Hope System of Care
Post-Implementation Evaluation from Three Districts in Da Nang, Vietnam

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Independent Evaluation Completed By:
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EXECUTIVE SUMMARY

Background

This report contains a summary of evaluation findings from an independent evaluation of Hope System of Care (HSC), conducted in May 2015. Hope System of Care was a systematic method of providing supports for people with disabilities and their families in Da Nang, Vietnam. It was sequentially implemented in three districts of Da Nang between 2008 and 2014, as a collaboration between Children of Vietnam (COV) and local government authorities in each of the three districts. HSC provided interventions in a variety of categories, including nutritional supplements, school scholarships, parental livelihood microloans, healthcare, home modifications, and medical equipment. Interventions were individualized based on each family's assessed needs.

Evaluation Methods

The evaluation was conducted by two experienced evaluators. Qualitative evaluation methods were chosen in order to gain a depth of information about the experiences of stakeholders with HSC, and because comparable quantitative data from all three districts was unavailable. The evaluators met with 76 individuals, including government officials, COV workers, professionals, parents, and self-advocates. Findings were analyzed and synthesized collaboratively by the evaluators, in order to arrive at the results presented in this report.

Key Findings

Although local government authorities did not continue HSC in any of the districts, as had been hoped, certain elements of the model continued to be present after the project’s main implementation period ended in each district. Most notably, stakeholders reported improved attitudes about people with disabilities among local government workers. Though little formal support was present for people with disabilities, some evaluation participants noted that they took elements of case coordination from HSC to inform other projects, showing transferability of some of HSC’s components. Shared management of HSC by COV and District personnel was seen as being positive, and the addition of Ward-level authorities in the management team in the last two districts has a very positive step. A number of families reported continuing impacts of HSC.

Lessons Learned & Recommendations

While HSC was successful on balance, there are several identified areas for improvement in future efforts to provide systematic disability supports. First, additional efforts should be made to hold governmental entities accountable for providing supports when foreign aid initiatives end. Expanding the duration of implementation may help with this, as longer engagement may help the government institutionalize some elements of other support systems. Phasing out assistance to families gradually, so they can take time to establish other plans to carry on with education and other interventions, would be very positive. The addition of additional training, especially that which is competency-based, would be positive for stakeholders across the spectrum of HSC, including parents, self-advocates, government partners, and COV personnel. Training is a vital component of capacity building, and investments here will pay dividends elsewhere. Finally, consistency in financial tracking and M&E practices should be more consistent between districts (particularly on the government side) in order to adequately gauge program effectiveness and support financial transparency.
Background and Context

The Hope System of Care (HSC) was a comprehensive method for systematically providing supports for children with disabilities and their families. HSC was implemented in three districts of Da Nang, Vietnam from 2007 to 2014. Implementation in Hai Chau, Da Nang’s central district, proceeded from December 2007 to February 2010 with primary support from the Ford Foundation. The Ford Foundation also provided support for HSC implementation in Ngu Hanh Son, a coastal district of mixed urban and rural development, where HSC was implemented from July 2009 to June 2012. Finally, Cam Le District, occupying Agent Orange hotspots around the Da Nang airport and territory extending to the south and west, implemented HSC from October 2011 to October 2014, with primary financial support from HSBC, Hyatt, and the Rockefeller Foundation. An overview of project locations, dates, and funding may be found in Table 1 and a map of Da Nang featuring the districts where HSC was implemented may be found in Figure 1.

HSC was collaborative by design, seeking to balance resources from Children of Vietnam (COV) and local government at the district and ward level. The original conceptualization of HSC held that the program should be an equal partnership between COV and district government, with responsibility for program management, fiscal stewardship, and service coordination being shared in a 50/50 split of overall responsibility. The objective was that this would enable local government authorities to build capacity to support people with disabilities and their families independent of foreign support once the project ended, thereby allowing Vietnamese authorities to provide for the support of their own people. From the beginning, HSC support was intended to be available at a strictly fixed price, on a strictly fixed timeline, providing additional impetus for the local authorities to scale up their capacity to support people with disabilities with social interventions.

HSC was underpinned by four core values, which have been the foundation of the HSC approach in its implementation in all three districts. First, HSC was meant to be child-centered, concentrating on the specific
needs of each child receiving support. Second, HSC was intended to be family-driven, with needs and preferences of a particular family informing which interventions were offered, as well as how they are provided.

Table 1
HSC Funding by District

<table>
<thead>
<tr>
<th>Funder</th>
<th>Dates</th>
<th>COV Grant</th>
<th>District Grant</th>
<th>Pledged District Match</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hai Chau</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Union of North American Vietnamese Student Assns (UNAVSA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nov. 2012 - Sep. 2014</td>
<td>$17,387</td>
<td>-</td>
<td>-</td>
<td>$17,387</td>
</tr>
<tr>
<td>COV Crowdfundraising</td>
<td>Rolling</td>
<td>$12,237</td>
<td>-</td>
<td>-</td>
<td>$12,237</td>
</tr>
<tr>
<td>Ngu Hanh Son</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ford Foundation</td>
<td>July 2009 - June 2012</td>
<td>$240,000</td>
<td>$93,000</td>
<td>$6,195</td>
<td>$339,195</td>
</tr>
<tr>
<td>COV Crowdfundraising</td>
<td>Rolling</td>
<td>$26,884</td>
<td>-</td>
<td>-</td>
<td>$26,884</td>
</tr>
<tr>
<td>Cam Le</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyatt Hotels</td>
<td>Nov. 2011 - Oct. 2014</td>
<td>$20,000</td>
<td>-</td>
<td>-</td>
<td>$20,000</td>
</tr>
<tr>
<td>Niles Foundation</td>
<td>Mar. 2013 - Feb. 2016</td>
<td>$22,500</td>
<td>-</td>
<td>-</td>
<td>$22,500</td>
</tr>
<tr>
<td>Landon Carter Schmitt Memorial Fund</td>
<td>Feb. 2013 - Dec. 2015</td>
<td>$15,000</td>
<td>-</td>
<td>-</td>
<td>$15,000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$775,715</td>
<td>$268,090</td>
<td>$16,428</td>
<td>$1,060,233</td>
</tr>
</tbody>
</table>

1UNAVSA funded an extension of supports for a limited amount of families in HSC Phase II
2COV Crowdfundraising came from individual donors to HSC’s general fund to support Phase II
3Each provided funding for a small number of children/youth, which continued after HSC’s end in Cam Le

Third, the model was meant to be strengths-based, foundationally guided by the notion that every child and family has unique strengths upon which to develop. Finally, HSC was intended to be culturally-competent, being guided by Vietnamese notions of support provision, not strictly from Western ideals of disability services.

Additional background about HSC may be found elsewhere in project proposals and district evaluation reports that have been prepared previously by project staff and evaluation consultants, and readers are referred to those reports for a more thorough accounting of the factors that led to the creation of HSC, as well as contextual factors related to the enduring effects of Agent Orange use during the American War/Vietnam War.
Structure of HSC Model

HSC was a highly complex system with many stakeholders and components. This structure changed slightly over time, most notably as the project in Hai Chau ended and the Ngoc Hanh Son implementation began. While Hai Chau was implemented from the district governmental offices, HSC’s implementation in Ngoc Hanh Son and Cam Le was administered from the district level, with formal agreements with local wards to head the most local level of implementation. While a seemingly small shift, the introduction of ward-level responsibility allowed for much better service provision and program monitoring in the last two districts.

In all districts, a Project Management Board (PMB) was established to oversee HSC. The PMB was assembled at the district level and included the Vice Chair of the District People’s Committee, the COV project manager, ward leadership (in Ngoc Hanh Son and Cam Le), as well as representatives from each district’s Department of Health, DOLISA, Department of Education, the District Women’s Union, Red Cross, and others with a direct administrative stake in HSC. Together, the PMB members provided administrative and fiscal oversight over the lifetime of HSC’s implementation.

Table 2
Intervention Domains for Hope System of Care

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
<th>Frequency of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>Payments for basic health checkups, medications, physical therapy, mental health services, behavioral support, etc.</td>
<td>Very Frequent</td>
</tr>
<tr>
<td>Nutritional Supplements</td>
<td>In-kind donations of milk supplements or rice which were delivered directly to eligible families</td>
<td>Very Frequent</td>
</tr>
<tr>
<td>Wheelchairs &amp; Medical Equipment</td>
<td>Donations of wheelchairs, other mobility devices, hearing aids, or other durable medical goods</td>
<td>Rare</td>
</tr>
<tr>
<td>Public School Scholarship</td>
<td>Monthly stipend to offset the costs of educational expenses not including tuition. Includes food at school, school electricity, participation in special events, etc.</td>
<td>Frequent</td>
</tr>
<tr>
<td>Special School Scholarship</td>
<td>Monthly stipend to offset the costs of tuition and other costs associated with attending a school from children with disabilities, most often Thanh Tam School.</td>
<td>Occasional</td>
</tr>
<tr>
<td>Vocational Training Scholarship</td>
<td>Monthly stipend to offset the tuition and associated costs of attending a vocational training program, most often through Thanh Tam School</td>
<td>Rare</td>
</tr>
<tr>
<td>Livelihood Support</td>
<td>Microloans (60% grant, 40% payback) to parents of child with disability to operate a small business to earn money to support the family</td>
<td>Frequent</td>
</tr>
<tr>
<td>Household Modifications</td>
<td>Updates to a family’s home, often to make a restroom accessible, replace a roof, etc.</td>
<td>Frequent</td>
</tr>
<tr>
<td>Social Events</td>
<td>This is a catch-all category of support for offsetting the cost of transportation to attend meetings, refreshments for meetings, etc.</td>
<td>Very Frequent</td>
</tr>
</tbody>
</table>
Individualized service plans for each participating child and his or her family were constructed based on the findings of a comprehensive assessment process, which often involved several visits to the family’s home by COV and/or governmental staff. Based on the assessments, an initial service plan was proposed.

The proposed service plans were then checked and confirmed by members of the Care Management Team (CMT) at meetings that were designed to be a one-stop-shop for families chosen to receive supports through HSC. The CMT consisted of representatives from each of the main intervention areas targeted by HSC:

1. DOLISA for home repairs or modifications,
2. The Women’s Union for supports for parents’ livelihood,
3. A doctor from the Da Nang Mental Hospital for checkups and medications,
4. A doctor from the Da Nang Rehabilitation Hospital for physical assessments, physiotherapy, etc.,
5. The District Department of Education for school scholarships in integrated schools,
6. The Thanh Tam School for scholarships to attend a school or vocational training for children with disabilities,
7. The District Department of Health for basic health checkups and medications, and
8. Occasional vendors for wheelchairs and other adaptive equipment.

At the CMT meeting, families would visit professionals representing each of the interventions they may receive, so the professionals could confirm that their intervention was appropriate for the child or family. These visits occurred in the morning on the day of the CMT meeting, and families were dismissed following their visits. In the afternoon, CMT members reconvened to advocate for the needs of particular families and to solidify final support plans, which were ultimately approved by COV and the PMB. HSC had nine main intervention categories, as summarized in Table 2.

Following COV’s final approval, each family was eligible to receive assistance in the domains that were determined by the CMT. The family’s progress was monitored by COV and ward personnel (district personnel in Hai Chau), and the family would report to a CMT meeting periodically in order to revise the support plan. A simplified schematic of the general HSC process may be found in Figure 2.

Evaluation Methods

This evaluation was completed by two independent evaluators in May 2015. Brief information about each of the evaluators may be found at the end of this report. It is important to note that at the time of the
evaluation, some elements of HSC were still active in Ngãnh Hanh Son and Cam Le as a part of HSC Phase II, which was implemented on a very small scale in 2015. Phase II was also attempted in Hai Chau, but was ended due to administrative difficulties. The implementation of Phase II was much less formal and funding was far more limited than it was in the main implementation of HSC, so Phase II is not directly addressed in this report.

It is also important to note that a much larger program, funded by USAID to Development Alternatives Inc. (DAI), and implemented under subcontract by Vietnam Assistance for the Handicapped (VNAH), was also active during the time of this evaluation, and it is quite likely that the presence of this program influenced evaluation results. Since VNAH was providing assistance to some families in Da Nang, including some who also received interventions from HSC, City-, District-, and Ward-level officials were not fully forced to devise their own systems of support for people with disabilities, instead continuing to rely on foreign aid. While this is only natural in a system that has experienced a great deal of outside assistance in providing support for people with disabilities, it does mean that the results of this evaluation are merely preliminary, as the real proof of progress will be seen only when programs from outside funders cease, leaving the Vietnamese government, at all levels, to devise their own way forward.

This was a qualitative evaluation of HSC as it was implemented in all three districts. The primary objective of the evaluation was to determine what good practices can be taken away from the experience of HSC, what lessons may be learned, and what were the lasting impacts of the HSC program. The evaluators were equally interested in HSC processes and outcomes.

We chose to conduct a qualitative evaluation for several reasons. First, our primary aim was to understand the experience of HSC from the perspectives of all stakeholders who participated in the program. In this sense, our hope was to give equal voice to all involved, rather than placing heavier weight on the perspectives of administrators. We believe that the experiences of parents and self-advocates are just as worthy as ranking government officials, and adoption of a qualitative approach enabled us to maintain this balance in voicing the perspectives of all participants in a way that would not be possible in a quantitative evaluation.

Another pragmatic consideration was the fact that government bookkeeping practices changed from one district to the next, meaning that it would be exceptionally difficult to accurately compare expenditures across the lifecycle of HSC. Likewise, monitoring and evaluation methods were somewhat inconsistent between the districts as COV and the Districts worked to find the more efficient and accurate methods, which would have called into question the use of monitoring and evaluation data to draw inferences across the three districts. Considering these potential pitfalls of using available quantitative datasets, it was the conclusion of the evaluators that a qualitative evaluation would provide more robust and more credible results.

Our evaluation included interviews with a total of 76 individuals, some of which occurred individually and some as focus groups. Interviews were conducted with a very wide array of stakeholders, including COV staff, district PMB members, service providers (many of whom were also members of the CMTs), parents, self-advocates, case managers, and Community Care Workers (CCW). In all cases, the evaluators met with stakeholders in the place of their choosing, so interviews were conducted in settings including district and ward offices, family homes, the workplace of a youth participant, professional offices, and schools. We feel that the elicitation of this wide array of diverse voices with interviews occurring in settings in which individuals could be
comfortable lends a great deal of credibility to this evaluation, and gives the findings a high degree of honesty and representation, which is often absent in complex program evaluations, which often tend to lean heavily on the perspectives of only certain stakeholders.

The interviews and focus groups produced a very large amount of data, meaning that data analysis and interpretation was a very important part of this evaluation. The evaluators both took extensive field notes during each interview, and then coordinated their interpretations of the findings every two days while the evaluation was ongoing. The findings presented in this final evaluation represent the main themes that were collaboratively derived by the evaluators. It is also important to note that the majority of these findings have been triangulated, meaning that multiple stakeholders indicated agreement on the same themes. For example, this could mean that multiple districts shared the same impressions, or that impressions were similar among district officials and parents, for instance. We have also member checked these findings with COV staff to add an additional layer of credibility to our interpretation of findings. Taken together, the constant negotiation of themes among the evaluators, the triangulation of findings among multiple stakeholders, and the member checking of findings represent important safeguards on the validity of our findings, and we believe these methods resulted in findings that are a true and accurate representation of how multiple stakeholders think about HSC now that the program has passed its sunset in these three districts of Da Nang.

Current Status of HSC and Model Components

The first of the main objectives for this evaluation was to investigate the current status of HSC in the districts that had implemented it under COV’s guidance. Specifically, the evaluators wanted to determine the general feelings of stakeholders about people with disabilities generally, and how the specific components of the HSC program were useful (or not) in structuring supports.

Current Stakeholder Perspectives on HSC Features

Attitudes about Disability. One of the most positive outcomes of HSC is the apparent positive shift in attitudes about people with disabilities on the part of local authorities, parents, and service providers. People started talking about the social model of disability and mentioned that removing barriers would bring sustainability and help people with disabilities be independent and equal in society. Most PMB members said they have much better understanding about disability after HSC, how many people and children with disabilities in the area, and how to meet the identified needs of people with disabilities. Similarly, CMT and CCW also expressed that with better knowledge on disability, they can make proper decisions for interventions to fit different types of disability.

Likewise, many parents gained a more positive outlook on their children’s futures, were more confident in their ability to care for their children, and know how to advocate to the government to help meet the needs of the child and the family. However, there are some parents of children with severe disability still doubtful about their child’s future, even if support is provided.

Changing the attitudes of local people and parents cannot be done within a short period of time. Even though there are other organizations working in disability in Da Nang city such as VietHealth, USAID, East Meets West, World Vision, etc., COV’s role in changing the attitudes of local people and parents cannot be denied.
Implementation of Relevant Policy. The Law on Disability was often mentioned by CM and CCW as well as PMB members in all districts of HSC. They know about the Law which came into effect in 2011, which policies embedded in the Law are available for people with disabilities, for example, health check-up, disability classification, and social allowance from 210,000 to 520,000 VND per month, and guarantees of educational opportunities for children with disabilities at either inclusive or special school. The local authorities have implemented the Law in some ways, namely the social allowance and health check-ups, which are only some features stated in the Law. Many other aspects such as employment, accessibility in public buildings, public transportation, information, etc. seem not have been well implemented due to the “expensiveness” and lack of money. Likewise, support for inclusive education remains poor, with educators and school administrators complaining of lack of training, lack of funds, and lack of direction for inclusive education at both the primary and secondary levels.

Continuity of HSC Model

One of the issues of particular interest to the evaluators was to determine the extent to which specific elements of HSC had been continued by authorities in the districts in which the program was implemented. This evaluation considered continuity of case coordination, involvement of service providers, project management practices, monitoring and evaluation, and financial management.

Case Coordination. Interviews with district authorities, ward case managers and community care workers, and service providers revealed unanimous agreement about the importance and effectiveness of the CMT process. This finding was consistent across all districts, which was significant particularly since the CMT process looked different in Hai Chau than it did in other districts (HSC was operated strictly at the District level in Hai Chau, while other districts involved Ward-level workers as well). Specifically, participants suggested that the CMT was an efficient way to coordinate multiple services for a particular family, which allowed service providers and government authorities to see how different types of intervention could work together to optimize outcomes for a child with a disability and his or her family.

Unfortunately, the principles of the CMT have not been carried on by the districts after HSC ended. In large part, this is because funds have not been available to the districts and wards to continue provision of integrated supports to people with disabilities and their families. In the absence of funds to provide supports, there is little need for the CMT. Even with projects funded by other outside donors, such as USAID, little effort has been made to formalize processes similar to the CMT, perhaps because these projects are targeted to the City level of government, which has less direct contact with people with disabilities, and therefore less feasibility for successful CMT.

Although CMT has not continued, some elements of CMT have been used to inform practices in other projects. For instance the Director of the Hai Chau District Red Cross stated that she plans to use a modified CMT model to guide case coordination in her new project to support people with autism. Likewise, ward-level staff in Ngu Hanh Son mentioned that they are attempting to implement a process similar to CMT in their initiative to support single mothers in the ward. While disappointing that the use of CMT has discontinued for people with disabilities and their families, it is promising that former PMB and CMT members have found applications for it in other domains of social support.
Perhaps most significantly, attitudes about case coordination have changed. The evaluators heard from service providers and from government workers that a greater understanding of integrated support has arisen out of HSC, so people currently realize that integrated support is necessary to optimize outcomes for people with disabilities and their families. A community of practice seems to have emerged to support people with disabilities. While coordination is currently informal, and access to multiple services is constrained by finances, service providers were quite strong in noting that they have built trust and understanding with other professionals as a result of HSC, so they now feel more confident and comfortable in making referrals for other services when it may be appropriate for a family who their see in their practice.

**Service Provider Involvement.** In the absence of a formal CMT process, professional involvement with coordinating services for children with disabilities and their families has become much less formal. As noted above, a community of practice has emerged to support people with disabilities and their families. One evaluation participant, a doctor at the Da Nang Rehabilitation Hospital, was particularly clear in talking about the importance of this community of practice. Acknowledging that his ability to craft robust interventions is limited by the lack of funds to support such efforts, he also noted that he knows people who he can ask for support, both within government and among other service providers. The evaluators heard similar sentiments from an educator from a private school, who stated that she has gained new partnerships as a result of her organization’s participation in HSC.

Ultimately, however, without the formal structure offered by HSC, relationships between service providers, government officials, and families are now only informal and sporadic. While the development of a community of practice to support people with disabilities and their families is a positive step, such a community has only limited power without a formal structure or greater ongoing governmental financial backing. Under such constraints, it is the observation of the evaluators, based on feedback from stakeholders, that maintenance of this community of practice, and its overall impact on people with disabilities is likely to be limited without stronger long-term government investment in coordinated disability supports.

**Oversight and Management.** District authorities and COV staff consistently noted that the collaborative nature of HSC is one of the hallmarks of the program’s success. Establishing a system of shared management between the government and COV was very important to build trust. Informants of this evaluation stated that such relationships should be built on equal partnership, mutual respect, and shared accountability for outcomes.

The addition of wards as central HSC partners in Ngu Hanh Son and Cam Le was also quite positive in strengthening the management structure. In these last two districts, COV and the district provided overall program oversight, while the wards provided additional oversight of intervention implementation, with additional assistance from COV. This enabled more direct management of all aspects of the project, enabling sharper oversight not just of how the program *should* be implemented, but also of how interventions are *actually* applied at the ground level. Stakeholders who informed this evaluation, including parents, ward staff, district workers, and COV personnel saw benefits of this dual level of management both at the general programmatic level, via the PMB, and at the ground level, via the wards and COV. It is also important to note that COV provided oversight at both the district level and in terms of direct implementation, and this likely helped to provide continuity and bridging between the two levels of oversight.
As noted previously, the HSC model has generally been discontinued due to lack of financial investments from the State Budget and insufficient funds that have been raised from other sources. However, fundraising from individual donors and business enterprises within each district has continued, and funded part of the districts’ share of HSC Phase II. Government fundraising from individuals and businesses is also used to provide emergency supports to children with disabilities, as well as gifts at Tet and Mid-Autumn Festival. It is unclear how the emergency fund and holiday gifts are managed and administered by District governments.

**Monitoring and Evaluation.** The HSC program featured an extensive assessment, monitoring and evaluation component. The assessment portion helped COV identify the needs of potential HSC participants in preparation for the CMT meeting, monitoring assisted COV, service providers, and government officials to revise support plans as the needs of families and children changed through their time in HSC, and evaluation provided both formative and summative overviews of HSC for the purposes of program review, process efficiency, and to inform the design of future efforts to coordinate support for people with disabilities and their families. While previous evaluations have indicated concerns about the complexity and time intensiveness of the M&E and assessment processes (which COV has begun to address), the presence of these components is important for the success and credibility of any human service program and HSC is laudable for the extent to which the program’s staff, especially those at COV, embraced the importance of M&E.

This evaluation’s interviews suggested that no efforts are currently being made to monitor or evaluate disability supports provided through the districts. HSC’s Phase II, in which the districts had to raise their own funds and take greater leadership for administering a pared-down version of HSC had no monitoring or evaluative components, leaving the districts with no way to gauge the effectiveness of their investments. Likewise, the evaluators did not hear about any efforts to monitor or evaluate other foreign-financed programs that operate in the districts, or the assistance provided via the emergency fund or other small forms of assistance that are driven by the districts. The absence of any monitoring or evaluation of other forms of disability support is of high concern, and an indication that transparency in social supports has not evolved to acceptable levels with the district governments that were involved with HSC.

More positively, some case managers and community care workers in all three districts discussed the importance of knowing about each family and each child with a disability in their ward so they could advocate to higher authorities for appropriate supports. In Hai Chau, a case manager who was preparing to be involved with a new project for children with autism told the evaluators about how important it would be to adequately assess the children prior to initiating supports. This evidence suggests that awareness of the importance of assessment has improved, and that frontline workers understand how assessment can direct appropriate intervention. Similar observations were not apparent regarding monitoring or evaluation.

In all, the local government’s carryover of assessment, monitoring, and evaluation practices seems to be poor following the end of HSC. Improving monitoring and evaluation is an important step for district and ward officials to take in order to improve transparency of their social service efforts, and to ensure that they are spending their extremely limited social service budgets in the most effective way possible. Likewise, COV staff, if HSC is to be implemented in the future, may wish to reduce the complexity of monitoring and evaluation procedures and train district and ward partners up-front so they may take a more hands-on role in monitoring progress of the program’s interventions with each child and family.
**Financial Management.** In the HSC system in Phase 1, there was good financial management from the ward to district to COV based on the concrete support plan for each family developed after the needs assessment. But still, there was some overlap between HSC support and support from other projects such as VietHealth in early intervention and USAID/DAI/VNAH in inclusive services. However, the overlap did not seem to be tracked systematically by the local government. Additionally, as the financial report of the local government regarding disability support was not available, it is hard to say what the percentage of COV’s contribution is and how the local government decided which children received support from which budget.

Regarding Phase II, the requirement of local contribution for the HSC seemed to bring good results in both number and skill. In Hai Chau alone, the total number of local contribution in 2014 was up to 650,466,700 VND (approximately about 31,000USD), 8,000 USD higher than COV’s contribution. The situation is similar in Ngu Hanh Son district. The local funds were mobilized from different sources, namely State Budget for health insurance and medication and contribution from individuals and enterprises operating in the area for livelihood, scholarship and gift. It is unclear, however, whether the districts are counting the monthly disability allowance towards this contribution figure, since this practice would unfairly skew the appearance of their contribution, as the disability allowance is guaranteed by the Law on Disability, and should not be counted as a District contribution. Transparency in district accounting procedures remains a challenge.

Local government leaders are more responsible for seeking resources from different sources when the State Budget is not enough to cover all disability-related activities. They are aware of the fact that transparency in spending is very important to gain trust from donors and that donors can continue to fill in the finance gap. It can be confirmed that the fund-raising skill of the local government, especially leaders, improved and this is expected to continue. But again, if a financial management system is in place, the district will easily identify the total budget that they need to support people with disabilities/children with special needs, be able to allocate appropriate funding for different components, and to avoid overlapping among beneficiaries. We are also concerned that advocacy for more funds from the State Budget has been mainly unsuccessful, and we continue to believe that enhanced funding from the State Budget is the only clearly sustainable way to support individuals with disabilities.

**Lasting Impacts of HSC**

As outlined in the previous section, local district authorities have largely discontinued HSC, noting lack of funds from the State Budget and limitations in personnel. It was also clear to the evaluators that the ongoing presence of disability supports through other foreign-funded projects provided a disincentive for the government to implement their own support mechanisms at this time. Despite these challenges, many lasting impacts of HSC were apparent, in the system, among families, and among children with disabilities.

**Partner Impacts**

**Capacity Building for District/Ward Workers.** At the system level the evaluators found evidence that HSC had several lasting impacts, even in the absence of many of the formal elements of the program, as have been noted in the above sections on continuity. Perhaps most importantly, ward-level Case Managers (CM) and Community Care Workers (CCW) gained the skills necessary to carry out basic case management. These skills included heightened ability to properly identify children with disabilities, the ability to listen carefully to a
family’s needs in order to inform a support plan, and, perhaps most importantly, the ability and willingness to advocate to individuals in higher government positions for the needs of children with disabilities and their families. This willingness to advocate is quite new within lower levels of the governmental system, which is traditionally expected to take directives from above, so the evaluators see such advocacy as being quite a significant step in establishing attitudes that will eventually support a more person-centered system of disability supports. While the evaluators believe that such a lofty impact is still some years in the distance, the beginnings of advocacy for the complex and individualized needs of individuals with disabilities by ward-level workers is mostly certainly a positive step in the right direction.

The evaluators were also quite impressed by the fact that making visits to the homes of children with disabilities seems to have made a lasting impact, especially among district personnel, who are typically somewhat removed from direct provision of supports to poor families or individuals with disabilities. Through participation on the PMB, and especially the CMT, district officials were directly confronted with the challenges faced by many families and children with disabilities. This direct contact seems to have helped district personnel gain a better understanding of disabilities and the challenges people with disabilities and their families face, as well as the strengths that they rely on to survive and thrive. Multiple district personnel mentioned to the evaluators that HSC forced them to “get their hands dirty” in the provision of direct services for the first time ever, and that this firsthand experience in the field began to change their thinking about disability supports. It was quite impactful to the evaluators that high-ranking district officials shared very specific stories of meeting particular children or families who they felt were especially impacted by HSC.

The evolution of trust and respect also seemed to be bi-directional. Not only did workers from the system enhance their knowledge and build trust of families of children with disabilities through their work with HSC, but families also mentioned growing trust of local authorities. The families we met often commented that they formed strong relationships with their Community Care Workers and COV staff. It was through these mutually respectful personal relationships that families were comfortable to express their needs, and that local officials were able to enhance their understanding and responsiveness.

In large part, the improvements in trust and respect may be a result of the open communication channels that were fostered by HSC. While HSC was being implemented, families felt comfortable to communicate their needs to CCW, who then represented the needs of families to the case managers. The case managers were then empowered to express the needs of families to district officials, who, with the oversight and guidance of COV staff, approved interventions. Likewise, the District authorities had a clear flow of communication, through the case managers and community care workers, back to families. It appears that this collaborative communication model has continued to some extent, particularly regarding leveraging emergency funds for families in need.

Finally, the evaluators often asked interviewees about what they thought were the most important HSC interventions. Universally, system personnel at all levels, COV staff, parents, and service providers all identified interventions that focus on long-term development, most notably education or vocational training, livelihood interventions, and rehabilitation interventions such as physical therapy. Nobody mentioned charity-based interventions such as nutritional supplements or short-term medication delivery. While we are uncertain about how consciously HSC’s stakeholders make the distinction between social interventions and charity interventions,
we found it to be impactful that interviewees universally realized that social interventions have greater impact. This finding is consistent with the final evaluation from Cam Le, in which the independent evaluators found significant correlations between quality of life and several social interventions, but no significant correlations between charity interventions and quality of life, from the perspective of parents of children with disabilities. We believe this finding is potentially impactful, since it shows a realization of the fact that interventions should be thoroughly thought out, and especially in an environment in which there are limited funds, money must be spent in ways that are likely to be most impactful to individuals in the long-term.

  It is the hope and recommendation of the evaluators that this impact will be taken seriously in future implementation of HSC. Focus on social interventions such as education, vocational training, and livelihood support creates lasting effects for children with disabilities and their families. Even if the system discontinues HSC, the effects of social interventions remain with the family after the program ends, creating lasting impact for individuals, even if lasting impacts for the system eventually fade. The government may also wish to consider this advice. Currently, monthly disability pensions are available to many children with disabilities, as is basic health insurance. The government also provides gifts at holidays (such as traditional Tet gifts), which amounts to a form of charity. It is possible that greater impacts may be realized by providing a limited number of vocational training scholarships using those same funds (for instance) to individuals who may truly benefit long term, rather than spreading a thin amount of charity across many families, in a way that is quite unlikely to have any long-term impact.

Application of HSC Components Elsewhere. As described above, the HSC model has not been continued by the government in any of the three districts where it was implemented. While this is somewhat disappointing, particularly considering the government’s previous commitments to carry on elements of HSC, the evaluators were pleased to hear that certain individuals have carried on specific elements of HSC in other projects.

We heard two specific examples of how HSC may carry over to other projects. First, in Hai Chau, the Red Cross recently got a grant to provide basic supports to children with autism and their families. The head of the Hai Chau Red Cross expressed a desire to assemble a panel of service experts, similar to the CMT, to coordinate support plans in her project. Relatedly, a man who was a Community Care Worker in Hai Chau during HSC expressed his desire to conduct thorough assessments of children and families in the autism project up-front, in order to tailor interventions that suit the specific needs of each family. It was clear to the evaluators that these intentions were a direct result of techniques that the leaders of the autism project learned from their experience with HSC.

Additionally, ward workers in Ngu Hanh Son mentioned that they are beginning a new program to support single mothers. They plan to have livelihood support as a key component of this program, and the intention is to use a model of livelihood support similar to what they learned in HSC.

Impacts on Families, Children & Youth

Family Impacts. With the provision of livelihood, education and health, the HSC has positive impact on the family, especially their perceptions about their child. Observing direct change of the child, parents have often shifted their thinking towards a brighter future for their child. They are motivated to bring their child to
school and committed to follow their child’s dream. A mother of a girl with disability said “Though my family is not able to afford living expenses, I decided to continue sending her to school until she decides to quit because education is very important for her future. She wants to become a teacher so I need to help her follow her dream”. Other parents of children with disabilities in the interviews also said that they would try their best to continue their child’s education. The story of one parent and daughter who are pursuing dreams for the daughter’s career may be found in Figure 3.

Figure 3. Tram Anh’s Dreams

We met Tram Anh, 14, and Dao, her mother, in the family’s home in Ngu Hanh Son and were immediately impressed by Tram Anh’s positivity and Dao’s commitment to her daughter’s success. Prior to her participation in HSC, Tram Anh had been attending school in an integrated classroom, where she was falling behind because the teacher did not have training on how to teach children with hearing impairments. Through HSC, Tram Anh received a scholarship to attend a special school, where she was able to make good progress. After HSC ended, the family was not able to afford the special school so Dao enrolled Tram Anh in the regular school in her neighborhood. Tram Anh says she loves going to the neighborhood school because she has a lot of friends, and she wants to remain in school until she completes 9th grade. As evaluators, we were so happy to that Tram Anh was able to gain skills from the special school and then translate that success to do well in integrated school, which affords her more opportunities for social integration.

Social integration is very important for Tram Anh, since she has a goal of starting a business to arrange flowers and do hairstyles and makeup for weddings. She has good skills, as she has been practicing with Dao and other women in her neighborhood. Dao encourages Tram Anh to communicate as she does makeup, since she knows it will be important for Tram Anh to be social if she is to succeed in the wedding business. Together, Tram Anh and Dao share a dream for Tram Anh’s future and are taking steps to make those dreams real. HSC helped to provide a springboard from which those dreams could grow.

Another impact that the evaluation team realised was that now parents feel more empowered to share their needs with the local government. Before they had thought that the local government would be indifferent to their situation and this thought has changed. Through a thorough and specific needs assessment process that involved the local government including the Chair/Vice-chair and local professionals, parents had gradually erased their hesitation and started to discuss with the local government about their child’s disability, family situation, and expectations. Most of parents said that, after being listened to, encouraged to talk and then provided with family-centered, needs-based support, they are very happy with the local workers, have more trust on the local worker and are willing to approach them whenever they need help.
District-wide, other families, who are recipients of HSC support, observing the beneficiaries getting support from the district, are bold enough to ask for any available services for their child. Some case managers said that when they were asked by other families about any services, they tend to introduce those families to get support from other projects operating in the locality in order to make sure all support should have been equally divided. This also contributes to a higher responsibility of the local government in connecting and mobilizing different resources to support the local people.

However, it was also found that among the different interventions, the livelihood proved to have the biggest impact on the family, followed by education, health and nutrition at last. In all three districts, CM, CCWs and even families shared that livelihood is the most effective. Most of the families who receive livelihood support, especially to establish a grocery or street restaurant, still keep their business going, gaining more profits and often using the profit to reinvest in the business and to afford education and health expenses for their child. It can be said that proper livelihood approach can ensure sustainability and contribute to long-term impact, not only for the family but also the life of the child.

**Child Impacts.** While livelihood proves to have good impact on the family, health support especially physiotherapy/rehabilitation is effective for supporting child development. Even after the project finished in some districts, parents still brought their children to the rehabilitation centre for therapy. However, the rehabilitation is limited only to physiotherapy, and without any available speech or occupational therapy (both of which are quite rare in Vietnam), the child cannot reach full development.

Scholarships were also a good source of support for children with disabilities. Most of the children said that they love going to school, either inclusive or special, because at school, on one hand teachers understand the child and his/her disability, do what they can to help the child learn, on the other hand, they can make friends with their classmates who are without disabilities and able to develop a circle of friends. This social inclusion is important in changing societal attitudes in the long-term. Nevertheless, children with disabilities are foreseen to face many challenges in the secondary and high schools where teachers do not have any skills to teach students with special needs. “*We do not attend any training course on special or inclusive education, when we admit Ly to the class, we have to search information on the internet ourselves about her type of disability, psychology that a child with disability might have and look for any methods that help her study. However, we do not know how she will learn at higher level*”, a teacher at high school shared.

These sentiments were echoed by teachers at a primary school, who shared that they received no training in inclusive education, basic disability awareness, or any other topic that could help them to support a child with a disability in the classroom. The primary school principal we spoke with shared a deep frustration that his school and his teachers were expected to teach all students, and wanted to do so, but that they were all left to feel helpless with little hope since they were not supported to gain the skills needed to teach inclusively.

**Youth Impact.** For youth with disabilities, especially those receiving vocational training under HSC, some have experienced profound positive transformations. They said that with vocational training support, after graduation, they are able to have job, have income, and live independently. Parents are very happy that the training provided their child with practical skills that were suitable with his/her disability. It should be noted that linking youth with disabilities with an apprentice seemed more effective than sending them to a formal
vocational training because youth can learn what he/she needs to learn and prepare for his/her profession first hand, whereas typical vocational training often does not include real-world application. We would encourage COV and other stakeholders to think creatively about the potential for more innovative vocational intervention supports, such as apprenticeships, job coaching, resource sharing, and volunteer-to-work arrangements. Tuan’s story, found in Figure 4, provides an example of a highly successful youth vocational training intervention that used apprenticeship to make a huge impact on the life of one young man.

**Figure 4. Tuan’s Barber Shop**

We met Tuan at work, as he was finishing up a customer’s haircut. Tuan, 30, has a mobility impairment, and received support through HSC to develop his business and receive physical therapy. Tuan created his own vocational training, by going to local barbers asking for mentorship. Once he found a mentor, he worked as an apprentice for six months to learn the trade, then received support from HSC to open his own shop. Now, he makes about 3,000,000 VND per month, and feels great about being able to support his parents and live self-sufficiently. His career success even has him thinking about starting a family of his own... eventually. Tuan maintains frequent contact with his mentor, who he continues to consider one of the most important people in his life. After a quick talk, we left early since another customer had arrived.

**Good Practices**

One of the most important objectives for the evaluators was to determine a list of practices that made HSC work well. Since the sustainability of the HSC model is very much in question, the evaluators have chosen to term these as “Good Practices” rather than “Best Practices”. We believe that best practices will be those things that are implemented to make integrated supports for children with disabilities and their families successful and supported over the long-term. Since this will ultimately need to be the responsibility of the Vietnamese government, not of short-term foreign assistance programs, the evaluators are reserving the term “Best Practices” for those approaches that the government will use to sustain support over time, and we will focus this section on “Good Practices” from HSC that established a promising foundation upon which future supports may be developed.

- **Conduct Efficient Assessment.** Although several stakeholders questioned the time intensiveness of the assessment process (particularly in Hai Chau and Cam Le), most saw initial assessment as an important step in understanding the needs of a child and his or her family. There was understanding that assessment was essential to developing a meaningful individualized support plan. The evaluators believe that up-front assessment should be reduced in length, and conducted in just one visit, but should remain a key feature in future disability support systems.

- **CMT for Coordination.** The use of the CMT meetings was universally regarded as a good practice by every stakeholder who discussed it. The CMT members in all three districts saw benefits in being able to coordinate supports in order to package interventions that made sense for each child and family.
some would have preferred to have CMT meetings less frequently, they generally found the process to be efficient and responsive to the needs of families. Among stakeholders, CMT meetings were seen as the most important part of HSC, and any future effort to provide coordinated support to people with disabilities should consider adopting similar practices.

- **Interdisciplinary Teaming.** Primarily from the perspective of service providers, it was seen as good practice to have professionals from multiple disciplines as members of the CMT. They appreciated that this helped to build a community of practice around disability issues, as well as a network of individuals who could respond to referrals as needed. They felt this was a very holistic way of developing supports for children with disabilities and their families, and the interdisciplinary approach not only benefitted the participant families, but also themselves as professionals.

- **Ward-Level Involvement.** There seemed to be consensus between the three districts that ward level case management with district level oversight represented the most appropriate level of government for successful implementation of HSC. This may also be corroborated by the observation that HSC implementation was generally smoother and more effective in Ngu Hanh So and Cam Le than it was in Hai Chau, where ward-level involvement was far more limited. While it may eventually be useful to take oversight duties to the City level in order to increase the profile of disability supports as a funding priority for the State Budget, the evaluators see great value in maintaining and perhaps amplifying the role of ward personnel in direct implementation of disability supports.

- **Find the “Right” People.** Finally, the evaluators often heard about the importance of selecting the “right people” to carry out the activities of HSC. It was difficult to gain more specific insight about the characteristics of the “right people” for HSC, but it seemed to be that workers need to be thoroughly committed to the model and to supporting children with disabilities and their families. The evaluators also believe that the “right people” are those who will invest in up-front competency-based training to take their skills for providing disability supports to a higher level.

### Lessons Learned

Building trust and gaining equal relationship status among all stakeholders is very important during HSC implementation. COV managed to create a system that put children with disabilities at the center, being surrounded by community workers, ward officers, local authority and professionals such as doctors, therapists and educators. Parents and children with disabilities felt comfortable to express their needs and worries to the responsible individuals within the system. Local government and professionals listened, understood and were more responsive than they had been previously. Most importantly, they had the ability to face challenges together. If this system is continued in other projects implemented by COV, the government, or other organizations, the organization will ensure that the projects will achieve expected outcomes and impacts if the following lessons from HSC are kept in mind:

- **Communication is Key.** Communication lies in the center of all the work of HSC. At some points in the HSC project, there lacked clear communication about the roles of partners (for example, service providers were initially unclear about the purpose of the CMT), leading to unclear information about what was happening. It would be more efficient if families, the local authorities, and professionals in the CMT were officially informed about the project progress and results, what were the next steps, what their expectations about continuity were as well as how they should prepare when the project finishes.

- **Competency-Based Training.** All CM and CCWs appreciated the training provided by the project and it has been clearly identified that training is very important to provide knowledge and skills for the
implementers in working with the target group. However, follow-up training in the field should have been developed and fostered to review what they have learned and any other trainings, either formal or informal, might be needed to reduce the gap in capacity of the local workers. This is very essential to make sure that there will have skill development and continuous improvement to promote the HSC practice. The evaluators would recommend that the majority of future training be competency-based, as described in the Figure 5. In the United States, empirical evidence has supported the effectiveness of using competency-based methods (See Figure 6) for training professionals such as physicians, social workers, nurses, and educators, as well as paraprofessionals, such as people who provide direct supports to people with disabilities where they live and work. We believe the competency-based model of training could be equally effective in Vietnam, though it does represent a departure from typical Vietnamese training practices, which tend to focus only on knowledge building, not necessarily skill building as in competency-based training.

- **Streamline M&E.** Lessons were also learned related to the Monitoring and Evaluation system. It was reported that the M&E questions were too long, time-consuming and the interviewers did not know exactly what it would be used for once data were collected. Future M&E should be simple, efficient and targeted to the target group of the project in order to get only the information needed. Relevantly, an M&E training should be also provided to the district and ward workers in terms of the importance of having M&E in place and data collection skills. This engagement will release the burden for COV's M&E officers and managers and help them easily identify any stories that might tell about what works well or what does not work well, in order to have proper adjustment to achieve the objectives set for the program and for each participant. Also, simplification will make it easier to conduct monitoring, so adjustments to interventions may be made as needed. Perhaps due to the overly complex M&E process, monitoring (check-ins on progress towards outcomes conducted at regular intervals) was not really conducted during the implementation of HSC, leaving end-of-program evaluation as the only use of the expansive amount of data collected.

- **Prioritize Social Intervention.** It should also be mentioned that interventions aligned with the social model bring greater sustainability than the charity model as was mentioned consistently by district and ward workers (see Figure 5). To make it sustainable, HSC has tried to make its services comprehensive, including education, vocational training, and support for small business development and those services have proved some successes. However, HSC will contribute toward to more sustainability in livelihood if a more cautious approach is applied. In our interviews, for those women having livestock support including chicken, pig and cow raising, many of them failed because their poultry or pigs died of disease, and only one continues with her cows. This lady has hardly been happy about the cow’s development when a new regulation from the City informing that raising cows and buffalos is prohibited (although this regulation has not yet been enforced) because Da Nang is launching the Year of “Culture and Urban Civilization”. While it is true that the evaluators spoke with only a sample of individuals who received livestock as part of a livelihood intervention, the regularity with which livestock interventions failed makes the evaluators believe that there may be a lesson to be learned. Livestock raising is particularly risky for a number of reasons, and it may be wise to take a more conservative approach with livelihood interventions, focusing on options that may promote slow, steady growth (such as selling produce, sewing, repairing motorbikes, or running a food cart), rather than engaging the potentially risky proposition of raising livestock, even though the profits may grow more rapidly. The evaluators understand that in some locations, including some parts of Da Nang, agriculture is the major driver of the economy, meaning that livestock interventions may sometimes still be needed. If livestock
interventions are used in the future, it is essential to monitor policy developments at all levels and it would be wise to partner closely with the Department of Agriculture or the Farmer’s Association to implement such interventions in the future, and to do so with caution in order to support the health of animals and the long-term livelihood of participants.

**Extend Implementation.** Another lesson learned concerns the duration of the HSC program. Although some lasting impacts were found, the evaluators believe that a 2 ½ - 3 year program is too brief to expect real and sustainable change in a large and highly bureaucratic system such as district government. It may be worthwhile for COV to negotiate with potential funders for longer implementation periods, even if this may mean supporting a reduced number of families in order to meet budgetary targets. The evaluators understand the desire to serve as many families as possible, but

**Figure 5. Social & Charity Models of Intervention.**

Assistance for people with disabilities can broadly be categorized into two large approaches to intervention: the social model and the charity model. While both approaches have merit in certain situations, the evaluators would like readers to consider implementation of more socially-oriented interventions, which tend to promote stronger sustainability through accrual of human capital, raising public awareness, and building long-term support systems. The figure below summarizes each model.

- **Charity Model**
  - Generally focuses on time-limited or one-time gifts. The donor "gives" something to the recipient. Can be either in-kind or cash.
  - Examples: handing out rice or other foods, temporary support for medicines, giving a gift, giving cash.

- **Social Model**
  - Focus is on providing support for something more permanent. The intervention is seen more as a long-term investment to help a person or community improve.
  - Examples: education scholarships, small business grants, public awareness campaigns, help to begin support groups.
we also suspect that more sustainable systems changes may be promoted by providing more targeted interventions to a smaller number of recipients over a longer period of time. This longer contact time may be effective in keeping government stakeholders engaged longer, effectively forcing them to institutionalize HSC practices more thoroughly.

- **Phase Out Gradually.** Finally, and perhaps most importantly, is the need to phase out gradually. District and ward officials as well as some parents noted that they received limited support in planning for what to do to carry on interventions after HSC ended. While most did know when HSC would finish, the evaluators believe that families could have been provided with more support to plan for how to continue education, small business, medications, therapies, etc., once HSC was no longer able to fund them. The evaluators would suggest slowly drawing down support levels over a time of 4-6 months before support ends, rather than going from full support to no support within the span of a month, as was the case with many HSC participants. Such a slow phase out will help parents gradually adjust their budgets to make reliable plans to continue interventions that are most important.

### Recommendations and Conclusions

#### System Recommendations

The first set of recommendations pertains to the HSC system as a whole, mostly pointedly things that the districts and wards may be able to do to enhance the probability of success for future programs. Many of these recommendations may also have benefits for other types of social service interventions as well, and it is our hope that these suggestions will be interpreted in broad context. The evaluators recommend:

- **Phase-Out Planning.** That phasing-out be developed to help parents of children with disabilities prepare for how to continue supporting their children. It also helps COV focus on both technical skills and institutional change in strengthening capacity for local government through an agreed and clear exit strategy. Phasing-out should be an integral part of design and implementation of any future projects to be implemented by the government or COV, and should continue through COV as an organization.

- **Parent Training.** That theme-based training should be given to parents, for example in business planning development, financial management to provide them with basic knowledge and skills to ensure the least error they can make. Mentorship or coaching should enable parents to identify what will work better in their family situation. This training should be focused on skill building and real world application, not simply on knowledge building.

- **Peer-to-Peer Family Network.** That a parents’ network be developed and fortified to create a circle of peer support and counselling and to strengthen the family voice. The parents’ network will circulate information about their children’s disabilities including behavioral/emotional, mental health, or physical challenges. It is also a chance for parents to talk with others who are working through the same issues. It will help parents in accessing the resources and support their child and family needs.

- **Government Worker Training.** That advocacy training for district and ward officials is provided so they have the sense of ownership and empower them to operate future disability-related projects with more autonomy. Fund-raising training is also recommended to provide for the district and ward leaders so that they can mobilize resources from different sources including the State Budget to enhance long term sustainability (as currently it is very hard to sustain at the district and ward level).

- **CCW Involvement.** That CCW be invited to the CMT meetings to empower them to be more professional and to advocate for their clients.
Enhance Transparency. That additional effort should be made to enhance accountability and transparency, particularly in the government’s financial management and outcome tracking for program interventions. This transparency and accountability is important to leveraging additional funding, and should be applied not only to programs that are funded by foreign organizations but also to holiday gifts, disability allowance expenditures and other efforts to support people with disabilities and their families.

Figure 6. Competency-Based Training.

Much of the success of any program depends on finding strong staff and training them to do a job well. Typically in Vietnam, the evaluators have seen training that only concentrates on building knowledge and basic understanding, as depicted in the graphic below. In this model of training, carryover of knowledge is limited, since the training does not have a mechanism to bring knowledge into application in real-world settings. Knowledge building is valuable, but on its own is not sufficient to develop a skill set to implement a complex program.

Competency-based training focuses directly on skill building and real-world application. The flow of training begins with a limited amount of knowledge building in an interactive classroom setting in which participants actively practice skills and apply knowledge in a supportive environment. The trainer will seldom talk for more than 15 minutes at a time. Rather, small bits of knowledge will be shared and then activities will create an opportunity for trainees for apply learning.

Learning is then taken directly to the field, where a trainer will walk trainees through real-world application, and provide feedback to trainees as they try new skills for the first time. Once trainees and trainers are confident that the basic skill has been learned, the trainee is allowed to practice independently, with occasional check-ins from the trainer to refine skills and troubleshoot difficulties. The full competency-based model looks like this:
Recommendations for COV

The next set of recommendations is for COV specifically. Many of these recommendations have been elaborated elsewhere in this document, but they will be recapped here as well.

- **Professional Development.** First, the evaluators truly appreciate the dedication, vision, and project management skills of COV’s staff. Implementing a bold and innovative project such as HSC takes courage and determination, and we believe COV staff are largely to credit for the successes of HSC. That being said, ongoing professional development, especially in the areas of grant writing, project and personnel management, and monitoring and evaluation would help build skills for the next level of performance. Whenever possible, training should focus on building competencies, not simply knowledge. See Figure 6 for an overview of competency-based training practices. Additionally, training may help to open COV staff to new and innovative intervention possibilities, which may be implemented to keep HSC and other programs fresh and progressive.

- **Foster a Community of Practice.** COV has established itself as a leader in the disability service environment in Da Nang. The evaluators heard from several government staff that the HSC model, and how it was managed by COV staff, was superior to other programs serving people with disabilities in a number of ways. COV may be able to leverage this success to maintain the community of practice that was established in HSC in order to encourage service providers and local authorities to keep thinking about the needs of people with disabilities, even in the absence of a foreign assistance program.

- **Simplify M&E.** Simplify and target M&E processes. Also, conduct monitoring more strategically throughout the life of programs, so that you may make revisions to support plans as needed in order to optimize outcomes.

- **Take the Next Steps.** Think creatively about new ways to provide interventions. For example, it is possible that vocational training interventions may be provided through apprenticeships (by paying the mentor), job coaching (by paying a part-time support worker) or through other means, rather than relying so heavily on vocational training schools. Likewise, livelihood interventions do not always need to be targeted for individual work. It is also possible that collaborative livelihood interventions may be developed so that several recipients could pool resources to create and sell a product and then share equally in the profits. Do not rest on your successes, but always push towards new approaches that may open opportunity.

- **Communicate Constantly.** Work on up-front communication. The evaluators heard from multiple CMT members that they were not adequately informed about their roles when they were initially asked to join the CMT. We also heard from some parents that they were not adequately prepared for the program’s end. In future projects, be sure to communicate fully and clearly with all partners on a regular basis so that nobody is ever surprised by their role or by the progress of the project.

- **Celebrate Success.** Finally, take time to celebrate success! The HSC program was effective in many ways, and has left several important enduring impacts, even in the absence of continuation by the government system. Credit for this success is due in large part to COV’s effort, dedication, and skill and you are to be congratulated for these achievements.

General Recommendations for Disability NGOs.

The final set of recommendations applies generally to NGOs serving people with disabilities and their families in Da Nang. The evaluators realize that these recommendations will be difficult to implement in the
current competitive environment in Da Nang, so we offer these suggestions as “food for thought” on how services may be streamlined and coordinated at a time that is more favorable for inter-organizational collaboration.

- **Coordinate Efforts.** First, to the extent possible, activities among different NGOs should be coordinated. We met some families that receive supports from multiple organizations, and we know there are many eligible families who receive no support at all. We are also aware that multiple NGOs currently provide very similar interventions. The evaluators believe this is wasteful to some extent, and would like to see a much more coordinated NGO environment to streamline supports and to enable NGOs to specialize in certain geographic areas or with the provision of certain types of intervention, with less duplication of effort.

- **Conduct Donor Mapping.** Donor mapping may be another tool for NGOs to use to coordinate efforts. Donor mapping would be useful to develop a more comprehensive understanding of which funders have funded projects in certain areas, and which interventions are involved with each funded project. This could help NGOs serving people with disabilities in Da Nang to understand where gaps in service are present, as well as which funding streams would best fit the unmet needs of people with disabilities in the future.

- **Align with Policy.** Finally, NGOs should make efforts to ensure that all activities are explicitly linked to the National Action Plan on Disabilities (2012-2020), the Law on Disability, the U.N. Convention on the Rights of Persons with Disabilities, or other policy endorsed by the Vietnamese government. Such linkages will add a layer of accountability for government authorities to enact ongoing supports once NGO activities end, since they bear responsibility for enacting and enforcing policy directives from the Central Government in Hanoi. This will also provide a more direct justification for district and ward officials to advocate for more funds from the State Budget to be used to support people with disabilities.

**Evaluators**

This evaluation was conducted independently by two evaluators who visited Da Nang and collaboratively completed the work that informed this report in May of 2015. The evaluation represents the observations and recommendations solely of the evaluators, as informed by diverse stakeholders in the HSC Program, who graciously shared their time and experiences with us. We are also grateful to staff at COV, both in Vietnam and the United States, for their work in coordinating evaluation activities.

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