

World Vision, Inc.

World Vision Vietnam
FY00
Mid Term Review Report
Community Based Rehabilitation
USAID Grant # 492-G-00-98-00039-00
October 30, 2000

Beginning Date: September 30, 1998
Ending Date: September 29, 2001

Submitted to:

Lloyd Feinberg
War Victims Fund
USAID/BHR
1300 Pennsylvania Av., NW,
Washington, DC 20523

PVO Headquarters Contact:

Laura Grosso, Ph.D.
World Vision, Inc.
220 I Street NE, Suite 270
Washington, DC 20002
Phone: (202) 608-1813
Fax: (202) 547-4834
Email: lgrosso@worldvision.org

PVO Field Office Contact:

Ms. Hitomi Honda
World Vision Vietnam
42 Nguyen Dinh Chieu, District 1
Ho Chi Min City,
Vietnam
Phone: (84-8) 8299-225
Fax: (84-8) 8241-718
Email: hitomi_honda@wvi.org

World Vision

Vietnam

42 Nguyen Dinh Chieu Street,
Ho Chi Minh City, Vietnam
Tel: (84)-8-829-9225
Fax: (84)-8-824-1718

October 26, 2000

Mr. William Carter
General Development Officer
USAID/Cambodia
No.18 Mongkul Eam Street #228
Phnom Penh, Cambodia

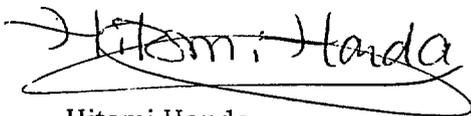
SUBJECT: Grant No. 492-G-00-98-0039-00
HCMC Assistance to Children with Disability - Phase I Project

Dear Mr. Carter,

Greetings. My name is Hitomi Honda, manager of the HCMC Assistance to Children with Disability project. I received a letter from USAID Manila some weeks ago, informing that the management responsibilities of Vietnam projects were transferred to USAID/Cambodia office.

Please find the enclosed FY2000 annual/fourth quarter report of the Project. I am sure your office has been busy with the flood situation there. But please let me know any questions you may have regarding the project and the report.

Sincerely yours,



Hitomi Honda
HCMC CBR Project Manager

cc: Lloyd Feinberg, USAID/Washington, D.C.
Gloria White, USAID/Washington, D.C.
Camille Morse, WVUS/Washington, D.C.
Mark Kelly, WVV/Ha Noi

B

Report Period: 1 July 2000 to 30 September 2000

Name of PVO: World Vision International / Vietnam

USAID Grant Agreement Number: 492-G-00-98-00039-00

Title of Project: Ho Chi Minh City Assistance to Children with Disability Project - Phase I

Date of This Report: October 14, 2000

Introduction

This is World Vision Vietnam's (WVV) eighth quarterly and year-end report for the *Ho Chi Minh City Assistance To Children With Disability Project - Phase I* grant (FY1999-2001). This report will summarize activities implemented during last quarter from 1 July 2000 to 30 September 2000, and review all activities of FY2000.

WVV submitted to Department of Labor, Invalids and Social Affairs of Ho Chi Minh City (DELISA/HCMC) a proposed Memorandum of Understanding for FY2000 in September 1999 and held meetings to agree on the MOU content. However the signing of the MOU was delayed as agreement on issues such as free access to the project site for WVV's expatriate staff, the establishment of the Project Steering Committee, and the number of staff WVV is 'allowed' to employ, was difficult to obtain. WVV was informed by DELISA/HCMC that no activities were to be implemented during FY2000 until MOU was signed. WVV strongly urged DELISA/HCMC to allow activities to proceed, however, they were emphatic, thus no planned activities were carried out by WVV until MOU was finally signed by DELISA/HCMC in February 2000, or for the first five months of FY2000.

Although the Project faced many difficulties during the first two quarters of FY2000, some activities started by the counterpart District 8 Committee for Protection and Care of Children (D8 CPCC) and other community organizations. During the third and fourth quarters, the Project implemented various activities, involving many people of the community. Access of the expatriate staff to the community was seldom interfered. Both project staff and community people witnessed the impact the Project made on the life of some children with disability. Volunteer CBR workers and other collaborators of the Project began to understand the holistic approach of Community Based Rehabilitation as the Project moved forward. People's Committees of all four wards show their enthusiasm to cooperate with the Project in order to assist children with disability.

Please note: This eighth quarterly and year-end report follows the Operation Framework's objectives and activities as described in the Implementation Plan in the project proposal.

1. Objectives and Activities for FY2000

Objective # 1: Community Based Rehabilitation (CBR) Knowledge and Skills

District 8 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

N/A – The main teaching materials, David Warner’s book “Disabled Village Children” (1987) and the World Health Organization’s (WHO) “Training in the Community for People with Disability” (1988), were translated and printed in Vietnamese by the Project during FY1999. Thus the Project did not need to prepare training materials this year.

Activities 1.2: Training of District Supervisors, Local Ward Supervisors from Wards 1, 8, 10 & 15, and the District Steering Committee members in CBR methodology;

Accomplished – In FY2000, Ward 1 joined the Project in addition to FY1999 target Wards 8, 10 and 15. The Project conducted a CBR methodology training at District 8 Health Center during 11-18 April. In comparison to the twelve-day CBR methodology training conducted in FY1999, the training in FY2000 was decided to be a six-day as the Project learnt that it was difficult for participants to participate an all-day training for many days. A total of thirty-six people participated in the training from various sectors of both Project target and non-target wards of District 8. Three trainers were invited: the director of Rehabilitation Department of School of Medical Techniques #2 of the Ministry of Health; a former vice-director of Department of Rehabilitation, MOLISA/Southern Region; and a pediatric rehabilitation specialist from Pediatric Orthopedic Center in Ho Chi Minh City. The training was conducted using the methods of lecture, demonstration, practice, group discussion and presentation. Main focuses were: (1) Background/situation of people with disability (PWD)/CBR in the world and in Vietnam; (2) Needs of PWD; (3) Goal and concept of CBR; (4) CBR program in District 8; (5) Awareness raising; (6) Skill development; and (7) Method of producing devices using local materials.

The Purpose of the training was to train/retrain project key players of Wards 1, 8, 10 and 15. Although members of the CBR Steering Committee, Ward Supervisors and other project players of Ward 1 were the primary target of the training, many local officials and community people from non-target wards in District 8 participated. The fact that a number of people participated in this training of six full days showed the high level of interest and motivation in District 8 to support children with disability.

Because of the disagreement between WVV and D8 CPCC regarding the composition of CBR Steering Committee members, members were not finalized prior to the training, and thus some members did not receive the training.

Please note – Although this activity was implemented during FY1999, as the Project expanded into Ward 1 this fiscal year, the Project trained project key players in this ward in order for them to learn and understand about CBR before project implementation in this ward. There was also a need to retrain project key players in Wards 8, 10 and 15 as well as to train new players in these

wards.

Activity 1.3: Training of rehabilitation staff from the USAID funded prosthetics and orthotics rehabilitation project

N/A – This activity was accomplished during FY1999 and needed no inputs this year.

Activity 1.4: Training on Psycho-Social Aspects of Disability

Not Accomplished - This activity was scheduled to complete in FY1999. However, due to the delay in project activity implementation caused by delay in signing MOU in FY1999 and FY2000 as stated in the introduction of this report, the project has not accomplished the activity. Given no interference by the local partners, this activity will be implemented during the third quarter of FY2001.

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

Accomplished – The Project conducted a three-day training on cerebral palsy (CP) at District 8 PC office during September 15-17. Twenty-one parents of children with cerebral palsy, volunteer CBR workers and Ward Supervisors from Wards 1, 8, 10 and 15 participated (see Attachment A for a list of participants). Rehabilitation specialists were invited as trainers from HCMC Pediatric Hospital #1, and children with CP were invited to be demonstrators. The training focused on how to work with children with CP physically and occupationally and specifically taught: (1) how to take care of children with CP at home and in the community; (2) identification of children with CP at early age; (3) how to help children with CP exercise (including sitting/lying/walking/standing); and (4) devices and equipment available for children with CP. The training was provided through theory teaching, practice, group discussion and presentation. (See Attachment B for the training report.)

The Project chose the topic on cerebral palsy because there are many children with cerebral palsy in the community, most of them without receiving appropriate services. Most of the parents had little knowledge of how to take care of their children properly regarding rehabilitation. One mother at the end of the training tearfully complained that she was told by a doctor that she should not stimulate the child mentally nor emotionally because “the brain will expand and the child will die.” Therefore the mother had been trying to leave the child alone until she received the training and gained appropriate/correct knowledge and skills to work with her child.

Both trainers and trainees were very enthusiastic and eager to teach/learn. All participants agreed that the training was very practical to apply and thanked the trainers and WVV for conducting the training. They expressed a strong interest and motivation to participate in more training in the future. Some parents also thanked for the opportunity to meet and share with other parents of children with cerebral palsy.

The Project originally planned to provide a five-day training on the same topic for wards’ health centers’ staff. However, because they are too busy with their own activities at the centers during September and October, the Project agreed to postpone the training until November 2000.

Activity 1.6: Printing book on psycho-social aspects of mental retardation and developmental

disabilities.

N/A – Although originally scheduled for FY2000, this activity was accomplished during FY1999 and needed no inputs during this quarter.

Objective # 2: Mechanism for Delivering CBR Services Established

A mechanism for delivering CBR services in four (4) wards of District 8 of HCMC will be established and functioning.

Activity 2.1: CBR District Supervisors and Ward Local Supervisors appointed

Partially Accomplished – During the second quarter of FY2000, the Project decided not to appoint supervisors at district level in consultation with D8 CPCC. This is because Ward Supervisors are thought to be sufficient, and the Project would like to avoid confusion amongst the project players by having too many groups and functions, especially when there was confusion over Project Steering Committee (please see Activity 2.2 District Steering Committee below). However, it was discussed and agreed with D8 CPCC that whenever the Project saw the necessity, District Supervisors would be appointed.

Ward Supervisors were appointed during the second quarter of FY2000. One person each from CPCC and health center of each target ward was appointed except Wards 10 and 15. Ward 10 appointed three Ward Supervisors instead of two, as a Ward Supervisor's responsibility is enormous and CPCC and health center staff already have so much task with their work in the community. For Ward 15, vice-chairperson of People's Committee replaced the former Ward Supervisor from CPCC with vice-chairperson of the ward's Women's Union. Therefore no CPCC staff is directly involved with the Project in this ward. The Project welcomed the replacement because the new supervisor is actively involved with Project activities and making frequent visits to disabled children's homes.

Supervisors from wards CPCC worked enthusiastically and cooperated with the Project despite the fact that they were busy with their other work of the community. However, it is a concern that supervisors from wards' health centers have not been actively participating in the Project. WVV will continue discussing this matter with health centers of both district and ward levels as well as wards' People's Committees.

Following the appointment of Ward Supervisors, WVV planned with District 8 CPCC and D8 Health Center to have the first Ward Supervisors meeting during the fourth quarter. However, District 8 CPCC later cancelled the meeting without consulting WVV or D8 Health Center and refused to hold a meeting of Ward Supervisors. Also, against WVV's strong recommendation to have monthly meeting for Ward Supervisors, District 8 CPCC decided to have quarterly meeting instead. WVV will further discuss this matter with D8 CPCC and D8 Health Center.

Activity 2.2: Steering Committee Formed in District 8

Accomplished - There had been a lot of confusion, misunderstanding and disagreements about Project Steering Committee (PSC) amongst HCMC/DELISA, D8 PC and D8 CPCC. For the most part, PSC was mistaken as the Management Board of District 8 government. When translated into Vietnamese the word “steer” gives an impression of “control” or “manage” (although the issue of “control” has not been raised in any other WVV project throughout Vietnam). This is one of the reasons why forming a PSC and WVV to participate in the committee created a lot of negative response from the local authorities. After all parties agreed to establish a PSC for the Project, WVV and D8 CPCC decided to call PSC a CBR Working Group in order to avoid further confusion and misunderstanding.

Although it was agreed to establish a CBR Working Group between HCMC/DELISA, D8 PC, D8 CPCC and WVV, D8 CPCC tried to hinder the establishment by refusing to establish the Working Group and by changing the members without consulting WVV after the establishment. WVV strongly opposed to these events and held a series of discussion with D8 CPCC. WVV and D8 CPCC finally agreed on the composition of current members of the Working Group (please see Attachment C for a list of members).

The Project held the first district level CBR Working Group meeting with genuine members in September. Unlike most of meetings involving government officials in Vietnam, this was a true democratic, participatory meeting. The members discussed and made decisions on how to help a disabled girl with polio commute to school and how each ward People’s Committee should help disabled people in making living. The members also agreed to hold a meeting quarterly.

Although it is commendable that D8 CPCC was able to invite vice-chairpersons of People’s Committees of all target wards and some other active members of the community to be members of the Working Group, D8 CPCC still does not have full understanding about CBR Working Group and the importance of its independence. This probably comes from their limited understanding of overall CBR concept and strategy despite the fact the vice-chairperson participated in the CBR methodology training conducted by the Project during FY1999. D8 PC and CPCC consider the CBR Working Group as belonging to D8 CPCC. Therefore they refuse to appoint people of higher authority than D8 CPCC for the CBR Working Group. However other requests made by WVV to include local authorities who have influence in the community and a disabled person, were accepted by D8 PC and CPCC. WVV will observe the function and effects of the CBR Working Group, and make further requests to change/add members as needed.

Activity 2.3: CBR work plan written and approved

N/A - The work plan was written and approved during the first quarter of FY1999. However, due to delay in Project implementation in two consecutive years, the Project is behind the original plan, and hence, decided to request USAID an approval for no-cost extension for one year after September 2001. As of writing this report, the Project is preparing financial report of FY2000. The Project will submit a plan for activities and budget of FY2001 and FY2002 to USAID shortly after the submission of this report.

Activity 2.4: Steering Committee formed in 4 wards of district

Accomplished – Although District Working Group members were finally appointed after a long

confusion over Steering Committee issue, the Project decided not to form CBR Working Groups at ward level. This decision was taken due to D8 CPCC's view that the District CBR Working Group is sufficient to serve the Project, and that the formation of too many groups would create confusion amongst the partners and project key players. However, it was agreed that whenever the Project saw the necessity, ward level CBR Working Groups would be formed. However, Working Groups at ward level were formed during the last two months of FY2000 as the Project proceeded (please see Attachment D for a list of the members). Though members are motivated and actively participate in Project activities, WVV will continue to recommend adding more members to the groups (disabled people, parents of children with disability, influential local business people, school principals, etc.).

Activity 2.5: Volunteer CBR workers appointed

Accomplished - This activity was accomplished during the third quarter of FY1999 for Wards 8, 10 and 15, and during the third quarter of FY2000 for Ward 1 – the new target ward of FY2000. (Again, due to the delay in signing MOU and activities stopped by counterpart, appointment of volunteer CBR workers was delayed.) People's Committee of Ward 1 appointed volunteer CBR workers to the Project. Ward 15 People's Committee also appointed volunteer CBR workers as many dropped out while the Project was inactive during the first two quarters of FY2000. These examples demonstrate good cooperation from wards' People's Committees to the Project. At the same time, one can recognize that in Vietnam "volunteers" can be appointed and not "volunteered." Although there are some volunteer CBR workers who "volunteer" to assist children with disability and truly enjoy working for the children, this is one reason that some volunteer CBR workers leave the Project, especially if they are busy making their living. The Project has been encouraging parents of children with disability to assist their own children in rehabilitation.

Objective # 3: Children with Disability will Function More Independently

Children with Disability in four (4) wards of District 8 of HCMC will function more independently in the home and community.

Activity 3.1: Children with disability identified and mapped in wards 1, 8, 10 and 15.

Accomplished – Although this activity was accomplished during FY1999, it is an on-going activity as new residents migrate, accidents and diseases occur, and babies are born. As of the end of FY2000, there are 102 identified children with disability in the four target wards - 12 of them identified since January 2000. This number is considerable given the thought that these volunteer CBR workers have so many activities to perform in their community other than their work and this Project and yet, they found children with disability at the rate of 1.3 per month. This is especially commendable when children with disability, especially young children, are often kept in their houses as they are thought as shame or embarrassment of the family. Some others are kept at home simply because the family members are busy working and no one is available to take them outside to play. This access to children results in difficulties for the Project to identify children with disability in the community. However, the volunteer CBR workers identified these children with

disability and reported to the project manager. This tells us the good network the Project volunteer workers have amongst community people, especially amongst women/mothers. The newly identified children were visited by Ward Supervisors and have been involved in project activities.

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

Partially Accomplished – Ward Supervisors and volunteer CBR workers continued to visit homes of children with disability and to assess their level of functioning using the WHO Functional Assessment Scale/Form 2. However, the Project found that functional assessment was not recorded properly for most of identified children with disability. WVV emphasized the importance of keeping records and they agreed to keep better records in the future.

The Project must reconsider the responsible person for this activity. Ward Supervisors and volunteer CBR workers work for their living and have many activities to perform in the community other than this Project's activities. It is not realistic to expect them to visit over 100 children every month for this activity. Therefore WVV will encourage parents to assess their children's function with supervision/guidance from volunteer CBR workers and Ward Supervisors, as some parents have difficulty reading or understanding the questions of the WHO Functional Assessment Scale/Form 2. At the same time, WVV will continue to discuss with D8 CPCC, Ward Supervisors, volunteer CBR workers and parents of children with disability regarding how assessment can be made correctly and regularly. There is also a need to review the skill of Ward Supervisors and volunteer CBR workers in using the WHO Functional Assessment Scale/Form 2.

The Project found that WHO Functional Assessment Scale/Form 2 is not sufficient in identifying all children with disability, progresses/improvement or certain disabilities. One such example may be children with Down's syndrome or serious heart problem. They may be able to perform all items asked in the form, yet there may be certain areas that their performance is less than that of non-disabled children or that they cannot perform at all. The form is not sufficient to identify certain areas of disability. The Project will discuss further with Ward Supervisors, parents of children with disability and volunteer CBR workers to add some questions to the Form that are necessary to identify certain areas/types of disability.

Activity 3.3: Primary rehabilitative services are rendered

Accomplished – Volunteer CBR workers in Wards 1, 8, 10 and 15 made their regular visits to their assigned children with disability and taught the children how to better function.

The Project realized that professional guidance, supervision and advice/recommendation were needed in addition to the work Ward Supervisors and volunteer CBR workers provide for children with disability. During the fourth quarter, WVV made an agreement with Pediatric Orthopedic Center in HCMC to send a rehabilitation consultant to each target ward once a month. The rehabilitation consultant has been assisting children with disability in a way the community never experienced before. He provides physical therapy and recommends needed devices or operation for children with disability. He also provides appropriate advice to parents of children with disability and volunteer CBR workers in order for them to provide rehabilitative service to children with disability. Children with disability, their parents and volunteer CBR workers are very excited about and appreciate his visits. The community clearly needs a rehabilitation consultant who has good knowledge of community based holistic rehabilitation. WVV and D8 CPCC have been

discussing to develop a CBR rehabilitation specialist(s) who can guide and advise volunteer CBR workers and parents of children with disability on a regular, permanent basis.

Some children have made substantial progress after receiving the Project service for just a few months. Others, unfortunately, are making slow progress or no visible progress. This is not uncommon and was expected, as physical improvements for children with disability require a considerable length of time to overcome years of physical impairment. There are also children who are expected to make no physical or functional improvement as their disabling condition is so severe. Some of them are left at home alone almost all day. The Project conducted activities for social rehabilitation of children with disability at Saigon Water Park. Children with disability from 12 other wards, street children in the community and deaf/dumb students of Hy Vong School in District 8 were also invited to the activities for the purpose of integration. Children with disability enjoyed the water, as this is the first time for most of them to play in swimming pool. However the significance of this activity is that they were able to participate in group-activity with other children, disabled or non-disabled. The Project invited members of Youth Union, Grandparents Association and Red Cross to help take care of children with disability during the outings.

One challenge WVV sees in carrying out social rehabilitation activities is awareness raising for family members, volunteer CBR workers and other service providers of children with disability. Although WVV explained to them about the principles of CBR (normalization, least restrictive environment, inclusion and psycho-social rehabilitation) and how and why they are important to child development, no severely mentally retarded children participated in these activities. Some parents explained that there was no point in taking their children out for these activities because “they would not understand things happening around them.” Instead of participating in these activities, some children with disability were left at home, most of them never had a chance to play with other children other than their siblings. With the project philosophy and the rights of children in mind, WVV will continue to talk to parents and service providers in the community about the importance of children playing.

WVV would like to review each child’s case physically, functionally, medically, socially and psychologically and respond to each child’s overall need. During the fourth quarter, WVV made a strong recommendation to parents of children with disability, volunteer CBR workers, social workers, local authorities and school principals to provide educational opportunity to children with disability. Volunteer CBR workers, ward social workers (Ward Supervisors) and vice-chairpersons of Project’s target wards’ People’s Committees assisted the Project as they began to understand the philosophy of Community Based Rehabilitation as a holistic approach to support children with disability. As result, some children started to go to school and are now learning how to read and write. D8 CPCC provided school supplies to these children. WVV will continue to work for more children with disability to be accepted in schools. WVV will also recommend communities to consider providing place to assist cognitive development for the disabled children, particularly those who will not be accepted in school.

The Project produced 300 T-shirts, 150 polo shirts and 450 caps for children with disability and service providers of children with disability. These shirts and caps have CBR logo printed which was created by WVV. Both children and adults wear them when they participate in Project activities.

Project Philosophy: The Principles of Normalization, Least Restrictive Environment, Inclusion and Psycho-Social Rehabilitation

- From the Project's grant application -

Before services to children with disability can be improved, the traditional view and attitude currently prevalent in Viet Nam must be replaced with a new philosophical approach to servicing children with disability. With this in mind, the underlying philosophy of this project is to introduce the principles of *Normalization, Least Restrictive Environment, Inclusion and Psycho-Social Rehabilitation* as they relate to the provision of CBR services in Viet Nam. These principles state the philosophical belief that every child with a disability should have an education and live in an environment as close to normal as possible (*normalization*); that any services provided should be offered in the environment where people normally live, work, play and go to school (*least restrictive environment*); and that children with disability should be allowed to participate and have access to all activities and services which are provided to all children (*inclusion*) – as opposed to developing special or segregated services (Hallahan & Kauffman, 1991, Larkin * Bruininks, 1985). Finally, *psycho-social rehabilitation* asserts that all persons, no matter how severe their disability, are capable of improving his or her level of functioning. Therefore, each person can and should be assisted to achieve their most effective level of functioning. It is assumed that all persons will, in fact, work hard toward a series of goals when those goals are personally meaningful and the proper resources are made available to them. It is the presence or absence of skills, not clinical symptoms (or diagnosis) that is the determining factor in rehabilitation success (Cnaan et al, 1991).

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

Accomplished – During the third quarter of FY2000, the Project ordered and provided devices for 6 children according to their needs and body sizes in consultation with Pediatric Orthopedic Center in HCMC and two companies that produce devices for disabled people. All of the children used to sit or lie in their houses all day with no one to take them outside. Two of the children who received wheelchairs started to sell lottery tickets, now that they are able to move by themselves in the wheelchairs. These children are earning income for the families and gaining self-confidence.

During the fourth quarter of FY2000, the Project assisted 11 children with disability in receiving doctor's examination, medicine, operation or appropriate devices/equipment (please see Attachment E for a list of children who received secondary services during FY2000). There were some children who were taken to the hospitals and were told that there was no cure for them. One child with serious heart problem is expected to live only a few more years and the doctor at the Heart Institute in HCMC say that even operation cannot save him. Another child with serious heart problem who was also taken to the Heart Institute was told that Vietnamese doctors did not have the skill to operate on him and that his operation had to wait for a team of doctors to arrive from France. However, the problem is that no one knows when these doctors are planning to visit Vietnam. As one can see, there are children with disability whom the Project cannot assist in certain areas, and receiving operation is especially difficult in Vietnam where health/medical related facilities, equipment, skills and knowledge are lacking.

However, many other children assisted by the Project are experiencing new life. One boy with cerebral palsy, for example, was recommended to practice walking with a pair of parallel bar by the

Project's rehabilitation consultant. A volunteer CBR worker found bamboo trees, cut them down and made parallel bars for the boy. They are very simple but very useful and cost nothing.¹ The boy and his family were very excited and he has been practicing walking every day.

The Project assisted a boy in receiving a medical examination by at Pediatric Orthopedic Center. He was diagnosed as having mild cerebral palsy, which resulted in difficulty walking. Although the operation was provided free of charge, as some hospitals do for poor children in HCMC, it was because of the Project the boy's family learnt that he could receive an operation to improve his walking. After the operation, the parents purchased a pair of special shoes to keep his feet from turning.

= A CBR Story =

~ CASE 1 ~

This is a success case of holistic CBR approach

Tran Van Hoang is fourteen years old and lives with his parents, two brothers and one sister in Ward 15, District 8. He contracted polio when he was one month old. The parents took him to many hospitals in hope for cure. However there is no cure for polio. Hoang lost the mobility of his legs. Then, when he was about three, he had measles and, with Vitamin A deficiency, he lost the sight of his right eye. The parents ended up spending much money to pay for the hospital fees for these diseases. The family had to move to a cheaper, one-room house and has been living there since. Now Hoang's left eye is beginning to lose its sight, possibly from malnutrition.

The family is one of the poorest in the community. The father has no stable income and mother is jobless. Their oldest son left school to help earn family income after he finished second grade in primary school. The family's only reliable income had been thirty to seventy cents per day that he earns as hired labor, until Hoang started to work.

Because Hoang cannot walk, he had been staying at home all day, day after day, doing nothing, he says. WVV provided him with a wheelchair through the Project. He now not only enjoys going outside and playing but also started to sell lottery tickets from which he earns about a dollar and half a day. He gives all his income to his mother and with this extra income, the family is now able to afford better meals. The mother proudly said that he now drinks two glasses of milk every day. Project staff recognize that he has been gaining weight. However, because Hoang is still malnourished, he will be in the Project's supplementary feeding program.

The Project took him and his father to the Eye Center in HCMC to have his left eye examined and assisted him with medicine that would help prevent his left-eye from becoming blind. The parents will take the responsibility of providing the medicine when they have enough money. The Project also assisted in making an artificial eye for his right eye.

The Project had one other concern for him – schooling. Hoang has never been to school and cannot read or write. Ward Supervisor approached local authorities for him to go to school. When Vice-chairman of local People's Committee learnt about his case, he talked to the principal of a local school. After many meetings, the principal agreed to accept him and move his class from upstairs to downstairs so that he could attend. Parents are especially happy about his being able to go to school because they “do not want Hoang to be lottery ticket seller all his life.”

¹ This is what David Werner explains a CBR project can do in his book “Village Disabled Children.” However, while this can be done in a rural setting, it is often difficult to do so in an urban setting, like District 8, HCMC.

Hoang and his parents thanked the donor of the Project for “helping the poor in difficult situation.” When asked what he would like to do for himself, Hoang said, “I want to go somewhere, play with other children and enjoy.” Although he could not enjoy the picnic the Project organized last July because he had to work, the Project will talk once again to the parents to let him participate in next social activity the Project plans for November.

Objective # 4: Malnutrition among Children with Disability Reduced

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

Activity 4.1: Nutritional status assessed

Partially Accomplished – The third nutrition assessment is taking place as of writing this report. The assessment started mid-September at each ward’s health center and continues into early October 2000. Because of school and parents’ not able to take children to health centers because their work, the assessment could not be done in one day. Health centers agreed to provide the assessment over a few times and to make a visit to each home of disabled child who cannot come to health centers for the assessment. Result of the assessment will be reported in next quarterly report in FY2001.

During FY2000, the Project conducted three nutrition assessments on children with disability, including the one that is on-going. Although the first nutrition assessment in January was conducted by wards’ health centers and the second in June by Child Nutrition Center in HCMC, after much thought, WVV decided to let local health centers conduct the third assessment rather than asking external consultants. WVV had some reserved feeling about this decision because the first nutrition assessment conducted by local health centers was not satisfactory in the way they measured children’s weight and height and because they hardly asked questions to the parents about children’s diet or health condition. Instead, they only used the standard weight-by-age chart to determine children’s nutrition status. However, because local health centers expressed their strong desire to conduct the third assessment by themselves, and with the concept of community based approach in mind, WVV decided to try once again with local health centers. Project staff met with district and local health center staff over a number of times prior to the assessment, expressed a concern over the methods of assessment they used during the first assessment, and explained how they could improve. WVV attends all nutrition assessments in all wards and found that local health centers so far have been performing a satisfactory assessment this time, however WVV staff still had to remind them how to measure weight and height properly. But most examiners took enough time for each child and asked appropriate questions to parents regarding the children’s diet and health condition.

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

Partially Accomplished – Following the nutrition assessment in June 2000, the Project began

supplementary feeding program for children with disability with degree 2 and 3 malnutrition based on the nutrients/food recommended by the nutrition specialist of Child Nutrition Center during the nutrition assessment. Some beneficiaries of the supplementary feeding program have gained weight while others have not, either because they do not like to eat the supplemental food the Project provides or it takes a long time for severely malnourished children, especially those who stunted, to start gaining weight. For those children whose nutrition status improved will be out of supplementary feeding program. The Project will review the types of food provided to children who have not gained weight and make necessary modifications.

Following the nutrition training in the third quarter, the Project began cooking demonstrations for mothers of children with disability at each ward with the cooperation of Ward Supervisors and Women's Union. The demonstrations took place twice a month in each ward, focusing on three points: nutritious meals, low cost and less preparation time of food, as parents of children with disability are often poor and busy working. Parents were encouraged to take part in cooking during the demonstration. They brought their children with disability to the cooking demonstration site and meals cooked by demonstrations were provided to these children.

Parents of children with disability with degree 1, 2 or 3 malnutrition were encouraged to attend the cooking demonstrations so that they will have good knowledge about cooking and nutrition by the time their children's nutrition condition improves by the supplementary feeding program and they leave the program. Some parents of children without disability also attended these cooking demonstrations. Because D8 Health Center lacks funding to provide national cooking demonstration program in all wards in District 8, the Project agreed for the participation of these parents. However it was made clear that the main target of the demonstration remained the parents of children with disability.

Because most children with disability need and eat the same food with non-disabled children, the Project recommended the cooking demonstration be integrated with the cooking demonstration of WVV's ADP² and national nutrition program. The Project has been in discussion with ADP staff of WVV, social workers and health center staff of both district and ward levels for the integration. Integration will be a challenge for all people involved because the concept of normalization, least restrictive environment and inclusion is still new in Vietnam. However if and when this is accomplished, service providers of target wards will be able to disseminate the concept, knowledge and experience to other wards in District 8.

The Project conducted a cooking competition for children with and without disability in July at a local school. Children from Open House (a home for street children) and students from Hy Vong School (school for the deaf/dumb children) were also invited. Three children from each ward of all 16 wards of District 8 were taught about nutrition by their ward's Project collaborators (mostly ward social worker and Women's Union members) prior to the cooking competition activity. They then came up with menu with consideration of nutrition, low cost and easy preparation and went to the market to buy grocery. Sixteen teams competed under the supervision of the Project collaborators. Upon the request from D8 CPCC, the Project invited HCMC CPCC officers as examiners of food the children prepared. Children had fun and gained nutrition knowledge. For

² Area Development Program. A holistic approach that WVV takes to achieve community development of the assisted area. It targeted mostly the mainstreams of society in past and WVV is now in effort to include minorities of society in this program, such as disabled children.

most of the non-disabled children who participated, it was their first time to work with children with disability as a team.

The Project has not conducted de-worming during FY2000 but plans to conduct in FY2001. The Project did not provide disease treatment because either health centers or parents were able to provide such service for sick children without the Project's assistance. The Project will provide treatment when there is a need for the Project to intervene.

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

Accomplished – The Project implemented a two-day nutrition training for project target wards during the third quarter of FY2000. However, as project key players in Ward 15 could not attend because they were busy with other activities in the ward, the Project conducted another nutrition training for the ward during July 20-21. Upon a request of D8 CPCC, social workers of other 15 wards in District 8 also attended the training. A total of 21 people attended this training with 7 of them from Ward 15 and one person from each of 15 other wards in District 8 (see Attachment F for a list of participants). The director of and a nutrition specialist of the Child Nutrition Center in Ho Chi Minh City were invited as trainers as the previous training. Basic nutrition knowledge and cooking methods were taught through lecture, demonstration, practice and group discussion.

Following the nutrition training in the third quarter, project collaborators from Women's Union of Ward 8 provided a nutrition training to parents of children with disability in the ward during the fourth quarter, before the Project started cooking demonstrations. Ward 8 People's Committee offered to use a community meeting place at a ku pho (a residential unit under ward level) for the training. Two women from Ward 8 Women's Union who received the nutrition training by the Project taught nutrition knowledge and conducted cooking practice for thirty-four mothers and one father. Active participation was observed in the cooking practice, as they were divided into four groups and did the cooking by themselves.

Program monitoring and evaluation

The Project conducted the first quarterly monitoring in June 2000 by a CBR consultant who is the director of Rehabilitation Department of School of Medical Techniques #2 of Ministry of Health who provided CBR methodology training for the Project during FY1999 and FY2000. The consultant visited and interviewed identified children with disability and their family members, volunteer CBR workers and other collaborators, local authorities and the Project staff. Appropriate recommendations were made following the monitoring, such as to provide certain devices or educational/cognitive development opportunities for children with disability. The report was attached to the third quarterly report of FY2000.

The Project conducted a mid-term evaluation of the Project during September 12-18. (Please see the scope of work, schedule and report of the evaluation in Attachments G, H and I.) The main evaluator was invited from Culnane Consulting International Pty Ltd, Australia. He is a professional counselor for children and has an excellent experience in working with children in especially difficult circumstances (CEDC) both in developed and developing countries. Other evaluators were: the director of Rehabilitation Department of School of Medical Techniques #2 of Ministry of Health who is a Project's CBR consultant; an international program officer from World Vision U.S.; and a CEDC Program Manager of WVV. Two officers from DELISA/HCMC also

participated in the evaluation. The evaluation achieved not only evaluating the Project but also served as an opportunity for the service providers, local authorities in the community, DELISA/HCMC, D8 PC and D8 CPCC to review project's strengths and weaknesses.

2. Summary Statement Regarding Project Impact

As stated by USAID, this section will be reported on only during the second and fourth quarters of each funded year.

As Project activities were stopped for the first five months of FY2000 by DELISA/HCMC and D8 PC because of the MOU issue explained in the introduction of this report, there was little impact of the Project in the community during the first two quarters of FY2000. However, after the Project was 'allowed' to start, project staff worked hard with Ward Supervisors, wards' Women's Union members, district and wards health centers, parents and volunteer CBR workers of children with disability, local authorities and other social organizations in D8, and various hospitals and centers in HCMC. As result, the Project made impact on many children's lives as well as their families'.

Some children with disability are now able to move their bodies better because of the service provided by volunteer CBR workers and the Project's rehabilitation consultant. Some are able to go out by themselves, enjoy outdoor and meet with other children because of the devices provided by the Project. Some gained weight through supplementary feeding program and more nutritious meals the parents are able to prepare by nutrition training and cooking demonstrations. This resulted in better health and less sickness for some children. Some children with disability are happier and feel sense of worth and self-confidence as they experience the sense of independence by being able to go out by themselves and by contributing to the family income by being able to work. Some feel cared for as volunteer CBR workers, Ward Supervisors, wards' vice-chairpersons, D8 CPCC vice-chairperson, other local authorities and WVV staff visited them to provide service. Some started going to school and began to read and write because of the WVV's strong recommendation to parents, volunteer CBR workers, local authorities and school principals. They have now better understanding that many children with disability can learn and should go to school like other 'normal' children.

These are the children who were left at home all day, day after day, without adequate care, attention or friends, simply because the parents were busy working and because the children could not go out by themselves because of their physical condition. (Please see a "CBR Story - CASE 2" in the box below.)

Parents, volunteer CBR workers and other service providers gained knowledge of nutrition, and knowledge and skills to work with children with disability through the Project's training and the guidance by the Project's rehabilitation consultant. Many of them are beginning to understand that many children with disability can perform what other 'normal' children can, including studying, and therefore should be in school. Most of volunteer CBR workers never worked for children with disability. However with the Project initiation, they had reason to visit and get to know these children. As the Project proceeds, many of them became active in helping children with disability because they experienced the joy in working for and with these children.

= A CBR Story =

~ CASE 2 ~

This is a success case of holistic CBR approach

Huynh Tan Nghia is fifteen years old and lives with his mother and stepfather in Ward 1, District 8. Like many families in District 8, his family is also poor. When he was three, he developed high fever. His parents took him to a hospital and the doctor diagnosed that he contracted polio. He lost mobility of his both legs and has learnt to walk with his hands. For many years, his parents had taken him to various hospitals and clinics for physical therapy, radiology therapy, acupuncture and traditional medicine to bring back the mobility of his legs. If they had any money, they took him to therapies. None worked with polio disease and the parents ended up spending considerable money for these services.

When Nghia was twelve, he decided to go to school. However, he was often made fun of and pushed by other students in school. Nghia says he was humiliated and felt resentment towards his classmates and teachers. He says the teachers did not want him in school because he was considered as troublemaker. He held on to study for almost two years before he finally decided to leave. *

In April this year, Nghia was provided with a wheelchair by the Project. Volunteer CBR workers often visited and encouraged him to go out. He is now often seen in the community, taking walk in his wheelchair. He has made friends. He is able to go shopping for his mother. Then, through the recommendation made by the Project's rehabilitation consultant, he was taken to Pediatric Orthopedic Center to make a set of splint with which he can walk with his legs with an aid of crutches. No longer he walks with his hands in public. Nghia says he is very happy now and feels no shame about himself. With WVV's recommendation and his parents' encouragement, he started to go to night school three nights a week where many poor children study basic mathematics, reading and writing. With his smile, he says he now has a plan for his future to be enrolled in a vocational training school to learn about repairing motorbike as he is talented with repairing machines.

Nghia and his parents thanked the donor of the Project: "Nghia always stayed at home before except when he went to the hospitals and clinics. Now his life has changed completely. Thank you."

* In Vietnam, academic competitions amongst classes in school and between schools are quite common. The teacher of awarded class receives a bonus of one-month salary. Because a teacher's salary is often less than forty dollars a month, naturally, teachers' desire to win the award becomes strong and many do not want children with learning disability to participate in the class. Even many physically disabled children are not welcome in the class because they would shift other students' attention, and therefore, the class will be behind the studies. Also, motivation of many teachers is low because of low salary. These are some of the hidden barriers the Project faces when trying for mainstreaming education for children with disability.

3. Summary Statement Regarding Sustainability

As stated in the fifth quarterly report of this Project, in order for true sustainable project, community participation approach must be taken. This must be approached by people and children with disability, as well as by non-disabled people in the community, by raising their awareness on disability issues and the rights disabled people and children have. This will be a great challenge

for the Project because of the content of the activity. However, the Project will continue to take importance on community participation to achieve sustainability of the Project.

During the last two quarters of FY2000, the Project received much participation from the community. The Project has closer communication and relationship with various service providers in the community. The Project received more support and cooperation from the local People's Committees, Women's Unions, Red Cross, Youth Unions and other social organizations in the community. These people spent a considerable amount of time working for the Project without any remuneration. As they worked with the Project and became more motivated to assist children with disability, they started to propose their ideas in implementing Project activities. In Vietnam, all activities in a ward need to be approved by the People's Committee. Project wards People's Committees not only approved all Project activities but also were very enthusiastic in assisting children with disability and cooperated with the Project.

During this final quarter of FY2000, the Project made a strong impact in the community, especially to disabled children's lives. It was, for the most part, the result of WVV's staff's hard work by guiding and encouraging the community people to make changes in these children's lives. However, in order to ensure the sustainability of the Project, WVV realizes that service providers and local authorities must take even more active role in implementing activities, provide ideas for new activities, and take more responsibilities in the implementation of activities. D8 PC and DELISA/HCMC need to be more active and supportive in cooperating with the Project. D8 CPCC must be willing to work with more different government offices and social organizations in implementing Project activities. There needs to be more cooperation and better communication amongst the different government sectors at district level in order to carry out activities more effectively, faster and with less trouble. However this is a challenge for the District 8 government, as there is a bureaucracy issue amongst different sectors as well as power struggle amongst them, lack of funding in the district/city/national government to carry out social services, and lack of human resources in the local counterpart.

The Project will also need a permanent CBR/rehabilitation consultant who can support parents of children with disability, volunteer CBR workers and other service providers, and a place where the consultant can provide appropriate advice and technical guidance to them. WVV and D8 CPCC have been in series of discussion in order to meet this issue.

4. Analysis of the Quarter / Lessons learned

The third and final quarters of FY2000 have been exciting for all people who were involved in the Project: children with disability and their families, volunteer CBR workers, local authorities, other service providers and WVV. This change from the previous quarters came with the involvement of social organizations in the community other than wards' CPCCs, which WVV was trying to involve in the Project. The involvement of wards' Women's Unions, one of the largest and of the most active social organizations in the community, made a substantial difference to the Project. As the members are ordinary, active women and not government officers, they therefore have more open, closer relationship with people in the community, especially with community women. It was difficult to have their involvement in the Project in the beginning, because D8 CPCC was not

favorable to the idea of involving other social organizations in the Project. However D8 CPCC became more open to the idea once they started seeing the outcome of the activities. WVV will continue to tap more resources within the community to assist the Project as we approach holistic Community Based Rehabilitation to assist children with disability in District 8.

WVV also recognized the importance of having a close, friendly relationship with wards' People's Committees. Some of the vice-chairpersons actually made visits to disabled children's homes, contacted a local carpenter to make a special bed for a boy with cerebral palsy or a principal of a local school for a disabled child to be admitted. WVV will continue to maintain and establish even closer relationship with wards' People's Committees. On the other hands, the Project needs to receive a better cooperation from the District 8 PC office. Although WVV has tried to visit them, provided them with minutes of all project meetings, invited them to participate in some of the Project activities, no response was returned.

The training on special topic on cerebral palsy was very successful because it held a very specific objective, targeted smaller numbers of participants and involved direct service providers of children with disability. Although originally the Project thought of including an educational issue for children with cerebral palsy, it was decided against it and to approach only physical and occupational aspects of the disability. Although three-whole day training was long enough for parents and volunteer CBR workers as they have to work and perform the Project's and other activities in the community, this short training was good to keep them focused on the training.

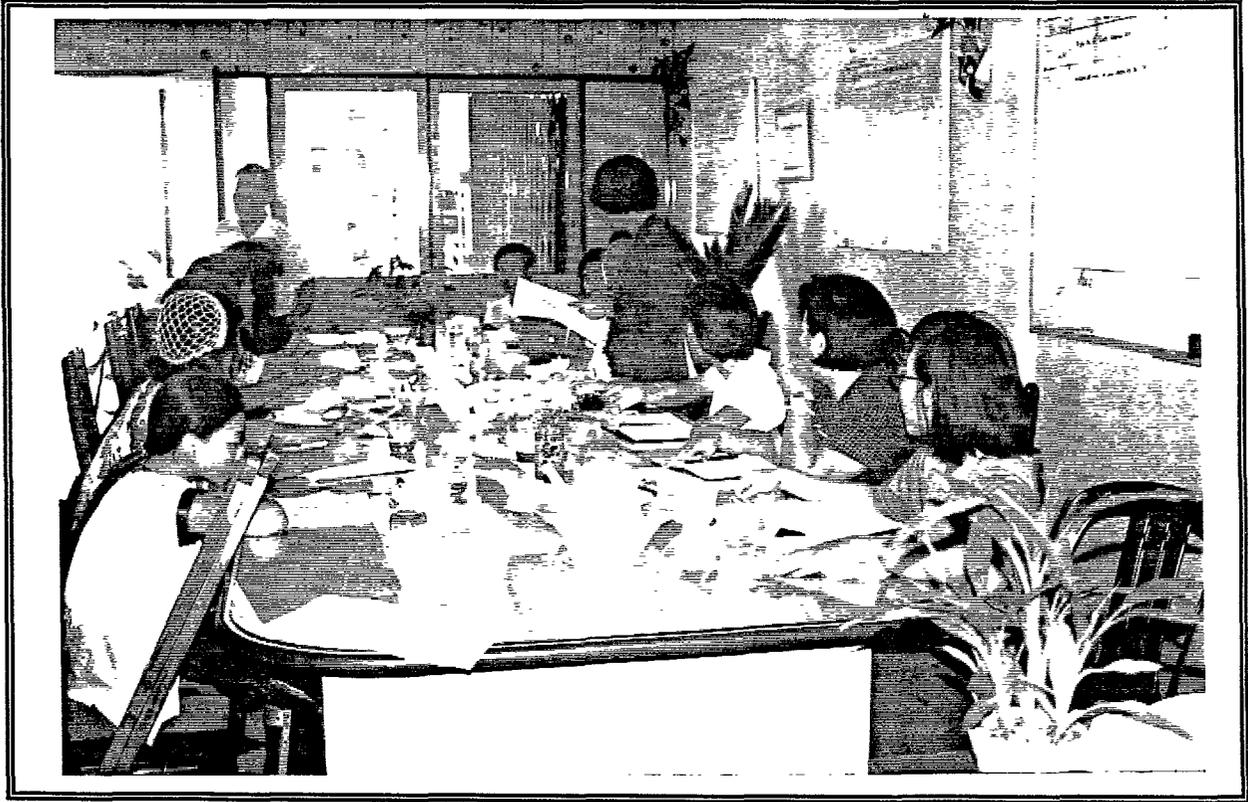
5. Main Activities for Next Quarter

- Conduct a CBR methodology training.
- Conduct a training on specific topics to wards' health centers staff.
- Conduct a District Working Group meeting.
- Conduct Wards' Working Group meetings.
- Continue with functional assessment of children.
- Continue with primary rehabilitative interventions.
- Continue with secondary rehabilitative interventions.
- Continue with nutrition assessment from the previous quarter.
- Continue with associative intervention of nutrition/health.
- Continue with a book development of innovative technology for/by disabled people.

7. Budget

Please see the attached budget.

**HCMC Assistance to Disabled Children
Community Based Rehabilitation**

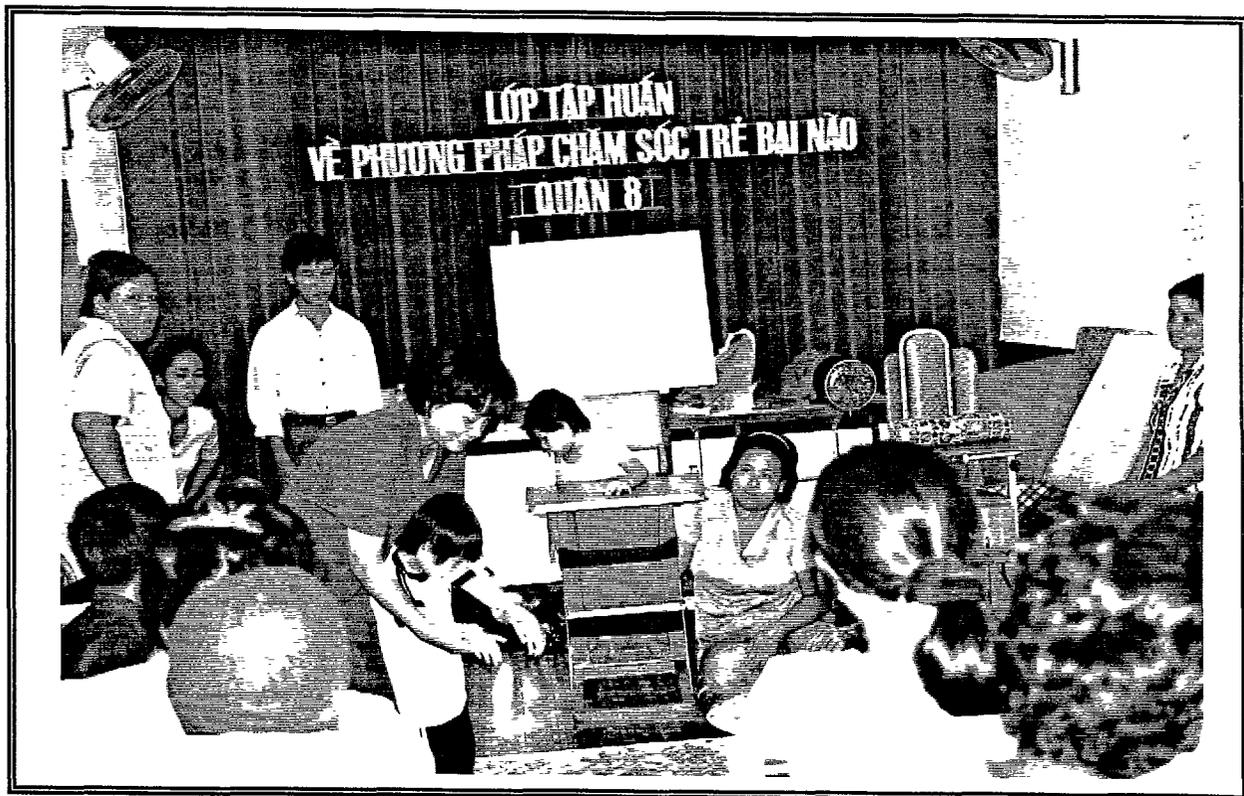


The first District CBR Working Group meeting

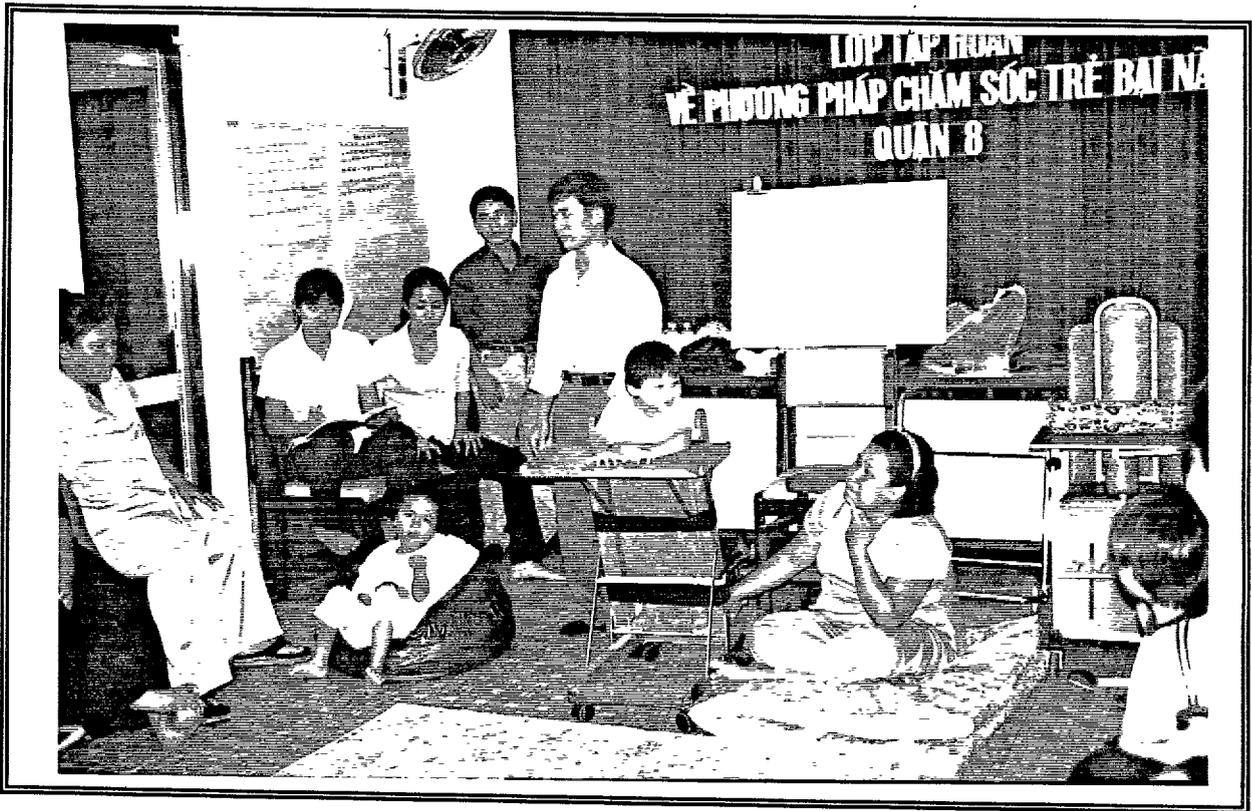
**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Quarterly Training on Cerebral Palsy, September 15-17, 2000
at District 8 PC office**



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Quarterly Training on Cerebral Palsy, September 15-17, 2000
at District 8 PC office**



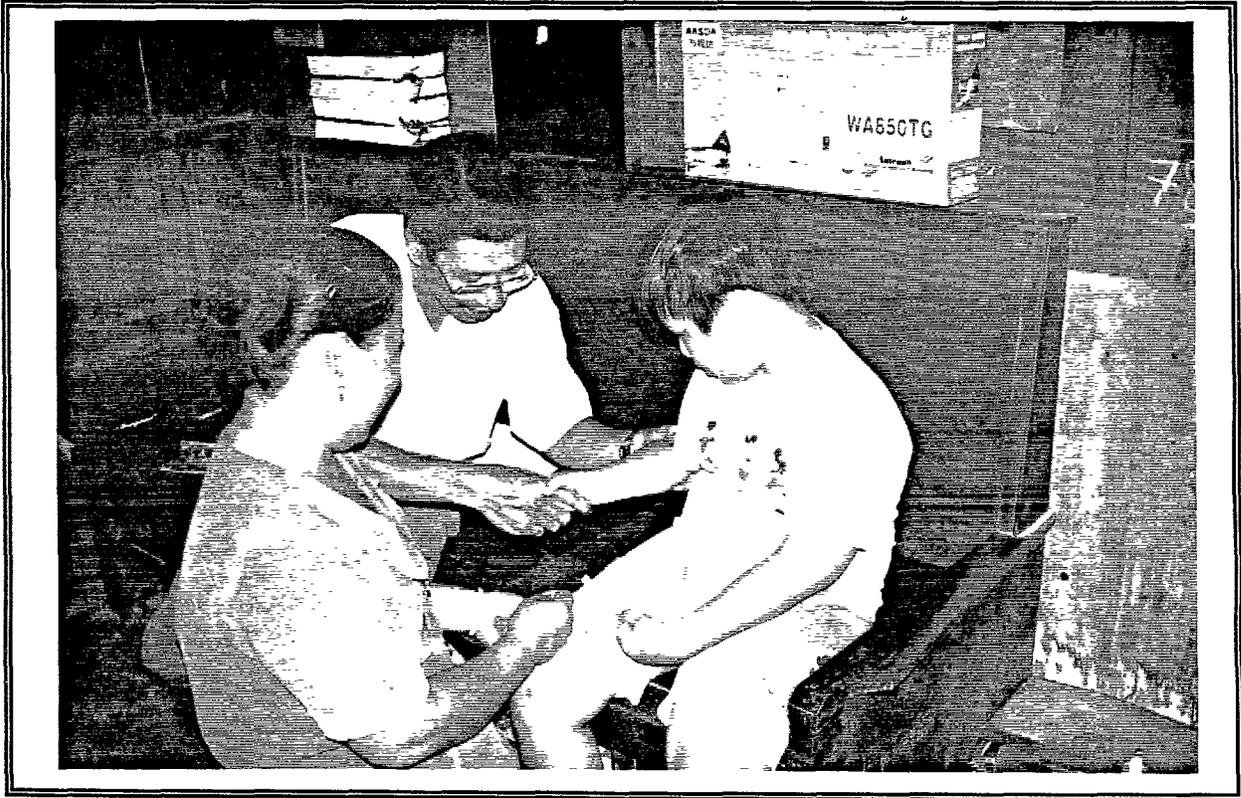
**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



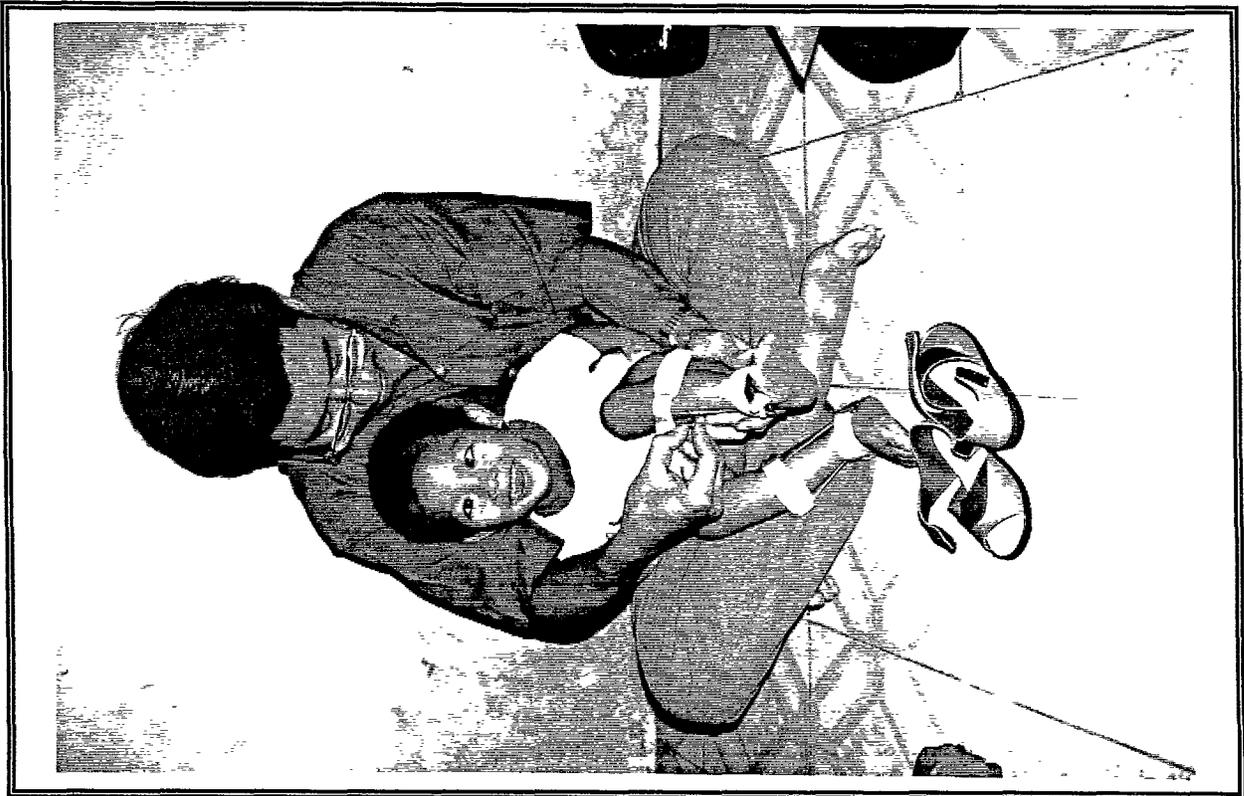
**Quarterly Training on Cerebral Palsy, September 15-17, 2000
at District 8 PC office**



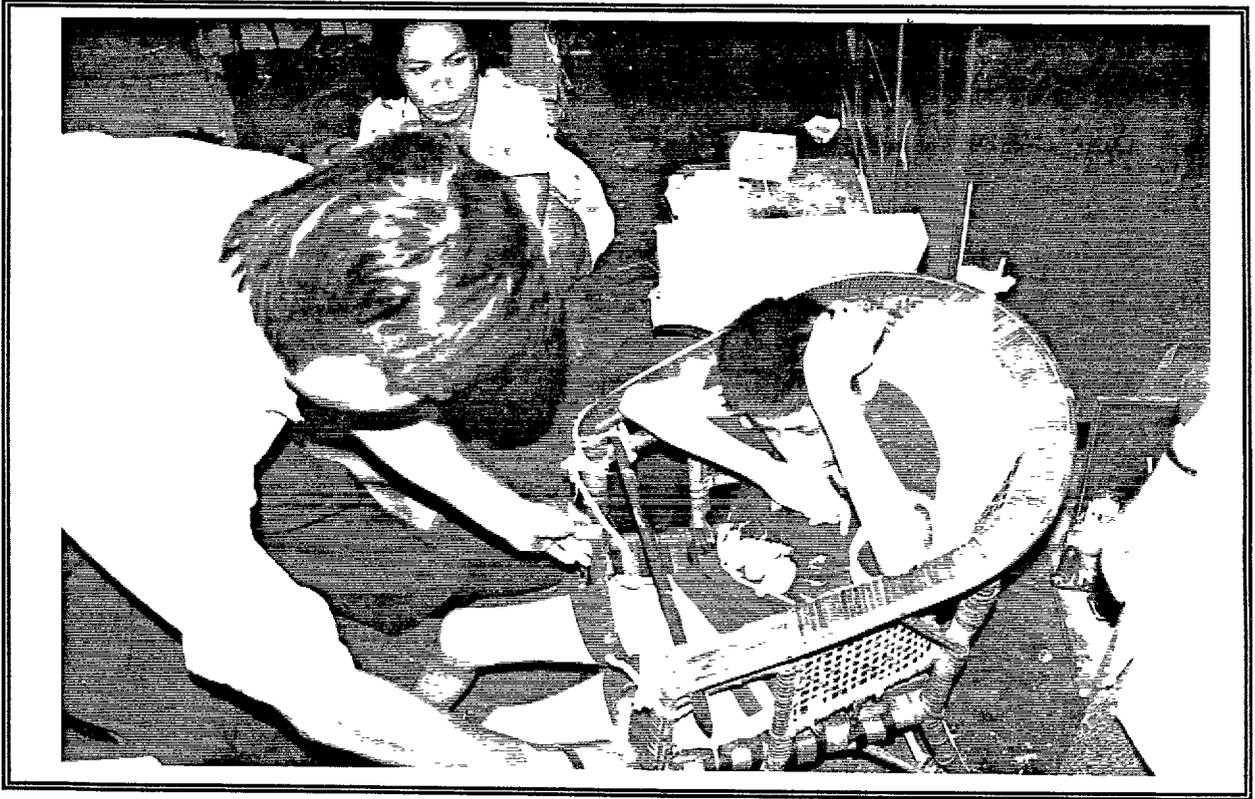
**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



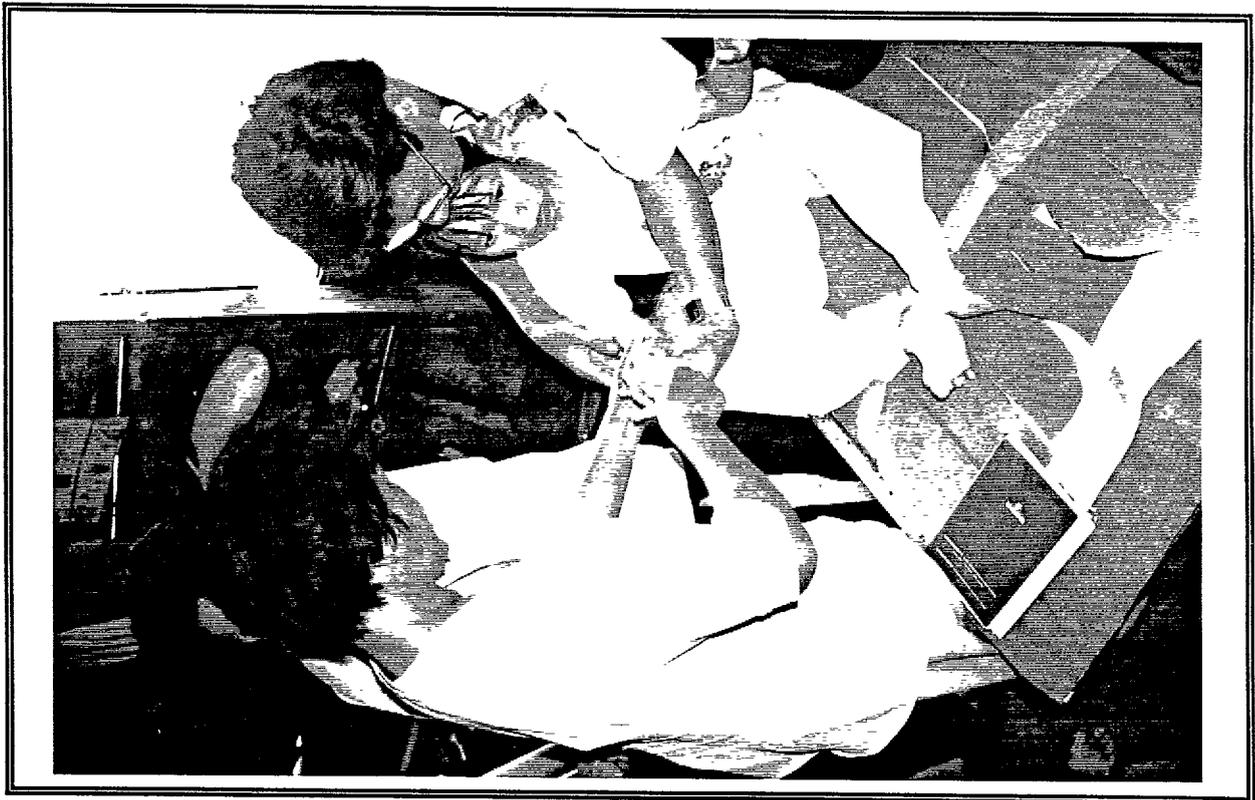
**Children with Disability Visited by
the Project's Rehabilitation Consultant**



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Children with Disability Visited by
the Project's Rehabilitation Consultant**



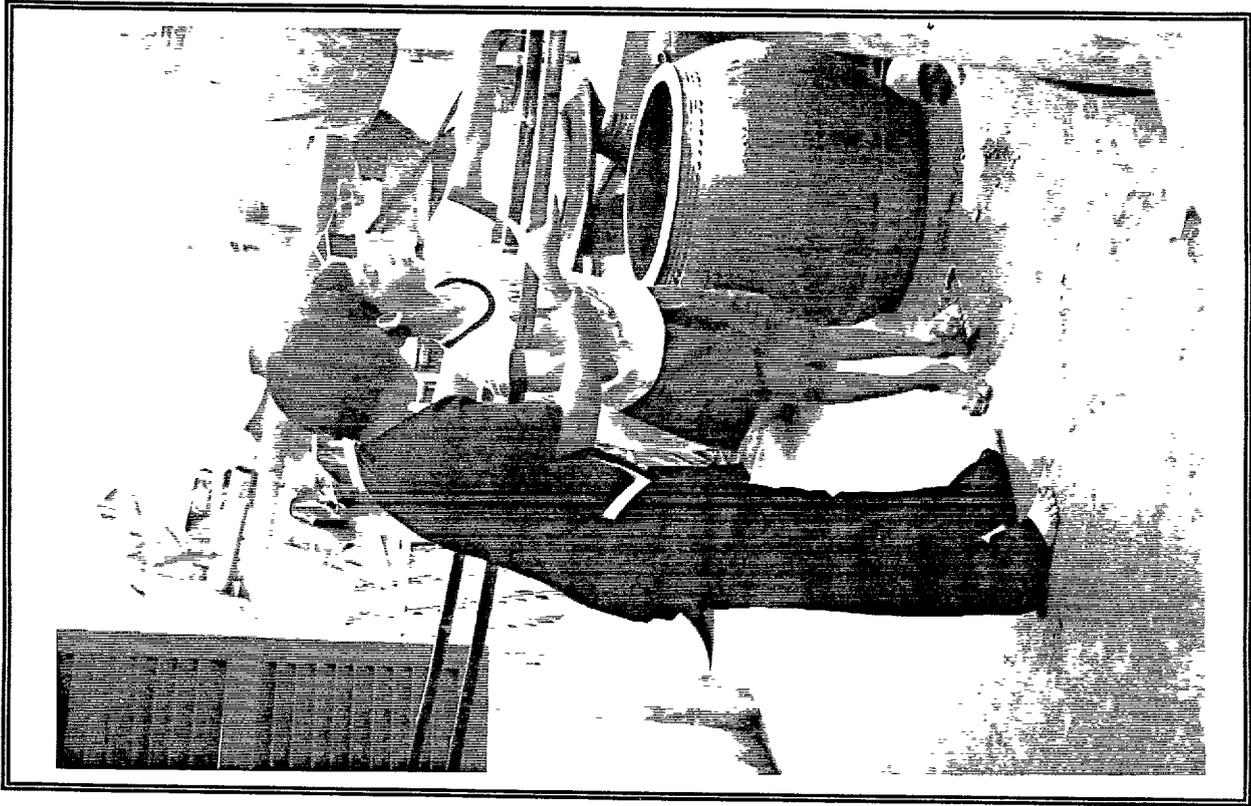
**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Children with Disability Visited by
the Project's Rehabilitation Consultant**



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Volunteer CBR Worker made the parallel working bars
For the boy with cerebral palsy to practice walking**



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Social Rehabilitation Activity - a visit to Saigon Water Park
The main purpose is group activity for Children with Disability**



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Social Rehabilitation Activity - a visit to Saigon Water Park
The main purpose is group activity for Children with Disability**



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



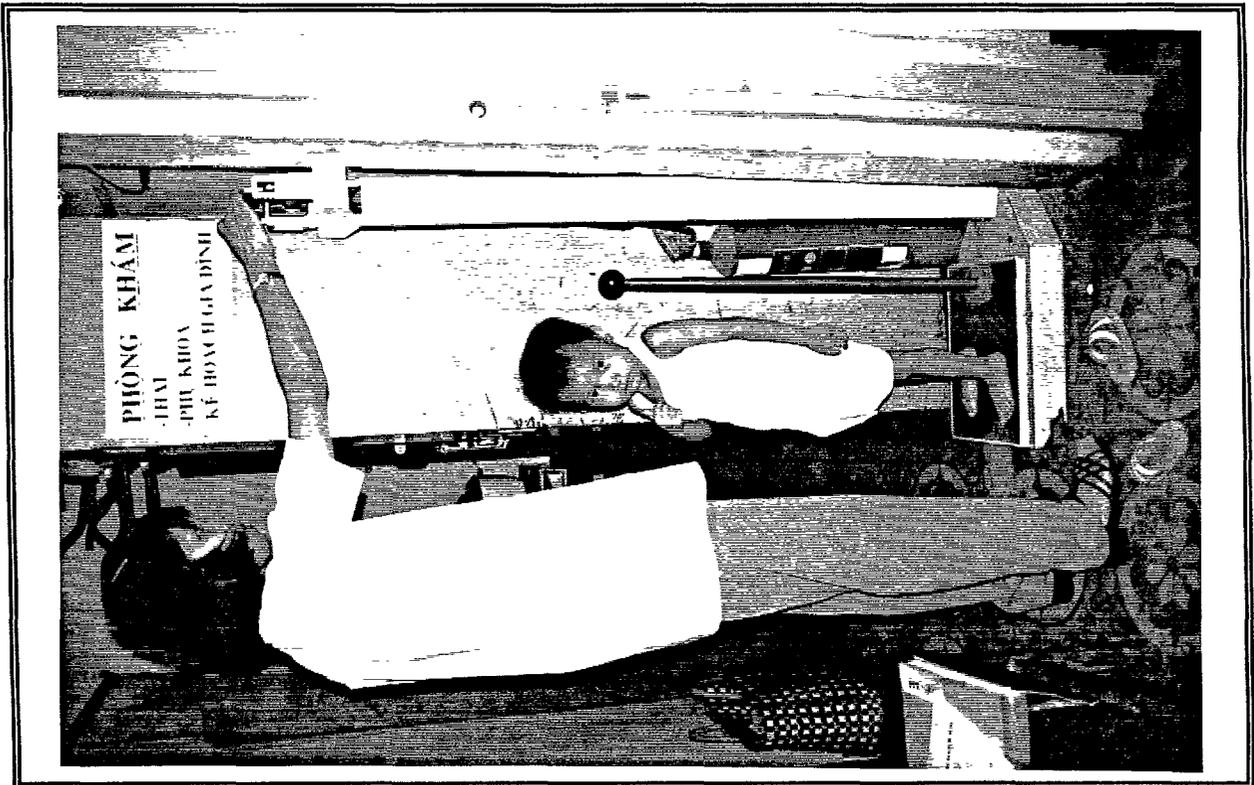
**Social Rehabilitation Activity - a visit to Saigon Water Park
The main purpose is group activity for Children with Disability**



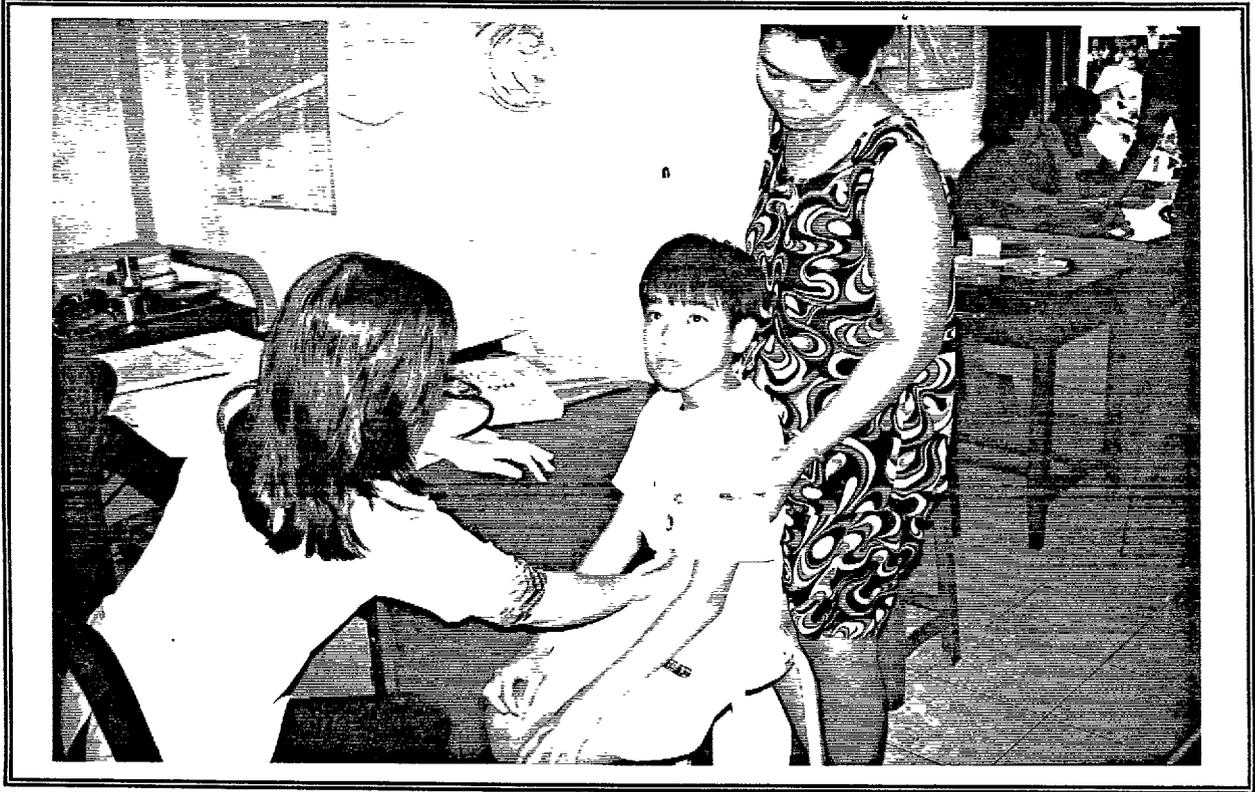
**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



Nutrition Assessment conducted by Ward Health Centers



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



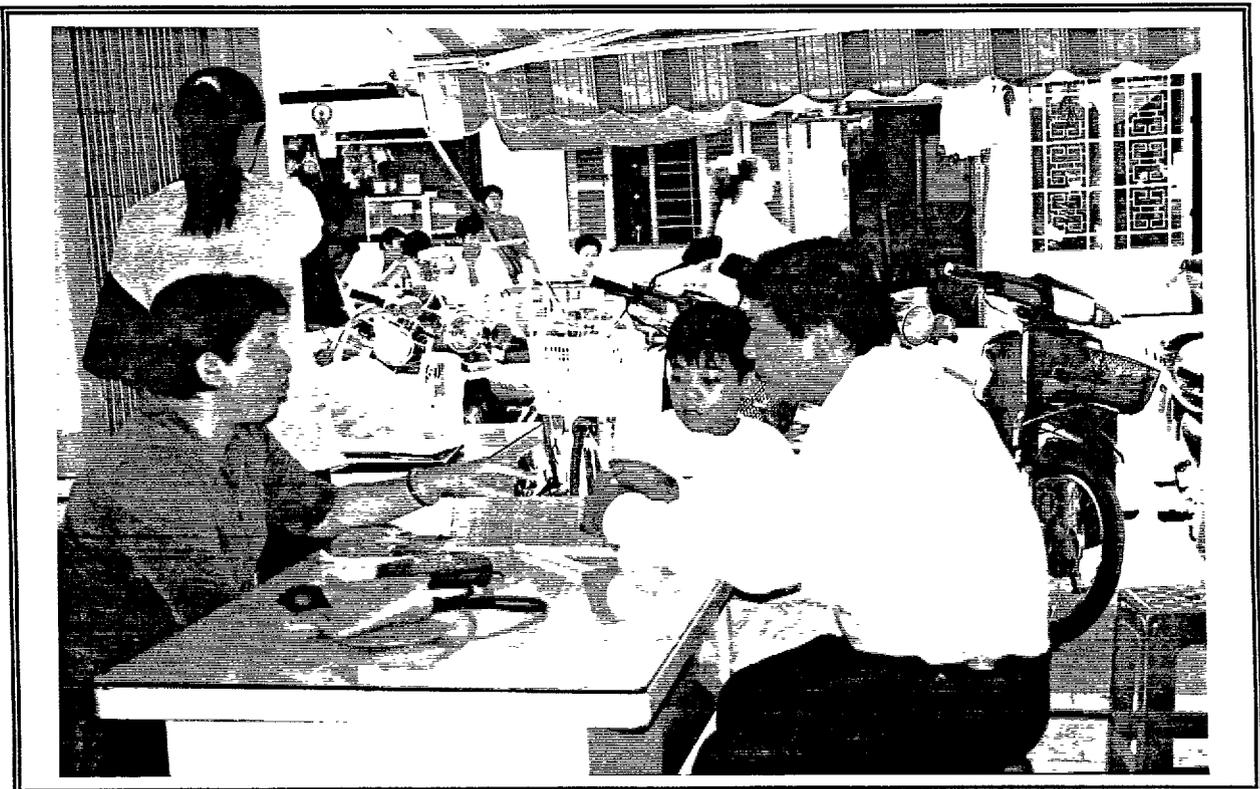
Nutrition Assessment conducted by Ward Health Centers



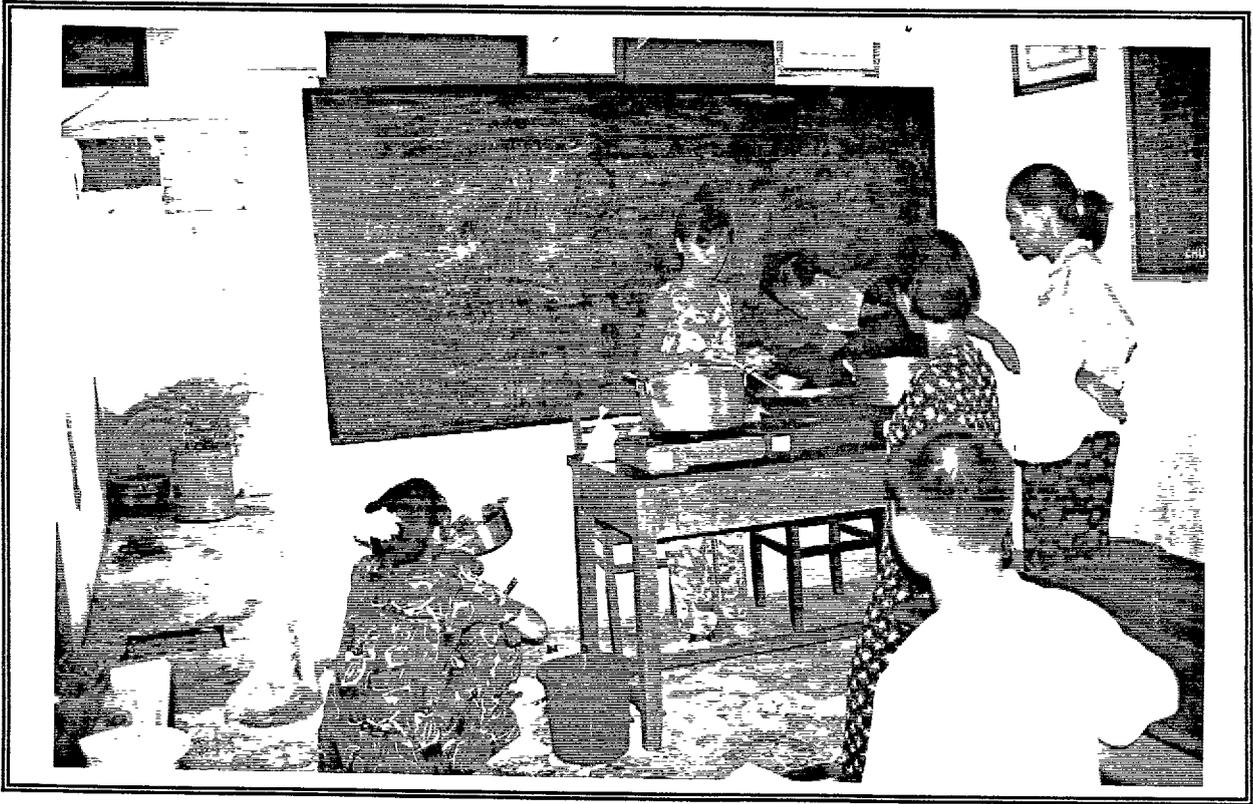
HCMC Assistance to Disabled Children Community Based Rehabilitation



- ↑ Nutrition Assessment conducted by Ward Health Centers
- ↓ A reporter from the "Police Newspaper" visited for an Interview about the Project during the assessment



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



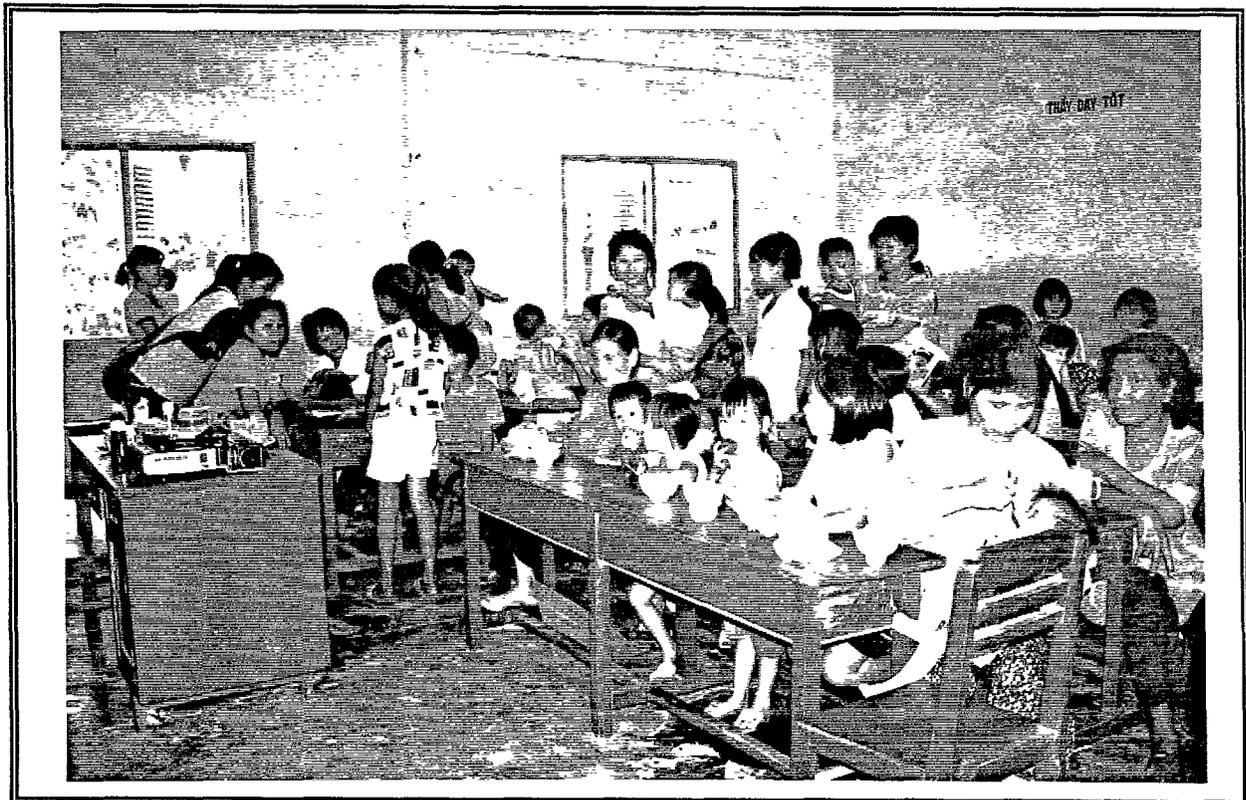
Cooking Demonstration for mothers' nutrition knowledge



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



Cooking Demonstration for mother's nutrition knowledge
↓ **The first attempt to integrate CBR Cooking
Demonstration with national nutrition/WVADP program**

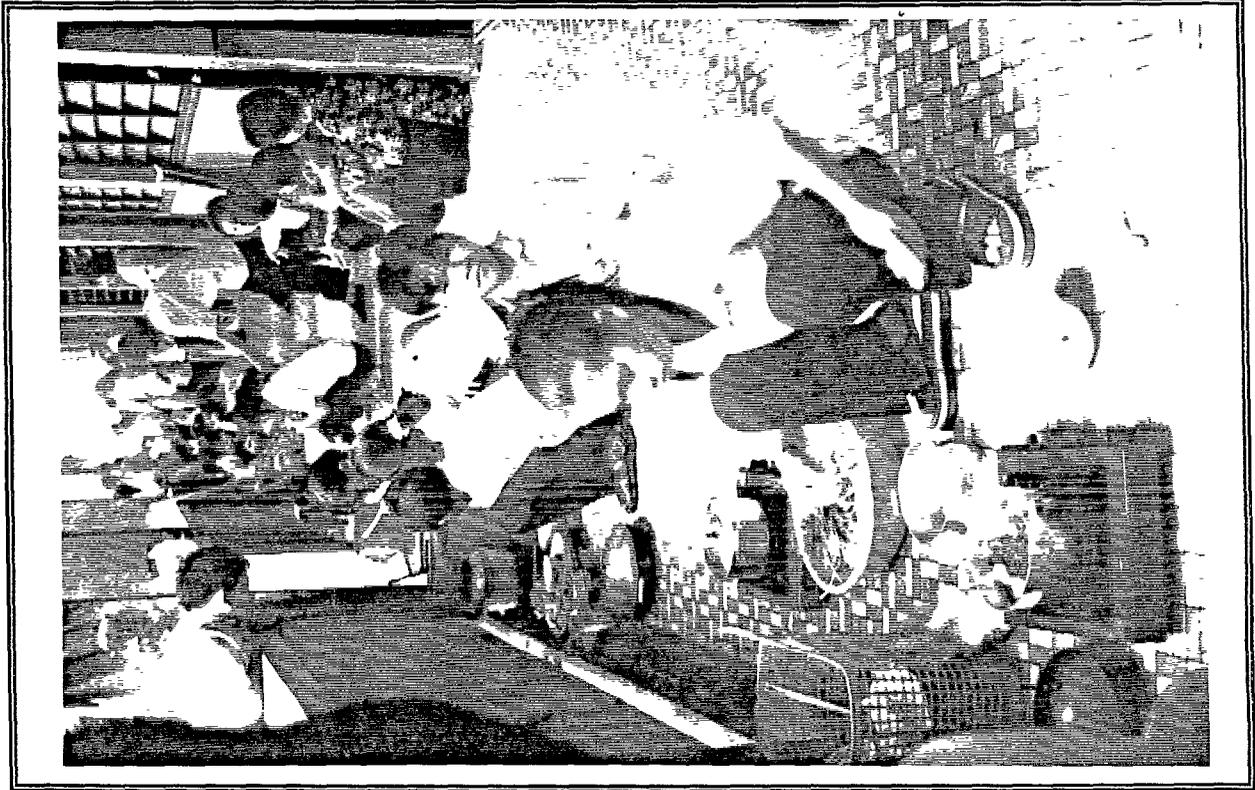


**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Volunteer CBR workers and CBR Project staff teaching Children
with Disability how to write**

**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**Cooking Competition Activity
Disabled and Non-Disabled Children from 16 wards in District 8**



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



Cooking Competition Groups of Wards 1 & 8



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



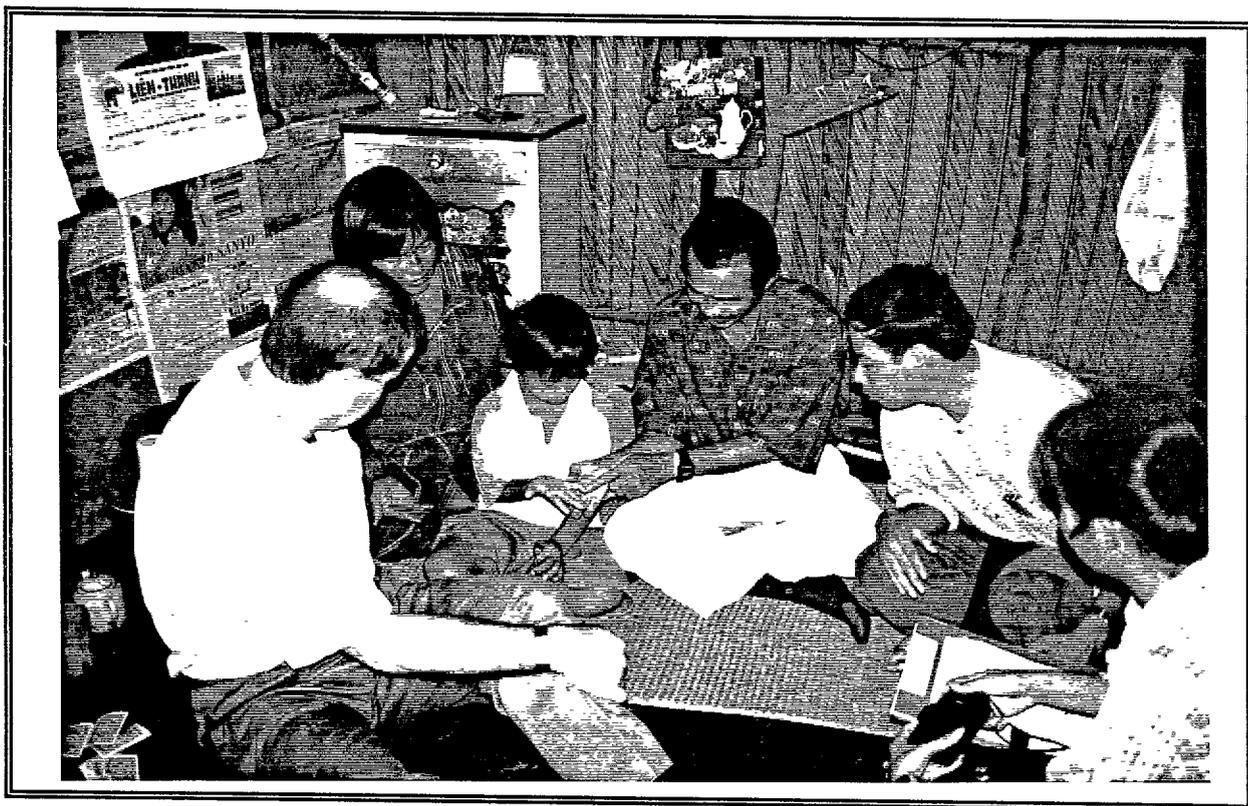
Cooking Competition Groups of Wards 10 & 15



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



CBR Mid-Term Evaluation



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



CBR Mid-Term Evaluation



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



CBR Mid-Term Evaluation



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**~ From Case Story 1 ~
Hoang – before and after project assistance**

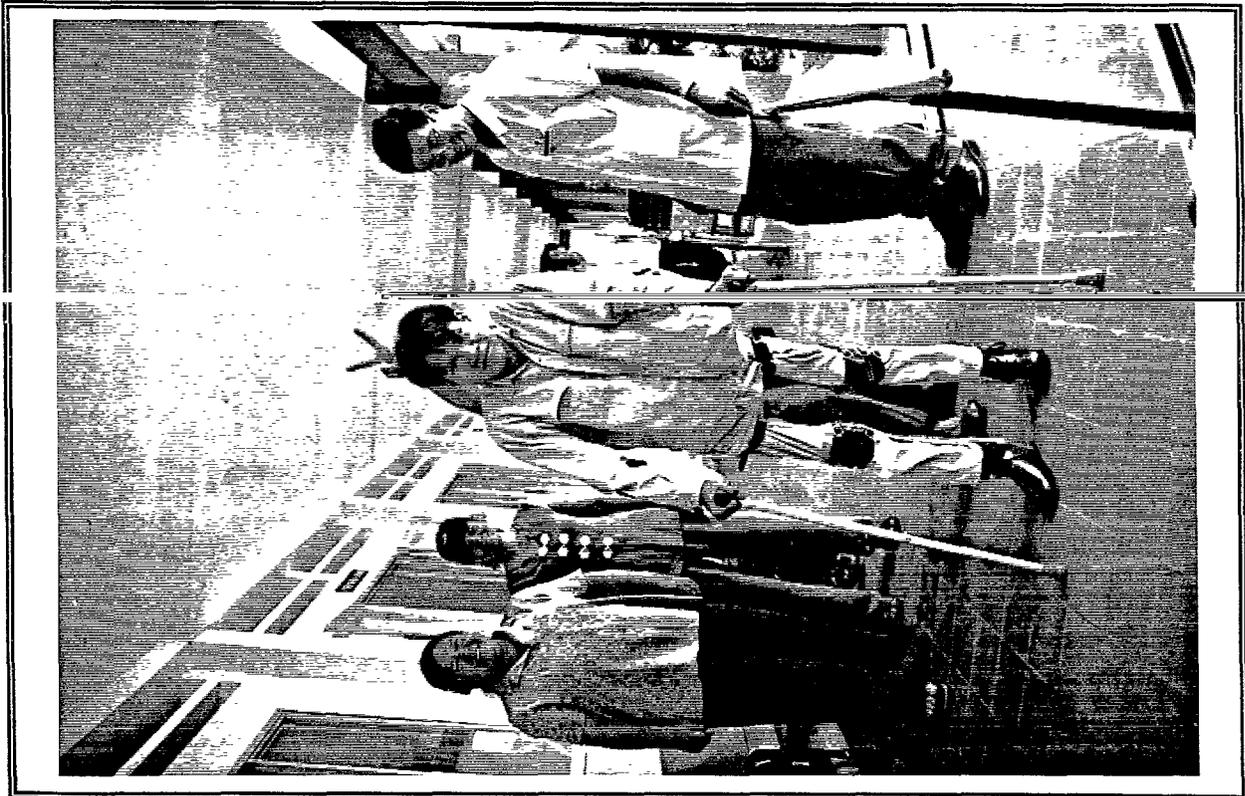


**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



~ From Case Story 2 ~

Nghia used to walk with his hands until the Project assistance

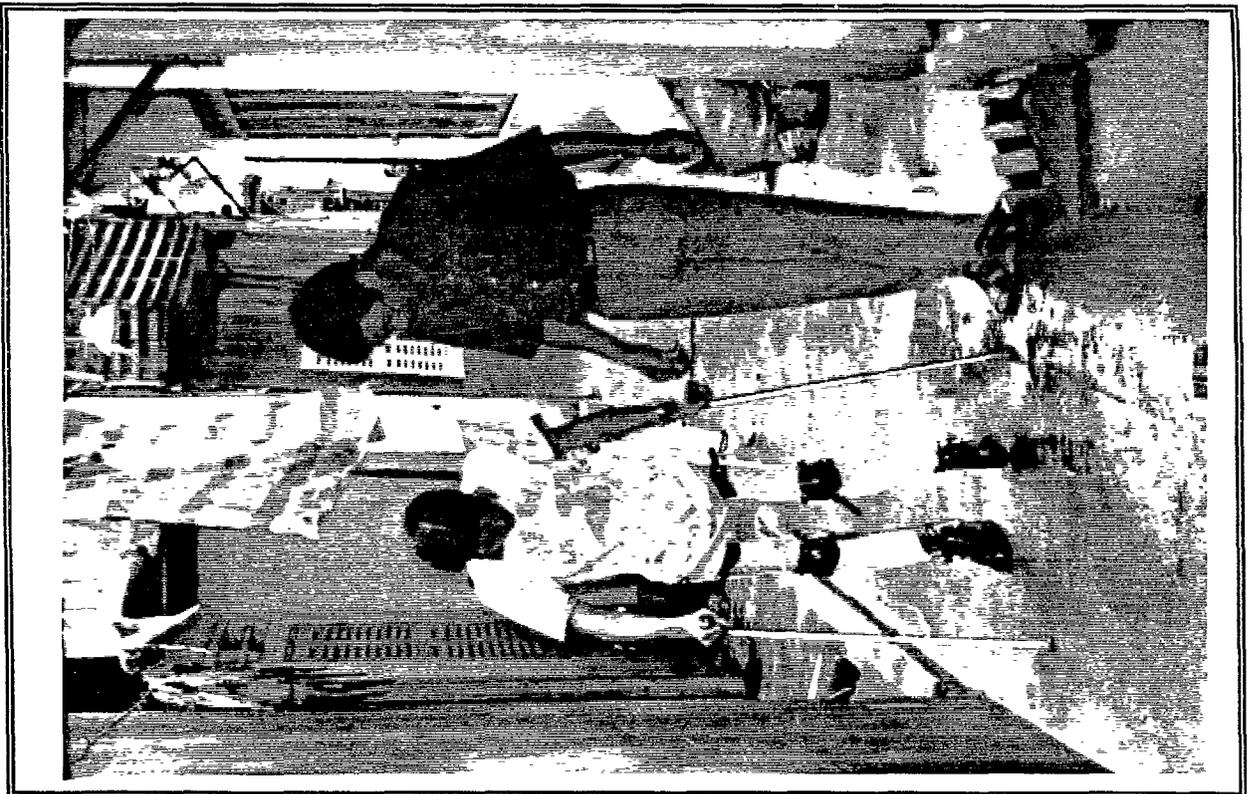


**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



~ From Case Story 2 ~

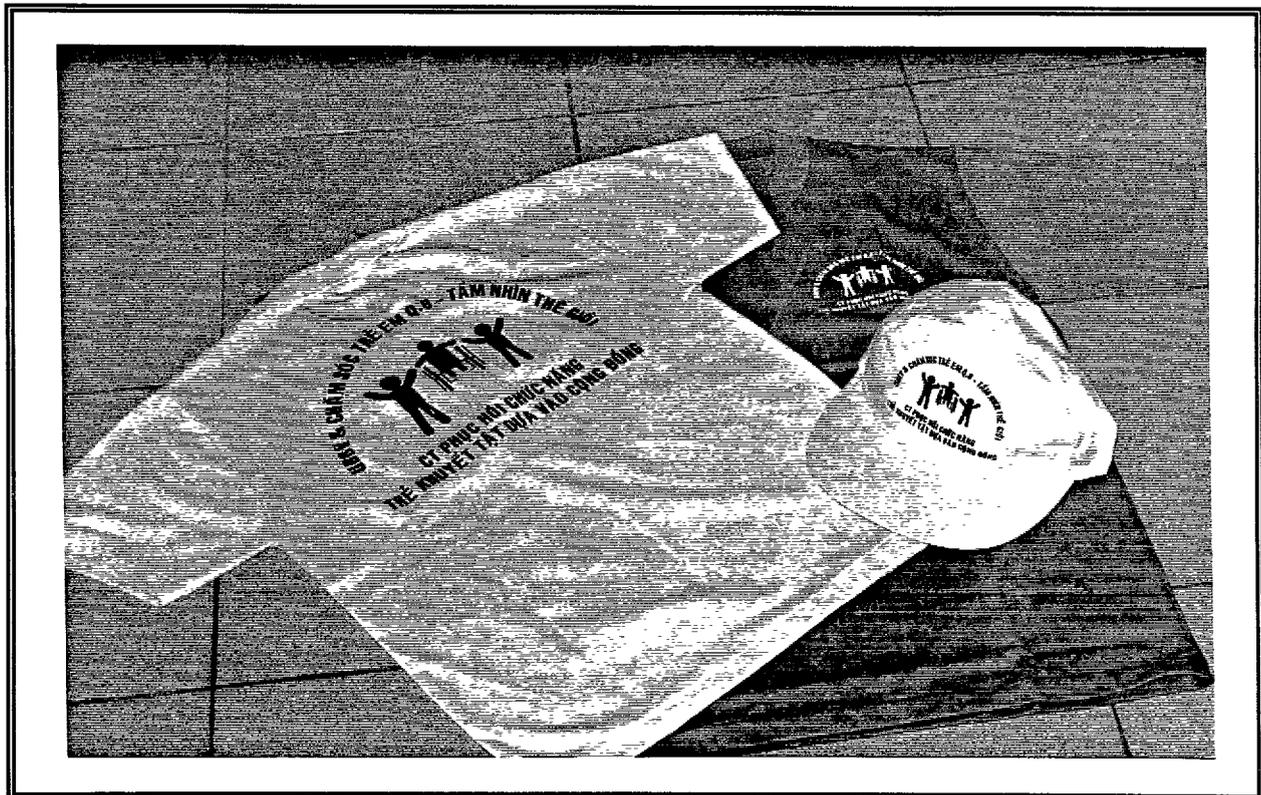
Nghia is now often seen in the community, taking walk in wheelchair. He also started to practice walking with the splint and crutches provided by the Project.



**HCMC Assistance to Disabled Children
Community Based Rehabilitation**



**The Project produced shirts and caps.
The CBR Project logo was created by WVV staff.**



**CBR Quarterly Training Participants
(September 15-17, 2000)**

Ward 1	Nguyen Thi Thu Ha	Volunteer CBR worker/WU
	Duong Thi Hong Suong	Parent of a child with CP
	Ay Sa	Volunteer CBR worker/WU
	Phan Van Tuc	Parent of a child with CP
	Nguyen Thi Anh Tho	Volunteer CBR worker/WU
	Nguyen Thi Nu	Volunteer CBR worker/WU
Ward 8	Dau Thi Thuy	Volunteer CBR worker/WU
	Le Thi Hoai Van	Volunteer CBR worker/WU
Ward 10	Tran Huynh Hoa	Volunteer CBR worker/WU
	Nguyen Thu Van	Volunteer CBR worker/WU
	Le Thi Bich Linh	Parent of a child with CP
	Nguyen Van Tuan	Parent of a child with CP
	Trinh Thi Thanh Tam	Ward Supervisor/CPCC
	Lam Thi Kim Hue	CBR District Working Group member/WU
	Tu Thi Thanh Huong	Volunteer CBR worker/WU
	Huynh Thi Kim Sanh	Parent of a child with CP
Ward 15	Doan Thi Linh	Volunteer CBR worker/WU
	Tran Thi Cam Thuy	Parent of a child with CP
	Tran Thi Dong	Parent of a child with CP
	Nguyen Thanh Tam	WU/Ward Supervisor
District Red Cross	Thai Thi Tuyet Mai	CBR District Working Group member

REPORT ON QUARTERLY TRAINING FOR VOLUNTEERS AND MOTHERS OF CP CHILD
ON "HOW TO TAKE CARE OF CP CHILD"

I. Situation of Training:

- Coordinators: D8 CPCC - WV
- Time: Sep 15,2000 - Sep 17,2000 (all day)
- Participants: Volunteers: 12 people, mothers: 9 people
- Trainers: Dr Bui Thi Dung - main trainer of training
Dr Ha Thi Kim Yen - collaborator
Assistants: Mr. Hoang Van Quyen
Mr. Nguyen Thai Binh
Ms Do Thi Bich Thuan
- Place: D8 PC

II. Content of training:

1. Objectives: help mothers and volunteers know how to take care of CP child at home, including:
 - carrying child
 - basic exercises on movements such as walking, sitting, lying, standing
 - exercise on feeding CP child, washing, changing cloths
2. Theory and practice:
 - How to identify CP child: comparison between normal and unnormal developing of child from 0-15 months age
 - Movement exercise: lying, sitting, standing, walking
 - Right posture when carrying, lying, standing, walking
 - Care: feeding, bathing, changing cloths
3. Training method:
 - Give theory
 - Give practicing exercise
 - Practice on CP child as demonstration
 - Group discussion
 - Each group present its discussion to get strong points and imperfection
4. Training documents:
 - Illustrating picture:
 - Helping CP child developing
 - Community Based Rehabilitation
 - *elementary*
 - Practicing devices;
 - mattress
 - Cane, special frame for sitting,
 - Toys
 - Spoon, glass, special pen

III. Training assessment:

- Method: 10 question test, based on training:
 - Pre-test: 32% good
 - Final test: 84% good

- Summarize lesson learnt through 2 questions:

(1) 3 things they like best from training:

Vivid discussion and practicing

Exercises on movement

Lessons are easy to understand, teachers are friendly, whole-hearted

(2) 3 things can put in practice at home:

Feeding child

Changing cloths, bathing,...

Movement exercises

**Community Based Rehabilitation
District 8 Working Group Members**

(As of September 30, 2000)

	POSITION	NAME	WORK
1	Chairperson	Dinh Thi Kim Lien	Vice-Director, D8 CPCC
2	Vice-Chairperson	Le Thi Thu Van	Vice-Director, D8 Health Center
3	Member	(To be decided)	Red-Cross
4	"	Nguyen Van Khanh	Vice-Chairperson, Ward 1 People's Committee
5	"	Mai The Ngoc	Ward 1 Youth Union
6	"	Nguyen Nha Kha	Vice-Chairperson, Ward 8 People's Committee
7	"	Le Thi Hoai Van	Ward 8 Women's Union
8	"	Thai Cam Nguyen	Vice-Chairperson, Ward 10 People's Committee
9	"	Lam Thi Kim Hue	Ward 10 Women's Union
10	"	Le Van Phuoc	Vice-Chairperson, Ward 15 People's Committee
11	"	Nguyen Thi Thanh Tam	Vice-Chairperson, Ward 15 Women's Union
12	"	Huynh Anh	University student (PWD) in Ward 1

**Community Based Rehabilitation
Wards Working Groups**

(As of July 11, 2000)

WARDS	POSITION	NAME	WORK
Ward 1	Chairperson	Nguyen Van Khanh	Vice-Chairperson, People's Committee
	Member	Le Thi Chau	Ward Supervisor (CPCC)
	"	La Thi Thien Huong	Ward Supervisor (Health Center)
Ward 8	Chairperson	Nguyen Nha Kha	Vice-Chairperson, People's Committee
	Member	Lai Thi Le Lieu	Ward Supervisor (CPCC)
	"	Nguyen Thi Bich Lien	Ward Supervisor (Health Center)
Ward 10	Chairperson	Thai Cam Nguyen	Vice-Chairperson, People's Committee
	Member	Trinh Thi Thanh Tam	Ward Supervisor (CPCC)
	"	Lam Thi Quy	Ward Supervisor (Health Center)
Ward 15	Chairperson	Le Van Phuoc	Vice-Chairperson, People's Committee
	Member	Nguyen Thanh Tam	Ward Supervisor (Women's Union)
	"	Vo Van Nam	Ward Supervisor (Health Center)

**Beneficiaries of Secondary Rehabilitation Service
(FY2000)**

Ward		NAME	Sex	Age	Cause of Disability	Service Provided
1	1	Nguyen Tuan Canh	M	13	Heart disease	Examination at Heart Institute
	2	Ca Riem	M	4	Heart disease	Examination at Heart Institute
	3	Huynh Tan Nghia	M	15	Polio	Wheelchair, Sprint
	4	Tran Huu Huan	M	14	Muscle Dystrophy	Wheelchair
	5	Tran Huy Hoang	M	10	Cerebral Palsy	Examination at Pediatric Orthopedic Center
8	6	Nguyen Thi Thu Thao	F	15	Cerebral Palsy	Special chair for CP
	7	Le Minh Hai	M	13	Cerebral Palsy	Special chair for CP, Examination at Pediatric Orthopedic Center for wrist infection
10	8	Tranh Thi Thanh Thuy	F	15	Scar by conjunctiva in right eye (blind)	Examination at Eye Center
	9	Thai Minh Hoa	M	18	Cerebral Palsy	A bed made locally
	10	Khai Mong Thao	F	16	Cerebral Palsy	Special chair for CP
	11	Nguyen Ngoc Co	M	5	Deformed legs/feet	Examination at Pediatric Orthopedic Center
15	12	Tran Van Hoang	M	14	Polio, Scar by conjunctiva in both eyes (right eye is blind)	Wheelchair, Artificial eye for right eye, medicine for left eye
	13	Do Minh Phong	M	6	Heart disease	Examination at Heart Institute

CBR MIDT-TERM EVALUATION

SCHEDULE

Attachment H

Date	Time	Visit	Remarks
Sept. 12	All day	Meeting in WV office	
Sept. 13	08:00-09:00	District 8 CPCC	Mrs. Lien, vice-chairperson
	09:00-12:00	Ward 15 People's Committee (PC) Disabled children (CWD) in W15	W15 PC representative Hoang & Thuong (g)
	14:00-17:00	W8 PC CWD in W8	W8 PC representative Thao & LMHai (b)
Sept. 14	08:30-11:30	W8 Cooking Demonstration W1 PC	W1 PC representative
	13:30-17:00	Visit W1 with rehab specialist CWD in W1	Mr. Kiet from Pediatric Orthopedic Hospital Nghia (g) & Carium (b)
Sept. 15	08:30-11:30	W1 Cooking Demonstration W10 PC	W10 PC representative
	13:30-17:00	Quarterly training on CP for parents/volunteers Visit CWD in W10	Ms. Dung from Pediatric Hospital #1 Xen Mai & Thao (g) Cuong & Hung (b)
Sept. 16-17	All day	Quarterly training on CP	You are free and welcome to participate. If you are participating, please let Hitomi know in advance.
Sept. 18	Morning Afternoon	Summary meeting in WV office	Final draft of MTE report by evaluators
		Visit D8 PC	D8 PC representative
		Visit HCMC DELISA Visit the project if necessary	Mdm. Tuyet, director
Sept. 19	Morning	Follow-up discussion with WVUS	Drs. Culnane, Khanh and Hegenauer will leave HCMC in the morning.
	Afternoon	Visit W8 with rehab specialist	

Note: This is a tentative schedule prepared by WVV-HCMC. If the evaluators require to visit other offices/persons, please let the coordinators know. D8 CPCC and WV will try to coordinate for such visits.

Evaluators: Dr. Tony Culnane, independent consultant (Assistant: Laraine Culnane)
 Dr. Le Quang Khanh, MOH
 Dr. Camille Morse, WVUS
 Dr. Michael Hegenauer, WVVietnam-Hanoi

Coordinators: Ms. Dinh Thi Kim Lien/Ms. Linh, D8 CPCC
 Hitomi Honda/Le Thi Lan/Luong Thi Chung Thuy, WVV-HCMC

Thank you very much for your participation!

**WORLD VISION INTERNATIONAL – VIETNAM
HO CHI MINH CITY ASSISTANCE FOR DISABLED CHILDREN – PHASE I
USAID COOPERATIVE AGREEMENT No. 492-G-00-98-00039
SCOPE OF WORK FOR PROJECT CONSULTANT**

Consultant: Dr. Tony Culnane

Key Objective:

To conduct a mid-term evaluation of the “Ho Chi Minh City Assistance for Disabled Children – Phase I” project and make recommendations for future activities of the project.

The Purpose of the Evaluation:

The purpose of the Mid-term Evaluation is to identify the progress of the project, 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 evaluation should recognize 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.

Specific Objectives:

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:
 - (1) Summary and recommendation including evaluation methods, site visited, dates of field work
 - (2) Project background
 - (3) Quality of project activities
 - (4) Capacity building and sustainability
 - (5) Technical and administrative support
 - (6) Recommendations

Revised/Received from WVI 10/07/1999

5. To make over-all recommendations for the strategy for the continuation of the project activities beyond the year 2000.

Evaluation Methodology

The scope of work proposes a review strategy that fulfills the criteria established by the USAID Child Survival Annual Review/Mid-Term Review Guidelines. The evaluation methodology will include the following:

Evaluation Team Leader: The team leader will facilitate the evaluation activities in a participatory manner and ensure that the evaluation process is conducted according to USAID standards.

Data Collection and Analysis: The Evaluation team leader will be responsible for overall methodology and design of the data collection techniques, facilitating the analysis of the data, and providing an assessment of the quality of the project implementation based on this data. The data collection technique may include:

- ❖ Field visits/observations
- ❖ Focus group discussions and interviews
- ❖ Review project documents
- ❖ Others as required by the evaluation team

Proposed Evaluation Schedule

- September 12: Meeting with entire team, review reports, share experiences, accomplishment and constraints
- September 13-15: Field visits – Disabled children’s homes, District 8 CPCC, Ward People’s Committee and other collaborators
- September 18: Meeting with entire team. Q & A by the evaluation team. Visit the field if necessary.
- September 19: Follow up discussion, if necessary

Team composition:

- Evaluation Team Leader:** Dr. Tony Culnane
- Coordinators:** Ms. Hitomi Honda, Project Manager, WV Vietnam
Ms. Le Thi Lan, Project staff, WV Vietnam
Ms. Lien, vice-chairperson of District 8 CPCC, project counterpart
- Team Members:** Dr. Le Quang Khanh, Ministry of Health
Ms. Lerna Lusanta, USAID Manila
Dr. Camille Morse, WVUS
Dr. Michael Hegenauer, CEDC Country Program Manager, WV-Vietnam

Revised/Received from WVI 10/07/1999

Representative from HCMC DELISA
Representative from District 8 People's Committee

Expected Outcome

Dr. Tony Culnane, the external evaluation consultant, will be responsible for the final report, which must meet all the requirements in the USAID Mid-term Evaluation Guideline. A draft review report will be completed and presented at the conclusion of the evaluation visit by the Team Leader. Following the visit, the Team Leader will edit and refine the draft document into final form and will send to the Project Manager within two weeks after the evaluation visit.

Costs

A consultancy fee of \$250 per day for ten (or eleven if necessary) days will be paid to the Team Leader.

The costs for all travel and accommodations related to the project will be charged to the project.

Properly documented expenses related to the project evaluation will be reimbursed upon submission of the supporting documents (e.g., receipts, tickets).