

Mid-Project Evaluation of Liangshan Health and Development Project Sichuan, China



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December 2004

¹ The Team (listed in alphabetical order) wishes to thank Mr. Tune and Mr. Wang for their kind invitation to participate in this evaluation process.

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Abbreviations

BN- Bistandsnemnda

CHE- Community Health Education

CDC- Communicate Disease Control, formerly MES

MDT- Multiple Drug Treatment

MES- Main Epidemic Station, formerly the Leprosy Control Station

NGO- Non-Governmental Organization

PHB- Public Health Bureau

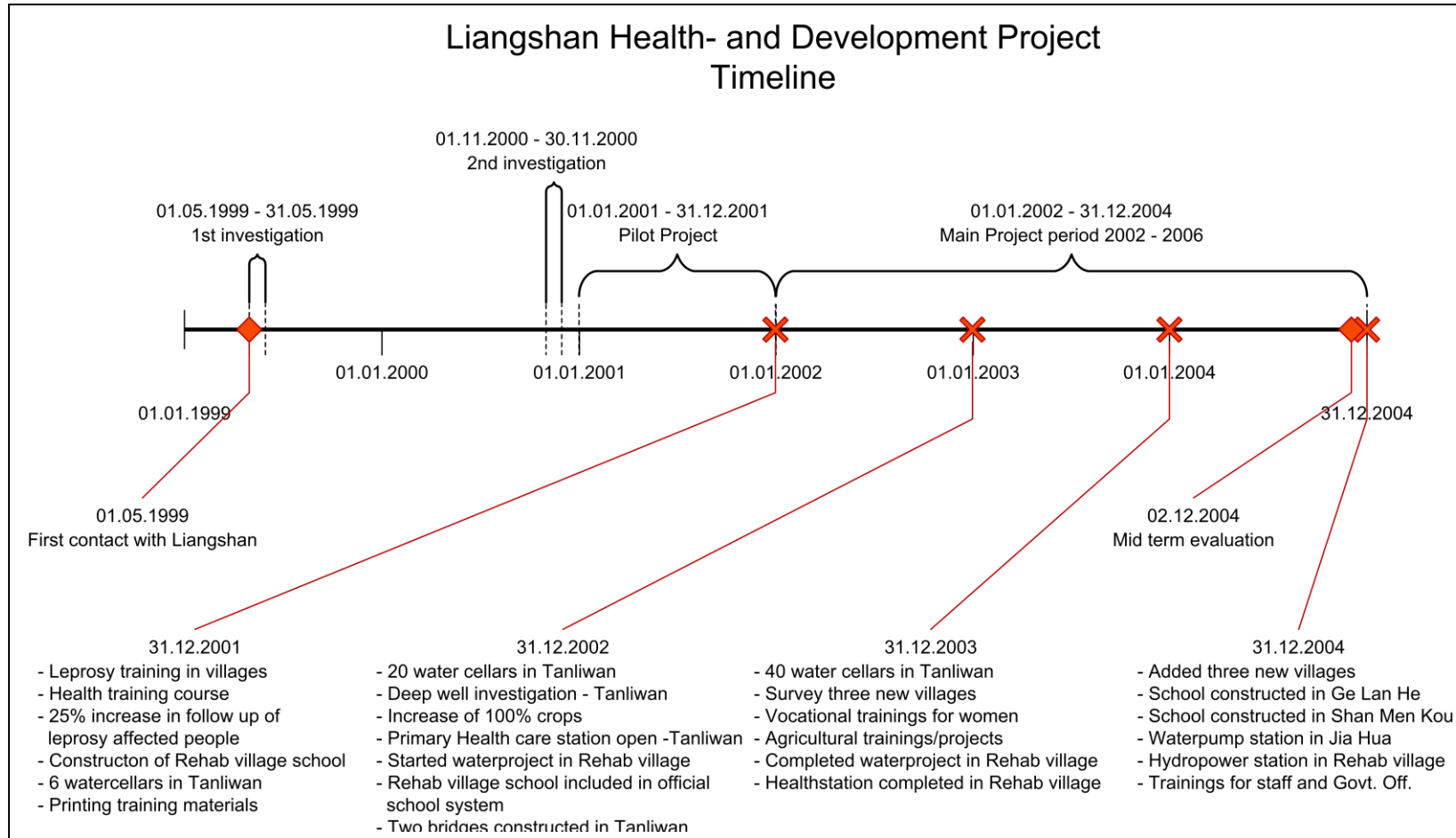
PHC- Primary Health Care

Rehab- Rehabilitation

TLW- Tanliwan Village

VHW- village health worker

Project Timeline



Summary

Background and purpose

This is the mid-project evaluation of the Liangshan health and development project (subsequently referred as the Project), which started in 2002 and ends in 2006. The evaluation team (subsequently referred to as the Team) of three members visited Liangshan from November 29, 2004 to December 3, 2004. The Team visited two villages (the two initial villages in which the Project started), the vice-governor, and the county Project office. Because of time limitations the Team did not have time to visit the three villages more recently added to the Project.

Important conclusions, recommendation and experiences

The Team was very impressed with the wide acceptance and positive impact of the Project. The government and villagers see the Project in a very favorable light. The two villages visited by the Team are very needy and challenging. The Project's impact in these two villages is very positive and impressive.

The villagers give suggestions as to what the Project should help them with. The Project staff discusses these suggestions in light of the issue of sustainability as an important part of the discussion. The villagers seem to have a sense of ownership of the Project's interventions.

The Project officer, Dr. Gao, has done a good job in managing the Project. He is responsible for a wide variety of things. His scope needs to be more narrowly focused to being the Project's liaison to the government, villages, and Project leader. He should have a team of development workers, one assigned to each village.

The Project has done an impressive job in advocating and providing for these marginalized villagers. The Project should continue to advocate for their PHC needs, education needs, economic needs, social needs, and family needs.

It will be difficult for the Project to meet its target of being involved in 10 villages by their 5th year. Therefore, the Team recommends that the number of villages be scaled back or the project period be extended.

The Team sees benefit in the Project office being moved from the CDC building to a higher-level governmental office building such as the county government building. This would provide greater visibility to the government for greater intersectoral cooperation.

Background and purpose

Evaluation for whom and for what purpose

The Norwegian Mission Alliance asked the Team do a mid-project evaluation of the Liangshan Health and Development Project for BN. The Project started in 2002 and ends in 2006.

Background, objectives, and status for the activity subject to evaluation

An American physiotherapist living in Taiwan initiated this project. She had an interest in leprosy-affected people. In 1999, she visited Sichuan Province in southwest China. In 1999, she wrote a concept paper that initiated the Project.

Long-term goals:

The long-term goals are to increase the health, education, and future income opportunities for children of the poor families, particularly the children of poorer families with illness and disability, living in remote agricultural villages, through an integrated health and community development village-by-village approach, in such a way that the whole village will benefit.

Project objectives:

1. Determine clean water, agricultural development, primary health care, primary schooling, and vocational training needs and priorities in each selected village, using a participatory approach. Plan and implement health and development activities in a step-by-step, sustainable mode in each selected target village.
2. Extend and improve early detection and treatment of leprosy and other diseases of poverty by MES staff traveling periodically to villages without PHC stations throughout the County.
3. Facilitate the Public Health Bureau's plan to integrate primary health care into the work of the MES to establish and supervise a PHC station staffed by a VHW in selected Project villages.
4. Build capacity of the government agencies and the professionals responsible for the project development and the welfare of rural Yanyuan County villagers, using domestic and expatriate resources as needed.
5. Investigate needs and plan future possible project after this 5-year plan is completed in 2006. Report by May 2005.

How the work is carried out

The Team visited Liangshan from November 29, 2004 to December 3, 2004. During that time, interviews were conducted with the project leaders, key government, and village leaders. Participatory activities were done with some of the villagers. The Team toured two project villages. The Team also visited the Project office and the county government office.

Data:

These data are presented in chronological order.

Rehabilitation (Rehab) Village:

The village is very remote, so the trip was unusually long. The Team took boat on a river for a few hours and then climbed up a steep hill. When the Team and Project staff entered the Rehab Village, the villagers, especially the children, were very welcoming. The children's warm affection especially focused on Mr. Tune.

Group activities:

The Team wanted to poll the villagers on their impressions of the Project's activities and village life. About 20 villagers were given ten seeds² to divide among every category (row). They voted by the raising of hands, and then the group leader divided the seeds in proportion to the vote.

Projects

	Not satisfied	Satisfied	Very satisfied
School			10
Water	1	2	7
Plastic corn coverings		3	7
Electricity			10
Rehabilitation, etc. support			10

Health five years ago.

	Good	Normal	Poor
Old		1	9
Young male	2	3	5
Young female	2	3	5
Children	1	3	6

Health of villagers today

	Good	Normal	Poor
Old		1	9
Young male	8	1	1
Young female	8	1	1
Children	5	4	1

Participatory drawings

The villagers were divided into two female adult groups, one male adult, and one children's group. Each group had about 6 members. They were asked to draw what their village looked like 5 years ago, what it looks like now, what others think of their village, and what a healthy village looks like.

Five years ago, groups drew: poor harvest, houses falling apart, hungry, no clothes, no trees and sad people.

² Jayakaran, Ravi. Participatory Poverty Alleviation & Development, A comprehensive manual for development professionals. 2003. p. 46.

For **now**, groups drew: better houses, electricity, TV, better harvest, more food, water channel around school, cow, school, water.

For **what others think of them**, groups drew: people avoiding them which made some cry, people afraid of their village, their poor village.

For a **healthy village**, groups drew: clinic, cars, trucks, good road, fish pond, herb garden, nice house, fruit trees, health care, good nutrition, concrete school play yard, better irrigation, basketball, sports, flowers, running water, horse, studying hard, money, duck, vegetables to sell, sanitary napkins.

School Children were asked to do two drawings: of the things they like and of the things they do not like:

Things they like: school, computer, books, tall buildings, animals, plants, fish pond, hospital, studying, electricity, TV, flowers, trees, Norway flag, basketball, water, music, sun, car, grass, classmates, stream by the school, cow, badminton, jumping rope, little dog, kite, plateau, Norway flag and relatives, to fly, fruit, Lugu Lake, chocolate.

Things they do not like: staring, broken houses, poor health, no medicine, wolves, others feeling sad, flowers, poverty, bad people, flies, being beaten, robbery.

Interviews:

TangFeng, village teacher

He came to the Rehab Village in 2000 to start a private school. He was alone until his nephew joined him in 2003 to help teach. TangFeng is 32 years old, and his nephew is 30 years old. The older teacher has no children. The younger has 3 children with the oldest being 6 years old.

They teach three classes, grades 1, 3, and 6. In the past, they had an adult education class which was very appreciated. Now that the school is registered, they should have one more teacher, however, young prospective teachers do not like the conditions at the Rehab village. He hopes that some of his students will come back and teach in the Rehab village. He wants to teach in the Rehab village, but needs more salary. His family is in the village.

The government supports creative teaching. He teaches English. He teaches 1 1/2 classes, moving between two classrooms every day. His partner also teaches 1 1/2 classes.

Most of the students have scholarships through the Project. Previously, no one from the Rehab village went to middle school. This school allows the students the opportunity to attend middle school. Seven students this year have had this opportunity. The government requires nine years of schooling.

The following are summary of his observations:

The schools books are enough, but they need more teaching materials.

The children help their parents read things like fertilizer instructions.

Two orphans, 8 and 10 years old live with relatives.

Drug abuse is becoming a problem in the Rehab Village.

The teacher would like to fly the Norway flag at school.

Except for polio, the school children are not vaccinated.

Wang ChangSheng, village leader

He's been the village leader for 6-7 years. He has a wife and 4 children with the oldest at Lugu Lake, 14 year old in 6th grade.

It is 50% Yi and 50% Han. It has 65 households.

The Project started in 2001 with a building of a school, purchasing of 4 male cows, and installation of hydroelectricity.

Security was ok before, but now with opium drug abuse, security is not so good. Five to six years ago, the old people gave seeds away. Now the young people have opium and are addicted. The village leader hopes to use effective means to get rid of drugs.

The leprosy doctor, Dr. Yang, comes to the Rehab Village quarterly at least, sometimes monthly. He only takes care of leprosy problems. There is no village health worker. Someone comes from 30 km away to provide some healthcare but does not have a license. This is because they are afraid of leprosy. Sometimes the village leader gives out some limited medicine.

There are 39 students in the school. Four stopped school to help on their family farm, three 1st graders and one 3rd grader, but they do plan to come back.

The Project has helped with water, electricity, agriculture, and health. The villagers are eating enough now.

The disabled get government allowances too. However, the government's efforts are not consistent. He feels that the government should do more, since they only get a part of what they should be getting. For instance, villagers got only 7,000 RMB instead of 12,000 RMB allotted to them for a large hydroelectric project.

The village has no family planning or other such services. Drug addicts are becoming a problem. The changes are too slow.

If the Norway project had not come, more people would be leaving the village. The Project is supporting the children's tuition and books. However, the government needs to care more.³

When villagers get an ID card, it says "Taerfu" village, which does not make any reference to leprosy or rehabilitation village. Some have left the village and found jobs. For instance, one young woman found a job in Shanghai. The younger ones don't fear leaving the village.

He says that he doesn't go to many government meetings for village heads.⁴

Rehab Village tour:

The Team saw the water project. The village had a good supply of water until a landslide in 19**, covered their water source. In 2003, the Project repaired their water supply. This has not only benefited the Rehab Village, but also other surrounding villages, altogether about 2000 people.

In July 2004, the Project invested 130,000 RMB in bringing electricity to the Rehab Village. The major expense was a hydroelectric generator. The electricity is mainly used at night for lighting. A 22 year-old young man is responsible for maintaining it.

Miscellaneous comments:

Mr. Tune would like to advocate for more teachers and higher salaries too.

The project officer, Dr. Gao, writes quarterly reports for the government and for the Project leader.

The villagers suggest project activities to Dr. Gao. Dr. Gao and Mr. Tune discusses them and decides whether to approves them.

³ Jon Tune, the Project leader, will advocate for more resources for their school.

⁴ Dr. Zhang, an evaluator, thinks that he is not getting invited to all of the meetings that villager heads should be going to.

Tanliwan (TLW) Village:

TLW tour:

The Team saw several of the water cellars. Since 2002, the Project built 60 water cellars. The Team saw the outside of the clinic that the Project built in 2003. The Team saw one of the bridges that the Project built in 2002.

The Team met with a family affected with leprosy. The father was leprosy affected. Two of his sons also contracted leprosy. This family seemed to be doing well with preventative care.

This family does farming and had success with the plastic corn coverings and water cellars. The family showed the Team the dramatic difference in the corn yield that resulted from using the plastic corn coverings.

The Team also saw the new school and latrine and had lunch in the school.

Interviews:

TLW village leader:

TLW is one of the poorest areas in this county because of its lack of water with respect to the land area. Some of the villagers moved out because of this serious problem. Getting water consumes a half day. In 1990, the local government built 40 water cellars to collect rainwater. In 2001, the Project built 6 more water cellars so that about ¼ of the villagers have them. These water cellars have improved sanitation so that there is less disease. Villagers can wash their clothes more frequently too. Water for drinking and irrigation has improved. The harvest has increased three fold.

TLW did not have a clinic so villagers had to walk more than 10 km to see a doctor. The Project built a village clinic.

In 1991, the village's school was initially built. In 2000, the school building was in disrepair and had to be torn down. In 2001, the Project built the village a new school.

TLW village party secretary:

TLW has about 338 families with population of about 1400 people. The main cause for poverty in TLW is lack of water. Four families have moved out because of the lack of water. The Project's first focus was the leprosy-affected families in TLW, which helped these families greatly. Subsequently, the Project helped TLW with water cellars, plastic corn planting covers, two bridges (one for the children to get to school), and school building. These activities have helped the village enormously. Some have noticed that their incomes have increased from 800 RMB/year to 1300 RMB/year.

These two village leaders said that Mr. Gao, the project officer, has done a good job in managing the project, providing guidance, and buying materials. They say that there is a need for more water cellars, teacher dormitory, and teachers⁵. The village secretary is very grateful for the Project's help.

TLW School principal:

The education bureau told the Project that the number of grades 1-6 students is about 200, so they built a school to accommodate this number. When it opened two years ago, the school had 186 students. This year, they only have 43 students. They estimate that 30% of the students are at home now. This is mainly due to lack of teachers. Three of the four teachers

⁵ At this meeting there was a person from the education bureau who committed to getting more teachers for the village.

retired last year, and it is very difficult to get teachers to live in such an area where there is lack of water.

Some students stay home because of lack of money too. The school fees for early elementary school are about 96 RMB per semester. The government's goal is that 95% of eligible students attend school.

Some students are supported by the government to board in a school that is not in their village. This is part of a government's 10 year plan.

About 60% of the students are immunized.

Miscellaneous comments:

The sewing training program trained 40 women. They have 3 sewing machines but do not have business yet.

The walnut trees that were planted several years ago do not have walnuts yet. They are about 1.5 meters high.

Participatory drawings:

Two small groups of women drew what their village looked like in the past and what it looks like now, and the future.

What their village was like **5 years ago**: meager crops, lack of water.

What their village looks like **now**: better crops, water cellars.

What they hope their village will look like **in 5 years**: access to the underground water supply, good roads, cars, bus, running water to their homes.

Highlights of the interviews of key Project personnel:

Mr. Jon Tune, Project leader:

The original concept paper was written by a physical therapist focused on leprosy issues. Subsequently, she died. On review of the Project, BN recommended a broader focus from just health with focus on leprosy to a community development project. Education has become a strong component of the Project.

Politically, the provincial health officials are too busy to visit the Project personally. Locally, there are tensions with the CDC and PHB. The Project officer, Dr. Gao, is the head of the Yanyuan County CDC. The Project's office is in the CDC county office. Dr. Gao's responsibility as the project officer is a full-time job. His CDC responsibilities have been delegated to others.

As project officer, Dr. Gao, is the liaison between the Project leader, government, and villagers. During his tenure, Dr. Gao, has changed. Dr. Gao is more empathetic to the poor villagers' life. He communicates more on the level of the villagers; however, he still wears a tie to villages.

In August 2004, the Project sponsored a Community Health Education training workshop in Kunming. The vice-governor and Project personnel attended. The higher level Project managers now have better understanding of sustainable community development. The response was positive, and they are applying this to the target villages.

The Project should not only work within the right structures but also within the right relations and right people. The Poverty Alleviation office currently has a good working relationship with the CDC staff, and he would like to cultivate those existing partnerships rather than starting to work through another government entity. If they move to another office, they will have to start all over again.

Dr. Gao is good at coordinating different government offices. The vice-governor has given Dr. Gao a lot of general authority.

Vice-governor Wu of YanYuan County:

Vice-governor Wu is very supportive of the Project. He sees the Project as a great help to the marginalized groups that the local government cannot adequately deal with. The government and beneficiaries really appreciate the Project. The government is very satisfied with the Project. However, Mr. Wu sees that the government cooperation could be better and is open to suggestions to improve this.

China's Poverty Alleviation office has the responsibility to relieve poverty, but China is very large and has many poor, so these government funds cannot meet all the needs of the poor. The government builds schools and roads. Funds are also used for the environment. The government has also waived taxes for poor farmers.

The vice-governor attended the Project's Kunming CHE training, so he has an idea of the Project's approach to help villagers. The vice-governor believes that it is a good plan. It would be difficult for the government to carry out such a plan. However, he believes that the Project is helping the government to fulfill their commitment to alleviate poverty, so the government should work hard to cooperate with the Project.

The Project addresses many aspects of life, so they need a governmental leading group to cooperate with the Project. Presently, the Project office is in the CDC building. It was suggested to the vice-governor that the Project office move to the county government building so that it would have more visibility.

When the Project ends, the vice-governor hopes that another NGO will help. He hopes that the beneficiaries will have the necessary foundation to be self-sufficient. However, he knows that the Chinese government will be around forever and knows that the government will try their best to sustain the work in the area. In the Rehabilitation Village, he says that the People's Affairs Bureau will help with their needs.

The vice-governor will also help TLW Village get more teachers. He will also help Rehabilitation Village get a village health worker. He is not sure if the government can subsidize TLW for more water cellars. He suggested checking back in three years.

He will do his best to increase government cooperation with the Project, so that they will not leave the county. He is glad that the Project has a leprosy focus, which helps relieve this big burden for the government.

He is very happy with the Project. He likes the Project's long-term view of helping the poor.

Miss Ma, the Project accountant

In the beginning the accounting was informal. Now the accounting system is formally set up. It is easier and meets the requirements of the Chinese government and Norwegian donors. Accounting procedures are working smoothly and meet audit requirements. She is confident that the figures are correct and that the money is spent well.

Change is evident in the Rehabilitation Village. Previously, the children's knowledge was poor and now with education, the children are happier. Travel to the Rehabilitation Village is long, but she is encouraged to see their happiness.

Dr. Sun, the CDC Director of Chronic Disease and Leprosy Prevention and Treatment

Dr. Sun has been with the Project since the beginning. He stated that the two selected villages are the poorest, most neglected, and most marginalized villages in the area.

Rehabilitation Village

In 1959, a leprosy hospital was established in the Rehabilitation Village. In 1985, it was closed. Patients were all cured and were free to go back to their homes. However, 198 did not leave. Many were married with families and were accustomed to the Rehab Village. They feared rejection if they went back to their homes, so many stayed. However, the children did not have a school. Also, nearby schools refused to educate their children, so this village became a largely illiterate area.

The Project supports education and built a school for the Rehabilitation Village that goes to 6th grade. The Project gave the children the opportunity to attend middle school.

The Project's presence at the Rehabilitation Village has decreased the stigma of leprosy. The surrounding villages accept the Rehabilitation villagers more than before.

Of the 60 households in the Rehabilitation Village, 30 families have disabled members. These families cannot obtain enough grain to survive. The People's Affairs Bureau helps these families with subsidies, but this is not consistent.

TLW Village

Many poor families live a very hard life. Houses are in disrepair. Their potatoes are the size of eggs. Their corn yield is in the range of 20 kg/mu. This represents about 1/3 of the villagers. The Project helped 2 families repair their houses. The Project personnel from their personal funds bought blankets for five families who used rags as blankets.

The Project built water cellars that were used for drinking and irrigation (1-2 mu of land/family). TLW's water source is 2 km away. Villagers started lining up at night to get water for the day.

The Project also supported the purchase of plastic sheets over corn, which increased the corn yield.

Leprosy

1985-1995: about 20 new cases of leprosy each year in this area.

1995-2003: 12-15 new cases of leprosy per year

2004 till Dec: 6 new cases

32% of the new cases have nerve damage since 1985

since 1959: 839 leprosy cases

516 still alive in YanYuan County; 60% are stage 1

90% stage 1 in Rehabilitation Village

new cases have less disabilities.

Patients who are taking MDT are getting visited every 3 months

Patients who are not taking active medicines are getting visited once a year. The family members of these people are getting examined once a year.

The leprosy doctor visits the Rehab village twice a year (in other villages when there is active case of nerve inflammation, the leprosy doctor visits once a month).

There are five CDC leprosy doctors in the county, so each has to cover two townships.

After 1998, the leprosy doctors do not take care of other illnesses.

Villagers get 100 RMB for reporting leprosy case

Leprosy patients are given gloves, shoes, Vaseline, eye protection, treatment literature, but the patients are not very compliant. Vaseline is brought to the village in 2.5 kg container, but they often do not have smaller containers to distribute it.

Dr. Gao, project officer

Dr. Gao mentioned a few of his struggles:

Project officer does not have enough authorization to implement project, so he has to coordinate with other departments.

Knowledge is limited (such as: water, education, agriculture...).

Staff has double duty (such as CDC responsibilities in addition to Project).

Dr. Gao is satisfied with the Project's results and achievements. The Project has mostly met its goals. However he is disappointed with the TLW school which had 121 students when it opened but now has 42 students. Two-thirds of the students are not attending. This was discussed with the Education Bureau chief.

Dr. Gao sees the need to promote the office to a higher position so that he can get more authorization for more cooperation among the various governmental offices. The Project office is in the CDC building which is not a high enough level.

To be sustainable, the beneficiaries need to independently develop themselves. Pilot projects need to be used to stimulate villagers in developing themselves and solving their own problems. For example, the villagers did not use plastic coverings for corn because they did not have enough water. Now that they have water cellars, they can benefit from plastic coverings for their corn. If you give them a fish, you need to teach them how to fish.

To be sustainable, the Project needs to communicate well with the government so that the government will be motivated to cooperate more. Then attitudes will be changed. The new school should look at more ways to teach and learn. The clinic should do health education so that it will be sustainable. If they take responsibility for their work, then it will be sustainable.

The beneficiaries are a marginalized group. So, it is the government's responsibility to support and take care of them. It would be wonderful if the public were inspired to support the poor also.

The Project helps the government to achieve their commitment to poverty alleviation, so the government supports the Project.

It is difficult for the village health worker to do training without subsidies.

The Project has helped reduce the stigma of leprosy in the Rehabilitation Village. A person with leprosy has successfully opened a restaurant by the bus station.

Findings and conclusions related to:

Selection of objectives, strategies and approach in plans

The selection of objectives, strategies, and approach is appropriate. The Project has wide acceptance among the government, villagers, children, and leprosy affected. The government and villagers would like the Project to deepen their relationship with them. The county government would like the Project to have higher visibility and stay longer.

The Team is encouraged to see the Project taking the lessons that it has learned from the initial villages and applying them to the newer villages. Lessons of working with villagers, governmental structures, and international NGOs are now being applied to new villages.

Relevance related to needs and national priorities

The Project is meeting the needs of the area. They are in accordance with national priorities. The Project has gained the respect, admiration, and cooperation of the government. The Project's relationship with the government is deepening and increasing.

The two villages visited by the Team are very challenging villages with many needs. The Project has impacted these villages positively. In particular, the Rehab Village is more remote than most villages. The government initially chose a remote site to isolate the leprosy affected. The quickest way to get there is to use a motorboat for three hours. The villagers

seldom have opportunity to buy and sell at the weekly market day which severely limits their livelihood.

Implementation

The implementation process is impressive. The initial idea for this came in 1999. Two exploratory trips were taken to lay the groundwork for the Project. Then in 2001, a pilot project was done which resulted in the present Project document. The present Project started in 2002.

The project objectives and five year proposal are appropriate and well implemented. The Project has used limited resources to improve the standard of living, build capacity, and improve education in the target villages.

The Team found that the Project was open to change in its implementation. At first the Project was primarily focused on leprosy. Then it made a shift to more general development. Leprosy issues are still important, but the overall goal is development of the poor rural areas.

The implementing partner is the CDC on behalf of the Yanyuan County government. They have allowed Dr. Gao to be their full-time project officer. Dr. Gao's responsibilities are many. He is the Project liaison for the various county government offices. He also interfaces with the villagers and the Project leader. As more villages are added to the Project, his time will be more constrained.

The Project offices are in the CDC building which is a low visibility county government building. Other county offices that Dr. Gao interfaces with may not give too much attention to the Project because of its lower status.

Project Objectives:

1. The Project has done well in implementing a step-by-step sustainable approach in the two target villages that the evaluation team visited. The Project has done well in addressing the villagers' need for clean water, agricultural development, primary health care, primary school, and vocational training needs.
 - a. When discussing a possible activity, sustainability is on the mind of the project officers' and leaders' minds. For example in TLW, the Project discussed drilling a deep well as a possible way for the villagers to get water. However, they concluded that this was not sustainable for TLW.
2. It is encouraging to see that the incidence of leprosy in the county is decreasing. However, the team heard sad stories of some children of leprosy patients contracting advanced leprosy.
 - a. Besides leprosy, other diseases do not get much attention. It is sad to hear that the Rehab Village cannot get VHW adequate immunizations. They said that they will address the vaccination problem soon.
3. Integrating PHC into the work of the CDC has been especially difficult in the Rehab Village. They have not been able to place a VHW there. The Project may just have to rely on VHW to take care of leprosy affected instead of getting CDC staff to engage in PHC.
 - a. At TLW, there is a VHW whom the Team did not get to meet because she was on maternity leave.
 - b. The county has conducted several health education trainings, which the village leaders have attend. These trainings have addressed SARS, TB, HIV, typhoid, and hemorrhagic fever.
4. Building the capacity of the government agencies, Project personnel, and villagers is being accomplished.

- a. In 2004, they had Community Health Education training in Kunming that was even the county vice-governor appreciated attending.
 - b. The accounting procedures have improved and presently meet the Chinese and Norwegian standards.
 - c. Villagers have more skills and a brighter future.
5. The objective to investigate future project possibilities is still ongoing.

Results

The beneficiaries are the government, Rehab Village, and TLW Village, children. Special target groups include women, children, and leprosy affected. The Project has had significant impact advancing the villagers' thinking and living standards. The Project has gained the respect and cooperation of the local government.

The Project has facilitated good cooperation and communication with government, villagers, and international NGOs. Peaceful development has fostered better understanding and trust among these three groups.

Overall, the relationship of Mr. Jon Harald Tune from Norway and Dr. Gao Jianzhong from Yanyuan has been very professional. They have wisely managed the Project which has contributed to the Project's success.

Government

Vice-governor Wu is very supportive of the Project. The Project encounters some resistance to their advocacy efforts for the various project villages because the government has many poor villages that it is responsible for.

Overall, the Project has advocated for the marginalized to the government. As a result, the government has seen their management deficiencies. The Team thinks that the Project has caused the local government to do better job at relief work, education, and resource and executive management.

However, the vice-governor is willing to move the Project to high status. He supports their moving to the county government's office building.

On certain occasions, the government seems to spend their funds unwisely. For instance, the government bought an expensive sport-utility vehicle when a cheaper one would have been adequate.

It is encouraging to hear that in an effort to help poor farmers, the government has waived their taxes.

Rehab Village

This was the Project's first selected village. The Rehabilitation Village is among the poorest and remotest villages in the county, a challenging situation to say the least.

In general, we would like to say that we have seen a lot of good things happen in this village. The villagers are appreciative of the Project's compassion. The Project has brought hope for their remote and poor village. They feel more respected and cared for.

The villagers have been involved in every step of the development work, and their ideas and suggestions for developing their own community have been implemented, and that gives them a sense of ownership.

The participatory village activities reveal that the villagers are very satisfied with the Project's activities: school, water, plastic corn coverings, electricity, and rehabilitation services. The health has improved in all the sectors except the elderly.

These villagers are affected by the stigma of leprosy, but they are hopeful for a brighter future.

The children are very happy with their school's relationship with Norway. They had a recent cultural exchange through mailed drawings that made positive impression with the village.

One of the many positive changes that can be seen is that the stigma and fear from surrounding villagers has decreased. Perhaps the frequent Project staff visits to the Rehab Village, has lowered the barriers for others to visit. One of many very positive signs that the stigma has decreased is that the children will be accepted to 7th grade in schools outside the Rehab Village. Villagers who have left the village for work do not feel the stigma of coming from a rehabilitation-leprosy village.

Primary School:

Before the Project came, the children in this village did not have a school. In 2000, the county officials encouraged a teacher to start a school on the porch of a house. Then the Project helped the village build a school building with 2 classrooms and toilets. A house for the teacher was also built later. In 2003, one more teacher was added. Now the school is officially recognized.

The villagers are very happy with the school and the teachers. The teachers seem to be very motivated and care for the children. The primary school has made a big difference for the whole community. The older generation have hope for the young generation, hope for a better life. The students seem to be very motivated and eager to learn.

Seven students are going to graduate from 6th grade in summer 2005. They will continue further studies outside the Rehab Village. Two students might have the funds for school fees, but the rest will probably need financial assistance, which the Project should consider getting involved in. It is very positive that schools outside the Rehab Village are willing to accept these children. It is a sign that the stigma is decreasing.

The two teachers are doing a very good work, but they need one more teacher. This year they teach 3 classes, 1st grade, 3rd grade and 6th grade, so one teacher teaches 1½ classes each. The government is still looking for one more teacher. The government pays the teachers a salary of 200 RMB per month, but it is hard to manage on this salary (they both have families). One suggestion is that the students' parents help them with some food. For example, each family who has children in school can give the teachers just a little of their harvest of rice, corn, or potato. If everyone gives a little, it will be very helpful for the teachers' morale.

The Project pays for the students' tuition and book fees. The school also has teaching materials and equipment. Now they have a TV and DVD player for educational purposes.

So in one way all children can afford to go to school, but 2-4 children do not attend school because they are needed for the family farm. (They told the Team these children would be coming back to school again.) The Project has also had a few months of adult education, which was much appreciated.

Water Project

The water project has made a significant impact on the Rehab and surrounding villages, both for drinking and agricultural use. Their harvest yield has significantly increased. Previous to the water project, they did not have enough food for the whole year. Now, not only do they have enough food for the whole year, but they also have some to sell for income.

The water project allowed them to build a water reservoir, which is used to generate

electricity, which the village did not previously have. Every household pays a small fee for the electricity usage, which makes this sustainable.

During the rainy season a dangerous amount of water comes down from the mountain side. The villagers were concerned that the school building would become damaged from the runoff, so the Project helped build a water channel to lead the water away from the school buildings. The water is channeled to the vegetable fields resulting in higher crop yields.

Agricultural Development

The water project has had a very positive influence also on the agricultural development. Increased water has led to better harvests. The Project has also conducted agricultural trainings introducing new agricultural techniques. For example, plastic sheets for corn have led to increased corn yields.

They have also improved agricultural inputs for existing agricultural methods. One older villager happily told the Team, “Five years ago we were sad, mentally pressured and starving. Now we are happy. We have food, even so much food that we can sell some of it!” This is very positive, because now it is possible for them to get some income. It is also very positive that this change could be seen so quickly. Before the Project started, food was scarce for 3-6 months of the year for nearly all the families in the villages, so this is a big improvement!

The Project has also started a “Hire a cow-project.” This project has allowed elderly leprosy-affected villagers who own a cow, to rent their cows to other villagers. This helps them to produce some income.

Primary Health Care

Primary health care is still a major problem in the village. The Project has built a clinic, which is connected to the school building, but they have not found a VHW that is willing to come and work there yet. The two major reasons that no one is willing to work there are the leprosy stigma and the lack of income. This means that the villagers need to travel significant distances for health care.

Overall, the villagers say that their health is better than five years ago. This is probably due to the improved food production, which leads to better nutrition and better health. However, the elderly health seems unchanged.

The Project has also conducted many health trainings: dental training for the children and hygiene training for mothers and children. Even if it is hard to measure the impact of preventative training, the Team believes that these activities have a positive influence on the health in the village.

The CDC leprosy doctor visits the village once every 3-6 months. During the visits to the leprosy affected, s/he distributes materials focused on preventing further disabilities. These materials include information about wearing protective footwear, gloves, sun glasses... and using Vaseline. The Project has also conducted village health education trainings for the prevention of disabilities for the leprosy-affected villagers. The Team encourages that the Project continue with these trainings and repeat self-care trainings because from past experiences it often needs to be continually emphasized. Also the Project ought to continue to encourage the disabled villagers to use preventative aids when engaging in dangerous activities, such as cooking food or working in the fields. Sadly, the CDC leprosy doctor does not give any other medical treatment beyond leprosy issues.

When the Team visited the Rehab Village, the immunization of the children was incomplete. The Project staff will accompany the local person responsible for immunizations next time they visit the Rehab Village.

The village leader told the Team that there is a growing illegal drug problem with some young people. Mr. Tune then suggested that there should be some education about drugs and the dangers of using drugs. The Team thinks this is a good idea and should be done as soon as possible.

Leprosy

1985-1995 there were 20 new leprosy cases / year.

1996-2003 there were 12-15 new cases / year.

2004 it has just been 6 new cases of leprosy.

It is encouraging to see the incidence of leprosy decreasing.

Of the new cases since 1985, 32% have nerve damage.

CDC staff visits the leprosy-affected clients regularly. The patients that are on MDT medication or nerve inflammation medication are visited more often. When the CDC staff visits the leprosy-affected clients, once a year, they also examine the family members, which allows them to discover new cases early.

Taliwan Village

The Project was encouraged by the positive impact of the water cellars on this challenging village. The water combined with the plastic corn planting resulted in remarkable increase in corn production.

Previously, TWV did not have a clinic. The Project facilitated the building and finding of village doctor which has improved their health.

The Project was disappointed that the number of students took a dramatic drop in 2004 because of the lack of teachers. It is hard to find teachers for TLW because of the inadequate water supply and housing situation. Because of the Project's advocacy, the government promises to find more teachers as soon as possible.

One family that the Team visited had two generations of leprosy, which happened before the Project was initiated. Sadly, this could have been prevented, so early detection and prevention should be stressed.

Sustainability

The Team is impressed that the Project staff is very sensitive to sustainability issues. When the Project discusses a new activity, sustainability is one of the first things they think of. For example, when the Project was thinking how to best help TLW's water shortage, they decided against deep wells because the expense was not sustainable.

The villagers are intimately involved in owning the Project. In the Rehab Village, the villagers pay a small fee for the electricity consumption. The villagers maintain the water channel. The TLW villagers keep their water cellars in reasonable condition.

Dr. Gao encourages the villagers to develop themselves and not to rely on outside resources forever. The CHE training will add to this effort. CHE's method is empowering rather than transferring.

The villagers have been very involved in every step of the Project, and often have opportunity to input their own suggestions on how to develop their own community. This is very positive because it encourages ownership.

To note, the villagers' lives have been transformed through the Project's interventions. For instance the introduction of water cellars and plastic sheets has changed thousands of

years of farming traditions in TLW Village.

Also the Project's emphasis on children's education has made the villagers value education more. This is especially evident in the Rehab Village. The children are excited about being in good learning environment.

The Project has deeply affected the villagers' thinking. The focus on changing the villagers' minds and behaviors makes the Project more likely to be sustainable.

Limitations:

The evaluation team went during a time when the weather was fairly nice, so it did not encounter any harsh rains or cold temperature that may adversely influence villagers. The Team's time was limited, seeing only two of the five Project villages. The Team stayed one day at the Rehab Village and ½ day at TLW. Also at TLW, the VHW was away on maternity leave.

Recommendations

1. At this point it will be difficult for the Project to meet its goal of working in 10 villages by the 5th year. As a result, either the number of villages should be scaled back or the project time should be extended.
2. Dr. Gao, the project officer, should spend more of his time as a liaison between the governmental offices and the Project leader. He should have a team of development workers who interface with the villagers. Ideally, each village should have their own development worker. These development workers should report to Dr. Gao. These development workers should live at the village for most of the week. They might consider using the CHE methods.
3. For the Rehab Village, a Project staff person should accompany the local person responsible for immunizations for that village to the Rehab Village to get the children caught up on their immunizations.
4. The Project is doing a good work with the education and training in self-care and prevention of disabilities for the leprosy-affected clients. The Team encourages the CDC staff to encourage the clients to practice continuously what they have learned and to use the different aid tools that they have.
5. The Project has done well to advocate for these marginalized villages. However, it seems that the villagers do not receive all of their governmental benefits, especially in the Rehab Village. So the Project should continue to advocate that these villagers receive their maximum governmental benefits and allowances.
6. If the Project wants to deepen its efforts in the prevention of disabilities in the leprosy-affected with nerve damage, the young adult clients are an important group to focus on. These young adults need to work hard to support their families. They should be encouraged to generate income safely, to have occupations that are "safer" for their nerve-damaged and insensitive feet and hands. Lower risk occupations will lessen their handicap, as they get older. Many of these villagers are farmers who work while standing on their feet in the fields all day. This often leads to foot wounds, which lead to permanent disabilities. If a villager raises pigs or chickens instead, it would lessen their risk from developing foot wounds, because they would not need to stand and walk so much. There is also not as much repetitive movement as working in the fields, which lessens their risk of developing serious disabilities later on. If the Project could encourage these young nerve-damaged clients to be involved in safe income

generation, it would positively influence these clients. Sometimes it is necessary to give a small loan to get the clients started on these safer careers.

7. To the Rehab Village:
 - a. There are some students who will start 7th grade after summer 2005. We know that is very important for their future; therefore we think it is important that the Project find ways to give scholarships to the students who need it so that they can further their education.
 - b. The government has not succeeded in finding one more teacher yet. The government pays the teachers 200 RMB each month, but it is difficult to live on this salary because they both have families. The Team suggests that the students' parents help these teachers with some food subsidies. For example, during the harvest each family who have children in school give the teachers just a little of their harvest of rice, corn, or potato. If everyone would give a little it would be very encouraging and helpful for the teachers.
 - c. A major problem that came up when the Team visited the Rehab Village is that there is a growing illegal drug problem among some of the young people. Mr. Tune then suggested that there should be some education about drugs and the dangers of using drugs. The Team thinks this is a good idea and should be done as soon as possible.
8. The Team suggests that the Project office move their office from the CDC building to the county government building. This would give the Project a higher visibility and respect among the various government offices with which it interfaces.
9. The CDC leprosy doctors should be more holistic and integrated in his health care, not just focus on leprosy issues. They should take care of the whole person.
10. The VHW should be able to promote leprosy prevention and self-care. They should also be the first level of leprosy care.

Appendix

Terms of reference

Evaluation – Liangshan Health- and Development project

November/December 2004

Introduction

Liangshan health- and development project was initiated in 1999 and started with a pre-investigation for a project focusing on leprosy patients in Yanyuan County. This pre-investigation was followed by a more comprehensive investigation in 2000 focusing not only on leprosy patients, but whole communities in the County. A pilot project was executed in 2001 and the recent five year plan project started from 2002.

From the project plan it is stated that there will be an internal evaluation in 2004. However, we choose to invite external personnel to conduct this evaluation in order to get new impulses and recommendations. People not directly involved in the project will discover other aspects of the work than people that is working with this project on a daily basis.

The basis for this evaluation is the five year plan “Liangshan Health- and Development project”. All relevant documents will be available for the evaluation team.

Objectives for the evaluation

- Assess to what extent Liangshan health- and development project has achieved or is likely to achieve its goals stated in the project plan. In addition, assess if the plan and achievements are meeting the needs of the beneficiaries.
- Assess the project’s achievements related to the project objectives described in the project document, and give recommendations for future priorities.
- Assess the role of CDC (Center for Disease Control - former Main Epidemic Station) as implementing partner on behalf of Yanyuan County government.
- Assess the project-organization with special emphasis on the relation between different partners linked to the project activities and their co-operation (CDC, Public Health Bureau, Educational bureau, and other relevant departments of County Government, Xin-Consulting, etc).
- Assess the sustainability of the project
- Recommend changes and suggest improvements

Evaluation Team

The evaluation team is chosen from the following criteria’s:

- Competence – members must have competence in the field that they evaluate
- Independence – members must not have bindings to the project or project workers
- Suitability – members must be able to understand and communicate findings and conclusions with people from different cultures.
- The team members should consist of both men and women

The team consists of:

- Mr. Bob Liu, Kunming (USA) (Community Dev. Dept. PGI)
- Mrs. Ann Charlott Hilding, Kunming (Sweden) ? (Leprosy department PGI)
- One representative from Sichuan Institute for Dermatology and Venerology (Dr. Xiong Junhao or Dr. Wang Rongmao?)

Project personnel will be available for the team during the evaluation period.

Method for data collection

The evaluation team should have access to project plans, reports and other internal documents.

The evaluation team should do necessary field work in November/December 2004. It is expected that personnel from CDC, Xin-Consulting and local officials make themselves available for interviews for the evaluation team.

The team should as a minimum interview:

- Project leader and Xin-Consulting staff
- Director of “Project Leading Group” (Mr. Wu Wenyun – vice governor)
- Village leaders
- Villagers in Rehab village and Tanliwan village (arrange village meeting)
- People they find have relevant information

Report

The evaluation team should present main conclusions and recommendations to project personnel and representatives from local government in a workshop before departing the area.

Written evaluation report should be presented to Xin-Consulting before January 31. 2005.

The report should not exceed 25 pages including appendixes.