

FXB 支持项目“陇川县全方位救助孤儿和弱势儿童综合项目”终期评估
Final Evaluation for FXB Supported “Long Chuan Comprehensive Project Providing
Holistic Support for Orphans and Vulnerable Children”

北京信息控制研究所

2009年10月

Bei Jing Institute of Information and Control

October, 2009

目 录 Catalogue

目 录 Catalogue	2
摘 要 Abstract.....	3
1 项目描述 Program Description	5
1.1 项目背景 Program Background	5
1.1.1 受艾滋病影响儿童概述 Definition of Children Affected by HIV/AIDS	5
1.1.2 地区基本情况 Basic Information of Evaluation Area.....	6
1.2 项目目的 Program Purpose	7
1.3 项目策略 Program Strategy.....	7
1.4 项目执行情况 Program Implementation.....	10
2 项目评估 Program Evaluation.....	11
2.1 评估目的 Evaluation Aim	12
2.2 评估依据 Basis of Evaluation	12
2.3 评估方法 Evaluation Approach.....	13
2.4 评估内容 Evaluation Content.....	13
3 主要发现 Main Discovery.....	14
3.1 儿童基本情况 Basic info of Children	14
3.1.1 儿童及家庭分类 Clasification of Children and Families.....	14
3.1.2 调查儿童人口学特征 Demographic Characteristics of Investigated Children....	15
3.2 儿童生活环境 Living Environment of Child	20
3.2.1 家庭经济情况 Family Economic Status.....	20
3.2.2 抚养条件 Care-giving Conditins	44
3.2.3 公众态度 Public Attitude	51
3.2.4 生活环境分析小结 Summary of Analysis on Living Environment of Child.....	60
3.3 儿童生存状况 Child's Survival Status.....	63
3.3.1 儿童上学 Schooling.....	64
3.3.2 儿童衣食 Food and Clothing.....	67
3.3.3 儿童生存状况分析小结 Summary of Child's Survival Status	71
3.4 儿童心理健康 Child's Psychological Health.....	71
3.4.1 儿童心理健康 Child's Psychological Health	71
3.4.2 心理得分 Psychological Scoring	76
3.4.3 儿童纪念册活动 I AM WHO? Book	80
3.4.4 儿童心理健康分析小结 Summary of Child's Psychological Health Analysis....	81
3.5 15~20 岁大龄儿童情况 Young Adults at Age 15-20.....	82
3.6 儿童生活计划 Child Life Planning	88
4 项目评估结论 The Conclusion of Program Evaluation	90
4.1 项目效果 Effection of Program	90
4.2 项目推广价值 Value of Program Promotion.....	94

摘要 Abstract

“陇川县全方位救助孤儿和弱势儿童的综合项目”由美国FXB于2006年发起，并提供项目经费。云南妇女儿童发展中心为项目合作方，并提供项目管理、协调与技术支持，陇川县妇联为项目点执行方。项目的目的是帮助受到艾滋病和其它因素影响的孤儿和弱势儿童，提高儿童生活质量并为其提供发展机遇。项目覆盖了68户家庭的100名儿童。

“Long Chuan Comprehensive Project Providing Holistic Support for Orphans and Vulnerable Children” launched in 2006 and funded by FXB USA. YWCDC provided Program administration, coordination and technical support as cooperative partner, Long Chuan WF was Program Implementation body at site. The purpose of Program is to help orphans and vulnerable children affected by HIV/AIDS and other factors improve life quality and provide development opportunities. The Program covered 100 children in 68 families.

从基线、中线和终线三次调查数据分析发现，FXB支持的“陇川县全方位救助孤儿和弱势儿童综合项目”产生了较好的效果，项目实施对降低艾滋病、吸毒、特困、残疾等因素对儿童及家庭的影响起到了重要作用。

In terms of the data analysis from baseline, mid-term and final evaluation, FXB funded “Long Chuan Comprehensive Project Providing Holistic Support for Orphans and Vulnerable Children” has created better effect, the implementation of Program has played important role to reduce the impact from factors of HIV/AIDS, drug-abuse, poverty, disability, etc, to children and families.

儿童在生活环境，生存状况以及心理健康三个层面在项目实施的三年里都有了很大改善，其主要表现如下：（1）从家庭生活环境看，IGA活动的有效开展增加了家庭收入，人均年收入受艾滋病影响家庭从基线的1100.6元增加到终线的5793.8元，吸毒家庭从基线的2532.5元增加到终线的5561.1元，特困家庭由基线的1013.4元增加到终线的5624.6元；家庭居住在砖瓦房的比例由基线的17.5%上升到终线的42.9%；家庭艾滋病预防知识知晓率在三年当中显著提高，三类家庭在终线时知晓率都达到了100%；

The 3 aspects of Living Environment, Survival Status and Psychological Health, have greatly improved during the 3-year implementation of Program, the improvements exist in: (1) the aspect of Living Environment, the effective IGA helped increase family income, in details: the per capita yearly income, HIV/AIDS affected families increased from 1100.6RMB in baseline up to 5793.8RMB in final evaluation; drug-abuse families increased from 2532.5RMB in baseline up to 5561.1RMB in final; poverty-stricken families increased from 1013.4RMB in baseline up to 5624.6RMB in final; the percentage of families living in brick-tile houses, increased from 17.5%

in baseline up to 42.9% in final; the percentage of HIV/AIDS knowing rate remarkably improved during the 3 years, the knowing rate percentage of 3 types of families all reached 100% in final evaluation.

(2) 从儿童生存状况看，教育和生活救助活动提高了就学率，改善了营养状况，6-11岁儿童就学率由基线的 83.3%提高到终线的 91.3%，12-14 岁儿童由基线的 89.5%上升到终线的 100%，15-17 岁儿童由基线的 50%上升到终线的 68.0%，儿童吃肉三次以上比例由基线的 14.5%增加到中线的 47.4%再增加到终线的 53.3%，平均新衣服数由基线的 1.90 件显著增加到中线的 3.44 件再显著增加到终线的 4.56 件；(3) 从儿童心理健康看，儿童纪念册等活动增强了儿童心理健康程度，儿童心理得分在中线的时候达到最高值 34.4，到终线有所回落达到 32.6，但均较基线时得分 28.6 有显著提高。

(2) In terms of the Survival Status of child, education and daily living support helped improve the schooling percentage and improve the nutrition status, the schooling percentage of children at age 6-11 increased from 83.3% in baseline up to 91.3% in final, children at age 12-14 increase from 89.5% in baseline up to 100% in final, children at age 15-17 increased from 50% in baseline up to 68% in final, the percentage of children eating meat more than 3 times increased from 14.5% in baseline up to 47.4% in mid-term and then up to 53.3% in final, average new clothing increased from 1.90 clothes in baseline up to 3.44 clothes in mid-term and then up to 4.56 clothes in final; (3) In terms of Psychological Health of children, I AM WHO? book strengthened the level of child's psychological health, the scoring of child's psychological reached 34.4 in mid-term, and decreased down to 32.6 in final, but it remarkably increased compared with 28.6 in baseline.

项目开展三年来也形成了一些值得其它地区借鉴的经验和亮点：(1) 项目在机构设置、内容选择和救助方式上都设计巧妙；(2) 项目采用了按需救助和循序渐进的活动方式；(3) IGA、儿童纪念册和儿童生活计划等活动都是在中国的大胆探索和全新尝试。

During the 3-year implementation, Program has formed experience and shining spots which can be replicable for other places: (1) brilliant design existed in Program Structure, Program Content and Assistance Approach; (2) Program implementation improved step by step based on real needs of beneficiary people; (3) IGA, I AM WHO?, and CLP etc, are brave exploration and brand new trial in China.

“陇川县全方位救助孤儿和弱势儿童综合项目”终期评估

Final Evaluation for FXB Supported “Long Chuan Comprehensive Project Providing Holistic Support for Orphans and Vulnerable Children”

1 项目描述 Program Description

1.1 项目背景 Program Background

1.1.1 受艾滋病影响儿童概述 Definition of Children Affected by HIV/AIDS

艾滋病在全球范围内的流行和蔓延严重威胁着儿童的生存和发展。UNAIDS将受艾滋病影响的儿童定义为年龄在18岁以下的、父或母死于艾滋病的儿童，或与感染了艾滋病病毒的父或母生活在一起的儿童¹。受艾滋病影响的儿童往往会因为生活在与艾滋病有关的环境里而面临各种各样的问题，包括生存问题、教育问题、身体健康问题以及心理情感问题等^{2,3}。艾滋病流行对儿童造成的影响已经引起世界各国政府和有关机构的重视。在艾滋病流行较早的国家和地区,已经开展了一些针对受艾滋病影响儿童的社区关怀实践活动，为其它国家和地区开展类似活动提供了经验。国外对受艾滋病影响的关爱活动强调以社区为基础开展，然而在不同的社会文化背景下,具体采取什么样的干预模式,需要根据不同的社区需求和社区结构进行设计和实施。

2006年FXB将一种“全方位救助孤儿和弱势儿童”的关爱模式引入到中国,并与云南妇女儿童发展中心合作,在云南省德宏州潞西市和陇川县进行试点。本报告根据项目基线、中线和终线三次调查的数据,对陇川县开展的“陇川县全方位救助孤儿和弱势儿童综合项目”进行评估。

In 2006, FXB imported the mode of “Holistic Support for Orphans and Vulnerable Children” into China, and cooperated with YWCDC, conducted th pilot mode in Lu Xi and Long Chuan in De Hong Prefecture, Yun Nan Province. This report evaluated the “Long Chuan Comprehensive Project Providing Holistic Support for Orphans and Vulnerable Children” on data from baseline, mid-term, final evaluation in Long Chuan.

¹ UNAIDS/UNICEF. Children on the Brink 2004: a joint report of new orphan estimates and a framework for action[R]. UNAIDS/UNICEF, 2004:3-21.

² FOSTER G. Beyond education and food: psychosocial well-being of orphans in Africa[J]. Acta Paediatr, 2002, 91(5): 502-504.

³ ATWINE B, CANTOR-GRAAE E, BAJUNIRWE F. Psychological distress among AIDS orphans in rural Uganda [J]. Soc Sci Med, 2005, 61 (3): 555-564

1.1.2 地区基本情况 Basic Information of Evaluation Area

陇川县是云南省德宏傣族景颇族自治州 5 个县市之一，地处云南西部，德宏州西南部，总面积约 1913 平方公里，其中山区占 74%，坝区占 26%，国境线长 68.23 公里，与缅甸接壤，辖区 4 个镇，5 个乡，68 个村委会，3 个居委会，2005 年末，全县总户数 41696 户，总人口 17.28 万人，世居着傣族、景颇族、阿昌族、傈僳族、德昂族、回族等六种主体少数民族。

Long Chuan County is one of the 5 counties / cities of De Hong Dai & Jing Po Ethnic Autonomous Prefecture in Yun Nan Province. It lies in the west of Yun Nan, the southwest of De Hong Prefecture. The whole area of Long Chuan County occupies 1913 k m², including 74% mountainous area and 26% plain area. It borders on Myanmar with boundary line of 68.23km. Long Chuan County has 4 towns, 5 townships, 68 village committees and 3 community residents committees. By the end of 2005, totally 41696 households live in Long Chuan. The total population is 172,800. Six ethnic minorities, including Dai, Jing Po, A Chang, Li Su, De Ang and Hui, live in Long Chuan County for generations.

陇川县是全国较早成批发现艾滋病病毒感染者和全国首例报告艾滋病母婴传播（1995 年）的地区。自 1989 年从静脉吸毒人群中发现 17 例艾滋病病毒感染者以来，疫情呈现逐年迅速上升之势。截止 2006 年 8 月，全县报告感染者 2506 例（病人 366 例），现存活 1782 人。短短的 17 年来，艾滋病病毒感染者波及村寨由原来的 7 个自然村扩散到全县 9 个乡镇和 1 个国营农场，65 个村(居)委会，347 个自然村。艾滋病流行已形成静脉吸毒血液传播为主，性、母婴三种传播途径并存的局面，而且性、母婴途径传播的比例在逐年升高，艾滋病已从高危人群向一般人群传播扩散。

Long Chuan County is one of the areas in China where HIV/AIDS infectors were first discovered. It's also the area where 1st mother-to-child transmission case was reported (1995). In 1989, 17 HIV/AIDS infected cases were discovered from vein injection drug-users. Since then, the epidemic situation gradually increased. Till August 2006, 2506 HIV infectors had been reported (366 AIDS patients). Now 1782 infectors of them are alive. Only in 17 years, HIV/AIDS infectors spread from 7 villages to 9 townships, 1 state-owned farm, 65 residents committees and 347 villages. In Long Chuan, HIV/AIDS is mainly spread by blood (vein injection drug-use). Sex transmission and mother-to-child transmission also exist and keep increasing in recent years. Now HIV/AIDS spreads from high risk population to common people.

1.2 项目目的 Program Purpose

项目为受艾滋病疫情和其他因素影响的孤儿和弱势儿童，改善生活质量，提供发展机遇。“FXB 中国项目”通过各项活动使得贫困家庭获得改善生活的足够能力，满足家庭中的孤儿和弱势儿童的基本需求。用为期 3 年的时间，希望通过切实可行的办法，使农村家庭能够采取有效措施，使项目达到预期目标。

The purpose of Program is to help orphans and vulnerable children affected by HIV/AIDS and other factors improve life quality and provide development opportunities. “FXB China Programs” had the poverty families acquired adequate capacity of life improvement, satisfied basic needs of orphans and vulnerable children in families. In the 3 years, expect to apply feasible approach, families in rural areas take effective practice, have the Program reach the expected goal.

1.3 项目策略 Program Strategy

项目为受到艾滋病影响的儿童提供全方位的服务。为了消除歧视，项目同时也为社区中因其他原因需要救助的儿童提供服务。FXB 的项目不仅仅局限于为艾滋病感染儿童服务，而是通过项目的工作，为所有弱势儿童建立起良好的社会环境，提供帮助。通过政府部门以及当地其他部门合作，强调家庭和社区通过以下途径关心由于艾滋病影响和贫穷造成的弱势儿童：

Program provided holistic service for children affected by HIV/AIDS. In order to get rid of stigma and discrimination, Program also served children in need with other causes in the same community. FXB Program not only served HIV/AIDS infected children, also through the Program implementation, helped all vulnerable children build up nice social environment and provide support. Through the cooperation with local government and other departments, emphasized families and community to care about vulnerable children caused affected by HIV/AIDS and poverty through the approaches below:

1、通过同意提供永久关爱家庭的保证，提高每名儿童感情的稳定性和安全性。给予目标家庭救助和关爱，防止儿童遗弃的发生；在合适情况下，促进寄养工作的开展；在孩子所在地社区安排合法收养。

1. Through the guarantee from families who committed Permanent Care, improve the

stability and safty of each child in emotion.

Provided support and caring to beneficiary families, avoid abandonment of children; at appropriate opportunity, facilitate the foster care; organize legal adoption in children’s community.

2、通过稳定的家庭经济收入作为照看孩子的基础，提高每名儿童感情的稳定性和安全性。家庭自给自足活动(IGA)；直接的资金计划（包括营养支持和日常需要支持）。

2. Take the stable family income as basis of children’s care-giving, improve stability and safety of each child in emotion. Self-efficient activity in family (IGA); direct funds plan (including nutritional support and daily needs support)

3、改善每名儿童的卫生和基本健康环境。为和艾滋病感染者同住的人员提供教育和正确的关爱，营养和卫生。协助怀孕妇女接受医疗保健服务，以及艾滋病知识教育；协助为出生于艾滋病家庭的儿童提供合适的医疗健康服务和教育。

3. Improvement of each child’s hygiene and basic health environment. Provided education and proper care, nutrition and hygiene to those who live with HIV/AIDS infected people. Assist pregnant women to accept medi-care service, and HIV/AIDS education; assist children born in HIV/AIDS families providing appropriate medicare service and education.

4、为每名感染艾滋病的儿童提供机遇。协助感染家庭的儿童接受9年义务教育；根据当地经济和文化需求提供职业培训；开展同年龄相适应的活动（儿童纪念册），帮助每名儿童了解他们过去，目前的生活，以及未来的发展机遇；通过相适应的的培训和开展活动，使每名儿童增强应对能力，消除歧视；培养自我认识，增强自信心。

4. Provide opportunity to each HIV/AIDS infected child. Assisted children HIV/AIDS infected families access to 9-year compulsory education; provided vocational training according to local economic and cultrual needs; conducted corresponding activities according to age (I AM WHO?), help each child realize their past, current life, and the development opportunities in future; through appropriate trainings and activities, had each child improve ability to face the changes, got rid of stigma and discrimination; cultivated self-awareness and built up self-confidence.

表 1：项目策略与实施细则

Chart 1: Program strategy and specific implementation approach

项目策略 Program Strategy	实施细则 Specific Approach
1. 提高儿童感情的稳定性和	给予目标家庭救助和关爱，防止儿童遗弃的发生

<p>安全性。 Improve stability and safety of child in emotion</p>	<p>Provided support and caring to beneficiary families, avoid abandonment of children 在合适情况下，促进寄养工作的开展（儿童生活计划） at appropriate opportunity, facilitate the foster care (CLP) 在孩子所在地社区安排合法收养 organize legal adoption in children's community.</p>
<p>2.将稳定的家庭经济收入作为照看孩子的基础。Take stable family income as basis of child's care-giving</p>	<p>IGA 活动 IGA 直接的资金支持计划（营养支持、日常需要支持）； direct funds plan (including nutritional support and daily needs support)</p>
<p>3.改善儿童的卫生和基本健康环境。 Improve child's hygiene and basic health environment</p>	<p>为和 HIV/AIDS 患者同住的人员提供教育、关爱、营养和卫生服务 Provided education and proper care, nutrition and hygiene to those who live with HIV/AIDS infected people. 协助怀孕妇女接受医疗保健服务，以及 HIV/AIDS 知识教育 Assisted pregnant women to accept medical care service, and HIV/AIDS education 为出生于 HIV/AIDS 家庭的儿童提供医疗健康服务和教育 assisted children born in HIV/AIDS families providing appropriate medical service and education.</p>
<p>4.为感染 HIV/AIDS 的儿童提供机遇。 Provide opportunities to children infected by HIV/AIDS</p>	<p>协助感染家庭的儿童接受9年义务教育（就学） Assisted children HIV/AIDS infected families access to 9-year compulsory education 根据当地经济和文化需求提供职业培训（职业培训） provided vocational training according to local economic and cultural needs (vocational training) 开展同年龄相适应的活动，帮助儿童了解他们过去、目前的生活以及未来的发展机遇（儿童纪念册） conducted corresponding activities according to age, helped each child realize their past, current life, and the development opportunities in future (I AM WHO?) 通过相适应的培训和开展活动，使儿童增强应对能力，消除歧视（儿童纪念册） through appropriate trainings and activities, had each child improve ability to face the changes, got rid of stigma and discrimination (I AM WHO?) 培养自我认识，增强自信心 cultivated self-awareness and built up self-confidence</p>

1.4 项目执行情况 Program Implementation

“全方位救助孤儿和弱势儿童综合项目”周期为三年，从 2006 年 7 月开始实施，到 2009 年 6 月结束。项目的发起者为美国 FXB，项目经费来自 FXB，云南妇女儿童发展中心为项目合作机构，为项目提供管理、协调和技术支持。项目执行机构是陇川县妇联。

“Long Chuan Comprehensive Project Providing Holistic Support for Orphans and Vulnerable Children” time length is 3 years, started in July 2006 and ended in June 2009. FXB USA launched the Program, and funded by FXB. YWCDC provided Program administration, coordination and technical support as cooperative partner, Long Chuan WF was Program Implementation body at site.

陇川县妇联下设项目办，负责项目日常活动，直接为项目目标儿童提供服务。项目充分调动陇川县有关政府机构的参与，在县政府的领导下，教育局、民政局、卫生局和防艾办等机构，为项目的开展提供了有力的支持。（见图 1）

Program Office sat in Long Chuan WF, managed daily work and directly provided service to beneficiary children. The Long Chuan Program sufficiently motivated the participance of Long Chuan government departments. Under the leadership of county government, education bureau, civil affairs, health bureau, and HIV/AIDS Office, etc, provded powerful support to Program (see chart 1)



(云南妇女儿童发展中心通过设立在中心内部的省级项目办，与省妇联、省防艾办、省外事相关部门沟通，确保了项目的顺利进行，请把这些部门加入图中。)

(YWCDC coordinated with Yun Nan Provincial WF, Provincial AIDS Office, Provincial Foreign Affairs Office, etc, through FXB Yun Nan Provincial Office sat in YWCDC, and ensured the smooth implementation of Program. Such departments should be added into the chart)

图 1 陇川县 FXB 救助弱势儿童组织结构图

Chart 1: Organization and Structure Chart of FXB Long Chuan Vulnerable Children Relief

2 项目评估 Program Evaluation

受 FXB 委托，北京信息控制研究所对“陇川县全方位救助孤儿和弱势儿童综合项目”进行终期评估。

Entrusted by FXB, BIIC conducted final evaluation to “Long Chuan Comprehensive Project Providing Holistic Support for Orphans and Vulnerable Children”

2.1 评估目的 Program Purpose

本次项目评估的主要目的是了解项目执行情况、分析项目产生的效果、归纳项目的亮点和成就、总结项目经验教训，并最终发现项目的推广价值和可借鉴的关爱模式，为今后同类项目的开展提供依据。

The purpose of this evaluation was to study the implementation of Program, analyze the effect of Program, summarize achievement and shining spots, summarize experience and lessons, and finally discover value of Program promotion and replicable mode, provide basis for similar Programs in future.

2.2 评估依据 Basis of Evaluation

依据 FXB 中国项目方案介绍资料、项目年度报告以及从 2006 年至 2009 年为期三年的基线、中线和终线三次调查。

According to FXB China Programs introduction, materials, Program yearly reports and baseline survey, mid-term and final evaluation in 2006 – 2009.

2006 年 7 月，由北京信息控制研究所完成基线调查，其中共调查 150 户家庭，共调查受艾滋病影响家庭 58 户、吸毒家庭 49 户、特困家庭 43 户。共 250 名弱势儿童，其中受艾滋病影响儿童 103 人，吸毒家庭的儿童 68 人，特困儿童 79 人。

In July 2006, BIIC conducted baseline survey in totally 150 families, including 58 HIV/AIDS affected families, 49 drug-abuse families, 43 poverty-stricken families. Totally 250 vulnerable children, including 103 children in HIV/AIDS affected families, 68 children in drug-abuse families, 79 children in poverty-stricken families.

2008 年 5 月，由北京信息控制研究所完成中线调查，其中调查了属于基线调查的 42 户家庭，包括受艾滋病影响家庭 20 户，受吸毒影响家庭 8 户，特困家庭 14 户。共 64 名弱势儿童，其中受艾滋病影响儿童 29 人，受吸毒影响儿童 9 人，特困儿童 26 人。

In May 2008, BIIC conducted mid-term evaluation, evaluated 42 families in baseline survey, including 20 HIV/AIDS affected families, 8 drug-abuse families, 14 poverty-stricken families. Totally 64 vulnerable children, including 29 children in HIV/AIDS affected families, 9 children in drug-abuse families, 26 children in poverty-stricken families.

2009年4月，有当地项目工作人员完成终线调查，其中调查了67户家庭，包括受艾滋病影响家庭25户，受吸毒影响家庭7户，特困家庭35户。共98名弱势儿童，其中受艾滋病影响儿童36人，受吸毒影响儿童7人，特困儿童55人。

In April 2009, local staff conducted the final evaluation, totally evaluated 67 families, including 25 HIV/AIDS affected families, 7 drug-abuse families, 35 poverty-stricken families. Totally 98 vulnerable children, including 36 in HIV/AIDS affected families, 7 in drug-abuse families, 55 in poverty-stricken families.

2.3 评估方法 Evaluation Approach

评估采用的方法是从儿童生活环境、生存状况和心理健康等方面对项目初期、中期、末期三次调查的数据进行纵向比较分析。统计分析采用的软件是SPSS 13.0。

The approach of evaluation is to conduct vertical comparative analysis to data from baseline, mid-term and final evaluation. The software of statistics analysis is SPSS 13.0.

2.4 评估内容 Evaluation Content

我们在进行项目评估时，以项目策略中提高家庭经济收入、为儿童提供永久关爱、改善儿童卫生和基本健康状况、为儿童提供机遇四个方面思想为依据，对项目执行过程中儿童生活环境、生存状况、心理健康等方面状况进行描述和分析，并对IGA、儿童生活计划、儿童纪念册等活动的执行效果做出评价。其中儿童生活环境主要指家庭经济状况、抚养条件、社区艾滋病环境三个方面；儿童生存状况包含儿童教育状况和基本物质条件等方面的内容。

When conducting the Program evaluation, we took the 4 aspects from Program Matrix as evaluation basis: family income improvement, permanent care for children, basic health status, and opportunity for children; the evaluation described and analyzed status of child's living environment, survival status, psychological health, etc, during the implementation, and provided judgement to effectation of IGA, CLP, I AM WHO?, etc. Besides, child's living environment mainly refers to 3 aspects of family economic status, care-giving conditions, and HIV/AIDS environment in community; child's survival status contains child's education status and basic material conditions, etc.

3 主要发现 Main Discovery

通过对比项目实施前、实施中、实施后家庭和儿童各方面状况的差异和变化趋势，有许多重要发现，下面分别进行描述。

Comparing with the differences and trends of changes on children and families in prophase, mid-term and telophase of Program implementation, we have many important discoveries, they are stated as below:

3.1 儿童基本情况 Basic info of Children

3.1.1 儿童及家庭分类 Clasification of Children and Families

三次调查对儿童及其所在的家庭分类都是一致的，既根据儿童所在家庭的基本情况，将儿童分为3类进行研究，一是受艾滋病影响的儿童（是指自身感染艾滋病病毒或父母中至少有一人感染了艾滋病病毒的儿童），二是受吸毒影响的儿童（是指家庭中有人吸毒并且家庭中没有艾滋病感染者的儿童），三是特困儿童（是指家庭被当地民政部门列入特困户或者家庭中有人残疾的并且家庭中从来没有吸毒和艾滋病病毒感染者的儿童）。这三种儿童所生活的家庭也相应的定义为受艾滋病影响家庭、吸毒家庭和特困家庭。

Classification of children and their families in the mid-term evaluation is the same with that of the baseline survey, which is to classify children into 3 types according to their family conditions: (1) children affected by HIV/AIDS (0-17 years old, HIV/AIDS infected children, or children whose parents, at least, one parent infected by HIV/AIDS); (2) children affected by drug-abuse (children of 0-17 years old, not infected by HIV/AIDS, have drug-abuse family members. No HIV/AIDS case in the family.); (3) poverty-stricken children (0-17 years old children from poverty families identified by local Civil Affairs Bureau, or children who have disabled family members. There is no drug-user and HIV/AIDS infector in the families of this type.). The families of these 3 types are correspondingly defined as HIV/AIDS affected family, drug-abuse affected family and poverty-stricken family

根据其父母的存活情况还可以将儿童分为四类，一是父母均存活的儿童，二是父亡孤儿，三是母亡孤儿，四是双亡孤儿。

According to survival status of parents, children can be divided into 4 types: (1) children

with survival parents; (2) children whose father died; (3) children whose mother died; (4) double orphans.

根据抚养人的不同可以将儿童分为 5 类，分别是双亲抚养的儿童、祖父母抚养的儿童、母亲抚养的儿童、父亲抚养的儿童、其他亲戚抚养的儿童。

According to the difference of custodians, children can be divided into 5 groups: (1) children living with parents; (2) children living with grandparents; (3) children living with mother; (4) children living with father; (5) children living with other relatives.

3.1.2 调查儿童人口学特征 Demographic Characteristics of Investigated Children

在陇川县终线调查的 67 户目标家庭中包括 FXB 救助的弱势儿童 98 人，其中受艾滋病影响儿童 36 人，占儿童总数的 36.7%，受吸毒影响儿童 7 人，占儿童总数的 7.1%，特困儿童 55 人，占儿童总数的 56.1%。

67 Long Chuan FXB beneficiary families were covered by the final evaluation, including 98 FXB beneficiary children. Among these 98 children, there are 36 HIV/AIDS affected, 46.7% of the total; 7 drug-abuse affected, 7.1% of the total; and 55 poverty-stricken, 56.1% of the total.

终线调查对受艾滋病影响儿童、受吸毒影响儿童及特困儿童的民族分布、年龄分布、父母存活情况、抚养结构分布进行统计。

The final evaluation makes statistics of ethnicity distribution, age distribution, survival of parents, care-giving structure, etc. of the HIV/AIDS affected children, drug-abuse affected children, and poverty-stricken children.

①儿童民族分布 Ethnicity distribution of the beneficiary children

表 2: 陇川县 FXB 救助儿童民族分布

Form 2: Ethnicity Distribution of FXB Long Chuan Beneficiary Children

民族 Ethnicity	儿童分类 Type of Children						合计 (人) Total	
	受艾滋病影响家庭 HIV/AIDS affected Families		吸毒家庭 Drug-abuse Families		特困家庭 Poverty-stricken Families		人数 # of children	比例构成 Percentage
	人数 # of children	比例构成 Percentage	人数 # of children	比例构成 Percentage	人数 # of children	比例构成 Percentage		
傣 Dai	8	22.2%	3	42.9%	10	18.2%	21	21.4%
汉	2	5.6%	0	0.0%	1	1.8%	3	3.1%

Han 景颇 Jing Po 傣傣 Li Su	23	63.9%	3	42.9%	38	69.1%	64	65.3%
	3	8.3%	1	14.3%	6	10.9%	10	10.2%
合计 (人) Total	36		7		55		98	

从表 2 看出，FXB 救助儿童以景颇族为主，其次为傣族和傣傣族，汉族最少。其中景颇族占 65.3%，傣族占 21.4%，傣傣族占 10.2%，汉族占 3.1%。

Form 2 shows that, the majority of FXB beneficiary children in Long Chuan County are Jing Po ethnic minority, which is 65.3% of the total. Dai ethnic minority is the second supported ethnicity, occupying 21.4% of the total. Li Su ethnic minority is the third, 10.2% of the total. Han beneficiary children are the least, 3.1% of the total.

②儿童年龄分布 Age distribution of the children

表 3：陇川县 FXB 救助儿童年龄分布

Form 3: Age distribution of FXB Long Chuan Beneficiary Children

年龄 Age	受艾滋病影响家庭 HIV/AIDS affected families				吸毒家庭 Drug-abuse affected families				特困家庭 Poverty-stricken families				合计 Total	
	男 M	女 F	合计 人数 Total	比例构成 Percentage	男 M	女 F	合计 人数 Total	比例构成 Percentage	男 M	女 F	合计 人数 Total	比例构成 Percentage	合计 人数 Total	比例构成 Percentage
3~5	0	0	0	0%	0	0	0	0%	0	2	2	3.6%	2	2.0%
6~8	1	2	3	8.3%	0	0	0	0%	2	3	5	9.1%	8	8.2%
9~11	3	6	9	25%	0	2	2	28.6%	3	3	6	10.9%	17	17.3%
12~14	3	5	8	22.2%	2	0	2	28.6%	10	5	15	27.3%	25	25.5%
15~17	5	5	10	27.8%	0	2	2	28.6%	13	4	17	30.9%	29	29.6%
18+	3	3	6	16.7%	1	0	1	14.2%	5	5	10	18.2%	17	17.4%

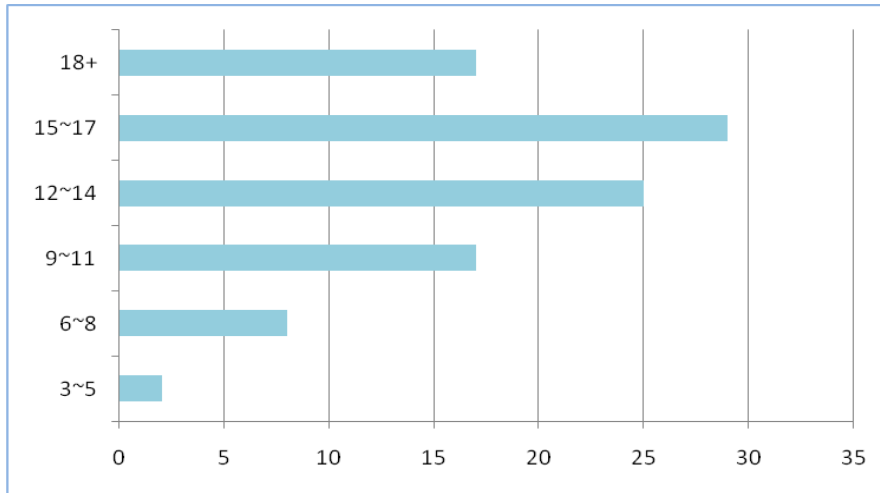


图 2 陇川县 FXB 救助的弱势儿童年龄结构
Chart 2: Age Structure of FXB Long Chuan Beneficiary Children

从表 3 和图 2 看出，FXB 救助的弱势儿童的主要集中在 9~17，男儿童比例接近 1.2:1。其中人数最多为 15~17 岁儿童，占 29.6%，最少为 3~5 岁儿童，占 2.0%。

Form 3 and Chart 2 show that most FXB beneficiary children are 9-17 years old. The gender proportion, boy to girl, is about 1.2:1. The number of the children of 15-17 years old is the biggest, occupying 29.6% of the total; the children of 3-5 years old are the least, which is 2.0% of the total.

③目标儿童构成 Structure of Beneficiary Children

从儿童父母的存活状况来看，在本次调查的受艾滋病和吸毒影响儿童中，孤儿比例为 55.8%，其中，其中，父亡孤儿为 32.5%，父母双亡为 18.6%，母亡孤儿 4.7%，父母存活的儿童比例为 44.2%；从儿童的抚养状况来看，在本次调查的 FXB 资助儿童中，双亲抚养的儿童占 28.0%，母亲抚养的儿童占 16.2%，父亲抚养的儿童占 7.0%，祖父母抚养的儿童占 32.5%，其他亲戚抚养的儿童占 16.3%（见表 4 和图 2）。

In terms of survival of parents, among the HIV/AIDS affected children and the drug-abuse affected children, the percentage of orphan is 55.8%, including 32.5% of orphan whose father died, 18.6% of double orphan, and 4.7% of orphan whose mother died. The percentage of the children whose parents are alive is 44.2%. With regard to care-giving status of children FXB supported in this final evaluation, 28.0% of the children live with their parents; 16.2% of the children live with mother; 7.0% of the children live with father; 32.5% of the children live with their grandparents; and 16.3% of the children live with other relatives. (See Form 4 and Chart 2)

表 4: 陇川县 FXB 救助的受艾滋病和吸毒影响儿童构成

Form 4: Structure of HIV/AIDS affected children and drug-abuse affected children supported by

FXB in Long Chuan County

	双亡孤儿 Double orphan	父亡孤儿 Children whose father died	母亡孤儿 Children whose mother died	父母健在 Parents alive	总计 Total	比例 Percentage
双亲抚养家庭 Living with parents	0	0	0	12	12	28.0%
父亲抚养家庭 Living with father	0	0	2	1	3	7.0%
母亲抚养家庭 Living with mother	0	6	0	1	7	16.2%
祖父母抚养家庭 Living with grandparents	5	7	0	2	14	32.5%
其他亲戚抚养 Living with relatives	3	1	0	3	7	16.3%
总计 Total	8	14	2	19	43	
比例 (%) Percentage	18.6%	32.5%	4.7%	44.2%		100%

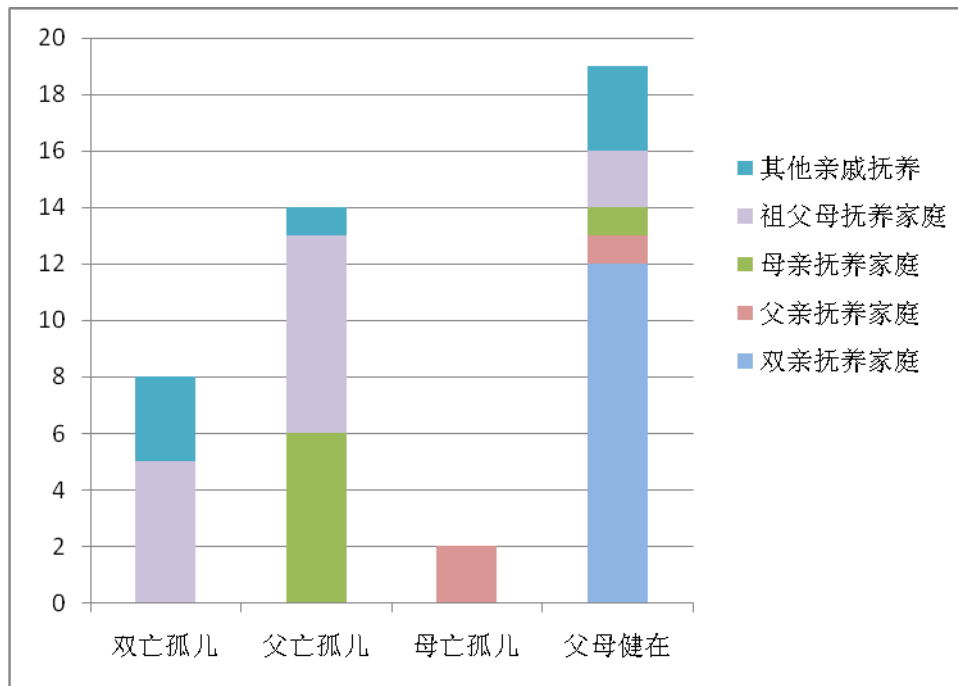


图3 陇川县受艾滋病和吸毒影响儿童构成

Chart 3: Structure of HIV/AIDS affected children and drug-abuse affected children

First Pillar: Double orphan Second Pillar: Children whose father died

Third Pillar: Children whose mother died Fourth Pillar: Children whose parents alive

Light Blue: Living with parents Red: Living with father
 Green: Living with mother Purple: Living with grandparents
 Dark Blue: Living with other relatives

从儿童父母的存活状况来看，在本次调查的 FXB 资助儿童中，孤儿比例为 48.0%，其中，父亡孤儿为 34.7%，父母双亡为 10.2%，母亡孤儿 3.1%，父母存活的儿童比例为 52.0%；从儿童的抚养状况来看，在本次调查的 FXB 资助儿童中，双亲抚养的儿童占 34.7%，母亲抚养的儿童占 25.5%，父亲抚养的儿童占 5.1%，祖父母抚养的儿童占 18.4%，其他亲戚抚养的儿童占 16.3%（见表 5 和图 4）。

In terms of survival status of children's parents, among the FXB beneficiary children investigated in the final evaluation, orphan percentage is 48.0%, including 34.7% of the children whose father died, 10.2% of the children whose parents died, 3.1% of the children whose mother died, 52.0% of the children whose parents alive. For care-giving status, among the children of the mid-term evaluation, 34.7% of the children who live with parents; 25.5% of the children live with mother; 5.1% of the children live with father; 18.4% of the children live with grandparents; 16.3% of the children live with other relatives. (See Form 5 and Chart 4)

表 5：陇川县 FXB 救助儿童构成

Form 5: Structure of FXB Long Chuan Beneficiary Children

	双亡孤儿 Double Orphan	父亡孤儿 The children whose father died	母亡孤儿 The children whose mother died	父母健在 The children whose parents alive	总计 Total	比例 Percentage
双亲抚养家庭 Living with parents	0	0	0	34	34	34.7%
父亲抚养家庭 Living with father	0	0	3	2	5	5.1%
母亲抚养家庭 Living with mother	0	21	0	4	25	25.5%
祖父母抚养家庭 Living with grandparents	5	8	0	5	18	18.4%
其他亲戚抚养 Living with other relatives	5	5	0	6	16	16.3%
总计 Total	10	34	3	51	98	

比例 (%) Percentage	10.2%	34.7%	3.1%	52.0%		100%
-------------------	-------	-------	------	-------	--	------

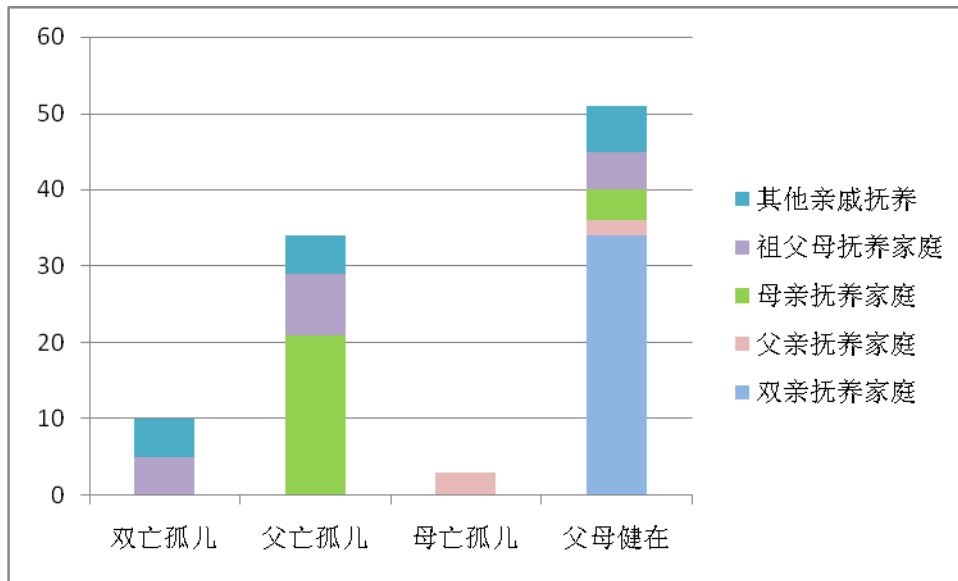


图 4 陇川县 FXB 救助儿童构成

Chart 4: Structure of FXB Long Chuan Beneficiary Children

First Pillar: Double orphan, Second Pillar: The children whose father died
 Third Pillar: The children whose mother died
 Forth Pillar: The children whose parents alive

Light Blue: Living with parents Red: Living with father
 Green: Living with mother Purple: Living with grandparents
 Dark Blue: Living with other relatives

3.2 儿童生活环境 Living Environment

我们将生活环境概括为家庭经济情况、抚养条件和公众态度三方面，希望通过对比基线，中线和终线在这三方面的改变，分析弱势儿童家庭生活环境的变化。

We describe Living Environment with Family Economic Status, Care-giving Conditions and Public Attitudes. By comparing the difference of the above 3 aspects among the baseline, mid-term and the final evaluation, we hope to analyze the changes of Living Environment in vulnerable children's families.

3.2.1 家庭经济情况 Family Economic Status

家庭经济情况主要指家庭每年的净收入情况，该指标反映了儿童生活环境的物质生活的经济基础的情况。我们将家庭经济状况分为收入状况和支出状况以及 IGA 活动对收入和

支出状况的影响来进行分析。

Family Economic Status mainly refers to net annual family income , this indicator reflects the situation of material and economic status of child's living environment. We separated Family Economic Status into Income Status and Expenditure Status, and analyzed the impact of IGA to Income Status and Expenditure Status.

3.2.1.1 收入状况 Income Status

①总收入 Total Income

我们将人均年收入作为反映家庭经济状况的重要指标。陇川县的 FXB 救助家庭的收入主要有生产性收入、救济收入两部分构成。生产收入指土地收入、经商收入、打工收入、养殖收入、技能收入等通过家庭成员劳动所得的非救助性收入。

We take per capita yearly income as an important indicator which reflects family economic status. The income of Long Chuan FXB beneficiary families mainly includes: productive income and relief income. Productive income refers to non-relief income from family members by labor work, such as, Land Income, Business Income, Odd Job Income, Breeding Income, Skill Income, etc.

从人均年收入看，受艾滋病影响家庭收入从基线的 1100.6 元稳步增加到终线的 5793.8 元，特困家庭中线从基线的 1013.4 元逐期提高至终线的 5624.6 元，吸毒家庭从基线的 2532.5 元提高到终线的 5561.1 元；从人均年生产性收入看，受艾滋病影响家庭由基线的 1072.3 元提高到现在的 4677.1 元，特困家庭终线由基线的 1005.3 元提高到现在的 4365.4 元，吸毒家庭由基线的 2526.8 元提高到现在的 4430.3 元；从人均年救济性收入上看，这些弱势儿童及其家庭得到了 FXB 大力救助，可以明显看出，其中救济收入的增长主要来自于 FXB 的救助，受艾滋病影响家庭终线人均年救济收入为 1116.6 元，吸毒家庭终线人均年救济收入为 1130.9 元，特困家庭终线人均救济性收入为 1259.1 元。三类家庭中线、终线人均年救济性收入都稳定在 1000 元左右。

Per capita yearly income: For HIV/AIDS affected families, per capita yearly income from baseline survey 1100.6RMB stably improved up to 5793.8RMB in final evaluation. For poverty-stricken families, per capita yearly income in baseline 1013.4RMB gradually improved up to 5624.6RMB in final evaluation. For drug-abuse affected families, per capita yearly income in baseline 2532.5RMB improved up to 5561.1RMB in final evaluation. Per capita yearly productive

income: For HIV/AIDS affected families, per capita yearly productive income improved from 1072.3RMB in baseline survey up to 4677.1RMB in final evaluation. For poverty-stricken families, per capita yearly productive income improved from 1005.3RMB in baseline survey up to 4365.4RMB in final evaluation. For drug-abuse affected families, per capita yearly productive income improved from 2526.8RMB in baseline survey up to 4430.3RMB in final evaluation.

Per capita yearly relief income: The vulnerable children and their families have all been greatly supported by FXB. It obviously shows that the increase of relief income mainly came from FXB support, for HIV/AIDS affected families, per capita yearly relief income is 1116.6RMB. For poverty-stricken families, it is 1130.9RMB. For drug-abuse affected families, it is 1259.1RMB. The per capita yearly relief income of 3 types of families both stabilized around 1000RMB.

表 6: 陇川县 FXB 救助家庭收入情况
Form 6: Income Status of FXB Long Chuan Beneficiary Families

		人均年 收入 (元) Per capita yearly income (RMB)	人均年生 产收入 (元) Per capita yearly productive income (RMB)	人均年救 济收入 (元) Per capita yearly relief income (RMB)	统计使 用儿童 数(人) # of children in survey	统计使 用家庭 数(户) # of families in survey
受艾滋病影响家庭 HIV Affected families	基线数据 Baseline data	1100.6	1072.3	28.3	25	18
	中线数据 Mid-term data	3775.4	2737.6	1037.7	25	18
	终线数据 Final data	5793.8	4677.1	1116.6	36	25
	基线与中线 检验值 Baseline and Mid-term Test value	-7.257	-4.912	-11.316		
	基线与中线 显著性 Baseline and	0.000	0.000	0.000		

	Mid-term Significance					
	中线与终线 检验值 Mid-term and Final Test value	-3.668	-3.718	-0.647		
	中线与终线 显著性 Mid-term and Final Significance	0.001	0.000	0.520		
受吸毒影响家庭 Drug-abuse Affected Families	基线数据 Baseline data	2532.5	2526.8	5.6	9	8
	中线数据 Mid-term data	3317.1	2303.8	1013.3	9	8
	终线数据 Final data	5561.1	4430.3	1130.9	7	7
	基线与中线 检验值 Baseline and Mid-term Test value	-0.879	0.272	-5.175		
	基线与中线 显著性 Baseline and Mid-term Significance	0.392	0.789	0.001		
	中线与终线 检验值 Mid-term and Final Test value	-1.694	-1.945	-0.359		
	中线与终线 显著性 Mid-term and Final Significance	0.112	0.072	0.725		
特困家庭 Poverty-stricken	基线数据 Baseline	1013.4	1005.3	8.1	22	12

Families	data					
	中线数据 Mid-term data	2989.4	2037.7	951.8	22	12
	终线数据 Final data	5624.6	4365.4	1259.1	55	35
	基线与中线 检验值 Baseline and Mid-term Test value	-9.207	-5.282	-10.722		
	基线与中线 显著性 Baseline and Mid-term Significance	0.000	0.000	0.000		
	中线与终线 检验值 Mid-term and Final Test value	-5.331	-3.804	-0.912		
	中线与终线 显著性 Mid-term and Final Significance	0.000	0.000	0.364		
	合计 Total	基线数据 Baseline data	1296.5	1279.7	16.7	56
中线数据 Mid-term data		3393	2393	1000	56	39
终线数据 Final data		5682.2	4484.6	1197.6	98	67
基线与中线 检验值 Baseline and Mid-term Test value		-8.581	-4.918	-16.323		
基线与中线		0.000	0.000	0.000		

显著性 Baseline and Mid-term Significance					
中线与终线 检验值 Mid-term and Final Test value	-6.235	-5.614	-1.175		
中线与终线 显著性 Mid-term and Final Significance	0.000	0.000	0.242		

如图 5，可以看出由于 FXB 的救助使得年生产性收入和总收入都得到了大幅提高，人均救助性收入的增幅趋缓，符合 FXB 救助的总计划，逐步减少救助的投入，而投入的减少没有使生产性收入和总收入的增幅减缓。随着救济的逐渐减少增加投入，人均的生产性收入和总收入依然保持着良好的增长势头。

In Chart 5, it shows that due to the support from FXB, per capita yearly productive income and total income both greatly improved, per capita yearly relief income increase slowed down, which met the goal of FXB assistance, gradual decrease of relief input, but didn't slow down the improvement trend of productive income and total income. Per capita yearly productive income and total income kept nice developing improving trend while decreasing relief input.

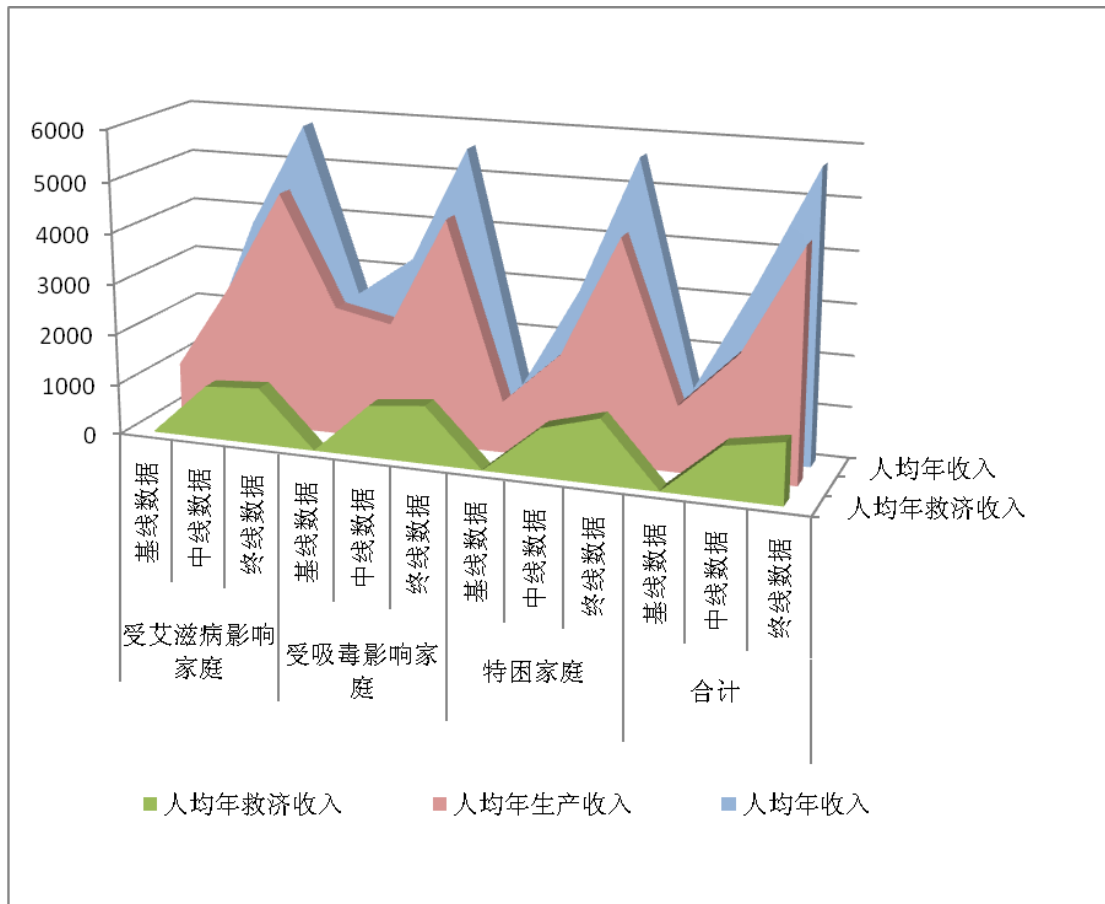


图 5：陇川县 FXB 救助家庭收入趋势

Chart 5: Trend of FXB Long Chuan Beneficiary Family Income Trend

Sequence (from left): HIV/AIDS affected family, drug-abuse affected family,

Poverty-Stricken affected family, total

Green: per capita yearly relief incme

Red: per capita yearly productive income

Blue: per capita yearly income

我们从收入结构分析收入增加，受艾滋病影响家庭终线人均年生产性收入增量占人均年增加收入比例由中线的 62.3%增加到终线的 96.1%，特困家庭人均年生产性收入占人均年增加收入比例由中线的 52.2%增加到终线的 88.3%。吸毒家庭终线人均年生产性收入占人均年增加收入比例为 96.5%，而吸毒家庭中线生产性收入较基线时减少，表明现在吸毒家庭的生产有所恢复，且生产性收入为其收入的主要来源，正在向正常家庭的情况靠近。到终线时，三类家庭的生产性收入增量占人均年增加收入的绝大部分。

We analyzed the income increase from income structure, the percentage of per capita yearly

increased productive income compared with per capita yearly increased income was 62.3% in mid-term, and up to 96.1% in final evaluation for HIV/AIDS affected families, 52.2% in mid-term up to 88.3% in final evaluation for poverty-stricken families. For drug-abuse affected families, the percentage of per capita yearly increased productive income compared with per capita yearly increased income was 96.5%, but the per capita yearly productive income decreased in mid-term compared with baseline data, it shows that the production in drug-abuse affected families currently recovered, and productive income became main resource of income, it's approaching to normal families. In final evaluation, the increased productive income of 3 types of family occupies most part of per capita increased yearly income.

②生产性收入 Productive Income

根据三次调查数据的特点，我们将陇川县 FXB 救助家庭的生产性收入分为三部分：土地收入、养殖收入、其他收入（打工、经商等收入）。

According to the features of the survey data found in the mid-term evaluation, we divided Productive Income of FXB Long Chuan beneficiary families into 3 parts: Land Income, Breeding Income, Other Income (odd job, micro-business income, etc.)

从表 7 可以看出，除吸毒家庭人均年土地收入逐年下降外，受艾滋病影响家庭和特困家庭的人均年土地收入、人均年养殖收入和人均年其他收入三个指标均逐年递增。吸毒家庭终线人均年养殖收入和人均其他收入已经与受艾滋病影响家庭和特困家庭的情况相较接近，表明吸毒家庭的生产状况有所恢复。吸毒家庭人均土地收入逐年下降可能与吸毒者丧失重体力劳动能力有关。在 FXB 的帮助下，吸毒家庭的收入也通过养殖的方式有明显改善。

Form 7 shows that, except for per capita yearly land income decreasing in drug-abuse affected families, for HIV/AIDS affected families and poverty-stricken families, per capita yearly land income, per capita yearly breeding income and per capita other income, the 3 indicators all improved in each year. The per capita yearly breeding income and per capita other income in drug-abuse affected families was already close to HIV/AIDS affected families and poverty-stricken families, it shows the recovery of production in drug-abuse affected families. The gradual decrease of per capita land income in each year may relate with inability of heavy labor work for drug users. Under the support of FXB, the breeding approach improved income in drug-abuse families.

表 7：陇川县 FXB 救助家庭生产性收入情况

Form 7: Long Chuan FXB Beneficiary Families Productive Income

		人均年 土地收入(元) Per capita yearly land income (RMB)	人均年 养殖收 入(元) Per capita yearly breeding income (RMB)	人均年 其他收 入(元) Other per capita yearly income (RMB)	统计使用 儿童 数(人) # of Children in Survey	统计使用 家庭 数(户) # of families in survey
受艾滋病影响家 庭 HIV Affected families	基线数据 Baseline data	684.2	164.8	223.2	25	18
	中线数据 Mid-term data	1795.5	617.6	324.5	25	18
	终线数据 Final data	1996.2	1902.4	778.5	36	25
	基线与中线 检验值 Baseline and Mid-term Test value	-4.156	-3.482	0.844		
	基线与中线 显著性 Baseline and Mid-term Significance	0.000	0.002	0.403		
	中线与终线 检验值 Mid-term and Final Test value	-0.659	-5.179	-2.493		
	中线与终线 显著性 Mid-term and Final Significance	0.512	0.000	0.016		
受吸毒影响家庭 Drug-abuse Affected	基线数据 Baseline data	2226.4	150.5	150	9	8

Families	中线数据 Mid-term data	2134.3	55.6	113.9	9	8
	终线数据 Final data	1478.5	2460.6	491.2	7	7
	基线与中线 检验值 Baseline and Mid-term Test value	0.125	1.279	0.322		
	基线与中线 显著性 Baseline and Mid-term Significance	0.902	0.219	0.752		
	中线与终线 检验值 Mid-term and Final Test value	0.824	-4.318	-1.317		
	中线与终线 显著性 Mid-term and Final Significance	0.424	0.001	0.235		
	特困家庭 Poverty-stricken Families	基线数据 Baseline data	852.9	110.3	42	22
中线数据 Mid-term data		1549.7	393.1	94.8	22	12
终线数据 Final data		1875.4	2052.9	437.1	55	35
基线与中线 检验值 Baseline and Mid-term Test value		-3.972	-2.166	-1.538		
基线与中线 显著性 Baseline		0.000	0.040	0.132		

	and Mid-term Significance					
	中线与终线 检验值 Mid-term and Final Test value	-1.619	-2.964	-3.375		
	中线与终线 显著性 Mid-term and Final Significance	0.111	0.004	0.001		
合计 Total	基线数据 Baseline data	998.3	141.1	140.3	56	39
	中线数据 Mid-term data	1753.4	439.1	200.4	56	39
	终线数据 Final data	1891.4	2026.7	566.4	98	67
	基线与中线 检验值 Baseline and Mid-term Test value	-3.906	-3.642	-0.998		
	基线与中线 显著性 Baseline and Mid-term Significance	0.000	0.001	0.320		
	中线与终线 检验值 Mid-term and Final Test value	-0.738	-6.937	-3.826		
	中线与终线 显著性 Mid-term and Final Significance	0.462	0.000	0.000		

如图 6，从生产性收入增加的构成上来看，占生产性收入增加量最大的是养殖收入增量。受艾滋病影响家庭养殖收入增量占生产性收入增量比例由中线的 27.2% 增加到终线的 66.2%，特困家庭由中线的 27.4% 增加到终线的 71.3%，由于吸毒家庭土地收入逐年减少，生产性收入的大部分来自于养殖收入。吸毒家庭养殖收入增量占生产性收入增量比例由中线的 42.5% 增加到现在的 113.1%。除吸毒家庭外，养殖收入是逐年增加的。除吸毒家庭外，人均年其他收入也有稳步提高，受艾滋病影响家庭同比增量由中线的 45.4% 增加到终线的 203.4%，特困家庭同比增量由中线的 125.7% 增加到 815.0%。人均年其他收入实现了翻番，其它收入对生产性收入的贡献在逐步提高。艾滋病家庭其它收入占生产性收入的比例由中线的 11.9% 增加到终线的 16.6%，吸毒家庭由 4.9% 增加到 11.1%，特困家庭由 8.4% 增加到 12.6%。

In Chart 6, looking through the structure of productive income increase, the biggest increased part is from breeding. The percentage of increased breeding income in the increased productive income for HIV/AIDS affected family improved from 27.2% in mid-term up to 66.2% in final evaluation, poverty-stricken family improved from 27.4% in mid-term up to 71.3% in final evaluation, due to the decrease of land in drug-abuse affected family, most productive income came from breeding income. For drug-abuse affected family, the percentage of increased breeding income in increased productive income improved from 42.5% in mid-term up to 113.1% in final evaluation. Except for drug-abuse affected family, breeding income improved year by year. Except for drug-abuse affected family, per capita yearly other income improved, too, for HIV/AIDS affected family, improved from 45.4% in mid-term up to 203.4% in final evaluation, poverty-stricken family improved from 125.7% up to 815.0% in final evaluation. The per capita yearly other income doubled, the percentage of other income in productive income increased gradually. For HIV/AIDS affected family, the percentage of other income in productive income improved from 11.9% in mid-term up to 16.6% in final evaluation, drug-abuse affected family improved from 4.9% in mid-term up to 11.1% in final evaluation, poverty-stricken family improved from 8.4% in mid-term up to 12.6% in final evaluation.

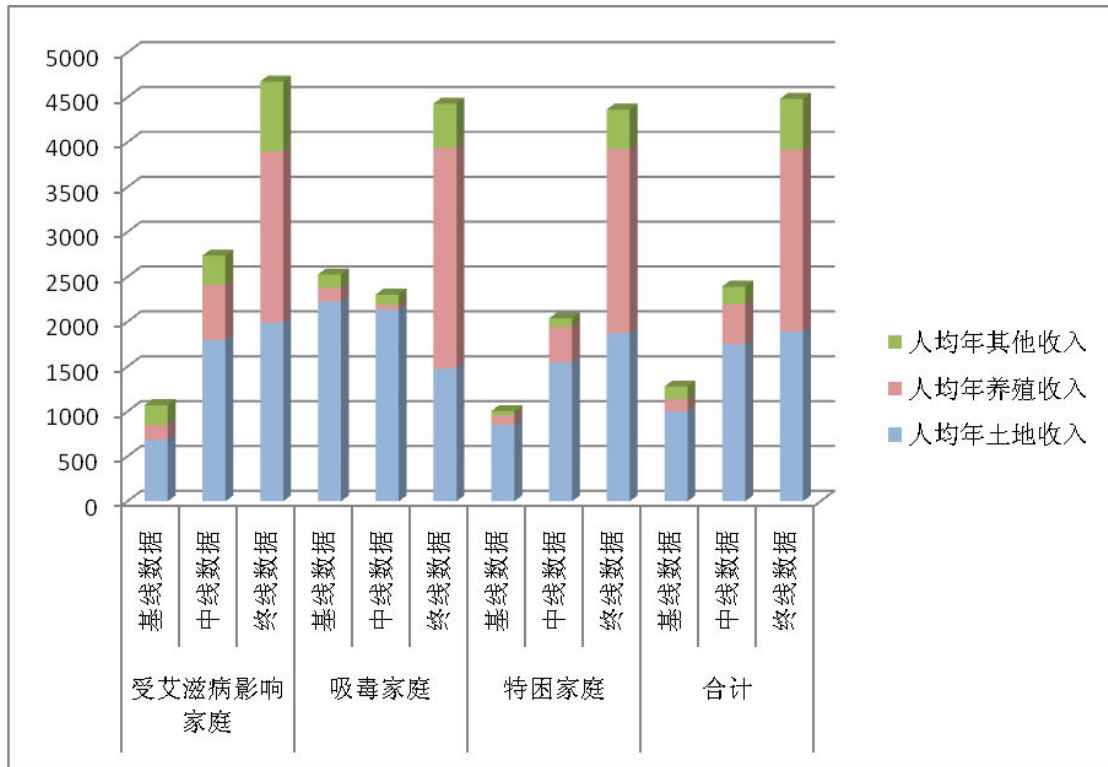


图 6：陇川县 FXB 救助家庭生产性收入构成

Chart 6: Structure of Long Chuan FXB Beneficiary Family Productive Income

Sequence (from left): HIV/AIDS affected family, drug-abuse affected family,

Poverty-Stricken affected family, total

Green: per capita yearly other income

Red: per capita yearly breeding income

Blue: per capita yearly land income

生产性收入的变化是与 FXB 实施的项目密不可分的。FXB 通过 IGA 发展项目使家庭的生产系统得到有效运转的目标已基本达到。家庭完成了“造血”功能。由于生产可能存在一定的延续性，可以预见到项目结束后救助的家庭的收入水平仍有可能保持现在的增长势头。

The change of productive income can not be achieved without FXB Program implementation. Through the conduction of IGA, the efficient operation of family productive system is already reached as the goal. The families have formed “self-efficiency” functionality. Due to the possibility of sustainable production, we can foresee that once Program completes, the level of income could still remain the trend of improvement in current beneficiary families.

③救济性收入 Relief Income

在项目执行的三年时间里， FXB 给予这些弱势儿童及其家庭很多实物帮助，从救济性收入的总量上看，人均救济性收入在 1000 元以上。随着项目的实施逐渐减少投入，没有因为救助的逐步降低而使家庭经济状况下降，反而使得家庭经济状况稳步高速增长。

During the past 3 years of program implementation, FXB provided great relief support in materials for the vulnerable children and their families. For the total quantity of relief income, per capita of relief income is beyond 1000RMB. By the gradual decrease of Program input, the decrease of relief income didn't have family economic status decrease, instead , the family economic firmly improved in high speed.

④小结 Summary

从收入状况来看，受艾滋病影响家庭、吸毒家庭和特困家庭人均年收入稳步提高。从收入结构来看，对于受艾滋病影响家庭和特困家庭，人均年收入的增加主要来自家庭本身的人均年养殖收入，这与 IGA 活动的开展是分不开的；对于吸毒家庭，人均年收入的增加也主要来自人均年养殖收入增加，表明吸毒家庭的生产有很大恢复。

In terms of the income status, the per capita yearly income stably improved in HIV/AIDS affected families, drug-abuse affected families, and poverty-stricken families. Looking through the income structure, for HIV/AIDS affected families and poverty-stricken families, the increase of per capita yearly income mainly came from per capita of yearly breeding income, this can not be achieved without IGA; for drug-abuse affected families, the increase of per capita yearly income mainly came from per capita of yearly breeding income, too, it means the production in drug-abuse families recovered in a great way.

3.2.1.2 支出状况 Expenditure status

支出状况是反映家庭生活状况的主要指标之一，结合我们的研究目的，这里主要考虑家庭支出结构和人均日常支出，其中家庭支出结构主要分析日常生活支出、生产性支出、教育支出、医疗支出四类基本支出,以及其他支出一类非基本支出，其他支出主要是指丧葬、婚嫁、房屋、家电等费用的支出。

Expenditure status is one of the key indicators that reflect family living status. Integrating with the research purpose, here we mainly consider family expenditure structure and average daily

expenditure of per person. Family expenditure structure mainly analyzes non-basic expenditure and 4 basic expenditure aspects, including daily life expenditure, productive expenditure, education expenditure and medical expenditure. Non-basic expenditure mainly refers to funerals, weddings, housing, furniture and electricity, etc.

①家庭支出结构及人均日常支出

Family expenditure structure and per capita daily expenditure

从家庭支出结构看，FXB救助家庭三年的支出结构有很大变化，最大的支出是日常生活支出，其次是生产性支出，其他支出比例明显增加在终线时成为第三的支出项，然后是医疗费，最少的是教育花费，教育花费比例基本保持不变（见表8-1，表8-2，图7-1，图7-2）。

Compared with the situation in past 3 years, the family expenditure structure of FXB beneficiary households achieved great changes. The biggest expenditure is daily life expenditure. The second aspect is productive expenditure. The percentage of other expenditure obviously increased and became third biggest expenditure in final evaluation, then next is medical expenditure. The least one is education expenditure. The percentage of education expenditure almost remained the same (See Form 8-1, 8-2, Chart 7-1, 7-2)

表 8-1：陇川县 FXB 救助家庭人均日常支出

Form 8-1: Per Capita Daily Expenditure of FXB Long Chuan Beneficiary Families

		受艾滋病影响 家庭 HIV/AIDS affected families	吸毒家庭 Drug-abuse families	特困家庭 Poverty-stricken families	合计 Total
人均日常支出 (元) Per capita of daily expenditure(RMB)	基线数据 Baseline data	1257.2	1266.3	1110.9	1198.1
	中线数据 Mid-term data	1931.2	2338	1758.7	1918.1
	终线数据 Final data	2024.1	1651.8	1888.9	1921.6
	基线与中线检验值 Baseline and Mid-term Test value	-3.449	-3.928	-3.636	-5.937

基线与中线显著性 Baseline and Mid-term Significance	0.001	0.002	0.001	0.000
中线与终线检验值 Mid-term and Final Test value	-0.456	1.943	-0.715	-0.028
中线与终线显著性 Mid-term and Final Significance	0.65	0.072	0.477	0.978

表 8-2: 陇川县 FXB 救助家庭支出结构

Form 8-2: Family Expenditure Structure of FXB Long Chuan Beneficiary Families

		日常支出 平均比例 Average percentage of daily expenditure	生产性支 出平均比 例 Average percentage of productive expenditure	教育支出 平均比例 Average percentage of education expenditure	医疗支出 平均比例 Average percentage of medical expenditure	其他支出 平均比例 Average percentage of other expenditure	统计使 用儿童 数(人) #of children in survey	统计使 用家庭 数(户) # of families in survey
受艾滋病影响家 庭 HIV/AIDS Affected families	基线数据 Baseline data	61.10%	15.90%	7.60%	10.10%	5.30%	28	19
	中线数据 Mid-term data	54.80%	16%	8.10%	12.80%	8.40%	28	19
	终线数据 Final data	39.10%	25.40%	7.50%	6.40%	21.60%	36	25
	基线与中线 检验值 Baseline and Mid-term Test value	1.247	-0.017	-0.239	-0.857	-1.73		
	基线与中线 显著性 Baseline and Mid-term Significance	0.219	0.987	0.812	0.395	0.092		
	中线与终线	3.573	-2.821	0.262	2.405	-3.188		

	检验值 Mid-term and Final Test value							
	中线与终线 显著性 Mid-term and Final Significance	0.001	0.006	0.795	0.02	0.003		
吸毒家庭 Drug-abuse affected families	基线数据 Baseline data	46.80%	34.60%	5.80%	5.60%	7.30%	9	8
	中线数据 Mid-term data	62.30%	18.00%	4.30%	7.70%	7.60%	9	8
	终线数据 Final data	34.90%	26.70%	8.00%	5.30%	25.10%	7	7
	基线与中线 检验值 Baseline and Mid-term Test value	-2.131	2.286	0.751	-0.674	-0.066		
	基线与中线 显著性 Baseline and Mid-term Significance	0.049	0.036	0.464	0.514	0.948		
	中线与终线 检验值 Mid-term and Final Test value	3.43	-1.368	-0.787	0.598	-1.656		
	中线与终线 显著性 Mid-term and Final Significance	0.004	0.193	0.445	0.559	0.147		
特困家庭 Poverty-stricken Families	基线数据 Baseline data	61.70%	12.70%	7.60%	12.50%	5.90%	26	14
	中线数据 Mid-term	47.20%	18.00%	8.00%	16.80%	10.10%	26	14

	data							
	终线数据 Final data	42.60%	29.00%	5.80%	8.90%	13.80%	55	35
	基线与中线 检验值 Baseline and Mid-term Test value	4.488	-1.889	-0.187	-1.014	-1.949		
	基线与中线 显著性 Baseline and Mid-term Significance	0	0.065	0.852	0.315	0.059		
	中线与终线 检验值 Mid-term and Final Test value	1.386	-4.195	1.435	2.225	-1.136		
	中线与终线 显著性 Mid-term and Final Significance	0.17	0	0.161	0.033	0.26		
合计 Total	基线数据 Baseline data	59.30%	17.20%	7.40%	10.50%	5.80%	63	41
	中线数据 Mid-term data	52.70%	17.10%	7.50%	13.80%	9.00%	63	41
	终线数据 Final data	40.80%	27.50%	6.60%	7.70%	17.40%	98	67
	基线与中线 检验值 Baseline and Mid-term Test value	2.253	0.066	-0.126	-1.42	-2.336		
	基线与中线 显著性 Baseline and Mid-term	0.026	0.947	0.9	0.158	0.021		

Significance							
中线与终线 检验值 Mid-term and Final Test value	4.679	-5.354	0.819	3.032	-3.76		
中线与终线 显著性 Mid-term and Final Significance	0	0	0.414	0.003	0		

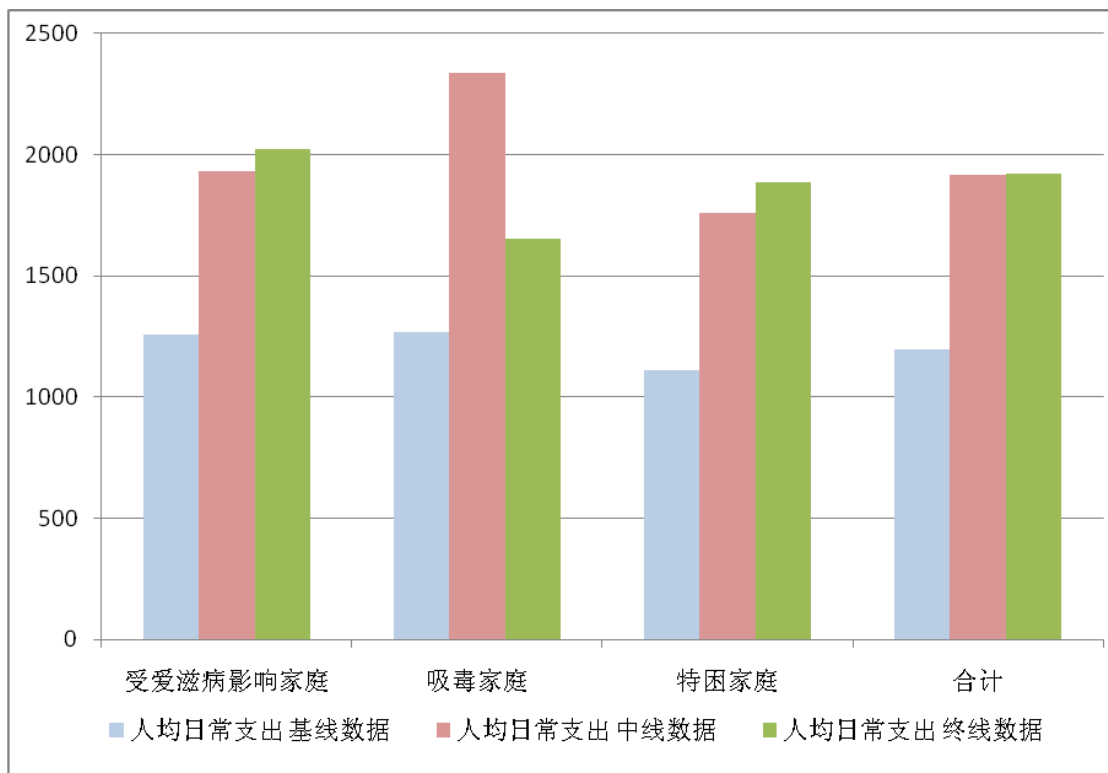


图 7-1: 陇川县 FXB 救助家庭人均日常支出趋势

Form 7-1: Per Capita Daily Expenditure Trend of FXB Long Chuan Beneficiary Families

Sequence (from left): HIV/AIDS affected family, drug-abuse affected family,

Poverty-Stricken affected family, total

Blue: baseline data of per capita daily expenditure

Red: Mid-term data of per capita daily expenditure

Green: Final data of per capita daily expenditure

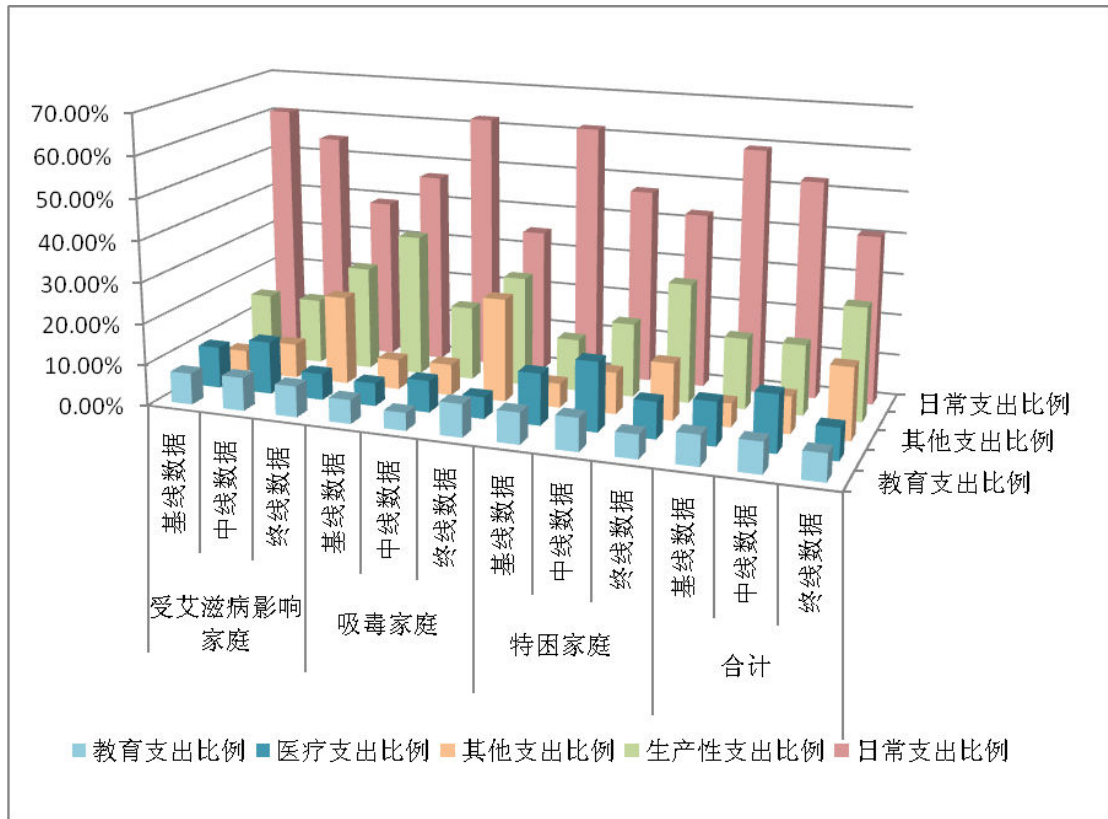


图 7-2: 陇川县 FXB 救助家庭支出构成

Form 7-2: Family Expenditure Structure of FXB Long Chuan Beneficiary Families

Sequence (from left): HIV/AIDS affected family, drug-abuse affected family,
Poverty-Stricken affected family, total

Light Blue: percentage of education expenditure

Dark Blue: percentage of medical expenditure

Yellow: percentage of other expenditure

Green: percentage of productive expenditure

Red: percentage of daily expenditure

从人均日常生活支出看，无论是受艾滋病影响家庭、吸毒家庭还是特困家庭，三年内均逐步提高，说明家庭的日常生活水平有了改善；而日常生活支出比例显著性下降，说明家庭在日常生活水平提高的同时，有更多的钱用于生产、教育、医疗、其他支出等方面，尤其是其他支出比例显著的逐年递增，说明家庭现在有意愿或能够拿出更多的钱用于丧葬、婚嫁、房屋、家电等非基本支出（见图7-2）。

Looking through the per capita daily expenditure, no matter HIV/AIDS affected families, drug-abuse families and poverty-stricken families, all improved in 3 years, it means the family daily living improved. The remarkable decrease of daily expenditure percentage, shows that while improvement of family daily living occurred, families have more money to spend in production, education, medication, and other aspects, especially the increase of other expenditure in each year, it means that the current families are willing to spend more money in non-basic expenditure such as funerals, weddings, housing, furniture and electricity, etc

②人均日常支出结构及有欠款比例

Structure of Per Capita Daily Expenditure and Percentage of Debts

从目前的情况来看，受艾滋病影响家庭、吸毒家庭和特困家庭对FXB的日常支出依赖性较高，按照项目的实施方案，FXB人均日常支出有所减少，三类家庭人均日常支出的增加增量也有所减少。所有的家庭都表示物价上涨对家庭的日常生活产生了影响，都表示与以往相比，生活成本增加了，例如，肥料、饲料等生产必需品和日常食用的猪肉价格都上涨了（见表9）。

In terms of the current situation, daily expenditure in HIV/AIDS affected families, drug-abuse families highly counted on FXB. According to Program implementation plan, the per capita of daily expenditure had decreased, the increased per capita daily expenditure in 3 types of family decreased, too. All FXB beneficiary families expressed that the price increase impacted their daily life. Many people said, compared with the past, now life cost has increased. For instance, necessary producing needs such as fertilizer and feed stuff, and other daily life needs like pork, now all become more expensive. (See Form 9)

表 9：陇川县 FXB 救助家庭人均日常支出结构

Form 9: FXB Long Chuan Beneficiary Families Structure of Per Capita Daily Expenditure

	人均日常支出增加（元） Increase of per capita daily expenditure (RMB)		FXB 人均日常支出（元） Per capita daily expenditure of per FXB beneficiary (RMB)	
	中线 Mid-term	终线 Final	中线 Mid-term	终线 Final
受艾滋病影响家庭 HIV/AIDS affected	674	92.8	839.9	-471

families				
吸毒家庭 Drug-abuse affected families	1071.1	-686.2	771.3	-402.4
特困家庭 Poverty-stricken families	647.8	130.2	765.6	-417.4
合计 Total	720	3.5	799.4	-445.2

从FXB救助家庭有欠款的比例看，除受艾滋病影响家庭外，欠款比例均有所下降。（见表10）。

In terms of the percentage of families with debts, except for HIV/AIDS affected families, percentage of families with debts all decreased (See Form 10)

表 10: 陇川县 FXB 救助家庭有欠款比例情况

Form 10: Percentage of Family with Debts in FXB Long Chuan Beneficiary Families

		受艾滋病 影响家庭 HIV/AIDS affected families	吸毒家庭 Drug-abuse affected families	特困家庭 Poverty-stricken families	合计 Total
有欠款比例 (%) Percentage of Families with debts	基线数据 Baseline data	55.20%	66.70%	73.10%	64.10%
	中线数据 Mid-term data	50%	75%	66.70%	60.00%
	终线数据 Final data	75%	28%	65%	66.30%
	基线与中线检验值 Baseline and Mid-term Test value	0.153	—	0.244	0.217
	基线与中线显著性 Baseline and Mid-term Significance	0.696	1	0.621	0.641
	中线与终线检验值 Mid-term and Final Test value	2.068	-1.89	-0.103	0.8
	中线与终线显著性 Mid-term and Final	0.047	0.081	0.918	0.425

	Significance				
--	--------------	--	--	--	--

③小结 Summary

从支出状况来看，家庭的生活状况逐年改善。从家庭支出结构看，人均日常支出略有增加，人均日常支出比例有所下降，表明三类家庭总支出增加，生活质量有所提高。其他支出比例有所增加，说明家庭有意愿或能够拿出更多的钱用于非基本支出；从人均日常支出看，家庭的日常生活支出水平逐年提高，而 FXB 的投入有所减少，表明项目的进行使得救助对象的消费生活习惯发生了改变；从家庭有欠款的比例看，欠款比例逐年降低，家庭的债务状况有所改善。

In terms of expenditure status, living conditions of families improved year by year. About the structure of family expenditure, per capita daily expenditure has increased, percentage of per capita daily expenditure has decreased, which means the total expenditure increased in the the 3 types of family, quality of daily living improved. The increase of other expenditure means families are willing to or be able to spend more money on non-basic expenditure. About per capita daily expenditure, living conditions of FXB beneficiary families have improved year by year, and the decrease of FXB support, resulted in changes of daily consumption habits due to the Program implementation; About the percentage of families with debts, the percentage has decreased year by year, the debts status of such families has been improved.

3.2.1.3 IGA 活动对家庭经济的影响

IGA 活动强调在项目执行人员的指导下，以 FXB 救助家庭为主体，尊重家庭自身的发展意愿，让家庭自己制定生产计划，培养他们如何开展生产经营活动的思维模式。

IGA emphasized that under the instruction from Program staff, FXB beneficiary family acted as main body with respect to development willingness of family, family themselves developed production plan, cultivated them the ideological mold of how to conduct production or business.

到目前为止，陇川县调查的 68 户目标家庭均以开展了 IGA 活动。其中 79.4%的家庭购买了猪、牛、鸭子等开展养殖活动，41.2%的家庭购买了化肥等生产资料用于种地，1.5%的家庭开展经商活动，其中所有家庭都明确表示 IGA 活动已经增加了家庭的收入；68 户家庭都希望能够得到贷款继续扩大生产。

Till now, the evaluated 68 beneficiary families in Long Chuan all conducted IGA. 79.4% of the families purchased pigs, buffalo, ducks, etc, to develop breeding, 41.% of the families purchased chemical fertilizer for planting, 1.5% of the families did business, all

families clearly expressed that IGA improved their family income; all 68 families expected for loan to expand the production.

家庭经济状况的变化与项目中 IGA 活动的执行是分不开的。IGA 活动为各个救助的家庭提供了生产资料，包括养殖生猪，购买耕牛，种植高产作物，种植高附加值作物。这些救助的作用不是短时的，有持久性帮助家庭生产生活的作用。项目希望通过 IGA 活动的开展，使目标家庭增强改善家庭经济状况的能力，从而从根本上为受艾滋病、吸毒、特困、残疾等因素影响儿童的教育、营养、医疗、住房及一切生活费用提供保证，进而提高儿童生活质量。从长远发展的眼光来提供救助，这为以后项目结束，家庭能够维持现在良好的改善家庭生活状况打下了基础。

The changes of family economic status can not be achieved without implementation of IGA. IGA provided families productive materials, including pigs, buffalo purchase, planting high-produced plants, planting high-income plants. The use of such assistance was not temporary, but permanently helped families with production and daily living. Program expected that with the development of IGA, beneficiary families could improve family economy, and fundamentally secure the payment of education, nutrition, medical care, housing and living cost for children affected by HIV/AIDS, drug-abuse, poverty, and disability, etc, as well as to improve quality of life. It aimed on long-term development, so once Program terminated, families can maintain the current nice development with formed fundament.

从家庭收入构成来看，IGA 的投入使得家庭在土地和养殖的收入得到了增加。其中各类投入都使得各类生产收入得到增加，说明 IGA 活动有效的使得家庭的收入得到了提高，活动的执行落到了实处。养殖与种植相比较，养殖增加收入 2470.9 元显著小于种植增加收入 5142.5 元。而种植与采取两种生产支持方式增加收入没有显著差异。表明在养殖和种植两种生产救助方式中，采用种植生产的方式增加收入较高。在以后的 IGA 活动中可以多开展种植救助的活动。

In terms of the structure of family income, the investment of IGA made increase to family income in land and breeding. And each individual investment increased income from each production, it reflects that IGA effectively increased family income, the implementation really made real practice. Compared with breeding and planting, increased breeding income 2470.9RMB, is remarkably less than increased planting income 5142.5RMB. But there is no remarkable difference about income increase compared planting with 2 approaches (both planting and breeding) integrated together. It reflects that between the 2 productive assistance approach, planting and breeding, approach of planting generates more income. In future IGA, more planting activities can be conducted.

表 11：陇川县不同 IGA 支持家庭收入情况

Form 11: Long Chuan Beneficiary Family Income Generated by Different IGA

		增加收入 Increased income	土地种植收入 Planting income	养殖收入 Breeding income	总收入 Total income
支持 类型	养殖 Breeding	2470.9	8341.3	9562.7	26220.8
	种植	5142.5	11183.2	7318.6	25383.7

Type of IGA	Planting				
	养殖和种植 Breeding & Planting	5642	9198.8	8119.1	24049.6
	经商 Micro-business	3000	3079.7	5420	13927.7

注：养殖与种植的增加收入的检验值为-2.410 显著性 0.027

种植与养殖和种植增加收入的检验值 0.395 显著性 0.695

Note: Test value of increased breeding income and increased planting income is -2.410, Significance is 0.027;

Test value of increased planting income and increased breeding & planting income is **0.395**, Significance is 0.695;

3.2.2 抚养条件 Care-giving Conditins

抚养条件主要通过抚养人的年龄、受教育情况、技能和就业状况、居住条件、卫生状况、生活设施以及抚养人与儿童的关系等来反映。本次评估主要对比基线、中线和终线的居住条件和生活设施的变化情况。

Care-giving conditions are mainly reflected by care-giver's age, education experience, skills and employment status, health status, living facilities, and the relationship between the care-giver and the child, etc. This final evaluation mainly compares housing conditions and living facilities among the baseline data, mid-term data, and final data.

①房屋、厕所情况 House and toilet

Housing and toilet conditions

房屋分类我们采用与基线调查一致的分类，即将砖墙铁皮房、砖瓦房和楼房定义为砖瓦房，将土房、土瓦房、木房、土木房定义为土房，草房和篱笆房定义为草房。

We follow the same classification of house with that of the baseline survey: to identify steel house with brick walls, bricks&tiles house, and storied building as the type of bricks&tiles house; to classify mud house, mud&tiles house, wood house, mud&wood house as the type of mud house; to identify straw house and fenced house as the type of straw house.

从家庭房屋的居住结构来看，家庭居住条件稳步提高，其中居住在条件相对较好的砖瓦房的比例由基线的 17.5%增至中线的 28.6%再上升到终线的 42.9%；从厕所的使用结构来看，家庭使用卫生厕所的比例由基线的 10.3%到中线的 25.0%再上升到终线的 61.2%，卫生条件

逐年显著大幅改善（见表 12，图 8 和图 9）。

In terms of housing structure of FXB beneficiary families, housing conditions stably improved. About the comparatively good living conditions with bricks&tiles house, the percentage of the beneficiary families increased from 17.5% in the baseline survey up to 28.6% in the mid-term evaluation, and then up again to 42.9% in the final evaluation. In terms of structure of toilet using, the percentage of FXB beneficiary families that use clean toilet increases from 10.3% in the baseline survey up to 25.0% in the mid-term evaluation, and then up again to 61.2% in the final evaluation, hygiene conditions remarkably and greatly improved year by year. (See Form 12, graphic 8 and 9)

表 12：陇川县 FXB 救助家庭房屋、厕所统计

Form 12: Statistics of Houses and Toilets in FXB Long Chuan Beneficiary Families

		住房条件 Housing conditions			厕所类型 Type of toilets	
		砖瓦房及以上 Bricks&tiles house or better	土房 Mud house	草房 Straw house	卫生 Clean	简易 Simple
FXB 救助家庭 FXB beneficiary families	基线数据 Baseline data	17.50%	82.50%	0%	10.30%	89.70%
	中线数据 Mid-term data	28.60%	57.10%	14.30%	25.00%	75.00%
	终线数据 Final data	42.90%	57.10%	0%	60.20%	39.80%
卡方值		35.617			23.800	
显著性 Significance		0.001			0.000	

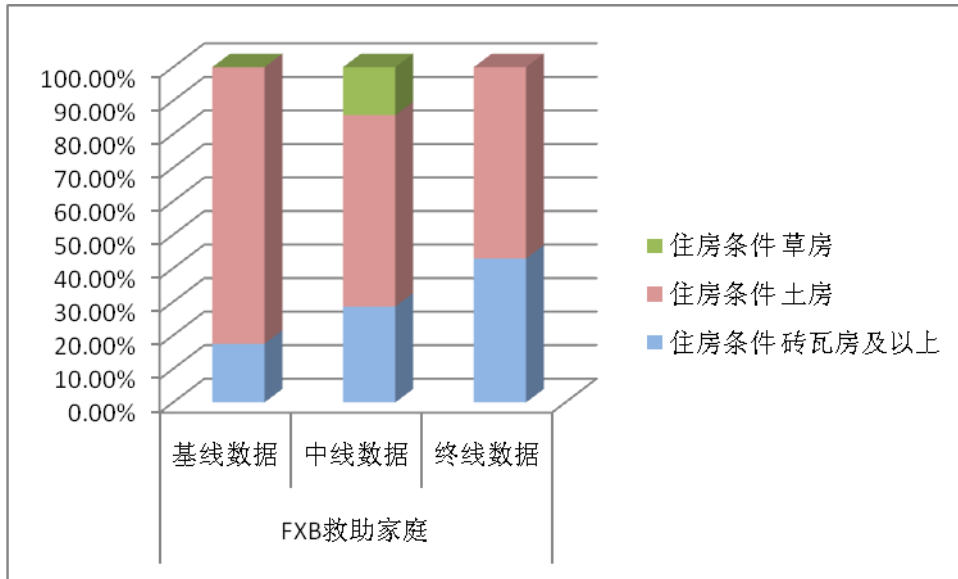


图 8：陇川县 FXB 救助家庭房屋构成

Chart 8: Structure of Housing Conditions for FXB Long Chuan Beneficiary Family

Sequence (from left): Baseline data, Mid-term data, Final data

Green: straw house

Red: mud house

Blue: bricks&tiles house or better

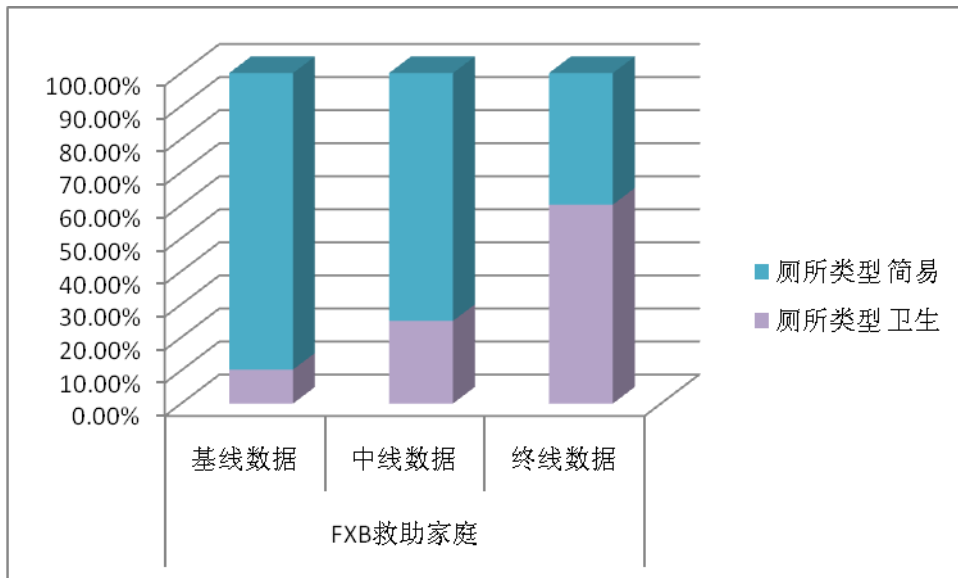


图 9：陇川县 FXB 救助家庭厕所构成

Chart 9: Structure of Toilet Conditions for FXB Long Chuan Beneficiary Family

Sequence (from left): Baseline data, Mid-term data, Final data

Blue: Type of toilet Easy

Purple: Type of toilet Clean

②家用电器 Electric Appliances

我们对比基线、中线和终线的 FXB 救助家庭家用电器的使用情况来反映目标家庭的生活设施状况，这里主要考虑电话（包括固定电话和移动电话）和电视。

We compared the use of electric appliances among the baseline data, mid-term data and final data to analyze life facility status of FXB beneficiary families. Here we mainly consider telephone (including land phone and mobile phone) and TV.

家庭拥有电视比例和拥有电话比例均有不同程度增加。对于受艾滋病影响家庭，拥有电视比例由基线的 37.9%到中线的 72.4%再增加到终线的 86.1%，拥有电话比例由基线的 27.6%到中线的 62.1%再增加到终线的 86.1%；对于特困家庭，拥有电视比例由基线的 38.5%增加到中线的 76.9%再增加到终线的 80.0%，拥有电话比例由基线的 15.4%增加到中线的 61.5%再增加到终线的 70.9%；对于吸毒家庭，拥有电话比例由基线的 33.3%增加到中线的 66.7%再增加到终线的 71.4%，拥有电视比例在三次调查中先增后减，由于吸毒家庭的特殊性，分析原因可能是吸毒家庭将电视机处置变现造成的。三类家庭拥有电话水平逐年提高，特困家庭及受艾滋病影响家庭拥有电视比例逐年上升。总体上说三类家庭的家用电器条件都处于良好的上升趋势中，表明各类家庭生活状况逐年改善（见表 13，图 10 和图 11）。

The percentage of FXB beneficiary families with TV and telephone both increased in different levels. For HIV/AIDS affected families, the percentage of families with TV increased from 37.9% in baseline up to 72.4% in mid-term and then up to 86.1% in final evaluation; the percentage of families with telephone increased from 27.6% in baseline up to 62.1% in mid-term and then up to 86.1%. For poverty-stricken families, the percentage of families with TV increased from 38.5% in baseline up to 76.9% in mid-term and then up to 80.0%; the percentage of families with telephone increased from 15.4% in baseline up to 61.5% in mid-term and then up to 70.9% in final evaluation. For drug-abuse affected families, the percentage of families with telephone increased from 33.3% in baseline and up to 66.7% in mid-term and then up to 71.4% in final evaluation, the percentage of family with TV increased first and then decreased in 3 evaluations, due to the specialty of drug -abuse affected families, we analyzed the possible reason could be that drug-abuse affected families sold TV for cash. In general, the percentage of family with telephones increased each year for all 3 types of family, percentage of the family with TV increased each year for poverty-stricken and HIV/AIDS affected family. Generally, the Electric

Appliances conditions are all in good trend of development for 3 types of family, it shows the improvement of daily living in all families in each year. (See Form 13, chart 10 and 11))

表 13: 陇川县 FXB 救助家庭家用电器使用情况

Form 13: Situation of Electric Appliances in FXB Long Chuan Beneficiary Families

		受艾滋病影响家庭 HIV/AIDS affected families	吸毒家庭 Drug-abuse affected families	特困家庭 Poverty-stricken families	合计 Total
拥有电话比例 The percentage of families with telephone	基线数据 Baseline data	27.60%	33.30%	15.40%	22.20%
	中线数据 Mid-term data	62.10%	66.70%	61.50%	63.50%
	终线数据 Final data	86.10%	71.40%	70.90%	76.50%
	基线与中线检验值 Baseline and mid-term data test value	6.971		11.7	21.907
	基线与中线显著性 Baseline and mid-term data significance	0.008	0.347	0.001	0.000
	中线与终线检验值 Mid-term and final data test value	4.181	0.042	0.711	3.194
	中线与终线显著性 Mid-term and final data significance	0.041	0.838	0.399	0.074
拥有电视比例 The percentage of families with TV	基线数据 Baseline data	37.90%	77.80%	38.50%	42.90%
	中线数据 Mid-term data	72.40%	100%	76.90%	77.80%
	终线数据 Final data	86.10%	71.40%	80.00%	81.60%
	基线与中线检验值 Baseline and mid-term data test value	6.971		7.879	16.048

基线与中线显著性 Baseline and mid-term data significance	0.008	0.471	0.005	0.000
中线与终线检验值 Mid-term and final data test value	2.098	2.939	0.101	0.358
中线与终线显著性 Mid-term and final data significance	0.148	0.086	0.751	0.550

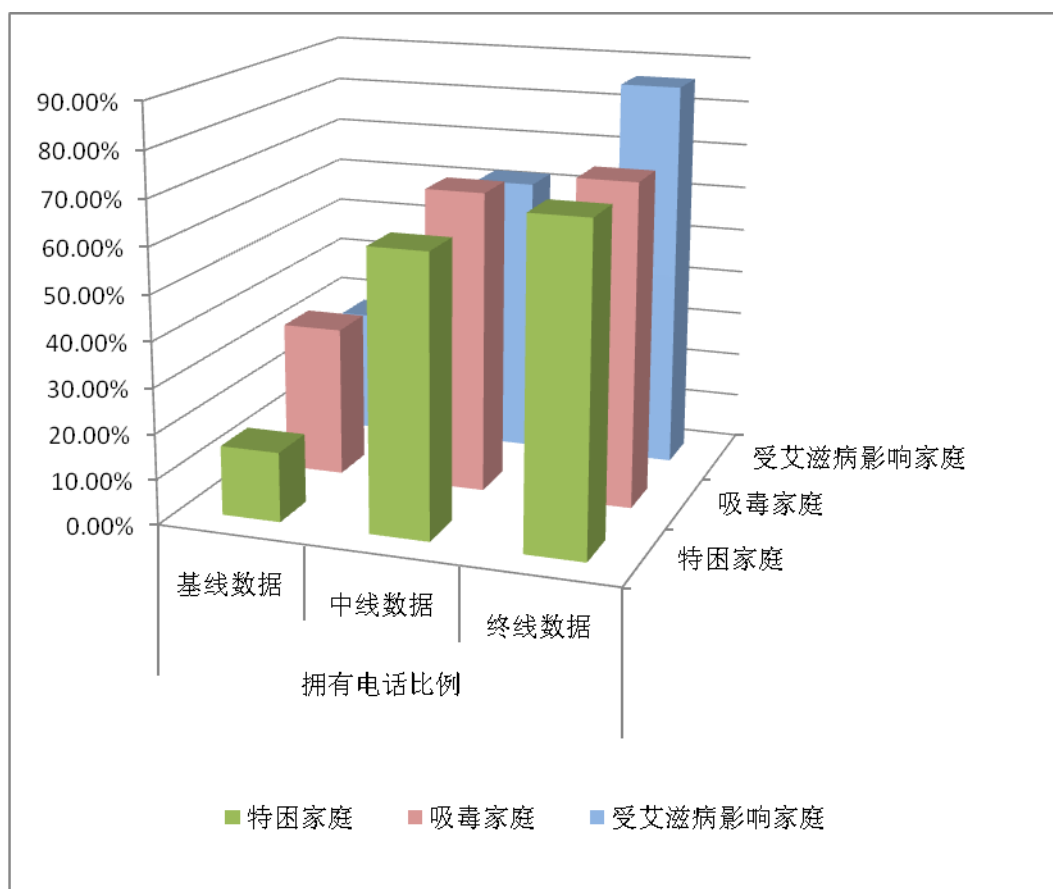


图 10: 陇川县 FXB 救助家庭电话变化趋势

Form 10: Long Chuan FXB Beneficiary Family with Telephone Development Trend

Sequence (from left): Baseline data, Mid-term data, Final data of family with telephone

Green: poverty-stricken family

Red: Drug-abuse affected family

Blue: HIV/AIDS affected family

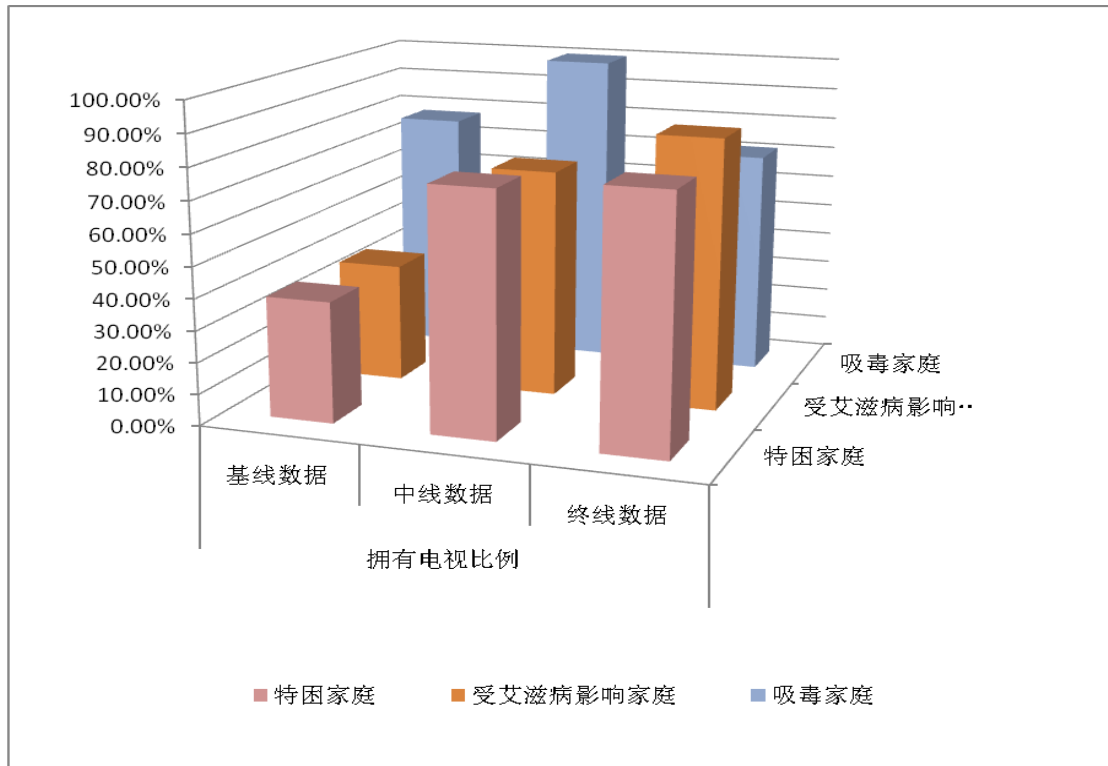


图 11: 陇川县 FXB 救助家庭电视变化趋势

Form 11: Long Chuan FXB Beneficiary Family with TV Development Trend
 Sequence (from left): Baseline data, Mid-term data, Final data of family with TV

Dark Pink: poverty-stricken family

Light Brown: Drug-abuse affected family

Blue: HIV/AIDS affected family

③小结 Summary

从抚养条件来看，家庭的居住条件、卫生状况和生活设施状况在调查的基线、中线和终线中均有明显改善，处于上升的趋势之中。这说明 FXB 开展的帮助家庭修盖新房，维修旧房，以及在卫生知识培训宣传等活动达到了良好的效果。使得各类家庭的儿童抚养条件都得到了明显的改善。

In terms of care-giving conditions, housing conditions, hygiene status and living facilities of FXB beneficiary families have all been improved in baseline, mid-term and final data, it's in the trend of elevation. It reflects that house-rebuilding, house-repairing, and hygiene training provided

by FXB have achieved good result. The care-giving conditions of children in different types of family have been remarkably improved.

3.2.3 公众态度 Public Attitude

公众态度主要包括 FXB 救助家庭成员对艾滋病知识知晓情况、接受艾滋病服务的意识、社区居民是否参与艾滋病关爱活动以及对艾滋病带来影响的认识等。本次评估主要对比基线、中线与终线的艾滋病知识知晓情况和接受艾滋病服务的意识。

Public attitudes mainly include FXB beneficiary family members' knowing rate of HIV/AIDS knowledge, awareness of receiving HIV/AIDS service, participation of community residents in HIV/AIDS caring activities, and cognition of HIV/AIDS impacts, etc. This evaluation mainly comparing on knowing rate of HIV/AIDS knowledge and awareness of receiving HIV/AIDS service among the baseline situation, the mid-term situation and final situation.

① 艾滋病预防知识知晓情况 Knowing rate of HIV/AIDS prevention knowledge

艾滋病预防知识调查包含了关于艾滋病传播途径和非传播途径 9 个问题，针对这些问题，我们对基线中线和终线的情况做了对比分析。

The survey on HIV/AIDS prevention knowledge included 9 questions about HIV/AIDS transmission approaches and non- transmission approaches. Focusing on these questions, we made a comparative analysis among the baseline data, mid-term data and the final data.

从家庭单个问题的回答正确率来看，终线与中线相比，大部分都有不同程度的增加，但增加不明显。对于受艾滋病影响家庭，仅有问题 1、2、8 回答正确率终线与中线相比有显著性的增加；对于特困家庭，仅有问题 1、2 回答正确率终线与中线相比有显著性的增加；对于吸毒家庭，所有问题的正确率与中线相比均无显著性增加（见表 14-1，表 14-2）。再与基线比较的情况看，吸毒家庭的正确率也没有显著增加。其中问题 3，4，5，6，7，8，9 回答达到了 100%，这些知识已经普及，这与方方面面的宣传是分不开的。

In terms of the accuracy of individual question in FXB beneficiary families, comparing the mid-term and final data, most of question accuracy improved at different level, but the improvement is not that evident. For HIV/AIDS affected families, the accuracy of question 1, 2, 8 remarkably improved compared with mid-term data; for poverty-stricken families, only the accuracy of question 1, 2 remarkably improved compared with mid-term data; for drug-abuse

families, the accuracy of all questions no remarkable improvement compared with mid-term data (see form 14-1 and form 14-2). Compared again with baseline data, accuracy of questions for drug-abuse families no remarkable improvement, either. In terms of questions, question 3, 4, 5, 6, 7, 8, 9 answered 100%, this knowledge is already popularized, the effect can not be achieved without publicity in all possible channels.

表 14-1: 陇川县 FXB 救助家庭艾滋病知识掌握情况

Form 14-1: Knowing Rate of HIV/AIDS Prevention Knowledge in FXB Long Chuan Beneficiary Families

有关非传播途径的问题 Questions on Non-Transmission Approaches		基线 Baseline	中线 Mid-term	终线 Final	基线与 中线检 验值 Baseline and Mid-term Test value	基线与中线 显著性 Baseline and Mid-term Significance	中线与 终线检 验值 Mid-term and Final Test value	中线与终线 显著性 Mid-term and Final Significance
2、虫叮蚊咬 会传播艾滋 病毒吗? Does mosquito or insect bites transmit HIV?	受艾滋病影响家 庭 HIV/AIDS affected families	71.40%	77.80%	100%	0.292	0.589	8.842	0.003
	吸毒家庭 Drug-abuse affected families	88.90%	77.80%	80.00%		1	-0.009	0.923
	特困家庭 Poverty-stricken families	58.30%	50.00%	96.40%	0.336	0.562	24.633	0.000
3、与艾滋病 毒感染者共 桌吃饭会得 艾滋病吗? Is it possible to get infected with HIV/AIDS if eating on the same table with HIV carrier or AIDS patient?	受艾滋病影响家 庭 HIV/AIDS affected families	85.70%	92.60%	97.20%		0.669	0.729	0.393
	吸毒家庭 Drug-abuse affected families	100%	100%	100%		1		1
	特困家庭 Poverty-stricken families	87.50%	91.70%	100%		1	4.702	0.030

4、与艾滋病感染者握手会得艾滋病吗? Is it possible to get infected with HIV/AIDS if shaking hands with HIV carrier or AIDS patient?	受艾滋病影响家庭 HIV/AIDS affected families	92.90%	85.20%	100%		0.422	5.695	0.017
	吸毒家庭 Drug-abuse affected families	100%	100%	100%		1		1
	特困家庭 Poverty-stricken families	95.80%	91.70%	96.40%		1	0.767	0.381
7、与艾滋病毒感染者共用劳动工具会得艾滋病吗? Is it possible to get infected with HIV/AIDS if sharing production tools with HIV carrier or AIDS patient?	受艾滋病影响家庭 HIV/AIDS affected families	89.30%	88.90%	100%		1	4.200	0.040
	吸毒家庭 Drug-abuse affected families	100%	100%	100%		1		1
	特困家庭 Poverty-stricken families	95.80%	100%	100%		1		1

表 14-2: 陇川县 FXB 救助家庭艾滋病知识掌握情况

Form 14-2: Knowing Rate of HIV/AIDS Prevention Knowledge in FXB Long Chuan Beneficiary Families

有关传播途径问题 Questions on Transmission approaches	基线 Baseline 正确率 Accuracy percentage	中线 Mid-term 正确率 Accuracy percentage	终线 Final 正确率 Accuracy percentage	基线与 中线检 验值 Baseline and Mid-term Test value	基线与 中线显 著性 Baseline and Mid-term Significance	中线与 终线检 验值 Mid-term and Final Test value	中线与终 线显著性 Mid-term and Final Significance	
5、与艾滋病病毒感染者有性关	受艾滋病影响家庭 HIV/AIDS	71.40%	100%	97.20%		0.004	0.762	0.383

系会得艾 滋病吗?	affected families							
Is it possible to get infected with HIV/AIDS if having sexual behaviors with HIV carriers or AIDS patients?	吸毒家庭 Drug-abuse affected families	88.90%	77.80%	100%	—	1	1.296	0.255
	特困家庭 Poverty-str icken families	58.30%	91.70%	94.60%	7.111	0.008	0.234	0.629
6、与艾滋 病毒感 染者共 用注射 器吸毒 会得艾 滋病吗?	受艾滋病影 响家庭 HIV/AIDS affected families	89.30%	92.60%	100%	—	1	2.754	0.097
Is it possible to get infected with HIV/AIDS if sharing injection needles with HIV carriers or AIDS patients?	吸毒家庭 Drug-abuse affected families	88.90%	88.90%	100%	—	1	0.598	0.439
	特困家庭 Poverty-str icken families	87.50%	91.70%	96.40%	—	1	0.767	0.381
8、艾滋 病毒感 染妇 女生下 的小孩 会得艾 滋病 吗?	受艾滋病影 响家庭 HIV/AIDS affected families	78.60%	77.80%	100%	0.005	1	8.842	0.003
Can children born by HIV/AIDS	吸毒家庭 Drug-abuse affected families	77.80%	77.80%	100%	—	1	1.296	0.255
	特困家庭	83.30%	100%	100%		0.109		1

infected women get infected with HIV/AIDS ?	Poverty-stricken families							
9、不使用安全套的性行为是否可以增加艾滋病感染的危险性？ Can sex without using a condom increase risks of HIV/AIDS infection?	受艾滋病影响家庭 HIV/AIDS affected families	85.70%	92.60%	100%		0.669	2.754	0.097
	吸毒家庭 Drug-abuse affected families	77.80%	77.80%	100%	—	1	1.296	0.255
	特困家庭 Poverty-stricken families	58.30%	91.70%	96.40%	7.111	0.008	0.767	0.381
其他 other								
1、一个看起来健康的人可能是艾滋病病毒感染者吗？ 2、 Is it possible for a seemingly healthy person to be an HIV/A	受艾滋病影响家庭 HIV/AIDS affected families	28.60%	81.50%	58.30%	15.52	0.000	3.815	0.051
	吸毒家庭 Drug-abuse affected families	77.80%	88.90%	60.00%	—	1	1.593	0.207
	特困家庭 Poverty-stricken families	41.70%	83.30%	43.60%	8.889	0.000	10.671	0.001

IDS infected person ?								
--------------------------------	--	--	--	--	--	--	--	--

单个问题回答正确并不能完全反应家庭对艾滋病知识的知晓情况，因此我们使用艾滋病知识知晓率代表回答人对艾滋病预防知识整体的知晓情况，定义9个问题中回答对7个以上（包含7个），即认为回答人知晓艾滋病预防知识。

Accuracy of the answer to individual question answering can not completely reflect knowing status of HIV/AIDS prevention knowledge in the beneficiary families, so we utilized knowing rate of HIV/AIDS prevention knowledge from the people who answered the questions to stand for the general knowing status of the answering people toward HIV/AIDS prevention knowledge. The investigated beneficiaries who gave the right answers to at least 7 required questions from the 9 questions are considered as the people who know about HIV/AIDS prevention knowledge.

从表 15 看，家庭艾滋病知识知晓率，除吸毒家庭之外，受艾滋病影响家庭和特困家庭，基线、中线与终线均不断增加，其中受艾滋病影响家庭艾滋病知识知晓率由基线的 75%增加到中线的 81.5%再增加到终线的 100%，特困家庭艾滋病知识知晓率由基线的 58.3%增加到中线的 83.3%再增加到终线的 100%。

Form 15 shows that, except for drug-abuse families, knowing rate of HIV/AIDS prevention knowledge in HIV/AIDS affected families and poverty-stricken families has constantly increased in mid-term and final evaluation compared with the baseline data. For HIV/AIDS affected families, the knowing rate of HIV/AIDS prevention knowledge has increased from 75% in baseline up to 81.5% in mid-term and up again to 100% in final evaluation. For poverty-stricken families, knowing rate of HIV/AIDS prevention knowledge has increased from 58.3% in baseline up to 83.3% in mid-term and up again to 100% in final evaluation.

表 15：陇川县 FXB 救助家庭艾滋病知识知晓率

Form 15: Knowing Rate of HIV/AIDS Prevention Knowledge in FXB Long Chuan Beneficiary Families

	受艾滋病影响的家庭	受吸毒影响的家庭 Drug-abuse	特困家庭 Poverty-stricken families	合计 Total

		HIV/AIDS affected family	affected family		
艾滋病知识知晓率 Knowing rate of HIV/AIDS prevention knowledge	基线数据 Baseline data	75%	88.90%	58.30%	70.50%
	中线数据 Mid-term data	81.50%	77.80%	83.30%	81.70%
	终线数据 Final data	100%	100%	100%	100%
	基线与中线检验值 Baseline and Mid-term Test value	0.339	0.400	3.630	2.073
	基线与中线显著性 Baseline and Mid-term Significance	0.561	1.000	0.057	0.150
	中线与终线检验值 Mid-term and Final Test value	2.431	1.512	2.145	3.639
	中线与终线显著性 Mid-term and Final Significance	0.022	0.169	0.043	0.001

②接受服务意识 Awareness of Receiving Service

这里我们选取四个问题，对比分析 FXB 救助家庭基线、中线与终线接受服务意识情况的差异。

In this regard, we selected 4 questions. By comparing mid-term accuracy of the answers and that of the baseline survey, we tried to analyze the difference of service receiving awareness in the baseline data, mid-term data and the final data.

从表 16 可以看出，对于一般人群的服务，问题 1 总体上看从基线到终线情况均向好的方向发展，哪里有艾滋病自愿咨询检测的知晓率，受艾滋病影响家庭由基线的 51.7% 升至终线的 94.4%，吸毒家庭由基线的 33.3% 升至终线的 80.0%，特困家庭有基线的 11.5% 升至终线的 85.5%。对于危险人群的问题 3，4，5，对于受艾滋病影响家庭，在三次调查中每年均有提高；对于吸毒家庭，问题 3 的情况每年均有提高；对于特困家庭，问题 3，4 的知晓率在三期中的情况逐步提高，对于问题 5，所有家庭的回答知道的比例均不超过 25%，甚至受艾滋病家庭的知晓率也仅为 24.3% 这样的情况急需引起重视，应加强这方面的宣传。（见表 16）。

Form 16 shows that, as the service for common people, question 1 generally developed

towards good direction from baseline to final, the question of “Do you know where to receive voluntary consulting and testing service?”, accuracy (%) of HIV/AIDS family improved up to 94.4% in final from 51.7% in baseline, drug-abuse affected family improved up to 80.0% in final from 33.3% in baseline, poverty-stricken family improved up to 85.5% in final from 11.5% in baseline. The question 3, 4, 5 are about “people at risk”, the accuracy (%) improved in each evaluation for HIV/AIDS affected families; for drug-abuse affected family, accuracy (%) of question 3 improved in each evaluation; for poverty-stricken family, knowing rate of question 3 and 4 improved in each evaluation gradually. For question 5, no more than 25% of all families answered “yes”, even the knowing rate is only 24.3% for HIV/AIDS affected family, this problem should be valued badly and publicity in this aspect should be strengthened. (see Form 16)

表 16: 陇川县 FXB 救助家庭接受服务意识情况

Form 16: FXB Long Chuan Beneficiary Families' Awareness of Receiving Service

正确率 (%) Accuracy (%)		1. 你是否知道哪里提供艾滋病自愿咨询检测服务? Do you know where to receive voluntary consulting and testing service?	2. 你是否知道哪里提供预防母婴传播艾滋病的服务? Do you know where to receive PMTCT service?	3. 你知道哪里可以得到安全套吗? Do you know where condoms can be obtained?	4. 你知道哪里可以得到清洁针具吗? Do you know where clean needles can be obtained?	5. 是否知道哪里有美沙酮维持治疗? Know where to obtain Methadone for treatment, or not?
受艾滋病影响家庭 HIV/AIDS affected family	基线数据 Baseline data	51.70%	13.80%	44.80%	24.10%	
	中线数据 Mid-term data	75%	35.70%	46.40%	42.90%	7.10%
	终线数据 Final data	94.40%	72.20%	83.30%	61.10%	24.30%
	基线与中线检验值 Baseline and Mid-term Test value	3.317	3.695	0.015	2.246	

	基线与中线显著性 Baseline and Mid-term Significance	0.069	0.055	0.903	0.134	
	中线与终线检验值 Mid-term and Final Test value	5.130	9.023	10.170	2.390	3.347
	中线与终线显著性 Mid-term and Final Significance	0.024	0.003	0.001	0.122	0.067
吸毒家庭 Drug-abuse affected family	基线数据 Baseline data	33.30%	11.10%	44.40%	33.30%	
	中线数据 Mid-term data	88.90%	66.70%	55.60%	66.70%	0
	终线数据 Final data	80.00%	60.00%	60.00%	40.00%	0
	基线与中线检验值 Baseline and Mid-term Test value					
	基线与中线显著性 Baseline and Mid-term Significance	0.050	0.050	1.000	0.347	
	中线与终线检验值 Mid-term and Final Test value	0.788	0.907	0.004	2.286	
	中线与终线显著性 Mid-term and Final Significance	0.375	0.341	0.949	0.131	
特困家庭 Poverty-stricken Family	基线数据 Baseline data	11.50%	19.20%	38.50%	34.60%	
	中线数据 Mid-term data	88.50%	53.80%	69.20%	50.00%	23.10%
	终线数据 Final data	85.50%	56.40%	85.50%	58.20%	9.30%
	基线与中线检验值 Baseline and Mid-term Test value	30.786	6.718	4.952	1.261	
	基线与中线显著性 Baseline and Mid-term Significance	0.000	0.010	0.026	0.262	
	中线与终线检验值 Mid-term and Final Test value	0.159	0.090	2.792	0.389	2.825
	中线与终线显著性 Mid-term and Final Significance	0.690	0.764	0.095	0.533	0.093

	Mid-term and Final Significance					
--	---------------------------------	--	--	--	--	--

③小结 Summary

从公众态度来看，三类家庭的艾滋病知识知晓率在基线、中线和终线这三次调查中不断提高；在接受艾滋病服务意识方面也都逐步改善。但是美沙酮治疗可以在哪里获得的知晓率很低，这样情况需引起重视，应加强这方面的宣传。艾滋病知识掌握情况有明显提高，说明社区环境逐步改善，对于消除对艾滋病歧视有很好的作用。

In terms of public attitudes, knowing rate of HIV/AIDS prevention knowledge of 3 types of families continuously improved in the 3 evaluations; the awareness of receiving HIV/AIDS service continuously improved, too. But the knowing rate of “Know where to obtain Methadone for treatment, or not?” is very low, this problem should be valued badly and publicity in this aspect should be strengthened. The mastery of HIV/AIDS prevention knowledge obviously improved, it reflects the gradual improvement of community environment, which is very good to get rid of stigma and discrimination for HIV/AIDS people.

3.2.4 生活环境分析小结 Summary of Living Environment of Child

我们从代表家庭生活环境的三个方面（家庭经济情况、抚养条件、公众态度），选出人均年收入、人均年生产性收入、拥有电视比例，艾滋病预防知识知晓率五个指标对 FXB 救助家庭做雷达图分析。

By selecting 5 indicators, including per capita income, per capita productive income, rate of the beneficiary households that have TV, rate of the beneficiary households that know about HIV/AIDS prevention knowledge, from 3 aspects of living environment (Family Economic Status, Care-giving Status, Public Attitudes), we analyzed living environment of FXB beneficiary families with a radar chart.

从图 12、图 13 和图 14 我们可以看出，对于受艾滋病影响家庭和特困家庭，代表家庭经济情况、抚养条件、公众态度的指标基线、中线与基线相比逐年显著提高，因此，我们可以得出以下基本结论：受艾滋病影响家庭和特困家庭，目前的家庭生活环境与在项目执行的三年里都有显著性的改善，生活和环境有了明显改观；对于吸毒家庭，五个指标的结果并不一致，没有明显的趋势变化规律。但由雷达图来分析（面积分析），吸毒家庭终线情况面积大于基线和中线情况的面积，也可以看出总的来说在终线时吸毒家庭的生活环境也得到了改善。

Chart 12, 13 and 14 show that, for HIV/AIDS affected families and poverty-stricken families, the indicators representing Family Economic Status, Care-giving Status, and Public Attitudes remarkably improved year by year comparing the baseline, mid-term and final data. Regarding to this, we can conclude that for HIV/AIDS affected families and poverty-stricken families, the current family living environment remarkably improved in the 3-year implementation of Program, obvious changes were achieved in daily living and environment; for drug-abuse affected family, the result of 5 indicators differed, no obvious trend of change orderliness. But analyze by radar chart (square analysis), for drug-abuse affected family, the square of final is bigger than the square of baseline and mid-term, it also shows that in general, living environment of durg-abuse affected family improved too in final evaluation.

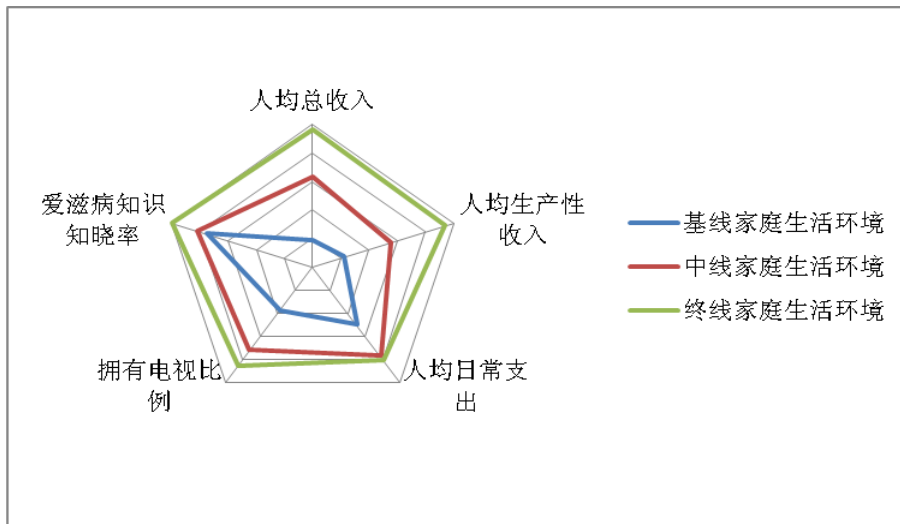


图 12 受艾滋病影响家庭生活环境变化

Chart 12: Changes of Living Environment in HIV/AIDS Affected Families

Top: Per capita income

Left: Knowing rate of HIV/AIDS prevention knowledge

Right: Per capita productive income

Left bottom: The rate of households that have TV

Right bottom: Per capita daily expenditure

Blue line: Living environment in the baseline survey

Red line: Living environment in the mid-term survey

Green line: Living environment in the final evaluation

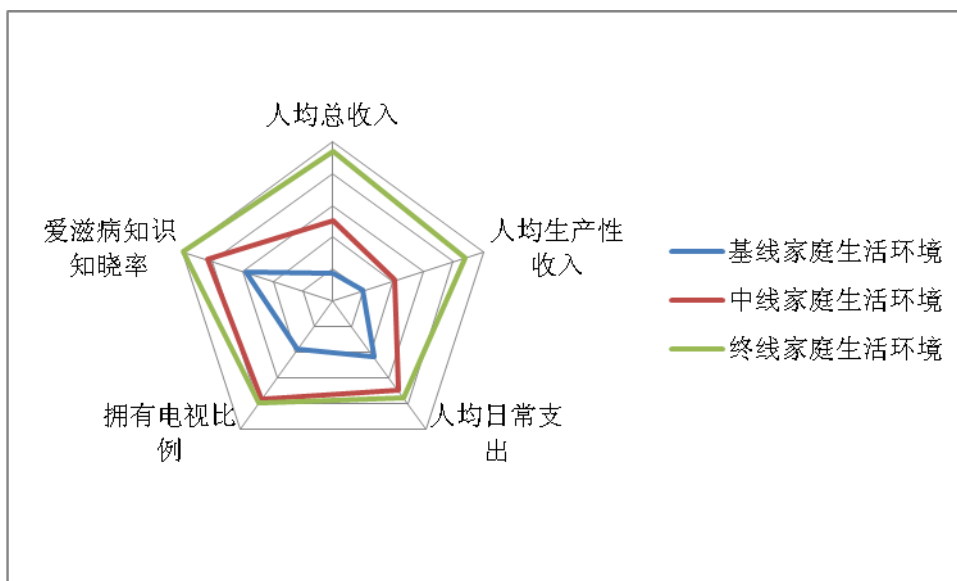


图 13 特困家庭生活环境变化

Chart 13: Changes of Living Environment in Poverty-stricken Families

Top: Per capita income

Left: Knowing rate of HIV/AIDS prevention knowledge

Right: Per capita productive income

Left bottom: The rate of households that have TV

Right bottom: Per capita daily expenditure

Blue line: Living environment in the baseline survey

Red line: Living environment in the mid-term survey

Green line: Living environment in the final evaluation

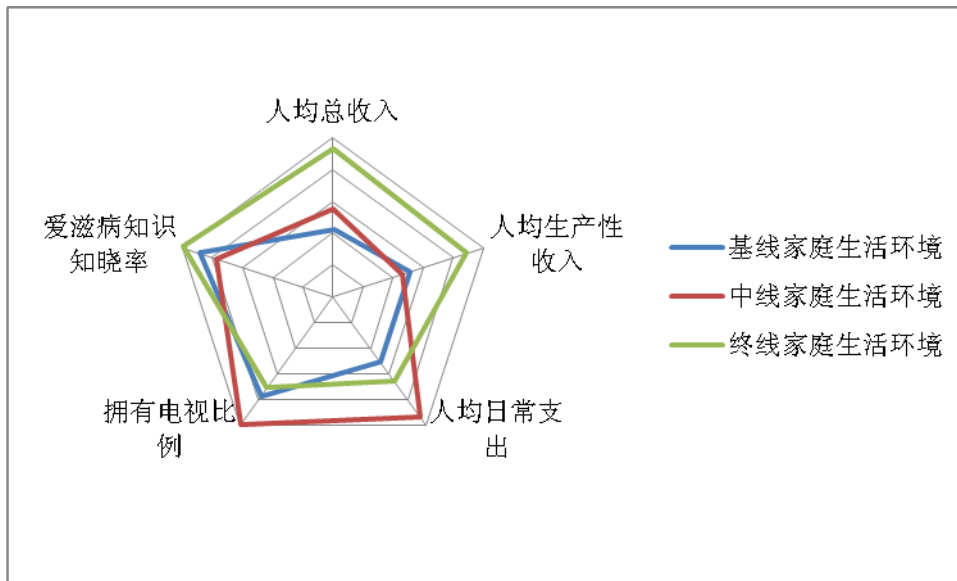


图 14 吸毒影响家庭生活环境变化

Chart 13: Changes of Living Environment in Durg-abuse Families

Top: Per capita income

Left: Knowing rate of HIV/AIDS prevention knowledge

Right: Per capita productive income

Left bottom: The rate of households that have TV

Right bottom: Per capita daily expenditure

Blue line: Living environment in the baseline survey

Red line: Living environment in the mid-term survey

Green line: Living environment in the final evaluation

3.3 儿童生存状况 Child's Survival Status

儿童生存状况主要指衣食状况、就学教育这两个方面，本次调查主要对比弱势儿童在 FXB 救助后基线、中线和终线在衣食状况和就学教育状况的差异，分析儿童生存状况的变化。

Child's Survival Status mainly refers to 2 aspects, including Food & Clothing Status, and Schooling & Education. By mainly comparing the status of food & clothing and schooling & education for vulnerable children between the baseline, mid-term and final situation, and analyzing changes in Survival Status of FXB beneficiary children.

3.3.1 儿童上学 Child' Schooling

3.3.1.1 儿童上学基本情况 Basic info of Schooling

从目标儿童上学比例来看，各年龄段中线和终线的就学率均高于基线。目标儿童就学教育状况在基线、中线和终线中有所改善（见表 17 和图 15）。

About the percentage of beneficairy children in school, the children at different ages all show higher schooling percentage in mid-term and final evaluation than in the baseline survey. So the Schooling & Education Status of children has been improved compared with baseline, mid-term and final data. (See Chart 17 and Form 15)

表 17：陇川县 FXB 救助儿童就学情况

Form 17: Schooling Status of FXB Long Chuan Beneficiary Children

目标儿童 Beneficiary children			
年龄段 Age	基线数据 Baseline data	中线数据 Mid-term data	终线数据 Final data
6-11	83.30%	95%	91.30%
12-14	89.50%	94.40%	100%
15-17	50.00%	88.20%	68.00%
18+	---	83.30%	58.30%

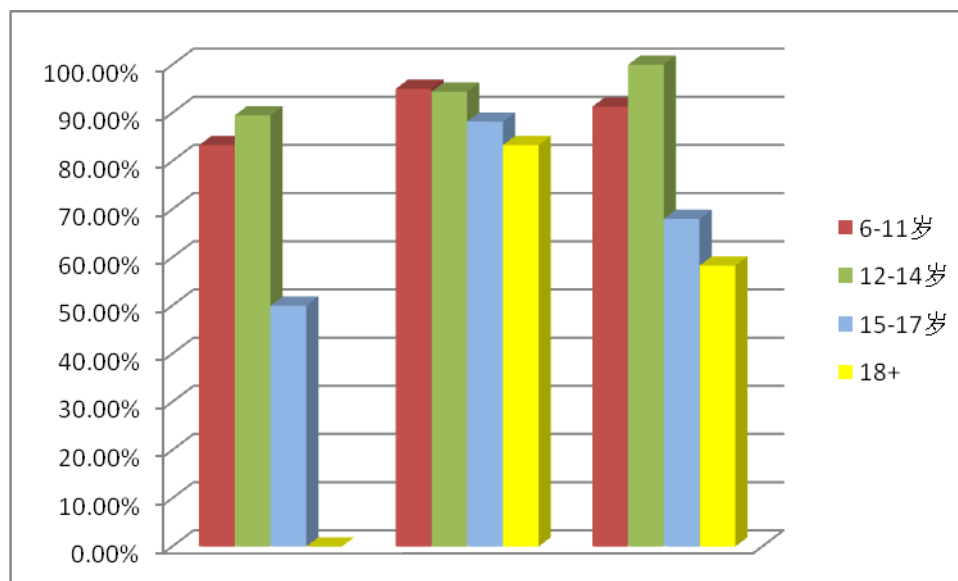


图 15：陇川县 FXB 救助儿童就学状况

Chart 15: Long Chuan FXB Beneficiary Children in School

Red: 6-11

Green: 12-14

Blue: 15-17

Yellow: 18+

从 15~20 岁的大龄儿童看，陇川县 FXB 救助儿童中，基线共有 23 名大龄儿童，其中 20 名上学，1 人外出打工，2 人在家种地，有 1 人接受职业技能培训。终线共有 38 名大龄儿童，其中 23 名上学，2 人外出打工，13 人在家种地，有 9 人接受职业技能培训。（见表 18）。

For young adults of 15-20 years old, in baseline survey, there are 23 beneficiary children supported by FXB Long Chuan program, among whom, 20 children are at school; 1 children are doing odd jobs outside; 2 children are farming; and 1 child is receiving vocational training. In final evaluation, there are 38 beneficiary young adults children, among whom, 23 children are at school; 2 children are doing odd jobs outside; 13 children are farming; and 9 children are receiving vocational training. (See Form 18)

表 18：陇川县 FXB 救助大龄儿童就学情况

Form 18: Schooling Status of Young Adults Supported by FXB Long Chuan Program

		目前状态 Current status			职业技能 培训 Vocational training
		上学 At school	打工 Odd job	种地 Farming	
人数 # of people	中线数据 Mid-term data	20(23)	1(23)	2(23)	1 (23)
	终线数据 Final data	23(38)	2(38)	13(38)	9 (23)
人数 # of people	中线数据 Mid-term data	87.00%	4.30%	8.70%	4.30%
	终线数据 Final data	60.50%	5.30%	34.20%	23.70%

3.3.1.2 儿童教育培训 Child's Education and Training

项目主要通过为弱势儿童提供上学基本费用，跟踪了解他们在校学习成绩和综合表现，对于成绩较差儿童给予补课，对于大龄儿童提供职业培训的机会等方式，改善弱势儿童教育培训状况，为这些儿童的未来提供发展机遇。

By providing basic schooling fees, keeping track of the beneficiary children's scores and performance at school, providing tutorship for the children with poor scores, and conducting vocational trainings for the young adult beneficiaries, the program tries to improve education & training status of the vulnerable children and provide development opportunities for them.

目前，中线调查的目标儿童共有 57 在上学，学前班为 4 人，小学较多为 27 人，占儿童比例的 4%，其次为初中 18 人，占儿童比例的 31.6%。此外，高中和中专及以上 1 人；终线调查的目标儿童共有 73 在上学，学前班为 5 人，小学较多为 40 人，占儿童比例的 54.8%，其次为初中 18 人，占儿童比例的 24.7%。此外，高中 9 人和中专及以上 1 人（见表 19）。

Currently, among the children investigated in mid-term evaluation, 57 of them were at school; 4 of them were in pre-school class; 27 of them were in primary school, which was 4% of the schooling children; next was 18 children in middle school, which was 31.6% of the schooling children. Besides, 1 child in senior high school (or higher). In final evaluation, 73 of evaluated children were going to school, 5 in pre-school, 40 in primary school which was more and 54.8% of total, next is 18 in middle school, which is 24.7% of total. Besides, 9 in senior high school and 1 in technical school (or higher). (See Form 19)

表 19: 陇川县 FXB 救助儿童受教育情况

Form 19: Education Status of Long Chuan FXB Beneficiary Children

	中线数据 Mid-term data		终线数据 Final data	
	儿童人数 # of children	占儿童比例 Percentage of total	儿童人数 # of children	占儿童比例 Percentage of total
学前班 Pre-school	4	7%	5	6.80%
小学 Primary school	27	47.40%	40	54.80%
初中 Middle school	18	31.60%	18	24.70%
高中 High school	7	12.30%	9	12.30%
中专及以上 Technical school or higher	1	1.80%	1	1.40%
合计 total	57		73	

在项目的支持和积极推动下，各年龄段儿童的就学率不断提高，儿童的教育状况得到了有效改善。

With the support and promotion of Program, child's schooling percentage at different ages constantly increased, education status effectively improved.

3.3.2 儿童衣食 Food and Clothing

这里我们选取吃肉三次以上比例和平均新衣服数两个指标,对比分析基线中线和终线儿童衣食状况的差异。

We selected 2 indicators, the rate of households that eat meat for more than 3 times, and the average # of new clothes, to analyze child's Food&Clothing status by comparing the mid-term situation and the final situation.

从表 20 可以看出, FXB 救助家庭吃肉三次以上比例和新衣服数两个指标, 基线中线与终线相比都表现出不同程度的增长趋势, 其中受艾滋病影响家庭和特困家庭有显著增加。对于受艾滋病影响家庭, 中线吃肉三次以上比例由基线和中线没有超过一半增加到终线的 51.5%, 有了显著改善, 平均新衣服数也由基线的 2.14 件增加到中线的 3.22 件再增加到终线的 4.45 件, 有了稳步的提高; 对于特困家庭, 吃肉三次以上比例由基线的 19.2%增长到中线的 54.2%再增加到终线的 56.9%, 平均新衣服数由基线的 1.58 件增加到中线的 3.67 件再增加到终线的 4.47 件; 对于吸毒家庭, 吃肉三次以上比例略有反复没有一定的变化规律但都保持在 30%以上, 平均新衣服数有稳步的提高, 由基线的 2.22 件增加到中线的 3.33 件再增加到终线的 5.83 件。这些在衣食方面的改善都与 FXB 的救助和努力是分不开的。(趋势变化见图 16 和图 17)

Form 20 shows that, 2 indicators in FXB beneficiary families, including the rate of households that eat meat for more than 3 times, and the average # of new clothes, have increased at different level compared with the baseline and mid-term situation, especially HIV/AIDS affected families and poverty-stricken families show remarkable increase. For HIV/AIDS affected families, although the rate of households that eat meat for more than 3 times has not increased up to 50% in the mid-term evaluation, but increased up to 51.5% in final evaluatin, it remarkably improved, the indicator of average # of new clothes has increased from 2.14 of the baseline survey to 3.22 of the mid-term evaluation, and then increased up to 4.45 in final evaluatin, it improved stably. For poverty-stricken families, the rate of households that eat meat for more than 3 times has increased up from 19.2% of the baseline survey to 54.2% of the mid-term evaluation and then

increased up to 56.9% in final evaluation; The indicator of average # of new clothes has increased from 1.58 in the baseline survey up to 3.67 in the mid-term evaluation and then increased up to 4.47 in final evaluation. For drug-abuse affected families, the rate of households that eat meat for more than 3 times been a bit repeated without clear changes, but remained beyond 30%, the indicator of average # of new clothes has stably increased from 2.22 of the baseline survey to 3.33 of the mid-term evaluation and then increased up to 5.83 in final evaluation. Such improvement in food and clothing can not be achieved without support and efforts from FXB. (see trend of changes in chart 16 and 17)

表 20: 陇川县 FXB 救助儿童吃肉及新衣服情况
Form 20: The Rate of Households that Eat Meat for More Than 3 Times and Average # of New Clothes in FXB Long Chuan Children Relief Program

		吃肉三次以上比例 The rate of households that eat meat for more than 3 times	平均新衣服数 Average # of new clothes
艾滋病影响家庭 HIV/AIDS affected families	基线数据 Baseline data	0%	2.11
	中线数据 Mid-term data	37.50%	3.25
	终线数据 Final data	51.50%	4.45
	基线与中线检验值 Baseline and Mid-term Test value		0.374
	基线与中线显著性 Baseline and Mid-term Significance	0	0
	中线与终线检验值 Mid-term and Final Test value	0.04	-3.504
	中线与终线显著性 Mid-term and Final Significance	0	0.001
	吸毒家庭 Drug-abuse families	基线数据 Baseline data	44.40%
中线数据 Mid-term data		55.60%	3.33
终线数据 Final data		33.30%	5.83

	基线与中线检验值 Baseline and Mid-term Test value		-1.943
	基线与中线显著性 Baseline and Mid-term Significance	1	0.07
	中线与终线检验值 Mid-term and Final Test value	2.806	-2.565
	中线与终线显著性 Mid-term and Final Significance	0.435	0.045
特困家庭 Poverty-stricken families	基线数据 Baseline data	19.20%	1.58
	中线数据 Mid-term data	54.20%	3.67
	终线数据 Final data	56.90%	4.47
	基线与中线检验值 Baseline and Mid-term Test value	6.611	-6.127
	基线与中线显著性 Baseline and Mid-term Significance	0.01	0
	中线与终线检验值 Mid-term and Final Test value	1.217	-2.18
	中线与终线显著性 Mid-term and Final Significance	0.829	0.032
	合计 Total	基线数据 Baseline data	14.50%
中线数据 Mid-term data		47.40%	3.44
终线数据 Final data		53.30%	4.56
基线与中线检验值 Baseline and Mid-term Test value		15.19	-7.719
基线与中线显著性 Baseline and Mid-term Significance		0	0
中线与终线检验值 Mid-term and Final Test value		2.701	-4.979
中线与终线显著性 Mid-term and Final		0.484	0

	Significance		
--	--------------	--	--

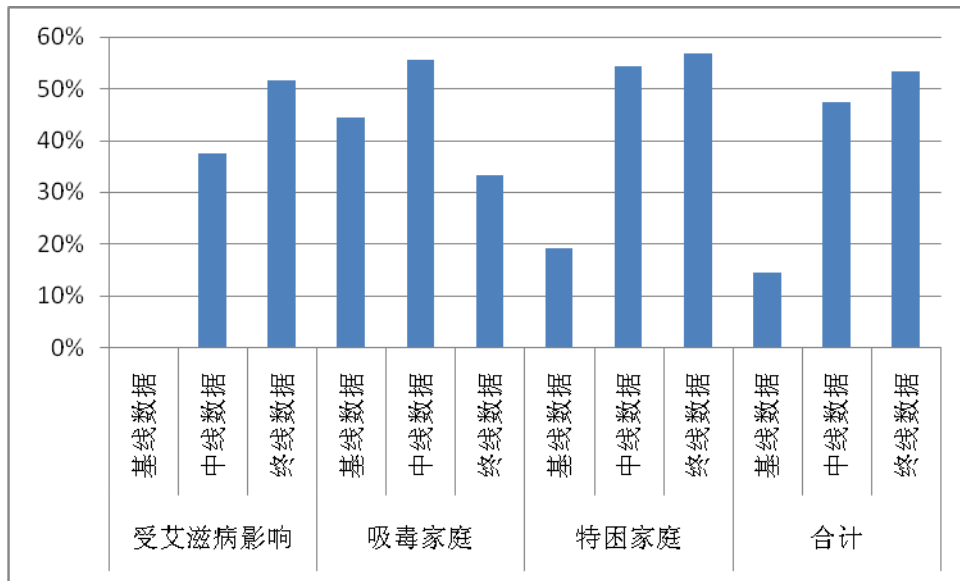


图 16: 吃肉三次以上比例变化

Chart 16: Changes of percentage that eating meat more than 3 times

Sequence (from left): HIV/AIDS affected family, Drug-abuse family,

Poverty-stricken family, total

Sub-sequence: baseline data, mid-term data, final data

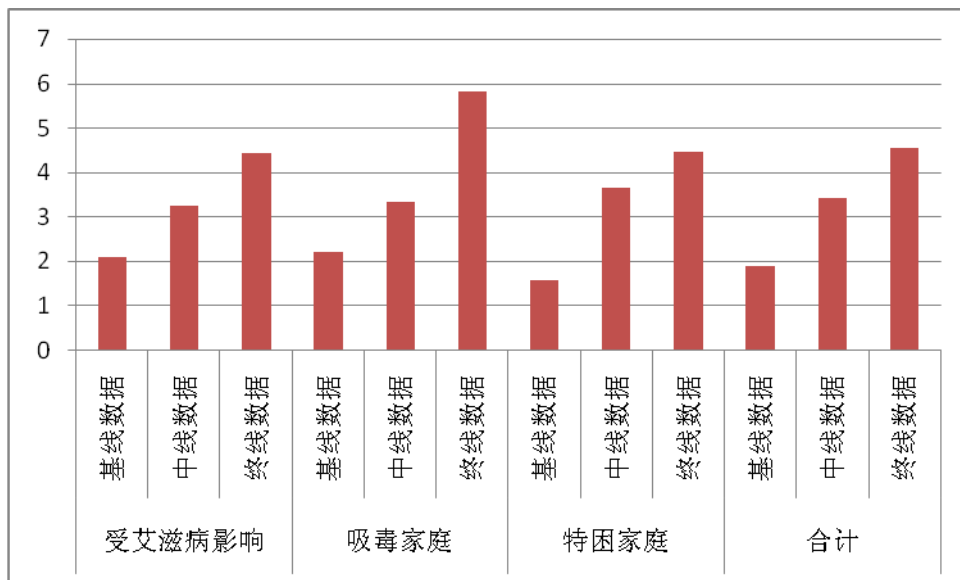


图 17: 平均新衣服数变化

Chart 17: Changes of # of new clothes

Chart 16: Changes of percentage that eating meat more than 3 times

Sequence (from left): HIV/AIDS affected family, Drug-abuse family,

Poverty-stricken family, total

Sub-sequence: baseline data, mid-term data, final data

3.3.3 儿童生存状况分析小结 Summary of Child's Survival Status

从儿童生存状况看，FXB 救助儿童就学率方面，总体上说三年以来各年龄段就学率逐年提高，同时 FXB 救助儿童的衣食状况有显著改善，一半以上的儿童一周至少可以吃三次肉，平均每个儿童一年至少有三件以上的新衣服，每年均在上一年基础上增加一件。

In terms of child's survival status, schooling rate of FXB Long Chuan beneficiary children at different ages has increased year by year in past 3 years. Meanwhile, food & clothing status of FXB beneficiary children has been remarkably improved. Over half of Longchuan beneficiary children can eat meat for at least 3 times per week; on average, each FXB beneficiary child has at least 3 new clothes every year and 1 more new clothes than the the year before.

3.4 儿童心理健康 Child's Physical and Psychological Health

艾滋病、吸毒、特困等因素对儿童的影响，最终是反映在其心理健康和社会适应能力等方面，本次调查主要对比 10 岁以上（包含 10 岁）弱势儿童在 FXB 救助后的两期与 2006 年基线时相比心理状况的差异，同时分析大龄儿童（15~20 岁）在艾滋病预防知识、利用资源、接受职业培训、成人过程中的决策力、行为意识等方面的状况。

The impact of HIV/AIDS, drug-abuse and poverty on children, finally reflects in children's physical health and social adaptiveness. This evaluation mainly analyzed psychological status of FXB beneficiary children beyond 10 years old (including 10 years old) by comparing the mid-term and final evaluation with baseline survey in 2006. Meanwhile, this evaluation analyzed the status of young adults (of 15-20 years old) in HIV/AIDS prevention knowledge, resource utilization, vocational training obtaining, capacity of decision making in adulthood, behavioral awareness, etc.

3.4.1 儿童心理健康 Child's Psychological Health

艾滋病、吸毒和特困等因素更多的是影响了儿童的心理健康。基线、中线和终线三次调查采用了衡量艾滋病对儿童心理影响的量表，从心理压力、心情、未来趋向、自尊/自我价值、对自己身体健康的感觉、功能/能力、内在/外在行为、社会联系能力等方面

		cen tag e of “ye s” (ba seli ne)						
心理压力 Psychologi cal pressure	1.我觉得有压力, 心里有担心的、不高兴的事 I feel pressures. I have worries and unhappy things in mind	43.2%	29.5%	28.6%	1.641	0.200	0.013	0.909
情绪和心情 Mood and feelings	2.我喜欢做事情, 不是任何事都不愿意做 I like doing things. I am not a person who does not like to do anything.	56.8%	72.7%	42.9%	2.266	0.132	10.049	0.002
	3.我觉得自己有时候(伤心得)想哭 I feel sad sometimes and want to cry.	29.7%	45.5%	55.8%	2.104	0.147	1.211	0.271
	4.我不能(无法)让自己高兴起来 I can not make myself happy.	59.5%	20.5%	18.2%	12.943	0.000	0.094	0.759
未来趋势 Future trend	5.我觉得生活太没劲了, 真不想活了 I feel life is boring. I don't want to	89.2%	4.5%	5.2%	58.682	0.000	0.025	0.874

	be alive.							
	6.我觉得我将来会挺好的 I think I will be good in future	81.1%	97.7%	80.5%		0.021	7.226	0.007
对身体健康的感觉 Self-consciousness of physical health	8.我的身体挺好的 My health condition is good	67.6%	86.4%	74.4%	4.108	0.043	2.526	0.112
	9.最近我觉得有点累 I feel tired recently.	62.2%	34.1%	36.4%	6.359	0.012	0.063	0.802
自尊心/自我价值 Self-esteem/self-value	7.我觉得我自己挺好的,我挺喜欢我自己的 I think I'm good, I like myself very much.	81.1%	88.6%	85.7%	0.909	0.34	0.208	0.648
	10.我觉得大家不喜欢我 I think everyone does not like me.	81.1%	6.8%	9.1%	45.912	0.000	0.191	0.662
	11.我觉得自己挺自信的 I think I am confident.	75.7%	81.8%	75.3%	0.457	0.499	0.681	0.409
功能/能力 Function/ability	12.生活中遇到困难时,我有能力自己解决 When I get into trouble in life, I am able to deal with it by myself.	54.1%	86.4%	46.8%	10.319	0.000	18.493	0.000
	13.对生活中的事情,我能自己决定该怎么做 For the things in	35.1%	70.5%	40.3%	10.104	0.001	10.218	0.001

	life, I can make my own decision.							
内在/外在行为 Internal / external behaviors	14.我现在遇到的麻烦事、不高兴的事, 比以前多了 Now I have more troubles and unhappy things than before.	86.5%	29.5%	10.4%	26.392	0.000	7.163	0.007
	15.最近我很容易生气, 经常和别人吵架打架 Recently I'm easily to get angry, and often quarrel and fight with others	59.5%	34.1%	39.0%	5.213	0.022	0.284	0.594
	16.我不太愿意像以前那样与朋友和家人在一起, 宁愿一个人呆着 I don't want to stay with friends and family as before. I'd rather stay alone.	86.5%	6.8%	9.1%	51.986	0.000	0.191	0.662
社会联系能力 Social communication competence	17.我与其他人相处挺好的 I'm getting along well with others.	89.2%	97.7%	94.8%	2.53	0.112	0.604	0.437
	18.我有不少好朋友 I have many good friends.	83.8%	100%	89.6%		0.007	4.895	0.027

19.我害怕同学不跟我玩 I am afraid that my classmates do not want to play with me.	64.9%	34.1%	53.2%	7.624	0.006	4.133	0.042
---	-------	-------	-------	-------	-------	-------	-------

从心理量表所代表的 8 个方面看，在项目执行的三年里，儿童在 8 方面均有改善，尤其是未来趋势、对自己身体健康的感觉、内在/外在行为 3 个方面，儿童在中线和终线时都较基线时都有显著性的改善。

The measurement form shows that, 8 aspects of FXB beneficiary children all have been improved in 3 years of Program implementation. Especially the 3 aspects of future trend, self-consciousness of physical health, function/ability, internal/external behaviors, have been remarkably improved in mid-term and final evaluation.

3.4.2 心理得分 Psychological scoring

为了综合比较儿童在基线和中线心理状况的差异，我们给儿童心理调查问卷中的每个问题赋予一定的权重，算出儿童的心理得分状况，得分越高的表明心理状况越好。

In order to compare the difference of psychological status of FXB beneficiary children between the baseline survey and the mid-term evaluation, we allocated different weight to each question of the questionnaire to calculate psychological scoring status of beneficiary children. The higher the score is, the better the psychological status is.

从表 22 看，无论是受艾滋病影响家庭、吸毒家庭的儿童还是特困家庭的儿童，平均心理得分的变化趋势都呈先增后减的规律，但终线平均心理得分与基线均有显著性差异，儿童的心理状况要明显好于基线，其中受艾滋病影响家庭终线比基线高 4.3 分，吸毒家庭终线比基线高 4.7 分，特困家庭终线比基线高 3.9 分（见表 22）。

Form 22 shows that, beneficiary children no matter in HIV/AIDS affected families, drug-abuse affected families or poverty-stricken families, trend of psychological scoring presented orderliness of “increase in beginning, and decrease in the end”, but average psychological scoring in final evaluation has remarkable changes compared with baseline, psychological status of children is much better than baseline. For HIV/AIDS affected families, psychological scores of the

children in final evaluation are 4.3 more than the baseline data. For drug-abuse affected families, the scores are 4.7 more than the baseline data. For poverty-stricken families, the scores are 3.9 more than the baseline data. (See Form 21)

表 22：陇川县 FXB 救助儿童心理得分

Form 21: Psychological Scores of FXB Long Chuan Beneficiary Children

		受艾滋病影响家庭 HIV/AIDS affected families	吸毒家庭 Drug-abuse affected families	特困家庭 Poverty-stricken families	合计 Total
平均心理得分 Average psychological scores	基线数据 Baseline data	28.3	28.7	28.8	28.6
	中线数据 Mid-term data	34.5	33.9	34.5	34.4
	终线数据 Final data	32.5	33.4	32.7	32.6
	基线与中线检验值 Baseline and Mid-term Test value	-4.888	-5.025	-6.205	-9.052
	基线与中线显著性 Baseline and Mid-term Significance	0.000	0.000	0.000	0.000
	中线与终线检验值 Mid-term and Final Test value	2.611	0.46	2.708	3.835
	中线与终线显著性 Mid-term and Final Significance	0.012	0.654	0.009	0.000

从儿童的抚养状况看，从基线到中线有显著提高，中线到终线有所回落，尤其是基线心理状况更差的、失去父母的两类儿童有显著回落，其中祖父母抚养儿童平均心理得分从中线的 35.5 分减少到终线的 32.7 分，其他亲戚抚养儿童平均心理得分由中线的 34.5 分减少到终

线的 32.2 分（见表 23）。

In terms of care-giving status, increase was achieved from baseline to mid-term, decrease was achieved from mid-term to final, especially the 2 types of children, children with worse psychological status in baseline, children who lost parents, remarkably decreased, in details , the grandparents-supported children’s average phsychological scored 35.5 in mid-term and then decreased down to 32.7 in final evaluation. The average phsychological scores of the children supported by other relatives scored 34.5 and decreased down to 32.2 in final evaluation. (See Form 23)

表 23：陇川县不同抚养状况儿童平均心理得分
Form 23: Average Psychological Scores of FXB Long Chuan Beneficiary Children with Different Care-giving Status

		平均心理得分	基线与中线检验值 Baseline and Mid-term Test value	基线与中线显著性 Baseline and Mid-term Significance	中线与终线检验值 Mid-term and Final Test value	中线与终线显著性 Mid-term and Final Significance
双亲抚养 Living with parents 父亲抚养 Living with father	基线数据 Baseline data	28.8	-5.294	0.000	1.528	0.141
	中线数据 Mid-term data	34.2				
	终线数据 Final data	32.4				
母亲抚养 Living with mother	基线数据 Baseline data	29.5	-1.899	0.099	1.121	0.269
	中线数据 Mid-term data	35.4				

	终线数据 Final data	32.7				
祖父母抚养 Living with grandparents 其他亲戚抚养 Living with other relatives	基线数据 Baseline data	30	-3.939	0.002	1.000	0.374
	中线数据 Mid-term data	33.7				
	终线数据 Final data	33				
双亲抚养 Living with parents	基线数据 Baseline data	26.6	-4.906	0.003	2.581	0.014
	中线数据 Mid-term data	35.5				
	终线数据 Final data	32.7				
父亲抚养 Living with father	基线数据 Baseline data	27.8	-4.784	0.000	3.267	0.003
	中线数据 Mid-term data	34.5				
	终线数据 Final data	32.2				

从不同年龄段儿童的心理状况看，我们将儿童分为 10-16 岁和 17 岁以上两段对由中线到终线心理得分降低进行分析。发现 10-16 岁儿童心理得分显著减少，而 17 岁以上儿童心理

得分降低不显著。这可能与纪念册活动的多次举办，对提高低年龄儿童心理的作用发生了边际效用递减（见表 24）。

In terms of psychological status of children at different ages, we divided children into 10-16 years old and older than 17, and analyzed the decrease of psychological status from mid-term to final evaluation. We discovered that the psychological scoring for children at age 10-16 remarkably decreased, but psychological scoring of children older than 17 didn't decrease remarkably. This may related to I AM WHO? book activities effecting brink depression in improving psychological status of children at younger age.

表 24：分年龄段儿童心理得分比较

Form 24: Comparison of Children's Scoring at Different Ages

	心理得分 Psychological Scoring			
	中线数据 Mid-term data	终线数据 Final data	检验值 Tes-value	显著性 Significance
10-16	34.8	32.32	4.533	0.000
17+	33.38	33.2	0.225	0.829

3.4.3 儿童纪念册活动 *I Am Who? Book Activities*

项目主要通过开展同年龄和文化相适应的个人和集体活动，给予儿童心理关怀，同时更重要的是增强目标儿童的应对能力和自信心，培养目标儿童的自我认识，使他们更好的融入社会。例如，开展剪雪花、寻找相同的两片树叶的活动，希望让儿童明白他们是特别和唯一的；开展折信封活动，希望让孩子学会独立制作东西。

Program mainly through conducting appropriate individual and clective activities according to different ages and culture to provide psychological care to children, and help children strengthen ability facing the difficulties and confidence, and establish self-esteem, help them step into society. For instance, activity of Making Snowflakes and Looking for Two Same Leaves, helped children understand they are special and unique; the Making of Envelope, helped children learn to make stuff by themselves.

陇川县共开展剪雪花、画大自己、我的传统、我在这个世界的位置四项儿童纪念册活动。

By end of this evaluation, Long Chuan county already conducted 4 I AM WHO Book activities, Making Snowflakes, Drawing Big-Self, My Tradition, My Place in the World.

结合三次调查发现，目标儿童在实际活动中的感受主要表现在高兴，交到朋友，懂得道理，学到知识。我们从儿童心理问卷的分析看，儿童纪念册活动使得儿童的心理状况得到了显著性改善，尤其是未来趋势、对自己身体健康的感觉、内在/外在行为 3 个

方面，FXB 救助儿童较基线时都有显著性的改善；目标儿童在心理量表 8 个方面的改善说明活动使得儿童更开心了，自信心增强了，性格变得更开朗，对未来更向往了。

Integrated with 3 evaluations we discovered, beneficiary children's feeling expressed in being happy, can make friends, can understand the truth, can learn knowledge. Look into the analysis of Children's Psychological Questionnaire, I AM WHO Book activities helped improve psychological status of children, especially in the 3 aspects, developmental trend of future, self-awareness of health, internal / external behavior, FXB supported children all showed improvement compared with baseline; the improvement existed in Psychological Measurement presents that the activities make children more happier, more confident, more open in character, and have stronger expectation to future.

从不同年龄段儿童的心理状况看，发现 10-16 岁儿童心理得分减少显著，而 17 岁以上儿童心理得分降低不显著。这可能与多次举办相同内容活动有关，对提高低年龄段儿童心理的作用发生了边际效用递减，低年龄段儿童对固定的活动的多次参加对改善其心理状况效果不好。在今后的活动中需要加入新的针对低年龄段儿童这种心理特点，不断更新活动内容，并需要在活动过程中，不断的寻找合适的活动。

In terms of psychological status of children at different ages, we discovered that psychological score decrease of children at 10-16 is remarkable, instead, the score decrease of children older than 17 is not remarkable. This may related to activities with repeated content taking place, and effecting brink degression in improving psychological status of children at younger age, younger children attending same activity multiple times didn't achieve good effecton improvement. In future activities, content should be constantly updated according to the psychological specialty of children at younger age, and constantly finding appropriate activities.

3.4.4 儿童心理健康分析小结 Summary of Child's Physical & Psychological Health

从儿童心理健康看，在基线、中线和终线调查中，儿童心理状况得到了显著性改善，尤其是未来趋势、对自己身体健康的感觉、内在/外在行为 3 个方面。大部分儿童对吸毒、性行为、艾滋病能够保持正确的态度，部分儿童遇到事情有依赖性。

In terms of Physical&Psychological Health in baseline, mid-term and final evaluation, psychological status of FXB beneficiary children has been significantly improved, especially in the 3 aspects of future trend, self-awareness of physical health, and internal/external behaviors. Most of the children have proper attitudes toward drug-abuse, sex and HIV/AIDS; some children have dependence when encountering difficulties.

3.5 15~20 岁大龄儿童情况 Young Adults of 15-20 years old

15~20 岁对一个儿童来说是一个较为特殊的年龄段，他们即将由儿童转为成人，在成人过程中，他们将面临各种成长问题。因此，在调查评估中专门设计了 15~20 岁大龄儿童问卷，希望通过问卷了解大龄儿童在艾滋病预防知识、利用资源、接受职业培训、成人过程中的决策力、行为意识等方面的状况。

The age of 15-20 is a very special age period for children. In this age period, children transform into adults. During the adulthood, they have to face all kinds of growth problems. Therefore, in the evaluation survey, the questionnaire for young adults of 15 – 20 years old has been specially designed. The questionnaire is expected to get a picture of young adults in HIV/AIDS prevention knowledge, resource utilization, vocational training obtaining, capacity of decision making in adulthood, behavioral awareness, etc.

陇川县中线调查共获得有效大龄儿童问卷 15 份，终线调查共获得 32 份有效大龄儿童问卷。Totally 15 questionnaires for young adults have been obtained in the mid-term evaluation in Long Chuan, then 32 questionnaires have been obtained in final evaluation.

① 职业技能培训 Vocational training

从表 25 可以看出，在中线的 15 名儿童中仅有 1 名儿童在接受计算机方面的培训，其余 14 人中，有 6 人还未对未来作个设想，有 2 人希望学习计算机，2 人希望学习音乐，1 人想学习教师职业，1 人想学习修车，1 人想学习种植，1 人想学习文艺；在终线的 32 名儿童中有 8 名儿童接受过职业方面的培训，其余 24 人中，有 13 人还未对未来作个设想，有 3 人希望学习计算机，1 人希望学习商业技能，1 人想学习烹饪，2 人想学习修理，2 人想学习文艺，1 人想学习电子工艺，1 人想学习护理。

Form 25 shows that, among 15 young adults in mid-term evaluation, only one child was receiving training on computer. In the rest of 14 young adults, 6 of them had no plan for their future yet; 2 of them hoped to study computer; 2 of them wanted to study music; 1 of them wanted to work as a teacher; 1 child wanted to study vehicle repairing; 1 child wanted to study planting; and 1 child

wanted to study art. In final evaluation, among the 32 children, 8 of them obtained vocational training, in rest of 24 children, 13 didn't have plan yet for future, 3 wanted to study computer, 1 wanted to study business skills, 1 wanted to study cooking, 2 wanted to study repairation, 2 wanted to study art, 1 wanted to study electric skills, 1 wanted to study nursing.

表 25: 陇川县 FXB 救助大龄儿童接受职业技能培训情况

Form 25: Vocational Training Obtaining Status of FXB Long Chuan Young Adult Beneficiaries

	中线情况 Mid-term				终线情况 Final			
	儿童人数 #of children	接受内容 Training content	儿童人数 #of children	比例 Percentage	儿童人数 #of children	接受内容 Training content	儿童人数 #of children	比例 Percentage
接受职业培训 Obtaining vocational training 未接受职业培训（但希望获得培训的方向） No vocational training yet (but hope to obtain training on a subject)	1	计算机 Computer	1	100%	8	地质学 Geology	1	12.50%
		电子锡焊 Electronic soldering				1	12.50%	
		计算机 Computer				1	12.50%	
		音乐 Music				1	12.50%	
		教师 Teacher				1	12.50%	
		修车 Vehicle repairing				1	12.50%	
		文艺 Arts				1	12.50%	
种植 Planting	1	12.50%						
	14	还未设想 No plan yet	2	14.30%	24	计算机 Computer	3	12.60%
		计算机 Computer	2	14.30%		商业技能 Business skills	1	4.20%
		计算机 Computer	1	7.10%		烹饪 Cooking	1	4.20%
		音乐 Music	1	7.10%		修理 Repairing	2	8.40%
		教师 Teacher	1	7.10%		文艺 Arts	2	8.40%
		修车 Vehicle repairing	1	7.10%		电子工艺 Electronic technology	1	4.20%
		文艺 Arts	6	42.90%		护理 Nursing	1	4.20%

		Arts				还未设想	13	54.20%
--	--	------	--	--	--	------	----	--------

接受过职业培训的人员明显增多,种类也增加了很多,希望获得培训的种类也增加很多。表明经过 FXB 的救助之后,儿童的生活水平得到改善后,儿童对教育的要求有了很大提高。

Children received vocational training remarkably increased, and types of training increased, and expected types of training increased, too. It shows that after receiving FXB support, while child's daily living improved, child's expectation to education improved, too.

②艾滋病等知识掌握和资源利用情况

Knowing status of HIV/AIDS prevention knowledge and utilization of resources

从表 26 可以看出,接受过青春期、性病、艾滋病知识教育比例由中线的 80%增加到终线的 93.5%,其中掌握了艾滋病的传播和非传播途径知识由中线的 75%增加到终线的 84.4%,知道在哪里提供艾滋病自愿咨询检测的由中线的 60%减少到终线的 54.8%;从资源利用情况看,知晓率均在一半以下,仅有 40%左右的大龄儿童知道哪里可以得到免费安全套和在哪里可以得到免费清洁针具,仅有 1 名大龄儿童知道哪里可以得到美沙酮维持治疗。与成年人的调查相类似的结果是在何处获得美沙酮维持治疗的知晓率极低,美沙酮的宣传需要深入的推广。

Form 26 shows that, percentage of children who have obtained educational training on adolescence, STD and HIV/AIDS increased from 80% in mid-term up to 93.5% in final; percentage of those who have grasped transmission and non-transmission knowledge of HIV/AIDS increased from 75% in mid-term up to 84.4% in final evaluation. Percentage of those who know where to receive voluntary HIV/AIDS consulting and testing decreased from 60% in mid-term down to 54.8% in final evaluation. In terms of resources utilization, the percentage of the young adults who know about resources utilization is less than 50%. Only 40% of the young adults know where to obtain free condoms; only 1 young adult knew where to obtain Methadone for treatment. Similar to the result of same question to adults, knowing rate of "Know where to obtain Methadone for treatment, or not?" is very low, the publicity of Methadone should be deeply popularized.

表 26: 陇川县 FXB 救助大龄儿童艾滋病知识掌握及资源利用情况

Form 26: Knowing Rate of HIV/AIDS Prevention Knowledge and Resources Utilization Status of FXB Long Chuan Young Adults Beneficiaries

	中线情况 Mid-term			终线情况 Final		
	回答人数 # of the young adults who answered the question	知道人数 # of the young adults who knew the answer	比例 Percentage	回答人数 # of the young adults who answered the question	知道人数 # of the young adults who knew the answer	比例 Percentage
是否接受过青春期、性病、艾滋病等方面知识教育 Obtained training on adolescence, STD, HIV/AIDS, or not?	15	12	80%	31	29	93.50%
掌握艾滋病传播和非传播途径 Know about transmission and non-transmission knowledge of HIV/AIDS, or not?	12	9	75%	32	27	84.40%
是否知道哪里提供 VCT Know where to obtain VCT, or not?	15	9	60%	31	17	54.80%
是否知道哪里可以得到免费安全套 Know where to obtain free condoms, or not?	15	6	40%	31	13	41.90%
是否知道哪里可以得到免费清洁针具 know where to obtain free and clean injection needles, or not?	15	5	33.30%	32	14	43.70%
是否知道哪里可以得到美沙酮维持治疗 Know where to obtain Methadone for treatment, or not?	14	1	7.10%	31	0	0%

③行为意识状况 Status of Behavioral Awareness

从表 27 和表 28 可以看出，大部分儿童对吸毒、性行为、艾滋病能够保持正确的态度。其中两期中共有 1 名儿童有过性行为，100% 的儿童认为吸毒对人是有害的，在终期 100% 的儿童知道共用注射器吸毒会加大艾滋病感染的风险，70% 以上的儿童不同意“有性行为时提议使安全套会感到尴尬”的说法。

Form 27 and Form 28 show that, most of the beneficiary children keep proper attitudes to drug-abuse, sex, and HIV/AIDS. In the 2 evaluations, totally 1 child had sex, 100% of the children think that drug-abuse is harmful for people; in final evaluation, 100% of the children know that sharing injection needles may increase the risk of HIV/AIDS infection; over 70%

of the children did not agree that “it’s embarrassing to suggest using a condom when having sex”.

表 27: 陇川县 FXB 救助大龄儿童艾滋病知识掌握及资源利用情况

Form 27: Knowing Status of HIV/AIDS Prevention Knowledge and Resources Utilization Status of FXB Long Chuan Young Adult Beneficiaries

问题 Question	中线情况 Mid-term			终线情况 Final		
	回答人数 # of the young adults who answered the question	比例 Percentage		回答人数 # of the young adults who answered the question	比例 Percentage	
		是 Yes	否 No		是 Yes	否 No
是否有过性行为 Did you have sex?	15	0%	100%	32	3.10%	96.90%
吸毒是否对人有益处 Is drug-use good for people?	15	0%	100%	32	0.00%	100%
周围是否经常有人吸毒 Are drug-users are around you?	15	13.30%	86.70%	32	21.90%	78.10%
是否知道未使用安全套的性行为会加大艾滋病的感染风险 Do you know sexual behavior without using a condom may increase the risk of HIV/AIDS infection?	15	86.70%	13.30%	32	93.80%	6.20%
是否知道共用注射器吸毒会加大艾滋病的感染风险 Do you know sharing injection needles may increase the risk of HIV/AIDS infection?	15	93.30%	6.70%	31	100%	0.00%

表 28: 陇川县 FXB 救助大龄儿童对吸毒、性行为态度

Form 28: Attitudes of FXB Long Chuan Young Adult Beneficiaries Toward Drug-use and Sex

	中线情况 Mid-term				终线情况 Final			
		同意 Agree		比例 Percentage		同意 Agree		比例 Percentage
爱一个人，就可以发生性行为 I can have sex with somebody as long as I love	15	1	6.7%		32	1	3.1%	
		不同意 Disagree	12	80%		不同意 Disagree	24	75%

			n				n	
接受陌生人的礼物 To accept gifts from strangers	15	愿意 Agree	2	13.3%	32	愿意 Agree	0	0%
		不愿意 Disagree	11	73.3%		不愿意 Disagree	23	71.9%
		说不准 It is hard to say.	2	13.3%		说不准 It is hard to say.	9	28.1%
熟悉人递过来的烟 To accept cigarettes from acquaintances	15	会 Yes	7	46.7%	32	会 Yes	3	9.40%
		不会 No	8	53.3%		不会 No	29	90.6%

④大龄儿童情况小结 Summary to Yung Adults

从大龄儿童职业技能培训方面来看，儿童的生活水平得到改善后，儿童对教育的要求有了很大提高。在艾滋病等知识掌握和资源利用情况，大多数大龄儿童能够较好的掌握基本知识，在美沙酮的问题知晓方面有待于继续宣传，普及相应知识。在行为意识方面，可以看出大龄儿童总体上对艾滋病的认识较高，有自主意识，大多数大龄儿童能够正确的处理吸毒、性行为、艾滋病等相关问题。

In terms of vocational training for yung adults, as soon as child's daily living improved, child's expectation to education improved greatly, too. For knowing status of HIV/AIDS prevention knowledge and resources utilization status, most of young adults could better master basic knowledge, the aspect of Methadone publicity is expected to continue the publicity and popularizing relevant knowledge. In aspect of behavioral awareness status, we can see that generally young adults have better cognition to HIV/AIDS, with self-awareness, most of young adults can properly deal with problems of drug-abuse, sex, HIV/AIDS, etc.

3.6 儿童生活计划 Child Life Planning

“全方位救助孤儿和弱势儿童的综合项目”的一个理念就是希望通过相应的策略保证目标儿童在受艾滋病、吸毒、残疾、特困等因素的影响下，仍能有一个稳定的家庭，提高儿童感情的稳定性和安全性，这就是儿童生活计划。对于父母抚养或有监护人的儿

童，项目希望通过给予家庭关爱和救助，减少目标家庭因困难遗弃儿童的可能；对于父母或主要监护人无法起到监护作用的儿童，项目希望通过法律强制性文件为该儿童提供看护权、监护权和决定权。

One ideology of “Comprehensive Project Providing Holistic Support for Orphans and Vulnerable Children” is to ensure the beneficiary children affected by factors of HIV/AIDS, drug-abuse, disability, poverty, etc, still can be maintained in a stable family, and improve the stability and safety of child in emotion, through corresponding strategy, this is the Child Life Planning (CLP). For children cared by parents or children who have custodians, Program expected to provide family care and support, to reduce the possibility of child abandonment; for the children whose parents or custodians are unable to provide proper custody, Program expected to provide care-giving right, custody right and decision making right by legal enforcement documents.

结合中国国情，儿童生活计划的主要工作任务是为父母或主要监护人无法起到监护作用的儿童，寻找收养家庭，或对鼓励已经形成事实收养的家庭办理合法收养手续。

According to the reality in China, the main goal of CLP is to find adoption families for children whose parents or main custodians are unable to provide proper custody, or encourage the adoption-in-fact families to proceed legal adoption procedures.

儿童生活计划在实际执行时，大部分家庭都表示愿意为儿童提供照顾，但有些家庭对合法、长期收养还有顾虑，不愿意办理，有些家庭不符合收养规定，针对这样的情况，项目采取了折中的办法，即首先与这些家庭签订第三方监护协议，保证儿童在 18 岁以前在居住、教育、健康、食物和情感等方面得到寄养家庭的支持。

When conducting CLP, most of families committed to provide care-giving to children, but some families still remained concerns and not willing to proceed legal and long-term adoption; some families didn't meet the criteria of adoption. According to these cases, Program conducted the compromising approach, which is: to sign the Third Party Custody Agreement with these families, secure the support from foster family to housing, education, health, food, and emotion of children before 18 years old.

目前，陇川县有 46 名儿童符合办理合法收养手续，其中已经有 34 名儿童办理，占 46 名儿童的 73.9%。可以发现有近一半的儿童需要收养，已经是孤儿和即将成为孤儿的比例是非常高的，签订儿童生活计划的比例较好，有超过 70% 的儿童的家庭签订了协议。这样更加有利于儿童心理的健康发展。（见表 30）。

Currently, totally there are 46 children met the criteria of legal adoption procedures, and 34 of them have proceeded the procedure, which is 73.9% of 46. So we discovered that nearly half children need adoption, orphans and orphans-to-be are at high percentage, the percentage of signing Third Party Custody Agreement looks good, over 70% families have signed agreement. This is better for child's development of psychological health. (see chart 30)

表 30: 陇川县 FXB 救助儿童生活计划执行情况

Chart 30: Long Chuan FXB Children Implementation of CLP

	需要办理合法收养儿童人数 # of children who need legal adoption	需要办理合法收养儿童比例 Percentage of children wh need adoption	制定儿童生活计划儿童人数 # of children CLP children	制定儿童生活计划占需办理收养儿童比例 Percentage of CLP children compare with children who need adoption	调查目标儿童数 # of children evaluated
合法收养 Legal adoption	46	46.9%	34	73.9%	98

4 项目评估结论

4. Conclusion of Program Evaluation

从问卷调查和项目执行情况看，项目产生的效果明显，FXB 救助的受艾滋病、吸毒、特困、残疾等因素影响的儿童在生活环境、生存状况、心理健康三个层面在项目开展期间都有较大改善，各项活动的开展有效提高儿童生活质量，同时为儿童的发展提供了支持。

Looking through the questionnaire and Program implementation, the Program resulted obvious achievement, children affected by HIV/AIDS, drugs, poverty and disability, etc, have greatly improved in 3 aspects of living conditions, survival status, psychological health, each Program activity effectively improved the quality of children's life, and meanwhile, provided support to children's development.

4.1 项目效果

4.1 Program Result.

“全方位救助孤儿和弱势儿童综合项目”在提高家庭收入、改善儿童生存状况等方面都取得了较好的效果，具体而言有以下几方面：

The Comprehensive Project Providing Holistic Support to Orphans and Vulnerable Children achieved good results in family income increase, improvement of children's survival status, etc, in specific aspects as below:

(1) **IGA 活动有效增加家庭收入。** IGA 活动以目标家庭为主体，尊重家庭自身意愿，协助目标家庭根据自身实际情况选择 IGA 内容并制定生产计划，使目标家庭从不知道怎么赚钱到有意识自己赚钱。数据表明，通过开展 IGA 活动家庭收入尤其是生产性收入显著增

加，IGA 结束后至少在一段时间内家庭经济状况仍能保持在 IGA 资助时的水平，甚至略有改善。因此，IGA 是一种行之有效的项目活动，有效地帮助儿童及其家庭改善经济状况。

(1) IGA effectively increased family income. IGA prioritized the beneficiary families, respected the families' own willingness, assisted families to decide the content of IGA and to make the production plan according to the realistic family needs, had the families finally equipped with the awareness of income increase, from knowing nothing in past. According to the data, through the conduction of IGA, family incomes, especially the productive incomes remarkably increased, at least during a period of time after IGA completion, the family economic status remained at the same level when IGA being conducted, even improved more. Thus IGA is an effective Program activity, it effectively helped children and their families improve economic status.

(2) 儿童受教育机会有所增加。项目为艾滋病孤儿和其它弱势儿童提供上学基本费用，并为大龄儿童提供接受职业培训的机会。在资助儿童就学时按一定比例补贴儿童就学费用，并通过直接向学校缴纳学杂费的方式有效保证了就学资助款项能全部用于儿童教育。经过项目帮助，儿童就学率和接受职业培训的比率均有明显上升，为弱势儿童提供了更多受教育的机会。

(2) Education opportunity for children improved. Program provided basic education cost to HIV/AIDS orphans and other vulnerable children, and provided vocational training opportunity to young adults. Program provided schooling cost at specific proportion for children in school, and paid the education cost directly to school as the effective approach to ensure all the education cost spent on children. With the support from Program, percentage of children in school and attended vocational training remarkably increased, it means Program have provided more education opportunity to vulnerable children.

(3) 儿童心理状况得到改善。项目较重视儿童心理健康，开展了内容丰富的儿童纪念册等活动，培养儿童的应对能力和自信心，增强儿童的自我认识，使他们更好地融入社会。项目还从儿童家庭成长环境出发帮助符合条件的儿童签订儿童生活计划，为儿童健康成长提供更多的家庭关爱。从总体上看，经过项目救助儿童心理状况有较大的改善。

(3) Psychological status of children improved. The Program comparatively valued children's psychological beings, and developed various children's activities such as I AM WHO? book, to cultivate children's the capacity to face changes and self-confidence, to improve self-awareness of children, so that to have them better step into the society. Besides, Program supported children who met the criteria of Child Life Planning according to children's family environment, provided more family care to children's development. In global, through the support of Program, psychological status of children comparatively improved in great way.

(4) 对艾滋病知识的掌握情况和对艾滋病资源的利用状况有较大改善。经过项目救助，目标家庭成年人和大龄儿童对艾滋病知识的掌握情况与项目实施前相比都有较大改善，对艾滋病资源的利用能力也有所增强，大多数家庭都掌握了基本的艾滋病知识。

(4) The mastery to knowledge of HIV/AIDS and application of HIV/AIDS resources comparatively improved. Through the Program support, adults and young adults in beneficiary families greatly improved the mastery to knowledge of HIV/AIDS compared with period before Program, the capacity of HIV/AIDS resources application also improved, most of families mastered the basic HIV/AIDS knowledge.

(5) 利用妇联从上到下层层网络优势，低费、高效地管理与实施项目。作为首次在中国实施发展项目的国外非政府组织，FXB 因与云南妇女儿童发展中心合作，方得以在受艾滋病影响这一敏感人群中开展关怀项目。对外，云南妇女儿童发展中心承担了与省政府外事部门、省防艾办的沟通与协调工作。确保了项目的合法性与可行性。对内，中心作为省妇联的下属单位，利用行政效能的便利，帮助 FXB 在第一时间获取了各级妇联通力支持与配合，并依赖妇联协调获取了当地政府部门支持和相关部门的帮助，为 FXB 项目开展基线调查、目标人群的选定等一系列工作提供了必要条件，并使得项目办人员能够在日后工作中顺利完成入村入户和进校学校访谈等工作。

(5) Taking the advantage of WF's vertical network which going through different levels, conducted the admistration and implementation with "low cost, high efficiency". Thanks to the cooperation with YWCDC, FXB could develop this Program to the sensitive people for the very first time in China as the foreign NGO. Externally, YWCDC managed the communication and coordination with Provincial Foreign Affairs Office, Provincial AIDS Office, guaranteed the legality and feasibility of the Program implementation. Internally, as the sub-department of Provincial WF, YWCDC took the administrative advantage, supported FXB obtaining concentrated support and cooperation of 1st hand from WF at diffirent level, obtaining the support and assistance from local government and relevant departments based on WF's coordination to creat needed conditions for FXB in baseline survey and beneficiary people selection, and ensured the Program staff being able to complete daily work of homevisit in villages and schoolvisit, etc, in a smooth way.

项目在执行过程中也发现了一些不足之处，主要体现在：

During the implementation of the Program, some weakness also were discovered, listed as below:

(1) 项目的经费支持应当考虑到宏观经济变化。项目实施的三年中，正逢全球性的货币流动性过剩，我国经济也出现了局部过热的现象。物价在三年间上涨了很多，项目的经费计划应当把物价变化的因素考虑进去。这样更加有利于项目的顺利开展，更够达到项目计划时所期望的效果。在具体实施方面，应该对支持的活动的的项目有所调整，找到在物价上涨期间不受太大影响的救助活动，对于原来采用的一些实物的支持可以有所调整。

(1) The funding support of the Program should consider the macroscopical economy changes. During the 3-year implementation, it's the time of global currency superabound, national econmy partially over-flourished. The prices increased more during the 3 years, the funding support plan of Program should've considered the factor of price changes. So it will be good for implementation, as well as good to achieve the expected result. During the psecific implementation, also the activities which need funding support should've be adjusted, and

identified the activities which were not impacted greatly instead of the materials support which were original planned.

(2) 技术支持缺乏，IGA 活动的预期效果可能得不到有效保障。 IGA 活动的开展更多的关注于前期生产自救项目的选择上，能够尊重受助者的意愿，并根据其家庭人力、资金等客观情况帮助选择确定适宜的发展项目，但在项目发展过程中，一般仅停留在定期的随访时对 IGA 项目进展情况的一般性过问与查看，而对目标家庭缺乏必要的、充分的技术支持与指导。导致具有高增值、高附加值特点的生产项目缺乏并且难于推广。

(2) Due to lacking of technical support, the expected result of IGA can not be guaranteed. The development of IGA more focus on the early stage of income generating activity options, and able to respect the willness of grantees to choose and identify appropriate developmental acitivities based on objective conditions of man power and funding conditions, etc. But during the process of Program development, generally just aimed on regular homevisit to enquire and check IGA, but lacking of needed and sufficient technical support and instructions. It resulted that high value-increment production having hard time to promote and popularize.

(3) 针对儿童心理改善活动较为单一。项目开展的纪念册活动对于低年龄段儿童需要经常更换新的活动项目。在调查中发现，重复开展同一项活动很难使低年龄儿童维持其较好的心理状况。在改善儿童心理活动中应当考虑到不同年龄段儿童的特点，应该针对不同年龄段儿童制定出符合其年龄特点的活动，提高整体活动效果。

(3) Singleness in child psychological improvement activities. The I AM WHO? book acitivity need to frequently change new program for children at younger age. Through the evaluation, same acitivity repeatedly taking place can not maintain better psychological status for younger children. The psychological improvement activities for children should've considered characters of children at different ages, and worked out acitivites appropriate according to children's different ages, so that to elevate the activity concrete result.

(4) 第三方监护协议缺乏保障。项目对于不愿意办理合法收养和不符合合法收养条件的家庭，采取和签署第三方监护协议的折中办法，保证儿童在 18 岁以前在居住、教育、健康、食物和情感等方面得到寄养家庭的支持。但该监护协议法律效应不强，并且在项目撤出后，难有有效的监控机制来约束寄养家庭，仅仅依靠寄养家庭自身的道德底线和周围亲属的关注，一旦出现问题，无论是调解还是诉诸法律对儿童都会产生较大的伤害。

(4) Lacking of guarantee in the the Third Party Custody Agreement. Program conducted the Third Party Custody Agreement as the compromising approach for those families who are not willing to conduct legal adoption and those families who are not meeting the legal adoption criterias, so that to guarantee the children under 18 can obtain support from foster families in housing, education, health, food, and emotion. But the legal effectiveness of this agreement is not that powerful, and after termination of Program, it's challenging to have effective monitor system to oblige foster families, but only count on the morality basis of foster family and attention from close relatives, once it goes into problem, it will harm the children no matter go into intermediation or law.

4.2 项目推广价值

4.2 Value of Program Promotion

项目开展三年来，儿童及家庭各方面的状况都得到了很大改善，同时也形成了一些值得其它地区借鉴的经验：

During the 3-year implementation of Program, it has improved a lot in each aspect of children and their families, and meanwhile, the formed experience which is worthy replicating for other places.

(1) 项目设计模式 从机构设计来讲，在妇联领导下设立常态化的项目办，招聘相关人员、配备必要的交通工具，持续开展家庭随访，了解家庭需求，实现按需救助并及时调整救助内容；从活动内容来看，救助包括了家庭生产、生活救助，儿童教育救助和心理关爱，及开展创造儿童成长的稳定环境的活动（儿童生活计划）；从救助方式而言，不仅包括直接的现金救助，更包括服务和物品救助，比如在就学方面，直接将在校有关花费交给学校，在营养方面，配发各种生活用品，等等。

(1) Design of Program Looking through the organization design, normalized Program Office established under the WF, recruited Program staff, equiped with needed transportation tools, conducted regular homevisit to study the family needs, and adjusted Program assistance activities according to real needs; looking through the content of activities, the Program assistance included family production, life assistance, education support, psychological care, and conducted the activities to create stable living environment for children's development (Child Life Planning); looking through the assistance approach, the assistance approach included direct cash distribution, even service and material assistance, such as in education aspect, Program paid relevant cost directly to school, in nutrition aspect, Program distributed all kinds of daily needs, etc.

(2) 项目活动方式 项目采用了按需救助和循序渐进的活动方式。一方面按需救助思想贯穿在各项活动中，如开展 IGA 活动时，结合家庭具体情况确定生产救助的内容，注重培养提高家庭生产能力；另一方面项目采用由少到多、由浅入深的方式循序渐进地扩大救助规模，如 IGA 将目标家庭分作三批逐次开展，不断总结经验调整活动方式以达到减小风险、优化活动方式的目的。调查问卷数据表明按需救助和循序渐进都是值得借鉴的活动方式。

(2) Program Activity Approach The Program approach followed "assistance based on needs, progress gradually in accordance". On one hand, the ideology of "real needs" went through each activity, such as when conducted IGA, the content of production identified based on real needs in each family, focus on cultivating the capacity elevation; on the other hand, Program followed from few to more, from surface to deep, gradually expanded the size of assistance, such as divided IGA conduction in 3 batches, constantly summarized gains and loss to decrease the

risks, and optimized activity approach. According to the data from questionnaire, “assistance based on needs, progress gradually in accordance” are both activity approaches worthy replicating. .

(3)项目是在中国的大胆探索 项目很多活动内容和方式都是在中国的大胆探索和全新尝试。IGA 活动不同于以往直接发放救助款项的救助方式，更注重培养家庭改善经济状况的能力；儿童生活计划着眼于给儿童持续家庭关爱在形式和内容上都有所创新；儿童纪念册活动更是以新颖的形式吸引儿童参加，以游戏的方式增强儿童的应对能力和自信心，使他们更好地融入社会。项目的创新精神值得推广和学习。

(3) Program is the brave exploration in China Many Program content and approaches are brave exploration and brand new trials in China. IGA differed with old approach of direct cash distribution, instead, it focus more on cultivating improvement of economic status; the CLP aimed on permanent family care to children, and innovated both in approach and content; I AM WHO? book activity attracted children to participate in unique approach, integrated with games to improve children’s ability to face the changes and self-confidence, so that they can better step into society. The innovation of Program is worthy promoting and learning.