

**HO CHI MINH CITY ASSISTANCE TO DISABLED CHILDREN
- PHASE 1**

WORLD VISION INTERNATIONAL-VIET NAM

MID-TERM PROJECT EVALUATION

Conducted for World Vision International-Viet Nam

by

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September - October 2000

TABLE OF CONTENTS

	Page
1. Overview of the Ho Chi Minh City Assistance for Disabled Children Project – Phase 1	3
2. Purpose and Objectives of the Mid-Term Evaluation	3
2.1 The Purpose of the Mid-Term Evaluation	3
2.2 The Objectives of the Mid-Term Evaluation	4
3. Methodology of the Mid-Term Evaluation	4
4. Background and History of the Ho Chi Minh Assistance to Children with Disability Project – Phase 1	6
4.1 Background	6
4.2 History	7
5. Project Purpose and Conditions to be Expected at End of the Project ...	10
5.1 Project Purpose	10
5.2 Conditions to be Expected at the End of the Project	11
6. Implementation Plan – Operational Framework	11
6.1 Objectives and Activities	11
6.2 Program Monitoring and Evaluation	12
7. Findings of the Mid-Term Evaluation Mission	15
7.1 Conditions to be Expected at Mid-Term of the Project	15
7.2 Implementation Plan – Operational Framework	16
7.3 Implementation Plan – Program Monitoring and Evaluation	19
8. Assessment	21
8.1 Achievement of Objectives	21
8.2 Effectiveness of Interventions/Impact	21
8.3 Viet Nameese Partners’ Knowledge and Skills in Project Management	21
8.4 Strategies to Sustain Benefits and Community Participation	21
8.5 World Vision Project Management	22
9. Conclusion and Recommendations	23
9.1 Conclusion	23
9.2 Recommendations	24
 Appendix I – Individuals with whom the Evaluation Team Held Meetings And Discussions During the Evaluation Mission	 27
 Appendix II – References and Material Accessed by Senior Evaluator	 29

**HO CHI MINH CITY ASSISTANCE FOR DISABLED CHILDREN PROJECT
– PHASE 1**

WORLD VISION INTERNATIONAL - VIET NAM

MID-TERM EVALUATION

1. Overview of the Ho Chi Minh City Assistance for Disabled Children Project – Phase 1

World Vision International–Viet Nam (WVI-VN) is conducting the Ho Chi Minh City Assistance for Disabled Children Project – Phase 1 with the assistance of a three year grant from the United States Aid for International Development (USAID) - USAID Cooperative Agreement No. 492-G-00-98-00039. The Project aims to develop Community Based Rehabilitation (CBR)¹ services for disabled children who live in District 8 of Ho Chi Minh City (HCMC), Viet Nam. It is proposed to establish a CBR service system which, during the course of the Project, enables children with disabilities to function more independently in their home and community. This will be defined and assessed using the World Health Organisation’s (WHO) Functional Assessment Scale/Form 2. The Project proposes to assist an immediate number of 500 children with disabilities. However, it is envisaged that meeting the objectives of the Project will establish and sustain a CBR service system in District 8 of HCMC, with trained CBR supervisors and workers, which will continue to provide services to children with disabilities beyond the term of the Project

The children of the world are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be one of joy and peace, of playing, learning and growing. Their future should be shaped in harmony and cooperation. Their lives should mature as they broaden their perspectives and gain new experiences.
- Article 2, World Declaration on the Survival, Protection and Development of Children, 1990.

“Our ability to deal with children with disabilities is a yardstick of our ability to deal with all children, a true measure of society’s values and priorities”.
- Sir Peter Ustinov, UNICEF Goodwill Ambassador, 1995.

2. Purpose and Objectives of the Mid-Term Evaluation

2.1 The Purpose of the Mid-Term Evaluation

The purpose of the Mid-Term Evaluation was to identify the progress of the Project and areas that need improvement and, recommend useful actions to guide the staff, local partners and stakeholders of the Project in order to improve the Project. The Scope of

¹ *CBR is a strategy within community development for the rehabilitation, equalisation of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services. (ILO, UNESCO & WHO, 1994)

Work for the Project Consultant document stated that “The evaluation should recognise the achievement of the Project, staff, local partners and other stakeholders; assess progress toward sustainable high quality implementation; identify barriers to achievement of goals and objectives; and, provide recommendations for future strategies, extension and expansion of the Project”.

2.2 The Objectives of the Mid-Term Evaluation

The specific objectives of the Mid-Term Evaluation were as follows:

1. To identify the accomplishments of the Project from the beginning to the mid-term of the Project.
2. To identify the progress of the Project and factors that contributed to the progress and that impeded progress.
3. To identify constraints, problems and areas that need further attention.
4. To evaluate the above findings, make recommendations and document them in the form of a Mid-Term Evaluation Report, which should include but is not limited to the following:
 - Summary and recommendations including evaluation methods, sites visited, dates of fieldwork.
 - Project background.
 - Quality of Project activities.
 - Capacity building and sustainability.
 - Technical and administrative support.
 - Recommendations.
5. To make over-all recommendations for a strategy for the continuation of the Project activities beyond the year 2000.

Each of these evaluation objectives was accomplished during the Evaluation Mission. They are dealt with in turn in this Evaluation Report, which also includes an overall assessment of the activities of the Project to date and recommendations for the future development of the Project.

States Parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

- Article 23.1, United Nations Convention on the Rights of the Child, 1989.

“Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made and his senses are being developed. To him, we cannot answer ‘Tomorrow’, his name is today”.

- Gabriela Mistral, Nobel Prize Laureate, Chile, 1992.

3. Methodology of the Mid-Term Evaluation

This report is based on information gathered by the author from both quantitative data (review of Project documentation and related material) and qualitative data (interviews and discussions with

various pertinent groups and individuals). Specifically, the author led the Evaluation Mission which was undertaken in HCMC during 12 - 18 September 2000 and included the following activities:

1. Formal and informal meetings and discussions with local government leaders and specialist staff from: the Department of Labor, Invalids and Social Affairs (DELISA) HCMC; the Ministry of Labor, Invalids and Social Affairs (MOLISA); the Department of Health (DOH); Peoples' Committees (PC), District 8 and Ward levels; the Committee for the Protection and Care of Children (CPCC), District 8; and, the Women's Union (WU), Ward level. A list of the individuals with whom the evaluation team held meetings and discussions is at Appendix 1.
2. Formal and informal meetings and discussions with Viet Nameese Project staff and Project volunteers.
3. Visits to Project sites located in Wards 1, 8, 10 and 15 of District 8 of HCMC, including visits to the homes of various children with disabilities and discussions with the children, their families and Project volunteers.
4. On-going discussions and a debriefing meeting with Ms Hitomi Honda, Manager, Ho Chi Minh City Assistance for Disabled Children Project – Phase 1 and coordinator of the Mid-term evaluation.
5. Ongoing discussions, meetings and individual debriefing meetings with members of the Evaluation Team which comprised:
 - Dr Le Quang Khanh, Rehabilitation Department Director, School of Medical Techniques, Ministry of Health, Viet Nam;
 - Dr Camille Morse, Nutrition Specialist and International Program Officer, World Vision USA;
 - Dr Michael Hegenauer, Manager, Children in Especially Difficult Circumstances (CEDC) Program, World Vision International – Ha Noi, Viet Nam; and
 - The author.
6. A detailed review of various documents and publications, including the original Project Grant Application and Project Design, Project quarterly reports, Project training books and manuals and other publications
7. A draft review report was submitted by the author to WVI-VN on 18 September 2000, at the conclusion of the Mid-Term Evaluation Mission.

The members of the Evaluation Team and Ms Hitomi Honda accompanied the author on all site and home visits and at the various meetings. Interpretation during the Evaluation Mission was provided by Ms Luong Thi Chung Thuy, Mr Tran Viet Phu and Dr Le Quang Khanh.

The evaluators also held regular informal debriefings and discussions among themselves throughout the evaluation mission and the Evaluation Report reflects these discussions. Each has reviewed this report and indicated concurrence with the findings, assessment and recommendations.

Ms Laraine Culnane of Culnane Consulting International took extensive notes at and prepared reports of the various meetings, discussions and debriefings during the Evaluation Mission. She contributed editorial comments and was responsible for the design and layout in the production of this report. Preparation of the final report was undertaken at the office of Culnane Consulting International in Canberra, Australia, and submitted to WVI-VN on 27 October 2000.

States Parties recognise the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

- Article 23.2, *United Nations Convention on the Rights of the Child, 1989.*

“Disabled children are still too often excluded – from school, from family, and from community....Through ‘Education for All’, it should be possible to enable all human beings – including the disabled – to develop their full potential, to contribute to society and, above all to be enriched by their ‘difference’ and not devalued....”

- Federico Mayor, Director-General, UNESCO, 1993.

4. Background and History of the Ho Chi Minh City Assistance to Children with Disability Project – Phase 1

4.1 Background

Despite remarkable development success over the last decade, Viet Nam is facing a number of difficult challenges due to both internal and external factors. “Doi moi”, the economic renewal program introduced in the later 1980s, produced rates of gross domestic product (GDP) growth of 8% per year on average during the period 1990-1997. Recent years, however, have seen a slowing down in the momentum of reform as the impact of the first generation reforms faded and the effects of the East Asian financial crisis hindered growth. The slow moving economy was given fresh impetus after the signing of a bilateral trading agreement with the USA in July 2000. The agreement gives encouragement to implementation of Viet Nam’s economic reform plans which had lagged in recent years as political and leadership changes appeared to suppress the official will for change. Viet Nam also faces a threat of mounting competition for investor funds from China, after Beijing successfully negotiated its own bilateral agreement with the USA. The World Bank, in a recent quarterly report, expressed concern about the economic outlook for Viet Nam. The Bank said that the country’s 4% growth rate was beginning to take its toll amid rising urban unemployment, lower enterprise profits and public revenues. Foreign investment slumped to about US\$600million in 1999, just 2.2% of GDP. This is a decrease from US\$2billion in 1997, or 8.3% of GDP. Above all, however, the agreement with the USA has lifted business and investor spirits after several years when the pace of reform had been particularly slow. Attempts by the Viet Nameese Government to “jump-start” the economy have included new enterprise legislation which simplified registration procedures for private companies, some reforms to the Foreign Investment Law and a published State budget to

improve transparency. Other signs of reform have included the opening of a stock exchange in Ho Chi Minh City. (Geoff Hiscock, 2000; World Bank, 2000)

About 80% of the population of Viet Nam lives in rural areas. Many rural families live in simple houses constructed from timber and thatch. In urban areas, housing ranges from squatter settlements, single rooms in apartment blocks, divided colonial mansions to large multi-storied brick apartments. Many families share facilities while others do not have access to a clean water supply or a safe system of waste disposal. Data from UNICEF indicate that some 39% of people in rural areas and 61% of people in urban areas have access to safe water while 18% in rural areas and 55% in urban areas have access to adequate sanitation. Illnesses such as malaria, tuberculosis and dysentery occur frequently and are made worse by malnutrition. HIV/AIDS has been found throughout the country. However, improvements in health care services and prevention programs have helped reduce child mortality rates. UNICEF data indicate that the infant mortality rate is 31 per 1,000 live births with the under 5 mortality rate being 42 per 1,000 live births. The Viet Nameese value education highly and this is reflected in high literacy rates and primary school enrolment rates. The adult literacy rate in 1999 was 95% for males and 88% for females. Improvements to school buildings are continuing and shortages of text books and educational material are being overcome. Women outnumber men in both the population generally and in the workforce. They have equal rights with men in marriage and property ownership. However, traditional culture means that often women bear the triple burden of farm work, household duties and child rearing although men are beginning to take a greater role in child rearing. The Viet Nameese Government strongly encourages couples to limit their family to 2 children. The total population of Viet Nam is 77 ½ million of which 32 million are aged under 18 years and 8 ¾ million are aged under 5 years. (UNICEF 2000; WVA, 2000)

4.2 History

In February 1990, Viet Nam became the first Asian country to ratify the United Nations *Convention on the Rights of the Child (CRC)*. Shortly after, the government established the Viet Nam Committee for the Protection and Care of Children (CPCC) to oversee the implementation of the *Law on the Protection, Care and Education of Children* and to act as the national focal point through which cooperation with the international community on questions regarding policies and services for CEDC and their families would be managed. Children with disabilities are included as one of the categories of CEDC.

With assistance from UNICEF (as the lead UN agency) and non-government organisations (NGOs), Viet Nam began to develop a national plan of action and related service activities for CEDC (CPCC, 1991). These new activities included services for children with disability. Other ministries also began to establish policies and guidelines to assist children with disabilities, including the Ministry of Health (MOH), Ministry of Education and Training (MOET) and the Ministry of Labor, Invalids and Social Affairs (MOLISA). These ministries developed detailed National Plans of Action to support activities for children with disabilities. CBR was seen as a potentially effective and cost efficient intervention and was incorporated in these plans. Various agencies, most notably the MOH, began to develop CBR service programs, focused primarily on children who lived in rural areas. In particular, the Rehabilitation Department of the National Pediatric Institute (NPI) played a leading role in the development of CBR in

Viet Nam. Despite these initiatives, officials of MOH and CPCC acknowledged that there were significant shortcomings in the provision of rehabilitation services for the disabled in general and CBR services for children with disabilities in particular. At that time, WVI-VN CEDC Program staff were told that CBR was being implemented in at least 40 provinces throughout the country, although there was no reliable data on the effectiveness of these efforts. (WVI-VN, 1998)

In 1997, the HCMC Peoples' Committee (PC) reported that District 8, along with District 4, were the two poorest districts in HCMC. Access to adequate utilities, clean water, legal housing, basic health care and education services was problematic for all residents, and especially for poor families, due to the lack of resources for these services. The 1995 census reported that there were 6,000 "slum dwelling" families, and approximately 10,000 chronically jobless adults. District 8 includes a major port facility and many poor families from other provinces continued to arrive in the district looking for work as laborers. However, local authorities reported that the jobless rate continued to increase. In addition, many of these same families were living illegally in the district which made them at-risk for eviction. In a 1995 baseline survey, WVI-VN interviewed 300 poor families (random selection) of street children (which included children with disability). Major findings revealed: 46% of fathers and 54% of mothers interviewed have less than a primary school education; 42% of families have no access to latrines; almost 30% of the caregivers are 'single' mothers; 46% of children are not registered in school. Of families interviewed who had children under 24 months of age, no family had completed the recommended immunization program for their young child. Of particular significance for the Ho Chi Minh Assistance for Disabled Children Project and for the Mid-Term Evaluation was the finding that 19.7% of the families interviewed had family members with a disability. In addition, corruption at the local government level appeared to be endemic, which exposed many poor families and families living illegally in the district at great risk for exploitation by local authorities. (WVI-VN, 1998)

In meetings during 1997, officials from District 8 PC, District 8 CPCC and District 8 DOH stated that there were no formal rehabilitation services provided at the district level nor were there any primary care CBR services being offered at the ward level. The officials advised that there were no human resources readily available to work with and manage rehabilitation services and no financial resources to fund activities. The District 8 CPCC representative stated that the knowledge and skill levels, both on disability in general and in rehabilitation/CBR services in particular, were very low. This was cited as one of the reasons that District 8 statistics on disability prevalence were quite low. For example: in 1995, District 8 PC reported only 440 cases of children with disabilities; in 1997, District 8 DOH case records showed only 40 cases involving children with disability, all under 24 months of age; and, in 1998, District 8 CPCC had only 240 children with disabilities (mostly physical and hearing impairments) on its pre-registration list. By way of comparison and clarification, recent research indicates a global rate for the prevalence of moderate and severe disability for less developed regions at around 4.8%. In relation to District 8 of Ho Chi Minh City, this corresponds to some 5,000 of the population of 103,000 children (Government population estimate, 1998) being moderately or severely disabled. (WVI-VN, 1998; Einar Helander, 1995 & 1999)

It was against this background that, in April 1998, World Vision Relief and Development and WVI-VN sought a three year grant from the United States Agency for International

Development to implement the Ho Chi Minh City Assistance to Children With Disability Project – Phase 1. The grant application was subsequently approved for implementation of the Project during the period 1 October 1998 – 30 September 2001.

However, during the course of the Mid-Term Evaluation, it became clear that significant delays occurred within the government bureaucracy in HCMC which directly caused major “set backs” in implementation of the Project. These delays involved:

- Signing of the Memorandum of Understanding (MOU) for the first year of the Project (period 1 October 1998-30 September 1999 – FY1999) was delayed for more than 2 months by DELISA – HCMC. The MOU was eventually signed on 27 November 1998.
- Signing of the Plan of Action (POA) for FY1999 was delayed for more than 2 months by District 8 PC. The POA was eventually signed on 27 November 1998.
- Printing of the CBR training materials was delayed by some 3 months due to an internal disagreement between 2 government printing houses.
- Gaining approval for a visa for the newly appointed Project Manager, Ms Hitomi Honda, was delayed for some 2 months due to “confusion” between different government departments.

The effect of these delays was that it was not possible to begin most of the Project activities during calendar year 1998. WVI-VN advised that DELISA – HCMC subsequently apologised for these various delays and acknowledged that they were due to internal events in the HCMC government. DELISA – HCMC advised that the delays were not a reflection on the standing of WVI-VN and assured WVI-VN that Project activities would not be delayed in FY2000.

However, it is clear that a further significant delay occurred, as follows:

- Signing of the MOU for FY2000, submitted by WVI-VN to DELISA – HCMC in September 1999, was delayed until February 2000. The evaluators were advised that this delay was caused principally by the lack of agreement between DELISA – HCMC and WVI-VN over various issues including free access to Project activities or sites in District 8 for expatriate staff, the establishment of the Project Steering Committee and, the number of staff that WVI-VN is permitted to employ in the Project. DELISA – HCMC informed WVI-VN that no Project activities were to be implemented until the MOU was signed. Despite strong urging by WVI-VN to be allowed to proceed with Project activities, DELISA – HCMC refused to allow Project activities to proceed. The evaluators noted that, while District 8 CPCC continued to carry out some of the Project activities such as conducting functional therapy and assessments of children with disabilities, the effect of this delay was to set back implementation of most of the Project activities by some 5 months during FY2000.

During the Evaluation Mission, the author raised these matters at a formal meeting with Ms Nguyen Thi Bach Yen, Vice Chairperson, District 8 PC, and later, at a formal meeting with Mr Nguyen Hoang Nang, Vice Director, DELISA – HCMC. Both these senior officials responded with an apology to WVI-VN which included an acknowledgement that the delays referred to had been caused by internal events in the

HCMC government. Both officials gave assurances of the support of the HCMC government for WVI-VN and for the Project and indicated that further delays would not occur. The author, on behalf of WVI-VN and the Evaluation Team accepted these responses with gratitude and urged all stakeholders to cooperate effectively to ensure that the Project meets its aim of providing effective CBR services to the children with disabilities in District 8 of HCMC.

WVI-VN advised the Evaluation Team that the Project sponsors had become very concerned about the delays in implementation of the Project. Some Project sponsors in the WV Partnership have already decided to not support the project and it is feared that other Project sponsors may decide to not provide financial support for a further term of the Project. The author considers it likely that Project sponsors will withdraw funding from the Project if further delays are experienced.

Recognising the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

- *Article 23.3, United Nations Convention on the Rights of the Child, 1989.*

“Children have traditionally been seen as objects of charity rather than subjects of rights. Politicians, professionals and of course parents, have cared for their well-being, but primarily in the spirit of protecting the vulnerable. It was not widely recognised that children are also capable, that they have opinions, that they deserve respect as all other human beings and that they ought to have ‘rights’.

- *Thomas Hammarberg, Vice-chair, UN Committee on the Rights of the Child; Ambassador and special adviser to the Swedish government on humanitarian issues, 1996.*

5. Project Purpose and Conditions to be Expected at End of the Project

5.1 Project Purpose

The Project purpose, as stated in the Project Proposal was to establish a CBR service system, which during the course of the Project enables children with disabilities to function more independently in their environment, as defined and assessed by the WHO Functional Assessment Scale/Form 2, in 8 wards of District 8 in Ho Chi Minh City. The proposal stated that “the immediate number of children with disability that the Project proposes to assist is 500. However, if this Project is funded, the objectives presented in this proposal will establish and sustain a CBR service system in District 8, with trained CBR supervisors and workers, which will continue to provide services to children with disability beyond the term of this proposal”.

5.2 Conditions to be Expected at the End of the Project

The Project Proposal states the following conditions to be expected at the end of the Project as follows:

Result 1: 145 CBR service providers in District 8 will have the knowledge and skills necessary to provide effective CBR services to children with disability.

Result 2: 8 wards in District 8 of HCMC will have an established and functioning mechanism for delivering CBR services.

Result 3: 80% of 500 children with disabilities in 8 wards of District 8 of HCMC will function more independently in the home and community.

Result 4: The prevalence of malnutrition among the targeted children with disability will be reduced by 5 percentage points.

States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

- Article 23.4, United Nations Convention on the Rights of the Child, 1989.

"I don't need your pity
And I don't want your help
I just want a fair chance
And acceptance as myself
I know I'm not the same as you".

- Chrissie Chadwick [a disabled girl], 1991.

6. Implementation Plan – Operational Framework

6.1 Objectives and Activities

The Project has 4 main objectives and related activities, as set out in the Project Proposal:

Objective 1: District 8 CBR service providers will have the knowledge and skills necessary to provide effective CBR services to children with disability.

Activity 1.1: Preparation of training materials for training workshops.

Activity 1.2: Training of District Supervisors, Local Ward Supervisors and Volunteer CBR Workers and District Steering Committee in CBR methodology.

Activity 1.3: Training of Rehabilitation staff from the USAID funded Prosthetics and Orthotics Rehabilitation Project.

Activity 1.4: Training on Psycho-social Aspects of Disability.

Activity 1.5: Quarterly training on special topics related to disabilities and rehabilitation for District Supervisors and Local Ward Supervisors.

Activity 1.6: Publish book on Psycho-social aspects of Mental Retardation and Developmental Disability.

***Objective 2:** A mechanism for delivering CBR services in 8 wards of District 8 of HCMC will be established and functioning.*

Activity 2.1: CBR District Supervisors and Ward Local Supervisors appointed.

Activity 2.2: Steering Committee formed in District 8.

Activity 2.3: CBR workplan written and approved.

Activity 2.4: Steering Committees formed in 8 wards of District 8.

Activity 2.5: Volunteer CBR Workers appointed.

***Objective 3:** Children with disabilities in 8 wards of District 8 of HCMC will function more independently in the home and community.*

Activity 3.1: Children with disabilities identified and mapped in 8 wards of District 8.

Activity 3.2: Functional assessments of identified children with disabilities conducted.

Activity 3.3: Primary rehabilitative services are rendered.

Activity 3.4: Secondary rehabilitative referrals are made and services are rendered.

***Objective 4:** The prevalence of malnutrition among the targeted children with disability will be reduced.*

Activity 4.1: Nutritional status assessed.

Activity 4.2: Provide associative interventions: de-worming, disease treatment, nutrition and health education in the home, and supplemental feeding.

Activity 4.3: Conduct home visits for nutrition/health education.

6.2 Program Monitoring and Evaluation

The following is the monitoring and evaluation planned for the proposed CBR services to be developed in District 8 in HCMC, as set out in the Project Proposal:

Objective 1: District 8 CBR service providers will have the knowledge and skills necessary to provide effective CBR services to children with disability.

Indicator:

The number of people trained in CBR methodology and psycho-social aspects of disability based on the WHO/CBR model.

Benchmarks:

- Five District Supervisors, 16 Local Ward Supervisors, 8 Steering Committee Members and 6 Health Staff from the World Vision/USAID funded Prosthetics and Orthotics Rehabilitation Project trained in CBR methodology by December 1998.
- A total of 5 District Supervisors, 16 Local Ward Supervisors and 8 Steering Committee Members trained in psycho-social aspects of disability in June 1999, June 2000 and June 2001.
- A total of 110 Volunteer CBR Workers trained in CBR methodology by Local Ward Supervisors, 45 by January 1999, 45 by October 1999 and a final 20 by October 2000.
- District Supervisors and Local Ward Supervisors attend at least 9 quarterly one-day training sessions on special topics relating to CBR and disability by September 2001.

Methodology:

- Pre-post test workshop evaluation scores will be used to measure the effectiveness of the training workshops.
- A training report will be written regarding the one day special topics to assess the change in knowledge and skill level of participants.

Reporting:

- The workshop trainers will submit a report on the workshop proceedings and the pre-post test evaluations to WVV.
- World Vision will report progress towards this objective to USAID during the reporting periods that follow the trainings.

Objective 2: A mechanism for delivering CBR services in 8 wards of District 8 of HCMC will be established and functioning.

Indicator:

The number of CBR service providers and Steering Committees appointed and functioning.

Benchmarks:

- By January 1999 one District CBR Steering Committee formed.
- By January 1999 3 Ward CBR Steering Committees formed. By November 1999 3 Ward CBR Steering Committees formed. By November 2000 2 Ward CBR Steering Committees formed.
- By January 1999 5 District Supervisors appointed and working.

- By November 2000 16 Ward Local Supervisors appointed and working in 8 Wards.
- By November 2000 110 Volunteer CBR Workers appointed and working.

Methodology:

- The final selection of CBR service providers and steering committee members who have the authority and provisions necessary to begin CBR services are acknowledged, recognised and the services documented.
- Minutes from CBR service providers monthly meetings will be submitted to WVV for review and monitoring.

Reporting:

- Reports of the appointments submitted to WVV
- Minutes of CBR service providers' meetings submitted on a monthly basis to WVV.
- WVV will report progress towards this objective to USAID on a quarterly basis.

Objective 3: Children with disabilities in 8 wards of District 8 of HCMC will function more independently in the home and community.

Indicator:

The number of children with disabilities who have improved their level of functional competency as measured by the WHO Functional Assessment Scale/Form 2.

Benchmarks:

- By September 1999 40% of the 100 children who are receiving CBR services will have shown an increased level of functional competency.
- By September 2000 60% of the total 300 children who are receiving, or who have received CBR services will have shown an increased level of functional competency.
- By September 2001 80% of the total 500 children who are receiving, or who have received, CBR services will have shown an increased level of functional competency.

Methodology:

- Using the WHO Functional Assessment Scale/Form 2 and other case records, assess the child's disability, determine the baseline level of functioning, track progress and compare it with the child's final, improved level of functional capacity.

Reporting:

- District Supervisors submit report to WVV on a monthly basis.
- WVV will report progress toward this objective to USAID on a quarterly basis.

Objective 4: The prevalence of malnutrition among the targeted children with disability will be reduced.

Indicator:

The number of children receiving associated interventions whose nutritional status has improved.

Benchmarks:

- By September 1999 the effects of chronic under-nutrition among the targeted children will be reduced by 1 percentage point.
- By September 2000 the effects of chronic under-nutrition among the targeted children will be reduced by 3 percentage points.
- By September 2001, the effects of chronic under-nutrition among the targeted children will be reduced by 5 percentage points.

Methodology:

- The child's nutritional status across weight/height, height/age, and weight/age will be assessed, a baseline formed and tracked as assessed by the National Centre for Health Statistics (NCHS) Reference Standard.

Reporting:

- District supervisors will submit a report to WVV on a monthly basis.
- WVV will report progress towards this objective to USAID on a quarterly basis.

The term "equalisation of opportunities" means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made available to all, particularly to persons with disabilities.

- *Article 24, United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, 1994.*

"Talk is cheap. Action is expensive. And there has never been such a need for action as now. Spending money on children with disabilities who are children in especially difficult circumstances is one of society's most critical investments in its future citizens".

- *John Stott, President, Rehabilitation International, 1995.*

7. Findings of the Mid-Term Evaluation Mission

7.1 Conditions to be Expected at Mid-Term of the Project

The conditions to be expected at the end of the Project, as set out in the Project Proposal, are included at 5.2 above. In normal circumstances, it would be reasonable to find that significant progress towards meeting these conditions had been made at the mid-term point of the term of the Project. However, as noted in 4.2 above, implementation of most of the Project activities was significantly delayed during FY1999 and FY2000.

Result 1: To date, 85 CBR service providers in District 8 have the knowledge and skills necessary to provide effective CBR services to children with disability. WVI-VN advises that it is expected that by the end of the Project, the proposed end-of-term number of 145 CBR service providers will be trained and experienced enough to provide effective CBR services to children with disability.

Result 2: To date, 4 wards of District 8 of HCMC have implemented a mechanism for delivering CBR services to children with disability. This is a satisfactory outcome in the circumstances and it indicates that the proposed end-of-term number of 8 wards will be met.

Result 3: To date, 98 children with disabilities are receiving CBR services through Project activities in 4 wards of District 8. This is a satisfactory outcome in the circumstances. WVI-VN advises that, with an accelerated training program and given the cooperation from its Project partners, it is expected to be able to identify and assess close to the end-of-term target number of 500 children with disabilities and to ensure that 80% of these children will function more independently in the home and the community.

Result 4: To date, the nutrition status of the identified children with disabilities has been assessed. WVI-VN advises that a third assessment will be carried out shortly. A supplementary feeding program has been implemented and attention is being given to the need for regular, careful monitoring of the weight gain/loss of the children.

7.2 Implementation Plan - Operational Framework

The 4 main objectives and related activities, as set out in the Project Proposal, are included at 6.1 above. As noted in 4.2 above, significant delays occurred in the implementation of most of the Project activities during FY1999 and FY2000. The Evaluators took this situation into account during the Evaluation Mission. The findings of the Mid-Term Evaluation Mission are:

Objective 1: District 8 CBR service providers will have the knowledge and skills necessary to provide effective CBR services to children with disability.

Activity 1.1: Preparation of training materials for training workshops.

This activity has been accomplished. Quality, up-to-date training materials have been provided for group and individual training for Project staff, Project volunteers and Project partners. The material is also valuable for group and individual discussion and for the education of children with disabilities, their families and their communities. See 9.2 for comment and recommendation on utilisation of this material.

Activity 1.2: Training of District Supervisors, Local Ward Supervisors and Volunteer CBR workers and District Steering Committee in CBR methodology.

This activity has been largely accomplished. Major training was conducted in a 12-day CBR training workshop in May 1999 and a further 7-day training workshop was held in April 2000. It was noted that District Supervisors have not yet been appointed – see 7.2, Activity 2.1, later in this report. See 9.2 for comment and recommendations about future training needs.

Activity 1.3: Training of Rehabilitation staff from the USAID funded Prosthetics and Orthotics Rehabilitation Project.

This activity has been accomplished. Five DELISA staff from the P&OR Project participated in the 12-day CBR training workshop in May 1999.

Activity 1.4: Training on Psycho-social Aspects of Disability.

This activity has not been accomplished. Printing of the CBR training materials was delayed, as with many of the Project activities, for the reasons referred to in 4.2 above. WVI-VN advised that this activity will be undertaken during FY2001.

Activity 1.5: Quarterly training on special topics related to disabilities and rehabilitation for District Supervisors and Local Ward Supervisors.

This activity has been partially accomplished. Due to the delays referred to in 4.2 above, the first of these 3-day workshops was not conducted until 15-17 September 2000. WVI-VN advised that it is planned to conduct further workshops on a quarterly basis, in accordance with the Project Proposal.

Activity 1.6: Publish book on Psycho-social aspects of Mental Retardation and Developmental Disability.

This activity has been satisfactorily accomplished with some variation from the original Project Proposal. It had been proposed to support the publication of a new text book on mental retardation and developmental disabilities. Subsequently, it was decided that a text book written for "western" university students would be translated into Viet Nameese by Dr Tran Trong Hai. Dr Tran later advised that the text book was too technical for the purposes of this activity. An alternative text book, "Disabled Village Children (1996)" written by David Werner was then translated into Viet Nameese by Dr Tran and made available to Project staff, Project volunteers and Project partners. WVI-VN advised that another text book, "Nothing About Us Without Us", also written by David Werner, is currently being translated by Dr Le Quang Khanh. WVI-VN advised that, while both the books written by David Werner concern CBR and not psycho-social aspects of mental retardation and developmental disability, the translation and distribution of these texts is an important and relevant response to this activity.

Objective 2: A mechanism for delivering CBR services in 8 Wards of District 8 of HCMC will be established and functioning.

Activity 2.1: CBR District Supervisors and Ward Local Supervisors appointed.

This activity has been partially accomplished. Due to the delay in implementing Project activities referred to in 4.2 above, District Supervisors have not been appointed. Ward Local Supervisors were appointed earlier in calendar year 2000.

Activity 2.2: Steering Committee formed in District 8.

This activity has been accomplished with a variation to the original Project Proposal. As referred to in 4.2 above, some communication difficulties and misunderstandings occurred concerning the role and functions of the proposed Steering Committee. In order to clarify this issue, the term CBR Working Group was adopted. A CBR Working Group has now been established in District 8. See 9.2 for comment and recommendations about the composition of the District CBR Working Group.

Activity 2.3: CBR workplan written and approved.

This activity has been accomplished. Plans of Action and Time Lines have been prepared based on the workplan and are being used in the planning and implementation of Project activities.

Activity 2.4: Steering Committees formed in 8 Wards of District 8.

This activity has been partially accomplished. As noted in 7.2, Activity 2.2 above, the term CBR Working Group has been adopted instead of Steering Committee. The Project Proposal noted that 3 Steering Committees would be established in 3 Wards in year 1, 3 more in 3 additional Wards in year 2, and the final 2 in the last year of the 3-year project. To date, 4 CBR Working Groups have been established, in Wards 1, 8, 10 and 15. It is noted that the delays in implementing the Project, referred to in 4.2 above, also affected this activity.

Activity 2.5: Volunteer CBR Workers appointed.

This activity has been accomplished. It was noted that a number of volunteers who attended the 12-day CBR training workshop in May 1999 and the subsequent 7-day training workshop in April 2000 have not participated in the Project to date. WVI-VN advised that participants in the workshops were from all 16 Wards of District 8. The trained volunteers from Wards 1, 8, 10 and 15 are participating in Project activities. It is expected that the other trained volunteers will participate in Project activities when they are implemented in the other Wards of District 8. It is noted that further training of these volunteers will be necessary to refresh their knowledge and skills.

Objective 3: Children with disabilities in 8 Wards of District 8 of HCMC will function more independently in the home and community.

Activity 3.1: Children with disabilities identified and mapped in 8 Wards of District 8.

This activity has been partially accomplished. See 7.1, Result 3 above. Whilst 98 children with disabilities have been identified in Wards 1, 8, 10 and 15, it is expected that there are many children with disabilities who are still not identified in District 8. See 4.2 above for further comment on this matter.

Activity 3.2: Functional assessments of identified children with disabilities conducted.

This activity has been partially accomplished. Assessment records are being kept but it was noted that changes in the format of the assessment form as well as a lack of understanding of the importance and relevance of these records have led to the necessary data not being accurately, nor completely, collected and recorded. Further, the assessment records are not being well utilised as a tool for analysis and decision making on Project activities. See 9.2 for comment and recommendation on this activity.

Activity 3.3: Primary rehabilitative services are rendered.

This activity has been partially accomplished. CBR services are being provided in the homes of identified disabled children. The operational stage of the Project has only recently commenced, as referred to in 4.2 above.

Activity 3.4: Secondary rehabilitative referrals are made and services are rendered.

This activity has been accomplished. Identified disabled children who have more complex health and development problems are being referred to appropriate health services and relevant consultants are being involved in home visits for assessing, treating and making recommendations concerning these children.

Objective 4: The prevalence of malnutrition among the targeted children with disability will be reduced.

Activity 4.1: Nutritional status assessed.

This activity has been accomplished. Two nutritional assessments were conducted during FY2000. WVI-VN advised that it is now considered that the first of these was not conducted satisfactorily. It is planned to conduct a third assessment shortly, to provide, in conjunction with the second assessment, a baseline for this activity.

Activity 4.2: Provide associative interventions: de-worming, disease treatment, nutrition and health education in the home, and supplemental feeding.

This activity has been partially accomplished. Nutrition education through advice and cooking demonstrations and supplemental feeding activities have been implemented and are proceeding satisfactorily. De-worming, disease treatment and health education in the home have not yet been conducted. WVI-VN advised that specialist advice will be sought concerning these latter interventions and that, subject to this advice, services will be implemented shortly.

Activity 4.3: Conduct home visits for nutrition/health education.

This activity has been partially accomplished. It was noted that nutritional education is the focus of a current national campaign by the Ministry of Health. It was also noted that the involvement of parents of disabled children and volunteer CBR Workers in cooking demonstrations, which provide advice and guidance on nutritional matters, is proceeding satisfactorily. Home visits for nutrition and health education have not yet been conducted.

7.3 Implementation Plan - Program Monitoring and Evaluation

The monitoring and evaluation plan for the Project, as set out in the Project Proposal, is included at 6.2 above. As noted in 4.2 above, significant delays occurred in the implementation of most of the Project activities during FY1999 and FY2000. The Evaluators took this situation into account during the Evaluation Mission. The findings of the Mid-Term Evaluation Mission are:

Objective 1: District 8 CBR service providers will have the knowledge and skills necessary to provide effective CBR services to children with disability.

Indicator: The number of people trained in CBR methodology and psycho-social aspects of disability based on the WHO/CBR model.

With reference to the benchmarks for this objective (6.2 above), this objective has been partially accomplished. The delays in implementation of the Project activities referred to at 4.2 above have necessitated a re-scheduling of the benchmarks for this objective. WVI-VN advised that this re-scheduling will be prepared and implemented in association with a revised training schedule. See 9.2 for comment and recommendation on this objective.

Objective 2: A mechanism for delivering CBR services in 8 Wards of District 8 of HCMC will be established and functioning.

Indicator: The number of CBR service providers and Steering Committees appointed and functioning.

With reference to 7.2, activities 2.1, 2.2 and 2.4 above, this objective has been partially accomplished. The delays in implementation of the Project activities referred to at 4.2 above have necessitated a re-scheduling of the benchmarks for this objective (6.2 above). WVI-VN advised that this re-scheduling will be prepared and implemented in association with action arising from the signing of the Project MOU for FY2001.

Objective 3: Children with disabilities in 8 Wards of District 8 of HCMC will function more independently in the home and community.

Indicator: The number of children with disabilities who have improved their level of functional competency as measured by the WHO Functional Assessment Scale/Form 2.

This objective has been partially accomplished. As indicated at 7.2, activities 3.1, 3.2, 3.3 and 3.4, children with disabilities are being identified and assessed and primary and secondary rehabilitative services are being rendered. The delays in implementation of the Project activities referred to at 4.2 above have necessitated a re-scheduling of the benchmarks for this objective (5.2 above). WVI-VN advised that it recognises that improvements must be made in the completion of assessment reports and in their analysis, to enable better decision making on Project activities. See 9.2 for comment and recommendation on this objective.

Objective 4: The prevalence of malnutrition among targeted children with disability will be reduced.

Indicator: The number of children receiving associated interventions whose nutritional status has improved.

With reference to 7.2, activities 4.1, 4.2 and 4.3 above, this objective has been partially accomplished. The delays in implementation of the Project activities referred to at 4.2 above have necessitated a re-scheduling of the benchmarks for this objective (5.2 above). WVI-VN advised that the need to ensure increased rigour in carrying out nutritional assessments has been recognised and that appropriate attention will be given to this matter. See 9.2 for comment and recommendation on this objective.

States should ensure that responsible authorities distribute up-to-date information on available programs and services to persons with disabilities, their families, professionals in the field and the general public. Information to persons with disabilities should be presented in accessible form.

- *Rule 1.1, United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, 1994.*

"I feel important when:

I get a special treat; I am told I'm special; I learn something new;

I get praise; I can help someone"

- **Robert, aged 10, [disabled student], 1995.**

8. Assessment

8.1 Achievement of Objectives

As noted in the Findings of the Mid-Term Evaluation Mission (see 7. above) the accomplishments and results to date are satisfactory in the circumstances surrounding the delays in implementation of Project activities. There are clear, positive signs that most of the objectives will be achieved by the end of FY2002 (see 9.1 below concerning the possible revised end-of-term of the Project).

8.2 Effectiveness of Interventions/Impact

As noted in the Findings of the Mid-Term Evaluation Mission (see 7 above), work across the 4 main objectives and related activities has begun. Training materials have been produced, training workshops have been conducted, relevant books have been translated and distributed, ward Local Supervisors have been appointed, CBR Working Groups have been formed, a CBR workplan has been written and implemented, Project volunteers have been appointed and trained, children with disabilities in 4 wards of District 8 are being assisted to function more independently in the home and community, functional assessments of the children are being conducted, primary and secondary rehabilitative services are being conducted, the nutritional status of the identified children is being assessed and, education and advice on nutrition is being provided. Project staff, Project counterparts, Project volunteers and children with disabilities and their families indicated to the Evaluation Team that improvements in the quality of life of the children and their families had occurred. Sound groundwork has been laid. There is much to be done to build on this groundwork.

8.3 Viet Nameese Partners' Knowledge and Skills in Project Management

Despite the high level assurances received from representatives of the HCMC government, the author has some residual concerns about the level of commitment to the Project at the City and District levels. This concern centres on what appears to be on-going rivalries between various elements at these levels of government, the effects of which have been to distract attention and support from implementation of the Project activities. It was difficult to gauge the level of knowledge and skills in Project management because the effective life of the Project is measured in months rather than years. One area of concern to the author was the apparent lack of awareness of and understanding about the need for careful, consistent completion of assessment records and their usage for analysis and decision making. The author believes that there is room for a careful, sensitive program of awareness raising and capacity building at the City, District and Ward levels concerning child development issues, the rights and needs of children with disabilities and their families and, the essential elements of CBR.

8.4 Strategies to Sustain Benefits and Community Participation

Clearly, the Project is in its infancy. In reality, it has not reached the mid-term point. The author believes that it is necessary to continue to develop and improve the day-to-day operations of the Project as a principal focus for the next 6 months. Recommendations about this are presented at 9. below. However, it is also necessary to begin to focus

intentionally on strategies to ensure longer term sustainability in the provision of services to children with disabilities. These strategies could include:

- capacity building among Viet Nameese professional staff in WVI-VN and in the Project counterpart agencies. This may be achieved by conducting focused training programs on a regular basis, supporting study tours to other relevant programs in Viet Nam and other countries, supporting research and academic courses in areas such as child development, working with children with disabilities, social work and prosthetic and orthotics work. Other areas for consideration include budgeting, record keeping and project implementation, reporting and monitoring of activities.
- involving the local community – parents of children with disabilities, neighbours and friends, other children, university students and business people – in face-to-face activities with children with disabilities involving simply being with a child, talking, explaining, singing and laughing as appropriate. Other activities could involve stimulating toys and games, outings, teaching literacy and numeracy skills, story telling/reading, use of computers and teaching various crafts.
- an advocacy campaign concerning children with disabilities, using media such as posters, local and city newspapers, local radio and television, visits to schools and universities and involvement with the local business community regarding vocational training and employment opportunities for children with disabilities.
- developing a small enterprise loan scheme and an academic and vocational scholarship scheme to enable the families of children with disabilities and the children themselves to access education, vocational training and small business opportunities.
- encouraging local business to become involved in the renovation of homes and the community environment generally to allow greater access to houses, buildings, streets, pathways and public transport for disabled persons.

It is noted that each of these strategies would require the initial effort of the Project Manager and her staff from both WVI-VN and from the counterpart agencies. It is also noted that the history and culture concerning dealing with disabled children has been, for the most part, to exclude them from “normal” activities in the community and in the home. Consequently, it will be necessary to model activities such as those listed to demonstrate their viability and to indicate the improvement in the quality of life for children with disabilities and their families.

8.5 World Vision Project Management

The author considers that the management of this Project by WVI-VN staff has been particularly good, especially in the circumstances concerning relationships with Project counterparts and the delays in implementation of Project activities as set out in 4.2 above. The author knows from experience how difficult it is to maintain enthusiasm and motivation in such circumstances. It was pleasing to observe that overall, there was a high level of enthusiasm, motivation and commitment to the work of the Project. Project documentation was very satisfactory. However, there are some areas where improvement could be effected (see 9. below for specific recommendations).

States should recognise the overall importance of accessibility in the process of the equalisation of opportunities in all aspects of society. For persons with disabilities of any kind, States should (a) introduce programmes of action to make the physical environment accessible; and (b) undertake measures to provide access to information and communication.

- *Rule 5, United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, 1994.*

“Everybody has a right to do what they want, and to do it when they want to. We do not need pity; we do not need to be soft-soaped all the time. We are all just as good at doing things – we can do everything everyone else does. We are equal and we want to be treated as equals, like human beings. We are not dumb; we are just as clever as anyone else. We should have the right to work.”

- Lee, aged 13 [disabled student], 1991.

9. Conclusion and Recommendations

9.1 Conclusion

The Mid-Term Evaluation Mission has concluded that the Ho Chi Minh City Assistance to Disabled Children Project – Phase I is a well designed and adequately funded CBR-based program for the development and delivery of services to children with disabilities. As detailed earlier in this report, implementation of Project activities has suffered significant setbacks. Nevertheless, there are signs of hope and of support which, given the goodwill and cooperation of all stakeholders, should ensure a successful implementation program during FY2001 and beyond. These signs rest in the Project Manager and other WVI-VN staff, the various Project sponsors, Ward level specialist staff, Project volunteers and the identified children with disabilities and their families. Members of the Evaluation Team were unanimous in endorsing that much has been achieved during the relatively short active life of the Project. We attributed this to the high standard of professionalism and commitment of the Project Manager, the support of her senior colleagues in WVI-VN and elsewhere in the WV Partnership and the commitment of her WVI-VN colleagues in Ho Chi Minh City. In addition, we were encouraged by the enthusiasm and willingness to learn demonstrated by the Project volunteers and Ward level counterparts and, the openness and trust of the identified children with disabilities and their families.

It is to be hoped that the promised cooperation of the HCMC government and also of District 8 PC will eventuate and continue from now on. Similarly, there is room for an enhanced level of cooperation and support from WVI-VN’s main implementing partner, District 8 CPCC, together with that of District 8 DOH in providing technical assistance. Despite the documented setbacks in implementation of Project activities, the author considers that the groundwork already carried out provides a sound basis on which to build an effective, sustainable program for the provision of services to children with disabilities.

With reference to the issue of funding for the Project (see 4.2 above), the author was advised by WVI-VN that it is considering making a formal request to USAID to permit carryover of unspent Project funds beyond the original end-of-term date of 30 September

2001. In view of the circumstances concerning delays in implementing Project activities, WVI-VN is hopeful that this request will be approved. It is understood that, if agreed by USAID, this will enable the Project to continue effectively through to the end of FY2002. The author considers that, if the funding for Phase 1 of the Project can be continued in this way, a very important and powerful message of care, interest and love will be given to all the stakeholders in the Project, particularly the children with disabilities and their families.

9.2 Recommendations

As noted above, WVI-VN Project staff, and the Project counterpart agencies, are making satisfactory progress towards achievement of the objectives of the Project despite the difficulties referred to earlier in this report. The author considers that, based on progress to date, the Project objectives will be achieved by the end of FY2002. The following recommendations are now offered as the author's thoughts for short and longer-term enhancement of the quality of the Project activities:

- greater attention is needed to record keeping of the assessment and nutritional status reports. It was noted that these reports were not completed and maintained in a timely and satisfactory manner by Ward Supervisors, Project volunteers and parents. Further, it appeared that the information contained in these reports was not gathered centrally, analysed and used for decision making concerning Project activities. The importance of these records for decision making concerning the Project activities needs to be reinforced to Project staff, Project counterparts, Ward Supervisors, Project volunteers, the identified children with disabilities and their families.
- communication difficulties appear to have existed in the Project. The author considers that this may have been a contributing factor in the sometimes difficult relationship with Project counterparts, as described in 4.2 above, and also may have contributed to some misunderstandings among Project staff and Project counterparts. Some members of the Evaluation Team considered that its own work was somewhat hindered by the lack of skillful, experienced interpretation. This was exemplified by the frequency with which the Viet Nameese-speaking Evaluator, Dr Le Quang Khanh, felt it necessary to intervene to clarify both questions and answers during many of the meetings and discussions held by the Evaluation Team. Consequently, it is recommended that immediate action be taken to provide better interpreting and translation support for the Project Manager.
- considerable effort has already been taken to ensure that first-class training and reference material is provided to Project staff, Project counterparts and Project volunteers. However, this material was not sighted by the author during the visits to Project sites or homes of children with disabilities. It is considered that this material ought to be part of the day-to-day equipment of all those involved in Project activities. It is recommended that the importance and relevance of this material be emphasised such that it is read frequently in meetings and discussions, referred to in completing the assessment records and used generally to increase knowledge about CBR and children with disabilities. It is suggested that if this is done well, relationships between the various individuals and partner agencies will improve as common ground is established and nurtured.
- it was noted that the training conducted so far has been thorough and effective. However, the Evaluation Team was told on many occasions that attending training

events over a period of several days imposes difficulties including absence from employment (usually ad hoc), concerns about child minding and family affairs and general inconvenience. Accordingly, it is recommended that training events on specified relevant topics be held regularly and for short periods.

- it was observed that the activities of the CBR Working Groups at the District and Ward levels would benefit by a clarification of the role and function of these groups. It is considered that the issues of management, support, monitoring and evaluation, problem solving, information management and analysis, training and continuing education and, general support and guidance to staff and volunteer workers ought form the basis of the activities of these groups. It is recommended that a document defining the role and function of the CBR Working Groups be developed and workshopped with the District and Ward level groups.
- the Evaluation Team considered that the existing CBR Working Groups at the District and Ward levels are not representative of the community generally and therefore not contributing effectively to the needs of the community and to the objectives of the Project. It is recommended that a review of the membership of these groups be undertaken with the specific purpose of including representatives from District 8 PC and other influential persons in the District 8 CBR Working Group, as well as representatives from community groups such as health professionals, educational professionals, disabled persons, persons with disabled family members, local business people and, youth and students, in both the District and Ward level CBR Working Groups.
- it was noted that an understanding of the concept and value of regular discussion groups at all levels in the Project was not held at all levels in the Project. It is recommended that discussion groups be formed in the different Wards involving Project staff, counterpart staff, Project volunteers, disabled persons, disabled children and their families to promote greater communication and understanding among the various stakeholders in the Project.
- with reference to the item immediately above, it is recommended that compensation for attendance at meetings and training events be provided in the form of transportation fees and other appropriate fees. It is also recommended that a participation fee be provided for each disabled child who attends Project activities. It is recommended that a reward system be implemented through the provision of suitable, low cost, useful articles for this purpose. It is also recommended that nutritionally valuable food packs be provided to families and individuals who attend various Project activities.
- it is recommended that a Technical Resource Centre be established and supported in District 8 of HCMC to provide technical advice and support materials for Ward Supervisors, Project volunteers, parents and children with disabilities. It is also recommended that the Technical Resource Centre have a small number of dedicated staff who have received intensive training on advising and demonstrating on CBR and on dealing with disabled children generally.
- it is recommended that Resource Centres be established in the Wards of District 8 to provide places of peace, a psychological refuge, for disabled people. It is recommended that these Resource Centres provide cognitive development opportunities for intellectually impaired children, many of whom have little or no possibility of being accepted for informal and formal schooling. It is also recommended that these centres make available for borrowing toys, tapes, videos,

educational aids, sporting equipment and computers, to improve the lives of disabled children and their families. It is envisaged that the realisation of this recommendation would result in model daycare and resource centres for disabled people in each Ward in District 8.

- it is recommended that a review be undertaken of the WVI-VN staffing levels for this Project. The Evaluation Team had some concern that the current number of 2 staff is inadequate for the effective implementation and management of the Project. This matter was also of some concern in relation to on-going operations of the Project during absences of the Project Manager and also in relation to succession planning in the Project.
- it is recommended that a review be undertaken of the need for a dedicated vehicle and driver for the Project. Issues of relevance to this recommendation include the safety of staff and the convenience concerning Project activities in travelling to and from District 8 and throughout the various Wards.
- it is recommended that consideration be given to changing the implementing partnership arrangement for the Project. The current implementing partner, District 8 CPCC, is a coordinating and not an implementing agent. This partner is particularly busy and, it appears, lacks human resources and is unable to give adequate time to the CBR Project. On the other hand, District 8 PC is the senior agency in the District and as such is able to oversight activities with a wholistic perspective. The author believes that District 8 PC is a more appropriate implementing partner for the Project.

APPENDIX I

Individuals with whom the Evaluation Team Held Meetings and Discussions During the Evaluation Mission

HCMC DELISA

Mr Nguyen Hoang Nang	Vice Director
Ms Nguyen Thi Thanh Binh	Planning Financing Section
Mr Vo Minh Hoang	Social Section

DISTRICT 8 PC

Ms Nguyen Thi Bach Yen	Vice Chairperson and Chairperson of District 8 CPCC
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DISTRICT 8 CPCC

Ms Dinh Thi Kim Lien	Vice Chairperson
Ms Tran Yen Linh	CBR Project Site Staff

DISTRICT 8 CBR WORKING GROUP

Ms Dinh Thi Kim Lien	Chairperson – from District 8 CPCC
Dr Le Thi Thu Van	Vice Chairperson – from District 8 HC
Dr Thai Thi Tuyet Mai	Vice Chairperson – from District 8 Red Cross
Mr Nguyen Van Khanh	Ward 1 PC VC
Mr Mai The Ngoc	Ward 1 Youth Union
Mr Nguyen Nha Kha	Ward 8 PC VC
Ms Le Thi Hoai Van	Ward 8 Women's Union
Mr Thai Cam Nguyen	Ward 10 PC VC
Ms Lam Thi Kim Hue	Ward 10 Women's Union
Mr Le Van Phuoc	Ward 15 PC VC
Ms Nguyen Thi Thanh Tam	Ward 15 Women's Union VC
Ms Huynh Anh	University student and disabled person

MOLISA

Mr Tran Anh Kiet	HCMC Pediatric Orthopedic Centre
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CHILDREN WITH DISABILITIES

Name	Age	Disability
Ward 1:		
Mr Ca Riem	(4)	Heart disease
Mr Huynh Tan Nghia	(16)	Polio
Mr Tran Huu Huan	(14)	Muscular dystrophy
Ms Le Thi Phuong Thuy	(14)	Cerebral palsy
Mr Pham Thanh Sang	(13)	Mental retardation
Ward 8:		
Ms Nguyen Thi Thu Thao	(15)	Cerebral palsy
Mr Le Minh Hai	(13)	Cerebral palsy
Ward 10:		
Ms Khai Mong Thao	(16)	Cerebral palsy
Mr Luu Thanh Hung	(11)	Cerebral palsy

Name	Age	Disability
Ward 15:		
Mr Tran Van Hoang	(14)	Polio; blind in right eye; disease in left eye
Mr Phung Minh Thuong	(10)	Downs syndrome

APPENDIX II

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