# SwimSafe Da Nang Drowning Prevention Program

# AidWorks No.64123

# INDEPENDENT EVALUATION REPORT

**Edwin Shanks, Mandala Consulting**

**November 2012**

## Aid Activity Summary

| Aid Activity Name | | | |
|---|---|---|---|
| AidWorks initiative No. | 64123 | | |
| Commencement date | 2010 | Completion date | December 2012 |
| Total Australian $ | 450,000 | | |
| Total other $ | 368,912 (Total: 818,912) | | |
| Delivery organisation(s) | Royal Life Saving Society of Australia (RLSSA) in association with The Alliance for Safe Children (TASC) | | |
| Implementing Partner(s) | Da Nang City Peoples Committee and the Department of Education and Training | | |
| Country/Region | Vietnam | | |
| Primary Sector | | | |


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Conclusions and recommendations made in the evaluation report reflect the viewpoints of the author. They do not necessarily reflect the viewpoints of the either the Government of Australia nor of Da Nang City authorities or other agencies consulted during the evaluation.


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## Abbreviations

| | |
|---|---|
| CPC | (Da Nang) City Peoples Committee |
| DES | District Education Section |
| DOET | Department of Education and Training |
| DOFA | Department of Foreign Affairs |
| DOLISA | Department of Labour, Invalids and Social Affairs |
| GBD | Global Burden of Disease |
| GOV | Government of Vietnam |
| HSPC | Hanoi School of Public Health |
| IEC | Information, Education and Communication |
| LMICs | Low and Middle Income Countries |
| MAG | Management Advisory Group |
| MOET | Ministry of Education and Training |
| MOLISA | Ministry of Labour, Invalids and Social Affairs |
| RLSSA | Royal Life Savings Society of Australia |
| TASC | The Alliance for Safe Children |
| TOT | Training of Trainers |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |

## Executive Summary

Concerted efforts have been made over the last decade to more accurately quantify and assess the impacts of child drowning in Low and Middle Income Countries of South and Southeast Asia. While there continue to be variations in the statistics on child injury and child drowning and in the conclusions drawn from different types of survey, there now exists a better understanding of the significance of child drowning in the context of broader infant, child and adolescent mortality rates and patterns across the region.

Figures reported by the Inter-agency Group for Child Mortality Estimation (UN-IGME 2012) show that under-five child mortality rates have steadily decreased across Asia over the last two decades. As of 2011, neonatal deaths account for around 50% of under-five child mortalities in the region; moreover, as the overall under-five mortality rate has declined, the relative proportion of neonatal deaths has increased between 1990 and 2011 (by 28% in Southeast Asia and 26% in South Asia). WHO estimates of child mortality in Southeast Asia from 2008 indicate that unintentional injuries account for 3.9% of under-five child mortalities and 28.8% in children aged 5 to 14 years. However, recently published Global Burden of Disease 2010 data for Southeast Asia indicate that drowning is responsible for 5.6% of all deaths in the 1-4 age group, rising to 7% in the 5-9 age group and 6.4% in the 10-14 age group; with the mortality rate for boys being around twice as high as girls in all age groups. Other recent reports (e.g. UNICEF 2012) suggest that the scale of child drowning in Asia has been under-estimated and under-reported in the past; the UNICEF report suggests this is largely due to inconsistencies in data collection, interpretation and reporting, which have masked the scale of this issue and have limited the ability of researchers to accurately or confidently assess or compare drowning rates.

In Vietnam, unintentional injury continues to be a leading cause of death amongst children and teenagers. In 2006 alone, 7,198 children and adolescents died as the result of injury, equivalent to nearly 20 per day, with the primary causes being drowning and road traffic injuries. Figures from the Ministry of Health for the period between 2005 and 2007 indicate that drowning accounts for around 50% of injury-related deaths in children.

In recent years the Government has introduced a number of policy and program initiatives to more effectively address child injury prevention. In 2009 the first Inter-ministerial Plan on Child Drowning Prevention was approved, which identifies specific actions and cross-sector coordination mechanisms to implement and monitor application of provincial plans. In 2010, the Ministry of Education and Training also announced a general policy whereby all primary schools are required to teach children survival swimming skills.

The SwimSafe Da Nang Drowning Prevention Program (2010 to 2012) emerged out of prior engagement between The Alliance for Safe Children (TASC) and Da Nang City Peoples Committee through the Safe Da Nang Program. With support from the Royal Life Saving Society of Australia (RLSSA), SwimSafe Da Nang began as one component of this broader program, but was expanded and continued as a stand-alone program in the period from 2010 to 2012 with support from AusAID. The stated justification for initiating AusAID support included the potential to influence and support the Government's efforts.

The overall Goal of the program is *'to develop and implement the SwimSafe Da Nang Drowning Prevention Program to build capacity to prevent drowning in Vietnam and the wider region'*. The program has five specific objectives and components in: (i) stakeholder engagement; (ii) a survival swimming program; (iii) trainer support; (iv) venue management; and (v) building capacity to the use the program as a demonstration.

The evaluation found that SwimSafe Da Nang is a professionally managed program that has made good progress towards achieving its immediate objectives with many positive outputs and outcomes. It is notable that all local partners in Da Nang – including the city authorities, education authorities, schools and parents alike, comment favourably about performance of the program and rate its relevance, management and effectiveness highly.

The program Goal implies that outcomes and impacts should be assessed primarily in terms of the extent to which it has 'built capacity to prevent drowning' in Vietnam and the wider region – rather than the direct impact on prevention of drowning or child drowning rates in Da Nang. An integral part of the program concept was that it should be developed in parallel with the World Conference on Drowning Prevention held in Da Nang in 2011. This was a high profile event that was undoubtedly an important forum for the cross-pollination of lessons and experience. The RLSSA has initiated and maintained contacts with Ministry of Education and Training and the Ministry of Labour, Invalids and Social Affairs to raise awareness about the program at national level, and to advocate the need for addressing drowning prevention more fully in government policy. The program has also collaborated with MOET on training events for participants from several other provinces. It is the opinion of the evaluator that these efforts have likely contributed to greater awareness and interest amongst policy-makers. However, experience from many donor supported projects in Vietnam, which have had the objective to influence national policy, is that it can take from 5 to 10 years of sustained engagement to realize such efforts.

The SwimSafe model in its entirety (i.e. including 'hardware' and 'software' and 'operational' elements) is relevant to and potentially replicable in other comparatively prosperous locations of Vietnam. Moreover, SwimSafe has demonstrated an effective teaching methodology and curricula for survival swimming that is adaptable to inner-city, rural and beachside settings. With some adjustments, the teaching methodology and curricula may be adapted to less prosperous localities where the teaching may take place in different types of venue (canals, open-water ponds etc.) with lower cost facilities.

The evaluator believes there is good justification for maintaining and even expanding the program – to take it into a second stage of strengthening its demonstration potential. At this point in time, the major issues facing the program are those relating to sustainability, including the continuation of activities in Da Nang, as well as determining the potential for scaling-up. Attention also needs to be given to more fully assessing impact of the program, both in terms of impact on capacity and on prevention of drowning in Da Nang.

The fundamental factors affecting sustainability and replication are those of affordability for the local government education authorities, schools and parents alike. In a situation of competing demands on education sector investment and recurrent budgets, the current model could not be widely applied because of budgetary constraints. There are several inter-related issues here including: establishment costs for new pool venues; operations and maintenance costs vis-à-vis regular recurrent budgets; covering instructor wages; and social costs of parental contributions. The SwimSafe programs in Vietnam and Bangladesh have show that the major costs are associated with instructor wages and running the program. While the high cost of instructor wages poses a threat to sustainability, these staff inputs are essential to ensure a professional and certifiable program.

It is recommended that further discussions are held with MOET around these financing options, and that these issues are incorporated into any plans for possible expansion to new locations in Vietnam to ensure a cost-effective approach is adopted from the outset. In

particular, in the absence of a specific policy to integrate survival swimming in the primary school curriculum with allocated funding, agreement could be reached with MOET on a set of 'interim' guidelines and financial regulations which could be applied in provinces and cities where SwimSafe works. This would enable further testing of the approach, with the involvement of MOET, to inform future policy. With respect to possible expansion of the program to new localities, emphasis should be given to identifying priority provinces and cities with the highest incidence of child drowning.

### Evaluation Criteria Ratings

| Evaluation Criteria | Rating (1-6) | Explanation |
|---|---|---|
| Relevance | 4 | The Goal and strategic design of the program are clearly relevant to the current status of understanding of child drowning prevention efforts in the region. Focusing on a survival swimming program for primary school children is relevant to Ministry of Education and Training policy. The program exhibits a high degree of adaptive relevance to the institutional and socio-cultural context in Da Nang. The selection of Da Nang City was justifiable given previous engagement through the Safe Da Nang Program, and has allowed the survival swimming program to be tested and demonstrated in urban, rural and beachside settings; but in some respects Da Nang is atypical and not fully representative of other urban and rural areas of Vietnam. Relevance of the program to the strategic objectives of the Australian aid program in Vietnam is not clear or fully established. |
| Effectiveness | 5 | Over three years, good progress has been made across all five objectives and components. The level of local stakeholder engagement and support for the program is high. The program has achieved its expected outputs in terms of venue establishment, putting in place a professional survival swimming program, instructor training and the number of children participating in the program. Good outcomes have been achieved in terms of student pass rates and gender equality. The facilities are installed and maintained to a high standard. Effective effort has also been put into using SwimSafe Da Nang as a demonstration project, while effective outcomes in this regard are incremental. |
| Efficiency | 5 | The program is professionally and efficiently managed. Pool venue establishment costs are realistic. Venue maintenance has been maintained to a high standard and implementation risks have been adequately covered. The high operational costs, particularly for instructor wages, however, pose a risk to sustainability and replication. While the high cost of instructor wages poses a risk to sustainability, these staff inputs are essential to ensure a professional and certifiable program. |
| Sustainability | 4 | During the last year, the program has intensified efforts to address the issues of sustainability. Discussions have been initiated with the local authorities on the continuation and possible scaling-up of activities in Da Nang, but so far this has not resulted in a concrete institutional action plan or co-financing plan. The SwimSafe model is potentially replicable to other provinces and cities in Vietnam. However, questions of affordability are paramount. There are administrative costs and potential social cost implications of the SwimSafe model as it currently exists which may not be replicable. |
| Gender Equality | 5 | Good conditions have been created whereby both girls and boys can participate in the program, contributing to positive outcomes whereby an equitable proportion of girls and boys have completed the program and the pass rates are broadly similar. |
| Monitoring & Evaluation | 4 | A comprehensive and well-maintained monitoring system has been put in place to track progress and outputs. Good use has been made of monitoring data to assess performance and the quality of instruction and venue management. While according to the Goal the impact of the program needs to be assessed primarily in terms of impact on capacity, one major weakness is that a baseline was not established to assess impacts on prevention of drowning in Da Nang and the program has not fully engaged with relevant agencies in Da Nang on the systems of monitoring child injuries. |
| Analysis & Learning | 5 | The program has benefited from the considerable expertise of RLSSA, TASC and SwimSafe in other countries. On-going efforts have been made to adapt the approach, facilities, curricula and methods to the local context. Developing the program in parallel with the World Conference on Drowning Prevention has undoubtedly strengthened learning and provided an influential forum for the cross-pollination of lessons and experience, and for raising the profile of the program in Vietnam and elsewhere. |

*Rating scale: 6 = very high quality; 1 = very low quality. Below 4 is less than satisfactory.*

# 1. Introduction

## 1.1 Background and Objectives of the Program

### *Program context – the burden of child drowning in Southeast Asia and in Vietnam*

Over the last decade, concerted efforts have been made to more accurately quantify and assess the impacts of child drowning in Low and Middle Income Countries (LMICs) of South and Southeast Asia. While there continue to be variations in the statistics on child injury and child drowning and in the conclusions drawn from different types of survey, there now exists a better understanding of the significance of child drowning in the context of broader infant, child and adolescent mortality rates and patterns across the region.

Global estimates reported by the Inter-agency Group for Child Mortality Estimation (UN-IGME 2012) show that under-five child mortality rates have steadily decreased across Asia over the last two decades (Annex 5.1). As of 2011, neonatal deaths account for around 50% of under-five child mortalities in the region; moreover, as the overall under-five mortality rate has declined, the relative proportion of neonatal deaths has increased between 1990 and 2011 (by 28% in Southeast Asia and 26% in South Asia). The UN-IGME report concludes that to continue to make progress in achieving the MDG4 on reducing under-five child mortality, systematic action is required to reduce neonatal mortality through better preventive and curative interventions for mothers and babies (UN-IGME ibid).

WHO estimates of child mortality in Southeast Asia for 2008 indicate that unintentional injuries account for 3.9% of under-five child mortalities and 28.8% in children aged 5 to 14 (Annex 5.2). These data also suggest that drowning accounts for 18.25% of mortalities from unintentional injury in children under-five (0.7% of total mortalities) and 16.9% of mortalities from unintentional injury in children aged 5 to 14 (4.9% of total mortalities).

More recently published Global Burden of Disease (GBD) data for 2010[1] indicate a higher figure of 5.6% of all deaths in the 1-4 age group being caused by drowning, rising to 7% in the 5-9 age group and 6.4% in the 10-14 age group (Table 1). These data also indicate that the death rate per 100,000 for boys is at least twice as high as girls in all age groups.

**Table 1. Global Burden of Disease 2010: Child drowning rates in Southeast Asia**

| Age group | Per cent of all causes of death | | | Death rate per 100,000 | | |
|---|---|---|---|---|---|---|
| | Total | Boys | Girls | Total | Boys | Girls |
| 1 to 4 | 5.6 | 6.9 | 4 | 10.4 | 13.9 | 6.7 |
| 5 to 9 | 7 | 8.6 | 4.9 | 3.5 | 4.7 | 2.2 |
| 10 to 14 | 6.4 | 7.6 | 4 | 3 | 4.8 | 2 |

Other recent reports, however, suggest that the scale of child drowning in Asia has been under-estimated and under-reported in the past. Based on a reassessment from 5 countries[2], UNICEF (2012) suggests that drowning may be responsible for almost one quarter (23.4%) of under-five child mortalities from all causes; while for children aged 5 to 9 years, drowning may be responsible for more than one out of four deaths (28.3%).

[1] http://www.healthmetricsandevaluation.org/ghdx/record/global-burden-disease-study-2010-southeast-asia-results-cause-1990-2010

[2] Including Bangladesh, Cambodia, China, Thailand and Vietnam.

The UNICEF report suggests that under-reporting in the past has been largely due to inconsistencies in data collection and interpretation (UNICEF 2012). Firstly, in many countries, only a certain proportion of drowning fatalities are reported through the health system – gaps health statistics captured at local level results in under-reporting at national level and consequently in regional and global statistics. The UNICEF report also suggests that the structure of the International Classification of Diseases reporting system hinders capture of drowning deaths in official statistics; and the report concludes that these various limitations have served to mask the scale of this issue and have limited the ability of researchers to accurately or confidently assess or compare drowning rates.

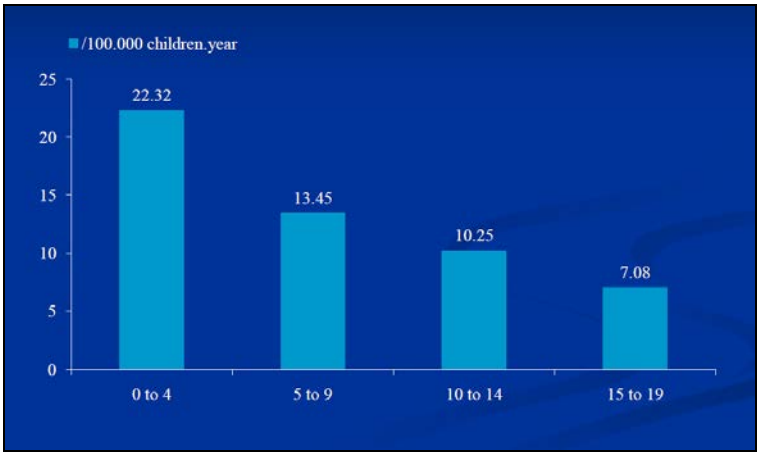
In general, there has been an increase in the figures reported for child drowning in Asian countries in recent years. It is likely this is due to more accurate survey and reporting systems, rather than representing an increase in drowning rates. At the same time, there is some indication that there has been a drop in the actual rate in some countries since the 1990s; one possible explanation for this is that economic development and urbanization have led to reduced risks of childhood drowning (SPH 2012).

In Vietnam, many recent reports highlight the fact that unintentional injury continues to be a leading cause of death amongst Vietnamese children and teenagers (HSPH 2003; WHO & UNICEF 2007; WHO 2008; MOLISA 2009; HEMA 2011; HSPH 2011; WHO 2008).

WHO & UNICEF (2007) state that, in 2006 alone, 7,198 children and adolescents aged 0-19 years died as the result of an injury, equivalent to nearly 20 per day, with the primary causes being drowning and road traffic injuries. Figures reported from the Ministry of Health for the period between 2005 and 2007 indicate that drowning accounts for around 50% of injury-related deaths in children aged 0-19, equivalent to 3,564 cases in 2005, 3,685 cases in 2006 and 3,786 cases in 2007 (MOLISA 2009; HSPH 2011). Drowning related deaths are most prominent amongst younger children. A recent report by the Health Environment Management Agency (2011), indicates a drowning rate of 22.3 per 100,000 in the 0-4 age group, dropping off to 7.08/100,000 in the 15-19 age group (Figure 1). The high drowning rates are attributed to the abundance of irrigation canals, rivers and lakes, as well as frequent flooding and typhoons during which children are at greater risk.

**Figure 1. Drowning mortality rate of children aged 0-19 by age group: 2005 to 2009**

*Source: HEMA 2011*



### *Institutional context for drowning prevention in Vietnam*

In recent years the Government of Vietnam (GOV) has taken a number of steps to more effectively address child injury prevention – and child drowning – through a range of policy and program initiatives. Following dissolution of the National Committee for Population, Family and Children in 2008, there has been a reassignment of the institutional responsibilities for child care and protection at both national and provincial levels. Overall responsibility for coordinating child injury prevention efforts now rests with the Child Care and Protection Bureau under the Ministry of Labour, Invalids and Social Affairs (MOLISA) and corresponding Child Protection Section under DOLISA at province level.

In 2009 the first Inter-ministerial Plan on Child Drowning Prevention was approved by the Government, under leadership of MOLISA and with the involvement of the ministries of Health, Education and Training, Public Security, and Culture, Sports and Tourism, the Vietnam Inland Waterways Administration and Mass Associations (Youth Union, Women's Union and Farmer's Association). This was supplemented by the Inter-ministerial Plan for the 2011 to 2015 period. This plan identifies specific actions and cross-sector coordination mechanisms to implement and monitor provincial application of the plans.

In 2010, the Ministry of Education and Training (MOET) announced a general policy whereby all primary schools are required to teach children survival swimming skills. As of now, however, this general policy has not been followed-up with specific guidelines on implementation arrangements or the allocation of funds. Major barriers include a lack of suitable venues (swimming pools or safe open water sites), a lack of trained staff and a lack of a coordinated program and specified funding sources.

### *The SwimSafe Da Nang Drowning Prevention Program*

The SwimSafe Da Nang Drowning Prevention Program (2010 to 2012) emerged out of previous engagement between The Alliance for Safe Children (TASC), the Hanoi School of Public Health (HSPC) and Da Nang City Peoples Committee (Da Nang CPC) through the Safe Da Nang Program. This previous program had a broader focus on child injury prevention with six components in injury surveillance systems; safe schools, homes and communities; information, education and communication; and advocacy and capacity building.

With support from the Royal Life Saving Society of Australia (RLSSA), SwimSafe Da Nang began in 2009 as one component of this broader program, but was expanded and continued as a stand-alone program in the period from 2010 to 2012 with funding support from AusAID. The stated justification for this support in 2010 included the potential for SwimSafe Da Nang to influence and support the GOV's drowning prevention efforts.

The overall Goal of the program is – **to develop and implement the SwimSafe Da Nang Drowning Prevention Program to build capacity to prevent drowning in Vietnam and the wider region.** The program has five specific objectives and components in: (i) stakeholder engagement; (ii) survival swimming program; (iii) trainer support; (iv) venue management; and (v) building capacity to the use the program as a demonstration.

The approach of the program is to support the local authorities, schools and communities in Da Nang with resources and training to teach survival swimming classes for children at school venues (using portable pools) and beachside venues. Swimming instructors trained by the program include physical education teachers at schools and lifeguards at beach

venues. The survival swimming program includes 20 lessons, designed to teach primary school aged children (6 to 12 years old) with basic water familiarization, survival and swimming skills, water safety knowledge, and CPR for children aged 9 years and older.

SwimSafe Da Nang is managed by the RLSSA in association with the TASC Head Office in Melbourne and the TASC/SwimSafe Operations Office in Da Nang (see Annex 7). Under Da Nang CPC, local managing and implementing partners include the Department of Foreign Affairs (DOFA) for NGO liaison and registration issues; the Department of Education and Training (DOET) as the main implementing partner; the District Education Sections (DES), and urban and rural schools where the SwimSafe venues are located.

### 1.2 Evaluation Objectives and Questions

The Terms of Reference for this evaluation are given in Annex 1. The overall objective of this evaluation is to undertake an independent assessment of the program to inform broader AusAID research to: (i) assess the burden of drowning on child mortality in Asia; and (ii) assess the preventability of child drowning in low and middle income countries. Specific objectives and questions covered by the evaluation include:

- **To assess progress towards objectives and effectiveness of the program in reducing the burden of child drowning in Da Nang Cit**y, including: (i) analysis of the data collected by RLSSA, TASC and other partners to date; (ii) assess whether the objectives are on track to be achieved; (iii) determine whether implementation of the program made effective use of time and resources to achieve the objectives; (iv) identify the risks and barriers to the achieving the objectives; and (v) assess the impact of the program to date on reducing the incidence of child drowning in Da Nang.

- **Assess the scalability of the SwimSafe model both in other provinces in Vietnam and other countries**, including: (i) assess the ability of the program to scale-up and be replicated in other provinces; (ii) identify actions that can be taken now to increase the likelihood that the activity will be sustainable; (iii) assess whether the M&E system collecting the right information to allow judgement to be made about meeting the objectives and sustainability; (iv) identify lessons from this program can be applied to the future design of drowning prevention activities; and (v) analyse whether stakeholders have sufficient ownership, capacity and resources to maintain the program outcomes after Australian Government funding has ceased.

### 1.3 Evaluation Methods

The evaluation has been carried out through the following methods:

1. A desk review of program design documents, progress reports, monitoring data-sets and reports, internal program management documents, and relevant research reports (including background research studies and conference proceedings etc.). A list of materials made available to and reviewed by the author is given in Annex 2.

2. Site visits, meetings and discussions with program partners, made over a two-day visit to Da Nang, including meetings with staff of the TASC Project Management Office, the Department of Education and Training, the Department of Foreign Affairs, the Management Advisory Group (MAG) including Head Teachers and staff of the District Education Sections, Senior Swimming Instructors, teachers and parents. The itinerary and list of agencies is given in Annex 3. A list of discussion questions was sent to formal

program partners in advance of the meetings, as given in Annex 4. A summary table of stakeholder viewpoints on performance of the program is given in Annex 6.

3. Compilation and analysis of relevant monitoring data provided by the TASC Project Office, including a costing exercise of SwimSafe venue establishment and operational costs to inform the analysis of replication potential and sustainability (Annex 8 to 12).

4. Meetings and teleconference meetings were also held with key representatives from the RLSSA in Australia and AusAID at the Australian Embassy in Hanoi.

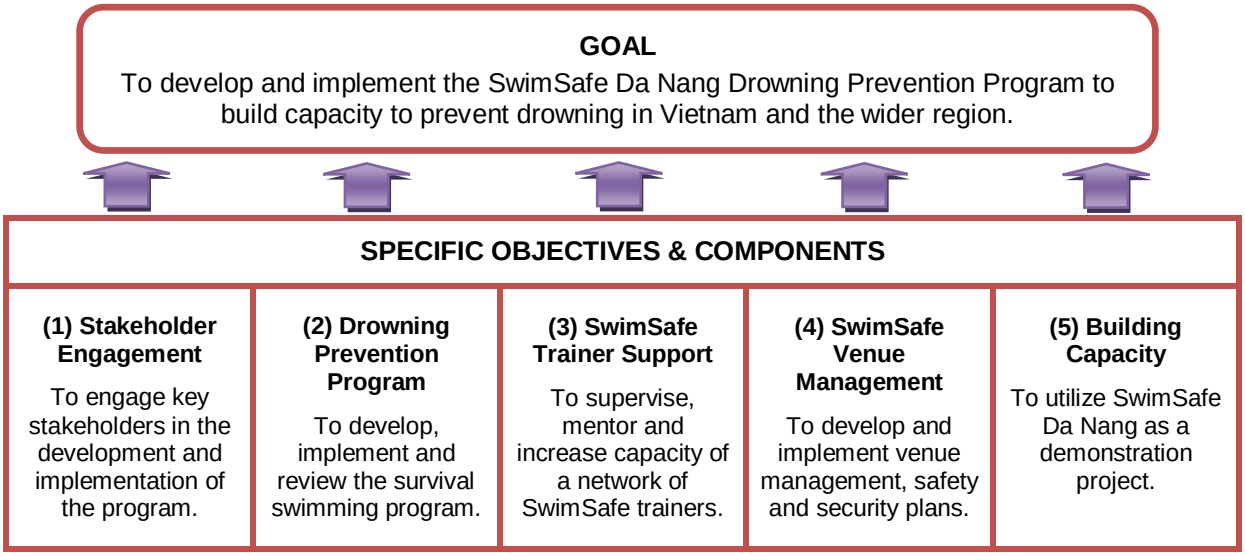
### 1.4 Evaluation Team

The assignment has been carried out by one independent evaluator with long-term work experience in Vietnam and conducting a number of research assignments and evaluations on child care and protection issues and programs in Vietnam. The evaluator has had no previous connections to or involvement with the SwimSafe Program in Da Nang, or The Alliance for Safe Children (TASC) or the Royal Life Saving Society of Australia (RLSSA).

# 2. Evaluation Findings

## 2.1 Relevance

The Goal and Objectives of SwimSafe Da Nang are as follows:




The Goal and Objectives are clearly articulated. They indicate a logical hierarchy of objectives from: (a) developing and implementing the program in Da Nang (i.e. through stakeholder engagement, the drowning prevention program, trainer support and venue management), in order to (b) build capacity to use the program as a demonstration to inform drowning prevention efforts elsewhere in Vietnam and the region.

The assessment of relevance, as well as impact and sustainability of the program, needs to take into account these two levels in the hierarchy of objectives.

***Strategic relevance***

On the broader level, the strategic design of the program is clearly relevant to the current status of understanding of drowning prevention efforts in the region. As the extent and nature of the burden of child drowning in Asia has more become apparent over the last decade, there have been increasing calls to move from 'analysis to action'. SwimSafe Da Nang is one of the first focused and comprehensive child survival swimming programs in Vietnam; prior to this, most survival swimming efforts had been as a sub-component of broader child injury prevention or disaster preparedness programs. As such, it extends the experience from previous SwimSafe initiatives in countries such as Bangladesh to new socio-economic environments and institutional contexts, and can be expected to yield good lessons regarding the preventability of child drowning in LMICs in Asia.

The extent to which the design of the program can and will directly contribute to on-going efforts to improve the 'assessment' and 'analysis' of the burden of drowning on child mortality in Asia is less direct. This is not amongst the immediate objectives of the program itself. Nonetheless, through the involvement of SwimSafe Da Nang in the World Conference on Drowning Prevention in 2011, which was an integral part of the program concept, it has clearly served as a vehicle to help improve such understanding.

The strategic objectives of the Australian aid program in Vietnam in the period 2011 to 2015 include: (i) improving the quality of Vietnam's human resources; (ii) developing

better transport infrastructure and policy to support economic integration; (iii) increasing rural access to clean water and sanitation; and (iv) advancing climate change adaptation and mitigation (including efforts to reduce the impacts of natural disasters).

The relevance of the SwimSafe Da Nang Program to these strategic priorities of the Australian aid program in Vietnam are not clear. This program is referred to under the description of humanitarian and disaster response[3] and may be logically connected to other program initiatives under this strategic objective such as providing resources for teachers and schools on climate change and disaster risk management issues. However, the program does not appear as a formal part of the aid program portfolio; neither is it specifically mentioned in the Annual Program Performance Reports.

The selection of Da Nang City was justifiable in terms of TASC's prior engagement with the local authorities through the Safe Da Nang Program. Moreover, this location is relevant because it has enabled the SwimSafe approach to be tested in inner-city, rural and beachside settings. However, in some respects Da Nang is atypical and is not fully representative of other urban and rural locations in Vietnam. For example, there is better developed sports infrastructure in Da Nang and a stronger human resource base (lifeguards, physical education teachers). Local revenue is also considerably higher in Da Nang than in most other provinces and cities which means that the local authorities are potentially in a better position to finance such programs themselves. As discussed in later sections of the report, this does have implications for replication and scaling-up.

As indicated in Section 1.1 and Figure 1 above, data from Vietnam indicate that the rate of child drowning is highest in the 0-4 age group and steadily declines with age. The recent report by UNICEF on Child Drowning (2012) suggests that while drowning occurs throughout childhood, there are in fact two separate of *'epidemics'*. One affects infants and young children who escape supervision and drown in unprotected water sources close to the home. The second is amongst older school-age children who drown further from home, where they swim alone or in groups. This report notes that child drowning is primarily a rural phenomenon, and a majority of drowning incidents of older children occur while they are engaged in non-recreational or daily activities. The report also notes that these different scenarios require different intervention approaches in drowning prevention.

SwimSafe Da Nang has focused on the second target group – that is, teaching survival swimming skills to children of primary school age (6 to 12 years old). Focusing on a survival swimming program for primary school children is clearly relevant to current policy of the Ministry of Education and Training. This is also justifiable in terms of: (a) the expertise of the RLSSA in this type of intervention; and (b) higher levels of pre-school attendance in urban environments such as Da Nang City which means that the drowning risks to infants are perhaps less pressing than in other regions (although baseline data for Da Nang do not exist to verify this observation). Some other donor supported programs in Vietnam have combined teaching survival swimming skills for older children, with measures to reduce drowning risks for infants around the home (e.g. ensuring that wells and water jars are safely covered) and helping to strengthen the system of protecting children in times of flood emergency (e.g. through collection points).

***Local relevance***

[3] http://www.ausaid.gov.au/countries/eastasia/vietnam/Pages/humanitarian.aspx

Program partners in Da Nang state that the program is relevant to the local context in a number of different ways (see Annex 5). Reference is made to the *"suitable target group"* (i.e. targeting primary school children); the *"selection of venue sites is relevant according to demand and distribution"* across the City and that *"adaptations have been made to urban, rural and beachside venues"*; there are *"suitable pool facilities"* which are *"appropriate to the local environment and conditions"*. Reference is also made to the *"good use of human resources in different parts of the system"* and that the program *"has built on the cadre of physical education teachers"*, which indicates relevance to the local institutional context.

The focus on school-age children meant that the main institutional partner in Da Nang was changed during implementation, from the health sector (the Hanoi School of Public Health and the Province Preventive Health Centre) to the education sector (the Department of Education and Training and local schools). This was an appropriate adjustment.

The program has maintained a high degree of 'adaptive relevance' over time during implementation. This is evident, for example, in adjustments that have been made to the survival swimming curricula, Information, Education and Communication (IEC) materials, and the pool venue facilities to make them culturally and socially more appropriate.

## 2.2 Effectiveness

This section assesses effectiveness and progress towards achieving the intended outputs and outcomes of the program in relation to the five specific objectives and components.

#### *Objective 1 – Stakeholder engagement*

The program has successfully engaged the support and active involvement of a wide range of local partners and stakeholders in Da Nang in the development, implementation and supervision of SwimSafe activities. Evidence of this can be seen in comments made by several local partners (see Annex 6). According to one local official *"schools were reluctant at first, but after seeing the benefits they are eager to participate"*. Another respondent noted that *"at the beginning, bringing everyone together* [i.e. the schools and community] *was difficult, but the marketing activities were effective"*. One swimming instructor commented that *"at the beginning, people didn't believe the program could do it, but they believe in it now"*. Reference is also made to the fact that the program has established *"clear goals for everyone – venue managers, instructors, pupils…"*.

Management and supervision of the SwimSafe venues has been delegated to the **Venue Managers** in an effective way (i.e. the school Principles/Vice-principles and Senior Life Guards at beach venues). The Venue Managers are engaged at all stages of the process and have assumed an increasing leadership role in program implementation. Regular pre-season stakeholder workshops and feedback workshops and meetings are held with partners to orient program activities. Contracts have been executed between the TASC Operations Office and the venues which clearly set out responsibilities, cost-norms for venue management and provide a legal basis for the transfer of funds. This has evidently helped to build a sense of local ownership and responsibility for the venues.

The program has established and maintained a close working relationship with DOFA and DOET – as the formal program partners, and with the District Education Sections to provide guidance and supervision. In addition, an informal **Management Advisory Group** (MAG) has been established, with representatives from the District Education Sections,

School Principles, Senior Instructors and TASC Operations Office, to provide a mechanism for regular communication and discussion around progress issues.

Responsibility for developing contacts in the local community and with parents largely rests with the venue managers and instructors, with program support for marketing and IEC activities and materials[4]. Parents are engaged through different means, including: (i) pre-season information and recruitment meetings; (ii) IEC materials distributed through children, which include safety awareness messages to reduce drowning risks for younger children; and (iii) trainers will regularly meet with parents who observe the lessons.

More broadly, at national level, the RLSSA has opened-up and maintained contact with MOET on the potential for adopting the SwimSafe curriculum as a core strategy for child drowning prevention in Vietnam. Briefings of the program and potential links to the national child injury prevention policy have also been provided to MOLISA. Links have also been maintained with the Ministry of Health and the Hanoi School of Public Health.

***Objective 2 – Drowning prevention program implementation***

The SwimSafe curricula was developed by the RLSSA drawing on its international experience and consists of 20 classes of instruction at two levels of certification (basic and advanced) in six domains: (i) a core knowledge set; (ii) entry and exit skills; (iii) survival skills; (iv) swimming skills; (v) rescue skills; and (vi) resuscitation skills (advanced). The Instructor Guide provides detailed lesson-plans for each stage of the curricula[5]. Class-size and teacher-to-student ratios are set for different levels of instruction and for beachside and pool venues. Safety standards are built into the curricula covering informed consent, supervision, emergency plans and procedures, and hygiene and safety rules.

The assessment is made at three stages – a pre-assessment of skills at the beginning of the course to group children according to ability, re-assessment at the half-way point of the course, and a final assessment or certification test. The Certification Test includes criteria on survival skills (including being able to float in any position with the face fully in water, to rotate smoothly in the water and sculling in back position for 30 seconds) and swimming skills (including swimming continuously for 25 metres in open water).

In the initial proposal for 2010-2011, the program set out with the target of reaching 6,000 students in 10 venues (later increased to 14 venues in the 2012 proposal)[6]. The program has successfully achieved these expected outputs in terms of the number of established and operational venues and children participating in the program (Table 2). By the end of 2012, around 16,500 children will have passed through the program.

There has been a steady increase in overall pass rates from around 41% in 2009, to 69% in 2010, to around 85% in 2011 and 2012 (see Table 2 and Annex 8 & 9). This can be considered as an impressive outcome. The program has also been effective in achieving an equitable balance between girls and boys in both participation and pass rates. At the

[4] Marketing and IEC materials including: recruitment handout for parents; information leaflet on prevention of child drowning in Vietnam; a CPR methods handout; a children's workbook which they can take home; student enrolment sheet and ID Card; SwimSafe certificate of completion; and SwimSafe student T-Shirt.

[5] SwimSafe – Vietnam: Instructor Guide (3RD Edition 2012).

beginning of the program, some difficulties were encountered in enlisting younger children in the 6 to 9 year old age-group, but this was also improved in subsequent years.

**Table 2. Student pass rates (2009 to 2012)**

| Criteria | Year | | | |
|---|---|---|---|---|
| | 2009 | 2010 | 2011 | 2012 (a) |
| Number of active venues | 12 | 12 | 14 | 14 |
| Total number of students in program | 4724 | 4722 | 5839 | 3943 |
| *Overall pass rate (%)* | 41 | 69 | 84 | 85 |
| Number of female students | | 2199 | 2677 | 1813 |
| *Proportion of total students (%)* | | 47 | 46 | 46 |
| *Pass rate (%)* | | 66 | 85 | 85 |
| Number of male students | | 2523 | 3162 | 2130 |
| *Pass rate (%)* | | 71 | 84 | 86 |
| Number of students 6-9 years old | | 2688 | 3826 | 2348 |
| *Proportion of total students (%)* | | 57 | 65 | 60 |
| *Pass rate (%)* | | 65 | 81 | 82 |
| Number of students 10-12 years old | | 2033 | 2013 | 1595 |
| *Pass rate (%)* | | 74 | 89 | 90 |
| (a) Data for Cycles 0 & 1. Expected around 6,000 students in Cycles 0-4 in 2012. | | | | |

These improved results over time can be attributed to a number of factors, including: (i) on-going effectiveness of the marketing campaign and mobilization of parental interest and support for the program; (ii) effectiveness of the instructor training and support; (iii) effective monitoring to identify and address issues relating to the quality of the training program and instruction skills; (iv) progressive adjustments to the curricula and teaching methods to make them more appropriate and effective (for example, by allowing a broader repertoire of swimming strokes and supporting the instructors to respond to the needs of children at different ages and with different capabilities); and (v) by encouraging and enabling students that initially fail the certification to re-take the course.

The **SwimSafe Instructor Guide** has gone through three rounds of review and revision. This has been a collaborative exercise, with full participation of the swimming instructors in proposing necessary modifications and developing the manual. Good use has also been made of external resources – including two volunteer instructors from the Australian Volunteers Program (VIDA), to improve the curricula, methods and quality of training. For example, the volunteers made inputs to strengthen core training capacity, through TOT and the Lead Trainers, and to better address training of younger children.

The pass rate figures indicate that the program has been successful at teaching basic survival swimming skills to a larger number of children than initially expected. This may be considered as an output-to-outcome level result. Several perspectives need to be taken in assessing effectiveness in achieving broader outcomes of this component.

In terms of coverage – at present, SwimSafe covers around 6,000 children per year. In recent years, the total number of primary school children in Da Nang (Grades 1 to 5) is ±60,000 pupils, with an annual intake of ±12,000 (MOET 2008 & 2009). Program capacity therefore currently equals about half the annual intake of primary school pupils.

In terms of the application of skills – consideration would need to be given to the proportion of children that take-up swimming on a regular basis after completing the course, thereby progressively building up their confidence and skills over time. The program does not include refresher courses and a follow-up survey of graduates has not been made, so it is not possible to determine this level of outcomes. The linkages between survival swimming capacity and the 'prevention of drowning' (as may be implied by the program objectives) have not, as yet, been empirically tested or demonstrated.

#### *Objective 3 – SwimSafe trainer support*

Building the capacity of a large team of well-trained and motivated swimming instructors has been essential to the successes of the program. The program currently has around 100 **General Instructors** (from 8 to 10 at each venue), including **Lead Trainers** and a group of 9 **Senior Instructors** (giving current total of 118 instructors). A majority of the instructors are physical education teachers at the schools (these are proposed by the schools and DOET and vetted before joining the program), while around 10-14 are Beach Lifeguards employed by the Son Tra Eco-tourism Board. The annual attrition rate is around 10 to 15 instructors. Currently, only 8.4% of the instructors are women – which is a reflection of the composition of physical education teachers and lifeguards. The program has made efforts to mobilise and maintain the number of female instructors.

A comprehensive start-up and annual refresher training program has been out in place, including Training-of-Trainers (TOT), instruction skills training and CPR training. In total, there have been 29 training events with 907 participants, of which 87% are male and 13% female (Annex 10). Local partners in DOET and DOFA refer to this as a *"professional TOT program"* with *"100% of teachers being effectively trained"* and that the instructors *"seem to like their job and are willing to do more"*. The program has evidently been successful in building up team spirit and good collaboration with and between the instructors.

The Senior Instructors are instrumental in running the program, as well as monitoring and supervision and quality control. As described in an evaluation meeting with several Senior Instructors, they are involved in a wide range of activities – this is evidence of a high level of participation and commitment to the program:

- Training and coaching of new instructors;
- Supervision of the instructors (timing, methods, lessons-plans etc.);
- Taking part in training themselves;
- Care of students;
- Monitoring water quality, equipment and facilities;
- Record-keeping and reporting to TASC;
- Liaison with parents and the community;
- Curriculum development and contributing to the SwimSafe Training Manual;
- External training for MOET.

#### *Objective 4 – SwimSafe venue management*

Based on site observations made during this evaluation, it is clear that the pool venues have been established and maintained to a high standard. Guidelines for Portable Pool Usage were prepared in 2009 and an Installation and Maintenance Manual was prepared in 2011, which covers all relevant aspects of pool installation and technical standards and operational guidelines for general maintenance, water quality and chemical applications and filter functions etc. All venues have appropriate facilities including changing cubicles,

fencing, shade covers and sanitation. At some venues, the schools have also contributed funds to improving the environment of the pools.

The venue establishment costs varied somewhat according to the amount of site preparation needed, while additional funds were allocated to strengthen fencing and for shade covers which is a cultural preference. While it was initially expected the 'portable' pools would have an operational life up to 5 years, experience shows that with good maintenance they may last somewhat longer before replacement is necessary.

Day-to-day responsibility for venue management has been increasingly delegated to the Venue Managers and their support staff including instructors. Safety plans and standards have been applied, including teacher/student ratios as a safety measure and to ensure teaching effectiveness, and all instructors are certified in CPR. Two staff from the TASC Operations Office are assigned to monitor key elements of the program on a daily basis and visit each venue at least twice each week. Using Venue Visit Checklists (see Annex 13), they monitor the maintenance condition of the pools, check water quality, as well as monitoring student numbers and progress of the swimming classes etc. Problems arising may be addressed with venue managers and resolved immediately if possible.

#### *Objective 5 – Building demonstration capacity*

This fifth objective relates to the broader Goal of using SwimSafe Da Nang as a demonstration project to inform drowning prevention efforts elsewhere in Vietnam and the region. Progress and achievements made in this respect are partly covered in this section of the report, but also under the sections on Impact and Sustainability below.

An integral part of the program 'concept' was that it should be developed in parallel with the **World Conference on Drowning Prevention** held in Da Nang in 2011. This was a high profile event that brought together over 430 delegates from 50 countries, with papers, presentations and case-studies on a comprehensive range of topics and issues.

While the program itself was not directly responsible for sponsoring or convening the conference, it nonetheless played a key role in the preparations by facilitating the support and approval of the local authorities in Da Nang. Moreover, the SwimSafe approach and experience from several countries was presented as a case-study (Cox et al 2011); and SwimSafe venues were used for interactive field-visits for the participants. The conference was rated highly in the post-conference evaluation by participants[7], and was undoubtedly an important forum for the cross-pollination of lessons and experience, and for raising the profile of SwimSafe Da Nang both within Vietnam and elsewhere.

Experience from SwimSafe Da Nang has also been documented and disseminated through a range of media outlets, including local and national newspapers in Vietnam, the John Hopkins Magazine, the BBC World Service and the SwimSafe Website.

As indicated above, the RLSSA has maintained contacts with MOET, as well as with MOLISA and MOH, to raise awareness about the program at national level, and to advocate the need for addressing drowning prevention more fully in government policy. The engagement with MOLISA was important in the lead-up to the World Conference (for which MOLISA

[7] See conference evaluation at: http://www.worldconferenceondrowningprevention2011.org/content_common/pg-conferenceevaluation.seo

was an official partner together with Da Nang CPC), while the engagement with MOET has been around incorporation of survival swimming in the education curricula. The program has collaborated with MOET on two training events for participants from other provinces.

It is the opinion of the evaluator that these efforts have likely contributed to greater awareness amongst policy-makers and to the increasing attention which is being given to child drowning prevention by the government. On the other hand, experience from many other donor and NGO supported projects in Vietnam – which have had the objective to influence changes in policy at national level – is that it can take up 5 to 10 years of sustained engagement to realize such efforts. Even so, it can be concluded that the RLSSA and TASC have made effective efforts in this this regard.

## 2.3 Efficiency

### *Program management*

All program partners in Da Nang speak favourably about the program management arrangements and technical support from TASC and RLSSA (Annex 6). Reference is made to *"timely information exchange"* and *"timely management and support"*, as well as the *"strict and continuous management of venues"* and *"good management of physical assets"*. Reference is also made to the fact that TASC and RLSSA are *"technical experienced partners"*. Officials in DOET and DOFA comment on the good cooperation and coordination that exists between staff of the TASC Operations Office and local partners. The evaluator agrees with these viewpoints. This is a strong endorsement of the efficacy of the program management system and professionalism of the TASC and RLSSA support.

As indicated above, various management instruments have been introduced to ensure the efficiency of these working relationships, including clear operational contracts between the TASC Operations Office and DOET and the schools, the Management Advisory Group, and an effective monitoring system and quality control mechanisms.

### *Analysis of costs and expenditures*

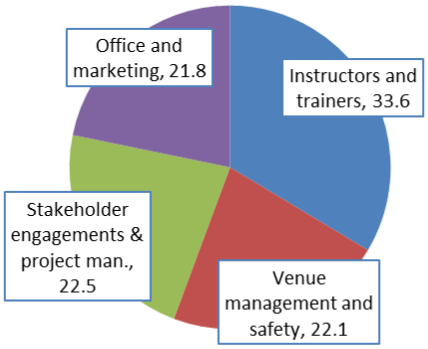
Total program funding over the three years has been in the order of US$ 819,000, of which 55% as come from AusAID, 43.5% from RLSSA funds and 1.5% from fundraising (Table 3).

**Table 3. Program financing sources**

| Source | 2010 | 2011 | 2012 | Total | % Total |
|---|---|---|---|---|---|
| AusAID | 125000 | 125000 | 200000 | **450000** | 55.0 |
| Fundraising | 0 | 12000 | 0 | **12000** | 1.5 |
| RLSSA Funds | 110752 | 128000 | 118160 | **356912** | 43.5 |
| **Total** | **235752** | **265000** | **318160** | **818912** | |

A breakdown of costs by expenditure categories is given in Figure 2 and Annex 11. Venue establishment costs (i.e. site preparation, equipment purchase, shipping and installation) were higher at the beginning of the program: together with supervision and operational costs, these represented 34% of costs in 2010, but only 22% of total costs over three years.

**Figure 1. Breakdown of expenditures by expenditure category 2010 to 2012 - in percentage**




One-third of program costs have been in the 'instructors and trainers' category (33.6%), including wages and training workshops. At the outset, the decision was taken to pay the instructors an additional wage for their work on the program. The justification for this was because the swimming classes need to take place during the summer vacation and afterschool hours, as they are not officially part of the education curricula or school lesson planning. The extra wages paid to the SwimSafe instructors provide an incentive for their involvement and commitment to the program. Nonetheless, the high cost of the instructor wages, funded from external sources, raises a serious question about sustainability.

### *Analysis of venue establishment and operational costs*

During this evaluation, an estimation of the pool venue establishment and annual operational costs was compiled by the TASC team (Table 4). This provides a good indication of the cost implications of the SwimSafe model in Vietnam.

**Table 4. Pool venue establishment and annual operating costs**

| **Pool venue establishment costs (2012 figures)** | | | **Operational costs (average pool venue – 2011 figures)** | | | |
|---|---|---|---|---|---|---|
| **Item** | | **US$** | **Item** | | **US$** | **%** |
| 1 | Portable pool package | 3000 | 1 | Maintenance costs (1) | 1716 | 12.7 |
| 2 | Shipping/customs/clearance fees (1) | 1200 | 2 | Supervision expenses (2) | 1309 | 9.7 |
| 3 | Water systems links/improvements/showers | 400 | 3 | Instruction resources (3) | 216 | 1.6 |
| 4 | Base preparation/repairs (2) | 1500 | 4 | Instructor wages (4) | 10149 | 75.25 |
| 5 | Shade canopies (3) | 1800 | 5 | Training workshop | 96 | 0.7 |
| 6 | Security fencing | 1500 | | | | |
| 7 | Changing rooms (4) | 500 | | | | |
| 8 | Electricity connections | 200 | | | | |
| 9 | Miscellaneous materials | 200 | | | | |
| | **TOTAL** | **10,300** | | **TOTAL** | **13,486** | |
| Notes:<br>(1) Shipping and customs fees highly variable<br>(2) Base preparation variable by venue<br>(3) Shading pools a requirement<br>(4) Changing rooms near pool optional, but preferable | | | Notes:<br>(1) Filtration systems, pool repairs etc.<br>(2) Handouts, kickboards, goggles etc.<br>(3) Venue and district monitoring.<br>(4) About 10 instructors per venue. | | | |

Given the high quality of the facilities, it can be said that the establishment costs are at a reasonable level (i.e. US$ 10,300 per venue) and the program has employed local people on site preparation and installation. However, it should be noted that the pool facilities are of higher quality and cost compared to some other programs in Vietnam (e.g. programs in the Mekong Delta that utilize simpler swimming cages installed in local ponds and canals).

With regard to operational costs, here again a high proportion is allocated to instructor wages (around 75%). If these are subtracted, the annual operation and maintenance costs for an average pool venue are in the order of US$ 3,400 at 2011 prices.

***Costs per student***

A simple quantification of the costs per student of the SwimSafe Da Nang model is given in Table 5 and Annex 11.

**Table 5. Costs per student of the SwimSafe Da Nang model**

| Parameters | Costs (US$) | No. students | Cost / student |
|---|---|---|---|
| ♦ Method 1: Total program costs (2010-2012) | 800,000 | 16,500 (1) | 48.5 |
| ♦ Method 2: Total venue establishment, maintenance, operational and instructor costs (2010-2012) | 445,000 | 16,500 | 27 |
| ♦ Method 3: Maintenance, operational and instructor costs, excluding venue establishment (2010-2012) | 375,500 | 16,500 | 22.75 |
| ♦ Method 4: Projected venue establishment and operational costs over a 5 year period (+ 5% inflation to operational costs) | 84,800 | 2,250 (2) | 37.7 |
| Notes:<br>(1) Projected total number of students in SwimSafe 2010-2012.<br>(2) Based on an average of 452 students per venue per year, over 5 years. | | | |

Under *Method 1* total program costs are used, including those for stakeholder engagement, project management and TASC team salaries; while the latter may be considered as external costs, they are essential to overall effectiveness and efficiency of the program, but yield a relatively high cost per student. Venue establishment, operations and maintenance and instructor costs are included under *Method 2* (US$ 27/student), and operations and maintenance and instructor costs, excluding establishment costs, are included in *Method 3* (US$ 22.75/student). *Method 4* uses projected establishment and operational costs and instructor wages for a single venue over a 5 year period (based on figures in Table 4).

To give a broad comparison, a recent study on the SwimSafe model in Bangladesh estimated a cost of US$ 13.46 per student (SPH 2012b). Salient differences between SwimSafe in these two countries are that in Bangladesh lower-cost bamboo swimming cages in natural water bodies are used rather than installed portable pools, which reduces establishment costs, while instructor salaries are higher in Vietnam. The Bangladesh study found that the delivery of swimming lessons, including instructor wages, accounts for 77% of costs; which is further indication of the comparatively intensive staff inputs and training program running costs required. The study notes that because salaries are the dominant cost component and these are very low in Bangladesh, variations in these costs will be a major factor in the cost-effectiveness ratio that would apply in other settings.

***Management of risks***

The most significant risks that have arisen during implementation relate to: (i) maintaining the quality of the pool facilities including water quality and hardware of the

portable pools and filters etc.; and (ii) maintaining performance standards of the venues including factors relating to the quality of instruction. In both cases, it appears that the TASC Operations Office and Venue Managers have been effective in technical and performance monitoring and providing timely follow-up to address problems as they arise. These aspects of risk management are an integral part of the M&E system, which has provided quantitative evidence for the assessment of venue performance and technical quality. Moreover, the TASC team has been conscientious in providing feedback on M&E data so that remedial actions can be jointly discussed and agreed between partners.

## 2.4 Impact

#### *Definition of impact*

The wording of the program Goal implies that impact should be assessed primarily in terms of the extent to which it has 'built capacity to prevent drowning' in Vietnam and the wider region – rather than the direct impact on child drowning rates in Da Nang.

This can be considered from a local perspective (i.e. in terms of building institutional capacity in Da Nang) and more broadly in terms of awareness-raising and the extent to which the program has resulted in cost-effective and sustainable models that can be (or have been) adopted and replicated in other localities. This assessment of impact on capacity must, however, rely on some measure of the effectiveness of the SwimSafe model in helping to prevent and reduce the incidence of fatal or non-fatal drowning amongst children and actually reducing drowning mortality rates, as well as on measures of cost-efficiency. At the same time, it cannot be expected that a 3 year program such as this would yield measurable impacts on child drowning rates, at least in its initial stages.

#### *Local viewpoints on outcomes and impacts*

Program partners in Da Nang, as well as parents met during the evaluation, present a clear picture of the main outcomes and impacts of the program (Annex 6), as follows:

- **Direct impacts on children**. Several partners mention that the numerical 'outcomes' have been quite high – in terms of the number of children passing through the program and the pass rates. In addition to *"better skills and awareness"*, reference is frequently made to the *"increased confidence of children"* and their *"readiness to help others"*.
- **Accessibility to all students.** Several parents and teachers specifically mention that one positive aspect of the program is that has been *"beneficial to all children from rich and poor households"* whereas before *"only richer households could afford to send their children to swimming lessons"*. This is an important observation, because it indicates that the program is perceived to have achieved equity in its outcomes.
- **Impacts amongst parents and the community**. Reference is frequently made to secondary impacts in terms of *"improved community awareness about child protection"*, *"improved public health attitudes"* and *"knowledge of parents about CPR methods"* etc. Through the various marketing activities, the program has evidently achieved a high level of visibility in the local community, and a high level of parental support – to the extent that *"parents are now doing the marketing themselves"*.
- **Impacts on human resources**. City officials in DOET and DOFA and the School Principles also highlight program outcomes and impacts in terms of the *"increased capacity of education managers"* and the *"well-trained team of swimming instructors"*

which provides a *"valuable human development resource for the future"* and that *"the instructors now have good capacity to demonstrate the program"*.

- **Wider impacts outside Da Nang.** Several examples are given of wider impacts of the program. SwimSafe instructors have taken part in training courses organized by MOET, both in Da Nang and in other places (Ho Chi Minh City, Dong Thap and Hai Duong). Other provinces have visited SwimSafe venues on missions to Da Nang and have attempted to replicated the program in their areas (e.g. Khanh Hoa and Phu Yen provinces). Some talented SwimSafe pupils have received further training and have entered regional and national swimming competitions. All these factors have generated wider interest and awareness about the program in other provinces and nationally.

#### *Impact on prevention of drowning*

As noted in Section 2.2 and Table 2 above, the program has been successful in raising swimming test pass rates over time (from 41% in 2009 to over 85% in 2011 & 2012), enlisting both younger and older primary school age-groups in the program, and achieving gender equality in these outputs. However, the program has not, as yet, undertaken an assessment of broader outcomes and impacts on prevention of drowning in Da Nang. Moreover, a baseline was not established at the outset to measure such impacts; as discussed further in Section 2.7 below, this is a major limitation of the program.

During this evaluation, discussions were held with the TASC Operations Office on how a follow-up survey could be done which would yield 'attributable results' and further insight into outcomes/impacts of the program. One way of doing this would be to conduct a follow-up survey of all children involved in the program (from 2010 to 2012) to determine the level of application of swimming skills and whether there have been cases of fatal or non-fatal drowning amongst this cohort of SwimSafe children. This would need to be combined with retrospectively establishing a baseline, by compiling data on drowning rates in administrative areas covered by the program, gathered from statistics provided by the Department of Health and Department of Public Security and/or from death registers held by the Commune and Ward Peoples Committees in rural and urban areas.

### 2.5 Sustainability

The assessment of sustainability needs to be made from two perspectives. Firstly, from the point of view of the continuation and potential scaling-up of activities within Da Nang City and adjacent rural areas. Secondly, in light of the potential for replication of the SwimSafe model in other provinces and cities in Vietnam and more broadly in the region. There are, of course, interactions between these aspects of sustainability, to the extent that potential efforts to replicate or expand the program in other provinces would influence the level of external support that may continue to be provided to Da Nang – these aspects, and recommendations of the evaluator, are covered in the final section of the report.

#### *Institutionalization of survival swimming in the education system*

While MOET has issued a general policy in 2010 on the need for all primary schools to teach survival swimming skills, this has not – as yet – been followed-up with specific instructions on the incorporation of this initiative into the regular primary school curriculum or financing. This is a fundamental consideration because it influences the strategies that may be adopted to enhance sustainability of the program. There are three sets of issues here: (i) the potential incorporation of survival swimming in the physical education curricula which would enable it to be taught during regular school hours; (ii) instructions on the allocation of recurrent budgets for operations and maintenance of

facilities; and (iii) instructions on eligible sources of financing for additional payment of swimming instructors if required.

The RLSSA has maintained communication with MOET on such issues. However, given competing demands on education sector budgets, it can take some time for national guidelines and instructions to be issued at ministerial level. Given this situation, one option is to agree on an interim set of guidelines – together with MOET, DOET and the provincial authorities, which may applied and 'piloted' in locations where SwimSafe works.

#### *Continuation and potential scaling-up of activities in Da Nang*

Over the last year, discussions have been opened up between RLSSA, the TASC Operations Office and DOET in Da Nang on options for supporting the program beyond 2012. This does not yet constitute a concrete 'action plan' or 'financing plan' or 'exit strategy'. It is valid that the program has waited until this last year of implementation to initiate these discussions, because time was needed to develop and demonstrate the program first. However, these efforts obviously need to be stepped-up in the coming months. Without such efforts, the sustainability of the program and existing venues is not certain.

One question that needs to be asked at the outset is whether universal coverage of survival swimming for all primary school children in Da Nang is feasible? As discussed in Section 2.2, current program capacity (±6,000 students per year) equals around half the annual intake of primary school children in Da Nang (±12,000 students). A doubling of program capacity would therefore be needed to achieve universal coverage of new students.

According to DOET, a proposal has been put forward to Da Nang City Peoples Committee for provincial funds to be allocated to the 'after-school' or 'extra-curricula' swimming classes, particularly for less well-off rural school venues. Under this scenario, provincial funds may be allocated to the after-school cycles (Cycle 0 & 3) and external program funds may be secured for the main vacation cycles (Cycle 1 & 2). This is one co-financing option for consideration. DOET also indicates that some schools in the urban centre of Da Nang may be able and interested to raise their own funds to establish new pool venues.

Other options which have been suggested, but not elaborated, are for the 'socialization' of the swimming program, whereby some of the funding requirements may be covered by: (a) parental contributions (e.g. for partial payment for swimming lessons); and/or (b) seeking local private sector support or charitable donations (e.g. funding may be sought from local companies to co-finance pool establishment costs in new schools).

In some respects, the most pressing question is how to cover regular venue operations and maintenance costs and instructor wages, both to maintain the existing program and under a possible expanded program. The instructor wages raises a difficult set of issues regarding sustainability. The motivation, enthusiasm and commitment of the swimming instructors is essential to the success of the program. In assessing the sustainability and potential for replication of the SwimSafe model, particular attention will therefore need to be given to how to provide adequate incentives for teams of dedicated instructors in future.

It is common practice for school teachers in Vietnam to provide extra classes for pupils, especially during vacations, for which parents pay fees to the teachers – although this practice is obviously not officially sanctioned by the education authorities. To some extent, therefore, the program is justified in its decision to pay the instructors an additional wage for their vacation and after-school hours work. Even so, this has created a precedent which may be difficult to reverse, and has resulted in a situation whereby a substantial

proportion of program funds are allocated to instructor wages, for which there is no immediate alternative source of financing when external funding is withdrawn.

Regarding parental contributions, it is possible that better-off families in the urban centre may be willing to contribute to swimming lessons; however, it cannot be assumed that all families will be willing or able to pay, especially in rural areas. The validity of this option needs to be considered in light of the wide range of other formal and non-formal fees and contributions that are required for schooling, which are often a burden for poorer households. Moreover, as noted above, one of the perceived benefits of the SwimSafe program is that is open to all students, from better-off and less well-off families. All these options will need to be considered in the coming months in order to devise a realistic financing plan for the future, which takes into account these equity considerations.

#### *Potential for replication in other provinces and cities*

The SwimSafe Da Nang model in its entirety (i.e. including 'hardware' and 'software' and operational elements) is relevant to and potentially replicable in other comparatively prosperous cities, towns and rural areas of Vietnam. The attractiveness of the marketing campaign, and of the pool facilities and venues themselves, obviously provides a stimulus to pupils, school teachers, and parents alike – which gives the sense of this being a 'modern' program. This is an important cultural consideration in public perceptions about the quality and value of educational investments and programs.

More importantly, SwimSafe has demonstrated an effective teaching methodology and curricula for survival swimming that is adaptable to inner-city, rural and beachside settings. In this respect, it can be said that the most important element of the program that can be replicated is the software, rather than the hardware. With some adjustments, the teaching methodology and curricula can be adapted to delta or mountainous provinces, where the teaching may take place in different types of venue (canals, open-water ponds etc.) using different (lower cost) pool technology. SwimSafe in Bangladesh has shown the curricula can be used with swimming cages in local water sources: this option should be considered in potential scaling-up to less prosperous rural regions in Vietnam.

### 2.6 Gender Equality

Good conditions have been created whereby both girls and boys can participate in the program. In the annual information and recruitment meetings held with schools and parents at all venues, the program is conscientious in stressing that an even number of girls and boys should be selected (a random selection method is used if there are more interested students than available places, while maintaining an equal proportion between the sexes). The venue facilities, including changing rooms and sanitation, are conducive to the attendance of girls at the swimming classes. These factors have evidently contributed to positive outcomes whereby an equitable proportion of girls and boys have completed the program and the pass rates are broadly similar (see Table 2 and Annex 9).

The program has made efforts to increase and maintain the number of female swimming instructors (currently at 8.4%). This has proved difficult, mainly because of the sex composition of physical education teachers, and it has been found that the attrition rate of female instructors is somewhat higher due to their personal family circumstances and commitments. In Vietnamese (Kinh) society, having fewer female instructors does not pose a major barrier to girl's participation or program effectiveness. Looking towards the future, if a similar program were to be initiated amongst some ethnic minority communities, recruitment of female instructors would be more critical.

## 2.7 Monitoring and Evaluation

A comprehensive and well-maintained monitoring system has been put in place to track progress, outputs and quality of the program, the various elements of which are described in Annex 13. Data collection tools include a **Swimming Instructors Record Book**, **Venue Visit Checklist**, **Training Feedback Form**, and the **Certificate Test Assessment Form**. Data from these are compiled by staff of the TASC Operations Office. A **Summary of Program Statistics** is produced at the end of each cycle and annually, which is used for venue performance monitoring (Annex 8), and by RLSSA for the preparation of the annual and interim **Progress Reports**. The TASC Operations Office also produces frequent **SwimSafe Updates**, which provide information on progress, events, and topics of interest etc., which are also used in progress reporting and posted on the **SwimSafe Website**.

One weakness of the M&E system, and of the program as a whole, is that it has not fully engaged with the relevant agencies in Da Nang on the systems of monitoring child injuries. This would be in order to: (a) provide a base-line for assessing program impacts in the future; and (b) assisting these agencies to get a better understanding of the patterns of child drowning in urban and rural settings and to help improve their surveillance systems.

In the local government system, the responsibilities for monitoring and reporting on child injuries are divided between different agencies. The recently established Child Protection Section under DOLISA is responsible for the compilation of data from other departments and overall reporting, but this section does not monitor child injuries on the ground. In the health sector, the Commune Health Clinics and Hospitals report independently on cases of child injury and fatalities referred to them, which are then compiled by the Province Preventive Health Centre. Other cases of drowning and fatalities are handled by the police and reported through the Department of Public Security. The compilation of these statistics from different sources works more-or-less effectively in different provinces.

As suggested in Section 2.4 above, over the next few months, attention should be given to conducting a follow-up survey to further assess outcomes and impacts of the program, in a way that would yield reliable and meaningful results.

## 2.8 Analysis and Learning

The program design and technical content have benefited from the considerable expertise of RLSSA and of TASC and SwimSafe in other countries including Bangladesh and Thailand; while in the program design and during implementation, on-going efforts have been made to adapt the approach, facilities, curricula and methods to the institutional context, environment, social and cultural preferences, as well as the needs of children in Da Nang.

Good use has been made of monitoring data to track performance in relation to the quality of instruction, outcomes of the survival swimming program, and maintenance of venues. The TASC Operations Office uses these data to provide regular feedback to local partners including DOET, Venue Managers and instructors. This provides a good empirical basis on which to performance issues can be discussed, and is a good element of transparency and accountability in the M&E and program management system.

Program partners in Da Nang confirm that adjustments have been made based on monitoring data and learning during implementation (Annex 5). Examples given to the evaluator include adjustments in response to: the analysis of age and sex data; quality control of teachers and venues; and management of facilities to improve water quality.

## 3. Evaluation Criteria Rating

| Evaluation Criteria | Rating (1-6) | Explanation |
|---|---|---|
| Relevance | 4 | The Goal and strategic design of the program are clearly relevant to the current status of understanding of child drowning prevention efforts in the region. Focusing on a survival swimming program for primary school children is relevant to Ministry of Education and Training policy. The program exhibits a high degree of adaptive relevance to the institutional and socio-cultural context in Da Nang. The selection of Da Nang City was justifiable given previous engagement through the Safe Da Nang Program, and has allowed the survival swimming program to be tested and demonstrated in urban, rural and beachside settings; but in some respects Da Nang is atypical and not fully representative of other urban and rural areas of Vietnam. Relevance of the program to the strategic objectives of the Australian aid program in Vietnam is not clear or fully established. |
| Effectiveness | 5 | Over three years, good progress has been made across all five objectives and components. The level of local stakeholder engagement and support for the program is high. The program has achieved its expected outputs in terms of venue establishment, putting in place a professional survival swimming program, instructor training and the number of children participating in the program. Good outcomes have been achieved in terms of student pass rates and gender equality. The facilities are installed and maintained to a high standard. Effective effort has also been put into using SwimSafe Da Nang as a demonstration project, while effective outcomes in this regard are incremental.. |
| Efficiency | 5 | The program is professionally and efficiently managed. Pool venue establishment costs are realistic. Venue maintenance has been maintained to a high standard and implementation risks have been adequately covered. The high operational costs, particularly for instructor wages, however, pose a risk to sustainability and replication. While the high cost of instructor wages poses a threat to sustainability, these staff inputs are essential to ensure a professional and certifiable program. |
| Sustainability | 4 | During the last year, the program has intensified efforts to address the issues of sustainability. Discussions have been initiated with the local authorities on the continuation and possible scaling-up of activities in Da Nang, but so far this has not resulted in a concrete institutional action plan or co-financing plan. The SwimSafe model is potentially replicable to other provinces and cities in Vietnam. However, questions of affordability are paramount. There are administrative costs and potential social cost implications of the SwimSafe model as it currently exists which may not be replicable. |
| Gender Equality | 5 | Good conditions have been created whereby both girls and boys can participate in the program, contributing to positive outcomes whereby an equitable proportion of girls and boys have completed the program and the pass rates are broadly similar. |
| Monitoring & Evaluation | 4 | A comprehensive and well-maintained monitoring system has been put in place to track progress and outputs. Good use has been made of monitoring data to assess performance and the quality of instruction and venue management. While according to the Goal the impact of the program needs to be assessed primarily in terms of impact on capacity, one major weakness is that a baseline was not established to assess impacts on prevention of drowning in Da Nang and the program has not fully engaged with relevant agencies in Da Nang on the systems of monitoring child injuries. |
| Analysis & Learning | 5 | The program has benefited from the considerable expertise of RLSSA, TASC and SwimSafe in other countries. On-going efforts have been made to adapt the approach, facilities, curricula and methods to the local context. Developing the program in parallel with the World Conference on Drowning Prevention has undoubtedly strengthened learning and provided an influential forum for the cross-pollination of lessons and experience, and for raising the profile of the program in Vietnam and elsewhere. |

**Rating scale:**

| Satisfactory | | Less that satisfactory | |
|---|---|---|---|
| **6** | Very high quality | **3** | Less than adequate quality |
| **5** | Good quality | **2** | Poor quality |
| **4** | Adequate quality | **1** | Very poor quality |

## 4. Conclusion and Recommendations

In conclusion, it can be said that SwimSafe Da Nang is a professionally managed program that has made good progress towards achieving its objectives with many positive outputs and outcomes. It is notable that all local partners in Da Nang comment favourably about the program and rate its performance highly. At this point in time, the major issues facing the program are obviously those relating to sustainability, including the continuation of activities in Da Nang, as well as determining the potential for scaling-up and replication. Attention should also be given to assessing impact of the program, both in terms of impact on capacity (as implied by the Goal) and on the prevention of drowning in Da Nang.

The evaluator believes there is good justification for maintaining and even expanding the program – to take it into a second stage of strengthening its demonstration potential. The factors that need to be taken into consideration in this regard have been identified in previous sections of the report. In this final section, some additional observations and suggestions are made by the evaluator which may contribute to this effort.

The fundamental factors affecting sustainability and replication are those of 'affordability' for the local government system, education authorities, schools and parents alike. Clearly, in a time of cut-backs to public sector expenditures and competing demands on education sector investment and recurrent budgets, the current model could not be widely applied because of budgetary constraints. There are in fact several inter-related issues here:

- **Establishment costs for new pool venues.** It is possible that the education authorities and schools in Da Nang and other more prosperous urban centres may be willing and able to raise their own funds for new venues (from local revenue or other sources); but in poorer rural areas external funding will be needed. Establishment costs could conceivably come from several different sources, including further external fundraising by RLSSA, and supporting the local authorities and schools to initiate a fund-raising program from the local private sector and/or charitable organizations. Another possible fund-raising mechanism is a twinning arrangement between schools and communities in Australia and local schools and communities in Vietnam.
- **Operations and maintenance costs.** In the education and training sector in Vietnam, there is no clearly specified 'budget line' for operations and maintenance (O&M) in the recurrent budgets allocated to schools. This is a major difficulty in the management of all types of schools infrastructure and facilities. In practice, schools cover these O&M costs through different means – regular operating expenditures are often reliant on cost-savings in other areas and parental contributions, while larger repairs and replacement costs are dependent on making applications to the district for funding. At a minimum, it is recommended that by the end of 2012, the SwimSafe Program should reach an agreement with the Da Nang City authorities on the allocation of recurrent budgets under DOET to on-going O&M of the existing venues.
- **Instructor wages and incentives.** The high level of these additional staff costs in the SwimSafe model represents the major difficulty with respect to affordability and risks to sustainability. Seeking parental contributions to 'after-school' and 'vacation' classes may be possible in some places, but is not necessarily desirable from an equity perspective. Institutionalizing the survival swimming program in the education system would help to resolve this issue, as it would then become part of the regular responsibilities of the physical education teachers during school hours. In addition to monetary incentives – attention should also be given to developing a 'growth path' to

provide alternative types of incentives for the instructors; for example, by instituting a formal accreditation system for survival swimming instructors in Vietnam, or by further professionalizing a team of Senior Instructors who could take the lead in an expanded program in other provinces under MOET.

- **Parental involvement and contributions.** While the pros-and-cons of seeking parental contributions to swimming classes need to be carefully considered, there are other mechanisms through which their involvement may be strengthened. One option in Da Nang is to involve parents fully in the process of discussing and formulating financing plans for the continued program, as a means to enhancing their ownership and involvement in supervising the venues in future. Parent's groups could conceivably take the lead in raising local funds to co-finance establishment costs for new venues, which may be a preferable option to regular parental contributions to the classes.

It is recommended that the program should weigh-up all these options in the formulation of an action plan and co-financing plan for continuation of the program in Da Nang. Moreover, these aspects should be incorporated into any plans for possible expansion to new locations in Vietnam, to ensure a cost-effective approach is adopted from the outset.

It is recommended that further discussions are held with MOET around these plans and financing options. In particular – in the absence of nationally applied guidelines and financial regulations on institutionalization of the survival swimming program, agreement could be reached with MOET on a set of 'interim' guidelines and financial regulations which could be applied in provinces/cities where SwimSafe works. This would enable further testing of the approach, with the involvement of MOET, to inform future policy.

With respect to possible expansion of the program to new localities, emphasis should be given to identifying priority provinces/cities with the highest incidence of child drowning. The Inter-ministerial Plan on Child Drowning Prevention has already identified a number of priority provinces which may serve as a basis for this. Further research would be needed to determine the factors that contribute to the (apparently) higher rates of drowning in these places, in order to adapt the program in appropriate ways.

For example, evidence suggests that children in some Central Highlands provinces (such as Dak Nong) may be increasingly exposed to drowning risks. The reason why this should be the case in the Central Highlands, as compared to other mountainous regions, is not immediately clear. One possible explanation is the proliferation of small and large-scale hydropower plants in the Central Highlands in recent years, which means that many rural children have become exposed to large bodies of water for the first time; for instance, in both Kon Tum and Quang Nam, there are around 60 newly completed or pipeline hydropower projects. Elsewhere, high rates of drowning also occur around Hanoi City. This may be associated with a different set of factors, such as the ability of urban children, with limited swimming skills, to voluntarily seek recreation on the outskirts of the city.

## Annex 1. Terms Of Reference

**SwimSafe Danang Drowning Prevention Program Evaluation**

### 1. BACKGROUND

1.1 SwimSafe Danang Drowning Prevention Program (Program) was established in 2009 as a large-scale pilot initiative that uses survival swimming lessons as a drowning prevention strategy. The AUD 250,000 program is a partnership with key stakeholders in Vietnam to influence the development of drowning prevention research, policy and practice, and the associated capacity to prevent drowning in Vietnam and the wider region. It is implemented in partnership with The Alliance for Safe Children (TASC)-Royal Life Saving Society Australia (RLSSA) partner, the People's Committee of Danang and the Danang Department of Education and Training.

1.2 In 2010-11 the Program was expanded with additional AUD 200,000 support from AusAID.

1.3 The Program specific objectives are:

(a) Stakeholder Engagement: to engage key stakeholders in development and implementation of the Program. These key stakeholders include but not limited to program partners, policy makers, government officials, administrators, trainers, parents and participants.

(b) Drowning prevention program: to develop, implement and review the survival swimming program in fourteen venues and reach at least 6,000 students in 2012.

(c) SwimSafe trainer support: to supervise, mentor and increase the capacity of the networks of SwimSafe trainers. This objectives includes recruitment and remuneration, as well as the investigation of sustainability measures for future program implementation.

(d) SwimSafe venue management: to develop and implement the venue management, safety and security plan across the 14 SwimSafe venues.

(e) Building capacity: to utilise SwimSafe Danang as a demonstration project to build capacity in Vietnam to implement national survival swimming policy and ultimately establish a national program or transfer responsibility to local authorities.

### 2. SERVICES

2.1 The Contractor is required to undertake independent assessment of the Program to inform broader AusAID research to: (i) assess the burden of drowning on child mortality in Asia; and (ii) assess the preventability of child drowning in low and middle income countries.

2.2 The contractor shall perform the following Services in accordance with the terms and conditions of this Contract:

(a) thoroughly review all background documentation;

(b) in Vietnam, the Contractor will hold meetings and discussions with AusAID officials, counterparts and stakeholder agencies, staff and management of TASC.

(c) Assess the progress towards objectives and effectiveness of the SwimSafe Danang program in reducing the burden of child drowning in Danang province:

i) Analyse the data collected by RLSSA, TASC and other partners to date;

ii) Assess whether the objectives are on track to be achieved;

iii) Determine whether the implementation of the program made effective use of time and resources to achieve the objectives;

iv) Identify the risks and barriers to the achieving the objectives; and

v) Assess the impact of the program to date on reducing the incidence of child drowning in Danang.

(d) Access the scalability of the SwimSafe model (potential to expand, adapt and replicate); both in other provinces in Vietnam and other countries:

- Assess the ability of the program to scale up and be rolled out to other provinces;
- Identify actions that can be taken now to increase the likelihood that the activity will be sustainable;
- Assess whether the M&E system collecting the right information to allow judgement to be made about meeting objectives and sustainability;
- Identify lessons from this program can be applied to future designs of drowning prevention activities; and
- Analyse whether stakeholders have sufficient ownership, capacity and resources to maintain the program outcomes after Australian Government funding has ceased.

2.3 Inputs

(a) The inputs shall be a total of five (06) days consisting of:

(i) One (01) day for desk review of program documents including but not limited to program design, annual reports.

(ii) Two days (02) in Danang (Vietnam) to conduct field mission; and

iii) Three (03) days to complete the first draft and final report.

2.4 Outputs

The outputs shall be:

(i) Draft report by 3 September 2012; and

(ii) Final report by 7 September 2012. This report should be of a maximum of 20 pages in length, plus appendices and should include an executive summary with a summary list of recommendations.

## Annex 2. List of documents reviewed and references

### Documents Provided To SwimSafe Evaluator

1: Management & Administration

- Schedule of (Partner) Meetings & Venue Visits (for Evaluator)
- Key Stakeholders List (for Evaluator's meetings)
- Safe Danang Program Evaluation Executive Summary Oct. 2009
- Questions About TASC & SwimSafe (2010)
- SwimSafe Da Nang Organization Chart (2012)
- TASC Office Organization Chart (2012)
- Position Descriptions for TASC Office Staff (2009 – 2012)
- Memo of Understanding between DOET & TASC (2012)
- Key Position & Responsibilities Supported by SwimSafe (& VN, 2012)
- Management Advisory Group Invitation Letter (2012)
- SwimSafe Instructor Commitment Letter (& VN, 2012)
- Map of Da Nang Districts with Venues Identified
- Sample Copies of Venue Contracts for schools, beach venues, & rehab pool, (2012)

2: Marketing

- Chuong Trinh Boi An Toan (Recruitment handout, VN only, 2012)
- Preventing Child Drowning In Vietnam (Handout 2011)
- Student Enrolment Sheet & I.D. card, (VN only, 2012)
- SwimSafe Certificate of Completion – Students (2012)
- SwimSafe Student T-shirt

3: Implementation

- Guidelines for Portable Pool Usage (2009)
- Proposed Schedule & Student Selection (Criteria) for SwimSafe (2010)
- Portable Pool Installation& Maintenance Manual (2011)
- Swimming Pool Water Quality/ Use of Chlorine (Eng.& VN, 2011- 2012)
- Phong Chong Duoi Nuoc (Water safety tips for students, VN only, 2011- 2012)
- So Bai Tap Ve Nha Danh Cho Hoc Sinh (Water safety activity booklet for students) &
- Teacher Guide for Activity Book (Vn only, 2011 – 2012)

Traning & Capacity Building

- Training Workshop Feedback Form (Eng. & VN, 2012)
- Instructor Training Manual 2010 (VN)
- Instructor Training Manual 2011 (Eng. & VN copies)
- 2011 Training Workshop Agendas (3, English & VN sample)
- Instructor Manual 2012 (Revised, Eng & VN, 2012 copies)
- CPR Chart Revised & Updated (VN, 2012)
- SwimSafe Instructor Shirt (2011)
- WCDP Program Proceedings Document (2011)

5: Monitoring & Evaluation

- Venue Visit Check List (for Field Officers, 2010 – 2012)
- Report on SwimSafe & Statistics 2010
- Report on SwimSafe & Statistics 2011

- Reports on SwimSafe & Statistics 2012
- Wear, Tear, & Maintenance Issues on Portable Pools (2012)

6: Proposals and Progress Reports

- SwimSafe Danang 2010-11 Proposal (dated 14/4/10)
- SwimSafe Danang First Report (dated 30/8/10)
- SwimSafe Danang 2011 Season Report (dated 20/5/11)
- SwimSafe Danang 2012 Proposal (dated 17/1/12)
- SwimSafe Danang Final Report (dated June 2012)

**Other references**

HEMA (2011) The Situation of Drowning Mortality in Vietnam 2005-2009. Health Environment Management Agency, Ministry of Health, Presentation to the World Conference on Drowning Prevention, Da Nang, 2011.

HSPH (2003) Report to UNICEF on the Vietnam Multicenter Injury Survey. Centre for Injury Policy and Prevention Research, Hanoi School of Public Health, Vietnam.

HSPH (2011) Evaluation of Child Injury Prevention Interventions in Viet Nam. Accident Research Centre (Monash University), Hanoi School of Public Health, Vietnam.

SPH (2012a) Assessing the Burden of Drowning in Low and Middle Income Countries in Asia. School of Population Health, University of Queensland.

SPH (2012b) Assessing the Cost-Effectiveness of Child Drowning Prevention in Low and Middle Income Countries in Asia. School of Population Health, University of Queensland.

UNICEF (2012) Child Drowning: Evidence for a newly recognized cause of child mortality in low and middle income countries in Asia. UNICEF Office of Research Working Paper WP-2012-07.

UN-IGME (2012) Levels and Trends in Child Mortality Report 2012. UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, World Bank, United Nations.

WHO / UNICEF (2007) The Facts – Child Injury Prevention in Vietnam.

## Annex 3. Itinerary and list of agencies

Thursday 30/ August/ 2012

| | |
|---|---|
| 7:30 – 8:15 | General Orientation Meeting, SwimSafe Office |
| | TASC/ SwimSafe Staff & Evaluator |
| 8:15 am | Depart for DOET |
| 8:30 am | Department of Education & Training, DOET Administrative Offices, Da Nang |
| | Representative or Mrs. Thanh, Dep. Director |
| 9:45 – 10:00 | Depart for DOFA |
| 10:00 – 11:00 | Da Nang Office of Foreign Affairs, DOFA Office, DaNang |
| | Representative or Mr. Sam, Director |
| 11:00 – 12:00 | Return to Office, continue discussions |
| 12:00 – 1:30 | Lunch break |
| 1:30 – 2:15 | Continue discussions |
| 2:15 – 2: 30 | Depart for Nui Thanh Primary School |
| 2:30 – 3:30 | Representative of Senior Trainers (at Nui Thanh School) |
| 3:30 – 3:45 | Tour of pool |
| 3:45 – 4:00 | Depart for Hoa Tien School ( rural district) |
| 4:00 – 5:30 | Site Visit, Hoa Tien Venue |
| 6:30 | Dinner (Time & Location t.b.d) |

Friday 31/ August/ 2012

| | |
|---|---|
| 7:30 – 8:15 | Resume Discussions, SwimSafe Office |
| 8:15 | Depart for Be Van Dan School |
| 8:30 – 10:00 | Management Advisory Group Meeting |
| 10:00 – 10:30 | Visit Be Van Dan Venue |
| 10:30 – 10:45 | Return to SwimSafe Office |
| 11:00 – 12:00 | Continue discussions, document review, etc. |
| 12:00 – 1:30 | Lunch break |
| 1:30 - 4:00 | Discussions, document review, etc |
| 4:00 - 4:15 | Depart for Ngo Gia Tu School (urban district) |
| 4:30 – 5:30 | Site visit, Ngo Gia Tu Venue |
| 5:30 | Return to Office for Wrap Up |

## Annex 4. Evaluation discussion points for provincial partners

**Objectives of the evaluation:**

- To make an independent assessment of the performance of the program according to AusAID's evaluation criteria relating to: relevance, effectiveness, efficiency, impact, sustainability, monitoring and evaluation, gender equality, and analysis and learning;

- To assess lessons and experience from the program – to inform broader AusAID research aimed at: (i) assessing the burden of drowning on child mortality in Asia; and (ii) assessing the preventability of child drowning in low and middle income countries.

**Evaluation criteria:**

| | |
|---|---|
| **Relevance** | • Relevance of the program design to the situation in Da Nang;<br>• Relevance to Government policies and programs;<br>• Relevance to the local institutional context;<br>• Relevance of the methods of drowning prevention etc. |
| **Effectiveness** | • Effectiveness in engaging with different stakeholders;<br>• Effectiveness in achieving physical targets of the program;<br>• Effectiveness of data collection, analysis and utilization;<br>• Effectiveness of capacity building and training activities;<br>• Effectiveness in demonstrating improved approaches;<br>• Effectiveness of program management, monitoring and coordination etc. |
| **Efficiency** | • Efficiency in the use of financial resources to achieve the objectives;<br>• Efficiency in the use of time and human resources;<br>• Efficiency in planning, reporting and communication system etc. |
| **Impact** | • Impact on drowning prevention amongst the target groups;<br>• Impact on public awareness and behaviour;<br>• Impact on Government policies and programs etc. |
| **Sustainability** | • Continuation and sustainability of the SwimSafe activities in Da Nang:<br>o Transfer of responsibilities to local authorities / units;<br>o Human resources development;<br>o Financing of activities etc.<br>• Potential for scaling-up / replication of the approach to other provinces;<br>• Broader lessons for drowning prevention programs. |

**Discussion points:**

i) What are the main differences – strengths and weaknesses – of the program as compared to other drowning prevention programs of the government, donors or NGOs in Viet Nam?

ii) To what extent has the program been successful in achieving its 5 specific objectives?
- Stakeholder Engagement;
- Drowning Prevention Program
- SwimSafe Trainers Support
- Venue Management
- Building Capacity.

iii) What have been the most significant achievements and beneficial impacts of the program?

iv) What have been the main difficulties in supporting and implementing the program? How have these difficulties been addressed and resolved during implementation?

v) What are the main factors and issues that need to be taken into consideration in:
(a) Continuation and sustainability of program activities within Da Nang;
(b) Replication and scaling-up of the approach to other provinces.

vi) What are the main lessons from the program can and should be applied to the design of future drowning prevention programs, both within Viet Nam and more broadly?

## Annex 5.1 Estimates of under-five, infant and neonatal mortality (2011)

| Estimate / Region | Number of under-5 deaths (thousands) | | Number of infant deaths (thousands) | | Number of neonatal deaths (thousands) | |
|---|---|---|---|---|---|---|
| | 1990 | 2011 | 1990 | 2011 | 1990 | 2011 |
| By Millennium Development Goal region | | | | | | |
| South-eastern Asia | 826 | 312 | 568 | 245 | 321 | 155 |
| By UN Population Division region | | | | | | |
| Asia | 7,020 | 3,150 | 5,147 | 2,486 | 2,885 | 1,629 |
| By World Bank region | | | | | | |
| East Asia & Pacific | 2,160 | 587 | 1,627 | 481 | 893 | 310 |
| By UNICEF region | | | | | | |
| East Asia & Pacific | 2,164 | 590 | 1,631 | 484 | 895 | 312 |
| By World Health Organization region | | | | | | |
| Sout-East Asia | 4,239 | 2,039 | 2,978 | 1,547 | 1,742 | 1,083 |

UN-IGME (2012) *Levels and Trends in Child Mortality*. Inter-agency Group for Child Mortality Estimation: UNICEF, World Health Organization, World Bank, United Nations.

## Annex 5.2 WHO child mortality estimates in Southeast Asia (2004 and 2008)

| Year / Cause | Total | | Boys | | Girls | |
|---|---|---|---|---|---|---|
| | 0-4 yrs | 5-14 yrs | 0-4 yrs | 5-14 yrs | 0-4 yrs | 5-14 yrs |
| **2004** *Source: Global Burden of Disease 2004* | | | | | | |
| Total mortalities | 3,074,685 | 543,432 | 1,559,494 | 270,539 | 1,515,191 | 272,893 |
| Unintentional injuries | 117,266 | 203,520 | 52,893 | 74,305 | 64,373 | 129,215 |
| Drowning | 14,296 | 20,094 | 6,254 | 12,490 | 8,042 | 7,604 |
| **2008** *Source: cause specific mortality estimates 2008* | | | | | | |
| Total mortalities | 2,342,437 | 431,398 | 1,169,473 | 220,664 | 1,172,964 | 210,734 |
| Unintentional injuries | 92,404 | 124,445 | 43,327 | 68,794 | 49,077 | 75,368 |
| Drowning | 16,871 | 21,003 | 9,128 | 15,088 | 7,743 | 5,915 |

*Source: World Health Organization database*

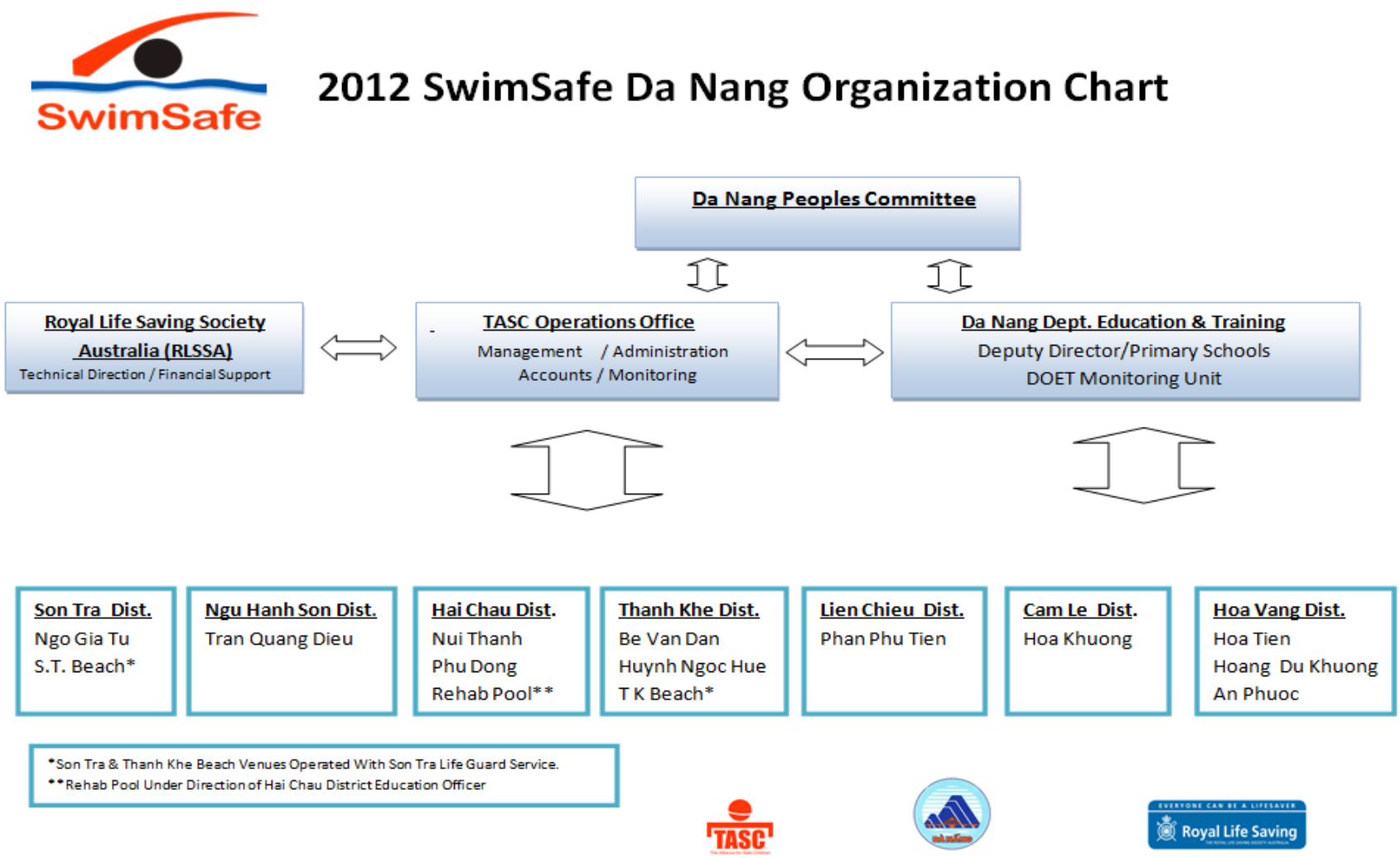
## Annex 6. Stakeholder viewpoints on relevance, effectiveness, efficiency and impacts

Key:
DOET – Department of Education and Training;
DOFA – Department of Foreign Affairs;
MAG – Management Advisory Group (& School Heads);
DES – District Education Section;
ST – Senior Trainers.

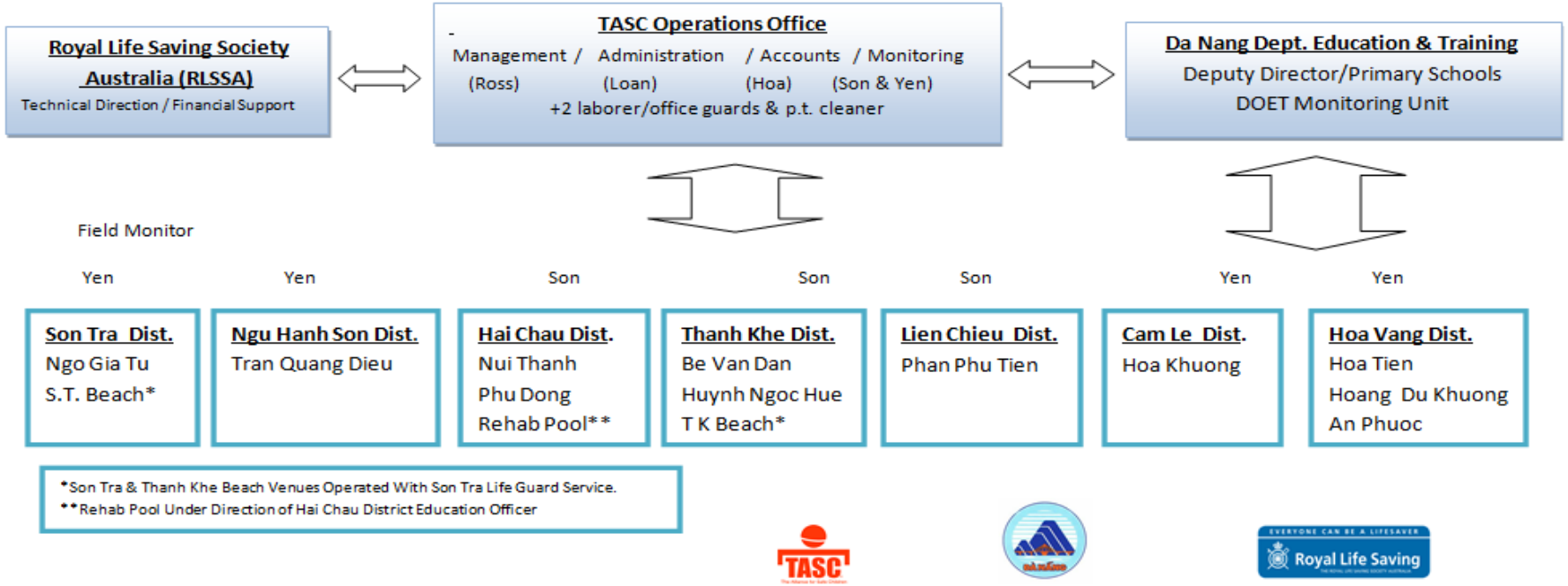
| | |
|---|---|
| ❖ First comprehensive survival swimming program of this type in the locality dealing with an important child survival issue. | DOET, DOFA, MAG |
| ❖ Schools were at first reluctant, but after seeing the benefits they are eager to participate. At the beginning, bringing everyone together (schools and community) was difficult, but marketing was effective. At the beginning, people didn't believe the program could do it, but they now believe in the program. | DOET, MOFA, DES, MAG, ST |
| ❖ Suitable target group – targeting primary school children. At first it was difficult to recruit younger children (i.e. 6-9 year olds), but this has been achieved. | DOET |
| ❖ Selection of venue sites is effective according to demand and distribution across the City. Adaptations have been made to urban, rural and beachside venues. | DOET, MAG |
| ❖ Clear goals for everyone – venue managers, instructors, pupils etc. | MAG |
| ❖ Suitable pool facilities, appropriate to the local environment and conditions. Good management, operations and maintenance of venues and physical assets. Strict and continuous management of venues. | DOET, DOFA, DES. |
| ❖ Curricula and methods are appropriate and have been adjusted to fit with local reality. The program of 20 lessons provides an effective program for survival swimming skills. Practice not theory. Training manuals have been progressively updated and improved over time. | DOFA, MAG |
| ❖ Professional TOT program. 100% of teachers are effectively trained. Teachers seem to like their job are willing to do more. Building on existing cadres (i.e. physical education teachers) is relevant and effective because it fits into the system. Instructors are now a valuable HRD resource for the future. | DOET, DOFA, MAG |
| ❖ Effective monitoring and adjustments made (e.g. adjustments have been made in response to: (i) analysis of age and sex data; (ii) quality control of teachers and venues; (iii) management of facilities to improve water quality). Active monitoring by staff to enhance effectiveness and appropriateness of the program. Adaptation and appropriateness high (e.g. adjusting curricula). | DOET, MAG |
| ❖ Good use of human resources at different parts of the system – DOET, District Education Office, schools, instructors. | DES |

| | |
|---|---|
| ❖ Professional and timely management and support by TASC Project Office. Technically experienced partners. Timely information exchange. Good coordination between TASC PO, partners and venues. Contracts with venues provide a clear working relationship and monitoring. Specific solutions to enhance management have been applied (e.g. creation of the MAG). | DOET, DOFA, DES, |
| ❖ Good physical progress, as demonstrated by: (i) clear statistics on outputs and achievements; (ii) high level of support from parents and community. Numerical impacts quite high, in terms of number of children and pass rates. | DOET, DOFA, DES |
| ❖ Effective progress in rural areas with high child drowning risk in flood season. | DOET |
| ❖ Program is highly visible in the local community. High level of parental support – such that parents are now doing the marketing themselves. | DOFA, MAG |
| ❖ Program is beneficial because all children – from both richer and poorer households – can participate (before only richer households could afford to send their children to swimming lessons). | ST, MAG, parents. |
| ❖ Various impacts on children, including survival swimming skills and awareness, but also confidence of children, better physical health, spirit of helping others. | |
| ❖ Broader positive impacts in the community, including public health attitudes, community awareness on child protection, parental knowledge of CPR. | ST |
| ❖ The Government is wanting such initiatives – have trainers, have intentions, have policies – SwimSafe has helped to realize this. | MAG |
| ❖ Trainers have good capacity to demonstrate the program. Trainers have taken part in MOET training with other provinces, which increases national interest. Other provinces have visited SwimSafe venues on missions to Da Nang and have attempted to replicated the program in their areas (e.g. Khanh Hoa and Phu Yen provinces). Some SwimSafe pupils have entered swimming competitions which gets noticed regionally and nationally. | MAG |

## Annex 7. SwimSafe Da Nang Organizational Charts



# 2012 SwimSafe Office Organization Chart



## Annex 8. Venue performance: number of students and pass rates by year (2010 to 2012 Cycle 0-1)

| Venue | Indicator | 2010 | 2011 | Rank 2010 + 2011 | 2012 | | Rank by # & % | Overall rank to date | Notes |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Cycle 0 | Cycle 1 | | | |
| **Hai Chau** | | | | | | | | | |
| Nui Thanh | # Students | 443 | 537 | 4 | 48 | 261 | 5 | 5 | # 5 students among schools |
| | % Pass | 68.2% | 86.2% | | 97.9% | 88.9% | 5 | | # 5 pass rate among schools |
| Phu Dong | # Students | 429 | 562 | 2 | 48 | 282 | 2 | 1 | # 2 students among schools |
| | % Pass | 57.3% | 86.5% | | 93.8% | 94.3% | 2 | | # 2 pass rate among schools |
| 95 Quang Trung | # Students | 356 | 402 | | 96 | 168 | | | |
| | % Pass | 89.3% | 89.3% | | 96.9% | 97.6% | | | Highest pass rate in program |
| **SonTra** | | | | | | | | | |
| Ngo Gia Tu | # Students | 286 | 364 | 10 | 48 | 178 | 10 | 10 | # 10 students among schools |
| | % Pass | 31.5% | 72.5% | | 100% | 77.5% | 10 | | #10 pass rate among schools |
| Son Tra Beach | # Students | 121 | 289 | | 85 | 303 | | | |
| | % Pass | 33.1% | 73.7% | | 98.8% | 63%*** | | | |
| **Cam Le** | | | | | | | | | |
| Hoang Du Khuong | # Students | 426 | 569 | 1 | 48 | 265 | 3 | 3 | # 3 students among schools |
| | % Pass | 88.5% | 91.6% | | 89.6% | 90.9% | 4 | | # 4 pass rate among schools |
| **Hoa Vang** | | | | | | | | | |
| Hoa Tien | # Students | 405 | 444 | 9 | 48 | 238 | 7 | 9 | # 7 students among schools |
| | % Pass | 62.5% | 84.5% | | 85.4% | 86.1% | 9 | | # 9 pass rate among schools |
| An Phuoc | # Students | ** | 48 | * | 50 | 235 | 8 | 6 | **First cycle in program after school 2011-new venue |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | % Pass | 0 | 83.3% | | 100% | 91.9% | 3 | | # 8 students among schools # 3 pass rate among schools |
| Hoa Khuong | # Students | 439 | 349 | 7 | 48 | 235 | 8 | 8 | # 8 students among schools |
| | % Pass | 88.2% | 75.6% | | 89.6% | 88.1% | 7 | | # 7 pass rate among schools |
| **Thanh Khe** | | | | | | | | | |
| Huynh Ngoc Hue | # Students | 411 | 464 | 3 | * | 258 | 6 | 7 | * Did not participate # 6 students among schools |
| | % Pass | 55.7% | 85.8% | | * | 87.2% | 8 | | * Did not participate # 8 pass rate among schools |
| Be Van Dan | # Students | 547 | 644 | 5 | 48 | 288 | 1 | 3 | #1 students among schools |
| | % Pass | 65.1% | 84.9% | | 91.7% | 85.4% | 6 | | #6 pass rate among schools |
| Thanh Khe Beach | # Students | xxx | 136 | 8 | * | 200 | | | |
| | % Pass | xxx | 83.1% | | * | 66 %*** | | | * Dis not participate ***Large # did not test (28.5%) 92% pass among tested |
| **Lien Chieu** | | | | | | | | | |
| Phan Phu Tien | # Students | 453 | 576 | 6 | 48 | 262 | 4 | 2 | # 4 students among schools |
| | % Pass | 84.5% | 85.4% | | 97.9% | 95 % | 1 | | # 1 pass rate among schools |
| **Ngu Han Son** | | | | | | | | | |
| Tran Quang Dieu | # Students | 406 | 444 | 8 | * | 155 | 11 | 11 | *Did not participate # 11 students among schools |
| | % Pass | 64.8% | 85.1% | | * | 49% | 11 | | *Did not participate # 11 pass rate among schools |

**Annex 9. Sex disaggregated pass rate data (20120 to 2012 Cycle 0-1)**

| | | | 2010 | | | | 2011 | | | | 2012 (incomplete) 02 cycles only from April to July | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Overall_pass | | | Total | Overall_pass | | | Total | Overall_pass | | | Total |
| | | | Pass | Fail | Did not test | | Pass | Fail | Did not test | | Pass | Fail | Did not test | |
| Sex | Male | Count | 1783 | 590 | 150 | 2523 | 2657 | 396 | 109 | 3162 | 1836 | 152 | 142 | 2130 |
| | | % within Sex | 70.7% | 23.4% | 5.9% | 100.0% | 84.0% | 12.5% | 3.4% | 100.0% | 86.2% | 7.1% | 6.7% | 100.0% |
| | Female | Count | 1462 | 589 | 148 | 2199 | 2267 | 336 | 74 | 2677 | 1537 | 143 | 133 | 1813 |
| | | % within Sex | 66.5% | 26.8% | 6.7% | 100.0% | 84.7% | 12.6% | 2.8% | 100.0% | 84.8% | 7.9% | 7.3% | 100.0% |
| Total | | Count | 3245 | 1179 | 298 | 4722 | 4924 | 732 | 183 | 5839 | 3373 | 295 | 175 | 3943 |
| | | % within Sex | 68.7% | 25.0% | 6.3% | 100.0% | 84.3% | 12.5% | 3.1% | 100.0% | 85.5% | 7.5% | 7.0% | 100.0% |

## Annex 10. List of training events and workshop (2010 to mid-cycle 2012)

| Year | Date | Venue | Content of workshop | Attendee | Male | Female |
|---|---|---|---|---|---|---|
| **2012** | 8-Apr | Furama Resort | Refresher training course for T.O.T | 30 | 27 | 3 |
| | 14-Apr | Be Van Dan primary school | Refresher training course for instructors in Thanh Khe district and life guards | 31 | 24 | 7 |
| | 14-Apr | Nui Thanh primary school | Refresher training course for instructors in Hai Chau, Son Tra & Ngu Hanh Son district | 45 | 39 | 6 |
| | 15-Apr | An Phuoc primary school | Refresher training course for instructors in Cam Le, Hoa Vang and Lien Chieu district | 43 | 40 | 3 |
| | 19-May | Be Van Dan primary school | CPR training course for instructors in Thanh Khe and Lien Chieu district | 33 | 27 | 6 |
| | 20-May | Ngo Gia Tu primary school | CPR training course for instructors in Son Tra and Ngu Hanh Son district | 23 | 23 | 0 |
| | 21-May | An Phuoc primary school | CPR training course for instructors in Cam Le and Hoa Vang district | 31 | 30 | 1 |
| | 27-May | Phu Dong primary school | CPR training course for instructors in Hai Chau district | 24 | 18 | 6 |
| **2011** | 17-Apr | Furama Resort | Refresher training course for T.O.T | 21 | 18 | 3 |
| | 24-Apr | Nguyen Hue secondary school | Refresher training course for all instructors and lifeguards | 115 | 98 | 17 |
| | 2-Jun | TASC office | The first "Wet meeting" for T.O.T and lead teachers at TASC office | 14 | 12 | 2 |
| | 3-Jun | TASC office | The second "Wet meeting" for T.O.T and lead teachers at TASC office | 11 | 10 | 1 |

| Year | Date | Venue | Content of workshop | Attendee | Male | Female |
|---|---|---|---|---|---|---|
| | 26-Jun | Be Van Dan primary school | CPR training course for instructors in Thanh Khe and Lien Chieu district | 34 | 25 | 9 |
| | 26-Jun | Ngo Gia Tu primary school | CPR training course for instructors in Son Tra and Ngu Hanh Son district | 28 | 26 | 2 |
| | 26-Jun | Nui Thanh primary school | CPR training course for instructors in Hai Chau district | 24 | 18 | 6 |
| | 26-Jun | Hoang Du Khuong primary school | CPR training course for instructors in Cam Le and Hoa Vang district | 25 | 25 | 0 |
| | 15/July - 20/July | Hai Duong province | Training course for instructors at Hai Duong province as MOET requested | 36 | 27 | 9 |
| | 24/Oct - 28/Oct | Ho Chi Minh city | Training course for instructors at Ho Chi Minh city as MOET requested | 48 | 40 | 8 |
| | 29/Oct - 04/Nov | Dong Thap province | Training course for instructors at Dong Thap province as MOET requested | 48 | 47 | 1 |
| **2010** | 25-Apr | TASC office | Training course for T.O.T | 23 | 23 | 0 |
| | 9-May | Ngo Gia Tu primary school | Training course for instructors in Son Tra & Ngu Hanh Son district & Son Tra lifeguards | 25 | 25 | 0 |
| | 9-May | Nui Thanh primary school | Training course for instructors in Hai Chau & Thanh Khe district | 42 | 32 | 10 |
| | 16-May | Huynh Ngoc Hue school | Training course for instructors in Hoa Vang, Cam Le & Lien Chieu district | 45 | 39 | 6 |
| | 3-Jun | Nui Thanh primary school | CPR training course for instructors in Hai Chau district | 17 | 11 | 6 |
| | 3-Jun | Hoang Du Khuong primary school | CPR training course for instructors in Cam Le and Hoa Vang district | 21 | 21 | 0 |

| Year | Date | Venue | Content of workshop | Attendee | Male | Female |
|---|---|---|---|---|---|---|
| | 4-Jun | Be Van Dan primary school | CPR training course for instructors in Thanh Khe and Lien Chieu district | 18 | 13 | 5 |
| | 4-Jun | Ngo Gia Tu primary school | CPR training course for instructors in Son Tra and Ngu Hanh Son district | 19 | 19 | 0 |
| | 23-Jul | TASC office | Skill building workshop for Da Nang trainer of trainer | 9 | 7 | 2 |
| | 25/July - 29/July | Be Van Dan primary school | Training course for instructors out side Da Nang as MOET requested | 24 | 22 | 2 |
| | | | **Total** | **907** | **786** | **121** |
| | | | **Percentage** | **100** | **86.66** | **13.34** |

## Annex 11. Project expenditures by expenditure categories (2010 to 2012 forecasted)

*Unit US$*

| | Expenditure Category | Project expenditures 2010 & 2011 | % expenditures 2010-2011 | Project expenditures 2012 (forecast) | Total estimated expenditures 2010 to 2012 | % expenditures 2010-2012 |
|---|---|---|---|---|---|---|
| 1 | **Stakeholder engagement and project management** | | | | | |
| 1.1 | Project Office & field staff | 93068 | 19.4 | 69600 | 162668 | 20.4 |
| 1.2 | Ministry engagement | 10150 | 2.1 | 2000 | 12150 | 1.5 |
| 1.3 | Hanoi School of Public Health | 5000 | 1.0 | 0 | 5000 | 0.6 |
| | **Sub-total** | **108218** | **22.5** | **71600** | **179818** | **22.5** |
| 2 | **Venue management and safety** | | | | | |
| 2.1 | Construction costs | 34554 | 7.2 | 4800 | 39354 | 4.9 |
| 2.2 | Maintenance costs | 36930 | 7.7 | 23000 | 59930 | 7.5 |
| 2.3 | Safety and security | 15044 | 3.1 | 10000 | 25044 | 3.1 |
| 2.4 | Supervision expenses | 32469 | 6.8 | 15000 | 47469 | 5.9 |
| 2.5 | Instructional resources | 0 | 0.0 | 5000 | 5000 | 0.6 |
| | **Sub-total** | **118997** | **24.8** | **57800** | **176797** | **22.1** |
| 3 | **Instructors and trainers** | | | | | |
| 3.1 | Instructor wages (vacation) | 124579 | 25.9 | 112000 | 236579 | 29.6 |
| 3.2 | Instructor wages (after-school) | 15525 | 3.2 | 0 | 15525 | 1.9 |
| 3.3 | Training workshops | 12018 | 2.5 | 4000 | 16018 | 2.0 |
| | **Sub-total** | **152122** | **31.6** | **116000** | **268122** | **33.6** |
| 4 | **Office and marketing** | | | | | |
| 4.2 | Office support | 29522 | 6.1 | 12800 | 42322 | 5.3 |
| 4.2 | Office rent | 19562 | 4.1 | 12000 | 31562 | 4.0 |
| 4.3 | Transportation | 18138 | 3.8 | 4800 | 22938 | 2.9 |
| 4.4 | Marketing support | 31665 | 6.6 | 18560 | 50225 | 6.3 |
| 4.5 | Financial audit | 2500 | 0.5 | 2500 | 5000 | 0.6 |
| 4.6 | Project management | 0 | 0.0 | 22100 | 22100 | 2.8 |
| | **Sub-total** | **101387** | **21.1** | **72760** | **174147** | **21.8** |
| | **TOTAL** | **480724** | | **318160** | **798884** | |

## Annex 12. Costs per student of the SwimSafe Da Nang model

| | Expenditure Category | Method 1 | Method 2 | Method 3 |
|---|---|---|---|---|
| 1 | **Stakeholder engagement and project management** | | | |
| 1.1 | Project Office & field staff | 162668 | | |
| 1.2 | Ministry engagement | 12150 | | |
| 1.3 | Hanoi School of Public Health | 5000 | | |
| | ***Sub-total*** | *179818* | | |
| 2 | **Venue management and safety** | | | |
| 2.1 | Construction costs | 39354 | 39354 | |
| 2.2 | Maintenance costs | 59930 | 59930 | 59930 |
| 2.3 | Safety and security | 25044 | 25044 | |
| 2.4 | Supervision expenses | 47469 | 47469 | 47469 |
| 2.5 | Instructional resources | 5000 | 5000 | |
| | ***Sub-total*** | *176797* | *176797* | *107399* |
| 3 | **Instructors and trainers** | | | |
| 3.1 | Instructor wages (vacation) | 236579 | 236579 | 236579 |
| 3.2 | Instructor wages (after-school) | 15525 | 15525 | 15525 |
| 3.3 | Training workshops | 16018 | 16018 | 16018 |
| | ***Sub-total*** | *268122* | *268122* | *268122* |
| 4 | **Office and marketing** | | | |
| 4.2 | Office support | 42322 | | |
| 4.2 | Office rent | 31562 | | |
| 4.3 | Transportation | 22938 | | |
| 4.4 | Marketing support | 50225 | | |
| 4.5 | Financial audit | 5000 | | |
| 4.6 | Project management | 22100 | | |
| | ***Sub-total*** | *174147* | | |
| | **TOTAL** | **798884** | **444919** | **375521** |
| | **Total students** | **16500** | **16500** | **16500** |
| | **Cost per student** | **48.42** | **26.96** | **22.76** |

## Annex 13. Monitoring and reporting instruments

| Instrument / mechanism | Periodicity | Responsibility | Recipients | Purpose / utilization |
|---|---|---|---|---|
| **Progress Reports** | Interim + Annual | RLSSA | AusAID | Summary of outputs and achievements according to program objectives; issues arising etc. |
| **Monthly Financial Progress Reports** | Monthly | TASC Operations Office | TASC HQ; RLSSA (AusAID) | Financial reporting. |
| **SwimSafe Progress Updates** | Occasional | TASC Operations Office | RLSSA; TASC HQ; provincial partners (DOET, DOFA); schools; instructors etc.<br>Updates also posted on SwimSafe Website. | Information on progress, events, issues arising etc., incorporating data from SwimSafe statistics.<br>Important (downward) feedback mechanism as well as for upward and external communication. |
| **SwimSafe Statistics – Database and Reports** | End-of-cycle and annual data summary reports | TASC Operations Office | RLSSA; TASC HQ; provincial partners (DOET, DOFA); schools, instructors etc. | Statistical summary used for: (i) progress reporting on outputs / achievements; and (ii) venue performance monitoring.<br>Important (downward) feedback mechanism as well as for upward and external communication. |
| **Training Feedback Form** | Occasional | Trainees | Internal – TASC Operations Office | Post training assessment form of quality of training. |
| **Venue Visit Checklist** | Continuous | TASC field monitors | Internal – TASC Operations Office | Monitoring attendance rates, instruction issues, pool conditions etc. |
| **Swimming Instructors Record Book** | Continuous | Swimming instructors | TASC Operations Office | Monitoring children's attendance and progress in swimming lessons. |
| **Certification Test Assessment Form** | End-of-cycle | Swimming instructors | TASC Operations Office | Test of children's survival swimming and CPR skills. Pass rate monitoring data. |