

**CATHOLIC RELIEF SERVICES  
VIETNAM PROGRAM**



**EXPANSION OF COMMUNITY SUPPORT FOR  
CHILDREN WITH DISABILITIES**

**No. 896 – T002**

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**CLOSING REPORT**

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## **I. EXECUTIVE SUMMARY**

This final project report is a review of the activities, achievements, constraints, and lessons learned for the project titled "Expansion of Community Support for Children with Disabilities," funded by the United States Agency for International Development under the Displaced Children and Orphans Fund (DCOF). It has been implemented through the collaboration of the Vietnamese Ministry of Education and Training (Preschool Department and Primary Department), the Center for Special Education, National Institute of Educational Sciences (CSE/NIESAC)<sup>1</sup> and Catholic Relief Services (CRS).

CRS's programming addressing the needs of children with disabilities (CWD) started with a pilot project in 1996. In ten years of operation, CRS has made significant achievements in providing services for this vulnerable population. A few of the most notable results that impact learning and teaching are:

- 2986 children with disabilities have been mobilized to attend school in six districts.
- 600 graduates of pre-service and in-service programs at teacher training colleges and universities have become resource people and trainers in three provinces.
- 2757 turns of classroom teachers trained, resulting in 90% of the teachers in the initial districts accepting CWDs into their classroom.

The original pilot project started at a time when there was little understanding of the needs of children with disabilities and the needs of classroom teachers to integrate these children into the classroom. Before the start of the USAID-funded project in 1998, there was starting to be interest in the concept; however, the most widely held view was that IE was not a priority – and that it was a model which might work with more developed countries, but not in Vietnam.

The project has improved understanding about disabilities on all levels, from the children and their families in their homes, up to the policy makers at the national level. This has been clearly demonstrated by the following results:

- The ability of the model to be replicated, with 82% attendance rate of CWDs in the districts which entered the program in 2002.
- Development and continuation of community support models such as the Resource Network and parents' support groups.
- Teachers' statements of confidence and understanding of the needs of CWDs in their classrooms.
- Progress on a vision for inclusive education, strategies, regulations and guidelines.

The most important impact of the project has been on the lives of the children themselves. In many cases, children with mild and moderate disabilities are keeping up

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<sup>1</sup> NIES's name was changed to the National Center for Education Strategy and Curriculum (NIESAC) in August 2003.

with their peers. Community awareness activities have increased understanding and have helped families and communities provide more effective interventions to CWDs. Even children with the most severe disabilities, who were shut away in the past, are able to achieve more through contact with other children and adults.

Teachers have benefited through the project through both improvement of technical understanding and confidence in working with CWDs. The methodology is consistent with the national promotion of reformed teaching methodology, which is based on child-centered, activity-based teaching and learning. Incorporation of disability issues into routine monthly meetings and feedback sessions have given teachers extra support and help with problem-solving as they work to include CWDs in their classes.

Developing a network of key teachers and other resource people has helped to decentralize training and has increased local ownership of problem solving. The face to face contact provided during trainings has helped teachers feel that they can communicate with their trainers when they feel they need extra assistance.

Trainings at the national level has improved the vision for inclusive education, along with the provision of a project model have stimulated leaders in developing a vision for inclusive education. Within a short amount of time, inclusive education has progressed from two districts to a national level program at the teacher training colleges and their associated districts and provinces. At the end of seven years of USAID funding, drafts of national strategies, policies, regulations and guidelines have been completed.

While the project has had many successes, there are some shortcomings. When it was first introduced, the concept of inclusive education was new and stakeholders overly idealistic about what could be accomplished in a short time. They proposed many markers of project progress that proved difficult to collect as the project expanded its coverage and geographic scope. While it was initially hoped that strategy, regulations, policies and guidelines would be set in place, this has been a slow process. It has involved many stakeholders, meetings and negotiations around revisions which are both useful and appropriate for Vietnam.

This report was written during January 2006 by Barbara Lewis, a consultant from World Education, Vientiane, Lao PDR.

## **II. PROJECT DESCRIPTION**

### **1. Overall Project Description**

In 1998, the United States Agency for International Development (USAID) approved funding for the "Expansion of Community Support for Children with Disabilities" project. This project started implementation in one district in each of three provinces: Luong Son District in Hoa Binh Province; Yen Khanh District in Ninh Binh Province and Yen Hung District in Quang Ninh Province. The districts were surveyed and chosen because their variation in topography, economic situation, capacity of the education departments, and ethnic composition so that they could provide effective models for inclusive education.

In 2000, CRS received a cost extension of the project in order to continue developing community and rehabilitation networks as well as to strengthen the project model. These activities were implemented until June 2003, with matching funds from CRS and other private funding.

CRS received further funding to additional capacity building objectives and to start to institutionalize the contributions of the project through 2002–04, with a no-cost extension until September 2005.

In separate funding provided by the US Department of Agriculture, the intensive IE model developed during Phase 1 was expanded to three new districts in the original provinces: Cao Phong District in Hoa Binh Province, Kim Son District in Ninh Binh Province and Uong Bi Town in Quang Ninh Province. The inputs to these districts started in 2002 and are continuing through the 2005 school year. USAID funding thus contributed to the development of a model which could be replicated to new districts.

The project was evaluated twice, in 2000 and 2004.

### **2. Goals and Objectives by Project Phase**

The overall goal of the project, through all three phases, is:

*To ensure the inclusion of children with disabilities and their families in their communities by increasing awareness of their needs, training educators to meet their needs in general education classrooms and strengthening community support.*

During the implementation of the project, the goal has evolved and has emphasized different aspects of the vision of inclusive education.

*During Phase 1*, the project expanded lessons learned from an earlier pilot project with the Center on Special Education/NIESAC. In Phase 1, CRS and CSE aimed to create an environment that would support parents in sending their children to school, mobilize community understanding and support for IE and disability issues, and foster increased involvement of teachers and education staff in inclusion of CWDs. At the

same time, the project focused on training teachers and developing resources, both human and material in the form of handbooks, curricula and lesson plans for teachers. At this time, the project started implementation in three districts where the district education authorities (DOET) had the necessary basic skills and there was a demonstrated need for assisting CWDs.

Towards the end of this phase, MOET stated its commitment to inclusive education at a national conference in Vung Tau in 2001.

*Phase 2* involved strengthening and improving the systems developed during the first phase. During this phase, MOET requested development of crucial human resources. Key officers from MOET and NIESAC participated in international study tours and courses to learn how other countries implement IE.

Project implementation within the three original districts continued in this phase. Through additional funding from other sources, the comprehensive project model expanded to three new districts in the initial provinces. At the same time, MOET's planning capacity was able to make use of the materials and systems developed during Phase 1 to expand IE programming in teacher training colleges and universities (TTCs) throughout the country.

*During Phase 3*, the emphasis has been on consolidation and institutionalization of the project to incorporate materials, curricula, regulations and guidelines on inclusive education into formally approved strategies and policies. As a result, materials and curricula developed in the earlier phases of the project are now widely used. Students who have graduated from master's degree programs in the U.K. have returned to their work sites and are using their knowledge.

For reference, the objectives by each phase are below:

Phase 1 (1998 – 2002):

*Objective 1:*

To increase awareness of and support to children with disabilities in Vietnam by documenting and disseminating experiences, methodology and training curricula for use in preschools and primary school.

*Objective 2:*

To expand inclusive education into three districts of northern Vietnam by increasing awareness of families and community members about the abilities and needs of children with disabilities and by providing teacher training.

*Objective 3:*

To establish community-based support for children with disabilities.

Phase 2 (2002 – 2004):

In addition to continuation of the three objectives from Phase 1, three additional sub-objectives were defined in order to strengthen the human resources needed for institutionalizing IE.

*Objective 1A:*

Provide awareness workshops and overseas study tours to increase the visionary leadership of IE for national and provincial education leaders of MoET.

*Objective 1B:*

Develop specific guidelines for inclusive education implementation and management through organizing national level seminars and workshops with the involvement of key educators and practitioners at all levels.

*Objective 1C:*

Educate key MOET staff abroad in master's degree level programs and domestic short-term training courses to develop technical expertise in IE at the national and provincial levels.

Phase 3 (2004 – 2005):

The original three objectives continue with focus on continuation of policy and regulation development.

*Objective 1D:*

Facilitate the institutionalization of IE through development of a comprehensive set of policies and enforcement mechanism and consolidation of IE resources.

*Objective 2A:*

Development of a National IE Strategic Plan for national expansion.

### III. MAJOR ACTIVITIES, INDICATORS AND EXPECTED RESULTS

#### Phase 1 (1998 – 2002):

##### Objective 1:

To increase awareness of and support to children with disabilities in Vietnam by documenting and disseminating experiences, methodology and training curricula for use in preschools and primary school.

##### Major Activities:

###### National Level:

- **Materials and Curriculum Development**

During the first phase, NIESAC was involved in setting up the foundations for the inclusive education materials development and in establishing the model for inclusive education.

- **Strategy, policy, regulation and guidelines development:**

The major conference during Phase I was the Inclusive Education Conference in Vung Tau in 2001, which was attended by the then-MOET Minister, Mr. Le Vu Hung. This conference affirmed MOET's commitment in developing inclusive education as the main practice for CWDs. MOET requested CRS's assistance in development of an inclusive education framework which would make it a part of Vietnam's National Education Strategy for preschool and primary level schooling. At the conference, MOET outlined targets until the year 2010: 50% of all children with disabilities would be included in regular classrooms by 2005 and 70% by 2010.

The development of the regulatory framework has been carried forward through meetings at the national and local levels. These meetings include annual review meetings, topic specific workshops, and quarterly coordination meetings. At the national level, representatives from other provinces, education departments and TTCs attended to learn about successes of the program and share experiences. At the province level, other districts in the province could likewise share experiences.

- **Coordination and planning**

Starting early in the project and continuing throughout the three phases, the project set up coordination and planning meetings at each level. After the Vung Tau conference in 2001, the coordination system was further strengthened by the establishment of steering committees at the national, province and district levels.

	<b>Activities</b>	<b>Indicators</b>	<b>Results</b>	<b>Notes</b>
1	Training materials developed and used in TTCs and districts.	Availability and use of pre-service training materials developed by the project in 50 IE districts and 3 TTCs	Training materials used in 8 TTCs and in the 50 districts in those provinces	Accomplished – see discussion under ER #1
2	Meetings and pretesting to develop a curricula for preschool inclusive education	Curriculum for preschool IE is submitted to MOET for approval as a national standard.	A 180 credit curriculum applied in 3 TTCs	The curriculum has not been approved by MOET – see discussion under ER #2

3	<b>Follow up of teacher training</b>	Qualitative measurements of attitude changes in 3 districts selected for project implementation	90% of survey teachers and management staff show changed attitude. 70% of them believe that CWD do not affect non-disabled peers	Accomplished – Measurement source is the results of the survey on attitudinal change
4	Capacity for NIESaC resource staff and support the development of IE model as a solution for National strategy on education for CWD	CSE proposes a national strategic plan by 2001 to MOET and the VN Government to spread IE to all districts nationwide	CSE designed IE model for piloting as foundation of IE strategic plan	Partially Accomplished – see discussion under ER # 5 Will be fully accomplished in 2006
5	Implementation of programs in the Teacher Training Colleges	600 graduates of 3 TTCs use curriculum in 30 districts and are prepared to conduct training themselves after graduation		Accomplished – students started to attend in 2002
6	Conferences on inclusive education to exchange information on program results and discuss national policy	Influence of project activities can be documented in MOET policy statements on IE by 2001		Accomplished – see ER #4
7	Awareness activities through the media	Nationwide interests in awareness of inclusion shown by additional programs in new districts and a greater total number of articles, radio and television programs addressing this topic, as measured by MOET statistics and media surveys.	Number of articles, radio and TV programs increased in quantity, quality and frequency	Accomplished – see ER #6
8	Printing and distribution of materials	16,000 booklets published and distributed nationwide		Accomplished – see discussion under ER #1
9	Development of publications	6 books		Accomplished – see discussion under ER #1

**Discussion of expected results:**

**Objective 1:**

1. *Inservice training manuals for teachers are accepted and used by 2001 in 30 of the districts where inclusive education has been implemented nationwide.*

The following books have been printed:

1. *Training Primary School Teachers* – 5 sets of books – 500 sets printed = 2,500 books
2. *Inclusive Education and the Community* – 1,500 copies printed.
3. *Types of Disabilities* – 500 copies printed.

4. *Training Key Management Staff* - 3 book sets - 1,500 sets printed = 4,500 books
5. *Sharing the Same School* (3 newsletters) – 4000 copies of each printed = 12,000 copies.
6. Summary book, *Ten years of Inclusive Education in VN* - 500 copies printed.
7. Brochure on “Early Intervention and Inclusive Education” = 50,000 copies

A total of 26,000 books and 50,000 copies of brochures were printed, which is over the target of 16,000 handbooks.

The pre-service national curriculum has been drafted. The materials are in five handbooks (one for each of hearing impairment, visual impairment, language impairment, mental retardation and general disabilities).

The primary school materials are being used in at least 6 TTCs and in at least 30 districts nationwide. It is estimated that the materials are being used in up to 18 TTC's and as many as 50 districts nationwide.<sup>2</sup>

The project planned to print two sets of materials, primary and preschool materials for a total of ten books. The five primary textbooks were printed first to support the district level training for classroom teachers in would have those resources.

Radda Barmen had printed a set of textbook for primary school teachers going through preservice training. CRS planned to finish printing the preschool training manuals for the TTCs. The TTCs are using these materials in a draft form in order to get feedback.

The project modification in 2000 proposed a list of six additional publications. These were further condensed into three of the above publications. "Sharing the same school" newsletter publishes materials which cover the topics "*Learning and Playing Together*" and "*Games and Playing for Children with Disabilities*." The publications "Types of Learning Disabilities", "Basic Issues of Inclusive Education" and "Basic Issues in Inclusive Education" cover topics on "*Taking Care of Children with Hearing Impairments*," "*Taking Care of Children with Sight Impairments*," and "*Children with Learning Disabilities*."

2. *A curriculum for preschool inclusive education is submitted to MoET for funding as a national standard by 2001.*

The preschool curriculum is still being piloted in the TTCs in preparation for printing in 2006. The reason for the delayed is that the national curriculum standards have changed.<sup>3</sup>

3. *600 graduates of three national teacher training colleges use the curriculum in 30 inclusive districts nationwide and are prepared to conduct training themselves after graduation.*

Dr. Le Van Tac from NIESAC confirmed that 480 preschool graduates and 120 primary school graduates completed training. Of that number, 115 became resource people at in

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<sup>2</sup> Dr. Le Van Tac, NIESAC

<sup>3</sup> NIESAC source

the three initial districts, so they were already in place and had already learned from their own experiences when the project expanded to the new districts.

In addition, the TTCs who graduated these students are continuing to train in new students. For example, Mrs. Nguyen Thi Thu, the Vice-Director of the Quang Ninh Teacher Training College says that there are currently 400 preschool teacher trainees and 150 primary school teacher trainees in the Quang Ninh TTC program. These students are being prepared to replace teachers who will be retiring within the next two years.

4. *Influence of project activities can be documented in MoET's policy statements on inclusive education by 2001.*

These policy statements included comments by Mr. Le Vu Hung, the vice-minister of MOET at that time, which were quoted in *Education Time* magazine<sup>4</sup> in which he affirmed MOET's commitment to inclusive education.

5. *CSE proposes a national strategic plan by 2001 to MoET and the Vietnamese government to spread inclusive education to all districts nationwide.*

MOET has adopted CSE's proposed national strategic plan and has been using it to provide guidance for teaching of inclusive education at the TTCs and province-level education activities as well as budget allocation for projects funded through World Bank loans and NGO programs throughout the country.

During 2005, CRS has participated in coordination meetings on the strategic plan with the participation of MOET, other government agencies and INGOs. In September 2005, an inter-sectoral review workshop was held to review and clarify the MOET strategy. After the workshop, CRS organized a consultation meeting with MOET Vice-Minister Ms. Dang Huynh Mai and NIESAC Vice-Director Mr. Nguyen Loc in order to develop a follow-up plan. NIESAC revised the document, "MOET National Strategy on Education of CWD for 2005-2010 and Orientation to 2015" to be consistent with the timeline of the National Educational Strategy 2001-2010. After receiving MOET's approval of the document, NIESAC revised it to follow the standard format for strategic documents.<sup>5</sup> The strategy is currently being considered by other concerned ministries, a necessary step before government-wide acceptance.

6. *Nationwide interest in and awareness of inclusion shown by additional programs in new districts and a greater total number of articles, radio and television programs addressing this topic, as measured by MoET statistics and media surveys.*

There are many more programs and newspaper and magazines articles on the rights of the disabled. The Voice of Vietnam has radio shows highlighting the achievements of People with Disabilities. In Ninh Binh Province, the Yen Khanh radio station has two regular weekly programs on IE; in Quang Ninh Province these broadcasts occur once per week. Each program lasts ten minutes and is repeated several times during the week. Topics include project activities and their impact on children's learning and home lives and emphasized how everyone should support CWDs.

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<sup>4</sup> Nguyen Le Khanh (2001), *Forum on Inclusive Education for Children with Disabilities in Vietnam*. CRS and Radda Barnen. Hanoi, Vietnam.

<sup>5</sup> CRS Quarterly Progress Report, July – September 2005

There has not been any systematic data collection or survey to capture people's attitudes, perhaps because this was not a priority of education officials.

**Objective 2:**

To expand inclusive education into three districts of northern Vietnam by increasing awareness of families and community members about the abilities and needs of children with disabilities and by providing teacher training.

**Major activities:**

*Surveys and selection of target groups*

- Baseline surveys:

The purpose of the surveys was to understand the level of awareness of teachers towards special education and level of teachers' skills, as well as the situation of CWDs in these communities. NIESAC developed the first set of surveys and analyzed the results using SPSS. They surveyed the following:

1. Survey understanding and practice by teachers in
  - a. Thuong Tin District in Ha Tay province, Luong Son District in Hoa Binh and Tu Liem District in Hanoi and
  - b. in six provinces in central and northern Vietnam.
2. Surveys of children with disabilities in six districts in six provinces.
3. Detailed surveys and analysis of needs of CWDs in the three districts chosen for project implementation.
4. Additional data for use in selection of target districts.

- Selection of three target districts:

A number of factors were considered for the initial selection, so that the project could be seen as an effective model for a diverse set of conditions. Considerations included the terrain, the economy, level of education, and understanding about special education.

*National Level Activities:*

- Training for Key People at the National Level:

In order to have a core group of trainers both for the project and for IE program development throughout the country, trainers from CSE/NIESAC received training in Hanoi. When the training programs in the districts started, these trainers conducted the trainings.

- Development of curricula, handbooks, lesson plans

NIESAC trainers wrote the materials, and education experts at all levels reviewed the materials using feedback from the classroom teachers. After revising the materials, the pretesting continued.

*Province Level Activities:*

- Training of Province Core Lecturers at the Teacher Training Colleges:

The teachers who later taught the upgrading and pre-service courses attended advanced training in Hanoi. At the Quang Ninh TTC, 12 resource people attended the courses; they continue to teach the inclusive education classes. The first twelve-week

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training for the Core Lecturers, organized by NIES and CRS, started in 2001 with the second part of the training program, a fourteen-week session completed in 2002.<sup>6</sup>

Although training materials and curricula were available for pretesting at the start of the project, the TTC-level trainings were slowed because of uncertainty in implementing a decree which gave the TTCs more autonomy in selecting programming. In 2002, the first group of primary school teachers started in-service training.

In addition to teaching students in the program, Core Lecturers have helped graduates once they returned to teaching. Graduates of the TTC contact the Core Lecturers if they meet up with a difficult situation and need advice.

- **Province level resource people:**

Provincial level resource people were teachers who received upgrading training at the TTCs. When NIESAC trainers started the first trainings in the districts, the province level resource people were the co-trainers and continued to follow-up key teachers and provide information and assistance when needed.

*District and community:*

- **Awareness Activities:**

Before new children with disabilities entered schools, the communities received information on the rights of children to receive education, the abilities of CWDs, as well as the philosophy and practice of inclusive education. The Community Support Teams, composed of teachers, representatives of the mass organizations and health care workers, started their activities to talk with families of CWDs and other parents to set up condition for CWDs to attend school.

Awareness activities extended to media activities. Newspaper articles and radio programs informed people about the rights of the disabled, the project's activities, human interest stories and the successes of the project. Some of the venues included the Voice of Vietnam and the district radio programming in Yen Khanh Districts. MOET activities included starting a column in the newsletter that they distribute to schools throughout the country.



Ms. Nguyen Thi Lam is a Luong Son DOET resource person, who works in the Preschool Department. "I help preschool teachers especially with questions about rehabilitation."

- **Training of District Key Teachers:**

Most of the key teachers are vice-principals of primary schools or preschools who received their training through a six-week intensive session at Hanoi University. Some key teachers then went on to receive upgrading training at the TTCs. School

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<sup>6</sup> CRS Quarterly Progress Report, no. 17; 30 September – 30 December 2002

administrators still teach at least five classes each week (either their own classes or as substitute teachers). In addition, they assist other teachers with teaching methods, lesson planning or with difficult students. Through the project, they also conducted trainings with the support of NIESAC and other IE trainers.

- **Trainings in the Districts:**

The classroom teachers attended the trainings organized by NIESAC in three-week long trainings. NIESAC trainers continued to provide technical support for classroom teachers, gradually handing over that responsibility to Key Teachers in the districts.

- **Implementation of inclusive education programming in the districts:**

Teachers who completed the three-week long program began accepting CWDs in their classrooms during the first school year of project implementation in 1998. NIESAC trainers and two CRS staff were initially responsible for follow-up and providing support for problem solving, with the key teachers at the district and province levels taking over the main responsibility for follow-up after the end of their training programs.

*Indicators:*

	<b>Activities</b>	<b>Indicators</b>	<b>Results</b>	<b>Notes</b>
10	Trainings for classroom teachers in inclusive education, reformed teaching methodology, specific skills (for visual or hearing disabilities), and rehabilitation	Interviews and observation show that 270 teachers in the three districts employ reformed teaching methods and use basic rehabilitation techniques	580 teachers attending the workshop to share good practice in IE/The contest on good practices on IE. 562 teachers apply collaborative group learning skills in their lessons	Accomplished – see ER #6
11	Increasing community support to mobilize children to attend school	At least 76% of the girls and boys (age 3-15) with disabilities in each of the three districts attend inclusive classes by 2001 and 90% by 2002	68% of CWD (In 2001) and 90% in 2002 going to school	Accomplished - see ER #1
12	Inclusion of gender issues in teacher training and community support training	Implementation is gender-sensitive, providing equal access to education for girls and boys with disabilities as measured by surveys and district statistics	77% of CWD going to school are female	Accomplished – see ER #2 & 3
13	Rehabilitation training directed towards preschool teachers	90 preschool teachers demonstrate knowledge and experience of basic rehabilitation and early stimulation techniques the evaluation		Accomplished – see ER #5
14	Monthly follow-up meetings, site visits by CRS and NIESAC.	All teachers trained by the project demonstrate understanding of the philosophy of IE and of the particular requirements of children with various disabilities and learning differences as measured by surveys, evaluation	89% of surveyed teachers demonstrate awareness and understanding of IE philosophy and purpose of IE for CWD	Accomplished – see ER #6

1. *90% of children with disabilities in the project area are attending regular classes in local preschools and primary schools by the close of the project in 2002, as shown by household surveys and subsequent measurements.*

In 2001, 1694 out of 2495 students were attending school (68%); by 2002, 2257 out of 2495 students were attending school (90%). By the end of the project, the indicator was accomplished. Since that time, the total number of CWDs in all the districts have dropped with a corresponding drop in the percentage of CWDs attending school.

District officials say that there are several factors involved:

1. For the original three districts, the criteria for disabilities in the original 1998 survey were too broad and very subjective. When the health staff screened the CWDs many children, with minor disabilities, were screened out.

2. Some children with mild disabilities have responded to the extra attention, and are no longer classified as disabled. (See the example of Binh in the case studies).

3. Some children with severe disabilities may not be included in the in-school figures because they do not attend school consistently, discontinue schooling for most of the year, or they may be referred to special education centers. The DOET in Luong Son mentioned that some children with severe disabilities, especially in the rural areas, had dropped out of school.

4. School attendance has been decreasing with more effective family planning programs. In Yen Khanh District, the number of primary school children decreased from 17513 students in the 2001 school year to 13820 in the 2003 school year.

(As a side note, the number of students in preschool has stayed the same in these two districts. MOET has been promoting the positive effect of preschool on readiness for primary school, even though preschool attendance is not mandatory. The percentage of preschool attendance among CWDs has decreased slightly, which may be both due to lower incidence of congenital disabilities and also since parents now have to pay school fees for preschool students).

5. Health programs are reducing the risk of prenatal problems and congenital birth defects. Programs such as immunization campaigns may be reducing the rate of rubella in un-immunized mothers; mosquito net impregnation programs may be reducing the rate of low birth weight babies who have a higher incidence of disabilities.

6. Some disabilities are correctable – providing children with corrective eye surgery or glasses may improve visual impairments enough that they do not require additional support.

7. Even though the percentage of CWDs attending school has decreased slightly since 2002, it is still higher than the national targets. The MOET Steering Committee in its draft of IE guidelines, in which it has set out its targets for nation-wide inclusion of CWDs. 50% of CWD will have access to schools by 2005 and 70% by 2007. As discussed in the Mid-term Evaluation Report, the goal of inclusion of 90% of CWD after four years of program implementation is very ambitious.

*2. Implementation is gender-sensitive, providing equal access to education for girls and boys with disabilities, as measured by surveys and district statistics.*

As noted in the baseline survey, there are more boys with disabilities than girls. At the end of the first phase, 77% of girls with disabilities were going to school.

During the 2005–06 school year, there were 1921 CWDs attending school in the six districts out of a total of 2358 CWDs.

Total number of CWDs		Number of CWDs in school	
Boys	Girls	Boys	Girls
1321	1037	1057	864
56%	44%	55%	45%

For this school year, girls are represented proportionally in school. Additionally, 83% of girls with disabilities are in school, compared with 80% of boys.

*3. Baseline and household surveys conducted in all project communes by spring 1999 assess all children's abilities and needs, involving and informing community members about the project. All survey data is disaggregated by gender.*

The original household survey yielded useful data, not only about the number of children with disabilities but community attitudes about people with disabilities, which helped to inform community members about the need for change. This data was analyzed using the SPSS program and so it could be disaggregated by all significant variables.

Each school year, the districts provide data of the number of children enrolled at the beginning of the school year and at the end, of the number of children who attended during the year, which includes the number of children mobilized during the school year. This data is disaggregated by gender, types of disabilities, and an assessment of mild, moderate or severe disabilities.

*4. 180 primary and intermediate school teachers who have been trained by the project employ "doi moi" or reformed methodology, including a child-centered approach with the use of active learning methods, by the 2001 evaluation.*

Reformed teaching methodology involving activity-based, child-centered learning and teaching became a national strategy in the 2001 school year. For the initial districts, NIESAC included a one week-long session during the initial sets of inclusive education trainings.

*5. 90 pre-school teachers demonstrate knowledge and experience of basic rehabilitation and early stimulation techniques in the evaluation.*

In the rehabilitation training, at least 100 preschool teachers joined the health workers. During the field visits, preschool teachers demonstrated their knowledge (see case study on Phuong in Annex 4).

*6. All teachers trained by the project demonstrate understanding of the philosophy of inclusive education and of the particular requirements of children with various disabilities and learning differences, as measured by surveys and evaluations.*

In the monthly teacher meetings, the key teachers use part of this time for observation and feedback on teacher performance. All respondents in the interviews conducted for this report were able to state the fundamental ideas of IE and give examples of how they applied those principles.

**Objective 3:**

To establish community-based support for children with disabilities.

**Major Activities:**

Vietnam has a health care system with health centers at the District and Commune levels. In many communes, volunteers are responsible for malaria control, immunization, family planning and child health screening. In addition, mass organizations such as the Women's Union and Youth Union mobilize the community and support people with problems, as well as coordinate with other initiatives.

Other initiatives have started Community Based Rehabilitation in some provinces, though there were no programs in the three districts chosen for the project. Giving parents and teachers support in the area of rehabilitation is an important part of inclusive education work.

- **Rehabilitation Training:**

The trainings were designed for basic rehabilitation volunteers as well as families and teachers. Staff from the National Rehabilitation Center conducted the initial trainings along with province level rehabilitation staff. The content included information about specific disabilities, exercises for strengthening and prevention of secondary disabilities for children with mobility problems, and how to make simple assistive devices from locally available materials.

- **Development of Community Support Teams:**

These teams are composed of commune level health workers, teachers, mass organizations and parents with CWDs. The initial focus was awareness raising within the families to foster an environment where they could feel secure about sending their children to school. These teams also helped provide problem-solving for common problems that families faced – how to send the children to school, dealing with isolation, health issues, economic issues, and rehabilitation exercises and devices.

- **Referral of Children for additional health care:**

With the establishment of the steering committees and contacts with the district health services, the system for referral of children for corrective surgeries was strengthened. Some District Health Centers have some surgical abilities such as having the facilities for doing eye surgeries, though child with mobility problems and more complex sensory difficulties were sent to national-level facilities such as the National Pediatrics Institute, the Eye, Ear and Throat Hospital or the German-Vietnamese Friendship Hospital.

Many of the screening and referral examinations were done in coordination with the Vietnam Veterans of America Foundation with their counterparts at the Bach Mai Hospital. Support for surgeries for the children came from CRS contributions and funds raised from private donors.

*Indicators:*

	<b>Activities</b>	<b>Indicators</b>	<b>Results</b>	<b>Notes</b>
15	Development of Community Support Teams, with management and training support	Three District Resource Centers have full-time staff and facilities with resources provided by the DOET or other district or provincial authorities	Initial ideas on the functions and tasks of the resource centers developed by CSE	Not fully accomplished – see ER #1
16	Training of key teachers and establishment of monthly training and feedback sessions as part of resource network	Trained resource persons are empowered to carry out monitoring, support and follow-up in districts	54 key teachers provided with regular monitoring and carry regular support/counseling and coaching to class teachers	Accomplished
17	Establishing awareness of gender issues in trainings and activities	All training activities, support teams and resource staff include equal participation of men and women		Accomplished – see ER #2
18	Involving parents of CWDs, teachers, rehabilitation staff and education departments. Establishing parents' support groups	CSTs in each project commune are financially self-sustaining by the close of the project, meeting monthly with parents and teachers	Project does not pay salary nor allowance, but CST operation under the direction of the district management boards is still in process	Accomplished – see ER #3
19	Development of gender awareness component within schools and CSTs	Support is provided on a gender neutral basis to all CWDs in the project area.	Both male and female CWDs are mobilized to go to school	Accomplished – see ER #2
20	Management of project activities is done by all stakeholders, increasing sense of ownership	Parents, volunteers, health workers and other community members demonstrate awareness of rehabilitation techniques and advocacy by developing action plans for continuation and extension of activities following the close of project funding.	A network of parents established across all the project districts for experience sharing	Accomplished – see ER #5
21	Discussions with steering committees and participation of departments of health	Three District Rehabilitation Departments have full time staff and facilities with resources provided by health bureau or other district or provincial authorities	District Rehabilitation departments in cooperation with schools to provide health support services to CWD. Each district rehabilitation department has a specialized rehabilitation doctor	Not fully accomplished – see ER #1
22	Training of rehabilitation volunteers at commune level	Trained resource persons are empowered to assist CWD and community support teams		Accomplished – ER #1

23	Empowering CSTs to continue follow-up and mobilization of severely disabled children	All children identified by CSTs as severely disabled receive adequate medical and technical assistance to be physically able to attend school and travel to and from home by the close of the project	Community is aware of the existence of children with severe disabilities and yearly conduct house to house survey to mobilize CWD to school.	Partially accomplished – see ER # 1
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1. *Three District Resource Centers have full-time staff and facilities with resources provided by the Education Bureau or other district or provincial authorities, by the time of the evaluation in early 2001. Trained resource persons are empowered to carry out monitoring, support and follow-up training in the district.*

Resource Centers were envisioned as focal-points for inclusive education and other rehabilitation activities in collaboration with Provincial People's Committees and DOETs to meet and collaborate on inclusive education. In addition, MOET would like to change the current Special Education Centers for severely disabled children into these Resource Centers, where they would serve a broader purpose as well as being a center for additional assistance to the visually or hearing impaired, so tutors could work with them more intensely.

Since these guidelines have not been formally approved, the physical structures have not been allocated for this purpose. The discussion is still continuing and most recently, in April 2005, participants at three meetings on the development of regulations on inclusive education (held in Hanoi, Nha Trang and Ho Chi Minh City)<sup>7</sup> gave feedback on the establishment of IE Support Centers for CWDs. The participants expressed many concerns about regulations for staffing, incentives, province oversight of activities. There are also concerns about altering the infrastructure of the IE Support Centers because of the broadened usage.

Instead of physical Resource Centers, the project concentrated on a non-center-based service which could accomplish similar goals. The Resource Network works with the steering committees, CSTs, teachers and parents in the community and has fulfilled the need for family and community support. Rehabilitation staff spent more time in the schools, providing support to the school health provider. The departments of health provided physical examinations and required immunizations to CWDs. The Community Support Teams helped those with social and economic problems, focusing on CWDs with more pressing needs.

The commune level rehabilitation volunteers coordinate between the families and the health centers. They meet monthly with the commune administration, which sends referrals to the district level Steering Committee. The commune rehabilitation volunteers work together with the Community Support Teams in order to identify CWDs, especially the most severely disabled, provide the services that they are capable of providing and refer them for follow-up. As discussed above under Objective 2, ER #1, there are many factors that determine whether a severely disabled child is able to attend school consistently; this is not an issue that can be corrected by surgery or rehabilitation alone.

<sup>7</sup> Progress Report 27, July 2005

The human resources for the commune level support for a community based rehabilitation network has been strong. Within a short amount of time, the rehabilitation volunteers have been able to provide follow-up and assistance for CWDs within the Resource Network.

*2. All training activities, Steering Committees, support teams and resource staffs include equal participation of men and women, with no more than 60% of one gender at any time.*

Nearly all primary and preschools teachers are women, as well as most of the key teachers. At the district level, most of the liaison and other support staff are women. At the province and National levels, there are equal numbers of men and women.

*3. Community Support Teams in each project commune are financially self-sustaining by the close of the project, meeting monthly with parents and teachers.*

CSTs were set up early in the project and helped with speaking with the parents of CWDs as well as with the community to promote inclusion. They responded as difficulties arose, as in helping parents bring a child in a wheelchair to school. During the course of the project, if the CST members and the parents felt that there was no longer a need, the CST stopped meeting. The stakeholders reported that CSTs were the most useful in the early stages of the project, when there was the most need for mobilization of children and families and continued to assist families with the most disabled children.



"Even though my family does not need assistance from the CST, I'm very involved in keeping the people involved in my commune. The CST helped my family a lot at the beginning of the program, and now I'm still volunteering with the CST."

During the interviews for this report, most parents, teachers and district officials estimated that 60% of the CSTs were functioning. In Luong Son District, the grandmother of one CWD, who has become very involved in her CST, estimates that about 70% of the CSTs in her district function well.

In Uong Bi Town, the CSTs are not currently functioning. According to parents of CWDs interviewed, the teams were useful in the beginning, when there were problems with getting families of non-disabled children to accept CWDs into the classroom. The CSTs helped to bring parents together so they could learn about their children's disabilities, strengths and how to help them. Afterwards, they continued to attend the parents' meetings, which they felt were even more useful.

*4. Support is provided on a gender-neutral basis to all children with disabilities in the project area, as demonstrated by observation and survey data.*

As mentioned above, girls with disabilities are well represented. Teachers are aware of gender issues, and try to get girls more involved.

"People are very busy so that's why the CST in the town did not work well. However, the parents groups grew out of the CST meetings. We still continue to meet and support each other. This has made a big difference in my life because it was difficult to maintain friendships outside the family when your child has a disability."

- Parent in Uong Bi town

"Parents would tell us that they felt shy about having a child with a disability, that people would think they had done something wrong. They would even ask us to bring the child for health checks or immunizations because the parents felt ashamed to be seen with their children. Now, people in the community understand, and the parents don't feel so ashamed."

- Teacher at Phuong Dong school

*5. Parents, volunteers, health workers and other community members demonstrate awareness of rehabilitation techniques and advocacy by developing action plans for continuation and extension of activities following the close of project funding.*

All the parents that we interviewed are more involved in the school and community activities now than they were before the start of the project.

Health workers and community members all verified that mass organizations are responsible for community health and mobilization. Because of this sense of ownership, and the skills they have learned through the project, all the people interviewed believe that these areas of work will be sustainable.

The center-based facilities at the District Health Centers are not complete. Some centers are able to do some eye operations, though they refer most corrective surgeries to the province or national hospitals. Some District Health Centers have basic physical therapy equipment and several physical therapy staff. They have the ability to do assessments. However, they are not able to make prosthetics and so refer all patients with amputations to the province hospital. Families need to wait a long time for their appointments and the indirect costs – transportation, costs of food, and loss of income for the parent accompanying the child – can still be obstacles to treatment even if outside sources provide the cost of the prosthetic.

Whether the district health centers need the full range of rehabilitation services, particularly prosthetics, is an issue which needs to be addressed through the Ministry of Health. The equipment for making prosthetics is expensive and requires continuous investment in training and upgrading of staff who fit and make prosthetics. It may well be that these issues are most effectively addressed at the province and national levels.

Through private funding, CRS provided support for a limited amount of rehabilitation for CWDs in the six target districts over the life of the project. A summary of services provided in two districts follows as an example:

**Total number of children in two districts referred for medical treatment/ surgery:**

	<i>Uong Bi, Quang Ninh</i>	<i>Yen Khanh, Ninh Binh</i>
Corrective glasses for myopia	136	93
Hearing aids	14	70
Devices (splints / prosthetics, etc)	19 devices for 13 children (mostly prosthetics)	35
Eye surgeries	18	19
Ear surgeries	7	18
Cerebral palsy chairs	0	20

*"Rehabilitation support is essential for children with disabilities. Once the children receive glasses or assistive devices, they gain a lot of confidence and they can learn better."*

*--Ms. Hoang Thuy Nguyet, rehabilitation section staff of Uong Bi District Health Center.*

**Phase 2 (2002 – 2004):**

Previous project activities continued through this phase. Program activities ran more smoothly as graduates from the training programs took over more of the training and follow-up of project activities. In addition to the activities in Objective 1, three new sub-objectives were incorporated to reflect the newly felt need for vision and leadership to develop an IE model appropriate for Vietnam.

The project expanded into three new districts, under USDA funding. This expansion tested the model and the ease with which it could be replicated. NIESAC trainers already had experience in training the initial districts, and the same province resource people, who had attended the teacher upgrading training at the TTCs, provided support. In addition, the new districts staff went to the initial districts on study tours. Many of the DOET staff in the new districts attended the annual review meetings in the province as well.

**Objective 1A:**

Provide awareness workshops and overseas study tours to increase the visionary leadership of IE for national level and provincial education leaders of MoET.

*Main Activities:*

Overseas trainings:

- Study Tour and international trainings

Study Tours visit inclusive education schools in Italy, Spain, and New Zealand. A total of 31 participants attended these meetings. A group of 12 people went to the US for longer term training.

- **In-country study tours**

The project sponsored study tours from other sites to the project's target districts. In addition, a group of Ministry of Education staff from Laos visited project sites in Luong Son District, Hoa Binh Province.

- **Extending the range of the model**

Every year, there are annual review meetings which collect data, successes, challenges and lessons learned from the results of provincial quarterly review and planning meetings. In addition, there have been sets of meetings reviewing the strategy, policies, regulations and guidelines at the national level.

### **Overseas training and workshops**

Training and duration	Participants	Topics
3 week training and exposure visit in US (December 2003)	6 MOET staff and 2 CRS staff	International leadership in inclusive education
6 week training at San Marcos University, CA (June-July 2004)	6 MOET staff and 2 CRS staff	Effective teaching in IE Law of education
7 day study tour in Italy (January 2004)	4 MOET staff and 2 CRS staff	Social environment for people with disabilities Policy development for people with disabilities
7 day study tour in Spain (September 2005)	5 MOET leaders and 2 CRS staff	Visit IE model in Spain
4 day conference in New Zealand (June 2004)	1 MOET leader , 1 university staff and 1 NIESaC staff	Attend international conference on inclusion for people with disabilities

### **Incountry trainings and workshops:**

Type and duration	Participants	Topics
4-day workshop	Representatives of MoH, MOLISA, NGOs and INGOs, UNESCO, WB and 7 provinces nationwide	Inclusive Education Policy Development
4-day workshop	Inclusive Education regulations working group	Inclusive Education Regulation Development
10-day training course	Head of Center for Special Education, NIESaC and Inclusive Education Program Manager	Organizational Development
Training workshop	45 participants from district and provincial education departments and TTCs of the 3 project provinces.	Strengthening the skills to use Individual Education Plans (IEPs)
4-day training workshop	100 headmasters and key teachers from Yen Khanh district, Ninh Binh province	IEP demonstration
Training	Inclusive education teachers in Luong Son district	Use and management of IEP
Workshop for 3 regions of Vietnam	64 provinces	Development of Regulations on Inclusive Education
National Conference	380 people participated representing all 64 provincial education department, teacher training colleges,	Years of Inclusive Education Implementation for CWDs

	universities and local practitioners	
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### Indicators

	Activities	Indicators	Results	Notes
24	Exposure trips and review sessions on what they learned and how they will apply it	Seven key leaders of MOET, CSE and CRS will have an overall and visionary view of IE so that advocacy work will be carried out better at the national level	90% of trained MOET & CSE staff have incorporated IE in their action plan of their education level and have initial adjustment	Accomplished – see ER #1
25	Annual review meetings and workshops	Specific steps and approaches are introduced and advocated for practical change	All provinces have Steering Committee on Education for CWDs (SC). National Steering Committee on Education for CWD provide guidelines for Province SC to implement IE	Accomplished – see discussion ER #2 & #3

### Expected Results Objective 1A:

*1. Leaders of provincial education department and universities and colleges throughout Vietnam have an understanding of IE philosophy and its relevant approaches.*

Twenty-seven MOET, CSE and CRS attended overseas workshops, in the US, Italy, New Zealand and Spain during the 3 years of 2003, 2004 and 2005 (see table above) In addition, 190 leaders of provincial education departments and universities have attended two 7 day training courses in Hanoi on inclusive education during the summers of 2003 and 2004 on IE.

Once participants returned from their training experiences, they met with their supervisors to discuss what they had learned and how they planned to use it. As an example, four MOET leaders who attended the IE study tour in Italy and the group who attended the US training both met with MOET Vice-Minister Ms. Dang Huynh Mai during the first quarter in 2004.<sup>8</sup>

After the National Meeting on IE in Vung Tau in 2001, *Guidelines on the Academic Task of Education of CWDs* were introduced, which mandated a National Steering Committee. After the National Steering Committee was set up in 2002, province and then provincial steering committees were also set up.

*2. Key leaders of MoET, CSE (NIESAC) and CRS have an overall vision on IE so that advocacy work will be carried out better at national level*

- Meetings to share experiences and best practices at each level:

Annual review meetings at the national and provincial levels continued to provide information on the inclusive education model.

<sup>8</sup> Progress Report 22, January – March 2004

- CRS has facilitated a series of meetings and workshops to review IE strategy, policies and guidelines. In interviews with MOET and NIESAC leaders, the participants talk clearly about the strategy and mission of inclusive education. At the district level, there have been workshops to exchange information on best practices.

*3. Specific steps and approaches are introduced and advocated for practical changes.*

All 64 provinces implement inclusive education of CWDs under the direction of MOET. While the level of implementation varies according to local resources and capacity, they have done much work on local capacity development and intensive programs for CWDs.

The national meetings have generated a lot of interest. Other organizations such as the World Bank loan-funded Primary Education for Disadvantaged Children (PEDC) project have been working with 40 TTCs nationwide

**Objective 1B:**

*Develop specific guidelines for inclusive education implementation and management through organizing national level seminars and workshops with the involvement of key educators and practitioners at all levels.*

Major Activities:

- Meetings on Guidelines  
National level workshops have produced a draft set of guidelines in 2004.

**Indicators**

	<b>Activities</b>	<b>Indicators</b>	<b>Results</b>	<b>Notes</b>
26	Meetings	Establishment of primary guidelines, instruction and policy that support class teachers and schools in order to professionally implement IE	Regulation on inclusive education approved and issued for all education institutions' application by MOET.	Partially accomplished – see ER #1

*1. The establishment of primary guidelines, instructions and policy that support class teachers and schools in order to professionally implement IE.*

Primary guidelines refer to fundamental standards, guidelines, regulations and policies which guide the inclusive national education environment. Although MOET has not formally approved the draft guidelines written in 2004, there are interim guidelines for the 2004-05 school years.

An example of the content of the interim guidelines follows:

**MOET guidelines on school-year academic tasks 2004-2005 of Children with Disabilities<sup>9</sup>**

- Human resource development – key teachers to replicate IE programming, development of specialized teachers at the University and TTC levels in IE, work to increase enrollment of CWDs.
- Mobilization of CWDs to schools and implementation of IE: identification of CWDs at screening events, coordination with CPFC, tracking progress of CWD, discussion between teachers as they 'hand over' the child at the end of the school year.
- Continuation of Special schools to accept children with severe disabilities until MOET's plan of transforming previous special schools into resource centers takes effect.
- Enrollment of CWD from first grade until universities, colleges and vocational training schools.
- Administration of provincial and district DOETs and centers – strengthening organization.
- On-the-job training – through MOET guidance on requirements, teacher networks and technical support, organizing of professional development meetings – thematic reporting, lesson observation, exchange of experience.
- Reporting – provide student reports at end and beginning of school years.
- Recognition of teachers with good teaching practice.

**Objective 1C:**

*Educate key MOET staff abroad in master's degree level programs and domestic short-term training courses to develop technical expertise in IE at the national and provincial levels.*

**Major Activities:**

All the Master's Degree graduates have been using their experience to further develop training modules. They have been using international sources, such as textbooks, journals, class notes from their programs or the Internet.

**Indicators**

	<b>Activities</b>	<b>Indicators</b>	<b>Results</b>	<b>Notes</b>
27	Writing materials, review of lessons	Three sets of training materials used for technical and management staff are developed for usage by key staff of preschool, primary and TTC levels.	Materials used for in-service training in IE collaborated by MOET with other bilateral and multilateral projects	Accomplished
28	Short courses at TTCs	700 key staff throughout the country provided knowledge and skills in IE	650 key staff through the country develop action plans to follow up on expansion of IE	Not fully accomplished – see ER #2
29	Attendance of Master's Degree programs in the UK	Five people from NIESAC, pedagogy universities and MOET will master technical knowledge and skills to use for IE implementation	4 staff from NIESaC Pedagogical Universities of HN & HCMC trained at Master level in IE develop action plan with support from their supervisors	Accomplished

**Expected Results Objective 1C:**

1. *Training materials used for technical and managerial staff are developed.*

<sup>9</sup> Progress Report 25, January 2005

Three sets of materials on management issues have been sent to the printers.

*2. Key staff throughout the country will be provided with knowledge and skills on IE.*

Out of an anticipated 700 key staff in the country, 635 key staff have been trained throughout 64 provinces, 91% of the target. These courses were offered several times at the TTCs. Some of the key staff were not available for those dates and as a result, the target could not be fully reached. Rather than send a non-qualified person who might not be able to use the material, the space was left vacant. While the target could not be met, it is likely that the people who attended these trainings were the people who are most directly involved.

*3. Staff at NIESAC, pedagogy universities and MoET will receive master's degrees in IE and have technical knowledge and skills to use for IE implementation in Vietnam.*

Four TTC and NIESAC staff from Hanoi and Ho Chi Minh City completed master's degrees at the universities of Manchester and Nottingham, returning to Vietnam in 2004 and 2005, respectively. They have been using this training in implementing IE in Vietnam after their return. A case study about one of the participants is included in the annex.

**Objective 2:**

The project continued activities, with the same objectives, in the three initial districts and started expansion activities to the three new districts of Uong Bi, Cao Phong and Kim Son.

**Objective 3:**

• **Rehabilitation:**

The project continued to coordinate with health centers and other donors to screen and provide treatment for correctable causes of disabilities. District and commune health screenings included assessment of visual and hearing difficulties.

• **Resource Network:**

This activity continued from Phase 1. The resource network in the initial three districts continued and along with a resource network composed of education, special education, health and rehabilitation staff started to become more effective in coordinating services.

**Phase 3 (2004 – 2005):**

**Objective 1D:**

*Facilitate the institutionalization of IE through development of a comprehensive set of policies and enforcement mechanism and consolidation of IE resources.*

Indicators

	<b>Activities</b>	<b>Indicators</b>	<b>Results</b>	<b>Notes</b>
30	CRS and MOET organize a series of workshops, Task Force Team meetings and consultation meetings to develop inclusive education regulation	Draft of inclusive education regulation developed	Regulation on inclusive education approved and issued for all education institutions' application by MOET.	Accomplished
31	MOET pretests IE regulations	Field Testing of IE regulations and guidelines		Not fully accomplished
32	NIESAC conducts national survey on education status of CWD as scientific evidence for NAP	A final report of the survey on the education status for CWDs is submitted to USAID in 2005		Not fully accomplished

*Discussion of Expected Results:*

*1. Draft of inclusive education regulations developed.*

The draft of the IE regulations has been submitted to the MOET Vice-Minister for review and comment. It will likely be signed in early 2006.

The regulations start with a vision for inclusive education:

*All children with disabilities enjoy equal opportunities, equal education as other non-disabled peers and are supported to develop their full potentials in a friendly and equal learning environment, supporting to their social inclusion.*

The regulations define the roles at each level. Responsibilities of MOET are:

- To issue guidelines on implementation of IE
- Coordination with other stakeholders.
- Approve financial plan of IE
- Monitor and follow-up IE at the local levels.

The document further spells out:

- Responsibilities of the People's Committees, provincial and district DOETs.
- The budget for IE will come from both the state budget and external sources.
- The roles for Resource Centers
  - The functions defined as providing support for families and schools and community, human resource development and planning and implementing early intervention activities.

- Responsibilities include identifying needs and abilities, teach caretakers of CWDs, support training activities and mobilize resources from the community.
- Conditions of infrastructure and staffing.
- Requirements for IE institutions, such as staffing and number of CWDs allowed in each class and role of the headmaster.
- Defines activities in inclusive education:
  - Inter-sectoral coordination,
  - Use of Individual Education Plans (IEPs) and requirements for updating them.
  - Early intervention to minimize barriers caused by disabilities and maximize development of the child.
  - Assessment of educational performance which is based on their needs and abilities, progression in social and life skills, and their achievements in relation to the IEP.
- Roles, responsibilities and rights of IE teachers.
- Rights of learners and CWDs
- Requirements for infrastructure and educational equipment including library and a rehabilitation and special skill development unit.

*2. National Action Plan on IE developed.*

The National Action Plan also continues in the draft stage, though many of its components are being implemented. In particular, the Individual Education Plans are being reviewed and used by teachers and are being considered for national adoption. The PEDC project is employing modified IEPs and other aspects of the National Action Plan in its IE model in disadvantaged districts nationwide.

*3. A final report of the survey on the education status for CWDs is submitted to USAID by the end of April 2005.*

The final survey report was not finished by the end of 2005. Although data gathering is finished, NIESAC has not been able to finish analyzing such a large amount of information. It has also difficult for NIESAC to design analysis which conforms to all the stakeholders' expectations.

**Objective 2A:**

*Development of a National IE Action Plan for national expansion.*

Indicators

	<b>Activities</b>	<b>Indicators</b>	<b>Results</b>	<b>Notes</b>
33	Meetings on discussion of National Action Plan	NAP developed, endorsed by MOET & distributed to all provinces	NAP used as guiding document to develop a detailed 5 year plan on education for CWD to submit to Government in early 2006	Accomplished

34	IEP further developed, piloted and standardized for national use			Not accomplished because there is no budget for this activity
35	Developing format and pretesting IEP	IEP meets the needs of users	IEP is being reviewed by MOET	Not yet accomplished
36	Making videos	IE training materials used for national expansion of IE	A video on IE procedures developed as guidelines for IE practitioners	Accomplished
37	Conference on 10 year implementation of IE	Model of IE submitted to MOET for national expansion	MOET approves IE model as the basis for national expansion	Accomplished
38	Key IE resource staff provide IE monitoring and professional support	Key IE resource staff support schools in implementation of IE		Accomplished

*Objective 2A:*

Development of a National IE Strategic Plan for national expansion.

*1. Training materials package unified and documented for national expansion.*

The model of IE has been submitted to MOET for national expansion. CRS and NIESaC have produced a video on the IE model. A second video, adapted for school teachers, shows how to implement some of the teaching plans and the philosophy of IE.

In order to expand the program to all provinces in Vietnam, regulations and guidelines help district and province officials understand their responsibility towards CWDs so that they feel comfortable in working with the program. The indicators in the above table give the steps for implementing a national program; however, this is still in process. Most of the documents are in the final stages of the review process.

The Individual Education Plan (IEP) helps to provide consistent care for CWDs as they progress through school and includes social and health data as well as teachers' notes. The IEP gives teachers an alternative way to gauge a student's progress in relation to his or her capabilities, rather than a grade which is based on the level of achievement of a non-disabled child. Teachers say that the IEP takes a lot of time to complete. Some people who were interviewed for this report said that there should be a standard format which is further adapted at the local level. However, MOET sources say that a standardized format is necessary.

## **IV. SUMMARY OF PROJECT ACCOMPLISHMENTS**

The project has made many accomplishments and has expanded quickly and effectively over a relatively short period of time. Positive results of the project have stimulated interest in inclusive education at all levels. The main factors for the achievements have come from participation from families and communities up to the national level, coordination with existing structures, and a strong follow-up and support network. Because the beneficiaries are the children, their families and the support network that work with them, the main achievements and shortcoming will be presented from the grassroots up.

### *District and Community Levels*

- Achievements affecting CWDs, their families and communities:

As has been noted in progress reports and in the two mid-term evaluations, the project's work in raising awareness has created a more favorable environment for children both to enter school and to feel part of the community. Although Vietnamese people act compassionately towards people with disabilities, this is often exhibited as charity or pity, not inclusion. In many instances, teachers told moving stories about how other parents resisted CWDs from entering the classroom before the project started. Once the climate of awareness of the rights of disabilities, coupled with the capacity building of the education staff at all levels, started to be felt in the communities, teachers felt that they could advocate for the inclusion of children. The parents of both CWDs and the parents of non-disabled children became more aware of the children's needs.

The local political structure has also been incorporated as a resource for promoting awareness. Members of the District and Provincial People's Committees attend the steering committee meetings, along with education and health staff and members of the mass organizations. The steering committees monitor activities in inclusive education and arrange the referrals of children who need other services.

Interviews with provincial and district-level education staff confirm this finding. Awareness has been an important factor in the success of the project.

### *Province Level*

- Types of teacher training

A major accomplishment of the project has been in designing teacher training which are most directed towards the classroom teachers, with adequate monitoring and follow-up so that classroom teachers get the most support in problem-solving.

*Initial Districts of Luong Son, Yen Hung and Yen Khanh:*

In-service training for preschool and primary school teachers was conducted by NIESAC staff, and more recently by lecturers from TTC. The training package consists of six types of courses, each one consisting of 5 – 7 days:

- Reformed methodology – the student-centered, activity-based learning methods which are now the focus of MOET's teaching reform.
- General principles of inclusive education.
- Making teaching and Learning Aids
- IEP – basic principles and refresher course (two separate sets)
- Specific skills in working with children in each of the four areas – intellectual, hearing, seeing and language difficulties. Not all teachers receive all these trainings. Two workshops were offered.
- Workshops on inclusive education practice, two days in length and given three times. The teachers who have been teaching CWDs make presentations and discuss best practices.

CRS hired two people during the initial process and co-planning of activities, monitoring and feedback. Now they are government staff and continue the practice in the districts.

*New districts of Uong Bi, Cao Phong and Kim Son:*

- In-service training for Preschool and Primary school teachers:
- General principles of IE
- Thematic training on specific skills
- IEP
- Workshops on inclusive education practice have been conducted three times.

*Follow-up workshops*

The key teachers take responsibility for monthly follow-up meetings. Schools are mandated by MOET to carry out periodic review workshops, and inclusive education is now one of the subject areas under these workshops.

New key teachers go on study tours to old districts, and occasionally, teachers from old districts have assisted and co-taught classes in new districts.

*Preschool teachers, in-service training:*

Some receive rehabilitation training, along with parents and rehabilitation commune health volunteers.

*Pre-service training:*

180 people graduated from three TTCs, receiving a 'mid-level' or college degree in IE (90 credit units of the teacher training requirement). The three colleges each graduated 60 people in 2003, which included not only the target districts but preschool teachers going to schools in other districts in the province.

*National Level:*

- Informing national level strategy on inclusive education, regulations, guidelines and policies

The model of inclusive education has generated interest from the local to the national level. After seeing that CWDs in Vietnam could attend school, leaders began to develop a regulatory framework.

- Training for national level staff and international training

According to Ms. Le Minh Ha, vice-director of preschool education at MOET, "Before the project started, we did not have good models for how a program in IE could be run. The international study tours have greatly improved the capacity of MOET and NIESAC staff to have a vision and the tools to implement inclusive education."

Ms. Le Thi Bao Chau's case study in the annex shows how such training can be effectively used. Since she returned from her Master's Degree program at Manchester University, Ms. Chau has been researching and writing lesson materials for courses that she teach in special education for the upcoming two school years.

- Achievements in teacher training and teaching and learning aids development:

Because of the project inputs, teachers feel more confident about using their skills in the classroom. This has come about through a comprehensive approach at several levels designed to improve the technical capacity of the preschool and primary teachers.

First, developing a core of key teachers through formal training at TTCs has helped provide easily accessible support for classroom teachers. Teachers mentioned the benefits of the workshops to exchange information and best practices, as well as the monthly monitoring and feedback sessions that the key teachers attend.

- Achievements in materials and curricula development:

Teachers praise the high quality of the teaching materials. They say that the materials are interesting and are clearly written. The handbooks provide very clear step-by-step guidance on working with students and address the most common problems that they are likely to encounter. The development of these handbooks requires participation and feedback from everyone concerned. Pre-testing the materials and implementing pilot projects take a long time in order to be effective.

## **V. MAIN SHORTCOMINGS AND CONSTRAINTS**

### *District and Community levels:*

- **In-service and on-the-job training for classroom teachers:**

In making the transition to the new districts in 2002, there were some alterations of the program. The in-service program for the classrooms teachers was shortened to a 21-day long program, presented in three sessions. This may not be long enough to satisfy the basic needs for regular classroom teachers. One teacher in Kim Son District gave a concrete example of trying to help a child with visual impairments in reading Braille, but since her own knowledge was limited, she wasn't sure how much more she could help this child.

- **Community Participation:**

The level of community involvement in the Community Support Teams has varied. As mentioned above, this is an important component in both awareness and inclusion of families, who can feel very isolated. However, in some communities, such as in Uong Bi, the CSTs are now less active than they were in the beginning of project implementation. This could be due to the urban environment, and also partly due to the short amount of time that Uong Bi has been involved with the project. Since the main implementers of this area of work, especially the commune rehabilitation staff, are volunteers, the lack of incentives may also be a factor.

- **Children with Severe Disabilities:**

All the teachers are enthusiastic about the advances that children with the mild and moderate disabilities have been able to make. However, some teachers and district officials expressed concerns about how to include these children.

### *Provincial Level*

- **Teacher Training:**

Another issue is the acceptance of inclusive education as a subject for study. Currently, the Teacher Training Colleges are training students to replace teachers with IE experience who will be retiring in the next few years. Mrs. Nguyen Thi Thu, vice-director of the Quang Ninh TTC said, "Although inclusive education is being taught to replace teachers, it is still not accepted as an area of specialization. Once it is accepted, it will take a while before students decide to specialize in inclusive education rather than math or English."

Although many TTCs are including a general introduction to inclusive education, the amount of time for this subject varies. In the program at the Quang Ninh TTC, for example, there are five class sessions in the general education course. Other TTCs, such as the Ninh Binh and Hoa Binh TTCs are teaching the 180 credit curriculum.

### *National Level*

- **Effect on National Policies, development of the National Action Plan:**

One of the expected outcomes of the project is that providing a model of inclusive education can inform and help to promote national guidelines, regulations and policies. While MOET and NIESAC staff all confirm the effectiveness of the model, the process of receiving official authorization has been slower than anticipated. Ministry officials have tended to be very cautious about reviewing the language of regulations and the implications since these will be used nationally.

The fact that they are taking so much time to review and revise the policies shows the level of interest and the degree of ownership. It can be more difficult in the long run if hastily accepted guidelines are put into place and then need to be changed.

Mr. Nguyen Van San, Director of Ninh Binh DOET gave an example of how national standards on teacher qualifications would affect inclusive education practices. "There are so many levels of training programs that it's difficult to assess a teacher's ability in taking on an inclusive class."

## **VI. LESSONS LEARNED**

In the series of interviews with teachers, education staff, CRS staff and community members, many people offered their ideas about lessons learned from their experiences of working with inclusive education.

### **Exchange of Ideas:**

- Exchange visits and international study have great benefits:

While organizing study tours and site visits can be difficult, they have proved to be of great value. Both people who have gone on exchange visits or international study and their supervisors say that the experience opened their eyes. After the students return, they inform their supervisors and colleagues on what they have learned and make plans for implementing change.

### **Monitoring and Follow-up:**

- Project counterparts should use only a few clear indicators, which follow SMART guidelines.

At the beginning of the project, both CRS and education staff had little experience with designing indicators and monitoring and follow-up systems. When they first considered indicators, they wanted to measure everything. By the end of the project, they have a greater understanding of which indicators can give them the information they want. They now understand more about data gathering and evaluation.

- Monitoring and follow-up should be done on a regular basis in order to make sure that classroom teachers are able to use the materials and teach as required.

One of the strengths of the project is in the regular support and follow-up by the counterparts at all levels.

- In order to be effective, project successes and shortcomings should be routinely reviewed and if necessary, adapted.

Another strong point of the project is the regular meetings between CRS and counterparts. Through the annual review meetings, project quarterly meetings and special sessions, all stakeholders can understand both the successes of the project and what is not working so they can plan for improvements.

### **Technical skills, teaching methods, materials development:**

- Reformed teaching methodology works well with the inclusive education philosophy:

Teachers feel most confident when they can apply what they already know to new situations. The child-centered activity-based teaching and learning techniques include lessons that work well with CWDs, particularly collaborative learning.

- Pre-testing of materials and incorporation of feedback from the classroom teachers is crucial before printing materials.

Teachers praised the materials developed by the project, saying that they are clear and easy to use. While pretesting for all materials is time consuming, it is necessary for the materials to be used effectively.

### **Leadership, participation and coordination**

- Awareness activities

Awareness activities have been a key feature of the project in mobilizing community interest and discussion about the needs of CWDs. This has increased the participation of families of PWDs.

"Awareness activities are the very foundation of all the inclusive education programming," said Mr. Nguyen Thanh Binh of Luong Son DOET.

Mrs. Vu Thi Xuan, the Director of Phuong Dong Preschool in Uong Bi District, also confirmed this. "We had to work very hard to get the parents of non-disabled children to understand why the CWDs needed to be included in the classroom. Once they understood how beneficial it was for not only the CWDs, but for their own children, they actively supported the program."

Most of this success has come from the interpersonal relations between all stakeholders in the project. While it has been suggested that printed materials would expand the reach of community awareness messages, the impact of using these materials would need to be carefully pretested first.

- Further exchange between better established education project sites and new sites: Key teachers in the initial districts have been able to be co-trainers in the new district sites, though this is limited by their own mentoring obligations. Staff from the new districts have gone on study tours to the initial districts.

- Coordination between stakeholders

The establishment of steering committees at all levels helps to integrate services for CWDs, and to prevent duplication of services. The resource network and CSTs at the commune level have provided direct assistance to CWDs and their families and have helped to advocate for children's inclusion. While some of the CSTs did not continue functioning, this seems to be due to lack of perceived need because of successfully fulfilling their objectives. Some CSTs have not continued because of other factors, which would be worthwhile to research more fully.

### **Teacher training:**

- Providing practical experience during training helps participants learn faster and provides practical examples:

During initial training courses in Hanoi, the key teachers said that they were unsure how to apply these principles. In subsequent training in the districts, teachers were able to practice directly in the classroom and receive immediate feedback from their own students.

- Provide chances for teachers to show what they have accomplished:

Review workshops have allowed teachers to exchange information. Many of the program beneficiaries say that the annual contest on best practices is both fun and opens their minds to different types of teaching materials that they can use.

- Quality of teaching

The follow-up sessions by key teachers provide needed support, and they are able to provide feedback about the quality of teachers' work in the classroom. This has been a focus of the program and should continue to be strengthened.

One of the teachers at Phat Diem School in Kim Son District said, "After working with children with language disabilities, it really confirms my belief in the value of inclusive education when my student starts to talk."

