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UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT



SUSTAINABLE HEALTH
DEVELOPMENT CENTER
(VIETHEALTH)



CENTER FOR ENVIRONMENT
AND HEALTH STUDIES (CEHS)

END-LINE EVALUATION REPORT

DISABILITY INTEGRATION SERVICES AND THERAPIES NETWORK FOR CAPACITY AND TREATMENT (DISTINCT)



Hanoi, August 2022



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EVALUATION ORGANIZATION

Financial assistance: United States Agency for International Development (USAID)

Implementing agency: Center for Environment and Health Studies (CEHS)

Subject of the evaluation: The project "Disability intergration services and therapies network for capacity and treatment (DISTINCT) being implemented by the Sustainable Health Development Center (VIETHEALTH)

List of key experts:

[REDACTED]

The End-line project evaluation for **Disability integration services and therapies network for capacity and treatment (DISTINCT)** has been conducted as scheduled. Firstly, we would like to thank the United States Agency for International Development (USAID) for financial support and the Sustainable Health Development Center (VietHealth) for coordination, facilitation and provision of adequate information.

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[REDACTED]

Director of Center for Environment and Health Studies

ABBREVIATION

CWD	Children with Disabilities
CHS	Commune Health Station
DHC	District Health Center
DOET	Department of Education and Training
DOH	Department of Health
DOLISA	Department of Labor, Invalids and Social Affairs
ECDDI	Early Childhood Disability Detection and Intervention
FGD	Focus Group Discussion
IDI	In-depth Interview
M&E	Monitoring and Evaluation
MCNV	Medisch Comité Nederland Vietnam
MOLISA	Ministry of Labor, Invalids and Social Affairs
MOET	Ministry of Education and Training
MOH	Ministry of Health
PWD	People with Disabilities
PT	Physical Therapy
SALT	Speech and Language Therapy
Spec.Ed.	Special Education
ST	Speech Therapy
OT	Occupational Therapy
USAID	United States Agency for International Development
VAVA	Vietnam Association for Victims of Agent Orange

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Report Summary

Methodology

The End-line Evaluation applied a cross-sectional descriptive research method to evaluate children with disabilities (CWDs) after the intervention through a review of secondary literature combining quantitative and qualitative methods with 3 secondary data collection forms, 92 in-depth interviews with experts and project staff, representatives from provincial/district partners including DOLISA, DOH, DOET, 12 group discussions (FGDs), 345 questionnaires with health workers, preschool teachers, social workers and parents of CWDs. Evaluation was carried out at 30 communes of 6 districts in 3 project provinces including Tay Ninh, Dong Nai and Binh Phuoc from June to August 2022. The general objective is to evaluate the results achieved by the project compared to the commitment and the successful lessons learned as barriers and challenges during the implementation process, from which it should draw useful and feasible lessons to contribute to better implementation of similar programs/projects in the future.

Evaluation results

Progress and key results achieved against the goals committed to sponsors

The first phase of the project implementation was delayed due to the adjustment of the location, in addition, the local project appraisal and approval in Dong Nai and Binh Phuoc was lengthened, this made the progress of the project was slower than the commitment from 2-3 Quarter. Next, the COVID-19 pandemic disrupted project activities during the social distancing. However, up to now, most of the Project's activities have been implemented on schedule.

Most of the targets committed to donors have been met and exceeded, except for SALT training activities due to difficulties in human resources of the localities. Specifically, the number of children under 6-year-old screened & identified reached 110%, the number of suspected children detected from screening was 133%, the number of suspected children assessed & classified was 128%, the number of children with disabilities received intervention was 107%. Indicators of capacity building training for staff and parents also exceeded expectations.

Effectiveness of the ECDDI model in terms of approach, management mechanism, and finance

✓ *Capacity building*

Training methods applied in capacity building for local officials showed the project's efficiency when activities ensured both quality and saved time and cost. The selection of trainees was carried out by provincial and district partners. For training courses for kindergarten teachers, the project agreed with the Education and Training Department about key criteria for selection of kindergarten teachers who are knowledgeable about children with disabilities and committed to implementing interventions for children.

For health workers, the project has mobilized the human resources who were trained 10 months by the project VNAH about general rehabilitation to continuing the specialized training on rehabilitation for children. The application of on-the-job training approach allows kindergarten's teachers and health service providers at the same time could work at their workplace and apply the knowledge that was being trained into practice.

✓ *Deploying ECDDI model for children with disabilities 0-6 years old*

The DISTINCT project provided interventions for children in a 3-steps model: community screening; examination, evaluation and diagnosis; and organization of intervention. This model is highly effective when the project has brought intervention services to the home of families with CWDs.

✓ *Awareness-raising communication*

Although the donor does not prioritize financial investment for community communication activities, the Project always emphasizes the use of direct communication methods, the project staff is the one who conveys the message to the leaders of departments, local authorities, community officials and families of children with disabilities when approaching local leaders, when implementing training activities, providing technical assistance, and visiting households. In addition to focusing on direct communication, awareness raising through other communication activities were also applied by the project such as regularly updating news on websites, communicating on the internet/ newspapers, developing radio post, print and distribute communication manuals on ECDDI model, develop and broadcast on television programs about the ECDDI model.

✓ *Strengthen the promotion of the application of the ECDDI model at the provincial and national levels*

At the national level, the Project has supported the MOH to develop, supplement and complete the Guidelines for ECDDI, expected to be completed in November 2022. In addition, the project also proposes to develop a screening application for developmental disorders among children under 6-year-old. This is an important factor contributing to promoting ECDDI activities at the national level and orienting to integrate them into regular activities of localities.

✓ *Project management and operation mechanism*

Compared to other projects, the DISTINCT project's organization structure is quite neat, consisting of the central office in Hanoi and the project offices in 3 provinces. The positivity is all operation system was directly managed by VietHealth, unified and quite neat. Spirit and philosophy to serve for beneficiaries, principles on accountability and transparency have been highly encouraged and agreed among project staff. Concentrated operation and collaboration among activities' implementation in order to reduce budgets, therefore beneficiaries could be benefited from all project's activities.

The approved Project's Budget Plan for the period 2015-2023 is USD 5,643,422. The total amount received from USAID accumulated from the beginning to June 30, 2022 is USD 5,072,167. The cumulative total project expenditure from the beginning to June 30, 2022 is USD 5,064,544. Disbursement rate as of June 30, 2022 reached 89.74%. The direct management of funds, saving, avoiding waste, and reducing pressure on local departments is a strong point in the project's financial management mechanism.

Stakeholder involvement in the project implementation process and the effect on policy changes by the authorities.

The main partner of the project has been approved by the Provincial People's Committee is the provincial Department of Labor, Invalids and Social Affairs (DOLISA). The health and the education sectors are the two specialized units that provide direct services. The direction of implementing project activities in each sector is very well done. However, each sector has separate activities, the horizontal coordination between the three sectors is still fragmentary. The project lead role of the DOLISA has not really been promoted.

Right from the beginning of implementation, the project has discussed in detail with local authorities to agree on the view that supporting people with disabilities in general and children with disabilities in particular is the responsibility and obligation of the province, DISTINCT only plays a supporting role. for

the province to perform its responsibilities and roles better. The project has now had many activities to strengthen the necessary capacities for the ECDDI model and coordinate the development and implementation of a plan to maintain and implement this model together with relevant local partners towards the direction of the ECDDI model. to fulfill the commitment in the policy advocacy objective to maintain ECDDI activities at the provincial level.

For Tay Ninh, the Provincial People's Committee has made a decision to approve ECDDI activities into the provincial rehabilitation plan since 2017 and from 2019, the Department of Education and Training of Tay Ninh has a document guiding all educational institutions implementing ECDDI annually. Then, in June 2022, the Project cooperated with the DOLISA of Tay Ninh province to develop a roadmap for developing ECDDI for children with disabilities and a framework for implementing ECDDI for CWDs in the province. Intervention rooms supporting inclusive education for preschools in Duong Minh Chau and Hoa Thanh districts were also supported by the project.

With human resources trained in pediatric SALT, the project also promotes and supports the establishment of a SALT unit at provincial health facilities (Tay Ninh Rehabilitation Hospital, Binh Phuoc Traditional Medicine Hospital, Dong Nai Children's Hospital) and some districts of Tay Ninh province such as District Health Center of Go Dau, District Health Center of Tay Ninh city.

Advantages, disadvantages and success lessons, lessons learned

The cooperation and high commitment of the local authorities of the project provinces is a great advantage of the Project, especially Tay Ninh. Besides, there is the dedication in the work of the leadership team and project staff from the central government to the local project office. The project leaders are talented and really enthusiastic people, always trying to bring the highest efficiency to the project, spreading enthusiasm for the profession to the team of partners. The enthusiastic contribution of the kindergarten teachers when overcoming many difficulties and obstacles, learning a new specialty - special education, devoted much attention to intervention for children with disabilities.

However, the Project encountered many difficulties in the implementation process such as having to adjust the Project many times to suit the context, the project appraisal took a long time due to the strict regulations of the locality in the approval and selection of partners. Officials at the project offices in the provinces have to hold many jobs, the job requirements are high, the pressure is quite large, many officials have resigned. The difficulty for preschool teachers is limited time, both ensuring school work, family work and implementing interventions for children. Community awareness about early detection and early intervention of children with disabilities is still limited. In addition, the Covid-19 pandemic also affected some of the Project's activities during the social distancing period.

The project has many successful lessons to mention. The first is the flexibility of the project leadership team and USAID sponsors. Policy advocacy, commitment mobilization and the participation of relevant local departments/departments/sectors are well done by VietHealth. The leadership team of the local partners determined to carry out the project for the benefit of children with disabilities, cooperate openly and exchange maximumly. The success of the project is also due to the enthusiastic contribution of the team of teachers and consultants. Especially, being flexible in approaching and breaking down the needs of each target group is a lesson that helps intervention activities achieve high efficiency.

Sustainability and replicability of the ECDDI model

After the project ends, the staff trained on rehabilitation, SALT, special education, and community staff trained by the project will be the key personnel to continue effectively implementing the ECDDI model for children and less expensive in the following years. Parents/caregivers participating in the Project are trained and participate in the early intervention process for children. When the Project ends, they can not

only continue to provide interventions for the children, but also guide other parents of children with disabilities who are not participating in the Project.

The project has supported the MOH to develop the Guidelines on ECDDI, which are expected to be completed in November 2022. This is an important factor contributing to promoting ECDDI activities at the national level and orienting to integrate them into regular activities of localities.

In term of answering three learning questions

The project has made significant changes in children's lives, helping to reduce difficulties and burden for their families and changes in the health and education service delivery systems.

Quality of life of CWDs have been improved through increased care and attention from families, increased access to early identification services as well as to interventions on rehabilitation and special education. Children have more interaction with more people and significant changes in their disability status.

Families of CWDs often face a lot of difficulties in care and treatment for children, especially difficulties in finding appropriate health and education services to meet the needs of children, or how to care for children, do not know how to attend and interact with children. Participating into the project's activities, the above-mentioned difficulties of children's families are partly solved through training courses for parents, integrated counseling in examinations, assessments, diagnosis, and through successful stories about how to finding back smiles of their children... Many parents have come to the project themselves to get advice and intervention for their children. The project has also brought the technical supports and services to the children's home in order to reduce difficulties of their families when they cannot take their children to the service station. The awareness of families of CWD has a positive change compared to the past, the skills of parents on how to care, interact and educate CWD are partly improved.

The project has made significant changes in the health and education service delivery systems for children with movement impairments and children with intellectual disabilities. The health and education networks are available from the provincial to the commune levels and able to reach the families of children with disabilities. Community officials' capacity in the health and education sectors has been improved and gradually perfected during the intervention process for children. The project has supported the development of multi-disciplinary rehabilitation service provision from the provincial health facilities to the district level, and at the same time supported the establishment of an inclusive education intervention room at preschools, which are bright spots in the activities of the community.

Recommendations

For Projects and Sponsors

The project should continue to promote the establishment of a system to provide pediatric rehabilitation services at district and provincial facilities in the direction of interdisciplinary and multidisciplinary direction for the remaining units before the end of the project.

Donors should consider allocating resources for bachelor's training courses on special education for preschool teachers and primary school teachers within the next phase of the Project, especially for Dong Nai and Binh Phuoc Provinces.

With the achievements that the Project has made for children with disabilities in Tay Ninh, 4 districts of Binh Phuoc and Dong Nai, in the next phase, the Project should propose to replicate the ECDDI model to other districts of Binh Phuoc and Dong Nai in order to consolidate, strengthen and diversify the activities of the Project in the two provinces.

For CWDs supported by the project who have completed the kindergarten program and transferred to primary and secondary schools, it is essential for the project to extend intervention age to ensure the continued progress of children. Along with that, it is necessary to carry out capacity building activities for primary school teachers to be able to receive special education interventions for children with disabilities over 6 years old entering primary school, this is an important factor to continue the intervention for children.

For project implementation partners

The DOLISA should show clearly the role of the main partner, take the initiative and strengthen the coordination and information sharing mechanism when the Project is transferred to the locality.

For the health sector, it is necessary to continue to integrate the screening of children with disabilities in vaccination campaigns at the commune level into a routine activity for early detection of child disabilities. It is necessary to have a strategy and vision for the development of multidisciplinary rehabilitation services, and to allocate resources for capacity building training in this area.

For the education sector: The Ministry of Education and Training should study and open a new branch code for the SALT, in addition, it is necessary to standardize the SALT training program, creating conditions for universities to expand their training nationwide. For DOET, it is necessary to screen pupils at the beginning of the school year in order to early detect and have plans to conduct an intervention for each child. Provinces need to include ECDDI activities in their annual work plans and be proactive in budgeting for these activities. In particular, it is necessary to allocate resources to improve the capacity of primary school teachers on special education, to welcome children who have been intervened by the Project over 6 years old to ensure the sustainability of the Project.

1. Introduction

1.1. Background

Established in 2008, Center for Sustainable Health Development - VietHealth is a non-governmental, non-profit organization belonging to the Vietnam Union of Science and Technology Associations. VietHealth's mission is to improve the health status of Vietnamese people, especially focusing on vulnerable and disadvantaged groups. VietHealth's aim is to improve the quality of life and the ability of vulnerable and disadvantaged people to integrate into society through research, design, testing, implementation and promotion. intervention models and health initiatives. Focusing on children with disabilities, water and sanitation, reproductive health, primary health care and HIV/AIDS, VietHealth uses a community-based approach to implement interventions. health care, and to provide services to children with disabilities (CWDs) and women of childbearing age.

Recognizing a big gap in the field of early detection and intervention for children with disabilities, VietHealth has made great efforts to develop and successfully implement the program "prevention, identification and early intervention of disabilities in children". em" in Vinh Long, Da Nang, Phu Tho and Bac Giang provinces , with support from Irish Aid, The Finnish Evangelical Lutheran Mission (FELM) and Development Alternatives, Inc (DAI). Initial cooperation on health, education, and social work systems at provincial, district and commune levels; and encouraging the participation of communities and families of children with disabilities in identifying and caring for children with disabilities are important program improvements.

With more than 5 years of experience implementing "early disability detection and intervention in children", an extensive network of specialized organizations and leading experts in the fields of health care, education and public health. The Center for Sustainable Health Development (VietHealth) has been funded by USAID to implement the project "Strengthening the capacity of service and therapy networks for children with disabilities (DISTINCT)" in Tay Ninh, Dong Nai and Binh Phuoc provinces since 2016.

The purpose of the DISTINCT project is to improve the quality of life of children with disabilities under 6 years of age and their families by implementing a comprehensive model of early childhood disability detection and intervention (ECDDI) with a series of activities: screening, diagnosis and evaluation, provision of intervention services including rehabilitation, special education, referrals , intensive treatment and assistive device provision. The ECDDI model is implemented with the cooperation between VietHealth and a system of local partners such as the Department of Labour, Invalids and Social Affairs, the Department of Health and the Department of Education and Training in Tay Ninh, Dong Nai and Binh Phuoc provinces.

From 2016-2022, DISTINCT provides capacity building training on ECDDI for local partners at all levels from commune to province, then motivates them to use their acquired knowledge and skills Studying together with project experts to provide services for children with disabilities in 9 districts (all districts) of Tay Ninh, 2 districts (Long Khanh city and Bien Hoa city) of Dong Nai and 2 districts (Dong Phu, Hon Quan) by Binh Phuoc.

At the present time (about 1 year before the end of the Project), more than 4500 children with disabilities (nearly double the target committed to donors) have received various direct support services: screening , developmental assessment, counseling, rehabilitation, special education, referral and assistive device provision. By cooperating and working closely with departments of DOLISA, SOH , DET in all activities and

phases of the project in 3 provinces, DISTINCT is also aiming to transfer the ECDDI model to local governments at all levels.

The overall goal of the DISTINCT Project is to improve the quality of life for children with disabilities aged 0-6 and their family members through the implementation of a comprehensive model of early detection and early intervention (ECDDI) towards development, education and social inclusion for children with disabilities.

Specific Objectives of DISTINCT:

- Strengthened capacity of key personnel in early childhood disability detection and intervention for children from 0 to 6 years old;
- Successful implementation of the ECDDI model for children from 0 to 6 years old in project sites;
- Enhanced awareness for the community on childhood disability and ECDDI model via communication;
- Adoption and Replication of ECDDI model provincially and nationally.

At the end of the Project, the final assessment was carried out by the Center for Environmental and Health Research to evaluate the overall and comprehensive implementation of the project, including the results achieved, the effectiveness of the project, sustainability and summarizing lessons learned during the project implementation.

1.2. The main changes of the Project design compared to the original design

Project's overall objective is to improve the quality of life of CWDs under 6 years old and their family by implementing a comprehensive model of early childhood disability detection and intervention (ECDDI). The project consists of 4 specified objectives corresponding to 4 major activity groups: i) Strengthened capacity of key personnel in early childhood disability detection and intervention for children from 0 to 6 years old; ii) Successful implementation of the ECDDI model for children under 6 years old; iii) Enhanced community awareness of childhood disabilities and the ECDDI model via outreach and communication, and iv) Adoption and replication of ECDDI model provincially and nationally. In the process of implementation, the project has been adjusted several times to suit each stage and context of each locality and the request of the donor.

Initially, the project was designed to deploy in Thai Binh province with a total grant of US \$ 1,793,422 from USAID. The project was approved by the donor and expected to go into operation in June 2015. However, due to the objective factors of the provincial personnel and the too long time to sign the agreement between the province and the project, the proposed project in Thai Binh was not approved.

In 2016, with a new direction of USAID, VietHealth decided to investigate Binh Dinh, Binh Phuoc, and Tay Ninh, some provinces including in the project "Right promotion for Persons with Disabilities Viet Nam" that was approved by Prime Minister in the Decision No. 536/QĐ-TTg dated 4/4/2016. With full information that VietHealth has collected from the provinces, using a number of scoring criteria to implement the project such as the need, current capacity, the commitment of the province to implement the project, USAID has approved for VietHealth proposal to implement the DISTINCT project in Tay Ninh province.

After working process, negotiation and discussion about project implementation in Tay Ninh, Tay Ninh People' Committee issued a document No. 2200/UBND-VX dated 5/8/2016 about agreement on implementation of the DISTINCT project. The project design was almost unchanged, only the "case

management" content. According to USAID requirements, instead, VietHealth signing the contract with the provincial partners to implement the project activities, the DISTINCT project has to directly implement. A number of activities were adjusted in terms of locations. For example, the bachelor training program on special education will be conducted at Hanoi National University of Education if the project implementation in Thai Binh. When the project is implemented in Tay Ninh, the training program was moved to HCM University of Education.

With a lot of efforts, after 7 months of implementation, the project achieved positive results. Some outstanding results are as follows:

- The project has implemented the Bachelor of Special Education Program with a total of 41 students;
- Completed the training course on FLAME mobilization taught by Hungarian experts;
- Organized training courses on social work with CWDs and families in combination with training on screening tools for community workers in all 9 districts and city of Tay Ninh province;
- Conducted community screening, examination, classification, diagnosis and identification of children who need intervention and referral;
- Trained for health workers and kindergarten teachers to prepare for intervention activities.
- In addition, ECDDI has been included in the Tay Ninh Provincial Rehabilitation Plan for the health sector, as well as in the component for pre-school education of the Education and Training plan for DOET for 2017 and 2018.

From the above successes, the project was proposed to expand to Dong Nai and Binh Phuoc, and supplemented a number of activities for central and provincial levels, aiming at better sustainability of the ECDDI at provinces, advocacy for scaling up the ECDDI model to other provinces with strong attention, support, and an alliance of central level agencies.



Picture 1. Evaluation team at Long Thanh Trung Health Center, Hoa Thanh Town, Tay Ninh

Recognizing the importance of national capacity building in Speech and Language Therapy, during this period, the project was submitted to USAID and approved to expand the budget to support the organization of the Dutch Health Commission in Vietnam (MCNV) deploying SALT training bachelor and master level. The project expansion budget is USD 3,850,000, bringing the total project budget deployed to the end of 2022 for the 3 provinces to USD 5,643,422. SALT is the contribution of the Project in establishing the basic foundation for the building the main training system for SALT in Vietnam. Graduated masters and bachelors on SALT with support from project will become key personnel at their universities/units where they were sent to study, and in the future they may become assistant lecturers or key lecturers at other universities and training institutions/ service providers operating in the field of rehabilitation, SALT, responding to the actual demand not only in the localities where the project is implemented but also in other localities nationwide.

During the implementation process, the project also has flexibility, adjustment among provinces to suit the situation of each locality.

The first difference is that the ECDDI model in Binh Phuoc has no involvement from the education and training sector. According to the design of the project, all CWDs who need special education interventions will be directly intervened by the kindergarten teachers at home or at the kindergarten school. However, due to differences in management mechanism of Binh Phuoc, in the process of mobilizing departments to implement the project, the Provincial People's Committee requested DISTINCT project only focused on interventions from the health sector, it means that the education sector did not participate at this stage. This is a big challenge for the project, forcing the project to adjust for Binh Phuoc province in the organization of special education interventions for CWDs. The project has adjusted approach and training documents for parents on special education right after the deployment of the project in the province. All intervention activities of special education for CWDs, purposely to be implemented by kindergarten teachers, have to transfer to parents of CWDs. Although there is no involvement of the education sector in interventions for children with disabilities, the project still has flexible adjustments to train kindergarten teachers and invite them to participate in community screening activities in Dong Phu district.

*Without kindergarten teachers, there is a shortage of personnel for community screening as well as educational interventions for children. Currently, the participation of the education sector in Binh Phuoc was not yet approved. For Dong Phu district, when conducting the community screening, due to huge workload, so that district authorities have directed kindergarten teachers to participate in screening activities. Accessibility to the education sector through the Provincial People's Committee is very difficult, while the provincial and district education and training branches agree to participate in the community screening, but the participation of the education sector is only limited and stopped here. I affirm that the improvement of the capacity of the education sector in intervention for CWDs has not been done because it has not yet been approved by the province. It is clear that without education, it is very disadvantageous for the system and beneficiaries. The project also has a plan to work and persuade the province authorities to make the project return to the full model and let the beneficiaries benefit the most. After a period of working together, building trust, then I will rework the provincial authorities and levels on this issue. **Excerpted from IDI with a project leader***

The second adjustment is training courses for key cadres: in Tay Ninh, training courses for key cadres were comprehensive; in Dong Nai and Binh Phuoc have training on rehabilitation only, but sustainability in the education sector was not yet established. This adjustment was due to the circumstances of each province and adjusted by VietHealth at the donor's request. TOT courses in Tay Ninh was approved by USAID because the project was implemented in all 9 districts of the province for building a sustainable model. Meanwhile, USAID only prioritized activities of providing services in Dong Nai and Binh Phuoc, at 2 districts/towns in each province, so building capacity and sustainability need a long time and through many steps.

Besides, during the implementation of project activities, together with the donor's request, the project has also flexibly supplemented some activities or indicators which were not included in the original design. Accordingly, the activity codes were also continuously adjusted. This has made a lot of difficulties for

monitoring and evaluation of the project indicators. However, these minor adjustments do not affect the end-line goal.

Therefore, basically, the project design framework remains the same until the midterm review, in which, the has 4 specified objectives as mentioned above. Initially, VietHealth's proposal focused on two objectives of capacity building for key staff on ECDDI model, implementing the ECDDI model and providing services for CWDs. However, recently, USAID has a policy change and is more concerned with the fourth objective- the project's sustainability. The DISTINCT project is one of six components of the master project "Promoting Rights of Persons with Disabilities in Vietnam" funded by USAID. If the policy of the donor changed, the objectives of the overall project will also have to adjust and accordingly, the component projects must also be adjusted. However, the design of the DISTINCT project always adheres to the above four objectives and the 3 main steps of ECDDI including community screening; examination and diagnosis; and intervention. The adjustments of the DISTINCT project during its implementation are adapted with the conditions and localities' contexts in responding to the new USAID's strategy, and to serve the project activities more effectively, aiming at the overall project's sustainability (*see Appendix 1*).

1.3. Objectives

Overall goal: Identify the results that the project has brought compared to the project's goals committed to the sponsor and successful lessons as well as barriers and challenges in the implementation process, from which draw useful and feasible lessons to contribute to better implementation of similar programs/projects in the future.

Specific Objectives: The end-of-term assessment is carried out with the following specific objectives:

1. Evaluate the progress and key results achieved by the project against the goals committed to the sponsor.
2. Evaluate the effectiveness and sustainability of the ECDDI model in terms of approaches, management mechanisms, and finance.
3. Assess the level of involvement of stakeholders in the project implementation process and the effect on policy changes of the authorities (Department of Health, Department of Education and Training)
4. Evaluate advantages and disadvantages and analyze successful lessons and lessons learned in project implementation in 3 project provinces.
5. Assess the possibility of replicating the ECDDI model for children aged 0-6 in other areas.
6. Analysis of the implementation of the ECDDI model leading changes to the life of children with disabilities, in terms of the following aspects: i) Quality of life; ii) Severity of disability and iii) Accessibility to services and supports.
7. Analysis of the implementation of the ECDDI model helping reduce the difficulties and burden of CWDs' families, in consideration of below angles: i) Ability to access complete and accurate information about their children's disability; ii) To what extent intervention duration and quality enhanced when CWDs' families participate in the intervention process; iii) How CWDs' families respond to their children's situation and iv) Parents know how to care and interact (talk, teach, ...) with their children.
8. Analysis of changes in the service delivery system (health and education), in terms of: i) Policy, ii) Finance, iii) Service delivery network; iv) Capacity of staff created by the project.

2. Methodology

2.1. Evaluation design

This is a descriptive cross-sectional survey to evaluate a group after the intervention through a review of secondary literature combining quantitative and qualitative researches.

2.2. Evaluation time

The assessment was conducted from June 1, 2022 to August 30, 2022.

2.3. Evaluation location

Central level: Central Project office and related partners in Hanoi.

The assessment sites at the provincial level was the provincial project office, the Department of Health, the Department of Education and Training, the Department of Labour, Invalids and Social Affairs, the School for Disabilities, the Provincial General Hospital, and Rehabilitation Hospitals.

District level: At the project districts, half of the districts were selected randomly by drawing lot method. Six out of 13 districts selected for the evaluation included 4 districts in Tay Ninh, 1 district in Dong Nai and 1 district in Binh Phuoc. The evaluation sites at the district level consisted of District Health Centers, Divisions of Education and Training and Divisions of Labor, Invalids and Social Affairs.

Commune level: In each selected district, 5 project-supported communes were selected randomly by drawing lot method. The total number of selected communes for the evaluation was 30. The assessment sites at the commune level are the commune health station, the preschool and the families of CWDs.

Table 1. Evaluation location

No.	Province	District	Commune
1.	Tay Ninh	City. Tay Ninh	Ward 3*, Thanh Tan*, Ward 1, Ninh Thanh, Binh Minh**
		Chau Thanh	Hao Duoc**, Thai Binh, Hoa Hoi, Hoa Thanh*, TT. Chau Thanh*
		Tan Chau	TT. Tan Chau*, Suoi Wire*, Tan Phu, Suoi Ngo**, Tan Dong
		Hoa Thanh	Hiep Tan, Long Thanh Nam*, Long Thanh Trung, Truong Tay*, Truong Hoa**
2.	Dong Nai	Long Khanh	Xuan Trung, Phu Binh*, Suoi Tre**, Bau Tram, Binh Loc*
3.	Binh Phuoc	Hanover	Center Tan Khai*, Minh Duc, Thanh Binh*, Phuoc An, Tan Hung**

* Commune selected for IDIs, ** Commune selected for FGDs

2.4. Evaluation object

The evaluation subjects consisted of:

- Leader and staff at project offices and experts in special education, rehabilitation, M&E.
- Leader and staff of branches and sectors related to CWDs (Health, Education and Training, Labor, Invalids and Social Affairs) at all levels: province, district, commune.
- Leaders/officers of partner units and other organizations that jointly implement USAID's disability program.
- Children with disabilities and their parents/care-givers.

2.5. Sample size and sampling

Review all documents and secondary data related to the project, including project documents, quarterly and annual report summarizing activities, statistics on monitoring and supervision of the project... Documents and data were reviewed at the project office in Hanoi and 3 provinces of Tay Ninh, Binh Phuoc, and Dong Nai, documents from relevant partners.

At Hanoi:

- 01 data collection form on activities of training, screening, technical support, intervention, provision of equipment/devices and updating the monitoring and evaluation framework.
- Conduct IDIs with project manager, monitoring and evaluation staff, financial officer, rehabilitation specialist, special education specialist, representative of MCNV.

At Viethealth office in each province:

- IDIs with 1 project coordinator and 1 project officer. Total of 06 IDIs was conducted at 3 provincial project offices.
- 01 data collection form at the provincial Viethealth office. Total of 3 data collection forms at the provinces.

At the provincial level:

- In each province, IDIs was implemented with 01 leader and 01 staff directly implementing the project from the DOLISA, DOH, DOET (except DOET of Binh Phuoc did not participate in the Project), 01 leaders from the Provincial Rehabilitation/Traditional Medicine/ Children's Hospital, 01 leader of a school with disabilities and 03 subjects received a long-term training project on special education, SALT, rehabilitation. A total of 28 IDIs with departments at the provincial level were conducted.

District level:

- At each selected district, IDIs were implemented with 01 leader and 01 project staff at each DHC, Division of Education and Training, Division of Labor, Invalids and Social Affairs/District People's Committee. Except for Binh Phuoc province, there was no in-depth interviews with leaders and officials of the Education and Training sector. A total of 34 IDIs with departments at district level were conducted.

Commune level:

- At each selected commune, the head of CHS, 01 staff in charge of rehabilitation and 01 staff in charge of Labour, Invalids and Social Affairs were selected intentionally for quantitative interviews. From the list of preschool teachers participating in the project and the list of children with disabilities aged 0-6 provided by the project, randomly selected 3 preschool teachers and 6 children with disabilities for quantitative interviews with parents/caregivers. In Binh Phuoc, due to not implementing special education intervention through kindergarten teachers, the research team did not conduct interviews with teachers of this province. Total of 345 quantitative interviews were carried out. In case the selected subject cannot be met after 3 visits by the enumerator, the next person with the closest order in the list would be selected for interview.
- At each district, 2 communes were randomly selected for IDI, in which 1 commune represents the rural area and 1 commune/ward/town represents the urban area. At each commune, IDIs were implemented with 1 head of preschool and 1 parent/caregiver of CWDs. There was no IDI with the head of kindergarten school in Binh Phuoc, so a total of 22 IDIs at the commune level were carried out.
- At each district, one commune was selected to represent the district to carry out 2 FGDs. The first meeting had 7 participants including 1 leader of Commune People's Committee, 1 head of CHS, 1 head of kindergarten, 1 health worker for rehabilitation, 1 officer in charge of Labour, Invalids and Social Affairs, 1 kindergarten teacher. The 2nd FGD included 7 parents/ caregivers of CWDs. A total of 12 FGDs were carried out.
- In 3 provinces, 10 cases of CWDs were selected for in-depth study because of their significant improvement and did not change/give up (case study), in which there were 5 cases of children receiving rehabilitation intervention and 5 children received special education intervention. Data were collected using a combination of methods such as in-depth interviews about the progress from the child showing signs of abnormality to accessing the Project and activities during the intervention period, combined with direct observations at CWDs' families and the project's database records. The assessment of the child's progress is based on the experience of the rehabilitation and special education specialist of the assessment team. These cases are studied to show the effectiveness of the Project in the most typical and specific way.

Information about subjects and sample sizes is presented in Table 2.

Table 2. Quantitative and qualitative sample sizes

Subject	Hanoi	Province	District	Commune	Total
Secondary data collection form	1	3			4
Quantitative interview				345	345
Commune health officer				60	60
Social work officer				30	30
Kindergarten teachers				75	75
Parents/caregivers of CWDs				180	180
In-depth interview	8	33	32	22	95
Representative of Division of rehabilitation and assessment- Department of medical examination and treatment	1				1
Project Manager	1				1
Project M&E staff	1				1
Project Finance staff	1				1

Subject	Hanoi	Province	District	Commune	Total
Specialist/staff for special education/rehabilitation	2				2
Representative of MCNV	1				1
Coordinators of the projects on people with disabilities implemented by non-government organizations with the USAID's fund	1				1
Project Officer		3			3
Leader of school for CWDs		1 (TN)			1
Representative of a private intervention center for children with disabilities		2 (ĐN)			2
Representative of the VAVA Tay Ninh		1 (TN)			1
Trainee of special education/rehabilitation (SALT)		9			9
Leaders, officials in charge of health care projects, district health centers		6	12		18
Leaders, officials in charge of projects of the Department of Education and Training, Department of Education and Training		4	10		14
Leader, staff in charge of the project at DOLISA, DOH, DOET		4	10		14
Leader of provincial general hospital/rehabilitation hospital		3			3
Leader of kindergarten school				10	10
CWD's parents/caregivers				12	12
Focus group discussion				12	12
FGD with commune health staff, social workers, kindergarten teachers				6	6
FGD with CWD's parents/caregivers				6	6
Case study				10	10

2.6. Information collection techniques

• Qualitative method

For this method, 2 main techniques were implemented: in-depth interview (IDI), focus group discussion (FGD) with identified subjects. A total of 95 in-depth interviews and 12 focus group discussions were conducted in this assessment. In addition, 10 case studies were collected using a combination of methods such as in-depth interviews about the process from the time the child showed signs of abnormality to accessing the Project and activities. During the intervention period, experts in rehabilitation and special education observed and assessed the child's progress, combined with a review of medical records. Qualitative information was collected by recording several IDI meetings with leaders and officials at central, provincial and district levels. During the IDI process, the interviewer recorded a combination of handwriting/typing directly into the computer. For FGDs, a discussion moderator and a secretary type the discussion into a computer.

• Quantitative methods

Quantitative methods include: reviewing available documents to collect secondary data at the assessment site, collecting information using a pre-designed data collection form. The quantitative questionnaire was designed to collect information related to the final assessment contents and indicators with 345 subjects

who were commune health officials, commune officials in charge of labor Invalids and Social Affairs, commune preschool teachers and parents/caregivers of children with disabilities.

Based on the roles and tasks of each group of subjects participating in the project in training, screening and intervention activities, the quantitative toolkit is designed to suit each individual target group with the majority of questions being asked. closed question. A few open-ended questions related to the subject's suggestions/recommendations and wishes.

2.7. Evaluation Toolkit

To achieve the objective, the evaluation used:

- Information collection form at the office in Hanoi and in 3 provinces.
- Quantitative questionnaire for each group of commune health workers, staff in charge of commune Labour, Invalids and Social Affairs, preschool teachers and parents/children with disabilities.
- Guideline for In-depth interview with each identified target group
- Guideline for group discussions with commune officials and parents of CWDs.

Table 3. Name of evaluation toolkit

No.	Code	Name of tools
1.	Q1-DC- CPMU	Data collection form at project head office
2.	Q2-DC-DN	Data collection form at Dong Nai Office
3.	Q2-DC- TN	Data collection form at Tay Ninh Office
4.	Q2-DC- BP	Data collection form at Binh Phuoc Office
5.	Q3-SMS-HW	Questionnaire with health staff at communes
6.	Q4-SMS-SW	Questionnaire with commune social workers
7.	Q5-SMS-KGT	Questionnaire with kindergarten teachers
8.	Q6-SMS-PCG	Questionnaire with CWD's parents/caregivers
9.	IDI0-BYT	IDI guideline with a representative of Division of rehabilitation and assessment- Department of medical examination and treatment
10.	IDI1-CPO	IDI guideline with leader/coordinator of Project (Central and provincial levels)
11.	IDI2-CPO	IDI guideline with project finance staff
12.	IDI3-TECH	IDI guideline with special education/rehabilitation specialist/staff
13.	IDI4-DS/VAVA	IDI guideline with a representative of VAVA Tay Ninh
14.	IDI5-SP/HĐ	IDI guideline with leader of school for CWDs
15.	IDI6-RST	IDI guideline with trainee of special education/rehabilitation (SALT)
16.	IDI7-NGO	IDI guideline with coordinators of the projects on people with disabilities implemented by non-government organizations with the USAID's fund
17.	IDI7-MCNV	IDI guideline with a representative of MCNV
18.	IDI8-PDO	IDI guideline with leader, staff in charge of the project at DOLISA, DOH, DOET
19.	IDI9-PGRH	IDI guideline with leader of provincial general hospital/rehabilitation hospital
20.	IDI10-KGL	IDI guideline with leader of kindergarten school
21.	IDI11-PCG	IDI guideline with CWD's parents/caregivers
22.	GD1-STAFF	FGD guideline with commune health staff, social workers, kindergarten teachers
23.	GD2-PCG	FGD guideline with CWD's parents/caregivers
24.	IDI-Case	IDI guideline for case study

2.8. Data processing and analysis

Quantitative data were cleaned before entering the computer using Epidata 3.1 program. The data was entered twice by two different data entry specialists. It is then compared to correct errors and control errors during data entry. SPSS 17.0 program was used to analyze the data. The calculated parameters include: absolute value, % value, average value. The absolute value comparison is made between the end-of-period indicators with the committed goals of the project and the sponsor; compare some quantitative indicators by p value test.

The information obtained from IDIs, FGDs was typed into text, synthesized and analyzed by topics.

2.9. Quality Assurance and Control Process

- The data collection form, quantitative interview form, guidelines for in -depth interview and FGDs were sent to the project's experts for comments and adjusted and completed before the official assessment.

- The field survey manual was specifically and fully drafted by the consulting team to create favorable conditions for investigators and supervisors to implement in the field.
- All research team members were trained in information collection techniques, interviewing skills, field observations and agreed on an assessment plan to ensure progress and quality.
- In addition to monitoring to ensure that the sample is selected according to the correct method, the team leader cum supervisor checks at least 5% of the questionnaires. The investigator's shortcomings should be corrected on the first day.
- Quantitative survey data were entered into the computer twice, and data entry errors were corrected by a program that checks between the two entries.

2.10. Research ethics

Project End-line Evaluation is an activity that is part of a pre-approved Project Plan and does not require approval of the Donor Ethics Committee. However, before the interviewees participated in the study, the investigator introduced and explained the purpose and nature of the study to ensure that all the interviewees understood the nature of the study. study and they have the right to refuse to participate in the study.

All personal interviews are conducted with the utmost privacy and confidentiality. The consulting unit protects the confidentiality of the research participants to the maximum extent. All information cited in the report does not identify respondents. The interview tape was destroyed immediately after removal. Quantitative interviewees' identifying information was not used for analysis. Personal information provided is for research purposes only.

3. Evaluation results

3.1. Progress and key results have been achieved against the goals committed to sponsors

Relevance of project objectives with national goals, with USAID policy

The Government of Vietnam has paid special attention to people with disabilities in general and children with disabilities in particular. The National Assembly promulgated the “Law on Persons with Disabilities” on June 17, 2010, ratifying the “International Convention on Persons with Disabilities” in October 2014. The Prime Minister approved the "Project on supporting people with disabilities for the period 2012 - 2020" with the goal of supporting people with disabilities to develop their abilities to meet their own needs; create conditions for people with disabilities to rise up to participate equally in socio-economic activities, contributing to community and society building. One of the top priorities of the Project is screening for early detection and early intervention of children with disabilities from 0 to 6 years old. Specifically, *“In the period 2012 - 2015, strive to have 70% of PWDs have access to health services in different forms each year; 70% of children from birth to 6 years old are screened for early detection of birth defects, developmental disorders and early intervention for all forms of disability; about 60,000 children and PWDs received orthopedic surgery, rehabilitation and provision of appropriate assistive devices. 60% of children with learning disabilities have access to education”*.

Decision No. 1190/QĐ-TTg dated August 5, 2020 of the Prime Minister approving the program to assist people with disabilities in the 2021-2030 period with the common goal of *“Promoting the implementation of the United Nations Convention on of people with disabilities and the Law on Persons with Disabilities to improve the quality of life of people with disabilities; create conditions for people with disabilities to participate equally in social activities; building a barrier-free environment that ensures the legal rights of people with disabilities and supports people with disabilities to develop their capabilities”*. The specific target for the period 2021 – 2025 is *“Every year about 80% of people with disabilities access health services in different forms; 70% of children from birth to 6 years old are screened for early detection of birth defects, developmental disorders and early intervention for all forms of disability; about 50,000 children and people with disabilities received orthopedic surgery, rehabilitation and appropriate assistive devices; 80% of children with disabilities at pre-school and high school age have access to education....”*. Target period 2026 - 2030 *“Every year about 90% of people with disabilities access health services in different forms; 80% of children from birth to 6 years old are screened for early detection of birth defects, developmental disorders and early intervention for all forms of disability; about 70,000 children and people with disabilities received orthopedic surgery, rehabilitation and appropriate assistive devices; 90% of children with disabilities of preschool and general school age have access to education ...”*.

The overall goal of the DISTINCT Project is to improve the quality of life for children with disabilities aged 0-6 and their family members through the implementation of a comprehensive model of early detection and early intervention (ECDDI). towards development, education and social inclusion for children with disabilities. Thus, the goal of the project is completely consistent with the national goal of supporting people with disabilities in Vietnam in general and children with disabilities in particular.

USAID is very interested in gender equality and women's empowerment ¹. Therefore, in all its activities, the DISTINCT project has tried to reduce stigma and discrimination against girls with disabilities and ensure that all children with disabilities, regardless of gender, can access services. The project has also included gender equality in training activities or in guiding and consulting activities with a total of 552 local officials and parents trained on gender equality.

The sustainability mechanism is of particular interest to USAID and the DISTINCT Project also pays great attention in implementing the project's activities. The DISTINCT project has focused on capacity building for local officials because they are local human resources. Capacity building for the local workforce is key to maintaining the sustainability of project performance... Along with this approach is a strategy to integrate ECDDI activities into the annual operating plans of various sectors and allocate local budgets to maintain and expand this model. The project has always pursued a roadmap to mobilize local partners to gradually integrate the implementation of the steps in the early detection - early intervention process into routine work and develop a master plan of the province to continue to implement ECDDI activities after the project ends. Guidelines for the implementation of early detection and early intervention activities for preschool children with disabilities in educational institutions in Tay Ninh province (Guideline No. 688/HD-SGDĐT dated February 28, 2022) is a convincing example.

Guidelines for ECDDI with disabilities for children aged 0-6 years old of the health sector being supplemented and revised by the project for the Ministry of Health to issue and apply nationwide will be a technical guide to replicate the model. The ECDDI model is not only for the remaining areas of Binh Phuoc and Dong Nai, but also for other provinces/cities.

Masters majoring in rehabilitation engineering majoring in speech language arts, bachelors of rehabilitation majoring in speech and language therapy who graduate from project - supported courses will become key experts involved in the development of speech therapy majors in Vietnam. They will be speech therapists of 4 Universities of Medicine and Pharmacy in Ho Chi Minh City, Hue University of Medicine and Pharmacy, Danang University of Medical Technology and Pharmacy, Hai Duong University of Medical Technology and Pharmacy, organizations for DISTINCT's cooperation in the project area and organizations related to speech therapy. The training activities for masters and bachelors of NLAF contribute to the overall sustainability of the project, both meeting domestic demand and meeting international standards.

Towards the sustainability of the ECDDI model in Tay Ninh, the project has strengthened core competencies including disability screening and assessment, development assessment, training and intervention organization, and counseling, training for parents... For example, in the second quarter of 2022, 48 teachers were guided by special education experts on developmental assessment for 197 children with intellectual disabilities. This activity helps to improve teachers' development assessment skills. Support to set up intervention room to support inclusive education for 02 preschools and Tay Ninh disabled school; Provide a PEP-3 developmental assessment kit for each of the 9 district kindergartens and provincial schools for the disabled. Activities to support the development of interdisciplinary and multidisciplinary rehabilitation service providers in the province and district have been carried out. Tay Ninh Rehabilitation Hospital held the opening ceremony of the first Speech Therapy Unit for children in Tay Ninh June 17, 2022. The establishment of this unit is an outstanding result of a series of cooperation activities between VietHealth and the provincial health sector, from formulating rehabilitation development strategies, planning, capacity building as well as providing services. speech therapy at Tay

¹USAID_Vietnam_Gender_Fact_Sheet. Gender equality and women's empowerment.

Ninh Rehabilitation Hospital in particular and in the project provinces in general, with the goal of developing and

promoting multidisciplinary services at health facilities in the Playing an important role in and providing technical support in rehabilitation, Tay Ninh Hospital will continue to promote the establishment of speech at facilities. other medical facilities province. By the end of 2022, there Speech Therapy Units established provinces (3 in Tay Ninh, 1 in Dong Binh Phuoc) with the support of the



Picture 2. Establishment of the first SALT department in Tay Ninh

rehabilitation project area. consulting the field of Rehabilitation and support therapy units in Tay Ninh will be 9 Child in three Nai and 5 in project.

The DISTINCT project has training on regulations on disability identification for all identification boards of communes/wards in the project area according to Circular No. 01/2019/TT-LDTBXH. Training activities to disseminate Circular No. 01/2019/TT-LDTBXH have contributed to capacity building in disability identification and treatment for PWDs, related to the exercise of rights of PWDs in general and of children with disabilities. in particular.

completed implementing disability

Understanding the importance of parents in maintaining the sustainability of interventions for children after the project ends, all parents are encouraged and invited/supported by the project to participate in courses. training and intervention support throughout the project implementation.

Relevance of project activities with Viethealth's capacity

Center for Sustainable Health Development (VietHealth) is a Vietnamese scientific and technological organization in the field of health care and community development. Since 2010, VietHealth has mobilized resources to implement ECDDI activities in Vinh Long, Bac Giang, Phu Tho, Da Nang and Yen Bai provinces according to "Guidelines for early detection and early intervention of disabilities with disabilities." children" of the Ministry of Health and learn from international experiences. Implementing the ECDDI model in 5 provinces, VietHealth has screened 71,330 children. Among them, 4.6% (3,264) children are suspected of having disabilities and after examination and classification, 950 children are found to need intervention. 302/950 (32%) children with motor disabilities need rehabilitation and 652/950 (69%) children with intellectual disabilities need special education intervention. In total, VietHealth has provided rehabilitation services to 246 children and special interventions for 590 children during the 5 years of implementing the ECDDI model.

The DISTINCT project implemented by Viethealth in Tay Ninh, Binh Phuoc and Dong Nai is inheriting many years of experience in implementing an early detection and early intervention model for children with disabilities that has been implemented and developed into a ECDDI model with disabilities. I am perfect, effective, and quite sustainable at the same time. That is why VietHealth is supporting and accompanying the Medical Examination and Treatment Administration - Ministry of Health, coordinating with experts and partners to review and update the document "Guidelines for ECDDI".

Relevance of project activities to local partner capacity

Taking care of people with disabilities is the task of the Ministry of Labour, Invalids and Social Affairs, therefore, the permanent unit and the main partner of the project in the provinces approved by the People's Committees of the provinces is the Department of Labour, Invalids and Social Affairs. The health sector and the education sector are two specialized disciplines that work together to provide direct services. Particularly in Binh Phuoc, there is only the participation of the health sector. The project provinces have established a Coordination Committee to coordinate project activities with the participation of all provincial departments and have documents specifying the roles of each sector in project implementation. The Coordination Committee is only established at the provincial level and meets quarterly. The Provincial Project Office acts as the focal point to manage all information about the project's activities. Annually, quarterly and monthly, after working to agree on guidelines with leaders of the coordination committee, the project coordinates with the Departments to develop a common plan for project activities in the province and send it to the branches to organize. implementation organization.

In the DISTINCT project, the DOLISA is the focal point, coordinating with the health sector, education sector and the project to develop a plan to implement the project's activities and submit it to the leaders of the People's Committee for approval; Implement early intervention activities on social policies for children with disabilities: social allowances for children with disabilities and their families; Coordinate with Health, Education - Training and social organizations in implementing ECDDI for children with disabilities.

Health sector, carrying out professional activities related to ECDDI, including: Disability screening by age groups from 0-6 years old in the community every year; Organize screening/examination to classify disabilities, assess development and need for early intervention for rehabilitation in accordance with children's needs and available local resources; Early intervention for rehabilitation (Exercise therapy, Occupational therapy, speech therapy, Orthopedic instruments, Orthopedic surgery; referral...); Manage the number of children with disabilities detected; Participate in providing guidance on early intervention techniques for rehabilitation at home for each child with disabilities.

Education sector: Disability screening by age group among preschool children; Manage the number of children with disabilities detected; Implement a special education early intervention program for children with disabilities at preschools; and assess child development.

Thus, the project's activities and the assignment of expertise of each sector are suitable with the functions and tasks of the local partners.

Relevance of project activities to community needs

To date, there have been no surveys assessing the prevalence of disability in children under 5 years of age, because the functional approach is not appropriate for CWDs. This means that there are no complete and accurate statistics on child disability in Vietnam. The assessment of disability in children is much more difficult than the assessment of disability in adults. If in adults, the identifying characteristics do not seem to change anymore, in children, this change takes place according to a natural process as the child grows up, when learning to speak, learn to walk, learn to read and write. These features make it difficult to assess motor function and distinguish the limits of variation during normal development. Therefore, there is not an accurate overall picture of children with disabilities in Vietnam in general and in Tay Ninh, Dong Nai and Binh Phuoc in particular.

province, there are an estimated 52,000 people with disabilities, most of whom live in rural or remote areas with little access to health services. Therefore, the need for children with disabilities who need rehabilitation and special education interventions is quite large.

Dong Nai, one of 7 key provinces in USAID's disability program with a population of nearly 2.9 million people. It is one of the remaining dioxin hotspots of the Vietnam-American War, with a large (formerly American) airbase in Bien Hoa city. According to the report of Dong Nai Provincial People's Committee, the province has more than 160,000 people with disabilities, of which 10% are children. Previously, Dong Nai received some international support to assist people with disabilities. These organizations provide small grants to support public-private partnerships in the "School-to-Work" project, rehabilitation services, employment and livelihood support for people with disabilities. In Dong Nai, the Provincial People's Committee also issued an Action Plan to support children with disabilities in the 2013-2015 period with a total budget of nearly 2.5 million USD. However, most of these funds are used to pay for social benefits, vocational training, malnutrition and rehabilitation. Meanwhile, financial support for the community's implementation of ECDDI is limited ².

Binh Phuoc is also one of 7 provinces prioritized by USAID for disability programs with a population of 944,421,000 people, including 14,739 people with disabilities (According to the Disability Information System 2015). Although the DIRECT project has trained 52 doctors and technicians in rehabilitation through the University of Medicine and Pharmacy in Ho Chi Minh City, there are still large gaps that need to be completed, especially in rehabilitation. pediatrics ². Regarding special education, Binh Phuoc has only 1 private special school but children with disabilities have to pay to study there. In addition, there is no early intervention in special education. There are many difficulties for Binh Phuoc in supporting people with disabilities in general and children with disabilities in particular. These are: (1) People with disabilities live in remote and disadvantaged areas, (2) Access to social services is very limited, (3) Commune officials lack professional knowledge and skills. to support people with disabilities and the ever-increasing workload; And (4) Lack of special education teachers.

Thus, the unmet need of children with disabilities in Tay Ninh, Dong Nai and Binh Phuoc is very large. The design of the DISTINCT project is in line with the needs of the communities of the 3 provinces. With ECDDI activities, VietHealth has been striving to contribute to the provision of services and care for children with disabilities, to bring hope and a better future to children with disabilities, their families, community and society.

3.1.1. Project progress

The first phase of project implementation in Dong Nai and Binh Phuoc was delayed by 2-3 quarters compared with the commitment due to objective reasons.

First of all, the local project appraisal takes a long time, so the project approval in the province is slow, Dong Nai is 2 quarters behind and Binh Phuoc is 3 quarters behind. Next, as results of proposals and consultation from sectors, Binh Phuoc People' Committee, has requested the DISTINCT project that the education sector will not participate in the project activities and focus on building capacity for the health sector only. This was the project's great challenge, forcing the project to adjust for Binh Phuoc province. In addition to this, it must mention the MOLISA's Official Letter No. 4142 dated October 4, 2018 on requesting Provincial People's Committees temporarily not to implement the fiscal year 2019 activities until it is approved due to the lack of compliance with the Decision No. 536/QD-TTg of the Prime Minister and the MOU between MOLISA and USAID. Therefore, the USAID proposed a plan for the overall project in 2019 (from 1/10/2018 to 30/9/2019), that was submitted to the MOLISA for approval, has not been approved yet. Until December 24, 2018, the MOLISA issued the Official Letter No. 5405 to send to the Provincial People's Committees on the continued implementation of the project activities. Even so, it took the

² CEHS, 2019. *DISTINCT Mid-Term Evaluation Report*.

provinces over one month to process and afterward the Lunar New Year holiday came. Thus, the activities planned for the first quarter of the fiscal year 2019 in Binh Phuoc and Dong Nai provinces have been delayed for 3 months.

Next was the COVID-19 pandemic, which disrupted project activities during the lockdown. After that, many project activities were carried out online such as capacity building training, rehabilitation training support for children with disabilities at home, and preschool teachers teaching online for children. At that time, parents were also at home more, spending more time teaching their children. Therefore, the epidemic does not affect too much intervention activities for children with disabilities. In addition, the inadequate awareness of officials of the departments, the parents of children with disabilities and the community about disabilities at first also contributed to slow down the progress of the project.

Despite facing many challenges, up to now, most of the Project's activities have been implemented on schedule. Below are some of the project results achieved up to the end of the period.

3.1.2. Main results achieved compared to the target committed with the sponsor

Out of the total 12 indicators the Project commits to donors, 9 indicators have met and exceeded the target from 100% to 682%, minus 3 targets on speech therapy training. Specifically, the number of children under 6 years of age who were screened and identified exceeded 110%, the number of suspected children detected exceeded 133%, the number of suspected children assessed and newly classified exceeded 128%, the number of children with disabilities disability intervention exceeded 107%. Indicators of capacity building training for staff and parents also exceeded expectations.

Indicators of commitment related to community screening The DISTINCT project provides ECDDI services to children in a closed model consisting of the following steps: community screening; examination, assessment and diagnosis; organization of interventions and transfers.

Table 4. Community screening results have been achieved compared to the target (as of June 30, 2022)

Indicators	Targeted	Result	%	Province			
				Total	Tay Ninh	Dong Nai	Binh Phuoc
Children under 6-year-old screened & identified (included by local staff actively)	190,675	209,855	110%	209,855	90,054	96,640	23,161
Suspected children detected from screening	9,929	13,213	133%	13,213	5,980	5,245	1,988
Suspected children assessed & classified	7,200	9,183	128%	9,183	5,135	2,353	1,695

(Source: Project progress report in the third quarter of FY 2022)

Previously, screening activities for children with disabilities in the provinces were limited to a small scale such as schools or individual screening. Screening activities are widely organized by the Project in the community by the medical staff, the staff in charge of labor, invalids and social affairs and the trained preschool teachers of each commune. DISTINCT's screening toolkit is divided into 11 votes corresponding to 11 age ranges of children to detect children with suspicious signs of physical and educational psychology. According to the mid-term report, the number of children screened accounted for about 90% of the total number of children in the project area, showing the wide coverage of community screening. By the end of June 30, 2022, the total number of children aged 0-6 years old in the project area in the three provinces that were screened was 209,855 children, reaching 110% of the target index. In only two

districts of Dong Nai (Bien Hoa and Long Khanh), the number of children from 0-6 years of age being screened is more than that of Tay Ninh province. The number of children with suspected disabilities detected through screening was 13,213 children, reaching 133% of the target index.

The results in Table 4 also show that the number of suspected children detected was 9,183 children, accounting for 4.4% of the children screened, the highest in Binh Phuoc (7.3%), followed by Tay Ninh (5.7%) and the lowest is Dong Nai (2.4%). This number of children was not only discovered during the community screening, but also newly discovered by kindergarten teachers and health workers during their work and project proposals.

Screening activities are not only carried out at the same time in the community, but also integrated in vaccination sessions of CHS or at the beginning of the year in schools when teachers receive children to school. With their trained knowledge, commune health workers and teachers discovered more children showing signs of doubt during their work and proposed to the project for evaluation. Excerpts from the cadres of Suoi Ngo commune.

Table 4 also shows that the percentage of children with disabilities detected among suspected children is quite high (69.5%), the highest in Tay Ninh (85.9 %), followed by Binh Phuoc (85.3 %) and the lowest is Dong Nai (44.9 %).

The number of children with disabilities receiving direct support from USAID-funded programs was 4,865 children, accounting for 53% of the number of children with disabilities detected, the highest in Dong Nai (66.3 %), followed by Binh Phuoc (54.3 %) and the lowest is Tay Ninh (46.4 %).

✓ *Indicators related to intervention and reassessment*

Intervention activities for children with disabilities in the DISTINCT project are divided into two groups, including special education interventions for children with intellectual disabilities and rehabilitation interventions for children with motor disabilities and language disorders. After being assessed and classified, each child will be provided with an individual intervention plan tailored to the child's status and disability level.

Table 5. Outcomes of intervention and re-evaluation as of June 30, 2022

Indicators	Targeted	Result	%	Province			
				Total	Tay Ninh	Dong Nai	Binh Phuoc
Suspected children assessed & classified	7,200	9,183	128%	9,183	5,135	2,353	1,695
Children with disabilities received intervention	2,900	3,110	107%	3,110	1,854	740	516
Children with Intellectual disabilities received special education intervention		2,252		2,252	1,344	481	427
Children with mobility disability received physical therapy		627		627	383	166	78
Children with communication disorder received speech therapy		1,114		1,114	18	692	404
Children with disabilities referred		483		483	233	165	85
Children with disabilities received assistive devices		177		177	87	70	20
Children with disabilities at VAVA received interventions		26		26	26		
Children with disabilities re-assessed		2,479		2,479	1,350	641	488

Indicators	Targeted	Result	%	Province			
				Total	Tay Ninh	Dong Nai	Binh Phuoc
Children with Intellectual disability		1,720		1,720	1,103	298	319
Children with mobility disability and with communication disorder		1,169		1,169	338	474	357
Children with mobility disability		542		542	321	156	65
Children with communication disorder		683		683	17	358	308

(Source: Project progress report in the third quarter of FY 2022)

The data in Table 5 shows that, 3,110 children with disabilities have been intervened, reaching 1 07 % of the committed target.

Among children with disabilities who received intervention by the project, 2,252 children with intellectual disabilities received special education intervention, accounting for 72.4%. The number of children with communication disorders receiving speech therapy interventions also accounted for a significant proportion of the total number of children with disabilities treated (35.8%), while the number of children with motor disabilities receiving physical therapy only accounted for 20 .2% of the total number of children with disabilities have been intervened by the project. Thus, the need for children to receive special education and mental health interventions is very high, not to mention the statistics on children with intellectual disabilities are not really complete and often much lower than the actual number due to disabilities. Intellectual disability is more difficult to detect than motor disability ³.

Re-evaluation or post-intervention progress assessment is an indispensable activity in the intervention process to determine the effectiveness of the intervention process and the necessary adjustments to match progress, abilities and needs. children's needs at each point in time. Evaluation of progress was performed after each intervention cycle (usually after 3 months or after 6 months of intervention). The process of assessing the child's progress includes: Checking the child's intervention record; Direct assessment on children; Obtaining information about children from teachers and parents; Advise teachers and parents on assessment results and intervention orientation if the child needs to continue the intervention or proceed to close the case or end the intervention. The results in Table 5 show that a total of 2,479 children with disabilities were re-evaluated, of which 1,720 intellectual disabilities and 1,169 children with disabilities were re-evaluated.

✓ **Indicators related to capacity building for key staff**

Capacity building for key staff in special education and rehabilitation is a bright spot of the DISTINCT project with many outstanding achievements.

Regarding special education, there are many training courses for resource staff, preschool teachers and parents of children with intellectual disabilities on such topics as general issues of special education interventions for children with disabilities and inclusive education. integration, development of individual educational plans and some basic intervention techniques for children with disabilities, behavior management and intervention for children with disorders of language, speech and communication... Up to now, activities Special education training for resource staff, preschool teachers and parents of children with intellectual disabilities in the provinces has almost ended, the last training course for resource staff and kindergarten teachers in Tay Ninh, training course for parents of children with intellectual disabilities in Binh Phuoc has also been completed.

³ UNICEF , 2019. The National Survey of People with Disabilities in Vietnam

Table 6. The results of the special education training have been achieved compared to the target (as of June 30, 2022)

Indicators	Targeted	Result	%	Province			
				Total	Tay Ninh	Dong Nai	Binh Phuoc
People received special education training	455	3,103	682%	3,103	1,641	738	724
Kindergarten teachers, special educators and practitioners trained		1,069		1,069	720	349	
Parents/caregiver trained		2,034		2,034	921	389	724

(Source: Project progress report in the third quarter of FY 2022)

The results in Table 6 show that, as of June 30, 2022, a total of 3,103 people have been trained on special education, of which 1,069 resource staff and teachers in Tay Ninh and Dong Nai, 2,034 parents of children with intellectual disabilities wisdom in all three provinces.

The target of the project for the group of people who will receive special education training by the end of the term is 455 people. Thus, compared to the target of people trained in special education, at the time of the final evaluation, the project has achieved 682%, very high compared to the set target.

Table 7. Main results of rehabilitation training have been achieved compared to the target (as of June 30, 2022)

Indicators	Targeted	Result	%	Province			
				Total	Tay Ninh	Dong Nai	Binh Phuoc
People received rehabilitation training	488	2,043	419%	2,043	644	856	543
People/caregiver trained on physical therapy		936		936	644	186	106
• Health workers trained		350		350	280	27	43
• Parents/caregiver trained		586		586	364	159	63
Parents/caregiver trained on speech therapy		1,157		1,157		711	446

(Source: Project progress report in the third quarter of FY 2022)

Regarding rehabilitation, training activities for health workers and parents in the three project provinces have almost been completed. The final training course for health workers and parents of children with disabilities in Binh Phuoc has also been completed. As of June 30, 2022, a total of 2,043 people have been trained on rehabilitation interventions, of which 350 health workers, 586 parents of children with disabilities received physical therapy training and 1,157 parents of children with disabilities in Dong Nai and Binh Phuoc were trained on speech therapy.

The data from Table 7 shows that the target of the project for the group of people who received rehabilitation training by the end of the period is 488 people. Thus, compared with the target of people trained in rehabilitation, at the time of final evaluation, the project has achieved 419%, much higher than the set target.

Table 8. Main results on technical support of the project (as of June 30, 2022)

Indicators	Targeted	Result	%	Province			
				Total	Tay Ninh	Dong Nai	Binh Phuoc
Parents/caregiver, health workers & teachers received technical assistance		3,802		3,802	1,692	1,104	1,006
Teacher and staff received		429		429	284	145	
Health workers received		28		28	12	13	3
Parents/caregiver of children with intellectual disabilities received		2,458		2,458	1,177	508	773
Parents/caregiver of children with mobility disability and children with communication disorder received		1,219		1,219	154	603	462

(Source: Project progress report in the third quarter of FY 2022)

Technical support for the beneficiaries of intervention activities has been highly valued by the project because it is a key resource to ensure sustainability after the project ends. Table 8 shows that the total number of people who have received technical support as of June 30, 2022 is 3,802, of which technical support staff and teachers in Tay Ninh and Dong Nai receive technical support is 429, health workers in 3 province is 28, parents of children with intellectual disabilities are 2,458 and the number of parents receiving technical rehabilitation assistance is 1,219.

Table 9. Main results of the project's consulting activities (as of June 30, 2022)

Indicators	Targeted	Result	%	Province			
				Total	Tay Ninh	Dong Nai	Binh Phuoc
Parents/caregivers of Children with disabilities consulted		3,269		3,269	1,029	1,250	990
Parents/caregivers of children with intellectual disabilities		1,140		1,140	368	288	484
Parents/caregivers of children with mobility disability and children with communication disorder		2,205		2,205	501	1,015	689
Parents/caregivers of referred children		363		363	207	107	49

(Source: Project progress report in the third quarter of FY 2022)

The project's consulting activities for parents of children with disabilities are carried out quite often. Parent counseling may include: Quick outcome consultation; Detailed advice, specifying intervention orientation, guidance on care, education, training and services to be performed with the child;... The total number of parents who have received advice from experts and field staff of the project is 3,269 people, of which parents of children with intellectual disabilities are 1,140, parents of children with disabilities are 2,205 and parents of children with disabilities referrals were 363 (table 9).

Table 10. Results of training on the use of screening tools and in-depth expertise in rehabilitation compared to the target (as of June 30, 2022)

Indicators	Targeted	Result	%	Province			
				Total	Tay Ninh	Dong Nai	Binh Phuoc
Local staff and parents/caregivers of children with disabilities trained on GBV		552		552	345	153	54
Community workers trained on using screening tools	1,298	1,334	103%	1,334	731	341	262
Number of person trained on Rehab. Orientation Doctor program	1	1	100%	1		1	
Number of person trained on 10 months - PT program	1	1	100%	1		1	

(Source: Project progress report in the third quarter of FY 2022)

The results in Table 10 show that, 552. Local staff and parents/carers of children with disabilities who received training on gender-based violence prevention in all three provinces were 552. Community workers were trained on how to use tools. screening in all 3 provinces is 1,334, reaching 103% of the target index. A health worker in Dong Nai was trained in the rehabilitation program, reaching 100% of the target index. 1 health worker in Dong Nai received 10 months of training - Physiotherapy (PT) program, reaching 100% of the target index.

Speech therapy is a specialized area of Rehabilitation Engineering. Speech therapy includes assessment, diagnosis, rehabilitation, counseling, and prevention services for people with speech, language, speech, and communication fluency disorders. , cognition, and swallowing due to developmental delays or from trauma, cancer, stroke, or advanced neurological disease. Speech therapy aims to help people communicate and swallow effectively so they can learn and participate in activities of daily living.

The results of the training in speech therapy (SALT program) conducted by the Dutch-Vietnamese Medical Commission (MCNV) subcontractor in collaboration with Vietnamese universities are presented in the chart below.

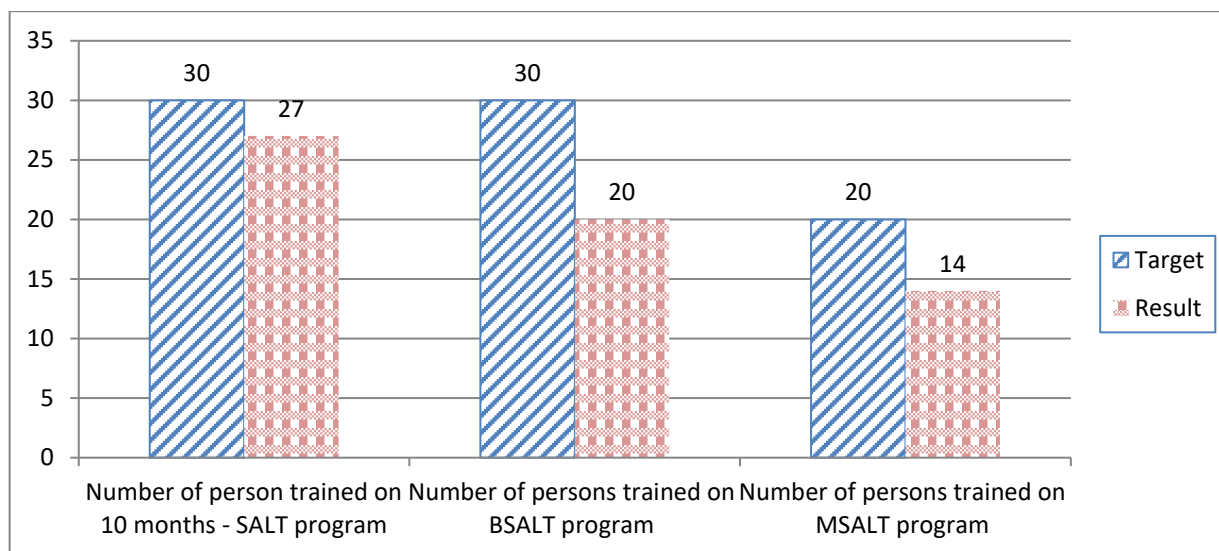


Figure 1. Results of SALT training compared to the target

Chart 1 is the results of speech therapy training versus commitment goals. Number of people trained for 10 months in speech therapy (SALT program) at Pham Ngoc Thach University of Medicine and Pharmacy - Ho Chi Minh City is 27, reaching 90% of the target index (30 people).

The Bachelor of Rehabilitation, majoring in Speech and Language Therapy, trained by the Danang University of Medical Technology and Pharmacy in cooperation with the Trinh Foundation of Australia (TFA), has just completed the final clinical practice period of the training program with the participation of the students. Direct guidance from 4 international experts at 4 practice units. The first 20 students were granted a bachelor's degree in mental health rehabilitation, achieving 67% of the target index (30 people).

Graduation ceremony and professional science seminar for 14 students to present the results of completing the master's thesis in rehabilitation engineering (specializing in mental health) was held on April 28-29, 2022. These 14 masters of rehabilitation engineering, after completing their professional content, returned to their units to continue their work. The trainees will be called back to school to continue their training & clinical practice period scheduled for 2 months (June to August 2022). MCNV is preparing documents and related procedures for international experts to participate in additional clinical practice guidelines for MSALT course 1 in July-August. The number of people supported by the project to train for a master's degree in speech and language therapy (SALT) is 14, reaching 70% of the target index (20 people).

3.2. The effectiveness of the ECDDI model in terms of approach, management mechanism, and finance

3.2.1. Evaluating the effectiveness of the ECDDI model in terms of approach

3.2.1.1. Strengthen the capacity of key staff in early detection and early intervention of disabilities in children under 6 years of age

The method of capacity building training for local officials shows effectiveness when the activities both ensure quality and save time and costs. The selection of training subjects is done through the partner units at the provincial/district level. For the training courses for teachers, the Project agreed with the Department of Education and Training to set the criteria for selecting teachers.

Table 11. Number of community officials in 3 project provinces trained on screening for early detection of CWD

Province	No. of HWs	No. of teachers	No. of social worker	Total
Tay Ninh	203	202	326	731
Dong Nai	90	164	87	341
Binh Phuoc	70	129	63	262
Total	363	495	476	1,334

(Source: Project database)

Table 11 shows that a total of 1,334 staff from 3 sectors of health, education and OLISA were trained on screening for early detection of CWD. According to the assessment above, this number has met and exceeded the target committed to donors (103%), of which 363 health workers, 495 EM teachers and 476 OLISA staff.

The main objective of these training courses is to provide general knowledge about disability, about ECDDI and guide to use ECDDI screening toolkit for children 0-6 years old. Trained staff. also practice screening directly on children with the guidance of experts. At the end of the training course, groups of officials from each commune will prepare a screening plan for children aged 0-6 in each commune so that after the training, screening will be carried out in their respective areas.

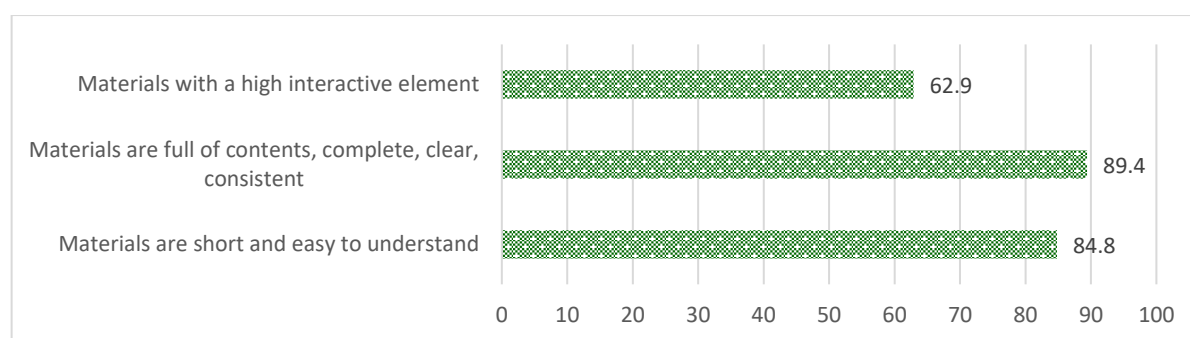


Figure 2. Comments of community workers on training materials of the Project

The effectiveness of capacity building activities for staff is reflected in the comments of the community staff on the training materials, the usefulness of the training course, the application of knowledge and skills of ECDDI in the training program in the actual work.

According to the results of interviews with 163 community officers (73 kindergarten teachers, 30 officers in charge of Labour, Invalids and Social Affairs and 60 health workers) in 6 districts of 3 project provinces, the majority of trainees commented that the training materials had content. The content is complete, clear, consistent (89.4%), concise, easy to understand (84.8%), and highly interactive (62.9%). About 67.4% of community officials said that the training courses applied active teaching methods (see **Error! Reference source not found.**) and about 65.9% rated the teaching method as good, 34.1% rated it very well. good, there is a lot of interaction between students and lecturers (see **Error! Reference source not found.**). The majority of participants also had good and very good comments about the logistics for the training course (68.2% and 30.3% respectively) (see **Error! Reference source not found.**).

Assessing the usefulness of the training course, all 100% of health workers and OLISA staff said that the training was useful and very useful, 86.9% of kindergarten teachers said that the knowledge from the training course can be applied. can be used a lot in practice (see **Error! Reference source not found.**, **Error! Reference source not found.**). About 85.7% of health workers and OLISA staff said that they have applied over 50% of their knowledge and skills of ECDDI in practical work.

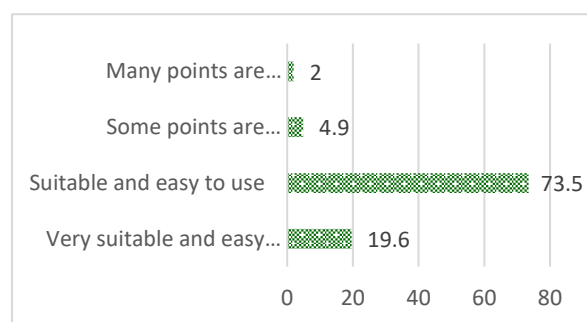


Figure 3. Comments of community officials on the screening toolkit for CWDs



Figure 4. Opinions of community officials on the possibility of using the screening toolkit for CWDs

Most of the community officers interviewed rated the screening toolkit as appropriate and easy to use; Only a few officials said that the toolkit was difficult to understand and apply (6.9%). About 69.6% of staff self-assessed that they have used and are very proficient in the community screening toolkit for children with disabilities. In particular, about 71.6% of community officials said that parents of children can also use this toolkit to screen their children for disabilities (see **Error! Reference source not found.**). The screening toolkit is a product of the Project that can continue to be spread and applied in the community after the project ends. This can also be considered as one of the sustainability factors of the Project.

Capacity building on rehabilitation

A total of 350 health workers have been improved their capacity in mental health, of which 280 are in Tay Ninh, 27 in Binh Phuoc and 43 in Dong Nai.

Training on rehabilitation orientation is a supplementary activity according to local needs that is not included in the commitment with donors. Implementation results so far, there are 04 doctors and technicians from Dong Nai who have completed the 10-month rehabilitation orientation program.

SALT training

SALT training is one of the key components of DISINCT in its goal of capacity building. Master's degree in speech therapy is a training for universities, a long-term and long-term orientation, both meeting the domestic needs of opening new industries, meeting international standards and immediately strengthening capacity for the project area.

SALT in Vietnam is not recognized properly its role. Most people consider it as part of rehabilitation. However, that's not correct. SALT is SALT, rehabilitation is rehabilitation. But this is also the advantage of this Project. SALT is hidden in the cell of the rehabilitation so it is easy to deploy. And if SALT is developed as a new training code, it is very difficult and the not enough time for project to implement. In the near future there must also be a separate training code for SALT. Quoted from IDI with MCNV's representative.

Due to the difficulties in code of training and completing the assessment file on the capacity of the training unit (Pham Ngoc Thach Medical University), the training of mental health workers was much behind schedule compared to the original plan. However, by the time of the final evaluation, 27/27 students graduated from the 10-month mental health program ⁴(reaching 90% of the target of 30 people), 20/20 graduated from the BA program with a major in mental health (reaching 90% of the target). achieved 67%

⁴The content of the 10-month NNTL course includes foundational theory in Pediatrics, clinical education and clinical practice, theory of pediatric neurology, clinical education, and professional clinical practice.

compared to the target of 30 people) and 14/14 graduated from the Master of rehabilitation program with a major in mental health (reaching 70% of the target of 20 people). This target has not been achieved due to the reasons of the shortage of rehabilitation human resources of the local health sector and the problems related to the development of mental health services at the health facility.

The biggest shortcoming for capacity building training for rehabilitation staff specializing in AFF is that the province does not have enough people to send. If the rehabilitation officer goes to school, the health care facility has no one to work. Another problem is how to develop mental linguistics expertise after sending staff to study. We have to go to each health center to raise awareness of leaders, send people to study and orient them on how to develop mental health to use trained human resources. Quoted from IDI with project leader.

Not reaching the targets in SALT training is not a big problem. The most important thing the Project achieved is building an initial foundation for the SALT in Vietnam, a bachelor's degree program and a master's training program. Especially, with the source of trainers trained by the project, Hai Duong University of Medical Technology has enrolled 20 students for the first course, and the Ho Chi Minh City University of Medicine and Pharmacy has enrolled for the second course. Although the project has not finished yet but it has spread nationwide. So we have successfully planted the seed! Quoted from IDI with MCNV's representative.

Training bachelor program in special education in Tay Ninh

When implementing the Project, Tay Ninh did not have human resources specialized in special education. From this gap and the necessity of special education in care and intervention for children with disabilities, the project has cooperated with the University of Education of Ho Chi Minh City. Ho Chi Minh City organizes a 3-year Bachelor of General Education training course for kindergarten teachers of Tay Ninh province. A total of 41 preschool teachers spread across all 9 districts of Tay Ninh completed the training program and was awarded a 2nd degree in October 2018 (see **Error! Reference source not found.**). Support activities for training bachelors of special education have strengthened human resources with depth, quality and professionalism in special education. Returning to the locality, with the use and supervision of the education sector, they are the core team in implementing interventions for children with disabilities.

Table 12. Number of kindergarten teachers of 3 provinces trained by the Project and conducting interventions for CWDs (by June 30, 2022)

Province	No. of trained teachers	No. of teacher intervene for CWDs	
		No. of teachers	No. of BA in Spec. Ed.
Tay Ninh	720	351	36
Dong Nai	349	107	0
Binh Phuoc	0	0	0
Total	1,069	458	36

(Source: Project database)

Establishment of multidisciplinary intervention units for children with disabilities in Tay Ninh

Together with the Provincial Rehabilitation Hospital and Go Dau District Health Center, DISTINCT has developed a plan to transfer children with disabilities to mental health rooms that have been provided with equipment and tools by the project. On June 17, 2022, Tay Ninh Rehabilitation Hospital held the opening ceremony of the first mental health room for children in Tay Ninh. The establishment of this unit is the outstanding result of a series of cooperation activities between VietHealth and the provincial health sector, from formulating a rehabilitation development strategy, planning, capacity building as well as

providing mental health services at Tay Ninh Rehabilitation Hospital in particular and in the project provinces in general, with the goal of developing and promoting multidisciplinary rehabilitation services at health facilities in the project provinces. Playing an important role in consulting and providing technical support in the field of rehabilitation, Tay Ninh Rehabilitation Hospital will continue to promote and support the establishment of mental health units at other medical facilities in the area. Tay Ninh. By the end of 2022, there will be 9 Child Speech Therapy Units established in three provinces (3 in Tay Ninh, 1 in Dong Nai and 5 in Binh Phuoc) with the support of the project.

The Department of Mental Health only has 2 staff members trained by the project on pediatric mental health, each day welcomes more than 10 children to practice. The children liked it very much because they could play and learn at the same time, saying that going to the hospital was exciting and very memorable. Currently, the room can meet the needs of 11-13 children/day, if the number is increased, it will be quite difficult for the 2 officers because they have to split shifts. Quoted from IDI with staff trained by the project.

Support to set up intervention/integration support room for preschools

The project has assessed the needs of 02 preschools and Tay Ninh disabled school for the establishment of an intervention room to support integration and agreed with the Department of Education on a roadmap to support these schools before the project ends. to serve children with special needs.

For Tay Ninh, the project also provided a set of PEP-3 development assessment materials for all 9 districts and provincial schools for disabilities. This kit helps to assess the development of children, based on the results of this kit, teachers implement interventions for children with disabilities.

Training of the commune-level disability identification council

Regarding Circular No. 01/2019/TT-LDTBXH dated January 2, 2019 regulating the implementation of disability determination by the commune council, which took effect on March 15, 2019, replacing Joint Circular No. 37/2012/TTLT-BLDTBXH-BYT-BTC-BGDĐT, local partners have a great need for training on this circular. At the official request of the Department of Labour, Invalids and Social Affairs of Tay Ninh province, DISINCT consulted with donors and agreed to support the province in organizing these training courses for all disability identification councils of 95 communes/ ward. Phase 1, these training courses were completed in April 2019 with a total of 602 participants. In May-June, 2022, the Project continued to coordinate with the Department of Labor, War Invalids and Social Affairs to organize 09 second training courses on Circular 01 for 581 members of the Council to determine disability of all nine districts/towns of the West. Ning. Of which, 391 new members and 190 members attended the training course in 2019.

Training activities to disseminate Circular No. 01/2019/TT-LDTBXH have contributed to capacity building in identifying PWDs and handling regimes for PWDs, related to the exercise of rights of PWDs in general and PWDs in particular. . After the training, Tay Ninh Department of Labour, Invalids and Social Affairs issued a written request to all District People's Committees to direct the Commune Disability Identification Councils to review all disabled children examined and diagnosed by DISINCT to issue a disability certificate. disability for children who meet the appropriate criteria. For suspected children that cannot be identified by the Commune-level Disability Determination Council, they will be transferred to the Provincial Medical Assessment Council. Thus, in addition to training, the review of the project's target group will continue to follow them closely so that they can continue to review.

After Tay Ninh, Dong Nai Department of Labour, Invalids and Social Affairs also requested a similar support project, the project implemented training in late July, early August 2019.

This activity is also one of the activities that can be adjusted flexibly, responding to local needs and demonstrating the confidence of provincial partners in DISINCT.

3.2.1.2. About implementing ECDDI model for children 0-6 years old in 3 project provinces

Table 13. Number of children screened and in need of intervention in 3 project provinces (as of June 30, 2022)

Province	Screened children	Suspected children detected	After capacity building, key staff and community officials participated in the implementation of the ECDDI model for children with disabilities with a series of activities, of which the first activity was community screening. identify children who need intervention.
Tay Ninh	90,855	5,980	
Dong Nai	96,640	5,245	
Binh Phuoc	23,161	1,988	
Total	209,855	13,213	

(Source: Project database)

It can be seen that in the implemented areas, the coverage rate of screened children is quite large with a total of 209,855 children being screened. According to the mid-term assessment, the rate of children being screened accounted for nearly 90% of the total number of children in the project area. It can be clearly seen that the project was only implemented in 2 districts/towns in Dong Nai, but the total number of children screened was larger than all 9 districts of Tay Ninh province (96,640 children compared to 90,855 children). Obtaining a list of children aged 0-6 by district is also faced with many difficulties due to the limitation of statistics and data management of children from the local partners. For many districts, the project has received different sources of information about children from vaccination data of the health sector, universal education of the education sector, a list of children from the insurance agency..., after Then the Project must process to combine these lists, the new type of duplicates can produce a relative list for screening.

The result of community screening is a list of children with signs of disability and suspected disability sent to project experts for evaluation and diagnosis. The project's team of experts in examination and diagnosis is multi-disciplinary and interdisciplinary, including doctors, physiotherapists and educational psychologists. Initiating this model of Viethealth from a professional perspective is a multidisciplinary approach. Organizing a medical examination and evaluation immediately sent a team of experts to each district. After assessing and classifying, depending on the type of disability and the degree of disability of the child, the experts will determine what type of service the child needs intervention. The two main contents of the intervention model for children under 6 years of age of the Project are rehabilitation intervention and special education intervention, in addition, there are other activities such as support for upper referral, transfer/connection of other projects on same location.

Table 14. Number of children intervened by the project in 3 project provinces (as of June 30, 2022)

Province	Rehabilitation intervention (PT, OT, ST)		Spec.Ed. intervention		Total	
	Total	%	Total	%	Total	%
Tay Ninh	393	23.8	1,344	59.7	1,737	44.5
Dong Nai	800	48.4	481	21.4	1,281	32.8
Binh Phuoc	459	27.8	427	19.0	886	22.7
Total	1,652	100.0	2,252	100.0	3,904	100.0

(Source: Project database)

As of June 30, 2022, a total of more than 3900 children have been intervened by the DISTINCT project, of which 1652 children have received rehabilitation intervention (including mental retardation, mental activity, mental health), 2,252 children have received special education intervention. It can be clearly seen that the number of children receiving rehabilitation intervention in Dong Nai accounts for a much higher percentage than the other two provinces, while the percentage of children receiving special education intervention in Tay Ninh accounts for the majority.

Among the children receiving intervention, many children need more than 1 intervention service and the Project pays special attention and priority to families with more than 1 member with disabilities and for children with multiple disabilities.

Rehabilitation intervention



Image 3. Evaluation team member are chatting with a CWD

There are two approaches to rehabilitation intervention. The first approach is to build rehabilitation capacity for health workers at provincial and district levels to intervene for children at health facilities. The second approach is an expert of the Parent Training/Instruction Project for parents to practice for their children at home. In the early stage in Tay Ninh, children with language, speech and communication difficulties were supported by preschool teachers, including guiding children in daily activities. Psychiatric intervention officially became an additional intervention service in phase 2 of the project in all 3 provinces after the project researched and orientated the approach to large-scale intervention in the community on mental health.

It can be said that this is one of the pioneering and outstanding initiatives of the DISTINCT Project, which has been adjusted during the implementation process. Training on pediatric rehabilitation and intervention activities for motor children with disabilities is summarized in the chart below:

Training on child rehabilitation and intervention activities

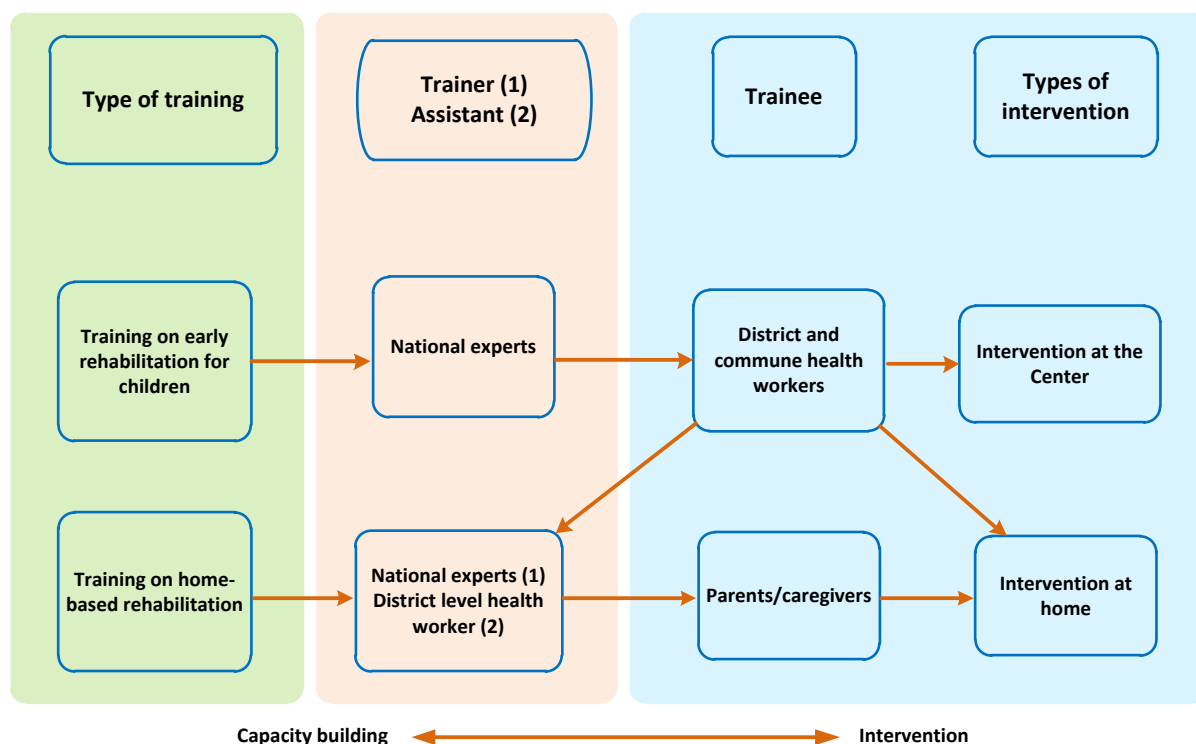


Table 15. Number of CWDs received PT and ST intervention were closed by province (by 30/6/2022)

Province	Physiotherapy	Speech Language Therapy	Total
Tay Ninh	319	4	323
Dong Nai	111	577	688
Binh Phuoc	49	277	326
Total	479	858	1.337

(Source: Project database)

Although SALT was introduced into the later phase of the project, the number of children receiving mental health intervention with a case was significantly higher than the number of children receiving psychotherapy (858 children compared with 479 children).

Phase 2 The project included mental health interventions in the way of parental intervention. According to research documents, at present, the international community has not been able to make a large-scale intervention on mental health. Quoted from IDI with project leader.

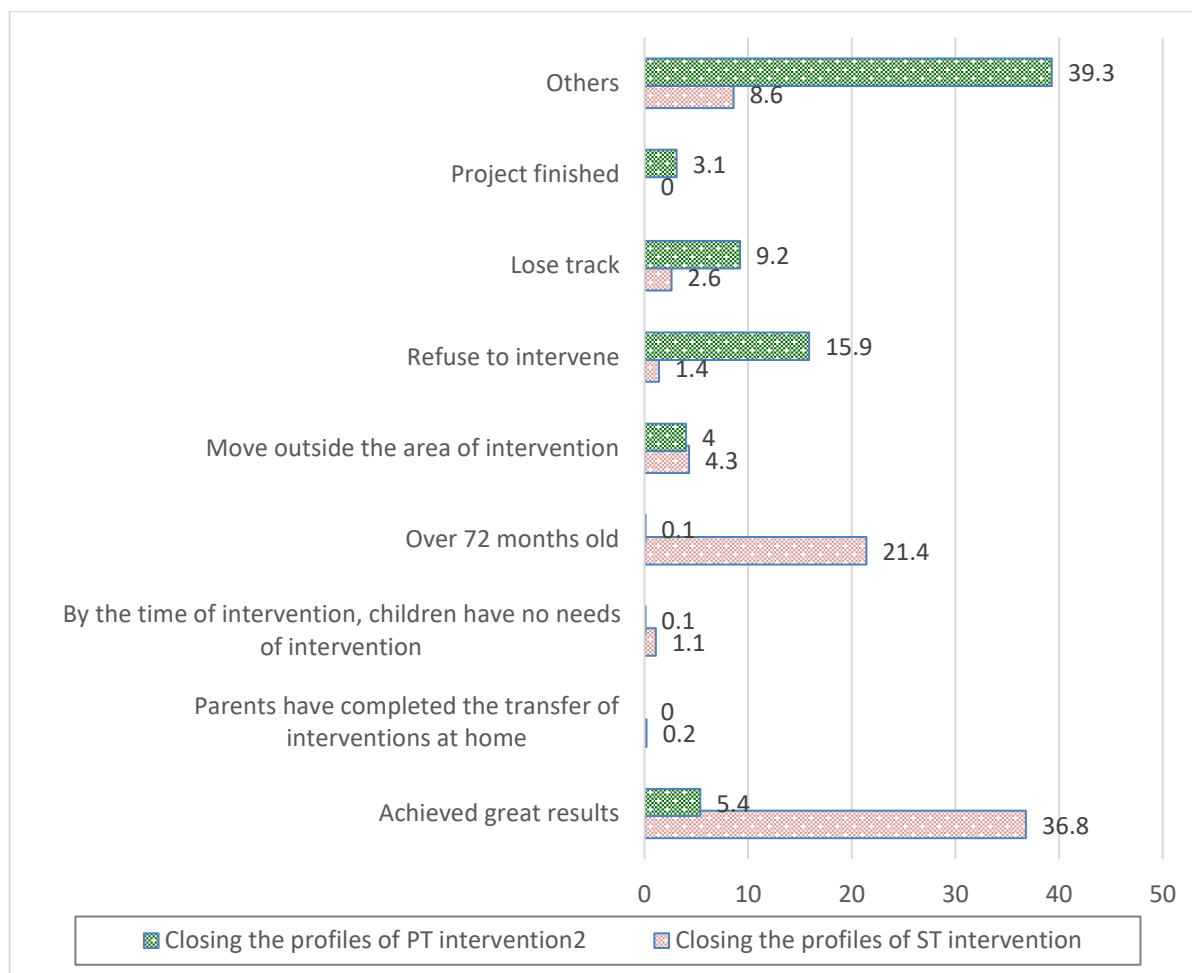


Figure 5. Reasons for closing the profiles of intervened CWDs on PT and ST intervention

(Source: Project database)

The database of the Project showed that the rate of children who closed the case due to their progress after the intervention reached 36.8% in the group of children with mental retardation and 5.4% in the group of children with mental retardation. Thus, the rate of children who close the case due to the improvement of mental health interventions is much higher than the rate of children who close the case due to the progress after the mental retardation intervention, which is understandable because severe motor disabilities are difficult to recover and requires long-term intervention.

Nearly two-thirds of rehabilitation interventions have to close shifts when they have not achieved the expected results for different reasons. For the number of children with mental health interventions, the highest proportion of children who have reason to pay shift are those who are over the age group of the project's target population (21.4% are over 72 months old). For children with mental health interventions, the percentage of children with reasons to pay the case from high to low, respectively (39.3%), the CWD's family did not agree to continue participating (15.9%), because lost track of children (9.2%), children moved out of the project's intervention areas (4%) and 3.1% of children (mostly in Dong Nai) had to close shifts because the project had to end earlier than planned.

Special Education Intervention

There are 3 approaches to special education intervention in the DISTINCT project, which are applied in accordance with the characteristics of each locality.

In Tay Ninh, special education intervention activities are carried out by kindergarten teachers due to the special attention of the Department of Education and Training. Training project for preschool teachers on intervention with children in need about the content of developing an individual intervention plan, managing behavior with hyperactive, distracted children, and communicative language. Kindergarten teachers were trained in a series of 4 classes, 3 days each, and paired children to practice right from the intervention planning stage.



Picture 4. Working with teachers at Long Thanh Nam preschool, Tay Ninh

The second approach is to send children with special education needs to private and state special schools. For the State's special schools, which are provincial schools for the disabled, the project mainly transfers deaf and blind children. With Dong Nai developing strongly in private schools for children with intellectual disabilities, the project has transferred children to Hoang Duc Autism and Speech Delay Center and Song Pho Center for Applied Psychology.

The third approach: experts train parents so that parents can directly intervene for children. This method is applied in Dong Nai and Binh Phuoc due to the characteristics of the local context. For Dong Nai, the project is implemented in Bien Hoa and Long Khanh which are two cities with good economic conditions. The level of participation of GVMN in the Project is lower than that of Tay Ninh because income from other sources is more attractive to them. Therefore, the combination of both special education interventions by kindergarten teachers and by parents is applied in this province. For Binh Phuoc, from the beginning, there was no participation of the education and training sector, so special education interventions for children were only carried out directly by parents.

In Dong Nai with the characteristics of an urban area, preschool teachers have more attractive sources of income than the project's overtime allowance, so many women refuse to participate in intervention for children. Dong Nai is also a province that applies a more diverse approach than the other two provinces: both special education intervention by preschool teachers, intervention by parents, and a form of transfer to a private special school. Quoted from IDI with project staff.

Bien Hoa city is the place where the most diverse application of all three types of interventions is applied. Tay Ninh in the final stage also guides parents to intervene. Guiding parents is sustainable because they have awareness and accompany their children for a long time.

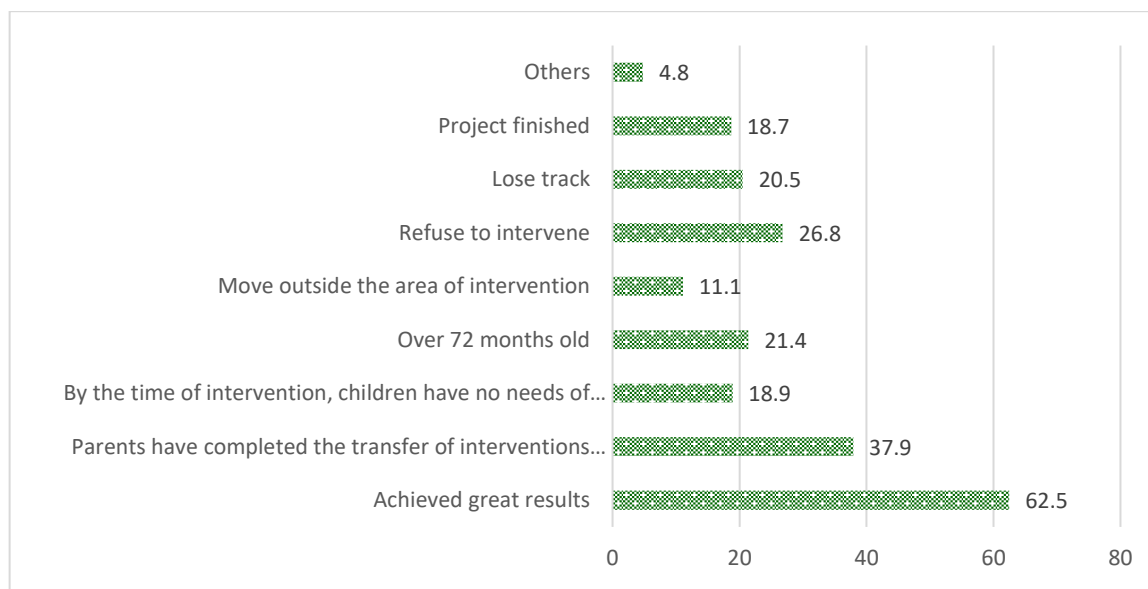


Figure 6. Reasons for closing the profiles of intervened CWDs on special education

(Source: Project database)

Out of a total of 2252 children receiving special education intervention, 62.5% of them closed their shift due to their improvement after the intervention. This is also an impressive number showing the success of the Project in the field of special education interventions.

These achievements are partly contributed by the community staff. In the intervention activities for children with intellectual disabilities, there are many typical stories of teachers who are enthusiastic about the profession. There are many women out-of-pocket to buy toys to teach their children, or out-of-pocket for parents to drive their children to her house, or after the shift, some preschool teachers continue to teach children because after the intervention process has attached bind, love children like their own... From their enthusiasm for their profession, preschool teachers spend all their time and ability to intervene for children.

In Tay Ninh, each teacher can intervene with a maximum of 4 children, but some women receive support for 8 children at a time. They are willing to use the allowance from the Project to buy toys for their children. Quoted from IDI with project staff.

However, the biggest difficulty of preschool teachers is the limited time, both ensuring school work, family work and implementing interventions for children. Many women have to make great efforts to ensure both school work, family work and the implementation of interventions for children.

On the side of the children's families, the chart above also shows difficulties and challenges for the Project when the percentage of children who close their shifts due to objective reasons such as the family's refusal to intervene (26.8%), loss of life. seal, move outside the intervention area....

Besides the achievements, there are also great difficulties as the parents are mostly ethnic minorities, have limited awareness, they do not accept the situation of their children so it is difficult to interventions for children. The second is grandparents, who will often be the caregivers and raisers of the child. The third is that children in cases of parents divorce, children are handed over to grandparents, so the child's psychological factors also have emotional injuries and deprivations. Quoted from IDI, special education specialist in Binh Phuoc.

The awareness of the community, especially the awareness of parents of children with disabilities, is the biggest obstacle in the process of special education intervention for children. Not only in poor families with limited education, but many families with good economic conditions also do not accept that their children have intellectual disabilities.

Training for parents/carers of children with disabilities

Parents play a decisive role in the progress of children in interventions for children with disabilities. Therefore, the training to improve the capacity of parents in intervention and care of children with disabilities is assessed as a sustainable activity.

Table 16. Number of parents of children with disabilities trained on special education and rehabilitation in 3 project provinces (as of June 30, 2022)

Province	Trained on rehabilitation	Trained on Spec.Ed.	Total
Tay Ninh	346	921	1,217
Dong Nai	829	389	1,072
Binh Phuoc	500	724	997
Total	1,693	2,034	3,267

(Source: Project database)

The number of parents of children with disabilities who received training at the end of the term exceeded expectations and increased sharply compared to the middle of the term. For rehabilitation including both physical and mental rehabilitation, 1693 people have been trained, compared with 437 people in the mid-term. Similar to special education, 2,034 parents of children with disabilities were trained at the end of the term compared to 803 in the middle.

According to the project staff, the average percentage of parents participating in training courses is about 80%. The main reason is due to difficult economic conditions, parents have to work to earn money, some parents of children with disabilities who need special education intervention do not accept that their children have disabilities. Movement disabilities are easy to see, but intellectual disabilities are not seen by some parents and do not think their children need intervention and they refuse to attend training classes. This is one of the challenges for the Project. During the implementation process, the Project is always flexible to find solutions to overcome. In addition to supporting parents with travel expenses, with enthusiasm and perseverance, the field staff convinced and mobilized many parents to participate.

The project has also thought about economic issues, supporting parents with gas money for transportation when they give up working days to attend training. There are cases that I meet, when I get home, I can't sleep at all. Because I feel the situation is very sad, but I don't know how to find a solution to support the child. Even with ethnic children, I also think about asking a few ethnic people who can read and write to help me. However, there is also the difficulty that they help what they can. In addition, they do not have perseverance, they do a few sessions, they feel bad, they feel that they can't do it and refuse to join them. Quoted from IDI, special education specialist in Binh Phuoc.

Especially in Binh Phuoc, with the characteristics of no teachers to intervene, project staff here have creative ways such as dividing the needs of the intervention subjects such as children in schools, youth groups of ethnic minorities, etc. illiteracy, groups of children whose parents are divorced... With each group having its own particularities of living circumstances and needs, the subdivision of such intervention subjects also shows remarkable effects.

As a community myself, the more I break down the needs of the audience, the more effective the methods of approaching and intervening. For example, handing out supplies for parents to intervene for their children, not all parents are the same, parents who are well aware will give it, and parents who do not know how to keep it, we just lend it. For parents with limited awareness, who are from the country, choose other forms. Working parents don't have time, old and weak grandparents... choose a different approach. I grasp the situation of each group to maximize their participation together with me to intervene for children. Quoted from IDI with staff of Binh Phuoc project.

Connection and transfer

Regarding the transfer of children with disabilities in the DISTINCT project, there are 3 forms. The first is to transfer children to health facilities for treatment. The project has support to link with hospitals to support sending for heart surgery, eye examination, ear examination, hearing aid application – VINA capital. If the project of counseling children with disabilities to bring their children to the hospital for medical examination and treatment is successful, the family will receive a financial support of 100,000 VND/day for not more than 5 days. The cost of medical examination and treatment for children under 6 years old is covered by health insurance, so the project only supports travel expenses for parents.

The second form of transfer is for children with mobility impairments who are too old for intervention. The project will make a list to send to the VNAH project for further intervention. For children with developmental disabilities, the project continues to intervene for children 9-10 years old.

The third form of transfer: For children with mental and intellectual disabilities that cannot be assessed by the Commune Disability Determination Council, the project will send them to the provincial medical assessment council. DISTINCT has had activities to train and disseminate Circular 01/2019/TT-BLDTBXH to the Commune Disability Determination Council of Tay Ninh, Dong Nai as mentioned above.

Provide assistive devices for children with disabilities

For children with mobility impairments, the project provides a number of assistive devices for children with disabilities such as leg braces, crutches, walkers, wheelchairs, parallel bars, triangle seats for children with cerebral palsy, orthopedic shoes, hearing aids... These tools have greatly supported children and created conditions for CWDs' families to intervene in rehabilitation at home for their children. Accumulated to the time of midterm assessment, 177 children have been provided with supporting equipment, of which Tay Ninh 87 children, Dong Nai 70 children and Binh Phuoc 20 children. In addition to the tools directly provided by the Project, DISTINCT also connects



Image 5. A CWD in Tan Phu are supported by the project

with other organizations such as the VNAH Project, the sponsor The VinaCapital Foundation and the Starkey Hearing Foundation (USA)...

3.2.1.3. About communication to raise public awareness about child disability and ECDDI model

Raising awareness about childhood disability and the importance of early detection and intervention plays an important role in promoting the implementation and expansion of the ECDDI model. Although the donor does not prioritize financial investment for community communication activities, the Project always emphasizes the use of direct communication methods, the project staff is the one who conveys the message to the leaders, lead departments, local authorities, community officials and families of children with disabilities when approaching local department/sector leaders, when implementing training activities, providing technical assistance, and visiting households.

At the provincial level, project leaders always find ways to approach and share information to convince leaders of local departments/agencies. In the community, project staffs gradually spread their enthusiasm to local officials, especially teachers during the implementation of activities. In the process of examination, diagnosis, assessment and support, parents of children receive advice from experts and project staff. Thus, the people implementing the Project convey their message. Local officials continue to multiply that message to the community.

Although there is no financial priority for communication activities, the transmission of ECDDI messages is always integrated by project leaders and staff in each activity. Quoted from IDI with project staff.

Parents continue to bring messages to other parents with children with disabilities, thus becoming aware of officials at all levels and people about the needs, rights of children with disabilities, and responsibilities (both the responsibilities of service providers and service benefits) is enhanced and the success of the Project is further replicated. Thanks to communication activities and the effectiveness of intervention activities, gradually every day, the Project noticed a change in the attitude of leaders, a change in awareness of community officials and parents of children with disabilities. Many parents have actively brought their children to seek support from the Project.

Besides focusing on the form of transmission Through direct communication, awareness raising through other communication activities is also applied by the Project such as regularly updating news on websites, communicating on the internet/press, developing radio and printed news reports. and distribute ECDDI communication



Picture 6. A evaluation team member visited and interviewed at CWD's home

handbook, develop and broadcast program on ECDDI model.

Currently, the Project has more than 20 news articles on the Project's websites; 1 radio bulletin about ECDDI with developmental disabilities; 95/95 communes of Tay Ninh have broadcast the news via commune radio; 2 reports on the project's activities and achievements were broadcast on national television channel VTV3 in the program Morning Coffee, May 30, 2019 and International Children's Day June 1, 2019; article "Benefits from early detection and intervention for children with disabilities" on Tay Ninh electronic newspaper on March 23, 2019; Report on the project's activities in Binh Phuoc province on Binh Phuoc television station on February 28, 2019; A series of articles reporting on the project's activities on the provincial websites and real stories of children's progress after the intervention were written and shared.

In the recent period, especially in the context of the Covid-19 epidemic, the project has promoted communication through social networking sites. The project has set up project fanpages, posted news articles, regularly updated images about the project's activities.

Table 17. Percentage of community officials who know about the DISTINCT project through different sources

Contents	HWs		Teachers		Social workers		Total	
	n	%	n	%	n	%	n	%
Information from the Health Sector	39	65.0	12	16.4	11	36.7	62	38.0
Via TV/radio/newspaper	4	6.7	10	13.7	1	3.3	15	9.2
Via the project's training class	46	76.7	69	94.5	22	73.3	137	84.0
Via social networks	7	11.7	18	24.7	3	10.0	28	17.2
Via project staff	41	68.3	40	54.8	19	63.3	100	61.3
Others	2	3.3	3	4.1	0	0.0	5	3.1
Total	60	100.0	73	100.0	30	100.0	163	100.0

The table above shows that most of the community staff knew about the DISTINCT project through training courses (84%), through project staff (61.3%) and through dissemination of the medical profession (38%). A few know it through television, radio and newspapers (9.2%). 17.2% of officials know through social networks. That shows that communication through social networks is also a remarkable information dissemination channel of the Project.

3.2.1.4. Strengthen the promotion of the application of the ECDDI model at the provincial and national levels

The application and replication of the ECDDI model is always the goal for the Project towards sustainability. Right from the beginning of the project implementation, the technical team discussed in detail with the local authorities to agree on the view that supporting people with disabilities in general and children with disabilities in particular is the responsibility and obligation of the province. supporting role for the province to perform its responsibilities and roles better. After the project is withdrawn, the province can still maintain its activities.

For Tay Ninh, most of the project activities use local human resources, from screening, assessment and intervention. The project is transferred to the Provincial People's Committee and local partners so that the province can self-implement after the project is withdrawn. The initial success in this activity is that Tay Ninh province has included ECDDI activities in the provincial rehabilitation plan, approved by the Provincial People's Committee since 2017.

In June 2022, the Project collaborated with the Department of Labor, Invalids and Social Affairs of Tay Ninh province to develop a roadmap for developing ECDDI for children with disabilities and a framework for implementing ECDDI for children with disabilities in Tay Ninh. The project and the Department of Education and Training have agreed to build an intervention room to support inclusive education for preschools in Duong Minh Chau and Hoa Thanh districts.

The project also promotes and supports the establishment of Speech Therapy Units at provincial health facilities (Tay Ninh rehabilitation hospital, Binh Phuoc Traditional Medicine Hospital, Dong Nai Children's Hospital) and some districts of Tay Ninh province such as Go Dau health center, health center. City. Tay Ninh.

At the national level, the Project has supported the MOH to develop, supplement and complete the Guidelines for Early Detection - Early Intervention of Child Disabilities, expected to be completed in November 2022. In addition, the project also proposes to develop a screening application for developmental disorders for children 0-6 years old. Currently, the project is carrying out procedures to purchase copyright and select application developers using the ASQ3 Toolkit, testing, completing and transferring the application to the Ministry of Health for widespread use on the Internet. nationwide before the project ends. This is an important factor contributing to promoting ECDDI activities at the national level and orienting to integrate them into regular activities of localities. At the same time, the application of 4.0 technology will make screening for children with disabilities an easy activity for parents to screen their children at home.

3.2.2. Project management and operation mechanism

Compared to many other projects, DISINCT's operating apparatus is quite streamlined, including a central office in Hanoi and a project office in 3 provinces.

The central office has the main positions of Project Director, Deputy Project Director, rehabilitation specialists, special education specialists, M&E specialists and program officers and program assistants.

For local offices in 3 provinces, each office has 1 coordinator and project staff. The Provincial Coordinator is responsible for coordinating and supervising all Project activities locally, working closely with local partners to develop annual plans and budgets to ensure quality and progress. The Project, responsible for the quarterly and annual reports of the local office, supervises the work of the Project staff.

The project's executive apparatus also changed during the project's implementation. According to the original design of VietHealth, the project only has a central office. The project will sign work agreements with the Departments/departments/sectors to carry out the work in the province and transfer the budget to the province for implementation and disbursement. However, USAID's mechanism and regulations do not allow contracting activities with State partners. Therefore, the Project will be directly responsible for implementing all activities and disbursing the entire Project budget. This leads to the project's operating apparatus having to be adjusted compared to the original planned design (which is the familiar design of VietHealth for projects VietHealth has implemented in previous Project programs).

For DISINCT, each province has a local Project office with Project staff employed by VietHealth and operated by a coordinator. All activities of the Project from logistics, administrative and professional organizations are carried out by project staff who are recruited by VietHealth. With the above staff structure, it is clear that there is high efficiency because there is no cost for the cumbersome operating apparatus. However, the project encountered many difficulties in terms of personnel working in the provinces.

With the above way of organizing and operating the Project, there are both positive and negative aspects. The obvious positive side is that the whole machine is directly operated by VietHealth, relatively streamlined and unified. The spirit and philosophy of serving the beneficiaries, the principles of Transparency and Accountability are promoted and unified throughout the entire project staff. The centralized management, coordination of budget reduction among activities leads to reduced budget for Project activities and the target audience directly enjoys all Project interventions. The downside is that, for other Projects that have direct contracts with the locality, the responsibilities of the local Departments/departments/sectors are also enhanced, but, for DISINCT, the local Departments/departments/sectors are The implementing unit is not entitled to any benefits, so attracting local attention to the implementation process is also a challenge of the Project.

3.3.3. Project financial management

VietHealth always complies with USAID financial regulations, consults with partners and experts in monthly activity planning, utilizes all resources to carry out as many activities as possible in the same time. project area. According to the advance mechanism, the project has taken the initiative in capital, so there are no unexpected expenses that are out of control or not on schedule. In addition, project leadership requires project staff to understand and practice cost-effectiveness and to utilize all available locally available resources to maximize benefits for children with disabilities.

The approved Project's Budget Plan for the period 2015-2023 is USD 5,643,422. The total amount received from USAID accumulated from the beginning to June 30, 2022 is USD 5,072,167. The cumulative total project expenditure from the beginning to June 30, 2022 is USD 5,064,544. Disbursement rate as of June 30, 2022 reached 89.74%. It is expected that by the end of Q1 of fiscal year 2023, at the end of the project, the disbursement rate is 100%.

Table 18. Summary of Project's expenditure by year

Summary	FY 2018-2023	Cumulative	Remaining
Budget Plan 2015-2023	5,643,422.00		
Expenditure FY 2015	19,478.67	19,478.67	5,623,943.33
Expenditure FY2016	131,625.88	151,104.55	5,492,317.45
Expenditure FY2017	435,258.76	586,363.31	5,057,058.69
Expenditure FY2018	771,291.26	1,357,654.57	4,285,767.43
Expenditure FY2019	1,002,594.28	2,360,248.85	3,283,173.15
Expenditure FY 2020	977,039.90	3,337,288.75	2,306,133.25
Expenditure FY 2021	1,170,241	4,507,530	1,135,892
Expenditure Q1 FY 2022	206,921.04	4,714,451.04	928,970.96
Expenditure Q2 FY 2022	142 690.16	4 857 141.20	786 280.80
Expenditure Q3 FY 2022	207 402.76	5 064 544.18	578 877.82
Budget Q4 FY 2022	522 812.58	5.557.356,76	56.065,24
Budget Q1 FY 2023	56,065.24	5.643.422,00	0,00

(Source: Report of the third quarter of fiscal year 2022)

The project's funding is transferred directly from Viethealth to beneficiaries and local activities without going through departments. The direct management of funds, saving, avoiding waste, and reducing pressure on local departments is a strong point in the project's financial management mechanism. However, there are also limitations that are quite difficult for leaders and project staff. In addition, local partners are familiar with the mechanism of establishing a Project Management Board integrated in the

State management apparatus, and are decentralized in the implementation of activities and financial management. With Vietnam's management mechanism, the centralized form of financial management at the Central Project Office partly makes the promotion of the management role of local departments not really as expected.

According to the Sponsor's regulations, the Project applies the form of centralized financial management, all expenditures at the main office and local offices need to be paid in advance, and all documents are sent to the office. central room in Hanoi. Provincial offices also only advance regular expenses such as office, electricity and water ... All contracts signed with individual experts or with teachers are also directly signed by the Project leader. Quoted from IDI with project finance officer.

The donor's principle is not to spend money on the state system to operate the Project, but only to promote local partners to participate in the project's activities and only spend for the direct beneficiaries. Quoted from IDI with project leader.

3.3. Involvement of stakeholders in the project implementation process and effective impact to change policies of the authorities

3.3.1. Involvement of stakeholders

Cooperation between the Project and DOLISA, Department of Health and Department of Education and Training in the provinces

Care for people with disabilities is the task of the Ministry of Labor, Invalids and Social Affairs, so the main partner of the project has been approved by the Provincial People's Committee is the provincial Department of Labor, Invalids and Social Affairs. The health and the education sectors are the two specialized units that provide direct services. Particularly in Binh Phuoc, there was only the participation of the health sector. It is worth noting that the cooperation and commitment of the provincial government and specialized departments to the project is very positive. However, in the final stage, the Dong Nai Department of Labour, Invalids and Social Affairs advised the Provincial People's Committee to stop the project from September 2021. The reason may be that the Project management mechanism has not been able to promote the role of the Department's lead and management, leading to the project's termination earlier than planned.

Viethealth's project is both good and limited in that local departments are not entitled to funds. All funds are managed by Viethealth. This is good in that it will ease the burden for the locality, not having to worry about money at all. But the limitation is that implementing any activities under the locality requires supervision of the sector. The role of project leader of the Department is not promoted, it is because of the management mechanism. For example, when an investment project for Hospital A or Hospital B reaches the handover stage, officials of Health sector must be present to supervise. In-depth interview with representative of the Dong Nai Department of Health

In all three provinces, a Project Steering Committee has been established to coordinate project activities with the participation of all provincial departments and has a document specifying the role of each sector in project implementation. The Project Steering Committee was only established at the provincial level and organized the quarterly meeting.

The Project Steering Committee including: the Provincial Committee was established, with the participation of the departments: the Department of Finance, the Department of Health, the Department of Education; there is a regulation on coordination between departments... People's Committee promulgates the operation plan, responsibilities of each department, meeting, and report. Establish a coordination committee and assign tasks to each of them. (In-depth interview with leader of Tay Ninh Department of Labour, Invalids and Social Affairs)

The provincial project office is the focal point to manage all information about project activities. The project develops annually, quarterly, and monthly plans on project activities and send to Departments for information sharing and collaboration during the implementation period. By this approach, the project has provided information and platform for parties to collaborate in the implementation of project activities.

All dispatches of the Project are sent to the relevant Departments: Department of Health, Department of Education and Training, Department of Labour, Invalids and Social Affairs... so that all departments can get information, if there is any problem, they can still respond and coordination with each other. In the early stage, the Department of Education and Training had some staffing problems, so only DOH and DOLISA were involved. In fact, when implementing the project, the Department of Education and Training also wants to participate so that preschool teachers can be trained in screening and taking care of children with disabilities so that they can receive children with disabilities at educational institutions and know how to teach them better. (In-depth interview with leader of Binh Phuoc Department of Health)

The vertical relationship or directing the implementation of project activities in each sector have done very well. However, each sector has its own activities, information about project activities of each sector is shared through quarterly reports of the provincial project office. The coordination between health and education is quite close when there are related activities.

The Department of Education and Training has agreed with the Department of Health at equivalent levels: Department - Department, Education and training room - DHCs, Kindergarten - CHCs. When the Kindergarten detects a child with suspicion, it proposes to transfer to the health care center to screen, evaluate and coordinate with the family in making records for the disabled child; coordinate with trained teachers to develop plans and timetables to support children at school and at home. The two departments of health and education coordinate in directing in mobilizing parents of CWDs to participate in training courses for parents of CWDs organized by the Project; Medical supervision of rehabilitation support at home, Supportive education, supervision of CWDs' parents taking care of children's education at home. (In-depth interview with leader of Tay Ninh Department of Education and Training)

The coordination between the health and education sectors is very close in implementing project activities. For example, if a child in the education sector needs rehabilitation intervention, they will be transferred to the health sector, and vice versa, if the child needs rehabilitation intervention needs special education intervention, the health sector will be transferred to the education sector. Children with disabilities who have not yet received benefits will be transferred to the Social Labor Department. (In-depth interview with technician of Faculty of Traditional and Rehabilitation Medicine, Tan Chau district health center)

Collaboration with other projects in the same locations

In Tay Ninh, VNAH project also has similar rehabilitation activities for people over 6 years old. Therefore, besides referral of CWDs over 6 years old from the DISTINCT project to VNAH for continuing the intervention, in the process to develop the implementation plan relating to rehabilitation, two projects collaborated with DOH to avoid overleaping and utilize available resources of two projects in order to maximize the supports for Tay Ninh province. Two projects organized coordination meetings during the planning process and activity implementation. For example, VNAH project organized 10-month training on rehabilitation for health workers, so that DISTINCT only focused training on pediatric rehabilitation for health workers already trained by VNAH.

Besides this, in Tay Ninh province, there exists one project of DRD with focus on supports to build pre-school's toilets. However, collaboration stopped only at coordination meeting, and information sharing (approach, policies for people with disabilities), exchange in order to find collaboration opportunities.

Activities performed by subcontractors of the Netherlands - Vietnam Health Committee (MCNV)

The project signed a subcontract with MCNV on the Speech and Language Therapy (SALT) to create a foundation for the nation to build an official training system on SALT. This is a completely new training field in Vietnam, so it is necessary to complete the documents and training materials for opening the training code. In early March 2019, a proposal document for opening the master training code was submitted to the MoET for approval. On June 18, 2019, the Ministry of Education and Training issued Decision No. 1709/QĐ-BGDDT allowing the University of Medicine and Pharmacy at HCMC (UMP) to provide master's degrees in rehabilitation engineering, code 8720603. There is no available teaching staff to meet the requirements for titles and degrees as well as no master's program in Rehabilitation Engineering, so the UMP has cooperated with The University of Sydney (Australia) and Trinh Foundation (Australia) conducted the first training course, starting with a major in SALT. The training program framework and training plan have been developed and agreed upon by the UMP and the University of Sydney with the main criteria being to ensure training quality and be appropriate to the conditions and context in Vietnam. The subjects of the first course with the participation of 20 candidates are lecturers of medical schools nationwide. The first course has also been completed with 14 new masters who are lecturers from medical schools nationwide and 1 person from a rehabilitation service provider - Tay Ninh Rehabilitation Hospital.

MCNV has proposed a cooperation with the Trinh Foundation Australia (TFA) to support Danang University of Medical Technology and Pharmacy to develop the training curriculum of the Bachelor of Rehabilitation Techniques with Specialization in SALT. On May 3, 2019, the MoET issued the Decision No.1605 to allow Da Nang University of Medical Technology and Pharmacy to train bachelor's degree in the specialty of speech therapy. To date, the curriculum of all 23 subjects has been completed by Australian trainers has been translated from English into Vietnamese. In addition, the DISTINCT project has been working with the Danang University of Medical Technology and Pharmacy on the enrollment of the first course. Up to now, 20 students have graduated with a bachelor's degree in SALT.

The activities of the MCNV subcontractors contribute to the overall sustainability of the Project, meeting both domestic needs and international standards, and to enhance the capacity of the Project area immediately.

Cooperating with private organizations and units to intervene for CWDs

State specialized schools are mainly for deaf and visually impaired children, so there are limits. The project has cooperated with a number of private entities that are currently intervening for children with disabilities in the project area. The project signed a contract to hire intervention for children with disabilities (the cost of paying for school and boarding meals for children is about two-thirds supported by the project, the rest is supported by the private unit), in exchange for the project to send staff of the Center for specialized training in SALT.

For example, the project sent 15 children with disabilities to Song Pho Center for Applied Psychology (Dong Nai). Every 6 months, project experts come to the Center to directly assess each child. The evaluation results showed that the children who received the intervention had positive changes. The project supported the training of 01 staff on SALT. Hoang Duc Center for Support and Development of Inclusive Education for Children with Autism is also a private unit in Dong Nai that performs OT, SALT with the scale of 300 children regularly and continuously. The project sent 30 children with disabilities to the Center for intervention. In return, the project supported training for 01 staff on SALT. In Tay Ninh is the Nurturing and Rehabilitation Center for Victims of Agent Orange of Tay Ninh Province (VAVA).

Cooperation with private organizations to intervene for children with disabilities opens a new approach that both promotes service development and increases the availability of intervention services for local children with disabilities to choose from.

Cooperation of CWDs' families

Most parents/caregivers actively cooperate with the project such as sending their children to be screened, implementing interventions. However, still a few parents/caregivers do not accept the fact that their children having disability, especially with the group of children with autism, hyperactivity.... Parents think that when their children are still walking normally, they are not disabled. In many cases, when the kindergarten teachers found children with abnormal manifestations and advised their families to take them for examination and invited them for attending the training courses but they refused because they thought their children were completely normal.

The child has autism but some parents say he is very good, obedient. Or if the child has hyperactivity, parents say my child is just hyperactive, not a disability. That is, they think those signs are normal. When the project's experts explained in detail, they still did not accept their child's condition, did not cooperate, even there were cases where the project staff was kicked out by their parents. This shows that parents' awareness is still very limited. Only a few, but they are also challenges for project staff and teachers. In-depth interview with Hao Duoc Commune staff.

The cooperation of parents who have children in need of support are very important, they must understand that, the teacher's time to educate their children is limited, and it is the parents who are closest to them and children needs to be continuously taught then they will remember, they will forget if interrupted. (In-depth interview with leader of Long Khanh City Department of Education and Training, Dong Nai province)

About the training courses for parents/caregivers with children having movement disabilities, the percentage of parents/caregivers involved accounts for 80%. However, the percentage of parents/caregivers participating in training courses on special education for children with intellectual disabilities is often lower. In addition to the common causes including limited awareness of parents/caregivers, work to earn money due to difficult economic conditions, and no participants, some

parents/caregivers with CWDs having special education needs did not want to accept that their children had disabilities.

Training courses for parents on special education have their own difficulties. First of all, it is necessary for their parents to understand that their children have difficulties in intellectual development and that helping them to accept their children is also a problem, especially for parents in rural areas and ethnic minorities. Especially for children with mental retardation or children with autism spectrum disorder and the defects that cannot be seen outside, their parents do not understand. If they don't understand, they also attribute their babies to their friends, which are dull and naughty. In-depth interview with Binh Phuoc Special Education expert.

In addition to this, current approach that parents are applying, including thinking "all things rely on teachers" and delegation responsibilities to care and teach their CWDs for teachers has significantly influenced to the parents' participation during intervention process for the children. Movement disabilities are easy to see but for intellectual disabilities, some parents/caregivers are difficult to recognize and do not think their children need intervention and they refuse to attend training courses. With perseverance, the evaluation team convinced a lot of parents/caregivers, when they participated more in the project activities they had a more positive attitude.

3.3.1. Effective impact to change the policy of the authorities

At central level: Workshops on policy advocacy and sustainability orientation have been implemented by the Project to share the ECDDI model. Most recently, the project is supporting the Ministry of Health to revise the guidelines for ECDDI of children with disabilities. As planned, by the end of 2022, the ECDDI guidelines for children with disabilities will be completed for the Ministry of Health to issue. This is an important contribution of the project in influencing policy changes of the authorities.

At local level: The project has developed and strictly implemented a roadmap to mobilize local partners to gradually integrate the implementation of steps in ECDDI process into routine work and develop a provincial master plan to continue implementing ECDDI activities after the project ends.



Image 7. Working with Tay Ninh Department of Labour, War Invalids and Social Affairs

In Tay Ninh: Health and education sectors have put ECDDI activities into regular operation. On February 28, 2022, at the Instruction No. 688/HD-SGDĐT, the Department of Education and Training issued a guide to implement ECDDI activities for preschool children with disabilities in educational institutions in Tay Ninh province. The guidelines are applied within the Education sector of Tay Ninh province. In addition, the process is a reference document for the sectors of Labor - Invalids - Social Affairs, Health ... to coordinate in implementing the project to assist people with disabilities in Tay Ninh province in the 2021-2030 period. Very specific instructions for each level based on the human resources trained by the project (613 officials and teachers from 94 communes and wards in 9 districts, towns and cities and the Tay Ninh School

for Disabilities have the capacity to recognize the signs of suspected disability in children and to carry out screening tests through the use of questionnaires and screening tools in schools; 52 officials and teachers in all districts and cities were trained in knowledge and skills on developmental assessment for children with intellectual disabilities and developmental disorders; 508 officials and teachers have been trained and fostered in special education; 02 staff trained in pediatric SALT; 19 key officials from 9 districts/towns and cities, the Provincial School for Disabilities were also trained in special education, and 03 kindergarten school established an intervention room/educational support room for children with special needs) to implement ECDDI with 03 main stages: Screening, Diagnosis - Development Assessment and Intervention.

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*The project has policy impacts that are most evident from 2019 to now, before the school year, the Department of Education and Training has issued a guiding document and issued a ECDDI process for CWDs in the whole province. The project has created a high consensus of the society; create a good effect in the implementation of children's rights as well as the right to health care and education in all localities.* In-depth interview with representative of Tay Ninh Department of Education and Training.  
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Because Binh Phuoc and Dong Nai have only implemented the project in 2 districts/provinces, the steps in the ECDDI process for CWDs under 6 year olds have not yet been implemented into routine work and developed a master plan for the province but stop at capacity building. However, Binh Phuoc Provincial People's Committee has also issued plan No. 227/KH-UBND dated September 15, 2020 "Plan for implementation of Binh Phuoc province's disability assistance program in the period of 2021-2030". The People's Committee of Hon Quan district has also issued the plan No. 138/KH-UBND dated June 4, 2021 "Implement social assistance and rehabilitation programs for mentally ill people, autistic children and people with mental disorders based on the community for the period 2021-2030".

An activity that is not part of the commitment from the beginning with the sponsor and the locality, but an initiative that is highly appreciated by the labor sector in the 3 project provinces is that Viethealth has trained and disseminated Circular 01/2019/TT -MOLISA for members of the Council to determine the degree of disability in the communes of Tay Ninh province, the communes participating in the project in Dong Nai and Binh Phuoc provinces. When organizing the training, Viethealth invited members of the Provincial Medical Council to guide the preparation of assessment documents. After the training, Viethealth forwarded the list and records of examination, classification and disability identification of children screened by the project to the commune councils on disability determination. Records of examination, classification and identification of disabilities of children screened by the project are provided to the commune councils on disability determination as a basis for the Council to consider, only when there is a dispute, the child must be sent go for inspection in the province. If the commune sends it to the province, it will cost 3 million VND/child. If a child is determined to be disabled, the commune has to pay; if the child is determined not to be disabled, the family must pay.

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*The project has 2 training sessions for the commune councils on disability determination of 94/94 communes/provinces on Circular 01/2019 replacing the previous Circular 37 of the Ministry of Labour, Invalids and Social Affairs in 2019 and 2022. This is one of the meaningful activities of the project in early detection of children with disabilities 0-6 years old, an age that can detect many children at risk of autism, ADHD. The province highly appreciates this activity because from the capacity building of the Council, it ensures the rights of PWDs to receive support regimes from the Government.* In-depth interview with representative of Tay Ninh Department of Labor, War Invalids and Social Affairs.  
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The support of the DISTINCT project has made a fundamental change in the rehabilitation and special education services for children with disabilities in the locality. Along with Physical Therapy (PT) and Occupational Therapy (OT), Speech-Language Therapy (ST) and special education have been formed and developed in the project area.

Viethealth has supported the rehabilitation major to train a master of SALT, a bachelor of SALT, training to improve OP and PT techniques for the rehabilitation team of provincial and district health facilities, and to train commune health workers in early detection of children with disabilities in the community. VietHealth has helped the Tay Ninh health sector develop a screening process for ECDDI with children aged 0-6 for Department of Health to sign and issue. In addition, VietHealth also provides basic equipment for the ST room of the rehabilitation hospital. Viethealth's support has had a positive impact on rehabilitation services for children with disabilities in Tay Ninh. Rehabilitation medical services, especially ST's, are considered by everyone as a solution, meeting the wishes of parents of CWDs, Tay Ninh people, and at the same time improving the quality of the hospital in a multi-specialized direction. (In-depth interview with leader of Tay Ninh rehabilitation hospital).

3.4. Advantages, difficulties and lessons of success, lessons learned

3.4.1. Advantages and disadvantages during project implementation

Advantages:

The first advantage is that USAID's priority orientation is consistent with the national goal of supporting people with disabilities in Vietnam in general and children with disabilities in particular. During the implementation process, the Project has also received active cooperation and support from sponsors.

The project received much attention, cooperation and support from USAID from the project submission stage to the implementation process. USAID's strong commitment to supporting activities for people with disabilities is a great advantage of the Project. In-depth interview with project staff.

The cooperation and high commitment to the project of the local government of the project provinces, especially Tay Ninh province. The participation of departments and agencies is positive from the point of view that supporting PWDs in general and children with disabilities in particular is the responsibility and obligation of the province. The project only has a supporting role for the province to fulfill its responsibilities and roles better. After the project is withdrawn, it is still the work of the province.

The dedication in the work of the managers team and project staff from the central to the local project office. The project managers teams are talented and really enthusiastic people, always trying to bring the highest efficiency to the project, spreading enthusiasm for the profession to the team of partners. Human resources at the provincial project office are young, capable, responsible and always try to complete the assigned work, not afraid to work on weekends and holidays.

The managers team of the local partners is open and determined to carry out the project for the benefit of children with disabilities, cooperate openly and exchange maximumly. The local staff is also very enthusiastic. The more they work together, the more they understand the child's needs, and more committed.

The enthusiastic contribution of the kindergarten teacher team. They overcame many difficulties and obstacles, learned a new major - special education, and devoted a lot of enthusiasm to teaching children with disabilities. In intervention activities for children with intellectual disabilities, many kindergarten teachers participate actively, responsibly and especially with a kind heart and love for children with disabilities. They are not afraid of difficulties and have overcome all to help children with disabilities learn. Many teachers work overtime, going to the families of children with disabilities to discuss with families and parents how to help children with disabilities without getting paid.

Advantages in the implementation of the DISTINCT project are the attention of the leaders of the province, the city, the leaders of the sectors, the enthusiasm of the schools Board of Directors, the teachers and the cooperation of the parents of children with disabilities. They were more open, more supportive when surveying and accepting their children with disabilities, before there was a project that they didn't dare to admit when talking about disability. (In-depth interview with leader of the Department of Education and Training of Long Khanh city, Dong Nai province)

Close cooperation with project activities of parents/caregivers of CWDs. Most of them did their best with the desire for their children to improve more and more. Especially, with the effectiveness of intervention activities, day by day, the awareness of parents of children with disabilities has changed positively. Many parents have actively brought their children to seek support from the project.

Difficulties:

✓ *Difficulties related to project adjustment:*

Changing the location of the project is the first difficulty. As originally planned, the project will be implemented in Thai Binh from 2015. However, in the process of local mobilization, facing many difficulties, the project could not be implemented in Thai Binh. On August 5, 2016, Tay Ninh Provincial People's Committee issued Document No. 2200/UBND-VX on receiving the project "Disability integration services and therapies network for capacity and treatment". After that, the project continued to be approved by the sponsor to expand to Dong Nai and Binh Phuoc from October 2017 to the end of December 2022. A number of activities were adjusted in terms of locations. For example, the bachelor training program on special education will be conducted at Hanoi National University of Education if the project implementation in Thai Binh. When the project is implemented in Tay Ninh, the training program was moved to HCM University of Education.

Activities are flexibly adapted to the local context, resulting in the activity codes being continuously adjusted. This has made a lot of difficulties for monitoring and evaluation of the project indicators.

✓ *Difficulties related to mechanism*

There are many objective factors that have significantly affected the implementation progress of the project, especially in the period of project expansion. Firstly, local authorities' appraisal for the project was too long leading to delays in approval of the project, particular Dong Nai's approval was delayed 2 quarters, and Binh Phuoc's approval delayed 3 quarters. Secondly, as results of proposals and consultation from sectors, Binh Phuoc People's Committee, has requested the DISTINCT project that the education sector will not participate in the project activities and focus on building capacity for the health sector only. This was the project's great challenge, forcing the project to adjust for Binh Phuoc province. The project has adjusted its approach and training package for parents on special education as soon as the project is introduced into the province instead of following the project's design, all children with Spec. Ed. intervention needs will be directly intervened by kindergarten teachers at home or at preschool.

For the DISTINCT project, local departments, committees, sectors are only working at collaborative manner without incentives, therefore, having attention from local partners during project implementation is a great challenge for the project.

✓ *Difficulties related to personnel*

Officials in the provincial offices have many part-time jobs, high job requirements, considerable pressure, and many officials have had to resign. Moreover, it is very difficult to find local staff in 3 provinces meeting the requirements of the Project. The project offices in 3 provincial are mainly from other provinces so it affects the long-term attachment to the Project.

The biggest difficulty of kindergarten teachers was a limited time, ensuring school work, family work and implementation of interventions for children: it was a hard job for the teachers. Besides, the project, as well as the donor, had very clear and strict regulations on accounting forms and audit procedures with the teachers. Changing forms of child intervention plan made it difficult for them.

One difficulty for the project is that health workers in charge of rehabilitation at district and commune levels are mainly doctors/assistant doctor in traditional medicine, while the Ministry of Health's regulations do not grant practice certificates to these doctors/assistant doctors on traditional medicine.

This regulation partly affects the health workers performing rehabilitation activities for children at CHCs and in the community.

The change of jobs or rotation of local officials also makes the project face difficulties. For trained kindergarten teachers, although there was a commitment to implement interventions for children, but after a period of time participating in the project due to family circumstances, some teachers have to leave. Therefore, the project has to train additionally the number of new teachers, leading to not continuous intervention time for children. For health workers and social workers, many trainees went on rotation after being trained, field-based project staffs had to find replacements and it took time to convey the training content to new people.

Initially, limited and incomplete awareness of the local officials and authorities, CWDs' parents and communities about disability has also contributed to the project's delays. This has also created a negative impact on the DISTINCT project to achieve the planned objectives.

✓ *Difficulties due to the impact of the Covid-19 pandemic*

The COVID-19 epidemic disrupted project activities during the quarantine period. After that, many project activities were carried out online such as capacity building training, support rehabilitation exercises for CWDs at home, and kindergarten teachers teaching online for children. At that time, CWDs' parents were also at home more, spending more time teaching their children. Therefore, the epidemic does not affect too much to intervention activities for CWDs.

However, the Covid-19 epidemic has had a great impact on SALT training activities. This is a new field in Vietnam, so the master's training course is completely dependent on foreign lecturers. In the context of the pandemic, activities related to foreign elements are very difficult to implement. Practical classes must also be taken online. To overcome and improve the quality of training, the project added a 2-month clinical internship for trainees when the epidemic stabilized again.

According to the original design, there is no 2 months internship in the master's program. When the storm of Covid-19 came, foreign lecturers could not come to Vietnam to train in Ho Chi Minh City. The pandemic is terrible in Ho Chi Minh City on that day. Practitioners' practice is seriously affected. Therefore, the practical parts instead of face-to-face learning must be online. After finishing, we organized a 2-month clinical course, Australian lecturers came to assist, 1 teacher with 1 student. Quoted from IDI with MCNV's representative.

3.4.2. Lessons of success, lessons learned

✓ Lesson on flexible adjustment

The first successful lesson is the flexibility of the project managers team and sponsors-USAID. During the implementation process, the project has a lot of adjustments to suit with the local situation, the clearest evidence is in Binh Phuoc when the education sector did not participate in the project. And Bien Hoa city of Dong Nai province not only implements Spec. Ed. at kindergarten like in Tay Ninh, but also trains parents/caregivers to intervene at home.

During the implementation of the Project, having flexible adjustments to respond to the actual situation is a good lesson, of course, it is still necessary to ensure that the project objectives are closely followed. Not only adjusting in large activities but also being flexible in the way of doing things in each locality. In-depth interview with Project staff in Dong Nai.

For children 3-4 years old who can't speak yet, their parent's want they can speak, the pre-class 1 children's parents want children to be able to read, or life skills. In Hon Quan, we couldn't imagine this, so we gathered all parents together, the training was very difficult because we talked about issues that they didn't need to hear so they were bored. After that, it is very difficult for Dong Phu to invited parents, they did not participate. Only when experts and project staff come to their home for technical support to understand their needs. We started to change. After examination over, the parents need to be divided into groups of needs including early intervention, pre-primary education and life skills. Exactly what they care about, we gather a community with the same needs, they are easy to share with each other and we find it effective. In the process of doing the Project, we feel that if something is good, we ask for feedback, what is more effective, we change. I think that is a successful lesson of the Project. In-depth interview with Binh Phuoc Project staff.

✓ Lessons on policy advocacy

Policy advocacy is not only advocacy for local partners but also advocacy for the participation of CWDs' parents. For partners, advocacy of participation of related local departments/agencies were well done by VietHealth. Leaders and project staff are experienced, capable, enthusiastic person and they have persistent in persuading and mobilizing departments/agencies to understand the objectives and significance of the project, and have conveyed confidence to the project.

The close attention and direction of the leaders of the Provincial People's Committee, the close and effective coordination of all levels and sectors, the commitment and responsibility of the implementing organizations are the factors that make up the success of the project. In-depth interview with representative of the Department of Labor, War Invalids and Social Affairs of Tay Ninh province.

Advocating and communicating ideas to parents is also very important. Their children have problems but still have to appease them to let their children get intervened. The language of the people in the region is simple, shy in communication, they will be silent if it is not clear. Make sure they understand, follow, believe in the interventions and actively cooperate with the project intervention for their children. The effectiveness of interventions for children is clearly seen that creating confidence in children's parents for health workers, kindergarten teachers and project staff.

Initially, the Project had only one intervention form through kindergarten teacher, through the implementation process, it developed a variety of intervention forms to meet the needs of the locality and the needs of the parents. Before, the parents thought that they couldn't do it themselves, but only a specialist could intervene for their child. Later, the parents realized that they are the ones who can help their children improve. Step by step, the project has communicated ideas to parents, made them understand and put their trust in themselves and their children. In-depth interview with project experts.

✓ Lessons related to personnel

The success of the project has an enthusiastic and dedicated contribution of kindergarten teachers. They have overcome difficulties, obstacles, study a new science – Special Education and spent their dedications to provide interventions for CWDs.

Consultants/experts are experiences. They themselves also very enthusiastic and ready to participate in project activities, willing to provide technical comments and suggestions to best support for the project.

When working with project's partners, with project staff, community officials and parents of CWDs need special patience, respect them, accompany them and arouse in them the sense of responsibility and pride in the work they are doing is to support for vulnerable people in society. Through this way, the project opened up hopes and dreams for a brighter future for CWDs.

Over many years of experience in implementing ECDDI models for CWDs, VietHealth has strong points in the professional capacity. Therefore, although the project has flexible adjustments, the activities still followed the theoretical framework to achieve the final goal of the project.

✓ Lessons on monitoring and supervision

An officer takes in charge of M&E and a separate monitoring system for each child, there was no overlap the number of children with needs for Spec. Ed. and the number of children needs rehabilitation, monitoring for each trained staff so It was simple to select a source to be trained. This was a valuable lesson for implementing projects later.

✓ Lessons on sharing information, utilizing and connecting resources

Share the work plan and coordinate with other projects in the same area, in particular in collaboration with VNAH's DIRECT Project also supported by USAID fund in planning and coordinating activities, review meetings, transferring older children as well as children with need for rehabilitation equipment. Recently, VietHealth and VNAH are discussing to sign a new agreement on coordination of implementation activities between two projects in three provinces of Tay Ninh, Binh Phuoc, and Dong Nai.

Leaders and staff of VietHealth have extended all relevant personal and organizational relationships to coordinate service delivery and referral CWDs to a health facility/Spec. Ed. center. Even when working with provinces, the project has created close relationships with departments/sectors. In managing and implementing projects, using human resources effectively, especially maximizing the use of trained human resources, maximizing cost savings.

3.5. Sustainability and replicability of the ECDDI model

3.5.1. Sustainability

✓ Policy sustainability

With many years of experience in implementing the early detection and intervention models for children with disabilities in provinces and cities including Vinh Long, Da Nang, Hue, Bac Giang, Phu Tho, Yen Bai, etc..., so far, the ECDDI model being applied in Tay Ninh, Dong Nai and Binh Phuoc has confirmed to be a complete, effective and sustainable model. Guidelines on ECDDI of the health sector that have been supplemented, revised, completed by the Project and promulgated nationwide will be a technical guide to replicate the ECDDI model, not only for the remaining areas of Binh Phuoc and Dong Nai, but also for other provinces.

The project revolves around the issue of ECDDI for children 0-6 years old. Although the MOH had previously provided guidance, it only stopped at zero in the provinces due to the lack of budget, untrained personnel and no official report in the provinces to the MOH. Therefore, supporting the MOH to revise, improve and issue the ECDDI Guidelines across the country will have high policy sustainability. In-depth interview with project leader.

✓ Sustainability in health and education services for CWDs

In order to achieve the sustainability of the ECDDI model in Tay Ninh, the project has consolidated core competencies including capacity for disability assessment, training and intervention organization, parent counseling and training capacity, etc. will also be strengthened at provincial and district levels with assistance from The Center for Inclusive Education of the province, settings providing inter-professional and multidisciplinary rehabilitation services in the province and districts. The project is pursuing a roadmap to mobilize local partners to gradually integrate the steps in the early detection and intervention process into their routine work and the project support to develop an overall provincial plan to continue implementing ECDDI activities after the Project ends. Guidelines for the implementation of ECDDI activities for kindergarten children with disabilities in educational institutions in Tay Ninh province (Guideline No. 688/HD-SGDĐT dated February 28, 2022) is a convincing example.

✓ *Sustainability in personnel*

The masters of rehabilitation majors in SALT, and bachelors of rehabilitation majors in SALT who graduates from project-supported courses will become the main experts involved in the development of SALT methods in Viet Nam. They will be SALT lecturers at 4 universities including Ho Chi Minh City University of Medicine and Pharmacy, Hue College of Medicine and Pharmacy, Danang University of Medicine and Pharmacy, Hai Duong University of Medicine and Pharmacy, and other DISTINCT's partners in the Project area and SALT-related organizations. The training activities for SALT masters and bachelors contribute to the overall sustainability of the Project, meeting both domestic needs and international standards, and to enhance the capacity of the Project area immediately.

The development of multi-disciplinary rehabilitation services for health facilities of the project is highly sustainable, using human resources trained by the project, generating revenue for health facilities, and at the same time serving the needs of children with disabilities. We appreciate the project's support for the local health sector as well as the support to improve the quality of life for children with disabilities in the area. In-depth interview with representative of Tay Ninh Department of Health.

The capacity of health staff and kindergarten teachers to implement ECDDI for children with disabilities is improved through training activities to strengthen capacity and experience in the project implementation process. Especially, trained staff on rehabilitation, Spec. Ed., SALT by the project will be the key personnel for capacity building activities for lower levels. After the project ends, this human resource of each province can continue to implement the ECDDI model for children in an effective and inexpensive way in the following years.

Through the implementation of project activities, health workers, kindergarten teachers, and social workers in 3 provinces can establish cooperative relationships with experts in education, health, and society. Zalo, Facebook, etc groups have been established and interact regularly. This is a good way for staff and teachers to exchange information, learn and develop their professional competencies.

In order to maintain the ECDDI model in Long Khanh city from the perspective of our education sector, the Department of Education and Training continues to direct teachers who have been trained by the project to continue implementing ECDDI activities and those with disabilities should perform early intervention for kindergarten students. For the cases of disability that have not been encountered by trained teachers, we are aiming to replicate, maybe to set up groups or blocks for teachers that have CWDs in the class to share their experiences. Maybe in this school there are trained teachers who have intervened for children of this age, when other

schools have it, we sit together to share experiences to spread some of the results that the project people have worked so hard to bring to us. (In-depth interview with leader of Long Khanh City Department of Education and Training, Dong Nai Province)

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The DISTINCT project has completed training in regulation and standards for defining disabilities as per the Circular 01/2019/TT-LĐTBXH for all 95 Commune Council to identify people with disability of Tay Ninh, communes/wards in the project districts of Dong Nai and Binh Phuoc. The training and disseminating the Circular No. 01/2019/TT-LĐTBXH have contributed to improving the capacity of identification of people with disabilities and applied to subsidize scheme for people with disability, support for the implementation of rights of people with disability in general and CWDs in particular. After training, Commune Councils reviewed all cases that were identified by DISTINCT to issue the certificate for Person with Disabilities for CWDs meeting requirements. For suspected children that Commune Council cannot identify, the children will be transferred to Provincial Council for medical verification. The certificates of disabilities were transferred from the project to Government, parents/caregivers were also benefited from this. Having the certificate, CWDs were also applied relating policies of education sectors for people with disabilities.

Parents/caregivers for children included in the project were trained for participating in the early intervention process for their children. Parents guidance is sustainable because they have awareness and accompany their children for a long period of time. When the project is finished, they will not only continue to continue the intervention for their own children but also can guide other parents of children with disabilities who do not participate in the Project. Tay Ninh in the final stage also guides parents to intervene.

✓ *Sustainability in public awareness*

The stories of each child's progress and improvement will spread and light the hope for other children with disabilities. In the process of meeting and exchanging with parents of children with disabilities, many families are willing to pay money to kindergarten teachers when the project ends so that they continue to intervene for their children. This shows that the project has had an impact on changing the perceptions and views of parents, opening up a brighter future for children and families of children with disabilities.

3.5.2. Replicability of the ECDDI model

The replication of the ECDDI model of the DISTINCT Project was mainly implemented through workshops to share experiences and lessons learned from the Project implementation. This is an effective way to raise awareness of provincial leaders at all levels about the ECDDI model and integrate the ECDDI model into the province's annual plans and budgets.

As analyzed above, most project's activities in Tay Ninh used local manpower for screening, evaluation, and intervention. ECDDI activities have been included into the province's regular plan for rehabilitation and education and training, showing the success of the Project.

For Dong Nai and Binh Phuoc, the project is implemented in two districts/towns in each province, so the replication of the model depends on the actual situation of the locality such as human resources, policies, willingness to participate in the Project of stakeholders, local resources ...

For Tay Ninh, ECDDI activities have been put into regular operation. For Binh Phuoc and Dong Nai, it only stopped at capacity building, because it was only implemented in 2

districts/provinces. Particularly, Binh Phuoc has expanded. In-depth interview with project staff.

3.6. The ECDDI model leads to a change in the lives of children with disabilities

From the very beginning of the project, DISTINCT has devoted all its heart, energy and resources to providing support and services to children with disabilities and their families with a focus on improving the quality of life for CWDs.

It can be affirmed that ongoing project activities are gradually change the lives of children with disabilities, increasing access to services, reducing the level of child disabilities and improving the quality of life for children with disabilities. The statistics on the results of the project activities have partly proven: 209,855 children in 3 provinces were screened, 13,213 children were suspected to be evaluated, diagnosed and classified, 9,183 children with disabilities were identified, diagnosed and classified, 3,110 CWDs were intervened.

3.6.1. About the quality of life of CWDs

The quality of life of children with disabilities is assessed in four aspects, including 1) Increasing the care of families for children with disabilities; 2) Increase access to services; 3) Increase social interaction; and 4) Physical, cognitive, and behavioral improvements in children with disabilities.

When asked about the family situation before the child joined the project, 80% of the respondents said that the family knew the child's condition before the project, 20% of the family only knew about the child's condition when screened by the project. About 88% of parents said that they had sent their children to health centers for examination and treatment at all levels, and 12% of families had never sent their children to medical examination or intervention at any facility. However, more than 53% of parents said there was no change when coming to these units for treatment. Up to 60% of respondents answered that the family itself did not have any intervention for the child.

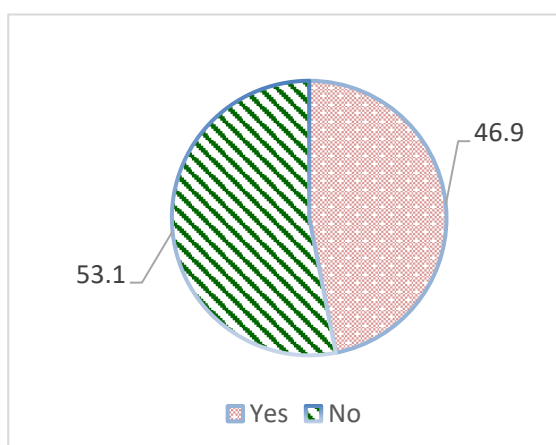
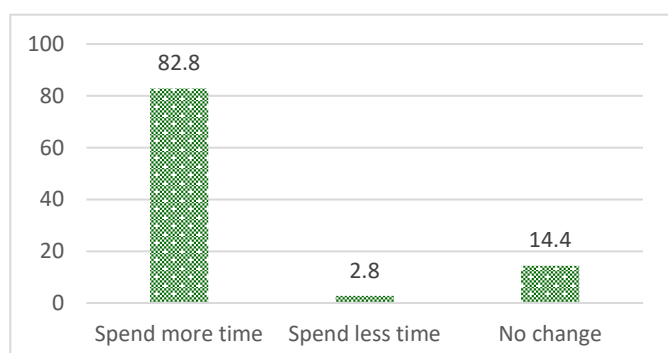


Figure 7. Percentage of parents who said that treatment made a difference for their children compared to before participating in the Project

Coming to the Project, the main person in charge of child intervention is the mother (70.7%), the rest are grandparents (12.1%) and very few fathers participate in the intervention for children (see **Error! Reference source not found.**).



Awareness of parents of children with disabilities was a huge challenge of the project. Many parents did not accept the fact that their children had a disability, but many parents accepted their children with disabilities, which means the family's burden. By implementing advocacy and

Figure 8. Time spent by parents/carergivers with children compared to before participating in the project

counseling, with the spirit of "long-term beams of rain", the views and attitudes of families having children with disabilities have gradually changed in comparison to before the project.

According to the DISTINCT Project's Report on Improving the Quality of Life for Children with Disabilities aged 0-6 years old, the data shows that since participating in the project, parents have changed the way they implement interventions at home. Specifically, they practiced at home according to the instructions in a more active way, 3 times more than before. This shows that the project has clear impacts on parents from changing their behavior to their perception, but most importantly, it is the change in the way they practice with their children at home⁵.

I didn't believe it when I first heard the project staff say that the child has autism. I said that he developed normally, completely unaware that my child has such a defect, the project invited me to attend the training, I did not go. After that, I was explained many times by staff and experts at home, and gradually I realized that my child is different from other children of the same age. Then I see he has a positive change after 1 month, then 3 months, he improves. Before, he didn't know how to ask his mother and didn't care who did what, when he knew how to hold a glass of water to invite his mother, I cry tears of joy. I blame myself for not realizing it early and not listening to what the project staff said. Now that I know, I also share information with parents in the same situation to hope that their parents will soon change their views and take the time to help them better. In-depth interview with CWDs' parent in Tan Chau District, Tay Ninh Province.

According to the majority (82.8%) of interviewed parents, the time they spend with their children has increased compared to before the project.

⁵ VietHealth. Assessment report on improving the quality of life of children with disabilities 0-6 years old in the DISTINCT project.

Table 19. Percentage of parents/carergivers who said that the life of children with disabilities has changed when participating in the project intervention

Contents	Binh Phuoc		Dong Nai		Tay Ninh		Total	
	n	%	n	%	n	%	n	%
Children can walk/mobilize thier impaired body part	8	26.7	3	10.0	43	35.8	54	30.0
Children can eat, drink, and clean themselves	17	56.7	18	60.0	47	39.2	82	45.6
Children can communicate with people around	12	40.0	13	43.3	40	33.3	65	36.1
Children can speak/or express his or her opinion	13	43.3	14	46.7	40	33.3	67	37.2
Children know how to care for family members	14	46.7	12	40.0	36	30.0	62	34.4
Children know how to express their individual abilities so that everyone can see	15	50.0	12	40.0	29	24.2	56	31.1
Other	0	0.0	0	0.0	6	5.0	6	3.3
No change	2	6.7	7	23.3	24	20.0	33	18.3
Total	30	100.0	30	100.0	120	100.0	180	100.0

(Source: The result of interviewed with parents for the final assessment)

About 81.7% of interviewed parents said that the life of children with disabilities has changed a lot after participating in the project' intervention such as children can eat, drink, and clean themselves (45.6%), Children can speak/or express his or her opinion, can communicate with people around (36.1%), know how to care for family members (34.4%), know how to express their individual abilities so that everyone can see (31.1%) or some children can walk and move on their own with impaired body parts (30%). The remaining about 18.3% of parents said that their children had no change. These often are cases of severe disability and it has been a success to maintain these circumstances so that the child's disability does not worsen.

Factual Story

Bao Ngoc was born in 2013, and was suspected of disability by the family and school at the age of 3, was taken to medical centers in different places, was treated but did not progress. The family is very concerned about Ngoc's condition and does not know where to look for services to suit their child's condition and also does not know how to interact and carry out appropriate educational activities. Through the screening and evaluation of the Project in 2016, experts concluded that Bao Ngoc has an intellectual disability. All development parameters are at a low level: poor cognition, poor communication, gross and fine motor are below average; Children are not active in their daily activities.

Right after the child was included in the project's intervention list, his parents attended a 3-day training course on methods and skills to care for and educate children at home. After participating in the training course, the family applied the knowledge and skills learned to take care and support the child.

The child is allowed to go to school and assigned to the class of Ms. NTBT, a young teacher, well trained in kindergarten education and trained by the Project on Interventions for Children with Spec. Ed. Needs. With her knowledge, skills, enthusiasm and love, she built an intervention plan for Bao Ngoc to follow, despite work pressure, overtime and hard work and There are times when the child don't cooperate. After 3 months, Ngoc has made very positive progress. Specifically, in the first days of class, Bao

Ngoc did not play with any friends, did not know how to say hello and could not join and perform any class activities. When we came and talked, Bao Ngoc was very confident, sociable and boldly answered all questions. Bao Ngoc said that she loves going to school and wants to continue studying with Ms. BT, even though she has graduated from kindergarten for 2 years.

The family no longer feels guilty about Ngoc's limitations and weaknesses, trusting that Ngoc will make more progress and a bright future will come to her.

A factual story in Tan Dong commune, Tan Chau, Tay Ninh

Table 20. Changes in children's social interaction when project interventions are available

Content	Binh Phuoc		Dong Nai		Tay Ninh		Total	
	n	%	n	%	n	%	n	%
Meet more people	11	36.7	15	50.0	59	49.2	85	47.2
Allowed to go to school	18	60.0	19	63.3	62	51.7	99	55.0
Know how to play with friends	15	50.0	15	50.0	46	38.3	76	42.2
Better communication	16	53.3	16	53.3	55	45.8	87	48.3
Know how to express emotions	16	53.3	15	50.0	46	38.3	77	42.8
Other	2	6.7	0	0.0	3	2.5	5	2.8
No change	3	10.0	7	23.3	29	24.2	39	21.7
Total	30	100.0	30	100.0	120	100.0	180	100.0

(Source: The result of interviewed with parents for the final assessment)

Social interaction of children with disabilities has always been an important issue for the project, even though it may only affect children indirectly.



Image 8. Gia Long's smile in his birthday with friends

The results of interviewed with parents also showed that the social interaction of children with disabilities also changed after receiving supportive interventions from the Project. Children that allowed to go to school (55%), met more people (47.2%), such as doctors, physical therapists, health workers, social workers, teachers and other CWDS, children can communicate better (48.3%), know how to express emotions (42.8%), know how to play with friends (42.2%).

A child's life is changed dramatically. The child can speak even though he can't speak every word clearly, he can't say long sentences, but he cares about people, knows how to express his feelings, when his parents let him go somewhere, he plays and mingles with friends. I believe the baby will make more progress. Seeing his happy smile makes me so emotional, now I can hope that my baby will have a bright future like other children. In-depth interview with CWDS' parents, Chau Thanh district, Tay Ninh.

3.6.2. Improvement of children with disabilities

Table 21. Children's Improvement after intervention

Content	Binh Phuoc		Dong Nai		Tay Ninh		Total	
	n	%	n	%	n	%	n	%
Improve mobility	2	6.7	2	6.7	34	28.3	38	21.1
Improve language ability	20	66.7	13	43.3	48	40.0	81	45.0
Improvement in thinking - perception	20	66.7	10	33.3	49	40.8	79	43.9
Well controlled behavior/emotions	14	46.7	11	36.7	35	29.2	60	33.3
Improved communication/social interaction	13	43.3	9	30.0	30	25.0	52	28.9
Other improvements	0	0.0	1	3.3	5	4.2	6	3.3
No improvement	2	6.7	10	33.3	23	19.2	35	19.4

(Source: The result of interviewed with parents for the final assessment)

The table above shows that 80.6% of parents noticed changes/improvements in their children since participating in the project, of which, the most common was language improvement (45%); improve in thinking and perception (43.9%), well control behavior and emotions (33.3%); Improved communication/social interaction (28.9%). Improved mobility accounts for only (21.1%). This is understandable since changes in a child's mobility are often not easy.

3.6.3. Accessibility to services and support

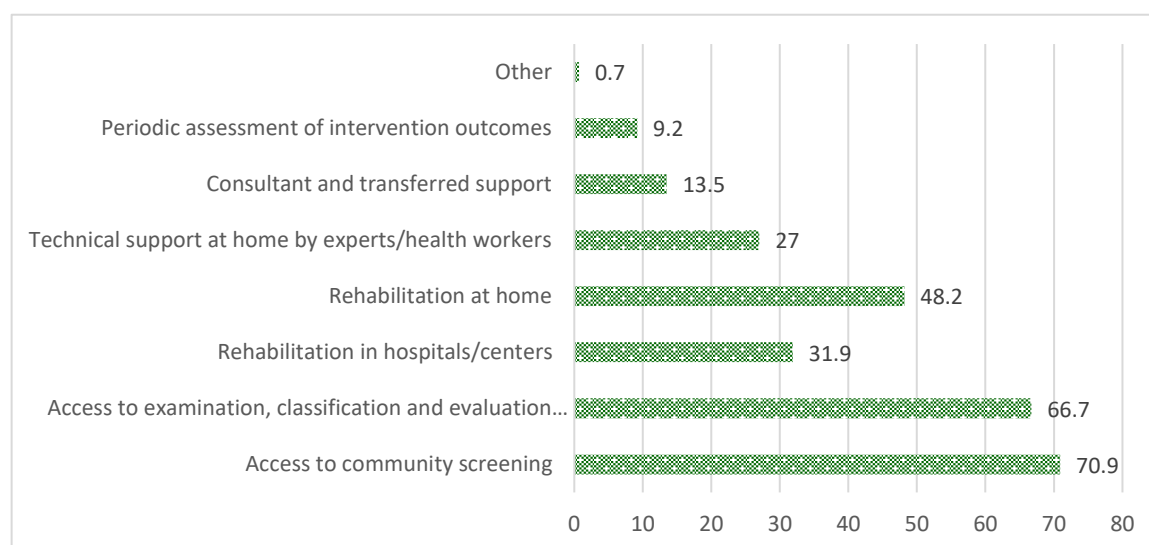


Figure 9. Percentage of families who reported that their children had access to services since the project's intervention

Parents of children with disabilities said that, since the Project, children have had access to community screening services (70.9%), have access to examination, classification and evaluation development (66.7%), received rehabilitation at home and at the hospital/rehabilitation center (48.2% and 31.9% respectively), received rehabilitation technical support at home by experts/health workers (27%), received counseling and transfer support (13.5%). A small number of parents reported that children with disabilities received technical support from project staff at home/hospital/kindergarten.

3.7. The ECDDI model has helped reduce difficulties and burdens for CWDs' families

Table 22. Percentage of CWDs' families said that their difficulties have been alleviated when supported by a project

Content	Binh Phuoc		Dong Nai		Tay Ninh		Total	
	n	%	n	%	n	%	n	%
Not having to send children around because children were intervened at home	4	13.3	4	13.3	30	25.0	38	21.1
Save on treatment costs for children	8	26.7	9	30.0	44	36.7	61	33.9
Know how to find appropriate services for their child's disability	16	53.3	18	60.0	51	42.5	85	47.2
Parents have full access to information about their child's disability	16	53.3	19	63.3	66	55.0	101	56.1
Parents and family members know how to practice or talk, teach, interact with children	17	56.7	19	63.3	49	40.8	85	47.2
Reduce stress, anxiety about children's condition	9	30.0	4	13.3	36	30.0	49	27.2
Other	0	0.0	1	3.3	7	5.8	8	4.4
Total	30		30		120		180	

(Source: The result of interviewed with parents for the final assessment)

When asked about how the family's difficulties were reduced when their children received support from the project, the majority said that parents have full access to information about their children's disabilities (56.1%), know how to find appropriate services for the child's disability, know how to practice or talk, teach, interact with the child (together 47.2%), save on treatment costs for the child (33.9%), not having to send children around because children were intervened at home (21.1%), reducing stress and anxiety about their children's condition (27.2%). The project not only helps children with disabilities improve their lives, but also helps families save money, time, and effort, and improve parents' knowledge and skills in taking care of their children.

When learning about the child's condition, the family atmosphere at that time was very heavy, interspersed with anxiety about not knowing where to find treatment and intervention for the child. Worrying so much that we can't focus on doing business, husband and wife have conflicts because of pressure. Fortunately, when there was a project, the child was screened, consulted and guided by experts at home, the family was very happy, It's like being disappointed because you've reached a dead end, suddenly a bright path opened. Participating in the Project, the family can also connect with parents with similar circumstances, sharing information with each other, I also reduce the psychological burden. The family can focus on making money doing business. In-depth interview with CWDs' parent, Tay Ninh province.

It can be affirmed that DISTICNT's model is effective in that the project had brought intervention services to the families of CWD. Prior to the project, disability intervention services were only available at some facilities. Parents must take their children to Ho Chi Minh City for examination and treatment, which was very expensive and a lot of time. The nearest health care center is a CHS with health workers who were in charge of rehabilitation but had many tasks and had not been trained in rehabilitation for CWDs.

On the other hand, according to the results of the assessment of improving the quality of life of children age 0-6 years old from the DISTINCT project, there is a significant difference in the percentage of families sending their children to receive treatment at facilities decreased from 40% to only 12.9%. This result combined with children's improvement due to home interventions shows that the family does not need to

take the child to the health facility or intervention center, thus reducing the burden on the family. This not only saves the family costs, but also time and effort because parents' work is not interrupted⁶.

For children with intellectual disabilities, in the communes, the district had not any service for Spec. Ed. for CWDs. Through a series of activities including examination, evaluation, community diagnosis, training for parents, community officials, technical assistance, re-evaluation, parents could directly practice for children at home or take their children to CHSs, district health centers; and children with intellectual disabilities to intervene at home or at the preschool of the commune/ward. Then, it saves time and costs for the family of the child. In addition, children with mobility impairments often have difficulty in moving; practicing at home will reduce the burden on their families.

Table 23. Percentage of parents/caregivers said that child's progress has had an impact on the family

Content	Binh Phuoc		Dong Nai		Tay Ninh		Total	
	n	%	n	%	n	%	n	%
Economic impact (parents can focus on doing business)	2	6.7	1	3.3	25	20.8	28	15.6
Make the atmosphere in the family more comfortable	20	66.7	16	53.3	60	50.0	96	53.3
Helping family members are more connected	16	53.3	13	43.3	47	39.2	76	42.2
Have faith in the child's progress	15	50.0	12	40.0	51	42.5	78	43.3
Less guilt with the surrounding	10	33.3	7	23.3	25	20.8	42	23.3
Other								
No effects	1	3.3	8	26.7	22	18.3	31	17.2
Total	30	100.0	30	100.0	120	100.0	180	100.0

(Source: The result of interviewed with parents for the final assessment)

Not only reducing difficulties for the family, DISTINCT also indirectly contributes to making the family atmosphere more comfortable (53.3%), having confidence in the child's progress (43.3%), helping family members are more connected (42.2%), feel less guilty about their surroundings (23.3%) and help parents focus on doing business (15.6%).

Table 24. Percentage of CWDs' families in their views on child care

Content	Binh Phuoc		Dong Nai		Tay Ninh		Total	
	n	%	n	%	n	%	n	%
Spend more time with children	25	83.3	25	83.3	91	75.8	141	78.3
Know how to support/guide, intervene for children	13	43.3	5	16.7	57	47.5	75	41.7
Don't set expectations too high for children	11	36.7	5	16.7	39	32.5	55	30.6
Take advantage of daily activities to guide children	10	33.3	5	16.7	33	27.5	48	26.7
Allow CWDs to do what they can	10	33.3	9	30.0	38	31.7	57	31.7
Send children to school to interact with teachers and friends	8	26.7	6	20.0	20	16.7	34	18.9
Other	0	.0	0	.0	4	3.3	4	2.2
Total	30		30		120		180	

(Source: The result of interviewed with parents for the final assessment)

⁶ VietHealth. Assessment report on improving the quality of life of children with disabilities 0-6 years old in the DISTINCT project.



Image 9. Grandmother is helping her grandchildren in rehabilitation at home - Suoi Day commune, Tan Chau district, Tay Ninh province

When asked for their opinion about the changes in practice since participating in the project, most of them said that they spent more time with their children (78.3%), know how to support/guiding and intervening for children (41.7%), allowing children to do what is within their ability (31.7%), not setting high expectations beyond their ability (30.6%), and take advantage of daily activities to guide children (26.7%). This shows that participating in project activities has partly changed their attitudes and behaviors, either directly or indirectly.

Factual Story

We visited [REDACTED] on a sunny morning. From afar, we saw the image of her playing with her little sister. Looking at her now, no one would have thought that less than a year ago she couldn't even stand, moving mainly by crawling, and when her knees hurt from crawling too much, she switched to dragging.

Not enjoying the sweet happiness of young couples when welcoming their first child, for the couple, Mr. K and Ms. T, it is helplessness and infinite mercy. Because before that, after many visits and tests at major hospitals in Ho Chi Minh City, they knew that their soon-to-be-born child had a cleft lip and palate. After birth, the baby was weak, had febrile convulsions and opened heart valves. Since then, their journey with their unlucky child has gone through many difficulties, hardships and bitterness, including disappointments, and moments of discouragement that cannot be shared with anyone.

The first years of a child's life are the years associated with the hospital. At that time, the couple's property was only a motorcycle, he went to shave rubber, and she worked as a hired laborer around the commune. But because of the love for their little daughter, they still try to save money, many times going up and down between Tay Ninh - Saigon to operate on the heart and patch the baby's lips. By the age of 4, the lip patch surgery is considered complete.

And when the lip patch was okay, they thought about improving the baby's mobility, because after experiencing a febrile seizure at birth, the child's mobility was extremely limited. The whole family of 3 led each other to the Orthopedic Hospital in Ho Chi Minh City. And after the examination, listening to the doctor's instructions, they take their child home, follow the instructions: use duct tape from the thumb to wrap around the ankle, then pull the elbow down to adjust the baby's legs, the doctor also instructed some methods to train the baby, but Mr. K found it ineffective, so after doing it a few times, he became discouraged and quit.

At that time, he gave up hope, thinking that his daughter's life would depend on his care and support for the rest of her life. Then, once he went to the Commune Committee to make documents to apply for a subsidy for his children, the official at the commune informed him that VietHealth's rehabilitation training program for children with

disabilities was about to be launched, and told him to: Go back, when the program starts, he will be notified. And half a month later, he received a notice to take his daughter to the doctor to participate in the program.

Sharing with us, he honestly: "Actually, at that time, I just thought that if there was a program, just let the child try it, but I didn't expect much, I didn't know the quality of the program.". However, when he brought the child to Tan Bien District Hospital, on the first day, he saw that there were differences. And the process of training at the hospital with the support of experts, although it was only 4 short days, he saw that the child had progressed slowly, from where she just crawled and dragged, to the last day she was able to walk on her own. struggling and standing on her own legs despite being weak and trembling, they began to rekindle their hope, especially after receiving encouragement from the project's professional staff that the family tried to exercise for the child, because [REDACTED] will definitely be able to go. Clinging to the small faith and the hope that has just been rekindled, after returning home, Mr. K actively helped his daughter to massage and practice according to the guided methods. During that process, regularly and periodically, the project's medical staff and rehabilitation specialists still visit, practice and adjust for the child, encouraging the family to constantly strive to accompany the child, because in order to be successful, it is necessary to make constant efforts, practice continuously without interruption.

And one day, when she was playing with the car that her father built for her to learn to walk, her sister (3 years younger than [REDACTED]) took her car, at that time, she was so angry that she didn't need to take the car back, but got up and walked away to the surprise and joy of the whole family.

Recalling the past months, Mr. K said: "Before, thinking that my child could not walk, I was very sad, felt helpless, and thought: What is her future when she can't stand, can't walk, how to take care of herself. In the neighborhood, there are also children with disabilities, but the other children are milder than, or there are children who just can't speak, or can't hear, but can still walk so their parents can send them to a school for the disabled in town (Tay Ninh City), but my child can't walk, so I can't send her to school..."

Sitting next to and listening for a while, [REDACTED]'s grandmother - who often supports Mr. K and his wife to take care of [REDACTED] shared: "At first when I saw her like that, I thought she couldn't walk, I didn't expect she would be able to walk like this after practicing, I'm so happy and thank you so much for the program..."

And now, Mr. K has another hope: "Now that she can walk, the family will try to practice more so that she can serve herself and then send her to the disabled school in town (Tay Ninh City), so that she can develop other skills too, I just hope that she can take good care of herself in the future." To us ordinary people, that hope sounds so small and simple, but to Mr. K, to his grandmother, to his family, a year ago that was still an unattainable dream.

When asked what he thought about this program, he said: "I find this program very good and positive. Many families with CWDs are often hide, they are afraid to speak out. When this program came, one person said to the other: That was the case with my son at that time, but now he can walk after training, your child has the same problem, you better bring him up to practice. I think this program is good, they rehabilitate children with weak muscles, they have methods and practice, but in the countryside, they don't know about those things. If this program can be developed widely, it will help more people, not just my family. And if it can be replicated, reaching out to distant provinces, it will also help many more children".

Quoted from the factual story - Project document

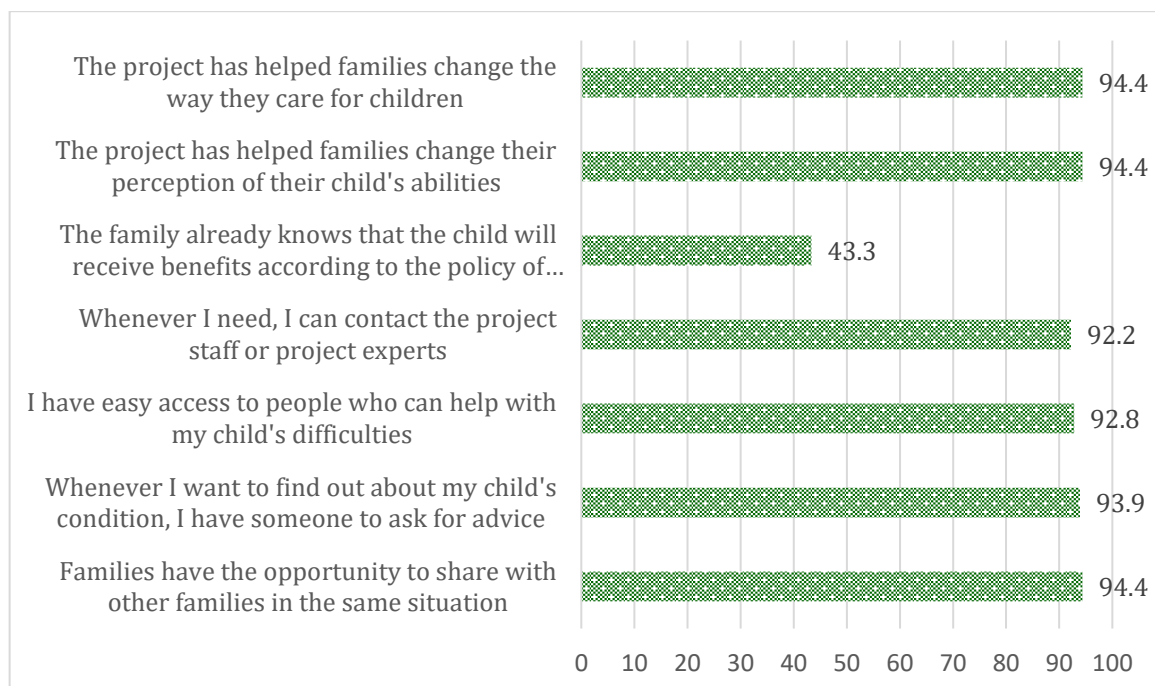


Figure 10. Comments of parents/carergivers of CWDs about the change since participating in the project

Most of the families of children with disabilities agree with the statements given such as, Since joining the project, whenever I want to learn about my child's condition, I have a place/someone to ask for advice on my child's problems, easy access to people who can help with their child's difficulties, they can contact project staff or project experts, the project has helped families change their perception of their child's abilities, help families change the way they take care of their children, have the opportunity to share with families in the same situation...(fluctuating above 90%).

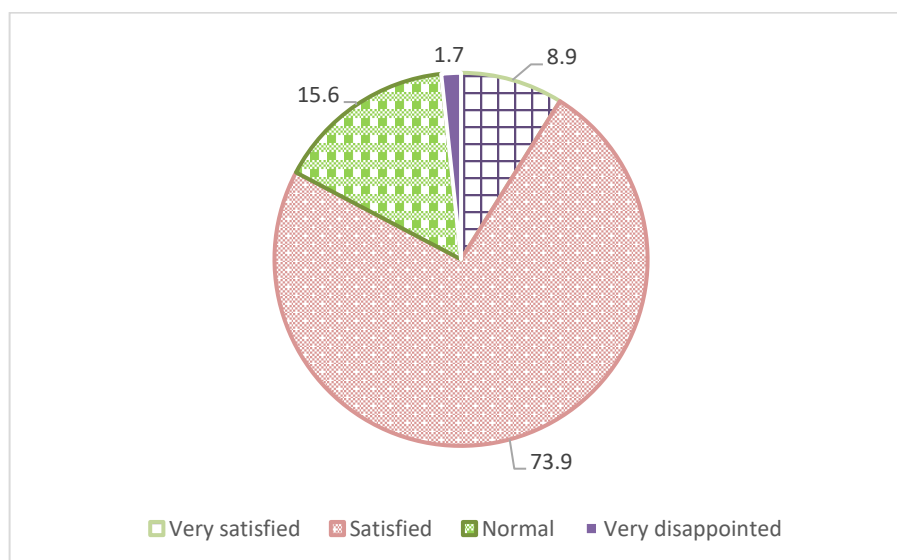


Figure 11. Level of family satisfaction with the Project's interventions

When asked about the level of family satisfaction with the project's interventions, nearly 83% of parents answered satisfied and very satisfied.

Factual Story

Based on the community screening results, in March, 2017, TBL was invited to participate in the project examination and development assesment. This activity was offered at the nearby commune health center where his grandparents could manage to carry him over. At that time, TBL could only lie, roll and flip over. His manual ability was very weak, especially his grip strength. He wasn't able to sit up by

himself. He needed his grandparents' support for every single daily activity. That was the reason why all of his activities have been restricted within the space of a mat at the house corner and his head became flatten. During the process of examination, TBL was assessed by rehabilitation doctor and intervened by the project rehabilitation specialist. At the same time, the specialist provided guidance for TBL's grandparents to practise individually tailored exercises at home. Besides that, the psychological expert conducted development assessment for TBL, and he was appointed in the list of children with disabilities receiving Spec. Ed. intervention. TBL intervention journey started with the project accompany from now. As for rehabilitation, he received expert's intervention during the training provided to his grandparents. In this process, the therapist help his grandparents support his movement development by providing hands-on training for different activities such as positioning, movement, feeding, and playing. Despite the age and poverty, the grandparents participated fully and actively and did not miss any sessions. Bringing out all their love of the whole life to the grandchild who lack of the mother's care as well as the father's support, day after day, the grandparents have dilligently practiced with every single move and every single small exercise instucted during the training. In order to reduce the burden for his grandparents and support him in practicing, the DISTINCT project also provided him a cerebral palsy chair. This chair helps TBL to increase the sitting ability and using both hands. "He likes the chair very much, after receiving it, we can bring him out and push him around the village to enjoy the sunshine, he is very happy," – TBL's grandmother said. Besides that, the project rehabilitation specialist visited him in between the trainings to provide more technical assistance for his grandparents. Up to now, over 17 months passed, TBL can control his head well, and is able to crawl and to sit. He also can use both of his hands to play toys, hold a spoon for self feeding and drink water.

In regards to special eduction service, the project also assigned [REDACTED], a kindergarten teacher from Trung Vuong school who has been trained in the project's bachelor program on Spec. Ed. to provide intervention for TBL. The BA program aims to equip professional competencies for more than 40 kindergatern teachers provincewide who are now responsible for providing intervention to severe cases like TBL. When being asked about her feelings, [REDACTED] said: "Before, I only interacted with children without disabilities, so I felt very embarassed and somehow hesitated when I was assigned to support TBL. But then, the more I have been in touch with him the more my love for him increases, especially I felt sympathy with his grandparent's situation. This is the reason why I have tried my best to help him. After 2 months of intervention, from knowing nothing about surrounding, TBL can recognize me, his grandfather, his grandmother, the colors, and so on. I am more than happy that I have given a hand and contributed to the progress of children under unfortunate situation". During the process of intervention, I have tried to apply all methods and skills from my BA program as well as my own experience as a teacher to teach TBL. Even though he is just able to speak a little and only some simple words, these are actual significant changes in his perception and his communication. He now can recognize his relatives, identify simple colors and objects; and moreover, he can response to others' questions such as by laughing, shaking his head, and being shy. "From the bottom of my heart, I still remember the day when I finished my intervention session and said goodbye to him to leave, he held me back, embraced around my neck, didn't let me go. This was such a surprised and heart-breaking moment. The happy feelings of exposing to his progress in expressing his feelings follows me as it just occurs right away. [REDACTED] added more.

Today, we came to visit him with very complicated emotions mixing between happiness and sadness. We felt more than happy when we just arrived, the first sight we caught was a boy holding spoon for self feeding without any help from his grandmother. While showing us how well her grandchild could do, the grandmother kept smiling. He could now sit up straightly without leaning against something or the cerebral palsy chair, only when sitting for a long time, he needs to lean against the wall, or lay down. His grandmother shared that: "Oh my gosh, you know, I was so happy when he started to sit. My husband and I did not know what to do if he would keep laying all the time and we had been always wondering how to help him sit." The happier we felt on TBL's progress, the downer we became when we recognised

that all of burdens and heavy responsibilities now fell on her senile shoulders because her husband deceased about a month ago. Choking with emotions, she talked about her husband: "When he was alive, his biggest desire was to help him walk before he could rest in peace. But now, my grandson is just able to sit only, he already passed away".

According to the project plan and procedure, the DISTINCT continue to support TBL in both areas: rehabilitation and Spec. Ed. intervention with an emphasis placing on home-based intervention so that TBL's grandmother can provide him regular support in developing self-help and communication skills. In the near future, when TBL reaches another development stage, the project will provide him a walker with instruction guidances on intervention techniques. We do hope and try our best to put our efforts and energies to accompany with him as much as we can. Keep doing like that also aims to help his grandmother fulfill her husband's unfinished wish. Although our journey is still long and arduous, it's worth striving.

Quoted from the actual story - Project document

Factual Story

██████ was born as normal as many other children, but postnatal jaundice left a severe sequela that was spastic cerebral palsy. Since that day, his parents have regularly taken him to the hospital for examination and rehabilitation exercises, but he has not made much progress.

In July 2018, he was examined and evaluated by doctors, rehabilitation technicians, speech therapists and developmental assessors within the framework of the Project "Strengthening the capacity of service and treatment networks for children with disabilities". He was diagnosed with spastic quadriplegic cerebral palsy, mental retardation and language difficulties. At the time of examination, the baby only babbled a few simple words but did not know the words, he wanted to signal but did not know how to express it. His extremities are very weak, especially his hands can't be grasped, he just lies in one place, sometimes he can roll with help from outside.

From the results of the examination, experts have developed a comprehensive intervention plan for the child in terms of physical therapy, speech therapy and Spec. Ed..

Regarding mobility, based on the results of the examination and intervention orientation of the doctor, the rehabilitation technician of the Project has guided parents with basic exercises so that parents and children can practice for their children at home. After every 3 months, the rehabilitation technician of the Project will re-evaluate and guide new intervention exercises. As a result, after 7 months of participating in the project, with the perseverance of his parents and his own efforts, he has made great progress. The baby was able to sit up on his own, crawled even for a short distance. The joy of being on your own is an encouragement for your baby to learn new skills. ██████'s mother boasted, "██████ is very different now, his legs are straight, no longer as stiff as before, he can turn around and crawl".

About language, the child is evaluated by a speech therapist, together with parents develop an intervention program and guide intervention exercises at home to help children speak clearly, develop children's vocabulary and expressive ability. After just over 3 months of intervention, the baby can speak long sentences and talk a lot. He often asks his father, "What did you eat today? What did you buy for me?" His mother shared, at first, she only wished he could communicate with signs so that he wouldn't have to scream because he couldn't express his needs. Now he has not only understood what his mother said but also knows how to express his request in his own language.

Overjoyed by the child's progress, his parents recall when they took their child to the doctor a few months ago, at that time, they only wished that the baby could sit and say clearly, that's all. But now the baby can sit and talk. The baby's parents were extremely happy, when confiding to us, "In the past, I only wished he could sit, now not only has he sat but also has started to crawl, he is healthier and fresher than before, his limbs are more open and freer to move, now I wish he could stand still. Besides, he was able to say a lot of things, no longer gesturing much, he started asking a lot of questions to us. His spirit has also changed in a positive way, he is now very happy, fresh and no longer grumpy as before", "The project came and changed his life", father's words followed the mother's share.

■■■■ has also started to have kindergarten teachers with Spec. Ed. training come to teach him privately, help him develop cognitive, language, fine motor skills... so that one day not far, he will be able to go to school like other children and integrate into the community.

Quoted from the actual story - Project document

3.8. The DISTINCT project has made significant changes in the health and education service delivery for CWDs

✓ Policies

In addition to integrating ECDDI into the annual plans of provinces and local sectors, supporting the MOH to finalize the ECDDI Guidelines for nationwide application is a major policy change in ECDDI activities, proceed to make this activity a regular activity of the localities.

✓ Service delivery network

The project had made significant changes to the health and education service delivery system for children with mobility impairments and children with intellectual disabilities. The network was covered from the provincial to the commune levels, including community screening services, examination, and evaluation of CWDs, rehabilitation intervention for children with mobility impairment, Spec. Ed. interventions for children with intellectual disabilities. The capacity of community staff was improved through capacity building training courses. Moreover, the success of the project was to bring intervention services for CWDs to the child's family through training for parents so they could intervene at home.

For health services, the project not only had the development activities of staff with deep expertise for different levels but also focused on how to establish multi-disciplinary rehabilitation services. In addition to short-term and long-term training courses, the project organized study tours for key leaders of the provincial and district health departments in Tay Ninh province at Hanoi Rehabilitation Hospital and National Hospital of Pediatrics and Children's Hospital 1. Through visits, leaders of Tay Ninh health sector could learn and apply multidisciplinary rehabilitation services suitable to local conditions and context.



Image 10. 11. Pediatric SALT room supported by DISTINCT at Tay Ninh Provincial Rehabilitation Hospital

Each project province has been supported to develop multi-disciplinary rehabilitation service provision. Tay Ninh selected the Provincial Rehabilitation Hospital and the Go Dau District Health Center/Hospital and it is expected that at the end of the project, Tay Ninh Health Center will participate. In Dong Nai, the project supported the rehabilitation department at Dong Nai Children's Hospital. In Binh Phuoc are the Provincial Traditional Medicine Hospital and the Hon Quan Health Center. It is expected that Phuoc Long Health Center and the rehabilitation department of Binh Phuoc General Hospital will be selected to support by the project in the near future. The starting point of these health facilities was only provided therapeutic activities. VNAH is a project in the system of USAID sponsor that has cooperated with DISTINCT to jointly develop the provision of multidisciplinary rehabilitation services, in which, VNAH provide therapeutic activities, physical therapy, DISTINCT promotes the development of Speech and Language Therapy to avoid duplication of resources. This activity is also not included in the commitment with donors, is the project's initiative during the implementation process, but brings benefits not only to health facilities but also to children with disabilities in the area.

DISTINCT has enriched and diversified the services provided to children with disabilities. Especially, SALT is a new field that many children with disabilities have needs. However, it takes a while for the process to get these services on the list of health insurance payments. In-depth interview with representative of Binh Phuoc Department of Health.

The staff who were sent to learn SALT did not worry about unemployment because the project supported the establishment of the SALT unit to serve children with disabilities. About 5 years ago, rehabilitation in Tay Ninh, Binh Phuoc was a white patch, almost nothing, along with the VNAH project, the DISTINCT project promoted the rehabilitation segment, especially VietHealth's pediatric rehabilitation for children with disabilities. In-depth interview with representative of Binh Phuoc Traditional Medicine Hospital.



Image 12, 13. SALT room supported by DISTINCT at Binh Phuoc Traditional Medicine Hospital



Image 14, 15. SALT room supported by DISTINCT at Dong Nai Children's Hospital

For Tay Ninh, the project also has an initiative to support the establishment of an inclusive education support room in kindergarten. Currently, 5 schools in 5 districts of Tay Ninh have been selected to be piloted and, in the future, can be replicated based on the resources of the local education sector. The Inclusive Education Support Room is designed to provide early detection and



intervention services for children with Spec. Ed. needs.

Image 16. Handover ceremony of inclusive education support room at 1/6 Kindergarten, Tay Ninh (Source: www.usaid.gov)

These specialized inclusive education support rooms provide counseling services for parents and technical support for teachers. This is an effective approach to support early detection and intervention for children with Spec. Ed. needs, promote inclusion, and create more opportunities for children with disabilities to access quality education.

The project brings more educational services for children with Spec. Ed. needs: capacity building training for kindergarten teachers in recognizing signs of children with disabilities, supporting interventions for children at school and at home, connect with private psychological centers to support children with preferential prices, especially many families with economic difficulties. These services were not available before. Before, children with Spec. Ed. needs were educated only at private centers with relatively high costs, only families with good economic conditions could follow. In-depth interview with representative of Dong Nai Department of Education and Training.

✓ **Human resources trained by the project**

For health sector, In addition to short-term and long-term training courses, the project organized study tours for key leaders of the provincial and district health departments in Tay Ninh province at Hanoi Rehabilitation Hospital and National Hospital of Pediatrics and Children's Hospital 1. Through visits, leaders of Tay Ninh health sector could learn and apply multidisciplinary rehabilitation services suitable to local conditions and context.

For education services, the kindergarten teacher team working at preschools who were trained and educated in Spec. Ed. programs were core personnel in interventions for children with intellectual disabilities. In addition, a large number of kindergarten teachers trained by the project to supplement their knowledge of Spec. Ed. through short-term classes are also a key force involved in supporting and intervening for children.

The social staff had not really participated much in the project activities, besides community screening activities. However, they also have improved capacity in ECDDI. At the same time, they are also members of the Commune/Ward Disability Determination Council, directly involved in the assessment of disability, care, and support for local people with disabilities. After training, Commune Councils in Tay Ninh will review all cases that were identified by DISTINCT to issue the certificate for Person with Disabilities for CWDs meeting requirements and many more children are entitled to state subsidies.

4. Conclusion and recommendation

4.1. Conclusion

Progress and key results achieved against the goals committed to sponsors

The first phase of the project implementation was delayed due to the adjustment of the location, in addition, the local project appraisal and approval in Dong Nai and Binh Phuoc was lengthened, this made the progress of the project was slower than the commitment from 2-3 Quarter. Next, the COVID-19 pandemic disrupted project activities during the social distancing. However, up to now, most of the Project's activities have been implemented on schedule.

Most of the targets committed to donors have been met and exceeded, except for SALT training activities due to difficulties in human resources of the localities. Specifically, the number of children under 6-year-old screened & identified reached 110%, the number of suspected children detected from screening was 133%, the number of suspected children assessed & classified was 128%, the number of children with disabilities received intervention was 107%. Indicators of capacity building training for staff and parents also exceeded expectations.

Effectiveness of the ECDDI model in terms of approach, management mechanism, and finance

✓ *Capacity building*

Training methods applied in capacity building for local officials showed the project's efficiency when activities ensured both quality and saved time and cost. The selection of trainees was carried out by provincial and district partners. For training courses for kindergarten teachers, the project agreed with the Education and Training Department about key criteria for selection of kindergarten teachers who are knowledgeable about children with disabilities and committed to implementing interventions for children.

For health workers, the project has mobilized the human resources who were trained 10 months by the project VNAH about general rehabilitation to continuing the specialized training on rehabilitation for children. The application of on-the-job training approach allows kindergarten's teachers and health service providers at the same time could work at their workplace and apply the knowledge that was being trained into practice.

✓ *Deploying ECDDI model for children with disabilities 0-6 years old*

The DISTINCT project provided interventions for children in a 3-steps model: community screening; examination, evaluation and diagnosis; and organization of intervention. This model is highly effective when the project has brought intervention services to the home of families with CWDs.

✓ *Awareness-raising communication*

Although the donor does not prioritize financial investment for community communication activities, the Project always emphasizes the use of direct communication methods, the project staff is the one who conveys the message to the leaders of departments, local authorities, community officials and families of children with disabilities when approaching local leaders, when implementing training activities, providing technical assistance, and visiting households. In addition to focusing on direct communication, awareness raising through other communication activities were also applied by the project such as regularly updating news on websites, communicating on the internet/ newspapers, developing radio post,

print and distribute communication manuals on ECDDI model, develop and broadcast on television programs about the ECDDI model.

✓ *Strengthen the promotion of the application of the ECDDI model at the provincial and national levels*

At the national level, the Project has supported the MOH to develop, supplement and complete the Guidelines for ECDDI, expected to be completed in November 2022. In addition, the project also proposes to develop a screening application for developmental disorders among children under 6-year-old. This is an important factor contributing to promoting ECDDI activities at the national level and orienting to integrate them into regular activities of localities.

✓ *Project management and operation mechanism*

Compared to other projects, the DISTINCT project's organization structure is quite neat, consisting of the central office in Hanoi and the project offices in 3 provinces. The positivity is all operation system was directly managed by VietHealth, unified and quite neat. Spirit and philosophy to serve for beneficiaries, principles on accountability and transparency have been highly encouraged and agreed among project staff. Concentrated operation and collaboration among activities' implementation in order to reduce budgets, therefore beneficiaries could be benefited from all project's activities.

The approved Project's Budget Plan for the period 2015-2023 is USD 5,643,422. The total amount received from USAID accumulated from the beginning to June 30, 2022 is USD 5,072,167. The cumulative total project expenditure from the beginning to June 30, 2022 is USD 5,064,544. Disbursement rate as of June 30, 2022 reached 89.74%. The direct management of funds, saving, avoiding waste, and reducing pressure on local departments is a strong point in the project's financial management mechanism.

Stakeholder involvement in the project implementation process and the effect on policy changes by the authorities.

The main partner of the project has been approved by the Provincial People's Committee is the provincial Department of Labor, Invalids and Social Affairs (DOLISA). The health and the education sectors are the two specialized units that provide direct services. The direction of implementing project activities in each sector is very well done. However, each sector has separate activities, the horizontal coordination between the three sectors is still fragmentary. The project lead role of the DOLISA has not really been promoted.

Right from the beginning of implementation, the project has discussed in detail with local authorities to agree on the view that supporting people with disabilities in general and children with disabilities in particular is the responsibility and obligation of the province, DISTINCT only plays a supporting role. for the province to perform its responsibilities and roles better. The project has now had many activities to strengthen the necessary capacities for the ECDDI model and coordinate the development and implementation of a plan to maintain and implement this model together with relevant local partners towards the direction of the ECDDI model. to fulfill the commitment in the policy advocacy objective to maintain ECDDI activities at the provincial level.

For Tay Ninh, the Provincial People's Committee has made a decision to approve ECDDI activities into the provincial rehabilitation plan since 2017 and from 2019, the Department of Education and Training of Tay Ninh has a document guiding all educational institutions implementing ECDDI annually. Then, in June 2022, the Project cooperated with the DOLISA of Tay Ninh province to develop a roadmap for developing ECDDI for children with disabilities and a framework for implementing ECDDI for CWDs in the province. Intervention rooms supporting inclusive education for preschools in Duong Minh Chau and Hoa Thanh districts were also supported by the project.

With human resources trained in pediatric SALT, the project also promotes and supports the establishment of a SALT unit at provincial health facilities (Tay Ninh Rehabilitation Hospital, Binh Phuoc Traditional Medicine Hospital, Dong Nai Children's Hospital) and some districts of Tay Ninh province such as District Health Center of Go Dau, District Health Center of Tay Ninh city.

Advantages, disadvantages and success lessons, lessons learned

The cooperation and high commitment of the local authorities of the project provinces is a great advantage of the Project, especially Tay Ninh. Besides, there is the dedication in the work of the leadership team and project staff from the central government to the local project office. The project leaders are talented and really enthusiastic people, always trying to bring the highest efficiency to the project, spreading enthusiasm for the profession to the team of partners. The enthusiastic contribution of the kindergarten teachers when overcoming many difficulties and obstacles, learning a new specialty - special education, devoted much attention to intervention for children with disabilities.

However, the Project encountered many difficulties in the implementation process such as having to adjust the Project many times to suit the context, the project appraisal took a long time due to the strict regulations of the locality in the approval and selection of partners. Officials at the project offices in the provinces have to hold many jobs, the job requirements are high, the pressure is quite large, many officials have resigned. The difficulty for preschool teachers is limited time, both ensuring school work, family work and implementing interventions for children. Community awareness about early detection and early intervention of children with disabilities is still limited. In addition, the Covid-19 pandemic also affected some of the Project's activities during the social distancing period.

The project has many successful lessons to mention. The first is the flexibility of the project leadership team and USAID sponsors. Policy advocacy, commitment mobilization and the participation of relevant local departments/departments/sectors are well done by VietHealth. The leadership team of the local partners determined to carry out the project for the benefit of children with disabilities, cooperate openly and exchange maximumly. The success of the project is also due to the enthusiastic contribution of the team of teachers and consultants. Especially, being flexible in approaching and breaking down the needs of each target group is a lesson that helps intervention activities achieve high efficiency.

Sustainability and replicability of the ECDDI model

After the project ends, the staff trained on rehabilitation, SALT, special education, and community staff trained by the project will be the key personnel to continue effectively implementing the ECDDI model for children and less expensive in the following years. Parents/caregivers participating in the Project are trained and participate in the early intervention process for children. When the Project ends, they can not only continue to provide interventions for the children, but also guide other parents of children with disabilities who are not participating in the Project.

The project has supported the MOH to develop the Guidelines on ECDDI, which are expected to be completed in November 2022. This is an important factor contributing to promoting ECDDI activities at the national level and orienting to integrate them into regular activities of localities.

In term of answering three learning questions

The project has made significant changes in children's lives, helping to reduce difficulties and burden for their families and changes in the health and education service delivery systems.

Quality of life of CWDs have been improved through increased care and attention from families, increased access to early identification services as well as to interventions on rehabilitation and special education. Children have more interaction with more people and significant changes in their disability status.

Families of CWDs often face a lot of difficulties in care and treatment for children, especially difficulties in finding appropriate health and education services to meet the needs of children, or how to care for children, do not know how to attend and interact with children. Participating into the project's activities, the above-mentioned difficulties of children's families are partly solved through training courses for parents, integrated counseling in examinations, assessments, diagnosis, and through successful stories about how to finding back smiles of their children... Many parents have come to the project themselves to get advice and intervention for their children. The project has also brought the technical supports and services to the children's home in order to reduce difficulties of their families when they cannot take their children to the service station. The awareness of families of CWD has a positive change compared to the past, the skills of parents on how to care, interact and educate CWD are partly improved.

The project has made significant changes in the health and education service delivery systems for children with movement impairments and children with intellectual disabilities. The health and education networks are available from the provincial to the commune levels and able to reach the families of children with disabilities. Community officials' capacity in the health and education sectors has been improved and gradually perfected during the intervention process for children. The project has supported the development of multi-disciplinary rehabilitation service provision from the provincial health facilities to the district level, and at the same time supported the establishment of an inclusive education intervention room at preschools, which are bright spots in the activities of the community.

4.2. Recommendations

For Projects and Sponsors

The project should continue to promote the establishment of a system to provide pediatric rehabilitation services at district and provincial facilities in the direction of interdisciplinary and multidisciplinary direction for the remaining units before the end of the project.

Donors should consider allocating resources for bachelor's training courses on special education for preschool teachers and primary school teachers within the next phase of the Project, especially for Dong Nai and Binh Phuoc Provinces.

With the achievements that the Project has made for children with disabilities in Tay Ninh, 4 districts of Binh Phuoc and Dong Nai, in the next phase, the Project should propose to replicate the ECDDI model to other districts of Binh Phuoc and Dong Nai in order to consolidate, strengthen and diversify the activities of the Project in the two provinces.

For CWDs supported by the project who have completed the kindergarten program and transferred to primary and secondary schools, it is essential for the project to extend intervention age to ensure the continued progress of children. Along with that, it is necessary to carry out capacity building activities for primary school teachers to be able to receive special education interventions for children with disabilities over 6 years old entering primary school, this is an important factor to continue the intervention for children.

For project implementation partners

The DOLISA should show clearly the role of the main partner, take the initiative and strengthen the coordination and information sharing mechanism when the Project is transferred to the locality.

For the health sector, it is necessary to continue to integrate the screening of children with disabilities in vaccination campaigns at the commune level into a routine activity for early detection of child disabilities.

It is necessary to have a strategy and vision for the development of multidisciplinary rehabilitation services, and to allocate resources for capacity building training in this area.

For the education sector: The Ministry of Education and Training should study and open a new branch code for the SALT, in addition, it is necessary to standardize the SALT training program, creating conditions for universities to expand their training nationwide. For DOET, it is necessary to screen pupils at the beginning of the school year in order to early detect and have plans to conduct an intervention for each child. Provinces need to include ECDDI activities in their annual work plans and be proactive in budgeting for these activities. In particular, it is necessary to allocate resources to improve the capacity of primary school teachers on special education, to welcome children who have been intervened by the Project over 6 years old to ensure the sustainability of the Project.

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