

Norwegian Mission Alliance:

The Sichuan CBR Project for CP Children in China

Results and lessons Learned

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Foreword

We would like to thank Sichuan Disabled Persons Federation, Chengdu Disabled Persons Federation, Panzhihua Disabled Persons Federation and all of the CBR centers, stations and people we have visited and talked with for their cooperation, management and contribution towards the evaluation.

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The following report is a team effort. Li Xiaojie has written the chapter 1: introduction of the evaluation; chapter 2: The Sichuan CBR project for CP children; 3.3 project organization and management and 3.4 Institutional/ administrative/ financial sustainability in the Chapter 3: Findings and observations; chapter 4: Conclusions and lessons learned, responsible for the remaining chapters and editing the last draft. Xu Fenlan has written 3.1. Physical rehabilitation . Jane Pierini has written 3.2. Social integration and educational potential. The parts of the report written in chinese was translated by Helen Zhao.

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Acronyms

CA	Civil Affairs
CBR	Community Based Rehabilitation
CD	Chengdu
CDPF	Chengdu Disabled Persons Federation
CP	Cerebral Palsy
DPF	Disabled Persons Federation
NGO	Non governmental Organization
NMA	Norwegian Mission Alliance
PDPF	Panzhuhua Disabled Persons Federation
PZH	Pan Zhihua
SDPF	Sichuan Disabled Persons Federation

CHAPTER 1: INTRODUCTION TO THE EVALUATION

1.1. Purpose and background of the evaluation

2008 is the last year of a five year project of the Sichuan Community-based Rehabilitation (CBR) Project for children with Cerebral Palsy (CP) which was a joint venture with Norwegian Mission Alliance (NMA)/Shincon AS and Sichuan Disabled Persons Federation (SDPF). As the project is ending, a final evaluation will summarize important achievements and also provide recommendations to NMA and SDPF for future project work. The overall purpose of the evaluation is to summarize and assess the major achievements of the project and identify important characteristics as well as the lessons learned in order to inform and improve planning for the further development of CBR in Sichuan.

The evaluation team was composed of Li Xiaojie, MD; Jane Pierini, MSW; and Xu Fenlan, PT. The team has a combination of relevant special expertise, professional evaluation competence and knowledge of the country and culture; they are all independent of the project and can be said to have a high level of objectivity. The team consists of both Chinese and non-Chinese members, all of whom possess deep knowledge and significant experience of China's social development and disability issues in recent years. The evaluation has been conducted in cooperation with Shincon AS and their project personnel in Sichuan Province.

1.2. Questions and Issues

The evaluation focuses on the following: results of the project implementation, characteristics and experiences, project organization and management, CP children's rehabilitation, participation of CP children and their families in the community, the education of CP children, equal opportunities and rights of CP children and their families, the changes of CP children and their families, the changes of the society through the project implementation, the cooperation between medical health institutions and educational institutions, rehabilitation equipment, the benefits and influence of the project, future plans and project sustainability.

The evaluation team gained close cooperation from the Sichuan Disabled Persons Federation (SDPF), Chengdu Disabled Persons Federation (CDDPF) and Pan Zhihua Disabled Persons Federation (PDPF). The team sought and gained the active cooperation of rehabilitation centers located in the different project districts, counties and schools; as a result, the team believes adequate and complete data were obtained, upon which to base their assessments and recommendations.

1.3. Methods

During November 15 to 21, 2008, the evaluation team conducted a review and assessment (referred to throughout this report as "evaluation") of the Sichuan CBR Project for CP Children, which was supported by the Norwegian Mission Alliance (NMA). The team gained a comprehensive understanding of the project through oral reports, site visits, document review, group discussion, individual in-depth interview and home visits.

The evaluation team visited CDPF Rehabilitation Education Center, Fu Qin Rehabilitation Station, He Ping Street Primary School Rehabilitation Station, Cheng Hua District Rehabilitation Station, Qing Yang Rehabilitation Station, Wu Hou

District Rehabilitation Station, Pan Zhihua Renhe Rehabilitation Station, Qing Xiang Ping No. 1 Rehabilitation Station, Qing Xiang Ping No. 2 Rehabilitation Station, Tao Jia Du Rehabilitation Station, Zao Zi Ping Rehabilitation Station, Bing Cao Ping Rehabilitation Station. Altogether there is 1 centre with 12 stations.

The team visited 6 families and met nearly one hundred parents of children who have CP. The team also conducted around 40 interviews with family members, field workers, teachers and rehab staff. They also listened to or read 14 progress reports from Sichuan, Chengdu, Pan Zhihua and other districts, counties and rehabilitation stations. The evaluation team members also read through many documents, files, records and materials related to the project.

1.4. Limitations

Because of extremely limited time allotted to cover the Terms of Reference for this evaluation, the evaluation team was unable to visit all of the project's rehabilitation stations. Taking into account time restraints, the team members decided to focus on visits and interviews with a random selection of parents, field workers, teachers and other related personnel. The team also has limited opportunity to observe and experience rehabilitation training and evaluation processes in progress.

CHAPTER 2: THE SICHUAN CBR PROJECT FOR CP CHILDREN

2.1 Overview of the Project

This chapter is divided into five sections, which are: Project background and history, Focal points of the project, goals and objectives, approaches to rehabilitation and target groups, and roles of project partners.

Section 1

Background and History

The Sichuan CBR Project for Children with CP is a five-year joint project with NMA and the SDPF, China. Following a preliminary inquiry in spring 2003, it was decided that NMA and China SDPF would jointly apply for support for an urban rehabilitation project in Sichuan Province. Shincon AS of Kunming, Yunnan, China was chosen to manage the project since NMA did not have a representative office in China. This project is designed to improve the access of children with CP to rehabilitation and education using a community rehabilitation/education format. The Project selected two locations in Sichuan - Chengdu and Panzhihua. The SDPF in these two cities have former experience with rehabilitation of children with CP and had done thorough preparatory work that showed that there is a great need for a program that can address the needs of these children and their parents. The SDPF in both of these cities have worked on managing the The Project at their local levels.

Chengdu is the province capital of Sichuan and is a central city of southwest China. The city has a long history and is rich on culture. Chengdu city is divided into 7 districts, and administers 4 municipalities and 8 counties. Totally this area consists of 12,300 square meters. With its 11 million inhabitants Chengdu is one of Chinas largest cities. Chengdu is an industrial and commercial city with 1,300 large industrial enterprises and at least 200,000 wholesale dealers. Populated areas beyond the city also make a significant contribution to Chengdu's total income.

Panzhihua, the city furthest south in Sichuan province, is located close to Yunnan province in a mountainous region at the foot of the Tibet plateau. The city is mineral rich and has a strong iron and steel industry. Panzhihua also has the Ertan Hydroelectric Power station. In addition to the steel and hydroelectric industries, Panzhihua also has an all year around warm climate good for fruit and vegetable farming. The city administration is divided into 5 districts, East District, West District, Renhe District, Miyi County and Yanbian County. Totally there are 1.11 million people living in Panzhihua. Out of the total population 620,000 lives in the city. 90% of the population in Panzhihua comes from other places in China. Roughly 140,000 are people of minority groups originating from the Panzhihua area.

Rehabilitation efforts for disabled persons started in the 1980s, but there was a severe lack of coordinated and targeted rehabilitation services. The general view about cerebral palsy was (and continued to be for a long time) that it was incurable and that therefore, the only option for children with this condition was to stay at home until they died. Parents of children with CP (often referred to in this report as “CP children” for brevity) had no access to proper medical and social care; they tended to believe this was their “fate” and accepted that there was nothing to be done to help their child. Since the early 1980s, modern rehabilitation was introduced into China and gradually the rehabilitation of children with disabilities was begun. However, China has leaned

towards a medical model of rehab, emphasizing the role of doctors and hospitals in providing help to people with disabilities. It is not surprising then, that over the past 20-plus years, China's rehabilitation services for children with cerebral palsy have remained in a mainly medical mode. It can be divided into three types: 1.Hospital Rehabilitation, carried out in Children's Hospitals, Mother and Child Hospitals, public or private rehabilitation centers for children, as well as a number of pediatrics and rehabilitation departments in large general hospitals. Usually, hospitals providing rehab services are located in the provincial capital cities and more developed regions. 2.Institution Rehabilitation in the Civil Affairs (CA) system and Disabled Persons Federation (DPF) system: CP rehabilitation has been carried out in the provincial and municipal welfare centers for children, rehabilitation centers or special education schools within the DPF system. 3.Community-based rehabilitation: In the 1990s, with the help of international NGOs, China started a small number of pilot community-based rehabilitation (CBR) projects within the CA and DPF systems. The health care system, along with community development bodies, also carried out limited community-based rehabilitation programmes. Even these few CBR efforts faced many difficulties and problems. They continue today to develop at a slow pace, if at all, and the reasons are complex. After the end of these pilot projects, most of them have difficulties in sustaining and developing the work.

Sichuan Province is in the western region of China and has a very large population. Therefore, the number of children with CP and with other disabilities is much higher compared to other provinces.. Since social-economic development is much slower than in the eastern and coastal areas, the average living standard is also lower than other provinces; attitudes towards disability also tend to be very simplistic and negative, due to lack of education and exposure to facts about disabled persons and disabling conditions. Perhaps in part for these reasons, rehabilitation programmes in Sichuan were not started until more recently -- it could even be said that CBR has not started yet. Although some institutions have carried out rehabilitation for children with CP, they focused on medical rehabilitation in a centralized model (ie. not community based). High health-care costs and other difficulties lead to the majority of children with cerebral palsy being unable to access rehabilitation services. Due to their status as a "vulnerable group" in Chinese society, most of the children with cerebral palsy and their families felt helpless; they were very eager to get rehabilitation services but had no way to do so. Parents also wished their children could go to school and receive formal education. Above all, families of children with CP longed for their sons and daughters to participate in mainstream society, to improve their living condition and brighten prospects for the future. Based on this background and status, as well as a strong social demand, after detailed study and research, NMA and the SDPF signed an agreement on community-based rehabilitation of children with cerebral palsy in February 2004 and officially launched the project in Sichuan Province. Mid-term evaluation of the project was carried out in April 2006. Based on the expectations and recommendations raised by the experts involved in that evaluation, Chengdu and Panzhihua made adjustments for better implementation and made greater efforts to achieve the goals of the project.

Section 2

Focal Points of the Project

1. To meet a service need for children with physical and mental disabilities.
2. To support the equal rights of all people by focusing on the rights of children with disabilities
 - a) as members of society
 - b) to an education
 - c) not to suffer discrimination
3. To provide more timely and comprehensive information regarding the condition of CP to the parents and families of children with CP.
4. To provide opportunities for parents to network together to allow them to support each other.
5. To develop improved competence in rehabilitation personnel to address the needs of these children with CP.

Section 3

Goals and Objectives

The main goal of the Project is for it to become a model for all of China to emulate. An important step in achieving the goals listed below is when rehabilitation and education is provided for these children with CP.

1. Promote the awareness of the current status and needs of children with CP.
2. Promote the rights and opportunities of persons with disabilities as outlined in the UN's Standard Rules of the Equity of Opportunities for Person's with Disabilities.

Section 4

Approaches to Rehabilitation and Target Groups

1. To provide appropriate rehabilitation and education programs for children with CP in a manner that will allow these programs to be self-supporting and self-sufficient in the future.
2. To improve the overall competence of personnel providing rehabilitation and education services to children with CP.
3. To empower the parents of children with disabilities to become organized in an appropriate manner in order to obtain the necessary support from the authorities and support systems for their children with disabilities.
4. To develop the hospital and rehabilitation personnel skills related to physical rehabilitation of children with CP.
5. To develop and distribute information material for parents and the community to promote the awareness of CP

Initial Project Strategies:

- Establish two service and information centers, one in each target city.
- Recruit and train 16 rehabilitation staff members.
- To utilize Holy Love Special Education School in Chengdu as project consultant.
- To develop training videos and other resources.
- Establish community rehabilitation centers in conjunction with the already existing district community health centers.
- Conduct training in basic rehabilitation and pedagogic methods to support

rehabilitation and education of the children with disabilities.

- Offer appropriate rehabilitation and education programs for children with CP.
- Offer appropriate parent training for parents of children with CP.
- Equip the community rehabilitation centers with appropriate equipment – rehabilitation and educational.
- Arrange provincial level conferences and seminars open to participants from 21 cities and districts.

Section 5

Roles of Project Partners

The project was mainly under the administration of and implemented by the SDPF, who coordinated the work together with their local DPF branches in Chengdu and Panzhihua. NMA arranged and recruited expertise from different special fields during the project cycle. The representative from NMA was also a member of the management group established at the start of the project. The control group met once quarterly initially to ensure that the project developed according to the plans and budget guidelines. NMA also contributed to the project's application, budgeting and communications process with the partner in Norway.

2.2. Summary of the Evaluation

According to the site visits and study made by the assessment team, the project has been successfully completed with the support of the government and joint Sino-Norwegian effort. The local partners were carrying out the project effectively and have achieved excellent results and accumulated valuable experience. The project has been successful and it could be a good CBR model for children with CP in other similar areas in China although it is not perfect.

Governments at all levels have someone who is in charge of the project's leadership. They have developed the appropriate policies and put them into practice to some extent. The CDPF took on a leadership role, and Education, Health and other government departments actively supported the project and worked together. This cooperation helped to ensure a more smooth implementation of the project's strategies.

The initial CBR management and service network have been established and the backbone of the rehabilitation team has been formed. There were 2 CBR guiding centers and 16 stations (centers) for CP children with totally 38 CBR workers in both CD and PZH. A great deal of valuable experience was accumulated, laying the foundation for continuing CBR work and expanding the scope of CBR services.

In the course of implementation of the project, CBR models were explored and established, with different characteristics basis and forms according to the local situation and resources in the different regions. These models were varied and easy to run. They also adjusted CBR implementation plan and evaluation system constantly.

The project has provided good opportunities for CP children and their families to receive physical rehabilitation and improve children's motor function, social adaptability and self-care ability; parents' level of awareness regarding disability, normal family life and improved opportunities to participate in the society have also

been a result of the project.

Through publicity efforts which were part of the project activities, the attitudes of the people in the general population towards disabled children, can be said to have changed to some degree. The most marked change was seen in the families of children with disabilities, in particular the parents. This change was promoting social progress and civilization with the harmonious development.

Through the implementation of the project, it mobilized the enthusiasm of the parents and other family members of children with CP. It formed a kind of network for fellowship, communication, mutual assistance and participation for the parents of children with CP. This kind of network creates a solid foundation for the family with CP children to participate in CBR later.

The implementation of this project provides a chance for them to receive free rehabilitation service, relieved their parents, so they can have chance to find a job and gain some income for the family, thus changing the economic situation of the CP children and their families.

Section 1

The main achievements of the project

1. Attention from Government

Governments at all levels have someone who is in charge of the project's leadership. They have developed the appropriate policies and put it into practice. CDPF is the lead; Education, Health and other government departments actively support and work closely. This cooperation ensures the CBR can be implemented smoothly.

- The provincial leaders wrote comments personally. Municipal leaders of Chengdu and Panzhihua got involved in the project personally and listened to the report from DPF on a regular basis. They inspected the Project Management Center and community rehabilitation stations, asking the related rehabilitation work. They went into the families and visited children with CP and their parents.

- According to the requirements and needs of the project implementation, the two cities set up a project leading team which made by the provincial DPF, provincial Foreign Affairs Office, Provincial Health Department, and other related government departments. There is an office set under this leading team. The responsibilities of the office are: collectively discuss and approve the annual plans, training programs, funding arrangements and other important matters, provide the fundamental basis for the project implementation and the direction. Chengdu and Panzhihua set up their own project management center and established the management regulations. The Center also provides guidance for rehabilitation training. Each district has its own project manager in charge of the project.

- Sichuan has developed 《Implementation plan of community-based rehabilitation project of children with cerebral palsy in Sichuan Province, supported by Norwegian Mission Alliance》, 《Interim Measures on funding and material management, supported by Norwegian Mission Alliance》, 《Professional ethics and

implementation of community field workers of community-based rehabilitation project of children with cerebral palsy in Sichuan Province, supported by Norwegian Mission Alliance (for trial implementation) ». These regulations ensure the smooth implementation of a series of measures and operational mechanism. The two cities have also developed standardized documents and the project implementation plan and measures.

- Panzihua Health Bureau clearly requires that each community health service institution must bring community-based rehabilitation of children with CP into the medical and health work schedule. From year 2007, primary education has included the school education for children with CP. Chengdu requested that regions with 500,000 people or above must establish a special education school for disabled children and subsidize the cost of living.
- Sichuan provincial government provided a total of 2,663,180 yuan as matching funds into the project. Every year the Provincial Project Office invites an outside audit firm to have financial auditing on the Provincial Project Management Office and Project Management Centers in the two cities.

2. The initial establishment of the CBR management and services network and the backbone of the rehabilitation team.

- A total of 16 community-based rehabilitation stations (center) were established by the two cities. Some of them collaborated with health institutions, some with schools and some were based in the comprehensive rehabilitation service center in the district DPF.
- Through written tests, interviews and recommendation, a total of 38 field workers were recruited. All the CBR workers received regular training.
- During the project implementation, Chengdu Education and Rehabilitation Center was established and integrated rehabilitation service centers for disabled person were established in different districts. All above centers have become the resource centers for the implementation of the project at different levels.
- The project also tentatively established a technical guidance and information mechanism. By the recommendation of Provincial Health Department and Education Department, combined with the medium-term project assessment in 2006, they set up a technical expert team. The team comprised experts from No. 1 West China Hospital of Sichuan University, No 2 West China Hospital of Sichuan University and the former special education school.
- Over the project period, a great deal of valuable experience has been accumulated for further carrying out CBR and expanding the scope of CBR service.

3. CBR models with different characteristics and forms

- Due to having different economic, cultural, transport and other social backgrounds, the two cities have taken different models of CBR.

- CBR in Chengdu mainly relied on DPF resources, with some input from education and health resources. CBR in Panzhihua was mainly relied on the health services resources, and less resources were from the education and DPF systems.
- CBR workers in Chengdu were mainly full-time and with high educational background, some of them were new graduates from the medical university. While the CBR workers in Panzhihua were mainly part-time, older, lower educational background, but some of them had rich community health care experience.
- Various forms of CBR are based on the region's resources and conditions, so they have their own unique features.

4. Providing Opportunities for Access to rehab and participation in society

- Children with CP have received good physical rehabilitation which is the best way to improve children's motor function, and can bring basic opportunities for them to get education, to be in the community, to join the society and to meet people. Physical rehabilitation efficiency has reached the most number of CP children join the project.
- The project not only realized physical and psychological rehabilitation of children with CP but also actively promoted improved family life. There have been some fundamental changes in children with CP and the lives of their families.
- Children with CP have received good rehabilitation and they have better social enhancement. The Project targeted a total of 216 children with CP, with rehabilitation efficiency reaching most of them. Among 155 school-age children, 43.2% have been in ordinary primary schools and secondary schools, 11.5% have been in special education school.
- Many children have been becoming more cheerful, they were happy with the people, physical function and daily living activities has been improved. Feng Seng, a client from No. 2 Qing Xiang Ping Rehabilitation Station in Panzhihua, has passed the school examination and was accepted in the key high school. Now he can go to school on his crutches independently while he went to school on his parents back before. Zheng Kexin, client from Tao Jiadu Rehabilitation Station has won the bronze medal on the rolling pass for people with CP during the No. 6 Sichuan Paralympic Games. Yi Ke, one of triplet who has severe CP realized her dream of being together with her two sisters at school. Two cities invited children with CP to join the varied activities in the community on June the 1st, Children's Day and Day for Disabled Persons. All these activities play a positive role in society.

5. Attitudes changes

- Many children with CP feel inferior to their peers; they tend to be timid and do not want to be acquainted with others. They didn't want to go to kindergarten and schools and be with normal children. But after receiving services in the project, they became more optimistic, and were keen to attend school. They were willing to participate in various activities and happy to play with other children.
- In the beginning of the project, the parents were doubtful about rehabilitation, they

were unwilling to let other people know their family has a child with CP . But after a certain time, once trust had been gradually established and some results were seen, the parents began to cooperate with field workers very actively to have family rehabilitation. They let their children take the initiative to participate in social activities, get familiar with the community residents and receive interviews. The long term rehabilitation awareness of the parents has been strengthened.

- The rehabilitation concept and attitude of many parents has matured to some degree. Society has new understanding towards the children with CP and their families, not just sympathy, but an awareness regarding the need for better treatment of children with disabilities. The community participated actively in all kinds of project activities.

6. Mobilize the enthusiasm of parents and the family members of CP children

- Through the implementation of the project, it mobilized the enthusiasm of the parents and other family members of children with CP. It forms a kind of network for fellowship, communication, mutual assistance and participation for the parents of children with CP. This kind of network creates a solid foundation for the family with CP children to participate in CBR later.
- All rehabilitation stations in the two cities set up a parents club. Some of them even set up a network platform. It serves as a bridge for communication between CBR and families of CP children. Trainings at different levels were conducted for the parents. It provides an opportunity for the parents to share their experience, feelings and learn from each other.

7. The situation of family of CP children has been changed

- Most of the families with CP children are ordinary families with low social and economic status. Some parents have no stable job and income, some are single parent families. They were having difficulties in maintaining daily life, providing care and support for their child to attend school, meeting basic health and emotional needs, dealing with poor housing conditions and so on.
- Before the CBR project, 216 CP children in the project couldn't go to the hospital or rehabilitation institution to receive rehabilitation treatment due to poverty, inconvenient transportation, lack of nursing staff and other reasons. Thus they had no chance to get free or low cost rehabilitation, including CBR service.
- The implementation of this project provided a chance for them to receive free rehabilitation service, to some extent relieved their parents of the burden of care, so they could have chance to find a job and gain income for the family. This has changed the economic situation of the CP children and their families.

Section 2

Main Annual Achievements

2004:

Set up a leading group for the project and project management service center; chose and established community-based rehabilitation stations; establishment of the steering

group of experts; establishment of the association of parents of children with CP; formulated a series of regulations; recruitment and training of rehabilitation staff; screening of CP children, identification of the target group; home visits and assessment; development of rehabilitation training programs and assessment programs; carried out rehabilitation training and conducted training course for parents.

2005:

Improved the management of the organization and institution-building; improved capacity building of rehabilitation staff; implementation of rehabilitation services; needs assessment of children with CP; expanded the scope of rehabilitation services and carried out social work.

2006:

Improved project management; provided various forms of rehabilitation services; carried out various social activities for the children; strengthened publicity efforts; strengthened training for rehabilitation staff and parents.

2007:

Further training to improve the capacity of rehabilitation staff; further expanded the scope of rehabilitation services; continued to organize various social activities for children; introduction of new policies to encourage children to enter kindergarten or school; compiled factual information pamphlets and training materials; provided guidance in home-based rehabilitation, produced simple rehabilitation equipment; the Rehabilitation and Education Center was set up in Chengdu.

2008:

Enriched the content of rehabilitation; more children went to school or kindergarten; improved project management; summarized the implementation of the project; prepared work and a new plan for the post-CBR project.

CHAPTER 3: FINDINGS AND OBSERVATIONS

3.1. Physical Rehabilitation

The CBR project has been running since 2004. There were 2 project guidance centers and 16 CBR stations. A total of 216 CP children were received by the project.

The Work and Achievements of the Guidance Centers

Since the project began in 2004, Sichuan's cerebral palsy rehabilitation situation has been greatly improved especially in community-based rehabilitation. Chengdu and Panzihua, two DPF project management service centers provided guidance on the overall rehabilitation of children with cerebral palsy; developed and implemented the annual plan; and conducted training for the rehabilitation field workers and parents of children with CP. The work of the rehabilitation station is to train children with CP and guide the work of family-oriented rehabilitation. Each station generally receives 12 children with cerebral palsy. So far, some children involved in rehab training have been accepted in kindergartens, general primary and special schools, so they are training at home. Throughout the rehabilitation training work, centers are responsible for screening of children with CP. The preliminary assessment is undertaken by field workers, together with parents and under the facilitation of technical experts in the center. They record the overall situation of children with CP, and then the field workers draw up a rehabilitation plan. The technical experts revise the plan and make a final decision. The project received a total of 216 children with CP, and the most of CP children have benefitted from the project.

So far the implementation of the project has been very successful. Through the project, a platform for cerebral palsy children has been set up. This is a good opportunity for children to receive rehabilitation. Through the rehabilitation training in the center, family guidance and school education, not only to improve CP children's motor function, social adaptability and self-care ability but also to raise their level of awareness. At the same time, NMA brought some new concepts into the project, this not only improved life condition and psychological environment of the family, but also improved the parents' material and spiritual status. On the other hand, the project has cultivated community-based rehabilitation personnel to serve children with CP. This has formed a model which is under the technical guidance of the center with CBR training in the framework. An assessment system of CBR of children with CP is formulated. Although this assessment is not perfect and needs to be improved, but overall it is effective.

Compared to the mid-term assessment of CBR, community rehabilitation stations play a greater role in the grass-roots level. It provides social rehabilitation model with more human condition and more conducive to their mental development. At the same time, because of the good relationship with education department, many children with CP have access to get education. This changes their social interaction, the accumulation of knowledge and mental development in regard to better integration into normal society. This is an unexpected achievement of the project.

The Function and Education Program of the Guidance Centers

Project Management Service Center plays a role of management, planning and

guidance during the whole rehabilitation process. The rehabilitation center has achieved the project's initial request and functions; it plays a role of technical resources and manager during the implementation of the CBR. They develop annual rehabilitation management plan which includes assessment of children, schooling for children with CP, professional training of field workers, parents training, technical assessment for field workers, etc. From the entire rehabilitation process, rehabilitation center carry out comprehensive professional training and technical assessment for the rehabilitation field workers. Trainings are twice a month and assessment is every half year. The center encourages the field workers to learn more rehabilitation knowledge to improve the quality of their services.

The assessment for the children in the center is conducted by the technical experts. The content of assessment includes movement, fine motor, muscle development, language development and activities of daily living, cognitive ability and social adjustment. Chengdu rehabilitation center conduct assessment and summary for children with CP once a year, it includes summarizing efficiency and experience of rehabilitation of children with CP, providing new training program. Panzhihua rehabilitation center conduct the assessment once every three months, which is a more effective program.

In addition, the technical experts from the rehabilitation centers pay regular visits to all the rehabilitation stations to have inspection, supervision and provide professional guidance once a month. Each technical expert of four is responsible for the different station. Because they respectively studied different professional content such as PT, OT, ST, and special-education, so if the four technical experts can visit the same station all together every time, and provide professional guidance and answer the questions of different specialty to the field workers in the station , it will improve the rehabilitation technology and provide a more comprehensive rehabilitation for children with CP.

Of course, the content of rehabilitation centers plan includes the mental, physical, educational rehabilitation, equal participation, and so on. It needs to pay more attention and stress to guide the implementation of a comprehensive rehabilitation.

The Rehabilitation and Special Education Services Provided at the Station

Since 2004, so far, the project received 216 children with CP, of which 108 are in Chengdu, 108 are in Panzhihua (not include 4 CP children received recently). All these children have received free rehabilitation training and guidance at home and at the CBR station. Some of them had special education or ordinary schooling. According to the needs of CP children and their parents, the rehabilitation station assessed the children individually and made the rehabilitation program adapted for them such as PT, OT and ST. Based on the different family situation, the station chose different rehabilitation methods. Children of pre-school age who are in the vicinity of the station go there 5 days a week, which is about 38% of the target group. Some of the children go to the ordinary school or special education school with the cooperation of government, DPF and education department. They come to the station one or two times a week and receive guidance of family rehabilitation, this is about 55%. The remaining 7% CP children due to severe physical condition, transportation inconvenience and other reasons, remain at home received training and education. The

field workers pay home visit and provide telephone guidance.

Besides the daily rehabilitation work in the station, home visits and family guidance is also a major work of the field worker. They pay home visits one or two times a month except very remote and inaccessible families. The field worker encourages the parents to persist in doing rehab exercises at home. This also facilitates the good relationship between the field worker and the family with CP children.

In addition, the rehabilitation staff assesses the progress of children with CP on a regular basis. But each station has different assessment frequency. Some of the station has assessment once every three months, some has it once a year. We suggest that each station can have assessment every 3-6 months based on the simple easy-to-use comprehensive evaluation table (such as the evaluation table made by Renhe District Rehabilitation Station in Panzhihua). The assessment should summarize the progress of CP children after training and education, to share the successful experience and make related adjustment. Monthly summary reports can promote the progress of children with CP.

The Professional Level of the Rehabilitation Workers

The rehabilitation staff in the two rehabilitation centers is technical backbone of the force. Each center has 4 staff and each of them received 6-month professional training respectively on PT, OT, ST or special-education at China National Rehabilitation Center. After training, they served as main members to provide technical guidance and professional training for the field workers in the station and provide training for the parents at home. Technical experts make their efforts to improve the rehabilitation skills and promote the effective rehabilitation of CP children. Technical experts of Chengdu rehabilitation center are very familiar with the evaluation table for children with CP. But the narrative description of overall situation of children with CP is too simple and unilateral. Some long-term goal and short-term goal look inaccurate.

Technical experts of Panzhihua Rehabilitation Center accumulate more practical experience because they also serve as field workers. They undertake daily rehabilitation training and can provide better technical guidance to the station. After the mid-term assessment, they adjusted the assessment table for CP children and made a simple assessment table which was easy to operate. This new tool includes movement, fine motor, language, daily activity, family and social mobility skills. This tool is very suitable for community stations' use.

CBR workers of the rehabilitation stations need to work with the technical experts to access the children with CP together. And then they make the rehabilitation goal, program and provide guidance on training at home. At the same time they conduct training which includes PT, OT, ST, group training and they go to each family to provide the guidance. Community field workers have better understanding on CBR of children with CP. They can stress the need for long-term training at home, encourage the parents to insist on rehabilitation, not to give up. They also emphasize the importance of school education and recommend the parents to send their children to the school. This is the first step to be integrated in the society. Although their practical ability is not comprehensive enough, they can basically meet the needs of CBR and provide guidance on training at home to the parents. They can follow the training plan

and conduct training according to the needs of each child during the rehabilitation. Their skill is tender and soft and they integrated the games into the training. The children with CP are very much willing to take the initiative to participate in training; this is so called “Happy Rehabilitation”.

One of the characteristics of Panzhihua Community field workers is they are also medical staff in the community health service station. This team is more stable so they can continually accumulate better working experience. Secondly, the average age is older, many of them have become mothers, so they have better relationship with the parents. So they also play a role of social workers, such as psychology counseling for the parents, coordination of family relationship, help to improve the living condition of the poor family, promote parents to participate in the rehabilitation actively and insistently. Among 17 field workers, 15 of them have 3-4 year field experience. They use simplified assessment table to analyze the overall situation of the children and set up clear and practical rehabilitation goal. They conduct assessment every 3-6 months, to know the progress and problems of the children in time, make adjust their training program accordingly. They make home visit one to two times each month and twice each week for schooling children. This is not easy to do so. But because this is only part-time rehabilitation, so to some extent it affects the frequency of rehabilitation training.

One of the characteristic of Chengdu field workers is they graduated from professional rehabilitation school. Many of them have BA degree with better professional foundation. Secondly, they are young, many of them only engaged in the rehabilitation work for 1 or 2 years with limited experience. Their professions are in a different level. Thirdly, the team of CBR workers was not very stable and some people had left during the project period. This brings difficulty for accumulating CBR experience. All together they have 16 field workers and they are familiar with operational technology of rehabilitation training and have professional skills. They also can integrate fun into the training. But due to limited experience, the guidance of training at home is not comprehensive, it focuses more on PT and OT.

Training for the CBR Workers

Professional training of technical experts is relatively strong. They have all studied CP assessment in Zhong Kang, further study on rehabilitation training in No. 1 Chengdu People’s Hospital, further study on special education in Holy Love Special Education Center. Through above training, they have gained theoretical basis on the overall situation of children with CP. They can complete the basic assessment to CP children and provide initial training to the field workers. However, the technical experts of the entire rehabilitation process should play a guiding role in a comprehensive rehabilitation.

Rehabilitation field workers received rehabilitation training on CP in the No. 1 Chengdu People’s Hospital. They also received short-term training from the technical experts when they returned to the station after having further training. In addition, the rehabilitation centers also organized them to have in-house training once a month. It includes rehabilitation theory on CP, case studies and mutual sharing and exchange. Centers also invite experts on rehabilitation and education from home and abroad 2-4 times a year.

Through above trainings, it can meet the basic rehabilitation needs for field workers to carry out CBR. However, the field workers encounter the same difficulties with the technical experts, which is lack of knowledge on training at home so the guidance is not comprehensive enough.

Training for the Parents/Caregivers

There are a few ways for the rehabilitation centers and stations to provide training to the parents and other care-takers. Firstly, case study during the rehabilitation training is mainly on simple training method; Secondly, theoretical training in the station. It is mainly on the basic knowledge and training method of CP and it is once a month. Thirdly, rehabilitation guidance in the family of children with CP. Fourthly, parent's manual and other publicity leaflets. Through this site visit we learned that most parents have grasped the basic rehabilitation method of CP and mastered basic operational skills on PT, OT, ST. They can carry on simple training on PT, OT and ST to their child.

However, some parents still lack full understanding regarding the capacity for self-care training. They didn't pay enough attention to children's self-care aspects of rehabilitation. Probably they lack of comprehensive training, they put more emphasis on medical rehabilitation training and neglect life rehabilitation training.

The Internal Evaluation, Dossiers and Training Plans

Assessment tables in two cities are unified formulated by the rehabilitation centers. They use the same assessment table to evaluate each child with CP. On the whole, the field workers can assess the general situation of children with CP and they can diagnose and differentiate CP children. They can analyze the general situation and make training program accordingly.

It should be mentioned here; the assessment table which Chengdu is using is more detailed and with a strong professional emphasis. This may be too complex for the community field workers. The assessment table which Panzhihua is using is simplified and suitable for application and operation in the station.

The overall description of children with CP is too simple. The field workers paid more attention to what the children *can't* do rather than what they *can* do. The field workers lack the skills and sensitivity to discover children's potential for development and promote their skills building. The field workers tend to pay attention to the children's muscles, joints and other physical aspects but neglect their physical functions and ability to move. The short-term and long-term goal of rehabilitation is too simple and unilateral according to some assessment records. The field workers who are involved in operational training may feel vague and unclear regarding the future of rehabilitation of CP children. We suggest that the first content of assessment table is not the conclusion of the assessment, since the table is only a tool to the conclusion. The field workers need to have initial summary and determine the goal of rehabilitation again. Second, the rehabilitation goal should include major movement (including mobility), fine motor, language, daily life self-care ability, cognitive skills and other integrated content. Only under the guidance of clear objectives, they can be

in the right direction.

File management of CP children includes the family general information, agreement which shows the parents of CP children would like to accept free rehabilitation, assessment table and analysis after the assessment, training program, guidance on training at home, training records etc. Some stations even have re-assessment after every three months and the comparison of pre-training and after-training. This is worth copying in other stations. It is true that we need to have re-assessment every three months during the rehabilitation, summarize it and adjust the training program. Only like this can we know the changes of children at once and sum up the successful experience timely.

In the rehabilitation program, the field workers set up proper training plan aiming at the movement obstacles of children with CP. In the PT training, formation of physical position, training on strength and muscle tone, is more in place. But the training on position change and transfer is weak. However, the ability to shift position is particularly important for older children. In the OT training, it includes the training on daily life self-care, writing, drawing, painting and hand-eye coordination for pre-school children. It is worth promoting this approach. ST program is simple, this might relate with less experience of field workers. In the station since most of the children with CP have better language development, we suggest to strengthen the language training and field workers from different station can share their experience.

In general, CBR at the medical rehabilitation level has developed today from out of nothing, it has made great progress and has accumulated rich experience. This has been able to meet the basic requirement of medical rehabilitation in CBR.

Cooperation between the Project and the Government

It is the way of CBR to overall reduce all kinds of obstacles, to create the chances of success for disabled people. However, CBR's efforts can not be separated from policy coordination and resource allocation. From this assessment, the overall situation of children with disabilities has moved a great step forward compared to the description found in the mid-term evaluation report. The government has contributed their efforts in the achievement. In the year of 2007, government came on with a new policy which requires ordinary primary school and special education school to accept CP children and children with other disabilities. This meant that disabled children could enjoy the equal education right with other children. The Education Department looks at it as one of the indicators to assess the school's overall situation. By this policy, enrollment rate of school-age children with CP in the project reached 54.7%. This ratio shows the government departments have taken on their responsibility to provide an equal education opportunity for the children with different needs and make it a reality. Compared to the situation before, now the CP children not only are relieved from miserable situation but also enjoy a public welfare service. The project enables them to step into the community and participate in social activities.

In addition, in order to reduce the financial burden of the family with cerebral palsy children, the local government has developed preferential policies for people who are on welfare payments; they can get a rebate of social medical insurance expenses and so protect the basic health care for people with disabilities who are on a low income.

In addition, the government provides a certain amount of relief funds for low-income families once a month. This helps the families with disabled children to enjoy equal rights of medical care service. In Panzhihua, we visited a single-mother family with CP child. This was a poverty stricken family and the mother told us she received RMB550 living subsidy from the government each month. Another family of coal and miner's worker, the housing situation is quite poor and the family has triplets (the first son with CP and the father has mild physical disability). Besides the living subsidy, the government also provided a cheap-rent apartment to improve their living environment. The government also realized the schooling dream of the child. This has been a great contribution for an overall rehabilitation of CP children.

At the same time, the district government has been following up on the progress for the project. They resolved the housing problem of the rehabilitation station, assisted the station to conduct a community survey for CP children, promoted good cooperation between rehabilitation stations, community health care service centers and schools. They promoted the active participation of all sectors of society in CBR, making a positive response to the needs of people with disabilities.

All the efforts government made not only let CP children to receive physical rehabilitation service, but also receive psychological and social rehabilitation. It should be said that the government's efforts make CBR a big step forward on the point of service quality. It also helped overall rehabilitation of CP children.

Use of small groups in Centre-based Rehabilitation

Group training is a relatively new method of rehabilitation. It uses "a happy recovery" as its theme. While the child is doing rehab training exercises, the children's social interaction and self-assurance are promoted. Group training includes psychological rehabilitation and social integration. Therefore, group training and conductive education are closely linked. During the assessment, we watched several group training sessions in the station. We can see that the field workers have basic understanding of group training and they can organize and carry on the group training. They can mobilize the enthusiasm of the children and make them actively participate. On the whole, after they received training on conductive education in HK, most stations have carried out the group training. Only a few stations were not using this approach because of lack of space or due to most children attending school and therefore not available. The field workers recognized the many advantages of group training and they can take initiative to use such training method.

The main group training methods in the station are: put the same development level CP children together, guided by the field worker with the coordination of the parents and assist the movement of CP children. Through simple games and songs, children are encouraged to hold their posture, learn and practice different body movements and sustain muscle stretching. They also train the children to have association with the same aged children and with field workers, such as teaching songs to others. One recommendation here, the group training can refer to the rhythmical guide methods of conductive education, because the method can be combined with movement training very well,

Use of Volunteers in the CBR Programs

Regarding the number of volunteers, each station is different according to the characteristics of the community. For example, some communities are near a university. There are volunteer associations in the university and the station distributes its publicity pamphlets. Through this publicity work, the young volunteers come to the station to help the children with CP. They either bring the children out for activities or help the station with logistics. However, in some rehabilitation stations which have better conditions, the parents told us that they never saw any volunteers there. All in all, the volunteer is a very important social force which has not been fully mobilized yet. Project manager and field worker have not yet mobilized the full attention of volunteers to the CP children. The volunteers do not know much about the children with CP.

How Adequate or Successful is the Children's Physical Rehabilitation

Over the last 5 years, the thorough implementation of the project has changed the situation of children with CP profoundly. The project has brought basic opportunities for rehabilitation and education. It has brought these children out of their homes and into the community, which is a better environment to receive CBR and school education which is their greatest need. From recent visit to the part of CP children, they have been accepted to the primary or secondary school for the schooling. Some parents accompany their kids at school. Teachers and schoolmates pay good attention to them. Through accepting CP children, teachers educate other children that happiness lies in giving help to others, love those who need love and build a favorable atmosphere of loving and support to the children with CP. On the other hand, after the CP children go to school, they come out of a solitary life, participate in social activities. They feel the same joy and the sense of achievement of other children. They made a big step into community and also a big step in psychological rehabilitation.

Through the good cooperation with government, health, education and communities and other government departments, all together with other social institutions, the implementation of CBR project in Sichuan put <National Standard Model of CBR of People with Disabilities> into practice. This is a good beginning for the whole society to pay a close attention to the disabled people and build a bright future of comprehensive rehabilitation of disabled people. This project also accumulates experience of CBR for children with CP in other places in China.

Over the past few years, parents, through their participation in the rehabilitation training and activities, made big changes in their understanding of and attitude towards CP. The main changes are as follows: from suspicious in the beginning to trust and appreciation of the project now; from denial of the fact that their child has CP to acceptance of the reality; they now participate actively in CBR, from never bringing their children to the social activity to treating the children as normal. Parents provide equal opportunity for the children to be integrated in the society, and enjoy life. This is significant psychological changes. This is also an achievement of the project. The parents could face the situation of their CP child with calmness and not hide the fact from others. After joining the project, they like to bring the CP children to sightseeing and playing outside of the home to meet the people and to see the world. They believed their children have got big changes after joining the CBR project. So

they all truly feel CBR is the best way for own children and initiative to go to CBR station getting the training with own children. The project established a solid foundation for the families to participate in the CBR and the comprehensive rehabilitation of children with CP.

Through 4 years of CBR, the physical health of children with CP who are in the project has been improved at different level. The rehabilitation efficiency reaches 98%. Most of the children can come to the rehabilitation station to receive rehabilitation training and participate in the social activities with the help of the parents or family members. Some children can go to school to study, even if the school's barrier-free facilities are not yet available. They can complete their study task through self-care or semi-self-care. Some children can manage entirely by themselves, and they can fully integrate with other children, such as these two children from Panzhihua, Zheng Kexin and He Zhongjie who can go to primary and secondary school independently.

Using Various Types of Rehabilitation Equipments

All the rehabilitation stations are kitted out with basic equipment, including PT, OT, and ST equipment. This equipment can meet most needs of the rehabilitation training. However, in some stations, because of limited funds and space, equipment is inadequate. For example, Bobath is too small and some stations have no PT square stool. This needs to be improved.

In the training, through the assistance of equipment, the needs of maintaining physical posture, training of mobility, balance and controlling of strength are met. OT equipment plays a very important role for training on hand-eye coordination, finger fetch and activities of daily living..

Field workers of Red Star Rehabilitation Station in Panzhihua made part of OT and ST training equipment by themselves. These items are simple and practical. The field workers integrated the training into their daily life which should be promoted.

Parents Join the Rehabilitation

The participation of parents is mainly showed in the training at home. Most of the parents can realize the importance of long-term rehabilitation and they can coordinate and participate in the rehabilitation training. By the guidance of the field workers, parents can complete training independently at home. They have basic knowledge on rehabilitation to their children. Their rehabilitation skills are accurate. Some parents even can produce simple rehabilitation equipments by using basic materials at home and achieved good results.

The concept of community-based rehabilitation model is vague to the parents. But parents' initiative of rehabilitation training has been enhanced. They take initiative to call for rehabilitation training. After the children have been accepted in the schools, they persist in attending rehab sessions at the station one to two times a week. At the same time, they ask questions to the field workers about how to train at home and try to find a more effective way for their children. On this point, this is a big success from passive acceptance of the field workers' advice and requests in the beginning of the

project, to taking the initiative of asking about rehabilitation training. The parents have seen the changes and benefits which have been brought to their children and families. They also realized their responsibilities and that they could play a very important role in the rehabilitation process. This is a big step to their attitude change.

Parent training is the main means of helping parents improve their knowledge and ability in rehab. Rehabilitation centers organize a parents training course every year. The content of the training is mainly on the basic knowledge of training methods of CP. After the training, an assessment was done on the parents and prizes awarded to the winners. This mobilized the enthusiasm of the parents to study CP rehabilitation. The rehabilitation station conducts training lesson once a month to the parents, which includes daily life self-care, training methods on language rehabilitation. The field workers make home visit to each CP child's family. This is also an opportunity to have individual training for the parents. Some stations have their home visits once a month while some stations are once a week.

Within parent group sessions, rehab training skills and knowledge were shared; those parents with more experience and willing to talk about what they have found that works, have been instrumental in encouraging others along the way.

Information Materials Provided to Parents

Relatively few information materials were provided to parents. The only material Chengdu Rehabilitation Station provided is <Parents Handbook> before the mid-term assessment. This handbook is too professional and parents generally say it is difficult to read and understand. The field workers also said it was not welcomed by the parents. There is almost no other kind of information materials. The Parents Handbook of Panzhihua is relatively simple and fully using graphical illustration and easy-to-understand sentences. Also the publicity materials which are posted on the wall of the Station have content about early intervention. This is very good. In short, different types of materials on CP such as early detection, early intervention, family rehabilitation, healthy nutrition, home-made simple equipment, popular books, videos, publicity posters are too few in the different level's rehabilitation centers and stations.

The implementation of CBR relieved the parents of the children with CP to different degree. They can take turns to work and earn money to support the family life. The improved family life also reduced conflicts between the family members. The parents strengthened their confidence when they see the improvement of their children. Through the concept changes and rehabilitation knowledge gained, the parents can actively provide family training to their children. The awareness of the parents has been strengthened, the communication and support between parents has also been increased.

3.2 Social Integration and Educational Potential

The Meaning of CBR

The project is named "Community Based Rehabilitation Project for Children with Cerebral Palsy." In a nutshell, CBR emphasizes locally-based (i.e. in the immediate

neighborhood) *holistic* rehabilitation. Its aim is to help people with disabilities live as normal a life as possible, within the local context. This means that there's a focus on realistic goals based on the individual's needs and circumstances, as would be expected of someone of a similar age and social background in their community, rather than trying to reach a standard set from the outside. Holistic rehabilitation takes into account the disabled person's psychological and social needs, not just physical development.

A further important element of the CBR approach is that it is based on the social model of rehabilitation – the aim of rehab is not to “fit the disabled person (back) into society”, i.e. train them to adapt to the environment, but rather to ensure that rehab is very much a two-way process, resulting in mutual adaptation and good fit between person and environment. In fact, making sure the environment (meaning the immediate physical surroundings, as well as the community and society in general) fully accepts people with disabilities as an everyday reality and therefore makes full provision for them, is a paramount goal of CBR.

Overall Observation Regarding Social Integration and Wider Social Implications

This project has brought about very positive changes in the lives of more than 200 children with cerebral palsy and their families and beyond this, undoubtedly has helped to raise awareness of CP in the wider communities of both Chengdu and Pan Zhi Hua cities. However, the social aspect of rehabilitation remains immature and needs to be a main focus for further development. The Chinese government has been promoting CBR as the model for disability services for the country since the mid 1980s, but China has struggled to accept and adopt the “whole person” and “person-in-environment” approaches which are the foundation stones of CBR. There are many reasons for this, one of them being the administrative structure of social and health services (including the Disabled Person's Federation) which operates on a top-down model of management and has a preference for more immediate/visible material outcomes as opposed to organic development.

The overall attitude regarding social integration of these children amongst rehab workers as well as the management and top level leaders in this project is very positive. They all speak of the importance of helping the children live a full and happy life and frequently mention how family and community play a vital role in the child's healthy development. Many times, I heard how “society has really changed after this project started and now people have far more positive attitudes towards CP children.” From the way people involved at all levels of the project talk about disability, it seems that a significant degree of awareness is now present, where it was not before (prior to mid-term evaluation). However, beyond this initial awareness, the actual meaning and implications of the *social facet of rehabilitation* is obviously still quite alien and vague in the minds of project leaders as well as staff. One rehab manager (Chengdu) said, “We cannot simply focus on physical rehab, we have to take the child's mental and social needs into account,” but when asked for details of how this is done, there was little evidence from what she told me that she understood what would be involved.

Child Assessment

When a child first seeks help, the rehab staff begins an assessment. The aim seems to be to gather baseline data upon which to formulate a rehab plan. This assessment mainly focuses on the child's physical condition and the assessment form goes into a lot of detail in this respect. Chengdu and Pan Zhi Hua use different forms, but both focus mainly on physical rehab. There is an effort to address social life, as can be seen with part of the assessment being a visit to the family's home, made by a group including DPF leaders, managers and rehab station workers (CD); the reason for this, according to one rehab worker (CD), is "because the home visit is very important and we need to get various opinions on the child's situation." The home visit form I was shown was very simple and on it only the family members' names and biodata, plus some very basic description of facilities within the nearby area (supermarket, school, etc.) were written in spaces provided. There was no description or assessment of the relationships within the family and with neighbors and significant others; quite few mentions of the child's current psychological/emotional state or past history, and less notes on the family's or child's social history. It seems that rehab workers learn a great deal about these things from the family, both in the initial family visit and during the course of providing rehab services, but none of this information is captured in records and at this stage in the project's development, the leaders and staff do not appear to appreciate the use of such information as part of rehab. So what we have is an intake assessment that is heavily weighted towards physical status/functions, that takes a cursory "glance" at psycho-social aspects of the child's life. Naturally, this affects the next step in the rehab service process, the rehab plan.

Parents report that rehab workers "care about" the child's psychological and emotional needs and that parents are able to talk to the rehab workers about issues the child may have. It seems the rehab workers and families have built good relationships. One rehab worker stated that "the child's overall health and happiness are just as important as physical rehab." The atmosphere in the rehab stations and in the Rehab Centre was warm and friendly and contrasted with the usual hospital environment, where rehab services have been traditionally provided. In Chengdu, staff in the rehab units wear bright coloured but casual uniforms and are mostly very young, so that children probably feel happier attending sessions in these places and are not intimidated by the surroundings. Several parents mentioned that when they first took their child to rehab sessions in hospital, the child was afraid and hated going, which meant tears and struggles to get through the session; after a few visits to the community rehab station, the child's behaviour changed and they no longer showed great anxiety and dislike, partly due to the child-friendly atmosphere in the stations. In Pan Zhi Hua, the rehab stations are located inside hospitals and the rehab workers continue to wear white robes, like medical staff, but still they have managed to create a friendly environment.

Whilst there is a general will to ensure children are happy and seem to be emotionally balanced, there is a lack of knowledge regarding what psychological and emotional wellbeing actually is and how to ensure the rehab station's work helps to promote it. All rehab workers attended intensive training in OT/PT and then some were given additional specialized training, but more in-depth training on CBR approaches, including social integration and basic social work theories and skills were seeming not part of the curriculum. After five years of building on PT and OT theories and

practical skills, the staff lack a basis for assessing a child's psychological and emotional state and needs; at best, some staff may be more mature, observant and inclined to take these aspects into account when providing the customary rehab services.

Family Life

The immediate family is of critical importance to a child who has cerebral palsy. Beyond the obvious care and attention that is needed to raise any child, how family members view the disabled child, their attitudes towards the child's condition and regarding his or her place in the family and in society have great influence on the child's all-round development.

Parents who took part in a group discussion (as part of the data gathering exercise in CD) appeared to have their children's interests very much at heart. They spoke positively of their children's achievements, however small and limited and seemed to be highly committed to helping their child gain not only physical rehab services, but also expose their children to as many social situations as possible. Many parents talked about taking their children out of the home setting, sometimes for special trips (mainly organized by the DPF rehab stations) and often just with family members for shopping or a walk in the park or just hanging out in the neighbourhood. Most of the children (represented in this small sample of ten parents) live with parents and grandparents, or at least, grandparents live nearby and are closely involved with the nuclear family. "At first, the grandparents were not very helpful and were quite negative about our disabled child, but over time, when they saw the child grow and begin to improve, they also started to help us and be more positive," said one parent. Other Parents said theirs had been a similar situation, "When my parents saw that even foreigners and people in society were willing to accept and help our daughter, they too became more interested in her welfare and offered to support us." This group of parents reported that they gained significant support from the extended family, which included uncles and aunts. One of the adults attending the group discussion was in fact the older sister of the child's mother (the maternal grandmother also came along) as the mother was unable to attend. She seemed to be thoroughly familiar with the child's life and rehab.

In many cities in China, the extended family is now disintegrating, so the situation reflected above, with family members sticking close by and supporting each other, is becoming less common. In this way, the families of children in the NMA/CD-DPF project are better able to deal with the needs of a disabled child, since they have more resources to draw upon from the immediate family circle than "disintegrated" families. The parents who took part in the group discussion stated that they were all from very ordinary working class families.

Empowerment in the Rehab Process

Parents of disabled children are among the most disempowered members of society in China. They have traditionally hidden their child away from view, in shame, and they rarely actively seek help or speak out their needs. The concept of rights is one that is alien to these parents; anything they receive from society, by means of help for their child, is seen as a great gift and relief from the burden of raising a disabled child.

Disability has not traditionally been viewed as a social phenomenon, but rather as an individual and family disaster that should be kept quiet and with which families must cope on their own. Chinese culture dictates that people should resolve problems through their own effort and they should not bother others with requests for assistance of any kind. One of the key virtues of a good person in China is “忍” (ren, meaning to endure) and this has been the way parents of disabled children have faced their fate in life, by bearing the hardships silently and without outside help.

In conversations with parents of children in this project, it is clear that they still believe they should, for the most part, put up with the many challenges and problems of daily life with a disabled child. “If I have a problem, I try to sort it out in my own family; we shouldn’t burden [the teacher] with our troubles; she’s got enough on her plate, we don’t want to trouble her,” said one mother when discussing her daughter’s adjustment to mainstream school. When I suggested it was the teacher’s job to help the child, the parent smiled and shook her head, “no, no, really, we shouldn’t bother the teacher...it’s good enough that she accepts our daughter and teaches her as best she can; we don’t want to trouble her with other problems.” The understanding is that, as parents of disabled children, they are lucky to have this much – they are lucky that their child is able to get rehab services and able to go to school, so they shouldn’t expect more. Indeed, compared to the vast majority of children with disabilities in China, the group who have been chosen to receive services in this project are incredibly fortunate. When asked what the process is to get a child into school, one parent responded, “the DPF has to act as a bridge; they make contact with the school and then let us know. The school will call us. As parents, our role is to make sure we’re committed to taking the child to school every day.” In the discussion, it was clear that this parent felt there was no use in parents approaching schools directly, or seeking the education authority to enroll their child in education. At this point in time, parents are still very much passive receivers of benefits; it does not cross their mind that it is their right to ask for help, let alone to insist that their children are treated the same way as their non-disabled peers. At the end of a group session with parents, the interviewer said, “I want to tell you that you are very brave and important people, not only in your children’s lives but also in society; by taking your child out and by asking for help and demanding some things that you need, you are helping society to understand these children and giving society a chance to do something for them.” Several parents looked puzzled at first, but then they said they understood the meaning of these words, that it is a duty and helpful to the development of society if they speak out. Empowerment is not something people have or don’t have and it’s not something that happens overnight, of course; it’s a process. In this project, there has not been a conscious effort to guide parents towards empowerment – it’s a concept that is not widely understood or promoted in China. But there are places where parents of children with disabilities have traveled a long way from “忍” towards a sense that their voice and actions can have influence (eg. Parents of children with learning disabilities in Guangzhou) and where they actively participate in pushing for the rights of their children. In Chengdu and Pan Zhi Hua, they are still at the “grateful” stage. There was no evidence to show there were good channels for parents’ input in the design and delivery of rehab services. It will be up to the project leaders to “hand down” power, to seek the involvement of parents in decisions regarding the services that are provided; and up to the parents themselves, of course, to take the initiative and ask, suggest, demand...

Awareness of laws related to their child's rights and welfare is also very limited. Some parents stated that they knew about the Law on Protection of the Disabled, but they did not know about other more specific regulations which might have direct bearing on their child's welfare. The unspoken assumption seems to be that knowing about the laws and regulations doesn't help.

Community Life

The families of children in this project have made great steps towards helping their children get closer to the local community; simply bringing the children out of the home to the rehab centre involves, for many of them, taking public transport and interacting with people in the community. Many parents, both in CD and PZH, mentioned that neighbours are friendly and caring and sometimes offer practical help, such as taking care of the child for a while if parents need the help. The children have opportunities to go out into the community with their parents for shopping and sometimes for family meals and so on; some of them play outdoors with neighbours' children, though this seems to be rare. What we see is that neighbours and people in the immediate community are generally caring and kind, but there are few close relationships between people beyond the family circle and the disabled children. Neighbours might offer help, and the children of neighbours may not be rude or mean to the disabled child, but neither will they be friends and spend time together with that child.

It is not part of the rehab workers' job to understand this side of the child's daily life; they do not explore the relationship between the child and the community, with a view to helping the child and family expand their social horizon and develop a more and more normal social life.

Discussion point: How much can a rehab worker do? CBR model expects rehab workers to take a holistic view of the disabled child, with psychological and social aspects being very important. In the project, we see that this is not the case. If the project continues to develop along more and more professional lines, increasing the PT/OT competence of staff to ensure better outcomes in physical rehab, will it be possible to also incorporate social and psychological work? Surely, this would be difficult, due to the heavy workload and broad range of knowledge needed. In CBR, the expectation of professionalism is brought down to a realistic level, based on local conditions. The rehab worker should aim to provide an all-round service, but may also bring in resources to help with some things. There is the option of building a multi-disciplinary team, which would include social workers. One of the main obstacles to developing CBR in China has been the lack of good collaboration between different government departments and NGOs. In fact, many varied resources exist already and could be brought together to provide excellent help to people with disabilities, but this is usually not the case. In this project, some effort has been made to bridge the gap, with the DPF operating as a coordinator (eg: with the education and health departments in both cities) but the collaboration needs to go much further, with skills being shared, not just buildings and connections. This, however, is a major challenge for the current official administration model.

School Experience

It is admirable and a significant achievement to see a large number of children with varying degrees of disability be able to access school education. The project has managed to break down some of the age-old barriers that keep children with CP and other disabilities out of schools. However, we must be aware that this is only a beginning. Of the children in mainstream schools, only a small number are treated as regular students, whose academic results count towards the class total score. The reason why many disabled children's results are not included in the score, is because they need extra time and effort to achieve the marks required and teachers do not have the time and necessary skills to help them. Parents tend to accept this as a reality.

Getting so many disabled children into mainstream schools represents a great step forward and is one of the project's major achievements. However, just having the children attend school is not enough and in some circumstances can create problems. For the mainstream school experience to be successful, many factors need to be taken into account, not simply giving the disabled child an opportunity to be with non-disabled peers and have access to education, but also *how* this is done is of vital importance. Each child is different, each school and classroom are different; family circumstances and attitudes are different, teachers' skills and attitudes are different! Therefore, before a child is placed in a mainstream school, a good assessment of the child's academic, social and psychological situation needs to be made and a plan drawn up to help the child (as well his or her classmates and family) adjust to the new environment and challenges. Once the child is in school, there will most likely be some issues that come up related to study, social life and practical problems (eg. getting to and from school, toileting, etc.) and regular follow-up will be needed. This is all work that has yet to be developed in either city in this project, but it is absolutely necessary if the aim is to sustain the good progress which has been made so far in getting these children out of the home and into mainstream society.

During school visits in PZH, we saw children who were managing fairly well academically, but socially, there may be some problems that have not been addressed. We saw 2 children in different schools who were sidelined during sports activities; this is an obvious area where some thought needs to be given as to how to address the challenge. We also saw 2 children who were joined with the classmates. There are many ways to overcome the problem but allowing the child to simply stand aside, follow the teacher around while others run/jump etc. or to stay in the classroom is not a good option, as this can seriously affect the child's self-esteem (both children looked unhappy).

3.3. Project Organization and Management

According to the project's long-term goals and objectives, under the management and guidance of Chengdu and Panzihua Project Management Center, through 4 years' CBR, the goal of the project has been achieved. It is mainly in the following areas:

①different walks of society, various fields of people have known the disabled children and their families around them, to understand that this group of people should enjoy the same treatment. ② Chengdu established a rehabilitation and education center which is also the center for CBR management and guidance. Panzihua project management and guidance center has no good housing and equipment, its rehabilitation and education center is in the preparation to build. ③According to the

actual situation, two cities established 8 rehabilitation stations in different areas. The operation can be divided into the following 3: rely on the rehabilitation service center in DPF; rely on the schools; and rely on the hospitals (includes community health care service station). They are in various forms and each with its own characteristics. All these operation models promoted community hospital (medical care station) and school to open for the children with disabilities and carry out the rehabilitation services. ④ the project have trained and established a team of rehabilitation backbones, this lays a good foundation for future sustainability of CBR. ⑤Project conducts training to the parents of disabled children in the different ways. The project provides information, establishes association to carry out informal activities. This has been a good preparation for the parents to gradually become an importance force of CBR.

Expert Technical Advice team of the Project and Training Institutions

According to the recommendation of final project evaluation, Sichuan provincial DPF established a team of experts for technical guidance. It includes He Chegqi, director of rehabilitation center of No. 1 Western China Hospital of Sichuan, Dr. Lan Qun and Cheng Peng, Luo Rong, director of pediatric department of No. 2 Western China Hospital of Sichuan, Tian Guanghua, former schoolmaster of Chengdu Special Education School. They solved difficult and complicated problems and received referring consultation, assessment and training for the field workers and other important work. Sichuan Holy Love Special Education Center and No. 1 Chengdu Hospital also played a very important role in cultivating the rehabilitation team during the implementation of the project. Children Rehabilitation Department of Chengdu No. 1 People's Hospital and Holy Love Special Education School help the Chengdu CBR to formulate the assessment system to CP children. The field workers from all stations came to the above mentioned institutions to have their training. After the establishment of Chengdu Education and Rehabilitation Center, all the training and guidance work are carried out here.

Project Guidance Center

In Chengdu, it is set up in Rehabilitation and Education Center while in Panzhihua; it is set up in DPF. They have full-time staff in charge of the project. They are responsible for the implementation of project, daily work arrangement, check up and assessment, assessment of the field workers, rehabilitation training, and other daily work of the leading group. Guidance center organizes training or sharing for the field workers once a month, examine the work of the station once every half year and to evaluate at the end of the year. Excellent staff will be regarded. The guidance center is also responsible for the screening of the newly accepted children and assessing them on a regular basis, assisting the station to make rehabilitation training plan, organizing large-scale social activity, conducting training to the parents with CP children.

Since Chengdu Education and Rehabilitation Center has equipped with better rehabilitation equipments, they carry out rehabilitation on children with CP, autism, mental retardation, deaf and pre-school education. It formed a team of therapists, teachers and other professional people of rehabilitation, so they can undertake the task of training(including grass-roots field workers further study and training). In addition, they also send a certain number of the field workers to have further study and

attending trainings in another city.

Panzhuhua has no Education and Rehabilitation center yet; the team of high-level rehabilitation backbones has not yet formed, so they still have difficulties in training of the field workers and parents of CP children. They often invite experts come for training or individual guidance. They also send the field workers to have further study and attend all kinds of training course in Beijing, Suzhou, Nanjing and other places out of Chengdu. Project center organize seminars, experience exchanges, information sharing regularly. They organize the field workers to have field study at different stations and write thesis, summarize the experience, compile it and sent to all the stations and community rehabilitation institutions. They also recommend that thesis with high professional level to the professional technical publications to be published. Over the past few years, more than 80 thesis, case studies and papers have been written by the field workers. From 2004 to date, Panzhuhua organize their field workers to attend provincial annual meeting each year.

CBR Station

Among 8 rehabilitation stations in Chengdu, 4 are relied on the hospitals, 1 is relied on the schools and the rest 3 are relied on the integrated rehabilitation service center in DPF with better condition. In Panzhuhua, because of the limited financial situation, only 1 out of the 8 is related on the district DPF, the rest are related on the hospitals or community health care stations with simple and crude situation. Each station provides service to the rehabilitation target and his family directly. Different stations have different working methods and characteristics.

The fields workers in Chengdu stations which are relied on the hospitals are full-time staff. Their rehabilitation model is similar with other stations. Most of the field workers in Panzhuhua are part-time staff with older age and more medical experience. They have more close communication and relationship with the disabled children and their families. But because of the part-time job, their working load is much heavier. They often have home visit in a far distance. This made their works very hard. In addition to the original number of the children, most stations in Panzhuhua accepted very young children with CP into the project continually. So the actual working load of the field workers didn't decrease following part of the children went to school.

Rehabilitation Stations Relied On the Hospitals

The rehabilitation station which is relied on the hospital is making fully use of the medical space and medical staff. Project fund supports the subsidy of part-time staff, purchase of rehabilitation facilities, trainings and daily CBR expenditure. Since the government listed CBR as one of the examine objects in the community medical care service center, DPF participated in the examination and assessment, so the project received high attention from the hospital. In addition, in order to support CBR, the government gives preferential policy to the relied hospital to make good impact with better social and economic benefits. So the CBR has been supported by the hospitals.

The stations which are rely on the hospitals focus more on the medical rehabilitation. Part-time field workers are supervised by the hospital. CBR related work is guided and coordinated by the CBF.

Rehabilitation Stations Relied On the Schools

These stations use school space and all the work is supported by the project fund. The field workers are full-time staff. Their daily work is supervised by the school and its executive leadership is DPF.

Besides regular rehabilitation training in the station and home training guidance, its characteristics are: ① combination of disabled children with other children. Disabled children can have close contact with other children, have opportunity to participate in all kinds of activities; ② it provides an easy communication for the field workers and teachers. They work together and cooperate in research to help children with disabilities; ③ this is a good way to intimidate discrimination among the children. Disabled children don't feel inferior; ④ this is in favor of rehabilitation of disabled children in the school, as well as schooling of the children with disabilities; ⑤ due to such environment, children with CP not only received physical rehabilitation but also psychological rehabilitation to varying degrees as well as to build a bright and cheerful disposition; ⑥ school has a good impact on society. Many parents of children with CP would like to go to this school to study. Some schools have barrier-free facilities and convenient conditions for education and rehabilitation.

Rehabilitation Stations Relied On the Comprehensive Rehabilitation Service Center in DPF

Generally speaking, these stations have good conditions. They have more complete rehabilitation equipment, large space and full-time field workers. The characteristics of these stations are: ① rehabilitation training uses different models, such as group rehabilitation model, individualized rehabilitation, integrated with pre-school education, conductive education and etc. ② Many comprehensive rehabilitation service centers have pre-school department, many centers even are next to the special education schools. This is very helpful for the children with CP to receive education. ③ Usually CP children come to the station to have rehabilitation training 2-3 times a week. The field workers make family visits on a regular basis and provide telephone guidance to the school children. ④ Centers provide full rehabilitation for the children with CP, such as pre-school rehabilitation and education, school education in the normal school or special education school, vocational training in the center and employment in the center. ⑤ this kind of the stations usually have rich publicity and educational materials.

The disadvantage of these stations is far distance from the community, it is very inconvenient for the children with CP come to the station and it is also not easy for the field workers to have home visit. Beside this, environment is different with the community. The children here are very hard to have chance to meet other children. So this has limited a comprehensive rehabilitation, the true meaning of CBR and the realization of the goal.

Supervision, Coordination and Communication

Project Guidance Centers in two cities supervise all the work of the rehabilitation stations directly. At the same time, all districts (counties) DPF have designated

someone in charge of the supervision and coordination work of its own district or county. Based on the different geographical location and social resource, different district adapted different channel of establishing CBR stations and its operational mechanism. According to the results of this visit, we believe that the coordination and cooperation between projects planning, implementation, inspection, supervision as well as education, health care and other related areas which involved in the project is harmonious and the implementation the project has been quite smooth.

Structure, Planning and Implementation of the Training

Provincial Project Office and municipal Project Guidance Centers make project plan for the field workers and parents every year. Each district and rehabilitation station also establishes study and sharing regulation. Through the 4 years project implementation and personnel training, the project has achieved desired results.

①There are plans to carry out the step-by-step training. Provincial Project Office organized the field workers to have basic training, advanced training and particular training. Basic training: new field workers receive one-month theoretical training. It includes basic knowledge of CBR, introduction of children rehabilitation, CP diagnosis, evaluation, rehabilitation treatment, educational and rehabilitation concept of children with CP, etc. After they finished training, they went to Rehabilitation Centers of Children with CP in Chengdu No. 1 People's Hospital to have three-month internship training. Advanced training: the selected backbones of the field workers went to China Rehabilitation and Research Center for the further study of half year. It includes: OP, CP assessment, language rehabilitation and etc. Particular training: according to the 2006 mid-term assessment of the expert advice, combined with the general difficulties met by the field workers in their actual work, project invited members of the experts group to have special lectures on "anatomical basis of rehabilitation treatment and training", "CBR", "educational rehabilitation and CP children rehabilitation training" and etc. Project also invited experts of special education to have series of topics on special education. Two cities also organized field workers to participate short-term trainings in different institutions at home and abroad, such as the special training on CP organized by Medical Rehabilitation Experts Group of Children of the USA, the International Charity Association of Care for China, China Rehabilitation Medical Association, the Amity Foundation and other institutions.

②convene project annual meeting. Based on the progress of the project determine the different themes on the each annual meeting. 2004 was the meeting of work arrangement; 2005 annual meeting was held in Panzhihua. It mainly focused on the management experience sharing of the project managers, training method sharing of the field workers and in-depth visits to the stations. So the two cities to learn from each other and draw the strong points of others to offset their own weakness. 2006, project invited medical rehabilitation and special education experts to have particulare lectures. In addition, the field workers who had internship in China Rehabilitation Research Center conducted systematic lecture to share what they have learned to other field workers. In 2007, "how to strengthen the communication between the field workers and children with CP" as its theme, Norwegian special education expert Randi Rasmussen was invited to have lecture. The field workers also shared their experience. In 2008, Professor Li Jianan from China Rehabilitation Medical

Association came to give guidance. The field workers summed up typical individual cases and exchange their experience.

Social Activities

During the project implementation, various social activities were organized by rehabilitation stations at all level of municipal, district or county, Such as activities on National Day to Disabled People, The Children's Day. Flower Exhibition Festival, "We Created Future" jogging supported by Intel. The stations also organized the children to participate in community activities, carried out educational activity out door, birthday party for the children with CP, etc. So the children go to society, parks, the supermarket, MacDonalds, etc. They gradually get into the mainstream society.

Parents and Children

Two cities have organized Parents Club. It conducts parents training, sharing, communication between management center and parents from time to time. It mobilized actively participation awareness of the parents. Some parents even set up QQ or website such as "Home of Love", "Love Garden". Parents exchange their ideas, knowledge and experience through network platform. Through the CBR project implementation, it has greatly changed the attitude and awareness of the children and their parents, and made them to have a very high enthusiasm and strong desire to rehabilitation and join all actions actively. Awareness of self-confidence, self-renewal and equality, sense of joy and happiness has been appeared gradually. Li Xi from Chengdu, came to the station in the year of 2004. He can go to school by his own and become an excellent student. The local newspaper reported him and had a big impact on the society . Qi Jiayu, a girl of five and half years old from Panzhihua, her uncle is also a disabled person at home. After she came to the station, from cannot stand to be able to stand, from afraid to see strangers to can talk to others. She likes drawing; singing and she can walk by her own and can have basic self-care. She is preparing to go to primary school now. He Zhongjie, a boy of 9 years old, he is in an ordinary primary school for the schooling right now. Tang yang, a first grade student. Xu Yaowen, a third grade student, teachers give special care to him. The students of the classmates are very friendly with them and some of the students asking to sit besides them to help ordering the bag and materials and go to the toilet together with them. They are very happy in the school and talking with other students, joining the activities they can. These CP children have got good results and higher scores and got the respects from other classmates. Yi Ke, a boy with severe CP, from a poverty-stricken family. His father is a disabled also. He can go to primary school now and his two sisters are in the seventh grade of the same primary school. Zheng Kexin comes from a single-parent family. She is in the fifth grade now and had borne medal in the provincial paralympics.

Publicity and Social Mobilization

Provinces, municipalities, districts and counties have extensive publicity on children with CP by different ways in newspapers, radio and television stations and other media, so that more people understand and participate in CBR for children with CP.

3. 4. Institutional/Administrative/ Financial Sustainability

Government pays attention, good coordination and cooperation between all departments, DPF works hard as always.

Government Pays Attention

First of all, the project has attracted attention and concern from all level governments of Sichuan Province, Chengdu and Panzhihua. They set up a project leading group, project office, project supervision center which made up by DPF, education department, health department and other related government departments. It formed a network of supervision, inspection and management.

Coordination and Cooperation

Sichuan and Chengdu, Panzhihua formulated long-term and section project program, all kinds of regulations and related documents at different time. Education department, health department and each district (county) made project implementation program and related policies according to its context. In accordance with provincial leading group ideas and overall requirements, two cities took effective measures to work closely with the finance department, health department, education department and other related government departments, carried out the annual plan seriously. This not only provides satisfied rehabilitation for children with CP but also had wide-ranging and good social impact. For implementing project in a planned and step-by-step manner, provincial project leading group formulated “implementation plan of Sichuan CBR project for children with CP supported by NMA”. “Temporary regulation of financial and material management of Sichuan CBR project for children with CP supported by NMA”, “Professional ethics and implementation (trial) of Sichuan CBR project for children with CP supported by NMA”. Each year the project develops its annual plan, matrix management structure and fund allocation table. Two cities have also established corresponding standardized documents, detailed objectives, tasks, such as “job responsibilities of project center”, “job responsibilities of the rehabilitation field workers”, “work regulation and discipline of the rehabilitation field workers”, “rehabilitation training process”, “code of professional ethics”, “project financial and material management system”, “rehabilitation training record”, etc. Chengdu even links the assessment result with the performance payment to mobilize the enthusiasm of the field workers.

Safeguard Mechanism

Chengdu has a requirement that one special education school must be established among a district of population more than 500,000, to ensure the schooling for the children with disabilities. The government a policy of “two free and one subsidy” for children with disabilities, which is free tuition, free books and miscellaneous, subsidy to the living allowance. Whether accepting children into the kindergarten is one of the items to assess the overall situation of the kindergarten. Chengdu government formulated related rules and regulations, working process and “preliminary instructions of home visits”, “preliminary instructions of parents”, “project agreement of rehabilitation training of CBR for children with CP supported by NMA”, etc. Each rehabilitation station has 26 kinds of the files. CBR service system for CP children is established in all districts and Chengdu. Group of experts is formed and related management rules is improved and completed. Such as financial management,

material management, administration management, DPF supervision on operational and financial situation of all the rehabilitation stations, Project Management Center is responsible for professional guidance, operational inspection; determine the performance payment while district DPF is responsible on the administration to the field workers.

Project in Panzhihua has received active support and cooperation of health department and education department. The Health Bureau clearly requires each community health care service institution to include CBR for the children with CP to their daily work. Since 2007, education departments of municipal, county and district integrated schooling for CP children into their basic education. It requires each school to practice its function of helping students with disabilities. Whether accepting students to the ordinary primacy school or secondary school, is one of the items to assess the overall situation of the school. The government department issues “Panzhihua implementation recommendation on Sichuan CBR project for children with CP supported by NMA”, “establishment of CBR project for children with CP supported by Sichuan DPF and NMA”, “notification to all levels of management institutions in Panzhihua” and more than 10 other supporting documents. Project center persisted in twice yearly management and training meeting, summarizing the work of last year and makes the current tasks clear. In September 2004, DPF and the Health Bureau jointly issued “Panzhihua management rules on Sichuan CBR project for children with CP supported by NMA (trial).” In April 2008, Chengdu DPF forwarded “project evaluating scale” formulated by provincial DPF. They adhere to have annual assessment to the rehabilitation stations and the field workers according to the procedure. In February 2006, special recognition of outstanding DPF, community rehabilitation station, community health care institution and rehabilitation field worker in the project areas was held. They improved training files of children with CP, improved the file records of office equipment and rehabilitation facilities, strengthened maintenance and these equipments. They designated someone to be in charge of these rehabilitation facilities and office equipments. They established a special book of records, increased efficiency in the use of the equipment. Right now 95% equipments are in the good condition. Every year they invites the experts from the health department to come for supervision and inspection to each rehabilitation station. Both cities have detailed project plan and summary. In the beginning of the year, they handed down the project plan and sum up the project at the end of the year

As mentioned above, the two cities had successful coordination and cooperation in dealing with the DPF, education department, health department and finance department. They supported and participated in the CBR for children with CP together and ensured the smooth implementation of the project.

Sources of Funding

There are three sources of the funding for Sichuan CBR project of children with CP: first is from the project budget, the second is from the matching fund and the third is self-financing. The fund ensures the smooth implementation of the project on daily expenses which includes the salary payment of the rehabilitation field workers. When we visited rehabilitation station of Heping street primary school, the wage payment of the field worker is as following: monthly salary of 1,400 Yuan is paid by NWA, varies types of monthly insurance (medical, pension, unemployment, work injury) of 500

Yuan and monthly housing rental of 900 Yuan are paid by DPF. After the end of the project, Panzihua try to ①increase 56-60% of the current financial budget year by year. ②reform the way of distribution of subsidy. The field workers' salary, working expenses and subsidy for the children with disabilities are given to the rehabilitation station by the local government. This is to put combination of paid-service and free-service into practice. ③County or district finance department makes their input to subsidize the inadequate funds from the municipal finance department. To strength the ability of the use of capital, management and auditing, to ensure that the funds are actually used to the children with CP. ⑤to carry out the CBR funding mechanism for compensation. ⑥since 2009, in 4 years, hope to set up rehabilitation rooms in all health care service institutions of street, township and community. These rehabilitation rooms can carry out the CBR work for the children with CP.

Future Development

In the course of our investigation, the provincial, municipal and district DPF all expressed their willingness to continue, expand and promote the CBR for children with CP. During our visits to Chenghua district rehabilitation station in Chengdu, Wuhou district rehabilitation station, rehabilitation station of Heping street primary school, Qingyang district rehabilitation station, Jinniu district rehabilitation station and all the stations in Panzihua, they all had clear feedback from the government, that the work of CBR to the children with CP has been listed in the plan of next year. Some districts have reported the financial budget to the finance department.

To sum up, organizational structure, systems construction, monitoring management, guidance and network set up of Sichuan CBR project for children with CP have been formed. It has accumulated a lot of experience, formed local characteristics, played an important role and laid the foundation for continually carrying out the CBR.

CHAPTER 4: CONCLUSIONS AND LESSONS LEARNED

4.1. Conclusions

Phase 1: The Main Achievements

1. The project has been implemented successfully and it can be a good CBR model for children with CP in other similar areas in China.
2. The project has been paying the high attention from the government including the levels of province, municipality, district (county) and neighborhood.
3. The initial CBR management and service network has been established as well as the backbone of the rehabilitation team has been formed.
4. Children with CP have received good physical rehabilitation bringing basic opportunities for them to get education, to be in the community which is a better environment, to join the society and to meet the people. Physical rehabilitation efficiency reached 98% in 216 CP children.
5. The project has not only been improving CP children's motor function, social adaptability and self-care ability but also raising their level of awareness. Some of them become optimistic, cheerful and are very positive for the schooling, willing to participate in various activities and happy to play with other children.
6. The project has not only improved life condition and psychological environment of the family, but also improved the family life and spiritual status. Many CP families have changed the economic situation as the parents could go to work after the CP children have improved.
7. Attitudes changes include the general population, children with disabilities and CP children's families and promote social progress and civilization with the harmonizing development. The community people participated in all kinds of activities.
8. There have been changes of the social interaction, the accumulation of knowledge and mental development in regard to better integrate into normal society for all of the CP children joining the project. The normal children also joined the project in the same school with CP children.
9. There have been very good relationship among CDPF, educational department and health department in different levels ensure the project implemented.
10. There have been the different types of the CBR model with different characteristics and forms according to the local situation. Some of the stations relied on the hospitals, some relied on the schools and some relied on the comprehensive rehabilitation service center in district DPF.
11. There have been a comprehensive professional training and technical skills training for the CBR workers regularly at each of the two guiding centers and some of them have been trained at different famous rehabilitation centers/hospitals in China.

12. There also have been good training for the parents and the caregivers of CP children at each of the two guiding centers to implement home training but most of the training was provided at home and CBR stations by CBR workers.
13. The project actively promoted the realization of children with disabilities has Equal opportunities and rights to participate in the society with some of them go to the ordinary schools and some of them go to special schools.
14. The CBR workers in the project could complete the basic assessment and provide initial training with own works for the rehabilitation with CP children.
15. The training methods for CP children has been provided in different ways as small groups, one by one training at station and family training conducted by CBR workers with the simple equipments and so on.
16. All the rehabilitation stations are equipped with basic equipments, including PT, OT and ST training. Some of them were made by CBR workers and parents who are simple and practical.
17. The different parent's groups were set up by the help of CBR stations and to provide the chances of the exchanging experiences of the parents with CP children.
18. The overall attitude regarding social integration of these children amongst rehab workers as well as the management and top level leaders in this project is very positive.
19. The expert technical guidance groups provided the important information, solved difficult and complicated problems and received referring consultation, assessment and training for the field workers and other important works for the project.
20. The Project Guidance Center in both CD and PZH have provided very important roles of planning, training, evaluating, organizing, consultation and social coordination to improve the project.
21. The plans, meetings, social activities, publicities and social mobilizations have been developed regularly to carry out the project improving step-by-step.
22. The safeguard mechanism has been made by the governments in different levels as the policy for helping CP children in the schools and kindergartens.
23. There are three sources of the funding for Sichuan CBR project of children with CP first the project budget, the matching fund and the self-financing.
24. The continuing and developing of the CBR for CP children is necessary and possible as people joining the project all expressed their willingness to continue, expand and promote the CBR after the project, and most of them have clear feedback from the government, that the work of CBR to the children with CP has been listed in the plan of next year. Some districts have reported the financial budget to the finance department.

Phase 2: The Main Deficiencies

1. It was not very stable situation of the members of CBR teams as some of them have leaved during the period of the project was implementing.
2. The distances were quite big from the homes of CP children to the CBR stations even too far a way for some districts in both two cities, it was not easy to progress the rehabilitation training for CP children and CBR workers.
3. There were not enough training materials and scientifically pamphlets in various forms, to meet the needing of the CBR workers and the parents of CP children as well as the people in the community.
4. Some of the CBR workers were more formal training experiences in the stations, less to visit families than works in the stations and less the experience to guide the parents training at home.
5. There was still lack of the knowledge for the actual meaning and implications of social facet of rehabilitation as well as psychological and emotional wellbeing and how to ensure the rehabilitation station's work helps to promote.
6. Some stations didn't receive newcomers timely, so the number of children is small and the workload of the CBR workers is light, due to some children have been accepted in the school or kindergarten.
7. It was difficult to fully show the actual situation in some stations, as there have not complete records of supervision management, meeting records and working summaries.
8. There was less regular and well planned collective training for the parents, and less the training on law, rights and social interests for them.
9. There were more medical model and less the comprehensive rehabilitation of CBR needs for CP children in most of the stations.

4.2. Lessons Learned and Recommendations

The Sichuan CBR project for CP children can offer some important lessons and experiences to inform and guide other similar projects. The main lessons learned and recommendations are as below.

1. The Network of CBR

- Setting up the network is necessary for CBR programs in China. Sichuan CBR project has given the successful model. There was the project leading group in province level with the provincial Affair Office, to discuss and approve the annual plans, training programs, funding arrangements and other important matter, provide the fundamental basis for the project implementation and the direction. The guidance

and management center made the management regulation and provided guidance for the rehabilitation training in each of two cities. Each district has its own project manager to be in charge of the project.

- CBR station is the necessary basic unit and primary level of the CBR programs. A total of 16 CBR stations (center) were set in neighborhoods in two cities with different characteristics and forms according to the local situation of the resources. Some of the stations relied on the hospitals, some relied on the schools and some relied on the comprehensive rehabilitation service center in district DPF. These experiences shows that the types of the CBR station can be the different according to the local situation which could be more effective works than only the same type.
- It shows the CBR stations should be in the lowest level of the neighborhoods and carry on the true CBR program for CP children focus on basic level, as there was long way of some CBR stations to the homes of CP children in CD and PZH.
- The CBR workers are basic implementer and key person for the project to provide the training for CP children. It was not very steady of the CBR teams as some of them have leaved during the period of the project, even though the backbone of the rehabilitation team has been formed in CD and PZH. This shows there was the unfavorable factor for the CBR project. The suggestion is it is necessary to make the planning and the policies for steady the CBR team for the CBR project.
- It is also necessary to complete the integrated function of CBR resource center, give full play to the expert team (group) as well as constantly improve scientific knowledge and maneuverability of management and supervision. This is learned from the project of Sichuan CBR for CP children.

2. The Comprehensive Rehabilitation

- There was more medical rehabilitation than the comprehensive rehabilitation of CBR for CP children in most of the stations in Sichuan. The suggestion is to improve the training for CBR workers, parents, managers and the people join the project to change the attitudes, understand the concept of the comprehensive rehabilitation and to learn laws, rights and social interests for disabled children.
- It is necessary to train the people learning the knowledge for the actual meaning and implications of social facet of rehabilitation as well as psychological and emotional wellbeing and how to ensure the rehabilitation station's work helps to promote. There would be the description or assessment of the relationships within the family and with neighbors and significant others; the child's current psychological/emotional state or past history, and the notes on the family's or child's social history. The leaders and staff should use of such information as part of rehab. So it is very necessary to pay more attention to psycho-social aspects of the child's life.
- There should be channels for parents' input in the design and delivery of rehab services. It will be up to the project leaders to "hand down" power, to seek the involvement of parents in decisions regarding the services that are provided; and up to the parents themselves, to take the initiative and ask, suggest, demand and so on.

- Parents and the children themselves should be encouraged to voice their opinions and give suggestions to help guide and improve the work of the rehab stations. Simple feedback forms and “secret” suggestion boxes could be used to gain insight into what the service users think.
- Just having the children attend school is not enough and in some circumstances can create problems. For the mainstream school experience to be successful, many factors need to be taken into account, not simply giving the disabled child an opportunity to be with non-disabled peers and have access to education, but also *how* this is done is of vital importance.
- We recommend that next step should focus on strengthening the training on guidance of family rehabilitation, making the field workers to truly understand the meaning of comprehensive CBR. Start for the needs of the family, they should realize the purpose of improving the mobility of CP children, alleviating the burden on parents, as well as to promoting their integration into the society.
- CBR should be not only on focal to Physical training and rehabilitation, but also should be focal education, occupational training, social rehabilitation including the changing of the society and the adapted situation for future planning with growing of CP children.

3. The Technique and Assessment

- The technical experts should keep in mind that their main task is to provide technical guidance rather than simple management. The suggestion is that the technical experts provide guidance on the rehabilitation goals, plans and specific methods developed by the field workers. Such as they visit each station to know more about the rehabilitation situation of each child once a month, to share the experience with the field workers, etc. This depends on the further accumulation of experience and further study of the experts. If the experts practice their knowledge in their daily actual work, this can help them to summarize their experience and improve their operational skills. We propose that if the station can receive higher technical support, it can improve their service quickly. This is what they should think about next and this is one of the keys to raise the whole rehabilitation level and make it more effective.
- The rehabilitation training should include daily living activities and mobility. In addition, when the field workers write home training guidelines to the parents, they should use simple and oral language, doesn't use too many profession words. Home training guidelines should aim on alleviating the burden of family and parents, improving children's mobility and ability of daily self-care. We propose that the field workers should strengthen their study on home training guidance and realize that the parents and families play an important role in the CBR; this makes decisive function of long-term effectiveness on rehabilitation.
- The guidance center and experts should also provide a strong technical support for the field workers. This is a basic principle which they should always keep in mind. Therefore, the technical experts should raise their awareness on the comprehensive CBR for children with CP. We propose that they should strengthen the home training guidance in the community, comprehensive rehabilitation for children with CP, it

includes training on motor function, mobility, hands and fine motor, speech and language rehabilitation, mental health development, cognitive ability and daily self-care activities and so on. It should be strengthened the introductory education training for CP children and theoretical and operational training of special education. This makes the technological experts truly become the backbone of a higher level of technology and can make a more comprehensive guide on CBR.

- The recommend in the future is to increase the basic knowledge of child psychology, so that the CBR workers can pay attention to the psychological situation of the children with CP and provide psychological counseling and encouragement timely. This helps children can receive both physical and psychological rehabilitation. At the same time, this will help the children to have long-term rehabilitating persistence and cooperate in the rehabilitation training actively.
- In addition, the parents should pay much attention on mobility training for children with CP. This will help the children to increase a sense of achievement and to reduce the burden of parents. At the same time, we propose to increase psychological rehabilitation training for children with CP, let parents to note the mental status of the children and promote the growth of their mental health.
- In the future the project should increase the integration between different professions, such as PT, OP and ST. There are many elements; methods can be integrated to each training. This needs further explore and accumulate experience, particularly in the family to guide rehabilitation in a significant way.
- The group training can refer to the guide methods of conductive education, to strengthen the training on children's ability of daily life self-care, such as go to bed and out of bed, delicate grasp on hands, etc. They can put rhythmic guide into the language training. They should make it further clear about the training objectives; fully mobilize the initiative of the children by some incentives, so they may cooperate with the filed workers to complete the rehabilitation training.
- It is necessary that each station have assessment every 3-6 months for CP children based on the simple easy used comprehensive evaluation table (such as the evaluation table made by Rehe District Rehabilitation Station in Panzhihua) rather than the formal assessment score or tools. The assessment should summarize the progress of CP children after training and education, to share the successful experience and make related adjustment. Monthly report can promote the progress of children with CP. So if the CBR station formulates the simplified assessment table but covers more various aspects of development should be easier and more useful. This will help the CBR workers easy to operate in the station.

4. Experts and Training Materials

- The expert group of the project is very important especially at the starting step of the CBR project. The CBR project in Sichuan has have quit good experience for having the expert group to do the evaluation, training, guiding, consulting and transfer the special CP children. It has been not enough to play the roles and actions of the experts in the Sichuan project especially at the later period of the project. The suggestion is should be still paying more attention to the experts roles and to play the enough action

with them to contribute the CBR program.

- The training materials are necessary for the CBR workers and parents learning and training. It should be in different ways, methods and styles as pictures, books, films and videos. The training materials in Sichuan CBR project has been not enough both of the numbers and styles and it has seemed not enough for the required of training needing for CBR workers and parents.

5. Cooperation and Safeguard Mechanism

- Governments all pay more attention to the project and at all levels having someone who is in charge of the project's leadership. They have developed the appropriate policies and put it into the practice. This is the first important element for any CBR project in China as it is suitable for the situation of China.

- One department of all joining the departments in the government should be the key department to manage the project doing the close cooperation with other departments as C-DPF is the lead and try to get actively support from the education, health, and other government departments and worked closely. This cooperation ensures the CBR can be implemented smoothly.

- The policies, rules and regulations, machine-processes and measures bearing on the project are also very important and necessary to ensure the project carrying out successfully this has been improved in the Sichuan project.

- The planning of the project should focus the long future and can be continuing of the project not only focus the near future, and include educational, occupational, social rehabilitation with the CP children whole lives.

- Financial supporting should not only come from one part but also need to come from the different parts of the project and the society including the people, NGOs, companies and religious groups et al in order to good continue providing the rehabilitation.

6. Awareness and Attitudes

- The parents groups could be forming the strong power for improving the rehabilitation program and changing the situation in the community. The guiding centers and the CBR workers have done the big contribution to mobilize and organize the parents at beginning of the project. The following activities of the groups has made with engaging experiences, meeting, helping each other of the different families and the social activities as well as the training. The parents groups should be strengthen and become the own organization for the parents with more ideas, activities and contributions for the CBR program. This is need to be further studying and exporting the best way.

- It is also the very good and effectible methods to mobilize and educate the people understanding, joining and supporting CBR project through the propaganda of the newspaper, TV program, radio program and some activities. This has been proved by Sichuan CBR project with the long term rehabilitation awareness of the parents has

been strengthened. The rehabilitation concept and attitude of the parents has become mature. The society has new understanding towards the children with CP and their families, not just sympathy, but more on equal treat. The community people participated in all kinds of activities actively.

Annex 1: Terms of reference

Evaluation of Rehabilitation Project for CP Children - October 2008

Introduction

Sichuan community based rehabilitation project for children with Cerebral Palsy (CP) was established as a result of a recommendation from a feasibility study carried out during spring of 2003.

The Norwegian Mission Alliance (NMA) has been working together with Sichuan China Disabled Peoples Federation (S-CDPF), Chengdu-CDPF and Panzhihua-CDPF on this project. The program has set up two "Management and Service Centers" and 14 "Community Service and Guiding Stations" in the two cities of Chengdu and Panzhihua. Today these centers and stations provide rehabilitation services for over 200 CP children.

2008 has been the last year of the project and cooperation between CDPF and NMA on this project. The work will be continued by the CDPF. As the project is ending, a final evaluation will summarize important achievements and also provide recommendations to CDPF for their future work.

Purpose of the evaluation

The overall purpose of the evaluation is to summarise and assess the major achievements of the project and identify important lessons in order to inform and improve future planning. The major assessment should concern the relevance of the local based rehabilitation model.

Objectives

1. Results and outcomes

- How are two Management and Service Centres and the # Community Service and Guiding Stations working, and how successful have they been in the rehabilitation work?
- Is there now a complete and functioning rehabilitation and education program for the target group at each of the two centers?
- How are the rehabilitation and special education services provided for the CP children and their families at the station in regards to their needs?
- Assess the professional level of the rehabilitation workers at the stations and the centers.
- Have rehabilitation workers got sufficient training and follow-up?
- Assess the training provided by parents/caregivers in the rehabilitation program.
- Assess the internal evaluation, the children's dossiers and training plans in the rehabilitation program.

- Assess the cooperation between the project and the government – will the government take on the responsibility for the CP children and other handicapped children?
 - Has there become more use of small groups in rehabilitation (in accordance with previous evaluation)? How is this working?
 - What has been done to increase the number of volunteers?
 - Are there any unexpected results?
- To what extent have parents been included in the rehabilitation and which results has this given?
- Have the parents been better incorporated into the community based model?
 - What has been done to increase the parents' competence?
 - Have there been any improvements in the information material provided for the parents? Assess whether they are appropriate for the parents and the general public.
 - What do parents think of their child's situation before the project and after?
 - Has the project been working with building realistic expectations? Are any changes visible among the parents?
 - Interest groups for parents – what has been done since last evaluation and how are they working at present?
- To what extent has the physical rehabilitation of children and youth been successful and adequate?
- What are the results for using various types of rehabilitation equipment?
- To what extent does the local based rehabilitation project have wider societal impacts?
- What impacts has the project had in society (the project cities and surrounding areas)?
 - Are they fulfilling their roles in the societies of Chengdu and Panzhihua cities?
 - Has local based rehabilitation become more accepted among Chinese authorities and the local people?
 - Are there any unexpected impacts?
- What results are seen in relation to disabled people's rights?
- How has the project been working for equal rights and opportunities?
 - What kind of advocacy work has been conducted? Evaluate the strategy plan.
 - Who has been the target group?
 - What is the impact of the advocacy work?
 - Has the project made the handicapped children more visible?

2. Project organisation and management

- Has the project organization shown to be effective?
 - To what extent has the project goals and objectives been achieved?
 - How is the system for monitoring, coordination and communication between different areas/organization levels of the project?
 - What has been done to get a clear structure and plan for the rehabilitation training?
 - Has the recommendations on linking education and rehabilitation services been followed up? Assess this linkage at present.
 - Has there been given training for few rehabilitation personnel in order for some to have special competence within various fields?
 - Have there been any adjustments to the suggestions of maintaining most of the competence within the centres and more general competence at the stations?
 - What has been done to develop different levels of rehabilitation intensities?
 - How does the project deal with deviations between expected results and actual results? If deviation been found, have deviations been a basis for learning? How can the project increase the learning processes?
 - Assess the role of the resource partners, Chengdu No 1 people's hospitals rehabilitation center and Holy Love foundation.

- Are the resources used in an efficient way?
 - How financial efficient has the approaches and models been for rehabilitation of CP children and for promoting CP children's' right in the Chinese society?
 - Would other models/strategies achieve the same result with the same or less resources?
 - Has the project taken sufficient use of their resource partners?

3. Institutional/administrative/financial sustainability

- Institutional and administrative sustainability
 - Has the project been able to establish an effective and sustainable project organization?
 - Does the organisation now have sufficient technical and managerial competence?
 - Has the cooperation with the Holy Love been further developed?
 - Control groups - how has it worked? Who are members of this group?
 - What are government plans for following up the children when they become older? (therapy, school, work, living)
 - Do the government and the CDPF show dedication to continue local based rehabilitation? (perhaps extending to in new areas)

- Financial sustainability
- How will the rehabilitation activities be financially sustained after ended project? What has been done to ensure further financial sustainability?
- Do the government and the CDPF show dedication to continue the project activities?
- Has the issue of service based fees and how it may affect the parents been addressed?

Evaluation team

The evaluation team will be selected from the following criteria's:

- Credibility – team members should be accepted and respected by central parties
- Professionalism – the team should have a combination of relevant special expertise, professional evaluation competence and knowledge of the country and culture
- Independence – consultants must not have bindings to the project or the project workers subject to evaluation
- Suitability – consultants must have capacity and will to understand and communicate their findings and conclusions with persons from other cultures
- Gender balance – the team should consist of both men and women
- The team should consist of both Chinese and foreign consultants

Knowledge about China, and development within the situation for disabled people in recent years, will be a good foundation for the evaluation.

The team will have the following members:

- Professor Li Xiaojie
- Mrs. Xu Fenlan
- Mrs. Jane J. Pierini

(3 women, two Chinese team members, and one British)

Staff from NMA (Shincon) will be available for the evaluation team and provide necessary documents and information for the team.

Methodology

The process of conducting the evaluation includes collecting of data (interviews, questionnaire etc.), but also analyzing and drawing conclusions. The following aspects will be evaluated: Planning, execution and participation.

The evaluation will integrate qualitative and quantitative methods, in order to assess the integrated rehabilitation model. Because major quantitative results have already been collected by the project office, the evaluation should have its major focus on a qualitative assessment. Qualitative interviews (in-depth and semi-structures interview) and observations should therefore be important methods in the data collecting process.

A field work will be conducted where the team will gather data for further processing.

The field work should be done at both project areas, Chengdu and Panzhihua, since the results from the two Management and Service Centres are different.

The evaluation team will carry out its work in accordance with Term of Reference. The evaluation will be carried out with close cooperation with Project office and Shincon As.

The evaluations team should have access to the project document, project plans, reports and internal evaluations. It is expected for the team members to study all relevant documents prior to the evaluation.

Time framework

The fieldwork of the project will be done from the 15th till the 23rd of November 2008. Draft report handed in mid December 2008 and final report in beginning of January 2009.

Financial Framework

The approved financial framework for the evaluation is RMB 76 000, covering allowances, travel costs and communication.

Expected Results

The evaluation will be done in cooperation with Shincon As and project personnel in Sichuan Province. Before end payment a written report written in English will be handed in. A draft of the evaluation shall be presented to Shincon As with possibility to give a comment before finalizing the report. If there should be some principal disagreements with the conclusions in the final report, Shincon As and the Project office reserves the right to include comments to the areas that they disagree with in the report.

The report should include an executive summary, recommendations and conclusions.

Additional products and activities expected are:

- The evaluation team should give a brief presentation of the main findings from the field work to key personnel persons and relevant parties before leaving.
- A seminar arranged by Shincon As to share the conclusion with the project representatives in Sichuan.
- A written summary report for the project office in Sichuan prepared by Shincon As.

Annex 2: The Activities of Evaluation

Date/time		Activities (CD)	Main persons
15 th	morning	Internal meeting of the evaluation team	Members of the team
	afternoon	Report meeting of the project from SDPF, CDPF, PDPF	Evaluation team Shincon AS SDPF, CDPS, PDPF Other people of the project
16 th	morning	<ul style="list-style-type: none"> •Rehabilitation therapist in Fuqin rehabilitation station introduce the condition of this station (at bone injury hospital) •Party of parents and CP children in Fuqin rehabilitation station •Report from Jinniu Disable person's Federation and Fuqin station •The speaks of the CBR workers and the parents in Fuqin station •Meeting and talking with parents •Home visiting 	Many people including evaluation team, Managers in different levels, CBR workers, volunteers, and parents
	afternoon	<ul style="list-style-type: none"> •Rehabilitation therapist in Chadianzi station introduce condition of this station and CBR works for the children in the station •Talk with parents and children •Home visiting 	as above
17 th	morning	<ul style="list-style-type: none"> •Visit The Teaching and Rehabilitation Center of Chengdu, •Visit the guiding center of CD •Introduce conditions of Hepingjie station and children in the station •Talking with CBR workers in primary school •Communicating with parents and children in Hepingjie primary school rehabilitation station 	as above
	afternoon	<ul style="list-style-type: none"> •Visit Shuinianhe primary school •Visit Chenghua rehabilitation station Introducing from Chenghua CBR education •Talk with rehabilitation therapist and parents in Chenghua rehabilitation station • Home visiting 	as above

18 th	morning	<ul style="list-style-type: none"> •Visit rehabilitation factory in Qingyang region •Introduction of Qingyang rehabilitation center, •Report of rehabilitation work of CP children and exhibited effects •Investigate CP children's rehabilitation training in Qingyang station •Communicate with rehabilitation therapists and parents of CP children •Visit The Diable Person's Integrated Service Center in Wuhou region •Home visiting 	as above
		Activities (PZH)	
19 th	afternoon	<ul style="list-style-type: none"> • Observe rehabilitation training and the situation CP children in the school as well as in the station • Communicate with CP children's therapists,leadersofcommunity health servicestations,volunteers,teahers and students in Dongfeng primary school. ; • Visit two CP children's home 	Many people from evaluation team, staffs of the project guiding center in CD, rehabilitation therapists,CPchildren,their parents and teachers, leader of Disable person's Federation and Bureau of Education, volunteers
20 th	morning	<ul style="list-style-type: none"> •Visiting training condition of the two rehabilitation stations •Communion with CBR workers, parents and students. • Inspects CP children's learning situation at the thirty-one and the seventh primary school. •Communion with leader of The Bureau of Education , teachers and students at West region . •Visit two CP children's home 	as above
	afternoon	<ul style="list-style-type: none"> •Observe rehabilitation training condition and students of CP children in the school and Taojiadu station. •Communion with CP children's parents, rehabilitation therapist, leader of community health service stations, volunteers, teachers and students,visit the twenty-one and twenty-two primary school. •Visit two CP children's home 	as above
21 st	morning	Summering of the evaluation team	Team members
	afternoon	evaluation team goes back to CD	Team members
22 nd	morning	evaluation summary meeting of the evaluation team	Team members

	afternoon	Feedback of evaluation summary to Sichuan	Many people of the team members and the people join the project in different levels
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