tay Ninh, and offer small grants to selected other provinces. The following section outlines our work in Danang.

IRI: SOCIAL WORK/CASE MANAGEMENT AND REFERRAL SYSTEM IMPLEMENTED

SUB IR 1.1: PROFESSIONAL SOCIAL WORKERS DEVELOPED

This year DSP will carry out a set of interventions in the effort to promote social work with PWD and build capability for CMs. The first intervention is to strengthen the quality of social work teachers across Vietnam by completing the training of master trainers (TOT). This activity is to provide university teachers with a basic knowledge and methods of teaching case management and social work for people with disability, based on international best practices, so that they can carry out teaching sessions for new social workers and case managers in Vietnam. The design of the TOT involves not only enhancing the knowledge of the teachers/master trainers but also having them apply use their new knowledge and skills to teach local case managers.

At the same time, DSP will work with Dong A University and the University of Labor and Social Affairs to provide training on social work for teachers in Danang who will continue to be a resource for teaching the subject in the future and enable their students to gain a certificate that will enhance their career advancement. In the fiscal year ahead, this activity will support four social work courses, including: (1) one TOT course (transitional course) to qualify teachers from other majors in Danang to move to a professional social work teaching track; (2) one course on social work at intermediate level for social workers who already have some knowledge and experience in practicing social work; (3) and two courses on social work at elementary level for social workers and staff who are working with disability but do not have sufficient knowledge of and skills on social work.

Conversion training is aimed at developing a long-term group of social work trainers in Danang. There will be lecturers from Dong A and other local training institutions, including the Vocational College and Danang University. After training, they will be able to provide social work training at all levels, but especially the Intermediate level (Trung cap). Danang DOLISA has picked Dong A as its strategic partner for upcoming training of a large number local social workers required under Program 32. So this conversion course will help put in place a sufficient number of trainers to immediately meet local needs for in-service training in SW.

Dong A has been offering a social work BA course over the past 2 years with lecturers from Hue. This activity will help Dong A lecturers to gradually take over all social work teaching, including BA courses, as conversion course graduates are allowed to train at the BA level (as confirmed by ULSA). So this activity is also a long term investment in SW training capacity in Danang, supporting sustainability. We will also include support for higher education opportunities (BA and MA) for a few selected individuals.

Building capability for case managers is the second part of this result. DSP will work with DOLISA and other agencies to provide training courses to improve the capacity of local case managers so that they are capable of counseling, supporting and referring PWD to services in order to meet the diverse needs of PWD and their families. A series of training courses regarding social work and case management will be conducted to enhance knowledge and skills of case managers. These courses include: (1) social work and practicing social work, which addresses basic social work and community-based rehabilitation for Case Managers; (2) Disability issues and how to work with disabled people, which provides training on social

work specially applied to the needs of the disabled community; and (3) case management and tools required for case management, providing a more advanced training on social work with the disabled community, including skills and tools on case management. This activity will conduct 5 sessions of each course with 40 case managers in each course, including 168 case managers at the commune level and 32 supervisors of the district and city levels from DOLISA, DOH, and DOET. Upon completion of the courses, case managers will understand disability issues and know how to carry out simple counseling, how to conduct disability assessments, and how to use forms regarding case management. These training activities were proposed in our Year 1 work plan, but because of local partner delays in selecting the case managers, they were not carried out, and they have been moved to our Year 2 plan.

We will pilot the CM system in Son Tra and Cam Le, while awaiting the finalization of CM training materials and completion of master trainer training (TOT 3). Training content has been refocused and consolidated; it is now it is more focused on training of CM and practical skills. DSP is working with VNAH (with technical assistance from a volunteer social work practicum professor, Catherine Medina) to further develop its training materials and guidance for supervisors, tested previously in Cam Le. DSP staff and Ms. Medina will conduct field meetings and hands-on training in Cam Le in December. The final training materials and guidance will be completed by February, and ready for wider training for supervisors in Danang.

By the end of Year 2, 10 key master trainers will be trained to be capable of teaching the above mentioned topics for local case managers; 25 teachers from Dong A University and other universities and colleges in Danang will be equipped with social work knowledge and skills to teach social work subjects; 40 DOLISA staff from different levels will be trained in social work at intermediate level; and 80 DOLISA staff - especially case managers - will be trained in social work at elementary level.

SUB IR 1.2: REFERRAL SYSTEM FUNCTIONING

To improve the referral services benefiting PWD, DSP will support DOLISA to coordinate services across government sectors. To do that, DSP will work closely with DOLISA and case managers to issue and use a manual on referral and reporting processes. The manual will serve as guidance for referral tasks of case managers and various government agencies working with disabled people. In addition, DOLISA case managers will conduct PWD needs assessments and develop individual support plans for all PWD and input information into the disability information system after training to make sure that information about PWD is updated and shared among involved agencies.

DOLISA will monitor the development of ISPs and referrals at the commune level to ensure that case managers are providing appropriate care to the disabled community. The first component of monitoring will be monthly meetings between the district case management supervisors and the case managers. In these meetings, progress of referring and supporting PWD at communes will be updated, problems occurring will be presented, and solutions will be suggested to ensure that the case management work is carried out properly. DOLISA will also facilitate quarterly meetings of the city and district level supervisors to re-enforce the implementation of the program. Last but not least, DOLISA will support achievement of IR 1.2 through technical supervisory trips to the community to provide direct technical support in using case management forms and monitor the work of case managers.

The most apparent outcomes associated with these activities will be a dramatic increase in the amount of communication and feedback among district level case managers, as well as improved documentation of each patient case and the referrals made. Supervision of case managers, including availability of professional support, will be improved, such that the disabled community will receive higher quality care and referrals. Evaluation workshops will provide feedback on how well the new referral system and supervisory meetings are working. The evaluation team will use the workshops to trouble shoot and encourage case managers and patients to provide input for case management system improvement. DOLISA will host 2 workshops engaging at least 120 attendees.

By the end of Year 2, the referral mechanism will be established and evaluated periodically to make sure it is serving the referral needs of the case managers. A systematic monitoring process will be carried out through different review meetings and a learning process about referrals will be accelerated by periodic evaluation workshops. All identified PWD who are qualified for the program will have their case files opened and followed up. At least 168 PWD will be successfully referred to needed services per quarter. Two workshops to evaluate the referral system will be conducted, seven annual meetings between case managers and district supervisors to review case management work at district level will be conducted, and seven supervision trips to provide hands-on assistance to the local case managers will be conducted by district supervisors. A meeting for problem solving of the city Project Coordinator Unit and the district supervisors will be organized every quarter.

SUB IR 1.3: SUPPORT POLICIES

To make information regarding PWD easy to access for involved agencies, VNAH has helped Danang to develop a disability information system which is now in the testing stage. The completed and usable version requires a number of modifications. The DIS is being upgraded to incorporate new changes that came out with Decree 28/37 (Classification and determination) and reporting requirements of local GVN partners. DOLISA, MOH and MOET have completed draft inter-agency guidelines on DIS updates and maintenance. By the end of FY14, the DIS will be the fully updated, operational, and utilized by CMs at the commune level, following the new interagency guidelines.

Under the scope of this program, the technical team from DSP together with partners' technical team will: (1) modify and maintain the domain of the system to make sure that the program works smoothly and is easy to use for case managers at commune level; and (2) Review the management mechanism, establish the usage regulations to maximize the use of the system, and ensure that the information regarding disability is updated regularly and properly. Specifically, DOLISA will hold a workshop to evaluate the current DIS system and reinforce the management mechanism, then will conduct a training on the use of DIS for CMs. In addition, DOLISA will support implementation of the system at local level by conducting technical support trips quarterly to assist CMs in using the DIS.

By the end of Year 2, the complete Disability Information System will be in place and case managers will know how to use the system for their case management work. The guidelines for DIS use will be adopted and training on DIS for 168 local case managers will be conducted. Quarterly technical support trips will be conducted by district supervisors to assist case managers in using the system.

IR 2: IMPROVE QUALITY AND ACCESS TO SPECIALIZED SERVICES

Under IR 2, we will work with a set of strategic partners and are aiming to foster improvements in the linkages and functioning of the systems as well as individual organizations. DOLISA, DOH, and DOET strategic partners for policy, management, and coordination of activities in their specific sectors. For service delivery, our key partners in the health sector are the Orthopedic/Rehabilitation Hospital (for corrective surgeries and P&O devices), the Sanatorium-Rehabilitation Hospital (for PT services including outreach), and the Women and Children's Hospital (for pediatric rehab and newborn screening). We will aim to strengthen their role in direct service delivery and also to provide technical support to lower levels (e.g. district centers) and to parents. In the education sector, our strategic partners are the City Center for Inclusive Education, selected resource centers at the district level, and selected service providers (special schools, including Thanh Tam, Tuong Lai, and Binh Minh). We have also identified a strategic partner to build long-term capacity in each sector—e.g. the Medical University for OT and ST training, Dong A University for SW training, and a university TBD for long-term training in IE and SE.

SUB IR 2.1: Improved rehab services

We believe that both short-term and longer term training strategies are needed. Short-course in-service training is needed to improve capacity of existing practitioners in order to quickly improve the quality and quantity of services for PWD. Our short-course training will give priority to hands-on practice. But we recognize the need to invest for longer-term quality improvement as well, as reflected by our proposed subgrant to the Danang University of Medical Technology and Pharmacy.

According to the recommendations of DSP's Year 1 Training Needs Assessment, we will plan and implement three training courses for medical rehabilitation doctors and physical therapists from selected hospitals from Danang, Binh Dinh and Dong Nai as well as education specialists. Areas of training will focus on identification and intervention for Autism Spectrum Disorders and speech therapy as well as occupational therapy.

The aim of our grant to the University (upgraded this year from 3-year college level to 4-year university level) is to improve the competencies of lecturers on occupational therapy and speech therapy as well as to update the training curricula and manuals on OT and ST. The university is the regional institution to train rehabilitation technicians not only for Danang but also for the other provinces of the Central region and Highlands. This will have long-term sustainable impact in the region. (For example, in the current academic year, among 91 students in the intermediate class, 30 students are from Danang (33%) and 18 from Quang Nam (19.8%) and it can be assumed that most will practice in their home town after graduation.)

Within the immediate project time frame, the return on investment in the University will include:

- An upgraded rehab curriculum with a substantial increase in training hours and practice for OT and ST (increase to 8 credits, from the current 2)
- 5 lecturers and at least 150 rehab students per academic year trained with this improved curriculum
- An Australian volunteer Occupational Therapist working with the School and hospitals, to provide hands-on training for lecturers, students, and practitioners. An expected 25 university lecturers and clinical tutors (senior PTs working in hospital rehab departments) and 35 other current practitioners will benefit from this expert.

- 4 short courses on ST conducted for current practitioners working at hospitals with 20-25 participants/course
- Free ST consultations for 250 parents and ST treatment to 60 children with speech impairments in a new speech therapy unit set up under the grant.

There will be a further immediate impact from this activity by virtue of the fact that it is a requirement that school lecturers conduct practicum training for rehab students every morning at rehab hospitals and clinics in conjunction with rehab practitioners. Thus, the new knowledge and skill they are acquiring through training at the University and interacting with the OT expert will be transferred immediately to practitioners working in the city's clinics.

In addition to the proposed advanced training for faculty in the areas of OT and ST under that subgrant, we will identify opportunities and candidates for advanced long-term training in medical rehabilitation and PT. These might include sending a Danang specialist to an intensive three-month training opportunity within Vietnam, for example, an internship in HCMC on treating autism.

Training courses will also be conducted for 750 caregivers/parents to improve their skills in caring for their children.

Our parent training approach will include:

- Ensuring rehab practitioners provide guidance/training for parents routinely during treatment sessions. We will try to make this a good, sustainable practice within our partner rehab units through regular hands-on training for current practitioners by DSP OT expert (Ann Maree) as well as regular DSP M&E visits. She and our partner practitioners themselves will also set aside time regularly for training/guiding parents.
- Training to parents/care-givers as part of home-based rehab services. Home-based service will be carried out by local PTs and doctors.
- Group training/conferencing for parents to train in basic principles and skills (such as, parents need to spend time playing with kids) and allow parents to share experience, build self-confidence, and network with each other. Training classes will be divided by types of children's disability.

We will favor small and medium group workshops of parents and children at a hospital or other appropriate setting. Trainers will conduct one-day courses aimed at providing hands-on training on one or two techniques for CWDs with the same disability such as CP, autism, deformities, etc. The CWD will attend with their parents and practice will be performed on each individual child. Simple techniques to be covered include positioning/feeding for CP; stretching for club foot; balancing for stroke, etc. The parents/caregivers may attend more than one course depending on the techniques they need.

DSP will conduct a review during the year of the impact the parent training activities are having, identify strengths and weaknesses, and recommend changes that may be needed for their effectiveness and long-term sustainability.

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 basic tools for PT/OT, ultrasound, electrotherapy, parallel bars, stretch bands, traction tables, etc. We will follow up with Hoa Vang (equipped under the earlier VNAH project) and see what further support may be needed there. We will do assessments of the

4 additional centers, but may decide to support only 1-2 centers depending on the needs and resources required. We believe it is important to support district centers, especially those in rural areas or far from downtown, in order to improve easy access to services for PWD, lower travel costs, and meet the health insurance requirements (that PWDs start at district level first). If district facilities and services are not improved, patients will continue to over-utilize central facilities.

Under IR2.1, direct assistance will include:

- Corrective surgeries. The Danang Disabilities Survey identified 404 PWD needing various types of corrective surgeries. We expect that surveys in Bien Hoa and Phu Cat will identify additional needs. Through a subgrant with DOH, several Danang hospitals will perform at least 75 corrective surgeries for persons with physical disabilities.
- Assistive devices such as wheelchairs and prosthetic and orthotic devices. Support will cover the cost of constructing the devices as well as assistance in improving the quality of these devices. At least 5,000 PWD 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.
- Other services include 75 hearing aids, speech therapy at hospitals/centers for 100 children with speaking impairment, and diagnostic visits for 2000 PWD.

In Year 2, DSP will initiate a quality assurance strategy in consultation with USAID. This has been added to the project's M&E plan. We will pilot the strategy working with the Danang Orthopedic and Rehab Hospital. As provisions for receiving a contract (BPA) from DSP, the Hospital will agree to participate in the new quality assurance process, as follows.

1. 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.
2. 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.
3. Following QA practices by ICRC and others, DSP's M&E and technical staff will make a random selection of 10% of beneficiaries twice a year 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. The 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.

In addition, as noted in our quality assurance strategy, we will engage local and national experts to consult with DSP periodically to help us and our local partners monitor the quality of different products and services being delivered under the project. For example, we will engage experts trained in wheelchair prescription, to work with us on the selection and measurement of wheelchairs for PWDs who have been recommended for them.

SUB IR 2.2: Increased school enrollment

In Year II DSP will focus further on communication activities to raise awareness and change attitudes of teachers, school leaders and community members towards CWD. DSP will also address the huge demand for school spaces for CWD through reviewing school admission policies for inclusive schools and providing support with capacity building, facilities and advocacy for special schools in increasing school spaces for CWD. The network of parents of CWD will be supported to help them organize and become one of the key stake holders in ensuring education opportunities for CWD.

Under sub IR 2.2.1 (Support for out-of-school CWD to enroll in schools), the project will improve the capacity of local schools to accept, retain, and better serve CWD, and to provide support to families sending CWD to school. We will map out all the current educational services through a small survey and after that identify schools that need help with capacity building and infrastructure/facilities to recruit more CWD. The project will also improve public awareness of SE and IE for inclusive schools, and at community level mobilize and provide needed support for parents to send children to schools.

By the end of year 2, at least 100 out-of-school CWD (50% from rural and remote districts) will gain access to education. CWD admissions to special schools will increase and be documented. School enrollment rates of CWD in grade I at special and inclusive schools will be compared with year I and previous years to see the difference and trend. A “yellow pages for education” document will be circulated to parents of CWD with information about education needs and opportunities for CWD.

Under sub IR 2.2.2 (Improve inclusive education and special education services), the project will work closely with DOET to provide training for teachers, school leaders and school health staff working directly with CWD. Teachers will be trained on specific subjects including teaching children with intellectual disabilities, autism, and vision and hearing deficits. Long term training for bachelor and diploma on special education for teachers will also be provided to meet the demand of having adequate qualified teachers for special and inclusive schools. Resource rooms will be equipped for schools with facilities to support and improve quality of inclusive and special education for CWD. To form a network of SE and IE teachers and professionals, a workshop will be conducted with stake holders in the field to facilitate the establishment of the network.

Associations of parents of CWD will also be established so that parents can help each other access services for CWD. We will plan training workshops for parents once the associations have been formed and we know the needs and availability of parents. Training may be conducted in the evening, as most parents are self-employed and have difficulty managing 2-3 days consecutively. Health staff may be invited to contribute sessions on relevant topics. We have plans for developing a manual and flyers to help parents as well. The project will also provide scholarships to CWD from poor families to help their afford school tuition and supplies and thereby reduce school dropout.

By the end of Year 2, a network of key personnel for SE and IE in Danang (50 teachers distributed in all districts) will be established and have the capacity to provide personalized education to CWD. This result will be measured through number of training courses provided to teachers, and number of training hours provided to CWD. A tool to assess CWD education results will be developed and adopted to be used officially at schools. 5 Resource Rooms to support inclusive education and education for children in difficulties will be established, with the specific number of beneficiaries documented through a resource room report submitted by schools to DOET on quarterly basis. At least two parent associations will be established to conduct advocacy activities and support one another. 200 parents will be trained with skills to help their children's performance in school. Support will be focused on CWD from poor families, and living in rural and remote districts.

Under sub IR 2.2.3 (Improve the awareness among parents), the project will work closely with DOET to conduct different activities to communicate about the right, the capacity, and the opportunities for CWD to attend schools. These communication activities will aim to raise awareness among parents to seek opportunities for CWD to attend schools and to foster a culture of inclusion and support for CWD in the school system among school teachers and leaders.

By the end of Year 2, 500 brochures about education services and support for CWD education will be delivered to parents of CWD; 1000 flyers about the right to school of CWD delivered to school teachers, leaders, parents of CWD; one TV program made to raise awareness and encourage CWD and parents; 50 banners installed at schools and along the main streets for awareness; and 7 posters distributed to seven districts about education for CWD.

Under sub IR 2.2.4 (Improve capacity of schools for early detection and interventions), the project will help school teachers to identify disabilities and determine if students require special monitoring and assistance, by providing training for teachers on early detection and interventions for learning disabilities. Within our program with DOET, early detection is for kindergarten students (3-5 years old). Kindergarten (and other primary school) teachers attend the training course on early detection and then carry out the activity within their school and neighboring schools if requested. Tools used in Cam Le district by Viethealth will be used for two districts, Thanh Khe and Lien Chieu, this year. In the long run, this should be institutionalized as part of the kindergarten's admission procedures. DSP may consider working with Viethealth to conduct another thorough community-based screening in another district of Danang.

By the end of Year 2, a tool for screening children under 6 for disability will be formalized and training for kindergarten teachers provided for using the tools to assess disability among school students. Screening reports will be made to a specialist to confirm the disability and identify further support needed.

After confirming the disability, the specialist sends the CWD's records with recommendations to the case manager. The CM then helps the family contact the services recommended. For medical rehab, this may be to the Sanatorium, the Women and Children's Hospital, or a district hospital. For education referrals, there is no professional early intervention center in Danang at the current time. Thanh Tam and Lien Chieu centers admit children at kindergarten age and provide interventions for autism, hearing and other learning difficulties. Besides sending CWD to these facilities, early intervention will be introduced to parents as one of the topics for parent training.

SUB IR 2.3: Increased employment rate

In year 2, DSP will continue focusing on increasing employment through two main channels: formal jobs with employers, including inclusive jobs, and employment through livelihood support. Under livelihood support, the focus will be on individual help to families, group businesses, and coordination with other organizations working on livelihood models. Activities to raise awareness and promote disability policies with employers will include workshops, forums, and communication activities.

Under sub IR 2.3.1 (Improve capacity of PWD, employers and employment service centers), the project will help DOLISA to conduct training for staff at employment service centers to work with employers and PWD on employment for PWD. Special and inclusive job fairs will be conducted for PWD. The project will also promote “soft skills” training and vocational training for PWD at both training centers and at companies.

By the end of Year 2, a network to provide employment and vocational training for PWD will be fully functional with capacity of employment service centers enhanced, employers well-informed about disability policies and knowledgeable about working with PWD, and PWD trained for job readiness and job searches. This result will be measured by the number of employment service centers organizing inclusive job fairs and number of PWD getting jobs through job fairs; number of employers recruiting PWD; number of PWD trained; and number getting jobs after training. Again, we will have a special focus on PWD from rural and remote districts.

Under sub IR 2.3.2 (Creating employment opportunities for PWD through livelihoods), the project will help DOLISA teach skills to assess family situations and identify livelihood opportunities for PWD, and support poor families of PWD to build up livelihood models for creating income sustainably. In addition, the project will work with other NGOs and government institutions in promoting and including PWD into their current models. Group business among groups of PWD will also be assisted with both technical and financial support.

By the end of Year 2, case managers from DOLISA will apply the tools for home assessment and livelihood assessment and help families of PWD build up sustainable livelihood models. This result will be measured by the number of families and groups receiving livelihood support broken down by district and sector (e.g., agriculture, small business), with at least 50% of beneficiaries from rural and remote districts.

SUB IR 2.4: Improved housing

Under sub IR 2.4 (Housing improvement for better access and living conditions), the project will enable DOLISA to identify cases of PWD who are facing difficulties with access and living conditions. The project will work closely with DOLISA to help improve house conditions, toilets, and clean water supplies so that PWD, especially the poorest group, can have better and more independent lives.

By the end of Year 2, at least 150 qualified families of PWD (approximately 80% more from rural and remote districts) will have better living conditions and live more independently thanks to the improvements made in their homes.

SUB IR 2.5: Supportive policies

DSP activities will be well-integrated into disability agenda of the city administered by DOLISA. DOLISA will adopt DSP approach of case managers and the network establish through disability forum to further the policy and support from government for disability issues. Linkage between government programs and NGOs on disability will be established and awareness on the right of PWD will be promoted among government, private, community and PWD.

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 semi-annual 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 PWD in Danang. We will have monthly meetings with their technical staff 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) to help them develop stronger capacities in project and grant management. Currently there is one functional DPO at the city level in Danang and three district DPOs and we will support the establishment of branches of the Danang DPO in the remaining four districts by the end of the year. We propose to provide a grant to the Danang DPO with the primary objectives of supporting more employment and advocacy for PWD. The events for Disability days such as Vietnam Disability day (18th April) and International Disability day (3rd December) will be also supported.

We will also support DOLISA in holding a disability forum that includes both GVN agencies and INGOs (FIDA, UNICEF, World Vision, Save the Children, East Meets West Foundation, CRS, etc.) working in the disability field.

IR 3: IMPROVED PUBLIC HEALTH SERVICES

SUB IR 3.1: Birth defects surveillance improved

As advised by the CDC experts following their initial needs assessment, we engaged a team of local consultants to do a program planning assessment to help inform the direction of a pilot birth defects surveillance system. The final formative assessment report will be available at the end of December.

We will organize a planning workshop with Danang and possibly with Hue in early 2014 to present the results of the assessment as well as to discuss the structure of a pilot surveillance system. This workshop also aims to provide the local partners an opportunity to do a self-assessment of their capacity (skills and human resources) and commitment to initiate a surveillance pilot. After this planning meeting, an action plan will be developed.

SUB IR 3.2: Newborn screening improved

In August, a CDC team of experts conducted an assessment of Newborn Screening Laboratories in the Danang region and Hanoi. The lab in the Obs-Pedi hospital in Danang was enrolled in the CDC Quality Assurance Program.

Danang has been involved in the national NBS program since 2011. Under this national program, Danang receives dry blood spot tests from the National program, takes samples from the heels of newborns, and sends them to Hue for screening for CH and G6PD deficiency. The Danang Office of Population and Family Planning is responsible for operational management of the program, and the Genetics Center at Hue University is responsible for doing the test and giving test results. Once receiving positive screened tests, the Danang Obs-Pedi hospital has been able to confirm the test and provide treatment/follow up. Over time, the DOH has recognized some problems that affect quality of the lab test, such as the distance and time for transportation of the blood samples to Hue in humid weather, and at times late provision of screened tests results.

Given such challenges, DOH submitted to DSP a plan for establishing a newborn screening center in Danang to be running by 2015. The overall purpose of establishing a NBS center is to increase the percentage of newborns born in Danang city accessing newborn screening services for 5 diseases (Congenital Hypothyroidism, G6PD inadequacy, Adrenal Hyperplasia, Congenital Heart Disease, and Hearing Loss). This plan has received the support of the National Office of Population and Family Planning and the MOH; the national level encourages any city to mobilize parents to pay for their children to get newborn screening services (the annual budget for NBS allocated for the National Office of Population and Family Planning has been reduced by 50% in 2014). The newly established NBS center situated in the Danang Women and Children Hospital will be responsible for the entire NBS package including screening, diagnosis, treatment, and follow up. In the short term (up to 2015) the scope of the package would be different from disease to disease as follows:

Diseases	Screening	Confirmed testing	Counseling/treatment	Follow up
Congenital Hypothyroidism	x	x	x	x
G6PD inadequacy	x	Refer to Hanoi/HCMC	x	x
Adrenal Hyperplasia	x	Refer to Hanoi/HCMC	x	x
Congenital Heart Disease	x	x	<ul style="list-style-type: none"> • Able to treat for some types • Refer for serious types 	x
Hearing Loss	x	Refer	Refer	x

There is an advantage that the lab in the Women and Children hospital in Danang was enrolled in the CDC Quality Assurance Program.

Following the planning meeting to discuss NBS in late November, a detailed action plan was developed and agreed upon. The objectives include: 1) Raise awareness about the benefits of newborn screening for pregnant women, couples and people so that they can accept and voluntarily seek NBS services, 2) Capacity Building for technical, counseling, and management staff working in the Danang Women and Children hospital on newborn screening, diagnosis,

treatment and follow up, and 3) Provide medical equipment for NBS for Danang Women and Children Hospital. FY14 would focus on capacity building and infrastructure preparation with service provision beginning in 2015.

In terms of training, DSP will support sending pediatric doctors from the Danang Women and Children Hospital to Hanoi/HCMC for training on how to treat and follow up babies with the diseases screened for. They will also be responsible for providing technical assistance to lower levels as needed. Obstetricians and counselors (nurse/midwives) will also be sent to HCMC for NBS counseling training, and some of them will be trained on administration, monitoring and quality assurance. Training on heel prick technique will be mostly done by staff already trained by the national NBS program and experienced in this work. Laboratory doctors/technicians will be sent to Hanoi/HCMC to sharpen test performance and interpretation. An Otolaryngologist will be sent to Hue to learn screening and diagnosis for hearing loss.

The DOH plan envisions that one or two staff from the medical team will also be sent to Tu Du Hospital to learn how to manage the NBS unit. In addition to studying technical aspects of NBS, these staff will also study the existing NBS procedure manual and guidelines for performance improvement for adaptation in Danang.

Education-Communication activities are important to raise awareness in the population. DSP will support Education-Communication activities through mass media and through Pre-marriage Clubs activities piloted in Son Tra and Hai Chau districts. DSP will support training for the club educators on NBS and PCC information so that they are able to directly disseminate information to young people/couples as well as to financially support the organization of talks and events for young people on a quarterly basis. This approach will integrate information on both newborn screening and preconception care.

DSP will support strengthening of a database system to help effectively keep track of and manage all babies who are screened, treated and followed up by the hospital. This will include developing needed forms (i.e. individual data identification form and abstract reporting forms) coupled with training responsible staff on how to fill in and use these forms.

In terms of medical equipment, as requested DSP will consider supporting hearing loss screening equipment and three devices for screening congenital heart diseases (Pulse Oxymeter) located in three units (Delivery, Neonatal, and Operating Theater).

SUB 3.3: Pre-pregnancy services improved

The results of the needs assessment on pre-conception care services were available in mid-November, and DSP organized a meeting on November 22 to disseminate the results of the assessment and discuss recommendations to improve PCC services in Danang. Following the meeting, a detailed action plan was developed by DOH and DSP.

DSP'S support will focus on two main objectives 1) Increasing access to PCC services in piloted locations among couples in reproductive ages who plan to have a baby, and 2) Providing quality PCC services in those locations.

The activities will be implemented at provincial level and in all 17 communes of two districts (Hai Chau and Son Tra). The reasons for selecting these districts include the availability of

capable providers and a large eligible population for PCC services. The latter criterion will enable the program to respond to the needs of many people and at the same time provide opportunities for trained staff to practice their PCC skills. DSP believes that a successful pilot in these 2 districts will provide a strong basis for rolling out PCC activities to the remaining districts and communes of Danang.

The pilot health facilities will include the Danang Reproductive Health Care (RHC) Center at province level, two District Health Centers, and 17 Commune Health Centers of Hai Chau and Son Tra districts. Implementation in 2014 and 2015 will be divided into two phases. 2014 will prepare a group of Trainers on PCC who have strong PCC skills and training skills. This group of trainers will conduct training on PPC for districts and communes in 2015.

A group of five provincial health providers (who also have strong training skills) from the Danang RHC center and from two piloted district health centers will be sent to Tu Du Hospital in HCMC for training on PCC and counseling (a 12-day course). Following this training, they will provide PPC services at their health facilities for about six months to gain PCC and counseling skills and experience. A room for PCC exams and counseling will be set up at the RHC center to receive clients. During this six-month period, the trainers from Tu Du will visit the work sites of the trained providers to provide follow-up training and on-site coaching. The trainer will observe an exam/counseling session conducted by a trained provider followed by a feedback session (i.e. the trainer will sit with her trainee to provide feedback, in a positive way, on what they did well and where they need improvement) to help them to apply what they were taught.

Additionally, Tu Du trainers will help Danang trainers to develop a guideline on PCC services for providers working at district and commune level, as well as to develop a training plan and training materials for district and commune staff in 2015. The support from Tu Du trainers aims to ensure five Danang trainers are adequately skilled and experienced to conduct PCC training for their peers from the province and from the two piloted districts and communes. Also by the end of this phase, a PCC unit established at the Danang RHC center will be well functioning to serve as a practicum site for training for the piloted districts and communes staff.

In 2015, the Danang trainers will conduct training for staff from the Danang RHC center (midwives) and from the pilot district health center and commune health centers. After receiving training, all providers will provide PCC services at their work locations. Provincial trainers will conduct coaching trips to ensure trained providers are applying what they were taught.

To increase access to PCC services for couples of reproductive age, raising awareness on PCC is very important. Key activities include training for community health staff to provide group talks at community level and Education-Communication activities through mass media and events. In addition, DSP will support "Pre-marriage Clubs" established in Son Tra and Hai Chau districts to enhance the opportunities for newly married couples to access PCC/NBS information. Specifically, every week the Club will organize an event to deliver marriage certificates to couples, along with information on PPC and NBS. There will also be quarterly events to disseminate information on PPC/NBS for young people. DSP will support training for the staff of the Clubs and for the organization of the events. Education-Communication activities will be implemented in an integrated way as much as possible, covering both preconception care and new born screening, to save costs and enhance the impact.

To ensure a high standard of quality of service provision and education-communication activities, routine monitoring provided by the Danang RHC Center and the Danang Education-Communication Center will be essential. DSP will work with the Danang RHC Center to develop a reporting form to be used in all facilities and to train health providers on how to enter data and use these forms.

Additionally, DSP will support communication equipment for the two piloted districts to enhance the education-communication sessions. This support is not overlapping but rather complementary to current Government support.

SUB IR 3.4: Cancer prevention improved

We will wait for further USAID guidance concerning any additional work in this area.

IR 4: EXPAND IMPLEMENTATION TO OTHER PROVINCES

Dong Nai

During Year 1, DSP implemented a limited set of activities, including supporting development of the Province's Disability Action Plan, providing technical assistance and training for a School-to-Work program pilot, and providing direct assistance to PWD (medical exams, scholarships, equipment for a PWD recycling business, and support for Vietnam Disability Day). The project also recruited a project officer to coordinate activities in Dong Nai, who is now working out of the DOLISA office in Bien Hoa.

In Year 2, we will rapidly accelerate and expand activities under IRs 1 and 2. Under IR1, we will follow the Danang model in rolling out case manager selection and training and development of the referral and information systems. Activities will be focused in Bien Hoa and Vinh Cuu districts, which have high disability prevalence and are recommended by local government. We will support an Action Plan Implementation Workshop to inform in detail all provincial, district and commune levels of the key targets and goals, and the role of each stakeholder and their department's annual plans. At the same time, the workshop will serve as an orientation on the CM system for all stakeholders and newly selected CMs. Under IR2, training will be provided for doctors and technicians in PT, OT, and ST, and training will also be provided to some parents groups and institutional caregivers. Direct assistance to PWD will include assistive devices, corrective surgeries, hearing aids, vocational training, livelihood development, and scholarships for needy CWD. DSP will support several local DPOs to further their organizational development and PWD employment initiatives. The project will continue its support to the School-to-Work program (and replicate the strategy in other provinces), and provide training to a group of teachers in inclusive and special education methods. The model will be continued and strengthened in the current school. The school will hire a job developer, and the employment service center will have a job counselor connected with the school.

We will also explore the interest in and feasibility of planning and implementing a pre-conception care activity in Bien Hoa under DSP's IR3.

Binh Dinh

On our 5th trip to Quy Nhon, we were finally able to sign our MOU in early November. We hope and expect that formal project approval will follow shortly. We are already engaged with our main partner (DOLISA) in making plans for Year 2. Activities will be focused in two districts, Phu Cat and Quy Nhon. Again, we will follow the basic Danang model in implementing activities under IR 1 and IR 2.

Under IR1, case managers will be selected and trained in basic social work, case management, and social work with PWD, and we will support the introduction of and training in the use of the DIS. Under IR 2, we will provide specialized training to doctors and technicians and training in simpler techniques to parents and other caregivers. As in Dong Nai, we will support the development of the DPO community in Binh Dinh through small grants, as well as provide direct assistance to PWD in a variety of areas. We will work with local institutions including the Quy Nhon University Center for Early Detection and Intervention on educational initiatives including training for teachers in inclusive education and special education and early identification of disabilities among children.

Expansion of program to Quang Nam, Tay Ninh, and other provinces

Our expansion strategy will follow the findings and recommendations of the recent assessment led by Lloyd Feinberg and subsequent discussion with USAID. Our proposed work in Quang Nam and Tay Ninh will have 3 main components. The first will be to strengthen the provincial GVN capacity to plan, implement, and monitor disability programs in line with national policy. This will include supporting MOLISA training on the new CBR/CM circular and helping province departments update and execute their disability plans of action. It will also include support for software and training in developing a disability information system (based on the VNAH model) as a key monitoring, reporting, and planning tool.

The second component will strengthen DPO or other self-help group organizational capacities and provincial DPO infrastructure. Assistance will be provided to help nascent DPOs complete the requirements for legal registration and then to implement programs that will serve DPO members, particularly in the area of employment and livelihood development. This will serve the dual purpose of empowering PWD and helping the province achieve the objectives in its disability action plan.

The third component will be to support selected specific program opportunities in one sector that the assessment team identified during its visit. Specific activities will be finalized during follow-up planning visits to the two provinces, but the major activities in each are listed below.

Quang Nam

- Build on DIS work already initiated in 3 districts
- Support training for new CBR/CM circular and implementation of Provincial Disability Action Plan
- Strengthen DPO organization and programming at province, district, and commune levels
- Provide direct assistance to PWD focused in rural districts
- Support “Early Detection” training for kindergarten and primary school teachers
- Strengthen IE in 2 priority districts

Tay Ninh

- Introduce DIS
- Support training for new CBR/CM circular and implementation of Provincial Disability Action Plan
- Assist self-help groups organize
- Strengthen PT training capacity at province Medical College
- Strengthen CBR program with focus in rural districts
- Provide direct assistance to PWD focused in rural areas

Implementation Modalities for Expansion

DSP is developing an MOU with MOLISA to support the launch of work in Tay Ninh and Quang Nam. DSP will conduct visits with MOLISA to each province to develop a project work plan. DOLISA will be the lead partner in each province. We anticipate providing grants to several organizations to support some of the work. For example, we may give a grant to the DPO in Quang Nam to expand its work. We will explore a grant with DRD in HCMC to provide organizational support to self-help groups in Tay Ninh. We may engage the Medical College and Hospital of Trauma and Orthopedics in HCMC to assist PT curriculum development and training at the Medical College in Tay Ninh. Quang Nam will be managed out of DSP's office in Danang and Tay Ninh will be managed from the office in Dong Nai, but we anticipate needing a full-time project officer based in each province to coordinate activities with local partners on a daily basis.

Small Grants Program

In addition to expanding DSP's work in Quang Nam and Tay Ninh, DSP will launch a competitive small grants program in Year 2. The purpose of this program is to extend DSP's reach and impact into other provinces with a high disability prevalence, but without establishing a formal presence or MOUs in the province. The provinces targeted will be Binh Phuoc, Quang Tri, Thai Binh, and Thua-Thien Hue. We anticipate the grants may range from \$10,000-\$25,000. DSP will issue an Annual Program Statement (APS) inviting interested local NGOs, international NGOs, local GVN agencies, and businesses to submit concept papers in one of 5 areas, with preference given to proposals that address needs in rural and other underserved areas:

Support the empowerment and organization of PWD: includes establishment of formal and legally registered Disabled People's Organizations; networking of DPOs in different regions; building capacity of DPOs in specific areas (e.g. organizational development, fund-raising, financial management, etc.).

Increase livelihood development for and employment of PWD: includes creating new employment opportunities for PWD; developing and testing innovative models of livelihood improvement; implementation of Community-based Enterprise Development (an ILO model); supporting businesses to hire and train PWD; supporting expansion of businesses run by PWD; implementing micro-credit activities for PWD enterprise development.

Increase educational support for and school enrollment of CWD: includes innovative approaches to boosting school enrollment of CWD; training and other support of informal groups such as associations or groups of parents of CWD.

Expand and improve specialized services for PWD: includes expansion of specialized services for PWD in neglected geographic or technical areas (e.g. management of autism, developmental disabilities, speech therapy, occupational therapy); building capacity at local universities/training institutions to provide ongoing training in services for PWD; testing models for effective PWD case management and referral at the district and community levels.

Support advocacy for and awareness raising of the needs and rights of PWD: includes advocacy for implementation and enforcement of the national disability law; activities to raise awareness of disability issues in the community.

3. LINKAGES, SYNERGIES, AND PARTNERSHIPS

The table below lists those organizations (GVN, NGO, and commercial) with which DSP expects to enter into substantial funding agreements in Year 2. The lists for Dong Nai, Binh Dinh, Quang Nam, and Tay Ninh are partial and illustrative.

Organization	Purpose	Estimated Level of Funding	Type of agreement
DANANG			
DOLISA	Multiple activities in support of DSP IRs 1 and 2	260,000	subgrant
DOH 1	Multiple activities in support of DSP IR 2	127,000	subgrant
DOH 2	Support to Reproductive Health Center and Health Communication Center for pre-conception care and birth defects surveillance	65,000	subgrant
DOET	Multiple activities in support of DSP IR 2	79,000	subgrant
UMTP	Upgrade curricula and faculty capacity in OT and ST	50,000	subgrant
Dong A University	Training for teachers and social workers in social work	82,000	subgrant
Ortho/Rehab Hospital	Umbrella agreement for prosthetics and orthotics	48,000	BPA
Women and Children Hospital	Support newborn screening	31,000	subgrant
Reach	Vocational training for youth	TBD	subgrant
Thanh Tam School	Vocational training	15,000	PO
Red Cross Center	Vocational training	15,000	PO
Thanh Ngoc Minh Company	Vocational training	15,000	PO
Tam Tien Center	Vocational training	15,000	PO
Quang Duc Company	Provision of hearing aids	13,000	BPA
Universities TBD	Diploma training for teachers on inclusive and special education	71,000	
Engineering/design firm TBD	Design housing and clinic renovations	30,000	BPA
Construction firm TBD	Implement housing and clinic renovation	117,000	BPA

DPO	Support PWD employment and establish DPO branches in districts	24,000	subgrant
Blind Association	Massage training for 15	7,000	
The Genetics Counseling Center, Hue University	Technical support in birth defects and NBS training	2,500	ICA
Tu Du Hospital in HCMC	Training of Trainers on PCC for Danang; Coaching trip for Danang trainers	4,000	PO
DONG NAI			
Sac Viet and Xuan Loc DPO	Support DPO development and employment	30,000	
HCMC University of Social Science & Humanity	Social work/case management training		
BINH DINH			
Association for Disabled People and Orphans	Support DPO development (4 DPOs) and employment	60,000	
Quy Nhon University Social Work Dept & Center for Early Intervention	Social work/case management training	24,000	
TAY NINH			
HCMC Medical College	Support Tay Ninh Medical College in PT curriculum	25,000	
QUANG NAM			
Quang Nam DPO	Expand employment programs	10,000	
OTHER PROVINCES (Quang Tri, Thua-Thien Hue, Binh Phuoc, Thai Binh)			
TBD following issuance of small grants APS	Support work in any of 5 technical areas in APS	200,000	
MOLISA	Facilitate DPS work in new provinces and at national level	50,000	

GENDER STRATEGY

DSP supported a study of gender issues among PWD in Danang and Hanoi in Year 1, and reported some preliminary findings in our Year 1 annual report. The gender study will be finalized and disseminated in Year 2. DSP will develop a training module on gender-based violence and incorporate it into training sessions for social workers and teachers in Year 2.

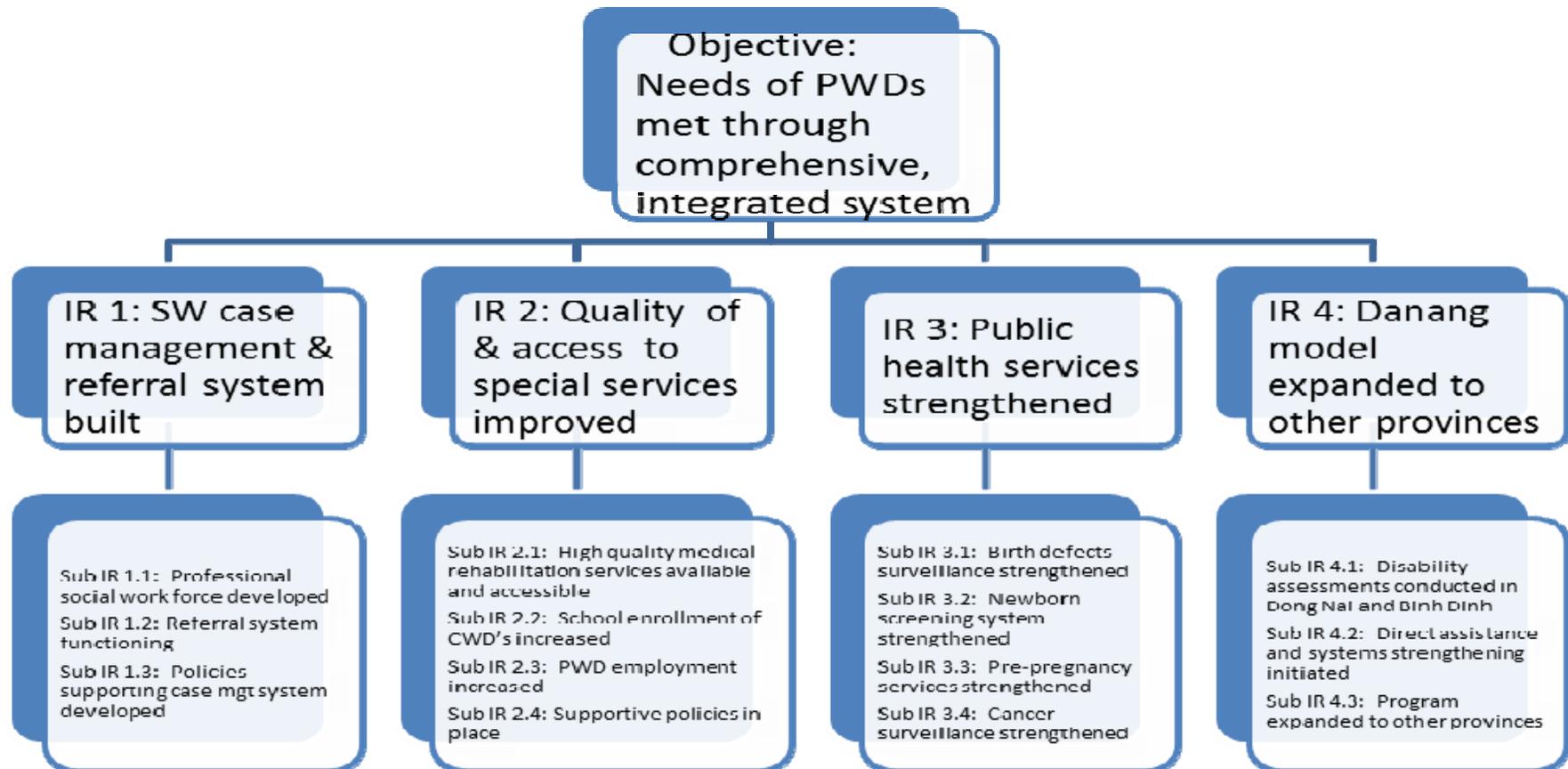
5. EXIT STRATEGY

The main thrust of our exit strategy continues to be capacity strengthening of local people, systems, and institutions. Successful demonstration and institutionalization of a functional case management system, supported by 3 government agencies linked by referral processes and an integrated information system, is the foundation of our exit strategy. DSP's training of human resources in different technical areas is another key element of the strategy. Beyond our short-term training of social work case managers, our support for faculty development in social work, rehabilitation, and inclusive education at Vietnamese universities will help ensure that there are teaching/training resources in place to continue serving disability programs when the project ends.

The biggest challenge our exit strategy faces is budget support from GVN. There is a default expectation when local government budgets are lean and salaries small, and especially in a time of economic downturn, that donor projects like ours will pay for, not only technical assistance costs, but many operational costs of our local government partners. DSP has consistently turned down requests from GVN partners to pay personnel costs, such as organizers or reporters for project events. We have required cost-share for each of the subgrants with DOLISA, DOH, and DOET. We will press GVN partners to add to their annual budget recurrent costs required for the new case management system, such as travel allowances for CM client visits and monthly meetings with supervisors. But overcoming this systemic problem, encouraging a different mindset and urging local government to increase its cost share not only for our project but more generally for disability programming at the local level, will continue to be a daily challenge and the main threat to our exit strategy.

DISABILITY SUPPORT PROGRAM RESULTS FRAMEWORK

Disability Support Program Results Framework



IMPLEMENTATION CHART

