

Capacity Building for Psychosocial Services (CBPS) to OVC in communities

Building Capacity through Direct Services and Social Work Training
An NPI Project in support of the development of good practices in Vietnam
December 2008 – May 2012

Final Performance Report *August 2012*



**Worldwide Orphans Foundation in partnership with
University of Labor and Social Affairs Campus 2, Ho Chi Minh city
and An Giang University**

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ACRONYMS

AED	Academy for Educational Development
AG	An Giang Province
AGU	An Giang University
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-Based Organization
CBPS	Capacity Building for Psychosocial Services to OVC
DLU	Da Lat University
DOET	Department of Education and Training
DOH	Department of Health
DOLISA	Department of Labor, Invalids and Social Affairs
DTU	Dong Thap University
F/CBO	Faith/Community-Based Organization
FHI 360	Family Health International 360
FRC	Family Resource Center
FTE	Full-time Equivalent
FY	Fiscal Year
HCMC	Ho Chi Minh City
HIV	Human Immunodeficiency Virus
MOET	Ministry of Education and Training
MOLISA	Ministry of Labor, Invalids and Social Affairs
MOU	Memorandum of Understanding
NPA	National Plan of Action for Children Affected by HIV and AIDS until 2010, with a Vision to 2020
NPA PG	National Plan of Action Partnership Group
NPI	New Partners Initiative (PEPFAR)
NGI	Next Generation Indicators (PEPFAR)
OPC	Outpatient Clinic
OU	Open University (Ho Chi Minh City)
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Committee (Ho Chi Minh City)
PLWHA	People Living with HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
RCSSH	Research Center for Social Sciences and Humanities
SDRC	Center for Social Work, Community Development Research & Consultancy Group

SHG	Self-help Group
SO	Strategic Objective
SOW	Scope of Work
SW	Social Work/Worker (s)
SWAP	Social Work Awareness Presentation for students
TA	Technical Assistant/Assistance
TDTU	Ton Duc Thang University
ULSA	University of Labor and Social Affairs (Hanoi)
ULSA2	University of Labor and Social Affairs Campus II (HCMC)
USAID	United States Agency for International Development
USSH	Ho Chi Minh City University of Social Sciences and Humanities
VHU	Van Hien University (HCMC)
VNUH	Vietnam National University, Hanoi, College of Social Sciences & Humanities
WWO	Worldwide Orphans Foundation

I. EXECUTIVE SUMMARY

1. Background

The Capacity Building for Psychosocial Services to OVC (CBPS) Project started in December 2008 under the Cooperative agreement No. GHO-A-00-09-00001-00. The CBPS Project, implemented by Worldwide Orphans Foundation (WWO), a U.S. based non- governmental organization working in Vietnam, is special in that it is in the framework of the New Partners Initiative (NPI) program. The NPI, launched in 2005 on World AIDS Day, is a \$200 million program created under the U.S. President's Emergency Plan for AIDS Relief ([PEPFAR](#)) to fund work with new partners, including community and faith-based organizations which implement HIV/AIDS prevention and care activities in the 15 focus countries. NPI seeks to enhance partners' technical and organizational capacities to provide prevention and care to people in need and ensure the quality and sustainability of HIV programs by building community ownership. WWO Vietnam was selected for its initiative among the 15 NGOs globally participating in Round 3 of this program.

The CBPS Project was located in Ho Chi Minh City (HCMC) and An Giang Province (AG) which were chosen as the geographic areas for all project activities for their high concentration of orphans and vulnerable children (OVC), and these provinces have been designated as PEPFAR focus provinces in Vietnam. With the goal of improving the quality of life of OVC served in Ho Chi Minh City (HCMC) and provinces nearby HCMC by building sustainable capacity among social work faculty, service providers and service provider networks, the CBPS Project actually started activities in November 2009 with the sub-partner, University of Labor and Social Affairs Campus II (ULSA 2) in HCMC and initiated project activities in An Giang with sub-partner An Giang University (AGU) from October 2010. The CBPS Project is comprised of three interrelated strategic objectives (SO) as vehicles for capacity building and sustainability, and all strategic objectives are under the PEPFAR area OVC:

SO 1: Curriculum Development - Improved social work curriculum development and training through technical capacity building for university faculty and service providers;

SO 2: Family Resource Centers - Development of model psychosocial programs that function as training centers for service providers while providing direct services to OVC and families;

SO 3: OVC Network Collaborative: Enhancement and expansion of existing networks to provide improved comprehensive care for OVC.

2. Overview of Project results

During the past 3 years, WWO enjoyed excellent partnership with the University of Labor and Social Affairs Campus II (ULSA 2) in HCMC and An Giang University (AGU) in An Giang province, in the south of Vietnam along the border of Cambodia.

Despite the delays in start-up at both locations due to the lengthy process of obtaining official permission for project operations, all activities laid out in the project log frame have been successfully achieved.

A total of **1,030** orphans and vulnerable children affected by HIV/AIDS (OVC) in Ho Chi Minh city, An Giang province and the vicinity received psychosocial support services and other services according to the PEPFAR package thanks to the effort from the project stakeholders (**3,029** turns of service were provided to these beneficiaries).

This outcome is attributed to the capacity building activities carried out by the project that resulted in more comprehensive and effective services in the network of organizations and individuals serving OVC in the project locations.

Besides staff members of the direct partners, ULSA 2 and AGU, 359 caregivers and self-help group members acquired relevant skills and knowledge in care and support to OVC in their charge. **126** students from Social work programs from participating universities were given the opportunity for practicum at the Family Resource Centers (FRC) established by the project, many of these students continued as volunteers after completing their practicum to continue to contribute to the services provided at the FRCs. **1,087** students were introduced to the essentials of social work practice and possible opportunity of becoming a social work practitioner.

In FY 11 WWO was awarded with two Certificates of Merit, one from the HCMC People's Committee in May, and the second from the Department of Labor, Invalids and Social Affairs in September. Both awards were given in recognition of WWO's contribution to the wellbeing of OVC in HCMC in the past years. In addition, at the end of the grant, WWO was successful in identifying a city level partner for the transition of the FRC intervention model in Ho Chi Minh city, to the Department of Labor, Invalids and Social Affairs via the Center for Social work with children. This is a significant achievement that will ensure that the project's Family Resource Center and case management model and interventions in support of OVC and their caregivers will continue to expand in other localities and contexts.

Strategic Objective 1

All activities under SO 1 in the development of three curriculum modules for social work with children were implemented. The modules developed have been disseminated on a large scale across the country. The ***Case Management*** module, developed with technical support from Catherine Briscoe, MSW PhD from the University of Singapore, was finalized and disseminated in April 2011 for piloting by the faculty from the 10 participating universities in the curriculum working group and the Center for Social Work, Community Development Research & Consultancy Group (SDRC), a local NGO in HCMC specializing in social work and community development training. The seminar for the ***Disclosure for Children*** module was held in January 2011 with a resource team of three experts from the Thai Red Cross and Treat Asia in Bangkok. Twenty-five professors from the ten participating universities and SDRC participated in the seminar. The Disclosure module was completed in August 2011. The seminar for the third curriculum

module, *Stress management for service providers working with OVC*, was held in May 2011 with technical support from Michael Ong, MSW, from Singapore. The Stress Management module was completed in February 2012. All three modules were shared with service providers and stakeholders in HCMC and An Giang, and the feedback was incorporated into the second draft.

Materials from all three seminars and draft modules have been highly appreciated by the social work faculty and service providers involved in the project, and several of the participating universities have already conducted workshops and short courses using resources from the seminars and the drafts of the modules. A Feedback workshop was conducted in May 2012 with all those involved highly appreciative of the practicality of the resources.

In addition, Social Work awareness presentations were conducted for 1,807 students at both ULSA 2 and AGU to raise awareness about social work practice, i.e. at the start of the new school year and on Social Work day. The presentations employed a variety of methods: role plays, student contests, and open exchanges with practitioners as guest speakers. The presentations have been effective in helping students become more familiar with social work practice opportunities and coursework available at the universities. Also, the World Social Work Festival was held at ULSA2 in November 2011 with 1,000 students from 20 universities from across the country and 400 delegates from governmental, national and regional institutions.

Strategic Objective 2

Overall, since November 2009, the HCMC Family Resource Center (FRC) served 883 OVC living with or affected by HIV/AIDS in HCMC and nearby provinces. The An Giang FRC initiated services from October 2010 and served 147 children during the project lifespan. Both FRC's provide case management services and direct support in the following areas: Psychosocial support; Food items and support for good nutrition; Health care referral; Education and/or vocational training and Protection and Legal Aid services. In addition, 617 children with special need for psychosocial support participated in OVC Support Groups in HCMC and AG to overcome critical situations faced by children living with or affected by HIV/AIDS.

As for adults served by the program, 287 caregivers participated in 91 Caregiver/ Guardian Clubs in HCMC in cycles of 6-7 monthly sessions and 72 caregivers participated in 2 Caregiver Clubs in An Giang. The Clubs provide monthly topical workshops and discussions for caregivers to learn how to care more effectively for their children and to cope with the stress of living with or being affected by HIV/AIDS.

In the **Student Practicum program**, a total of 109 students from 5 universities in HCMC and AG volunteered in the program, including 53 social work students from ULSA 2, OU and USSH who carried out case management services with 515 children at the HCMC FRC, and 17 students from An Giang & Dong Thap Universities who carried out case management services with 102 children in An Giang.

In addition to providing services for OVC and caregivers, the FRC's at both locations have functioned well as a place to provide capacity building and skills training for service

providers and volunteers working with OVC, i.e. training on Case management, Team work, Communications, Nutrition, and basic knowledge about HIV/AIDS. In the library at each FRC, there are more than 800 books and toys for children who come to the FRC monthly in small groups of 15 at a time. The children are guided by student volunteers for games, discussions, or simply to enjoy their choice of books.

Strategic Objective 3

In order to collect feedback on the needs of OVC and develop reference material for the OVC referral network, the CBPS team planned Needs assessment in both HCMC and An Giang. As a result, the **OVC Network Referrals and Linkages Needs Assessments** in HCMC and AG were conducted in 2010 and 2011 respectively. Both reports are available in full text while the report on HCMC is compiled into a Factsheet in Vietnamese and English. While copies of the Factsheet were shared widely to interested stakeholders, printed copies of the report were distributed to more than **80** service providers working with OVC at both locations. In terms of the **Network Collaboratives**, WWO facilitated or participated in **24** network meetings in HCMC with more than 60 members from the OVC technical group, referral groups and OVC line management institutions, i.e. DOLISA & PAC. Technical updates and referral and coordination matters were discussed at the meetings for better collaboration among the key organizations. In An Giang, **5** network meetings were held for **54** stakeholders & OVC line management institutions, i.e. DOLISA & PAC.

The program provided legal and referral support for **Self-help groups** of People Living with HIV/AIDS (PLWH/A). A report on “How to support the Self-help groups to obtain a legal entity and to be better organized” is available after a small scale survey of 20 representatives from 11 groups and agencies in March '11 and a follow-up workshop in May '11.

The **Student Practicum Needs Assessment was carried out and a report** is available in full text and in a Factsheet in Vietnamese and English. While copies of the Factsheet were shared widely to interested stakeholders, printed copies of the report were distributed to the participating universities and service providers in HCMC who recruit students for social work practicum.

The Access to School Handbook was developed by the project. After a lengthy recruiting process, WWO and its partner ULSA 2 conducted an initiation workshop with **60** stakeholders so that an editing group of 6 experts could be formed to compile the handbook in a more participatory approach. The Handbook is available now in both English and Vietnamese languages and ready for dissemination among service providers, caregivers, family members as well as policy makers and relevant officials.

Capacity Building for WWO team in Vietnam and Knowledge Management

Throughout the project, USAID NPI and AED/FHI360 provided Technical Assistance for WWO staff and partners which resulted in the following outcomes:

The Organizational Capacity Assessment (OCA) in year 1 and year 2 that resulted in a more structured management system and standard operating procedures;

The Technical Organizational Capacity Assessment (TOCA) in year 2 that resulted in the CBPS project service delivery standards and specific guidelines for practices;

The Closeout Organizational Capacity Assessment (CLOCA) in year 3 that reviewed the progress WWO Vietnam had made during the lifespan of the project to become more technically and financially sustainable as an organization.

The Strategic Plan for the upcoming 5 years (2011-2015) to develop the plan that the organization will follow to further develop its program in Vietnam to fulfill its national and global mission for the wellbeing of orphans and vulnerable children.

The Monitoring and Evaluation system that was developed based on the needs assessment and reviewed regularly using the feedback of beneficiaries and network members.

The End-of-Project workshop in June 2012 to review the achievements of the CBPS project and to discuss the future plan to transition the project activities to ensure services for OVC and caregivers continue beyond the life of the project.. At the end of the workshop, DOLISA HCMC leadership reasserted their interest in replicating the FRC model, and the AGU leadership also confirmed that they would continue the An Giang FRC and begin to transfer the management of the FRC to DOLISA An Giang for the longer term operation of the project.

Project documentation: for knowledge management purposes, outcomes of project interventions were well documented and made available to project partners and member of the OVC network for further implementation use. The set of documents includes the three social work modules of strategic objective 1; the Standard Operating Procedures (SOPs) and the Monitoring and Evaluation system of strategic objective 2; several reports on OVC Needs Assessment, Students Practicum, Self-help Group support, and the Handbook on Access to School for OVC.

Non-costed Extension

WWO requested a 6-month non-costed extension through May 31, '12 with an administrative closeout period from June-August 2012. While this request was being considered, WWO started a number of closeout activities. This involved setting in motion a number of internal processes related to human resources, e.g. identifying redundant staff, bringing partnership agreements to a close both in terms of financial and reporting obligations, and formal communication with USAID and appropriate government authorities. The non-costed extension was eventually granted by USAID in December 2011 to allow time for additional capacity building and the planning of a smooth transition to enable services to continue uninterrupted in both HCMC and AG.

Transitioning

During this period, the WWO Country Director began more formal discussion with ULSA2 and AGU to explore options for continuing the FRC's in HCMC and AG and other models developed in the project. AGU has agreed to continue the AG FRC after the end of the NPI grant with potential technical assistance and scaled down financial support from WWO. ULSA2 is currently not interested in continuing the management of the HCMC FRC after the current NPI grant, but has expressed support for the model to be initiated by DOLISA at the city or district level. On October 21, '11, Country Director, Ngo Thuy, met with the Vice Director of DOLISA in HCMC and representatives of the Social Welfare and Children Welfare departments to discuss options for replicating the FRC model at a social work center under DOLISA in HCMC. The meeting resulted in a survey on how to continue the FRC model at the Center for Social work with children, HCMC. . On August 27, '11, DOLISA, the Center for Social work with children and WWO signed a MOU for a new project starting from September 2012 – August 2015 to address psychosocial needs of approximately 800 children in the community of HCMC. This new project will enable the resources and experience gained from the CBPC Project to transition to a new sustainable city level partner who will continue to provide psychosocial support and case management services to the OVC in HCMC served by the CBPS Project.

II. PROJECT APPROACH

Vulnerable children often face multiple challenges that need to be addressed in synchrony if the child's quality of life is to improve. There is currently no capacity or mechanism to comprehensively assess the needs for protection and support, and coordinate a cross-sectoral response that provides access to multiple social services.

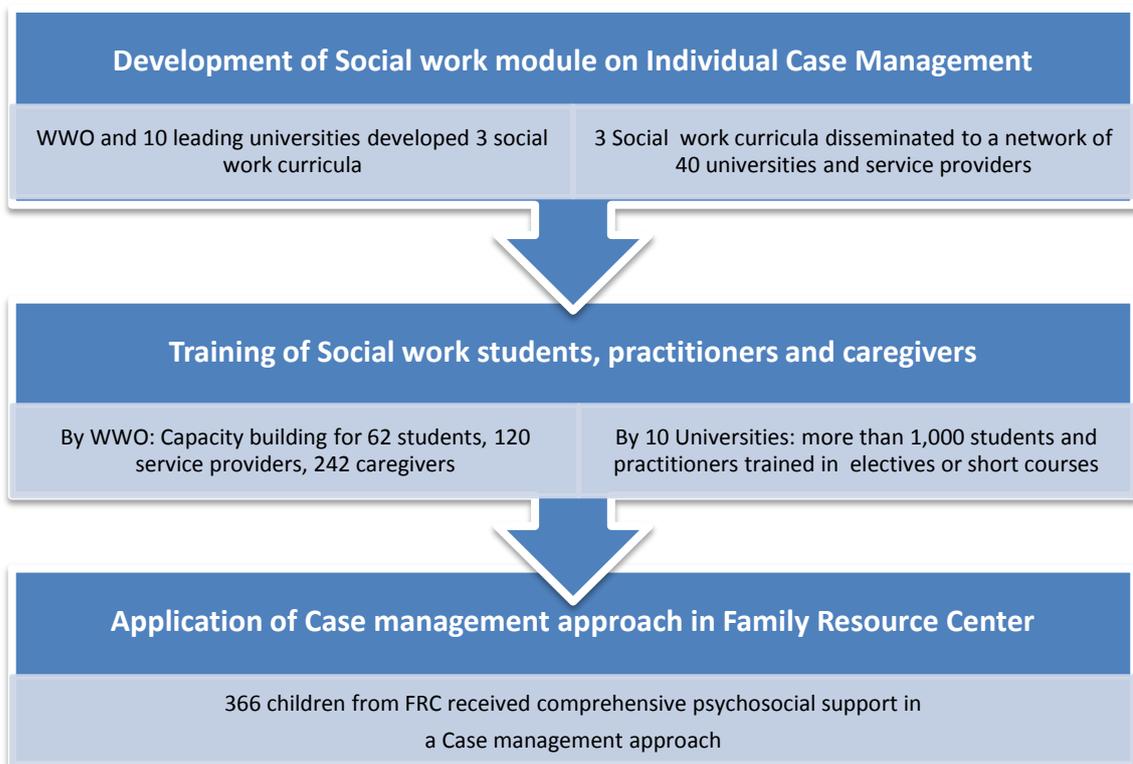
(Vietnam National Plan of Action for Children affected by HIV and AIDS 2010-2020)

In 2009 at the inception of the CBPS project, such policies like the National Plan of Action for Children affected by HIV/AIDS and the National Program No. 32 on Social Work Development were still in draft form. However, the WWO team in Vietnam with their devotion to Social work practice proactively designed the project based on the **Case Management Approach to Capacity Building for Psychosocial Support to OVC**.

To ensure the development of holistic and sustainable Psychosocial Support Services to OVC in HCMC and An Giang, the WWO team and its partners University of Labor & Social Affairs Campus II and An Giang University decided to utilize the Case Management approach.

The graph below depicts the interconnection between the three Strategic Objectives, from the development of theoretical resources to the opportunity for paraprofessionals/social work students to apply the theory through social work practicum, and the collaboration among service providers to increase access to comprehensive and better services for OVC.

Graph 1: The CBPS project's Case Management Model



III. STRATEGIC OBJECTIVE 1: CURRICULUM DEVELOPMENT: IMPROVED SOCIAL WORK CURRICULUM DEVELOPMENT AND TRAINING THROUGH TECHNICAL CAPACITY BUILDING FOR UNIVERSITY FACULTIES AND SERVICE PROVIDERS

“In Vietnam there is a need to develop knowledge, skills and teaching materials across the spectrum of work with disadvantaged and vulnerable children and their families.”

Feedback from the Needs Assessment workshop conducted by the CBPS project team in May 2010, HCMC



The National Program No. 32 on Social Work Development and the National Action Plan for Children affected by HIV/AIDS 2010-2020 corroborated the justification of this need. The CBPS team made special effort to play

a coordinating role in the development of resources for the social work training program, using the expertise of regional consultants in the field to guide the national taskforce of university lecturers through the curriculum development process of three modules: Case management for OVC; Disclosure for children living with a chronic disease; Stress management for OVC service providers.

Activity 1: Needs Assessment for Curriculum Development

In November 2009, WWO began to work with ULSA2 and leading universities throughout the country involved in social work training to discuss the curriculum development plan. A Needs Assessment was conducted in HCMC in May 2010 by Catherine Briscoe, a British expert who holds MSW and PhD degrees in Social Work and was on the faculty at the

University of Singapore. Dr. Briscoe first worked in Vietnam in the 1960s and again in recent years. Thanks to her long term commitment to Vietnam, Catherine acquired good insight into the context of social work in Vietnam and became a member of the network of social work practitioners and lecturers. The Needs Assessment workshop was attended by 25 lecturers and professors from the following eight universities from all over the country:

- University of Labor and Social Affairs-Campus II (ULSA2)
- HCMC Open University (OU)
- Dong Thap University (DTU)
- An Giang University (AGU)
- HCMC University of Social Sciences and Humanities (USSH)
- Da Lat University (DLU)
- University of Labor and Social Affairs (ULSA)
- Vietnam National University of Social Sciences and Humanities (VNUH).

At the end of the workshop, the participating faculty could review their existing social work training programs and agreed that the development of three modules on Case Management, Disclosure, and Stress Management was a priority need for training social work students and that these modules, when implemented, would provide social work students with practical knowledge and skills to work with disadvantaged children, especially OVC. To develop the three modules, the lecturers and professors were divided into three groups, each led by a key person (hereinafter would be referred to as curriculum developers).

Activity 1.2: Development Of Social Work Seminars Targeting Professionals And Paraprofessionals On Three Topics

Seminar #1: the module on Case Management

In August 2010, Dr. Briscoe conducted Seminar #1 on Case Management in a series of 3 Seminars defined by the Needs Assessment workshop as mentioned above. The Seminar was attended by participants of the Needs assessment workshop, all of whom contributed to the first draft of the module in a participatory approach. The content of the module was based on professional experience of the designated curriculum developers and coaching from Dr. Briscoe. However, it was agreed that feedback from end-users of the module would be sought to make sure that the resource was practical and applicable in a variety of contexts.

The compilation of the Case Management module was finished by end of March '11. The Case Management text and modules were compiled in Vietnamese and translated into English. In general, the process took longer than anticipated as this had been the first social work module ever to be developed in the context of Vietnam. The workload of the curriculum developers was also a constraint. The Dissemination workshop for the Case Management module in HCMC was held on April 7, 2011 at ULSA2 for 40 service providers from government organizations and CBOs, while a similar workshop was conducted in AG on April 18, 2011 at AGU for another 40 service providers.

Seminar # 2: the Module on Disclosure

A team of three Technical Advisers from Thailand were chosen based on their knowledge, skills and extensive experience in disclosure with children affected by HIV/AIDS. The TA team had worked extensively with the Thai Red Cross and Treat Asia and came highly recommended. The team facilitated the seminar at ULSA2 from January 11 – 13, '11, with support from ULSA2 and the WWO team. The seminar was attended by 39 lecturers and professors from 10 universities & SDRC, namely:

University of Labor and Social Affairs (ULSA) in Hanoi and ULSA campus 2 in HCMC; HCMC Open University (OU); An Giang University (AGU); Da Lat University (DLU); Dong Thap University (DTU); HCMC University of Social Sciences and Humanities (USSH); Vietnam National University of Social Sciences and Humanities (VNUH); Ton Duc Thang University (TDTU); Van Hien University (VHU); and the Center for Social Work, Community Development, Research and Consultancy Group (SDRC).

The technical team from Thailand provided very useful knowledge and materials for compiling curriculum resources on disclosure with children, using a participatory approach. As a result, the participants could contribute proactively to the topics and seminar outcomes. A draft module on disclosure with children living with HIV in the Vietnam context has been compiled and designed; and the seminar participants have gained a better understanding on disclosure and how to integrate the module into their social work program.

Seminar # 3: The Module on Stress Management for Service Providers

Michael Ong, MSW in Social Work from Singapore was chosen as Technical advisor for this topic for his knowledge, skills and recent experience in working with children and in social work curriculum development in the context of Vietnam. From May 19-21, 2011 Michael Ong facilitated the seminar with support from ULSA2 and the WWO team and attended by 25 lecturers from the same 10 universities that participated in the earlier seminars.

With extensive experience in the region and in Vietnam, Michael Ong was able to support the seminar and participants to review and revise the Stress Management text developed by five key professors. The participants were provided with specific guidance on the planning and development of teaching modules so that the module can be integrated into the social work curriculum. The Stress Management module was finalized in August '11 and was shared with service providers and stakeholders in HCMC and An Giang in March 2012.

Implementation of the three modules

In addition to the Dissemination workshops with service providers in HCMC and AG, the faculty from the 10 universities and the Center for Social Work, Community Development Research & Consultancy Group (SDRC) each developed an action plan for how they would use all three modules at their universities. As a result, thousands of students and paraprofessionals were exposed to the new resources either in social work short-course training or elective subjects.

In May 2012, a Feedback workshop was conducted to take stock of the experience of all the participating universities and individuals who have incorporated the modules into their daily practice and teaching. All users shared their appreciation of the resources particularly because of the general lack of updated materials for social work subjects in Vietnamese. Although the modules will benefit from continued feedback from the users for further improvement, the use of the modules is very high throughout Vietnam. Participants and stakeholders attending the feedback workshop also suggested compiling modules on more topics related to social work with children, such as Case management for children living with cancer, diabetes, disability, etc. In terms of methodology, there has been a unanimous suggestion that WWO conduct Training of Trainers on Adult Training Methodology for all universities' lecturers in the network so that the contents can be delivered in a more effective learner-centered approach.

Activity 1.3: Social Work Awareness Presentations For Students

During the project lifespan, 1,807 students from ULSA2 and AGU were exposed to social work practice issues at 5 special events organized as social work awareness presentations (SWAP). The SWAP objectives were: (i) to provide social work students an opportunity to have access to specialized knowledge and experience, demonstrate their abilities to recognize and solve social problems in practice; (ii) to help students transfer ideas into lively roleplays associated with social problems in real life; and (iii) to help students practice and develop creative and critical thinking skills in dealing with social work situations.

The workshops helped the students to gain more insight into their subject matter and to become more aware of core values and principles of social work.

After the presentations, feedback from the students showed that the presentations had helped them to better understand the social work profession, in particular social work with children, and to feel more secure about their choice to study social work.

Activity 1.4: World Social Work Festival Sponsorship

Since 1997, Vietnam has celebrated the World Social Work Day each year on November 12th. In 2010, ULSA 2 organized and hosted the 13th World Social Work Festival from November 11 -12, 2010 with partial financial assistance from WWO as the project cost share. The festival was carefully prepared and successfully organized, with an attendance of 400 delegates and nearly 1,000 social work students from 20 universities throughout Vietnam. The activities planned included a social work exhibition, folk games, singing performances, and a day camp for students. The good attendance at the festival proved that Social work is now recognized as a significant profession in the country. In particular, many distinguished guests from various governmental institutions attended the event as well as representatives of various international organizations, scientists, faculty and students from universities and colleges with social work training; representatives of the HCMC DOLISA; representatives from local and central mass media agencies, and delegates from the National University of Laos. ULSA2 has reported that the Festival was the largest Social Work gathering in Vietnam organized to date and the most successful.

STRATEGIC OBJECTIVE 2: THE FAMILY RESOURCE CENTERS

The Family Resource Center (FRC) is a concept that the CBPS Project has followed to provide a safe space for children and their caregivers to meet for education, recreation, direct services and psychological support activities. In link with Strategic Objective 1, the FRC also provides practicum opportunity for paraprofessionals and social work students as volunteers in group and individual practice. The FRC in HCMC was located in District 1 near the Children's Hospital No. 2, and the An Giang FRC was located at the AGU old campus near the pediatrics Out Patient Clinic (OPC) at the Provincial Hospital.

In HCMC, direct services to OVC and families began in October 2009 and the HCMC Family Resource Center FRC was opened unofficially in January 2010 at a site under the



management of ULSA2 in District 1 near the Children's Hospital No. 2 Outpatient Clinic. When direct services to OVC and families began, the CBPS Project quickly drew the attention of the target population, self-help groups,

faith/community-based organizations (F/CBO), mass organizations, and non-governmental organizations in and around HCMC. Numerous individuals, groups and organizations aware of the services provided by the FRC introduced and referred OVC and families to the FRC to seek support.

In An Giang, the FRC was established by AGU in October 2010 following a similar concept to address the needs of OVC in An Giang province. The CBPS Project also worked with volunteers from CBOs (or, more accurately, self-help groups in the community) in delivering direct services support to OVC and families. The CBPS Project staff has reached OVC and families in many different areas of HCMC and several neighboring provinces such as Binh Duong, Dong Nai and Long An. The CBPS Project uses a case management approach to tailor services to beneficiaries' individual needs and has the capacity to scale up OVC service delivery both geographically and technically. During the implementation of project activities, the CBPS Project staff provided a wide

range of services to OVC and families in accordance with PEPFAR and national standards either directly or via linkages /referrals.

In total, the CBPS Project reached 1,030 children in HCMC and nearby provinces and An Giang Province. The key services provided at the FRC are case management and the referral of OVC to additional appropriate services to address their needs. For OVC identified to be in very difficult situations who cannot be referred to another agency in the network, the FRC's have provided direct support for educational, nutritional, medical, and transportation needs. The FRC staff, together with students and volunteers from CBOs and Self-Help Groups of PLWHA, provide these services for children and their caregivers.

The FRC's were managed by a Steering Board in HCMC and in AG, as described in Management and Staffing section. The Steering Boards have representatives from ULSA2 and WWO in HCMC and AGU and WWO in An Giang. Each university sub-grantee housed a CBPS office located within their campus. ULSA2 also has a Counseling Unit that provides counseling to students and has been linked with the CBPS project to improve access to supportive psychosocial services for OVC and families in outlying districts of HCMC, particularly District 12, Hoc Mon, and Cu Chi. ULSA 2 professors provide technical assistance to small projects, mentor students, and students implement the projects under the professors' guidance. AGU has a community development center which enables students to gain hands-on experience.

In September 2011 and June 2012, 5 staff members from the AG FRC visited the HCMC FRC to share experience and increase their skills in organizing the OVC support group and Caregiver Club meetings and recording OVC case management files, especially for OVC with special need of psychosocial services. During the first visit, the AG FRC staff participated in an OVC support group meeting and a caregiver club meeting, while in the second visit they took part in the celebration of Children's Day with children and all FRC staff in HCMC. When back to work in An Giang, the FRC staff demonstrated increased skill in organizing and facilitating a OVC support group and Caregiver Club meeting.

Activity 2.1: Provision Of Direct Services Support And Case Management

WWO followed PEPFAR OVC guidelines to provide comprehensive direct services: Nutrition, Education, Health, Psychosocial Support and Child Protection. FRC staff carried out a needs assessment and planned follow up according to case management methods for each child every six months. The CBPS project focused on serving the neediest children who are not able to receive services through referrals. OVC and caregivers served by the project improved their understanding of how to access needed services. An Information Guide developed by the project was circulated widely in the network to communicate how services may be accessed. Often the OVC served are from families who do not have legal documentation or understanding of their rights to receive services from governmental agencies and NGOs. Many don't have documents for permanent residency where they are living which is necessary for a stable life. The project also made a concerted effort to

support children who are vulnerable to being abandoned and to support the family to prevent the need to place the child in an institution.

During the project timeframe, a total of 1,030 OVC and **432** caregivers at both project sites in HCMC and AG received various direct support services. The HCMC FRC worked with volunteers from self-help groups to provide direct services to OVC. At the end of the project, there have been 20 volunteers from 11 self-help groups and one social worker from Pediatric Hospital No.2 Out-patient Clinic collaborating with the HCMC FRC. In addition, the HCMC FRC staff has also provided direct services to OVC and families who do not belong to any self-help groups.

The AG FRC started to provide comprehensive direct services to OVC and caregivers in November 2010. During the reporting period, a total of **147** OVC and 199 caregivers have been provided direct services. The project advocates for access to school but has not needed to provide support toward school fees as this is subsidized by the local government. Instead, the AG FRC provided the children with school uniforms, notebooks, pens, crayons, rulers, etc. to support and encourage them in their studies.

The following specific support services were provided:

- *Nutrition support*: 851 children in HCMC and 146 children in AG received nutrition support provided by the FRC's.
- *Education support*: 388 children in HCMC and 89 children in AG received school fees or school supplies monthly according to their need.
- *Health support*: 125 children in HCMC and 44 children in AG received transportation support for going to hospitals and outpatient clinics for periodic health checkups and antiretroviral treatment.
- *Psychosocial support*: 229 children in HCMC and 57 in AG were provided with psychosocial support through OVC support group meetings, library activities and counseling.

Activity 2.2: OVC Support Groups

In HCMC and AG, the FRC's have provided a safe place for children to come and interact to overcome their difficulties and address their psychosocial needs. The OVC support groups are designed to engage children in developmentally appropriate activities and to create intentional activities for them to interact with peers in similar circumstances. From the group activities, the children experience enhanced self-esteem, understanding of their illness, gain strength from their peers, develop solutions with peers, improve their skills for self-protection, and enhance their resilience. Before taking part in group meetings children were very reserved and afraid to meet the FRC staff, student volunteers and their peers, but after participating in OVC support group meetings, they became more sociable with others and were not afraid to speak in front of others. Some children did not know how to take care of their personal hygiene (keeping their body clean, taking a bath, brushing teeth, etc.) but were able to learn these self-care skills at the group. Some children have become more

aware of their parents' and their illness, and have communicated their interest in talking more openly about their experiences. Children themselves reported that they felt more confident after participating in the group meetings and had more friends to play with. Most of the children gave feedback that they enjoyed participating in the OVC support group meetings and continued to return each month.

At the HCMC FRC, starting from October '10, 517 children participated in 11 OVC support groups named informally by the children. OVC support groups take place on Saturdays and are facilitated by FRC staff with the assistance of students and self-help group volunteers. Topics for meetings included personal hygiene, expression of feelings, saying "No" to bad things, etc.

At the AG FRC, two OVC support groups have been established, one in January '11, and the other in February '11. 102 OVC have participated in the two AG support groups. OVC support meetings were aimed at helping children recognize the importance of nutrition to body development, how to clean themselves properly, and to understand that everyone has their own dreams and the importance of respecting other people's dreams. The groups have provided children the opportunity to share feelings with their peers and to enhance communication and presentation skills through group discussions, role play, and games. OVC who have joined the group activities have been very excited and always look forward to the next meeting. Through these meetings, OVC have made observable changes in knowledge, skills, and attitudes. At the first meeting, 98% of the OVC did not say anything and didn't socialize with their peers because they did not feel very confident, but by the third meeting they started to interact more lively with their peers and some were even able to speak in front of the group. Every six months, the project team conducted evaluations to see if the group needed to continue.

Activity 2.3: Caregiver / Guardian Clubs

The HCMC FRC conducted support groups for OVC families/guardians. The aim of the club is to facilitate a forum for the family/guardians of OVC to share their experiences and to gain knowledge, strength and support from those in similar situations. FRC staff facilitated half-day sessions monthly with about 25 participants per group. Facilitators provided information about the basics of HIV/AIDS, childcare, child development, and how to access services for OVC. The participants also identified topics of interest to the group, such as stress management, stigma and discrimination, disclosure, and access to school for their children. The AG FRC began this activity in December '10.

In HCMC, the OVC Caregiver Clubs started in October '10 with two groups, which have expanded to 6 groups during the reporting period. At the end of May 2012, a total of 287 caregivers took part in the monthly meetings. These club meetings took place at the FRC and were facilitated by FRC staff and self-help group volunteers. Additional topics discussed at the meetings included family planning, good parenting, safe motherhood, child needs, etc.

At the AG FRC, two Caregiver Clubs were established, with 72 caregivers who met on a monthly basis since December '10. The clubs have elected their own leaders and deputies,

and meeting regulations/rules have been developed. These meetings have helped the club members understand each other better, be closer and more friendly, and especially recognize the importance of childhood memories and play to the development of children. The participants gave feedback that the group has helped them learn the importance of creating a balanced childhood and happy memories for their children as well as creating the best possible conditions for children to develop both physically and mentally.

Activity 2.4: Student Practicum: Guided Play for OVC

A total of 109 students from 5 universities in HCMC and AG participated in the project as student volunteers or practicum students, including social work students in HCMC from ULSA 2, OU and USSH who practiced Case management with 218 children at the FRC HCMC, and 17 students from An Giang & Dong Thap Universities who carried out Case management with 34 children at the AG FRC.

The social work students were trained by the CBPS project staff to do guided play for therapeutic psychosocial support with OVC. The play area has developmental toys for children. Students interacted with the children, and supported the guardians to engage in intentional play techniques with their children. This is an opportunity for the project staff to observe the children and take notice of those with potential special psychosocial needs. FRC staff was able to provide assessment of these one-on-one sessions, and provide feedback and guidance to the child's guardian. When need arose, children were referred to mental health services at the children's hospitals. The AG FRC followed a similar model, based on experiences from the HCMC FRC.

Activity 2.5: Establish And Maintain FRC As Field Sites For Paraprofessionals And Professionals

Senior social work staff from CBPS provided training to FRC staff and volunteers. The project also coordinated with the universities, and the network, including health agencies and DOLISA, to enhance and lead trainings. Participants were trained in skills related to working with children, such as communication, child developmental stages, team building, group dynamics and management, self-discovery, HIV/AIDS, stigma and discrimination, sex education, self-protection, common issues/challenges of disadvantaged children and OVC, and how to address these issues. Every three months there was additional training on topics that went into more depth, and trainees could suggest topics of particular concern to them for their work with OVC.

During the reporting period, 17 short training courses were organized at the two project sites. All participants reported that the topics discussed help them build clearer understanding on the OVC situation so they can provide better, more effective services to the children in a case management approach. In addition, training on *Understanding USG Rules and Regulations* conducted by the WWO Finance Manager with technical support from AED/FHI 360 helped partners' staff to understand the project partnership and potential compliance issues.

Activity 2.7 Resource Library

The Resource Library established at both FRCs has provided books and multi-media materials for service providers, children and guardians. Service providers and guardians can access materials such as childcare, child development, healthcare, self-development, and a directory of services for children and families. The HCMC FRC Resource Library was a friendly place for OVC, caregivers and direct service providers to have access to knowledge, skills and experience in taking care of OVC through reading books and watching multi-media visual materials. The library was open on working days and two Saturdays each month. Student volunteers acted as librarians and managed the library under the guidance and support from the FRC Admin/Bookkeeper. The library also has a TV and disc player. To date, 800 books have been bought and coded, and developmental toys were purchased for each FRC and are fully enjoyed by children who make use of the library on a monthly visit.

STRATEGIC OBJECTIVE 3: OVC NETWORK REFERRALS AND LINKAGES

Throughout the project lifespan, the OVC Network Collaborative (Network) played a key role to enhance and expand existing networks of NGOs, F/CBOs and mass organizations to provide comprehensive care to OVC. The Network focused on supporting sustainable and quality services to and advocacy for OVC and families.

Activity 3.1: OVC Network Referrals And Linkages Needs Assessment

In order to understand better the needs of OVC and caregivers as well as the capacity of service providers as a referral network in response to those needs, the CBPS project carried out Needs assessments at both locations, HCMC and AG.

The HCMC OVC Network Referrals and Linkages Needs Assessment report has been



completed and translated into English. The needs assessment presents an overview of the situation of service provision to OVC and referrals for OVC in HCMC. A summary of the conclusions is as follows:

- The number of organizations providing support services to OVC in HCMC had increased with more than 40 service providers operating.
- Most of the organizations surveyed provide a variety of services ranging from nutrition, education, health care, psychosocial support, legal and protection support, housing and economic development, but services were provided in a scattered way.
- In spite of the effort to provide support and care to OVC, almost all the interviewed caregivers and service providers stated that the top need remains nutrition and education. The majority of OVC live in households facing economic difficulties and lack sufficient care from their caretakers; resulting in poor physical and spiritual

development. Almost half of the interviewed caregivers reported their OVC have symptoms of malnutrition and present negative attitudes/ behaviors such as sadness.

- The OVC themselves reported they want to go to school, have friends, and participate in more social and recreational activities. Worries about health status and pressure related to family issues were the most common concerns shared by the children.
- Most of the organizations interviewed wanted to strengthen networking and referral among service providers to better mobilize resources to respond to the needs of OVC.
- Some networking among service providers was operating, but they worked independently and lacked coordination and sharing across the larger network. Besides, no standard referral system was in use.
- A coordination unit for networking and linkages was thought to be needed.
- Lack of up-to-date information on resources available, existing service providers, and figures on OVC were challenges for service providers.
- Overlapping and duplication of services was thought to reduce the equity in reaching as many OVC as possible.
- Knowledge of OVC families about services available and stigma and discrimination against PLHIV in the community were the major barriers for the service providers.

The recommendations made by the evaluation team to strengthen networking, linkages and referral activities may be summarized by the following:

- A coordination unit and networking mechanism needs to be agreed
- A standard referral procedure needs to be established as well as a way to monitor and evaluate the effectiveness of the referrals made
- Information on available resources for OVC and existing service providers needs to be shared and updated regularly
- Regular meetings and workshops are needed for sharing and learning between service providers to facilitate referral and information exchange and reduce duplication in service provision.

The conclusions and recommendations have been shared with the HCMC Provincial AIDS Committee (PAC) and the OVC Network, and as a result, a referral procedure and a referral form were agreed upon. The referral form has been adopted by the HCMC PAC and DOLISA, and is being used by the network of service providers. Further, there is a request that the form be adopted by the HCMC People's Committee for use by all local organizations within the city. WWO summarized the findings and recommendations in a fact sheet for wider circulation and advocacy.

In An Giang, a similar Needs Assessment started in April '11 after a difficult recruitment process due to lack of applications. A consultant was selected to conduct the survey in 3 districts of An Giang up from April 18, '11. However, after a presentation of his findings on May 25, '11 in An Giang, the consultant submitted his notice. The TOR was reposted in August 2011 and again there was only one interested applicant, Hoang Phuong, a researcher from An Giang. After consultation with WWO, AGU signed the service contract with this consultant so the survey could be resumed in September. The WWO team worked closely on site with the consultant to provide support and monitoring of the process. The final report was available in March 2012 and the findings were shared with

the stakeholders in the Network meeting in the same month. The findings identified a number of organizations interested in networking and linkages in relation to their work with OVC.

Activity 3.2: OVC Network Collaborative

WWO has played a facilitating and coordinating role in meetings of the OVC Network Collaborative in both HCMC and An Giang.

Network Collaborative in Ho Chi Minh City: The OVC Network Collaborative meets at least quarterly. These meetings were organized under the umbrella of the HCMC Provincial AIDS Committee (PAC) with technical support from CBPS project staff. The meetings were attended by representatives from a number of organizations, including DOLISA, PAC, NGOs, CBOs, OPCs, Pediatric Hospital No.1 and Pediatric Hospital No.2. At the meetings, participants discussed referral procedures and process, the agreed referral form and the 5 year- OVC National Action Plan. The network members have established a core technical group. HCMC DOLISA has sent a request to the HCMC People's Committee for their approval of the referral form for use amongst all organizations working with OVC in HCMC. Thanks to this network collaboration, WWO has developed its image as one of the critical contributors to the wellbeing of OVC in HCMC. At the end of the current project, this credibility has helped WWO to secure a partnership with DOLISA HCMC to replicate the CBPS project after the grant closeout.

Network Collaborative in An Giang: Network meetings were held quarterly in An Giang, as well. More than 40 participants regularly attended the meetings from local government and mass organizations, NGOs, district health centers of Thoai Son, Chau Thanh, and Long Xuyen City districts. The first meeting was focused on the establishment of the OVC service provider network and the linkages between OVC service providers and agencies. In the meetings that followed, participants discussed the structure and mechanisms for the network. The discussion showed that there were two ideas, one focusing on a referral network at the district level and another focusing on a referral network at the provincial level. The participants also agreed that there should be linkages with faith-based organizations working with children in the province. Participation at those meetings has remarkably increased as the project continued to expand the network, which showed practical interest from all stakeholders in coordinating and mutual supporting.

Activity 3.3: Capacity Building For Self-Help Groups

Assessment of the statuses and interests of self-help groups so that they can become more organized and structured as CBOs: This activity was initiated in December '10 with a meeting with volunteers from the self-help groups who have been working with the HCMC FRC in providing direct services to OVC. On March 23, '11, a second meeting was organized with 20 volunteers from 11 self-help groups at the FRC in order to collect information for further analysis on the related issues. In May '11, a report on the findings and documentation of the interests of the groups in becoming more structured was made available for further discussion and potential support. In brief, because of the diversity of the members of the various groups, the motivation for each group to obtain legal entity is

influenced by a variety of circumstances. The results of the study were shared with FHI360, USAID and the HCMC PAC for possible follow up in relation to potential civil society capacity building initiatives going forward.

Activity 3.4: Practicum Needs Assessment For Students Placement

The Practicum Needs Assessment for student placement in HCMC has been completed. The final report was translated into English in March '11. The needs assessment confirmed that social work practicum play an essential role during the learning process for social work students and identified a number of recommendations for the universities, lecturers, field supervisors, placement sites and the students themselves. The needs assessment found that the practicum experience for social work students requires special effort and follow up from both the universities that send the students to the service providers for the practicum, and vice versa. There should be tools to identify the expectations from both sides, and at the end of the practicum, how these expectations were met for the students and for the service providers. A Factsheet was compiled to summarize the conclusions and recommendations of the needs assessment. The Factsheet was circulated to interested service providers to strengthen student practicum in social work education in HCMC and beyond throughout Vietnam.

Activity 3.5: Access To School Handbook Initiative

For children living with or affected by HIV/AIDS, there is a magnitude of challenges that makes integration very difficult and sometimes hurtful because of persistent stigma in both the community and in the children themselves, and because of overwhelming discrimination in society. In June 2011, WWO and partners conducted an initiation workshop that involved 60 stakeholders to discuss the problems faced by OVC in their effort to join mainstream education. An editing team was formed from participants of this workshop to survey institutions and projects that have experience in helping children gain access to school to share and document the good practice and lessons learned of these organizations along with WWO's experience at 3 residential care centers for children living with HIV/AIDS. The survey resulted in a Handbook on Access to School to document good practices, successes, challenges, and lessons learned through the efforts of various stakeholders to facilitate access to school for children living with and affected by HIV/AIDS. The Handbook is available in both Vietnamese and English languages for dissemination. It is hoped that the Handbook will provide organizations and institutions working with OVC with some techniques and different approaches needed to pave the path to education for the children.

IV. ORGANIZATIONAL CAPACITY DEVELOPMENT, A FITNESS CHECK FOR SUSTAINABILITY

Organizational capacity development is an integral part of the NPI program to provide the partner's organization with a set of criteria to assess their current technical capacity to implement quality orphans and vulnerable children (OVC) programs, to identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on OVC issues.

NPI Connect (www.npi-connect.net)

The objective of the Technical Assistance program is for the partner organization to be able to:

- Manage grants from the USG and comply effectively with USG regulations and requirements,
- Develop their organizations into stronger entities that will be able to better source USG and other funding and continue and/or expand programs after the NPI grant comes to an end; and
- Strengthen the ability of the organizations to implement high quality HIV and AIDS programs.

WWO Vietnam has received Technical assistance from AED/FHI 360 to address the strengthening/development of its organizational capacity in three domains – Organizational Strategy and Management systems, and OVC Programming technical capacity.

The following process was undertaken by WWO in Vietnam and the Head office in Maplewood, New Jersey with technical support from AED/FHI:

Organizational Development for WWO team in Vietnam (OCA, TOCA and CLOCA)

The Organizational Capacity Assessment (OCA) took place at the Head office in March 2009 and in Vietnam in April 2009 when the WWO team in Vietnam was guided by AED and USAID through a process of self-appraisal of organizational capacity, including management system, operational procedures, strategic management, etc. This was an on-going process that needs regular revisiting and revising of the way in which the WWO team manages and develop the programs.

The Technical Organizational Capacity Assessment (TOCA): is a process that followed the OCA to allow WWO team to look more deeply into their expertise and technical procedural system and tools. In March 2010, the TOCA was conducted by AED and USAID with the project team and resulted in the following processes and tools:

Service delivery standards: WWO has followed PEPFAR service standards in providing support services to OVC. By the end of May, 2010, WWO-specific service delivery standards were documented and branded. Currently, WWO is following these service delivery standards which are compliant with PEPFAR and national service standards.

Project specific Standard Operating Procedures (SOPs): Project specific guidelines and standard operating procedures for OVC delivery were reviewed and documented by the end of September 2010 and the approved SOPs developed for the WWO Pact Sub-grant have been adapted for the CBPS Project. Feedback meetings with children and caregivers for quality assurance have taken place on a quarterly basis for a total of 24 meetings in HCMC and AG during the project timeframe.

As a closure of the OCA process, a **CLOCA** (Closeout Organizational Capacity Assessment) exercise took place at the WWO home office in Maplewood, New Jersey in October '11 with FHI 360 facilitating. The Vietnam CLOCA was held in HCMC from Oct 31 – Nov 1 with technical support from FHI360 and USAID. The CLOCA process showed much improvement in terms of WWO organizational development and strategic management as well as identifying need for further development of program management.

The **Strategic Planning workshop** initially planned for January '11 was held from August 1 -5, '11 in HCMC and facilitated by Folami Harris from FHI 360 with the support of Richard Pooley, FHI 360 Field Liaison in Vietnam, and the participation of Ngo Tien Loi from the USAID Vietnam mission. Mark Beukema, Director of Programs, came to Vietnam to join the WWO Vietnam team that included Ngo Thi Thuy, Country Director, and 5 line managers to carry out the exercise. All WWO Vietnam staff had participated in a SWOT exercise the week prior to the workshop that was integral in laying constructive groundwork for discussion. The final draft of the Strategic Plan was available in December 2011 after incorporation of lessons learned from the two key projects in the Vietnam program at the residential-care centers and the CBPS Project.

The End-of-Project Meeting

On June 20, 2012, in Ho Chi Minh City a meeting was organized to review the achievements and lessons learned in the CBPS Project. The meeting also served as a platform for discussing the outlook of project transitioning. Attending the meeting were leaders and/or delegates from organizations that are related to child care and protection, such as the Ministry of Labor, Invalids and Social Affairs, the Ministry of Education and Training, the Ministry of Health, the National and Provincial Administration of AIDS control, Non-governmental organizations, Civil society organizations, Universities, USAID, PACCOM, HUFO, and especially, the representatives of the vulnerable children and caregiver groups who have been participating in the project for the last two and a half years. At the end of the meeting, DOLISA HCMC leadership reasserted their interest in replicating the FRC model, and the AGU leadership also confirmed that they would take over the FRC and begin with the transfer training to DOLISA An Giang for a longer term project implementation in An Giang.

Monitoring & Evaluation system

The project database was developed in 2010 and reviewed for streamlining in February '11 to ensure that the information collected has been organized in a way that allows easy access for data analysis. At the HCMC FRC, CBPS staff and volunteers developed and put into use 10 tools for monitoring and evaluation. In AG, CBPS staff and volunteers were trained on the M & E system and the 10 tools at the start of the project and prior to the opening of the AG FRC. Through monthly visits, WWO provided AG CBPS staff and volunteers ongoing support and technical assistance in using the M & E system. At the end of the current project, the partner's staff and volunteers from the universities and self-help groups are able to use the tools through the Standard Operating Procedures (SOPs) in the case management approach.

Overall, the goals of the NPI Technical Assistance program were reached for the CBPS team and WWO Vietnam and for WWO as an organization. The process proved to be demanding but worthwhile as a continuous fitness check for the whole team and CBPS Project. This has helped the CBPS team to become a stronger, more compliant team with good governance. In terms of Knowledge Management, the team and its partners could document all the good practices attained from project implementation to share with other stakeholders as well as resources for future interventions and new concepts development.

V. MAJOR CHALLENGES, CONSTRAINTS AND LESSONS LEARNED

1. Identification of Partnership and Operational Registration process

In the first year of the project, the need to change the original partner in HCMC (from Open University to ULSA2) and the delay in getting official approval for project implementation from the Government of Vietnam meant that activities intended to be developed over a 3 year period had to be implemented in 2 - 2 1/2 years. Many SO1, SO2 and SO3 activities planned for FY09 and FY10 had to be delayed and carried out in FY11 resulting in a very demanding timeline. Also, the recruitment of competent consultants to carry out needs assessment and research activities proved to be challenging. At the end of October '11, although most of the activities designated in the FY 11 workplan had been carried out or were in process, WWO felt that more time was needed to realize the objectives of the project. A non-costed extension was requested and approved by USAID for six months until May 31, 2012 to allow the project sufficient time to complete all planned activities and to support a more sustainable capacity for the project in HCMC and especially in An Giang where the project only start in October '10.

2. Access to OVC in communities

This population of children is almost invisible because of stigma, discrimination and self-stigma as well as other social and psychological issues resulting from the HIV/AIDS epidemic. It is almost impossible to access children affected by HIV/AIDS without the network of self-help groups, therefore the linkage between service delivery and this network should be pursued further for future interventions.

3. The role of Psychosocial interventions

When project activities started in 2009, very few stakeholders were addressing the psychosocial needs of OVC in their programs. It took the project team almost one year to convince the beneficiaries as well as service providers that besides medical care and treatment, children affected by HIV/AIDS have equal need for psychosocial support to overcome the challenges they and their parents or caregivers face in society. The CBPS project strove to build local capacity by providing technical assistance to our partners and the self-help groups to implement direct services at the FRCs and in outreach in the community. By the end of the current project, partners and the OVC networks have truly acknowledged the value of a holistic approach that addresses case management services and psychosocial support needs of children and caregivers, and the project has been successful in building the capacity of OVC service providers and caregivers in HCMC and AG.

4. Transitioning

At the beginning of the project, both WWO Vietnam and its partners were under pressure to begin activities. There was little time for the stakeholders to fully contemplate a transitioning plan at the end of the project that would secure local ownership and sustainability after the international funding has come to an end. During the non-costed extension, WWO was finally able to empower the partners to prepare for the transition in An Giang and to seek the new partnership with DOLISA in HCMC.

CASE STUDY: MAKING IT WORK FOR OVC IN COMMUNITIES

Transitioning is probably the ultimate goal of any development project, at the same time the most challenging goal to reach. At the beginning of the CBPS project, this goal seemed to be even more farfetched given the flexible nature of the self-help groups, the lack of referral network, and the high workload of relevant governmental agencies. However, at the end of the NPI grant, WWO Vietnam and its partners are very proud to see the fruit of their effort as stakeholders from both the governmental sector and community acknowledge the value of the Family Resource Center and Case Management intervention model and have adopted the concept.

After the first few months of the project, thanks to the word of mouth sharing of information by the self-help group network and the accessibility of the Family Resource Center (FRC), more and more people affected by HIV/AIDS and the children in their care got to know about the project and proactively joined the FRC activities in Caregiver Clubs. At the same time, thanks to the Needs Assessment and regular meetings, the Collaborative Networks in both Ho Chi Minh city and An Giang province became better organized in service referrals as well as in their own service delivery. In recent months, the key stakeholders such as the Provincial AIDS Committees, the Department of Children’s Care and Protection, the Children’s Hospital, the international and national NGOs, and the CBPS project’s caregivers clubs have been moving toward the same goal (even if not at the same pace): making it possible for OVC in communities to have comprehensive and effective services.

It is noteworthy that the CBPS project focused on OVC psychosocial support services, an area that was only recently undertaken because at the beginning of the PEPFAR program, priority was primarily given to the medical care and treatment intervention. Based on the Needs assessment, the project team effectively addressed the psychosocial issues of OVC and their caregivers utilizing the case management approach, at the same time empowering the clients with life skills to improve their knowledge and their adherence, and eventually develop their optimism and strengthen their resilience. At the End-of-Project Meeting in June 2012 in Ho Chi Minh city, WWO Vietnam celebrated the achievements of the 3-year



Figure 1- FRC transitioning project MOU signing with DOLISA HCMC August 27, 2012

NPI grant project with the CBPS project staff, partners and volunteers. The EOP Meeting also provided a forum for WWO Vietnam to further engage the commitment of An Giang University and the new partnership with DOLISA HCMC and all government and non-governmental organizations in the OVC Network to ensure that case management and psychosocial support services for OVC and their caregivers continue. Also, at this important event, the self-help groups reiterated their commitment to further development and strengthen the network of self-help groups so that all the acquired skills, knowledge and experiences will be extended to other groups in communities.

The road ahead will still involve many challenges for all stakeholders, but it is safe to say that relevant stakeholders of the CBPS project are well aware of OVC issues and their possible contribution to addressing them; and that they are ready to continue the journey so that more OVC will have better access to psychosocial support services.

VI. SUMMARY OF PEPFAR INDICATORS (FY10-FY12)

Reporting Period Annual: 1 Oct., 2010 – 30 Sep., 2011	Target for life of the project	Achieved in FY 2010	Achieved in FY 2011	Achieved in FY 2012	Achieved by End of the project
Care					
Care Sub Area 1: “Umbrella” Care Indicators					
C1.1.D Number of eligible adults and children provided with a minimum of one care service Total	1545	678	1135	1216	3,029
Female	772	364	622	722	1,708
Male	773	314	513	494	1,321
0-14	1100	560	942	879	2,381
15-17	70				
18+	375	118	193	337	648
C1.1.N Number of eligible adults and children provided with a minimum of one care service					
0-14	1170	560	942	879	2,381
15-17					
18+	375	118	193	337	648
Care Sub Area 5: Support Care					
C5.1.D Number of eligible clients who received food and/or other nutrition services					
<18 years old	1070	554	874	867	2,295
C5. 6.D Number of eligible adults and children provided with psychological, social, or spiritual support Total					
<18 years old	1170	560	942	879	2,381
18+	375	118	193	337	648

Health System Strengthening					
Sub Area 2: Human Resources for Health					
H2.3.D Number of health care workers who successfully completed an in-services training program	150	0	162	30	192
Total					

VII. SUMMARY OF NON-PEPFAR INDICATORS (FY10-FY12)

Strategic Objective (SO)/Activity	Reporting Period October 1, 2009 - May 30, 2012	Target for life of the project	Achieved FY 2010	Achieved in FY 2011	Achieved in FY 2012	Achieved by End of Project (May 2012)
SO 1: Curriculum Development						
Activity 1.2: Development of social work seminars targeting professionals and para-professionals on three topics	PEPFAR indicator H2.3.D: Number of health care workers successfully completed an in-service training program on Case management, Disclosure, and Stress management	150	0	162	30	192
Activity 1.3: Social Work Awareness Presentations for students	Non-PEPFAR indicator	1250	500	1307	400	2,207
SO 2: Family Resource Center						
Activity 2.1: Provision of direct services support and case management	PEPFAR indicator C1.1.D: Number of eligible adults and children provided with a minimum of one care service	1545	678	1135	1216	3,029
	Total					
	Female	772	364	622	722	1,708
	Male	773	314	513	494	1,321
	0-14	1170	560	942	879	2,381
	15-17					

	18+	375	118	193	337	648
	PEPFAR indicator C1.1.N: Number of eligible adults and children provided with a minimum of one care service					
	0-14	1170	560	942	879	2,381
	15-17					
	18+	375	118	193	337	648
	PEPFAR indicator C5.1.D: Number of eligible clients (<18 years old) who received food and/or other nutrition services	783	554	874	867	2,295
	PEPFAR indicator C5. 6.D: Number of eligible adults and children provided with psychological, social, or spiritual support Total	1545	678	1135	1216	3,029
	<18 years old	1170	560	942	879	2,381
	18+	375	118	193	337	648
Activity 2.2: OVC Support Groups	PEPFAR indicator C5. 6.D: Number of eligible children provided with psychological, social, or spiritual support	225	66	300	251	617
Activity 2.3: Caregiver/Guardian Clubs	PEPFAR indicator C5. 6.D: Number of eligible adults provided with psychological, social, or spiritual support	375	118	241	337	696 (turns)
Activity 2.6: Workshop on defining case management for OVC	Non-PEPFAR indicator	50	40			40

IX. MANAGEMENT AND STAFFING

The CBPS project organizational structure was designed according to the three interrelated Strategic Objectives (SO). WWO staff from the Head office in New Jersey and in HCMC contributed an agreed level of effort (LOE) as laid out in the cooperative agreement and annual implementation plans to ensure effectiveness, efficiency and good governance of the project.

At the Head office, the Chief Operating Officer (COO), Kristine Marino, and the Director of Programs, Mark Beukema, provided supervision and coaching to the national team in Vietnam. Mark Beukema made regular visits to Vietnam to support the team in project implementation and planning.

In Vietnam, there was a transition of leadership from Do Khanh Linh, the Country Director at the start of the project who left the position in April 2010, to Ngo Thi Thuy, who was appointed as Country Director in March 2011. The recruitment process for a new Country Director took almost a year which presented a significant challenge in regards to project management and supervision. During this period, Mark Beukema made quarterly visits to Vietnam to support the team and oversee the implementation plan and significant events, and the Deputy Director, Do thi Nhu Tam, served as Acting Country Director. In May 2011, Do thi Nhu Tam, resigned the position to join a local civil society organization in a consultant role. The Country Director elected not to recruit immediately for the vacant Deputy Director position, given the limited time remaining in the project lifespan. With her leadership and program management skills, Thuy, as Country Director, working with the WWO team, endeavored to implement all agreed activities and build upon the role WWO has developed as a leader in work with OVC in Vietnam. By the end of the project, the team in Vietnam under Thuy's leadership and with support from the head office was able to successfully complete all programmatic implementation and organizational development activities. In May 2012, WWO recruited a new Deputy Director, Nguyen Phuong Thao, who was helpful in supporting the WWO team to prepare for the administrative closeout of the USAID grant.

The CBPS team consisted of professionals from the social work sector, whose long term experience and commitment contributed to improving psychosocial support services to OVC and the development of social work training materials and case management practicum for paraprofessionals and social work students. This strategic approach has contributed to the sustainability of the project in that it has created a network of students and CBO volunteers who will continue to expand and further develop other group members in the community.

The sub-partner projects were governed by Steering Boards who were representatives from ULSA 2 and AGU respectively, and met on a quarterly basis in HCMC or An Giang alternately.

The WWO team worked closely in consultation with the USAID AOTR and Activity Manager and the USAID Mission in Vietnam. While Le Thi Thu Hien from the USAID Mission in HCMC has left her position for her further studies, Mr. Ngo Tien Loi, Program Development Specialist from USAID Mission in Hanoi has been supportive since the

beginning of the CBPS project despite the geographic distance, and his insights have been highly appreciated.

For an overview of staffing, please refer to Annex 3: Project Organizational Chart.

X. BUDGET

Total outlays for the CBPS project (December 1, 2008 – May 31, 2012) and the three month administrative closeout to August 31, 2012 is \$1,573,701.84.

Federal share of outlays is \$1,150,000, and the Recipient share of outlays is \$423,701.84.

XI. ANNEXES

Annex 1 – Overview of Project Achievements

Annex 2 – CBPS Project Organizational Chart

Annex 3 – Case Study “Making it work for OVC in communities”

Annex 4 – List of project documentation

ANNEX 1: OVERVIEW OF PROJECT ACHIEVEMENTS

Project "Capacity Building for Psychosocial Services to OVC" as of June 2012

SO 1. Social Work Curricula development



<u>CASE MANAGEMENT</u>	August 2010 by Catherine Briscoe with 33 lecturers from 9 universities	March 2011 by ULSA 2 & 5 key persons	April 2011 in HCMC & An Giang for 40-50 service providers & stakeholders working with OVC	July 2011 , incorporated feedback from dissemination workshop	Since July 2011 by 10 universities, SDRC and WWO (at FRC HCMC & AG)	Class observation at 5 universities prior to feedback workshop
<u>DISCLOSURE</u>	January 2011 by 3 experts from Thailand (Sudrak, Chutima, Pasakorn) with 25 lecturers from 10 universities	August 2011 by ULSA 2 & 5 key persons	September 2011 in HCMC & An Giang for 40-50 service providers & stakeholders working with OVC	April '12 , incorporated feedback from dissemination workshop	Since September 2011 by 10 universities, SDRC and WWO (at Camp Colors of Love)	Class observation at 5 universities prior to feedback workshop
<u>STRESS MANAGEMENT</u>	May 2011 by Michael Ong, MSW from Singapore with 25 lecturers from 9 universities & 7 project staff	December 2011 by ULSA 2 & 5 key persons	March '12 for 40-50 service providers & stakeholders working with OVC	May '12 , incorporated feedback from dissemination workshop	Since December 2011 by 10 universities	Class observation at 5 universities prior to feedback workshop

Project "Capacity Building for Psychosocial Services to OVC" as of June 2012

SO 2. Family Resource Center (FRC)

2.1 Direct services support & Case management

- **1,030 OVC** (517 males & 513 females) received direct services, including Psychosocial support, supplementary nutrition, medical referral, education, protection & legal aids. All children's needs are addressed in a case management approach.
- **In HCMC:** Total: 883 OVC, (>200 exited the program since the beginning)
- **In An Giang:** Total: 147 OVC (12 exited the program since the beginning)

2.2 OVC Support groups

- **229 OVC** with special psychosocial needs joined the support program so that they could become self-reliant and interact with their peers to overcome the difficult situations of children living with or affected by HIV/AIDS.
- **In HCMC:** Currently 5 groups with 172 OVC (3 groups exited the program in July & August '11 after the review process).
- **In An Giang:** Currently 2 groups with 57 OVC.

2.3 Caregiver Clubs & 2.5 Introduction to Case Management

- **In HCMC:** 9 OVC caregiver clubs established with 287 members. 1 group exited after 7 months.
- **In An Giang:** 2 OVC caregiver clubs with 72 members.
- **40** service providers and stakeholder, including self-help group representatives received introduction on **OVC case management** and participated in monthly topical workshops and exchanges on how to communicate with their charges as OVC and to build up a better living environment for OVC under the stressful situations of being affected by HIV/AIDS.

2.4 Student Practicum

- **Total: 126** students came from 5 universities in HCMC and AG to work as students volunteers or practicum students
- **At FRC HCMC:** 109 social work students from ULSA 2, OU and USSH practice Case management with 172 children.
- **At FRC an Giang:** 17 students An Giang & Dong Thap Universities practice Case management with 57 children.

2.5 FRC, field site for paraprofessionals & 2.7 FRC Library

- **Information updates and skills training for people working with OVC:** Training on Team work, Communications, Nutrition, basic knowledge about HIV/AIDS, Case management, etc.
- **The library** includes 800 books and toys for **355** children who come monthly in groups of 15. The children are guided by student volunteers for games, discussions, or simply for their choice of books.

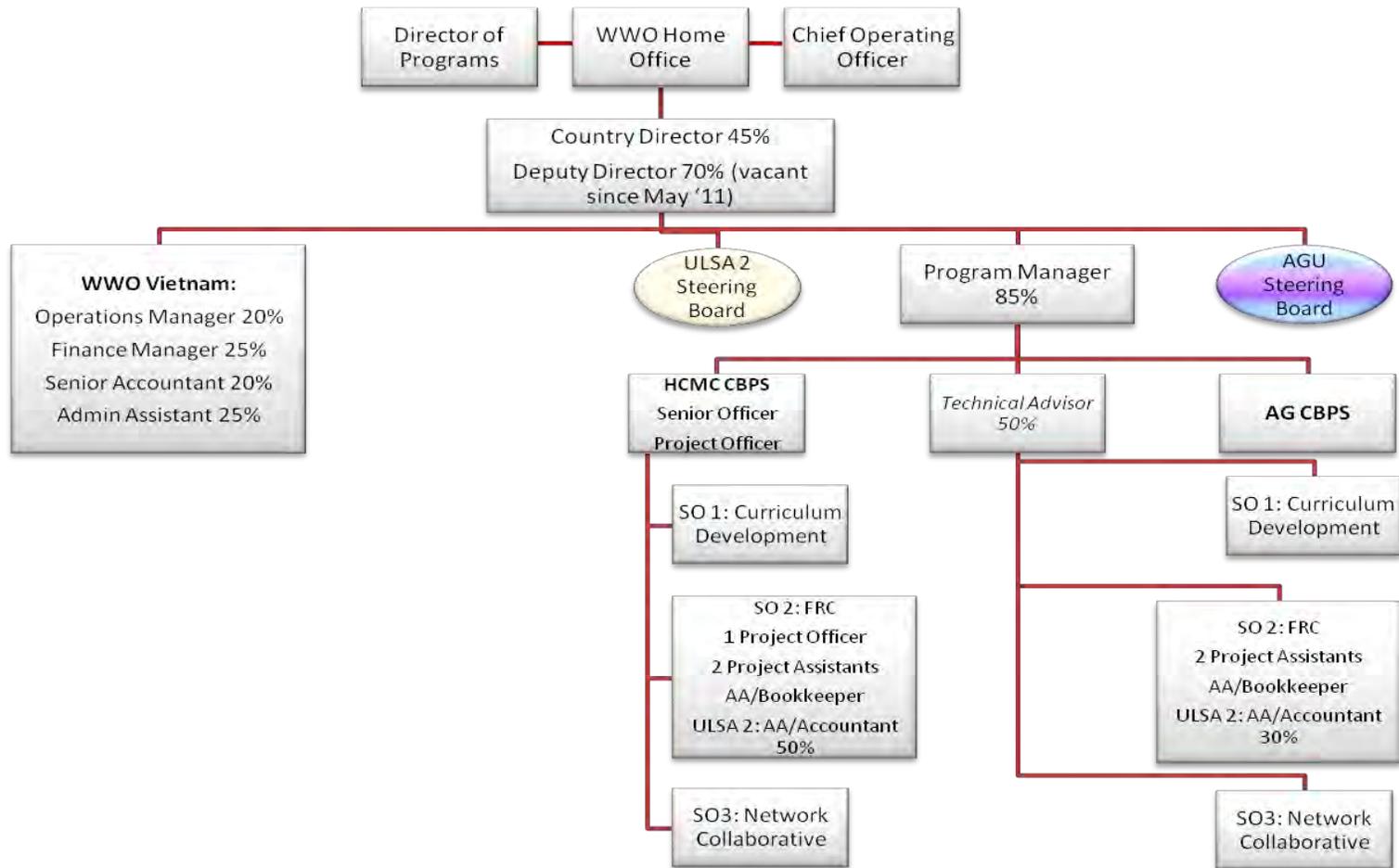
Project "Capacity Building for Psychosocial Services to OVC" as of June 2012

SO 3. OVC Network Collaborative

3.1 OVC Network Referrals & Linkages Needs Assessment	3.2 OVC Network Collaborative	3.3 Capacity Building for Self-Help Groups	3.4 Practicum Needs Assessment for Placement	3.5 Handbook on "Access to School"
<ul style="list-style-type: none">• HCMC: the Needs Assessment report is available in full text and in factsheet (bilingual). While copies of factsheet were shared widely to any interested stakeholders, printed copies of the report were distributed to 40 service providers working with OVC.• An Giang: the Needs Assessment was finalized and available for dissemination in November 2011.	<ul style="list-style-type: none">• In HCMC: 24 meetings conducted with OVC technical group, referral groups and OVC line management insitutions, e.g. DOLISA & PAC. Technical updates and coordinating matters were exchanged at the meetings for better collaboration among the key actors.• In An Giang: 5 meetings held for 54 stakeholders & OVC line management insitutions, e.g DOLISA & PAC.	<ul style="list-style-type: none">• The Self-help groups continue to get legal and referral support from the project• A report on How to support the Self-help groups to obtain a legal entity and to better organized is available after a mini-scale survey with 20 representatives from 11 groups and agencies in May '11.	<ul style="list-style-type: none">• The Student Practicum report is available in full text and in factsheet (bilingual). While copies of factsheet were shared widely to any interested stakeholders, printed copies of the report were distributed to universities and service providers who recruit interns for social work practice.	<ul style="list-style-type: none">• The Handbook was jointly compiled by an editing team from the OVC and HIV Technical working group. It is available in both Vietnamese and English languages for dissemination.

ANNEX 2: THE CBPS ORGANIZATIONAL CHART

Project 'Capacity Building of Psychosocial Services to OVC Organizational Chart 2011



ANNEX 3 – LIST OF PROJECT DOCUMENTATION & PRINTED MATERIALS

Strategic Objective 1: Development of curricula on Social work

- 1.1 “Case management” module, including teacher’s guide
- 1.2 “Disclosure for children with a chronic disease” module, including teacher’s guide
- 1.3 “Stress management for social workers” module, including teacher’s guide

Strategic Objective 2: Establishment of the Family Resource Center model for application of Case management approach

- 2.1 Standard Operating Procedures for the management of the Family Resource Center
- 2.2 Feedback from children integrated in the Family Resource Center program
- 2.3 Feedback from caregivers integrated in the Family Resource Center program

Strategic Objective 3: Enhancement and expansion of existing networks to provide improved comprehensive care for OVC.

- 3.1 a Report on Needs assessment for network referrals and linkages in HCMC
- 3.1 b Factsheet on Needs assessment for network referrals and linkages in HCMC
- 3.1 c Report on Needs assessment for network referrals and linkages in An Giang
- 3.1 d Factsheet on Needs assessment for network referrals and linkages in An Giang
- 3.4 Report on Practicum Needs for Placement of social work students
- 3.5 Handbook “Access to School for OVC”