

UNFPA Country Programme Evaluation: CHINA

**Period covered by the evaluation: July 2011 to June 2014
(including planning for 2014-2015)**

FINAL EVALUATION REPORT

January 2015

CHINA



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EXECUTIVE SUMMARY

Executive Summary

Context

This report is the result of the evaluation of the UNFPA seventh country programme in China. The evaluation covers the period from July 2011 to June 2014, plus planning for the remaining part of the programme until the end of 2015. The country programme has two components: (a) reproductive health and reproductive rights, and (b) population and development (including two outputs related to gender equality). Its overall budget is US\$22 million.

Objectives and Scope

The objectives of the evaluation were (1) to provide an independent assessment of the programme's progress towards the expected outputs and outcomes set forth in the results framework, (2) to provide an assessment of the Country Office's positioning within the developing community and in coordinating with national partners, in view of its ability to respond to national needs while adding value to the country development results, and (3) to draw key lessons both from past and current cooperation and any changes in the development context, as well as to provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next country programme cycle in China. The evaluation was to cover all activities, including programme support, information, communication, and advocacy activities. It was also to cover results achieved, as well as unintended effects.

Methodology

This evaluation was based on a set of 12 questions, dealing with the corresponding evaluation criteria. For the assessment of the two programmatic components, four evaluation criteria were applied: relevance, efficiency, effectiveness and sustainability. Two specific criteria were used for the analysis of the strategic positioning: contribution to UNCT and added value.

As well as an extensive review of programme and intervention related documentation, along with national plans, laws, policies and programmes, evaluation tools consisted of direct interviews, meetings and focus groups involving a range of stakeholders, both at national and sub-national levels. Evaluation also included benchmarking against other UN agencies, visits and observations made at project sites, discussions with population and development experts, and a partnership questionnaire. The evaluation team consulted 320 people during their field mission in Beijing and eight other municipalities and provinces.

During the evaluation, the team faced a number of limitations. These include (1) the country programme's ambitious results framework, particularly with regards to population and development, (2) only a representative sample of stakeholders were able to be accessed, (3) limited detailed examination of field issues due in part to fieldwork in a vast country on a tight timetable, (4) limitations in the information available because of a lack of some data (such as on youth), (5) some outputs were designed

to culminate in 2015, meaning that the end of programme reviews and surveys are yet to occur and that the results have not been achieved yet, and (6) the evaluation team leader leaving halfway through the process, delaying the finalization of the evaluation's findings. Under a new team leader, the evaluation team worked together to complete the process, overcoming the absence of data of some interviews and final perceptions of the team leader who left. The team continued to mitigate any possible risks in methodology, including subjectivity, by triangulation with other stakeholders and data sources.

Main Conclusions

(1) Strategic Conclusions

Conclusion 1: UNFPA is a strong contributor to UNCT, and is contributing to UN strategic thinking about future engagement in China. UNFPA's contribution to UNCT processes is frequent, highly relevant and is regarded by other UNCT members as valuable, particularly with regards to strategic thinking on reproductive health and rights, population dynamics and gender equality. UNFPA enjoys good working relationships. The international community in China recognizes that relationships with China require repositioning as China looks for development assistance and welcomes strategic engagement. UN agencies see this as an opportunity to build niche relationships on key strategic issues where the agencies have valuable expertise.

Conclusion 2: UNFPA is well regarded for the unique expertise it provides in RH and PD in the context of China. It has strong credibility and objectivity built up over 35 years of cooperation in China. UNFPA has strong credibility as an objective and trusted international partner that provides sound advice on international standards. It has a strong power to convene, strong international experience and access to high standards of international expertise. It also has strong advocacy capacity and acknowledged excellence in expertise on reproductive health, population and development. Given its own resources, the Government is less concerned with UNFPA's level of resourcing, but more interested in the added value that UNFPA provides.

Conclusion 3: UNFPA has been well positioned through the CP7 and will need to continue to be highly responsive, adaptive and demand driven to ensure that its acknowledged expertise continues to meet expectations. In its positioning, UNFPA will need to continue to be adaptive to emerging issues and to maintain its key strengths. These include upholding international standards, its acknowledged objectivity and expertise, its strong power to convene, and its access to international experience, expertise and strategic partnerships.

Conclusion 4: While the CP has been conducted efficiently, to enhance the CO's future operations, examination is now needed of the skills base. Evaluation is also needed of the organizational structure, the scope for operational efficiencies, possible new funding sources, and possible flexibilities in project delivery. This will enhance the efforts needed with government partners to bring project achievements further upstream into policy development. Efficiencies, such as those achieved through combining national and sub-national resources with UNFPA's expertise in business processes and project delivery, (including reduction in project sites) also need consideration and review in a context where there may be reduced resources.

(2) Programmatic Conclusions

Conclusion 5: The country programme is highly relevant to national needs and priorities, and is also aligned with international priorities. The CP is contributing to the improvement of more accurate data and increased use of such data to inform evidence-based policymaking, strengthening support for SRHR and PD, developing a youth SRH strategy, consolidating work on vulnerable populations, and ensuring the scaling up of project achievements to a rights-based level of policymaking. The country programme is highly relevant to the needs of the population of China and aligned with national priorities. These include the 12th Five-Year Plan on Economic and Social Development and the 12th Five-Year Plan on Population and Development, as well as international standards such as the ICPD Programme of Action MDG agenda, the UNFPA Strategic Plan and UNDAF. Major demographic changes include a decreasing population of young people, a rapidly ageing population and workforce, a fertility rate below replacement level, changes affecting the traditional family, and the consequences of large-scale migration due to rapid urbanization. The imbalanced sex ratio at birth is very high. There are frequent cases of violence against women. Young people still face barriers with regards to their SRHR. HIV and STI rates also remain a concern. There is still a lack of quality data to inform policymaking to address many of these issues.

To strengthen the evidence for taking project achievements further upstream within policymaking, UNFPA has enhanced its efforts to address population issues. Gaps in programming also require attention, including a more strategic and multi-sectoral approach to increasing youth access to sexual and reproductive health, and addressing the lack of sex-disaggregated data and overall data on youth, VAW, migrants and vulnerable people. A useful range of programme goals in relation to vulnerable populations, such as the less well-off urban and rural populations, youth, migrants, and people in remote communities, requires consolidation.

Conclusion 6: The country programme appears to be effective, and the programme is well placed to make a significant contribution to key GoC policymaking and improved service delivery. However, improvements are required in CP's coherence, integration and the level of pragmatism demonstrated in programme formulation. Most intended outputs under CP7 are on track for completion in 2015. They appear to be contributing to desired outcomes. Intended project reviews and studies included in the current CP projects will hopefully confirm effectiveness when they are completed in 2015.

There are currently major opportunities for UNFPA to further contribute to key upstream policy initiatives in the areas of SRH and rights, rights-based family planning, China's next Five-Year Plan on Economic and Social Development, urbanization management, the ageing of the Chinese population, and GE reforms.

Programmatic coherence needs greater attention in the next programme through integration of outputs and mainstreaming of key design issues like gender, youth, strategic communications and a rights-based approach.

Conclusion 7: Modalities are generally working well, including capacity building. However, there is scope for better quality assurance in research, enhanced management of technical assistance and

greater use of strategic communication. Significant attention had been paid to building capacity, but in the next programme the focus will shift more to advocacy and policy dialogue. Improvements in quality assurance are required, especially in relation to research results and TA performance. The CO's strategic communication reforms were valuable and produced impressive results, but the CO needs to better integrate programmatic and communication activities.

Conclusion 8: CP7's partners have strong ownership, but a more strategic approach to partnership is required so as to bring project achievements into upstream policymaking. There is strong stakeholder ownership for CP7 projects, as demonstrated by the resources that IPs have committed. Capacity building and institutional mechanisms had generally assisted in building ownership, and had national execution responsibilities. The CPE fieldwork undertaken across nine provinces found strong, hands-on ownership and commitment from IPs. The resources UNFPA can commit, though, are often only a minor part needed to support the project. However, UNFPA's involvement is still seen as valuable. With a view to developing a more strategic approach, including identifying new opportunities to scale up project results, it is necessary to review existing partnerships. There is also scope for improved operational liaison at local levels. Seeking a more regular and deeper strategic engagement and dialogue with key partners is also desirable.

Conclusion 9: South-south cooperation opportunities appeared to grow during CP7, and were treated as a high priority, because of the strategic importance of UN assistance in relation to China's developing role in the world. Support for SSC and triangular work by UNFPA is seen as an important priority given China's increasing global role. Such support has been in close consultation with the GoC and in collaboration with other UN agencies.

Recommendations

Actively contribute to UN joint efforts and lead UN strategic thinking on UNFPA mandated areas in China. Continue leading strategic thinking on population dynamics, SRH and gender equality and building good working relationships with other UN agencies. Whilst maintaining active participation in the UNCT, UNFPA is to pursue joint efforts among UN agencies on the promotion of international standards. It should also continue to use its expertise to help improve Chinese policy and institutional leadership on RH, PD and GE through improved criteria and schemes, including cost schemes, by using international consultants and overseas study experiences.

Strengthen UNFPA's unique expertise in RH and PD in particular, and maintain its credibility and objectivity in China. Provide enhanced access to international expertise and international experience in programme support, with a view to change project arrangements and modalities so as to achieve effectiveness and efficiency. UNFPA adds value through its normative role on international standards such as ICPD and the principles for sustainable development, its power to convene, and its international expertise. Strengthen further efforts to ensure access to quality international expertise to meet the needs of IPs.

Continue to be highly responsive and adaptive to the evolving situation in China so as to remain relevant and able to respond to emerging population issues. Develop a partnership strategy aligned with CP priorities and review partnerships, including the identification of new opportunities.

Continue strengthening CO capacity for advocacy, policy advisory services, and SSC. This can be done through various means, including a thorough review of its current organizational structure, possible funding sources and project delivery modalities. Examine the scope of operational efficiencies in the CO. This includes financial management and management of technical assistance. Also look to explore new funding sources, including financing from partners of the GoC. The existing examples of sub-national partners of GoC investing in projects supported by the CP7, in the case of SRB in Changfeng and urbanization/migration in Zhengzhou, have suggested that it is not only feasible but also necessary to seek flexibility in combining GoC's financial resources with UNFPA's technical expertise in future programming, including piloting initiatives.

Ensure that the next country programme continues to be highly relevant by emphasizing the use of evidence-based advocacy and policy advice. This can address national needs and priorities, thereby responding to the sustainable development goals and the emerging role of China as a global player. Continue to pay strong attention to advancing evidence-based policymaking in China and take account of useful studies and quality data. While ensuring responsiveness, UNFPA must continue to advocate for ICPD, human rights, reproductive rights and other UN sustainable development themes, and to promote the new sustainable development agenda and gender equality. Use the opportunities presented by the creation of NHFPC to strengthen policy dialogue in promoting policy integration between RH, FP, GE and PD and rights-based reforms. Such reforms can be effective, especially when men's participation through the efforts of the White Ribbon movement are accompanied by women's empowerment initiatives against VAW and the imbalance of SRB. A pilot in the next CP should be considered to enhance such reforms based on further study, quality research and use of data and advocacy in anticipation of future policy changes. For example, the adoption of a comprehensive youth strategy aimed at improving youth related data and policy, youth leadership and participation.

Continue making significant contributions to key GoC policy considerations and improving coherence, integration and the level of pragmatism in future programming. Devise outputs and outcomes that are seen as realistic and easily identifiable by partners. Programmatic coherence is critical, and future programming is to be more focused, strong in terms of substantive issues covered, and geographical and internal integration achieved between and within the outputs. Pragmatism is concerned with what is achievable by way of promoting evidence-based policymaking informed by quality research and data, flexibility in delivery through pulling together national and sub-national resources and UNFPA's expertise, and mainstreaming gender and a rights-based approach. These are key design principles for the next CP under a likely 'pink country' business model. A further design principle is to combine the above ideas into fewer projects than in CP7 to pilot reforms in areas of priority needs in China. These include improving equity in ASRH, RHR, and PD and overcoming challenges faced by youth and vulnerable groups, including rural migrants and ethnic minorities.

Continue effective modalities through improving quality assurance in research, management of technical assistance and the use of strategic communication. Establish quality assurance mechanisms for CO research, processes to assess technical assistance performance, and integrated strategic communications.

Adopt a more strategic approach to partnership so as to strengthen ownership. Deepen relationships with primary partners like NDRC, NHFPC, CNCA and NBS, and build new partnership relationships,

including with the private sector. Better operational liaison by IPs at local levels is required. In addition, deeper and more regular strategic level engagement and dialogue is required with key partners on key policy issues, as opposed to operational level engagement. This is with a view to strengthening ownership and enhancing opportunities for partners to pursue integrated policy effectiveness.

Pursue SSC opportunities in PD, gender, youth and SRH, including in relation to RH commodities.

UNFPA should continue pursuing SSC opportunities in consultation with the GoC and in partnership with other UN agencies. Such opportunities may include research and discussion of the most appropriate strategies to ensure provision of quality lifesaving commodities, in line with international standards and agreements. UNFPA's continuing participation in annual dialogues on the China-Africa health collaboration will offer ways to enhance SSC opportunities, in particular in the areas of reproductive health, population and development. One of UNFPA's first initiatives to deepen SSC can be building mutual learning and triangular institutional cooperation in fields such as reproductive health commodities and PD data systems.

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ABBREVIATIONS AND ACRONYMS

ACWF	All China Women's Federation
ADB	Asian Development Bank
ADVN	Anti-Domestic Violence Network (Fanbao)
AIDS	Acquired Immunodeficiency Syndrome
APRO	Asia Pacific Regional Office, UNFPA
AWP	Annual Work Plan
CB	Capacity Building
CCUD	China Centre for Urban Development
CDC	Centre for Disease Control and Prevention
CDCD	China Disease Control Centre, PKU
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFPA	China Family Planning Association
CHAD	Centre for Healthy Ageing and Development Studies, at National School of Development, PKU
CLHLS	China Longitudinal Health and Longevity Study
CMCHA	China Maternal and Child Health Association
CNAO	China National Audit Office
CNCA	China National Committee on Ageing
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CP6	Sixth Country Programme, China, 2006-2010
CP7	Seventh Country Programme, China, 2011-2015
CPAP	Country Programme Action Plan, China
CPD	Country Programme Document, China
CPE	Country Programme Evaluation
CDPF	China Disabled People's Federation
CPDRC	China Population and Development Research Centre
CPR	Contraceptive Prevalence Rate
CRC	China Railway Commission
CYN	China Youth Network
CSOs	Civil Society Organizations
DRC	Development Research Centre, the State Council
DPES	Department of Population and Employment Statistics, NBS
DSS	Department of Social Sciences and Technology and Cultural Statistics, NBS
EM	Ethnic Minority
ESEPOSHRI	Energy Saving and Environmental Protection and Occupational Safety and Health Institute of Chinese Academy of Railway Sciences
ERG	Evaluation Reference Group
EVAW	Elimination of Violence against Women
FF	Ford Foundation
FGD	Focus Group Discussion
FP	Family Planning
FPC	Family Planning Commission
GE	Gender Equality

GoC	Government of China
HAI	Help Age International
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
ICOMP	International Council on Management of Population Programmes
IEC/BCC	Information Education and Communication/Behavioral Change Communication
ICT	Information Communications Technology
IP	Implementing Partner
JICA	Japanese International Cooperation Agency
JP	Joint Programme
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
ME	Monitoring and Evaluation
MH	Maternal Health
MIC	Middle Income Country
MIPAA	Madrid International Plan of Action on Ageing
MIS	Management Information System
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MOFCOM	Ministry of Commerce
MOH	Ministry of Health
MOV	Means of Verification
MSI	Marie Stopes International
NBS	National Bureau of Statistics
NCAIDS	National Centre for AIDS Prevention and Control
NCC	National Coordination Committee
NCWC	National Centre for Women and Children
NCWCH	National Centre for Women and Child Health
NDRC	National Development and Reform Commission
NGO	Non-Government Organization
NHFPC	National Health and Family Planning Commission
NPFPC	National Population and Family Planning Commission
NPO	National Professional Officer
NWCCW	National Working Committee on Children and Women, the State Council
OP	Older Persons
PATH	Program for Appropriate Technology in Health
PD	Population and Development
PDS	Population and Development Strategy
PFPC	Provincial Family Planning Commission
PKU	Peking University
PLWD	Persons Living With Disabilities
PHFPC	Provincial Health and Family Planning Commission
PPD	Partners in Population and Development
PWCCW	Provincial Working Committee on Children and Women

RCSC	Red Cross Society of China
RH	Reproductive Health
RR	Reproductive Rights
RRF	Results and Resources Framework
RTI	Reproductive Tract Infection
RUC	Renmin University of China
SP	Strategic Plan
SPR	Standard Progress Report
SR	Sex Ratio
SRB	Sex Ratio at Birth
SRH	Sexual and Reproductive Health
SSC	South-South Cooperation
STI	Sexually Transmitted Infection
SW	Sex Worker
TFR	Total Fertility Rate
TOR	Terms of Reference
TOT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDOCO	United Nations Development Operations Coordination Office (previously UNDGO)
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Science and Culture Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
VAT	Value-added Tax
VAW	Violence against Women
WHO	World Health Organization
YFS	Youth Friendly Services
YHDRA	Yunnan Health and Development Research Association

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The Key Facts Table

Land	
Geographical location	Eastern Asia
Land area	9,600,000 sq km ¹
Terrain	Mostly mountains, high plateaus, deserts in the west; plains, deltas, and hills in the central and east areas
People	
Population	1.354 billion in 2012 ²
Urban population	52.57% in 2012 ³
Population growth rate	0.57% ⁴
Population of minority groups	8.49%
Age group 0-14	16.6%
Age group 15-24	17.1%
Age group over 60	13.3%
Sex ratio (SR)	105.2
Sex ratio at birth (SRB)	118.2
Government	
Government	Republic led by the Communist Party of China
Key political events	The People's Republic of China is established on 1 October 1949
—Seats held by women in national parliament	23.4% (2013) ⁵
Economy	
GDP per capita PPP US\$	11,904 (2013) ⁶
GDP Growth rate	7.8% (2012) ⁷
Main industries	Mining and ore processing, iron, steel, aluminum, and other metals, coal; machine building; armaments; textiles and apparel; petroleum; cement; chemicals; fertilizers; consumer products (including footwear, toys, and electronics); food processing; transportation equipment, including automobiles, rail cars and locomotives, ships, aircraft; telecommunications equipment, commercial space launch vehicles, satellites ⁸
Social indicators	
Human Development Index Rank	101 ⁹

¹ 2013 China Statistical Yearbook, National Bureau of Statistics of China.

² 2013 China Statistical Yearbook, National Bureau of Statistics of China.

³ 2013 China Statistical Yearbook, National Bureau of Statistics of China.

⁴ All the remaining data on people are from Major Figures on 2010 Population Census of China, National Bureau of Statistics of China.

⁵ Statistics on Women and Children in China 2013, National Bureau of Statistics of China.

⁶ World Bank, 2014.

⁷ World Bank, 2012.

⁸ World Fact Book, 2012

⁹ Human Development Index 2013.

Unemployment	4.1% (2012) (Urban registered unemployment rate) ¹⁰
Total Fertility Rate (TFR)	1.66 ¹¹
Life expectancy at birth	74.83 years (2010) ¹²
Under-5 mortality (deaths per 1000 live births)	13.2 in 2012 ¹³
Maternal Mortality Ratio (MMR; deaths of women per 100,000 live births)	24.5 in 2012 ¹⁴
U5MR 2012	14/1,000 (Male: 15/1,000; female: 13/1,000)
IMR 2012	12/1,000
Health expenditure (% of GDP)	5.36% in 2012 ¹⁵
Births attended by skilled health personnel, %	100% in urban areas; 99% in rural areas ¹⁶
Adolescent fertility rate (births per 1000 women aged 15-19)	6.2 (2009) ¹⁷
Condom use to overall contraceptive use among currently married women 15-49 years old, %	10.3% ¹⁸
Contraceptive Prevalence Rate (CPR)	87.9% ¹⁹
Unmet need for family planning (% of women in a relationship unable to access)	2.3% ²⁰
People living with HIV, 15-49 years old, %	<0.1% ²¹
Comprehensive knowledge of HIV, 15-24 years old, %	14.4% ²²
HIV prevalence in key populations (MSM, FSWs, and IDUs)	Respectively, 7.7% in 2014, 3.3% in 2014, and 0.2% in 2014 ²³
Adult literacy (% aged 15 and above)	95% in 2012 ²⁴
Total net enrolment ratio in primary	100%

¹⁰ 2013 China Statistical Yearbook, National Bureau of Statistics of China.

¹¹ The value of 1.66 is taken from the medium variant projection for the period 2010-2015 by *World Population Prospects; the 2012 Version*, UN Population Division. The 2010 China national census data reports a TFR of 1.18, which is likely affected by underreporting. Most scholars estimate the real TRF to be at 1.5 or below.

¹² 2013 China Statistical Yearbook, National Bureau of Statistics of China.

¹³ 2013 China Statistical Yearbook, National Bureau of Statistics of China.

¹⁴ 2013 China Statistical Yearbook, National Bureau of Statistics of China. The UN's MMR estimate for 2010 was 37. See Table 5 on p. 14 and also WHO, UNICEF, UNFPA and World Bank, *Trends in Maternal Mortality: 1999-2010*.

¹⁵ 2013 China Statistical Yearbook, National Bureau of Statistics of China.

¹⁶ ICPD, China Country Implementation Profile, 2012.

¹⁷ United Nations, Department of Economic and Social Affairs, Population Division (2014). 2014 Update for the MDG Database: Adolescent Birth Rate (POP/DB/Fert/A/MDG2012) based on China National Sample Survey on Population Changes 2009.

¹⁸ *Statistics on Women and Children in China 2013*, National Bureau of Statistics of China.

¹⁹ *Statistics on Women and Children in China 2013*, National Bureau of Statistics of China.

²⁰ NBS, National Sample Survey on Population Changes 2008.

²¹ ICPD, *China Country Implementation Profile*, 2012.

²² Based on *Survey of Youth Access to Reproductive Health in China 2009*. UNFPA and Institute of Population Research at Beijing University.

²³ The first two figures come from NCAIDS statement by Wu Zunyou at <http://news.sina.com.cn/c/2014-12-02/072731232214.shtml> and the last from *2014 China AIDS Response Progress Report*, NHFPC, June 2014.

²⁴ NBS, *Annual Data*, 2013.

education, both sexes	
Millennium Development Goals: Progress by Goal²⁵	
1 - Eradicate Extreme Poverty and Hunger	Largely met, but with full employment target potentially to be met
2 - Achieve Universal Primary Education	Already met
3 - Promote Gender Equality & Empower Women (as regards access to education)	Already Met
4 - Reduce Child Mortality	Already Met
5 - Improve Maternal Health	MMR target likely to be met; achieving universal RH access in progress
6 - Combat HIV/AIDS, Malaria and other Diseases	Access to treatment for HIV/AIDS already met; targets likely to be met as regards reduction of HIV, malaria and infectious diseases
7 - Ensure Environmental Sustainability	Target regarding access to safe water and sanitation already met; targets regarding sustainable development principles and slum dwellers likely to be met; target of reducing loss of biodiversity unfulfilled

STRUCTURE OF THE COUNTRY PROGRAMME EVALUATION REPORT

This report is comprised of an executive summary (a stand-alone document), six chapters and nine annexes.

The introduction (chapter 1) provides the background to the evaluation, objectives and scope, as well as the limitations. The second chapter outlines the rapidly changing strategic context in China and the national development strategies that are being applied. These are as outlined in GoC documents and in discussions with GoC officials and other stakeholders, as well as the external assistance that is provided.

The third chapter outlines the response provided by the UN system in China, the global strategies of UNFPA and the specific responses of its seventh country programme (CP7) to the development challenges faced by China. These challenges are in the areas of sexual and reproductive health and rights, population and development and gender equality, particularly in relation to violence against women (VAW) and imbalanced sex ratio at birth (SRB).

The fourth chapter presents the findings of this country programme evaluation. The findings first deal with programmatic performance, presented by reference to 10 evaluation questions that cover the relevance, efficiency, effectiveness and sustainability of CP7. The findings then show the strategic positioning of UNFPA by referring to the question of UNFPA's contributions to UNCT. There is a further question related to what the added value is of the UNFPA's work in China. Conclusions and recommendations then follow in chapters 5 and 6 respectively.

Finally, annexes present the Terms of Reference, the documentation viewed by the CPE team, the persons visited during the fact finding for the evaluation, and the evaluation matrix. A number of annexes have been included with background information on PD, RH, sex disaggregated statistics and case studies on the SRB and VAW models.

²⁵ Information for this part is drawn from Ministry of Foreign Affairs and United Nations System, *Report on Progress towards the Millennium Development Goals*, 2013 Report.

CHAPTER 1: INTRODUCTION

1.1 Purpose and Objectives of the Country Programme Evaluation

The Terms of Reference (TOR) for the Country Programme Evaluation (CPE) are in ANNEX 1. The overall objectives of the CPE are:

1. An enhanced accountability of UNFPA for the relevance and performance of the seventh country programme in China (CP7); and
2. A broadened evidence base for the design of the next programming cycle in China.

Towards the achievement of these overall objectives, the specific objectives of the CPE will be:

- (a) To provide an independent assessment of the progress of CP7 towards the expected outputs and outcomes set forth in the results framework of the country programme;
- (b) To provide an assessment of the CO's positioning within the development community and coordinating with national partners to respond to national needs, while adding value to country development results;
- (c) To draw key lessons both from past and current cooperation and any changes in the development context in China, providing a set of clear and forward-looking options leading to strategic and actionable recommendations for the next country programme cycle in China.

1.2 Scope of Evaluation

CP7 and its supporting document, the Country Programme Action Plan (CPAP), cover the period from 2011 to 2015 though CP7 was not signed until July 2011. This CPE seeks to evaluate the implementation of CP7 during the period of July 2011 to June 2014, as well as planning activity from mid-2014 to the end of 2015. This includes all activities in such periods including programme support, information and communication and advocacy activities. The CPE will cover results achieved, as well as unintended effects and any gaps in the programme.

CP7 seeks to support and facilitate development in China by focusing on two components, namely sexual and reproductive health and rights, and population and development. For that purpose, in respect of sexual and reproductive health (SRH) and reproductive rights (RR), CP7 provides for achievement of outcomes and outputs related to relevant policymaking. These include vulnerable groups' demand for access to RH services and information, such as prevention of HIV and STIs and reproductive rights, SRH services for unmarried youth, and SRH services for vulnerable groups.

Regarding population and development (PD), CP7 outcomes and outputs are related to PD data, policy research on population dynamics regarding urbanization, and policy advisory support on ageing. It also includes south-south cooperation (SSC), policy and institutional support for stopping discrimination and violence against women and girls, and reduction of imbalances in the sex ratio at birth (SRB).

The project interventions that UNFPA supports in China are both at the national and sub-national level. Sub-national interventions cover 25 provinces, 13 prefectures and 27 counties. UNFPA has a number of

implementing partners, both in the GoC, at sub-national level and with other community-based organizations. The location of the 45 project sites is outlined in **ANNEX 2**.

1.3 Methodology and Process

The CPE was conducted by an independent evaluation team comprising of a team leader²⁶ with prior UNFPA evaluation/review experience and three consultants with experience of living and working in China²⁷ and with expertise in the field of reproductive health, population and development and gender equality. The team first developed and consulted with stakeholders on a Design Report which outlined the methodology and evaluation process.

1.31 Methodology

Under the TOR, the evaluation criteria are to be applied in assessing two evaluation components:

- Component 1 - The analysis of the programmatic area in CP7 is to be conducted according to four criteria: (i) relevance, (ii) efficiency, (iii) effectiveness, and (iv) sustainability.
- Component 2 - The analysis of the strategic positioning will be conducted according to two criteria: (i) coordination with the UNCT and (ii) the added value of UNFPA.

Twelve evaluation questions were developed covering the above criteria. These are outlined in **Table 1** below.

Table 1: Evaluation Criteria and Evaluation Questions

Evaluation Criteria	Evaluation Questions
Programmatic Performance	
<p>Relevance This means the extent to which the objectives of CP7 correspond to population needs at country level (in particular those of vulnerable groups), and were aligned throughout the programme period with government priorities and with the strategies of UNFPA.</p>	<p>1. To what extent is the UNFPA’s support in the fields of SRH and PD (i) adapted to the needs of the population, including vulnerable groups, such as migrant workers, low level sex workers and minority groups; (ii) in line with the priorities set by international, national and sub-national policy frameworks; and (iii) an adequate reflection of CPAP outcomes? To what extent is UNFPA support in the fields of SRH and PD providing an adequate response to any changes in national development needs or priorities?</p> <p>2. To what extent have UNFPA-supported interventions contributed, or are likely to contribute, to a sustained increase in the proper use of demographic and socio-economic information and data in evidence-based policymaking, plans, programmes to improve SRH, HIV, GE, youth, and population dynamics?</p>

²⁶ The team leader had to withdraw before the completion of the final reporting stage of the evaluation process. The gender expert on the team was requested to take over as the team leader.

²⁷ Two of the team had worked previously with other UN organizations.

Evaluation Criteria	Evaluation Questions
<p>Efficiency This means the extent to which CPAP outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc).</p>	<p>3. To what extent has UNFPA made efficient use of its human, financial and technical resources to achieve PD and SRH output/outcomes under CP7, through an appropriate combination of tools and approaches?</p> <p>4. To what extent did the intervention mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?</p>
<p>Effectiveness This means the extent to which CPAP outputs have been achieved, and the extent to which these outputs contributed to the achievement of the CPAP outcomes.</p>	<p>5. To what extent has each CP7 CPAP output in PD and SRH been achieved, including in a coherent manner and with what benefit through piloting to developing improvements to service delivery for scaling up? Have the outputs contributed to achieving CP7 outcomes and the mainstreaming of gender equality?</p> <p>6. To what extent has CP7 supported national, sub-national and sectoral policy frameworks to be rights-based and responsive to population dynamics such as fertility policy, urbanization, ageing, SRB, and gender equality trends including domestic violence, young people and climate change?</p> <p>7. The extent to which CPAP programme strategies, geographic coverage, modalities and implementing partners are optimal for achieving desired results.</p>
<p>Sustainability This means the continuation of benefits from a UNFPA-financed intervention after its termination. This is linked, in particular, to their continued resilience to risks.</p>	<p>8. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms, in SRH, family planning, gender equality and PD, to ensure ownership and the durability of effects, in particular for vulnerable groups, women and young people?</p> <p>9. To what extent has UNFPA successfully taken advantage of opportunities for South-South Cooperation in reproductive health and reproductive health commodity security to facilitate the exchange of knowledge and lessons learned, and to build capacity in China with a view to progressing towards achieving the MDGs (in particular MDG 5)?</p> <p>10. To what extent has the CO successfully used the establishment and maintenance of different types of partnerships to (i) promote the national ownership of supported interventions, programmes and policies; and (ii) allow the CO to make use of the comparative strengths of UNFPA?</p>
<p>Strategic positioning of the UNFPA</p>	
<p>Coordination within the UNCT This relates to the extent to which UNFPA has been an active member of, and contributor to, the coordination mechanisms of the UN Country Team.</p>	<p>11. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms in China, while avoiding overlaps?</p>
<p>Added Value of the UNFPA This refers the extent to which CP7 adds to results from other actors' interventions.</p>	<p>12. What are the main UNFPA comparative strengths in the country, particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features, or are they specific to the CO features?</p>

The evaluation matrix that was developed during work on the Design Report in order to follow up on these questions is in **ANNEX 3**. It outlines the assumptions made, the indicators, the sources of evidence, and the methods of collecting evidence. Guidelines were also developed for the conduct of interviews and focus groups, as well as tools for writing up these discussions.²⁸

Access to Relevant Data

During the CPE, primary data was collected directly through interviews, focus groups, meetings and email exchanges where feasible and appropriate. The persons consulted are outlined in **ANNEX 4**.

Secondary sources included the Country Programme Document (CPD); the Country Programme Action Plan (CPAP) and annexes, including the CPAP tracking tool. It also included the Country Office Annual Reports (COARs), Annual Work Plans (AWPs), Standard Progress Reports (SPRs), policy development and advocacy documents, and PD data, including various *Facts and Figures* publications. Various meetings and mission reports, GoC and sub-national policy documents, laws, regulations, plans and reports, project reports and documents, including situation analysis, service delivery models, indicators and ME models, studies, research reports, expert articles, evaluations and programme reviews carried out by UNFPA and its partners, as well as PowerPoint presentations made by the CO or stakeholders during the CPE process were used as additional secondary sources. Documents consulted are referred to in **ANNEX 5**.

Methods for Data Collection

Eight methods of data collection were employed to conduct the CPE:

- Review of CP documents, GoC documents, project documents, and PD documents and data, as outlined above. Approximately 2,000 documents were reviewed by the team.
- Semi-structured interviews with selected key informants from UNFPA and other key stakeholders in China.
- Meetings and group discussions with the Evaluation Reference Group (ERG) to discuss draft CPE findings, and to brief and discuss the CPE process with implementing partners. Meetings and discussions with all CO staff to brief and discuss the CPE process and preliminary findings. Meetings and discussions with selected CO staff to discuss their CP7 responsibilities and particular issues of interest such as programme implementation, and in discussions held at sub-national level on project implementation concerning relevant CP7 outputs.
- Focus groups with stakeholders, in particular with providers and with recipients of CP7 support. Discussions were held with young persons and RH midwives and nurses.
- Benchmarking – exploring the approaches taken by other UN agencies in implementing similar development strategies and in ensuring efficient and effective programme management.
- Field visits at the sub-national level, including to hospitals (including those providing Youth Friendly Services), HIV clinics, youth clubs and organizations involved in reducing VAW, and observe the implementation of pilots, IT systems and models in cities at local level.

²⁸ See Annex 6-8 of the Design Report.

- Expert Discussions - the CPE drew on a small number of key experts in PD in China to discuss the key issues emerging from the CPE work.
- A Partnership Questionnaire was completed by the CO, with regards to each project partner working under CP7, in the field of reproductive health, population and development and gender equality. This was done so to explore the issues affecting the partnership relationship.

Methods for Data Analysis

The CPE adopted a number of methods to ensure credibility, robustness and validity of the findings and conclusions, and mitigate any possible risks in methodology and subjectivity. These methods include gathering evidence based on interviews, group discussions and documentary research, and triangulating and validating evidence between the CPE findings and information from stakeholders, experts and data sources. It was only feasible to interview a representative sample of the stakeholders.

Selection of the Sample of Stakeholders and Project Sites

Stakeholders

The stakeholders selected for involvement in the CPE were drawn from stakeholder mapping undertaken through matrices prepared by the CO in **ANNEX 10**. The first covered the GoC (including the national coordinating agency for CP7, the Ministry of Commerce) and the main implementing partners (IPs) within the government such as the National Bureau of Statistics (NBS), the recently-merged National Health and Family Planning Commission (NHFP) and the National Development and Reform Commission (NDRC), as well as provincial and district authorities and implementing partners working at sub-national level. It also included the lead councils, committee and civil society organizations working on aged persons, women, youth and humanitarian issues, such as the China National Committee on Ageing (CNCA), All-China Women’s Federation (ACWF), National Centre for Women and Children’s Health (NCWCH), China Maternal and Child Health Association (CMCHA), China Family Planning Association (CFPA) and the Red Cross Society of China (RCSC). The second area of stakeholders covered organizations with related areas of responsibility to CP7. These included UN agencies, research institutes and universities. A small number of PD experts and media organizations were also selected for interview.

The interview dashboard at **Table 2** indicates that 320 persons were interviewed or attended meetings or focus groups during the evaluation.

Table 2: Interview dashboard

Institutions	Number of Persons met/consulted/interviewed
GoC	36
UN agencies	11
Sub-national officials	172

CSOs	30
Beneficiaries	40
Experts	4
CO of UNFPA	18
APRO of UNFPA	4
Others	5
Total: 320 (approx.)	

Programme Sites

Altogether there were 10 project sites which were visited by the CPE in nine municipalities and provinces. These were selected based on their close representation of the level of outputs achieved in the two component areas of CP7, and the ability to visit them within the CPE timetable. These project sites visited include reproductive health and rights, youth project in Chongqing, midwifery in Hunan and an HIV/AIDS project in Jiangxi. In terms of the population and development component, sites project visited include urbanization in Chongqing, ageing in Tianjin and Heilongjiang, SRB in Shaanxi and Anhui, and VAW in Hunan. The coverage of these sites is not entirely adequate for fulfilling the evaluation mission as ethnic minorities, an important target group, was left out during the CPE.

Limitations

The appointment visits were made mostly by one team member, whilst the coverage of the CPE was constrained due to the sheer size of the country and the limited time available. As a result, it was not possible to visit projects targeting ethnic minorities as they are located in remote areas.

The CPE did draw heavily on the expert opinions of key informants during the development, implementation and monitoring of CP7. The extent to which particular outputs could be probed in detail in the CPE was challenging. The CPE had to try to reach findings and draw conclusions on 11 outputs that were being delivered at 45 sites in a 72-page report, meaning that the scope for detailed examination of issues is limited. Given that the CPE has to be conducted one year before the end of CP7 in line with UNFPA Guidelines, it was challenging to measure and assess accurately the achievement of most of the CP outputs, which will be due at the end of the programme.

Apart from the country programme's ambitious results framework, there were also limitations in the information available. Work on some outputs was designed to culminate in 2015, meaning that the end of programme reviews and end-of-line surveys are yet to occur. In addition, limited data availability on issues such as youth and VAW also posed limitations. Discussions with some key GoC stakeholders and sub-national stakeholders who are hard pressed by their responsibilities was also difficult.

The CPE team had to cope constraints related to the team leader leaving halfway through the CPE report development phase, the absence of the data of some interviews, as well as the missing of the valuable final perceptions of the team leader.

1.3.2 The Evaluation Process

Phase 1 of the evaluation process involved preparatory work for the CPE, including preparation of the TOR and selection of the CPE team.

Phase 2, the design stage, led to the preparation of the Design Report. The intention of this report was to guide the remaining phases in the evaluation process.

Phase 3 involved undertaking data collection and analysis. This covered all 11 outputs of CP7. Phase 3 was undertaken in China from 19 July to 8 August 2014. These three weeks of fieldwork involved 1) preliminary briefings with the CO of UNFPA and with implementing partners, 2) one week of stakeholder interviews in Beijing, including all programme officers in the CO of UNFPA as well as the main implementing partners, and 3) one week of fieldwork at sub-national level, including visits to the sampled project sites. It also included three days of work back in Beijing on fact finding and developing draft conclusions and related presentations, followed by two days of consultations and debriefing with the ERG, the CO and other stakeholders, together with follow up discussions with various stakeholders.

Fieldwork that was undertaken in Beijing involved discussions with four government bodies, including MOFCOM, 14 implementing partners, the UN Resident Coordinator and six UN agencies (UNICEF, UNAIDS, UN Women, UNDP, UNESCO and WHO). It also included discussions with five other organizations: Xinhua News, Institute for Global Health of Peking University, Red Cross Society of China, Guokr (a media company) and China White Ribbon Volunteers Network. The fieldwork at sub-national level covered nine municipalities and provinces. Visits at sub-national level were made to 10 project sites and involved meeting 172 persons. Four focus group discussions were held with providers and beneficiaries.

Once back in Beijing, the fieldwork that had been undertaken enabled the development of preliminary findings tailored toward answering the 12 evaluation questions. Conclusions were only made where there was adequate and credible supporting evidence. Findings were triangulated by using other data and other stakeholder's views presented by mission reports, research reports and evaluation reports. These included NBS/UNFPA publications on women, youth and migrants, facts and figures, baseline survey reports on RH&PD, youth ARHS, SRB, masculinity, and VAW, AWP's and SPR's, and reports by APRO missions. – For a complete list of documents see Annex 5. These documents were used test preliminary findings and to improve the validity of the results. By combining multiple methodologies, a range of stakeholders and empirical materials, the CPE team attempted to overcome the weakness, intrinsic biases and problems that arise from single-method and single-observer studies. The triangulation analysis thus involved the checking and then the consolidation of evidence and identification of firmer findings against the assumptions, indicators and evidence sources set out in the evaluation matrix. Recognizing that the CO is

but one of a range of actors supporting development in China, contribution analysis was also used to examine the contribution CP7 made to outputs and outcomes.

Preliminary findings of the CPE and the further work on triangulation were discussed with the ERG and with the CO before the CPE team completed its fieldwork in China. The CPE team also shared preliminary thinking on its conclusions with regards to the performance of CP7 and the positioning of UNFPA. Consolidation of this work was undertaken by the development of a new evaluation and findings matrix (presented in Annex 3), drawing from the contents of the original evaluation matrix. This new matrix still had the key CPE questions structured by the CPE criteria of relevance, effectiveness, efficiency, among others. The middle of the matrix included the columns with the methodological components used in the CPE (key informant interviews, field visits, etc.). A new ‘findings’ column on the right was added to the matrix and was completed by adding the key findings.

The CPE team reviewed each CPE question one at a time. Drawing on its investigation, it filled in the relevant findings against each of the CP7 outputs. After the review by the team leader, the findings in this matrix were then circulated for comments by the CO and the ERG.

The report writing stage (phase 4) of the CPE outlines the conclusions and the recommendations and included the consultation of relevant key stakeholders during this process. The recommendations identify key actions to be taken, the responsibility for taking the action, and timing. These are intended to be readily actionable, small enough in number to be manageable, and developed in consultation so that they have strong ownership from stakeholders. The first draft report was submitted to the CO for review in September. Based on the comments of the CO, the second draft was prepared and shared with the ERG for comments in November. Once the comments of the ERG are incorporated into the final draft of the report, the management of the CO is to provide approval of the report for dissemination.

CHAPTER 2: COUNTRY CONTEXT

2.1 Developmental Challenges and National Strategies

When CP7 was being formulated in 2010, China was the third largest economy in the world. It was undergoing immense and widespread developmental change and reform at national and local level. This included a process of rapid industrialization and rapid economic growth. As UNDAF 2011-2015 noted, the pace at which poverty has been reduced in China over the last 30 years was faster than the global average.²⁹ Over 500 million people have been lifted out of poverty. Most MDGs have been met by China, including those on reducing child mortality and improving access to education. Significant progress has been made on MDG 5b, which relates to reducing the MMR. The target is expected to be met by 2015. Most Chinese enjoy access to basic health care, with progress being made towards universal reproductive health care. Nearly all births occur in health care institutions. Now the world’s second largest economy

²⁹ UNDAF 2011-2015.

and moving towards middle income status, China's official goal is to be a modern, harmonious, and well-off society by 2030.³⁰

China's 2011-2015 Five-Year National Economic and Social Development Plan³¹ acknowledges these successes. But the Plan also explicitly mentions a number of serious developmental challenges, including how to continue the path of economic growth, while taking into account the resources required and the effects on the environment; a relatively large income disparity between rural and urban populations and disparities between populations living in eastern and western provinces; and a still considerable number of institutional obstacles that restrains China's scientific development. These give rise to vulnerabilities in the population, especially among those in remote areas, minorities, disadvantaged youth groups, migrants, rural women, the elderly and sex workers, who are particularly deprived of equitable access to services such as RH services.³²

China had shifted its focus in this 12th Five-Year Plan from building an export-led economy to expanding domestic consumption, in particular by addressing the above key development challenges. The policy states that the Plan set for China's development included expanding macro-control, building domestic demand and optimizing investment, accelerating coordinated and interactive regional development, promoting the equalization of basic public services across China, and improving social management.

One of the policy priorities set out in the 12th Five-Year National Economic and Social Development Plan is to comprehensively address population issues by controlling the population size, improving the health of the people, optimizing population structure, and promoting the sustainable and balanced development of the people. This policy priority is elaborated upon in the 12th Five-Year Plan for National Population Development 2011-2015, and emphasized the importance of strengthening the family planning services, addressing the issue of the imbalance in sex ratio at birth (SRB), promoting the overall development of women, giving priority to developing children, actively tackling the ageing of the population, and supporting people with disabilities.

While indicating the maintenance of strong controls over fertility of the population, this 12th Five-Year Plan for National Population Development noted there were serious structural imbalances emerging in the population that were affecting economic and social development. The Plan drew attention to the fact that, "The sex ratio at birth always stays high; proportion of aged people continuously increases; the dependency ratio of population also begins to climb up; and there is still the imbalance of population development between regions as well as between urban and rural areas." A structural imbalance of the population is exerting an increasingly profound impact on economic and social development, as for example in the changing composition of the work force. A recent academic paper noted, "The girl shortage caused by the high sex ratio will (mean) thousands of underprivileged men in the low end of the society cannot find spouses and have to face life alone, thus affecting social stability."³³ A recent ADB

³⁰ The World Bank and Development Research Centre of the State Council, *China 2030, Building a Modern, Harmonious, and Creative Society*, 2013.

³¹ GoC, Twelfth Five-Year Plan 2011-2015.

³² The issues of vulnerable populations are further taken up in Chapter 3 of this Report.

³³ The Institute of Population Research, Peking University (with support from UNFPA China), *Reflections on History and Looking Forward Future, The Choice of Chinese Fertility Policy*, (or: What the history informs us about the future – The Alternatives of China's Fertility Policy), 2013.

report has warned that rapid population ageing, if unaddressed, might hamper the industrial transformation process needed to attain higher income status.³⁴

This Population Plan also drew attention to changes in family structure in China which weakened traditional family structures and support systems. This included a trend towards smaller family size, a diversified family structure, and separation in the living arrangements of family members. Often those who have migrated to the cities leave behind their children to live with aged parents in the village. Often, the aged relatives face adversity and poverty due to a decreased in family support.³⁵ Families that had migrated to the cities also faced difficulties related to family separation due to long working hours, distance from work sites, living circumstances, and limited access to social services.

More recently, as a result of the Third Plenum Meeting of the 18th Chinese Communist Party Congress in November 2013 and the recognition that past excessive population growth had been brought under control, there has been an adjustment in fertility policy.³⁶ Now, where one spouse of a Chinese couple is an only child, they are permitted to have a second child.

To put in perspective these development challenges and the recent policy on fertility as related to demographic changes in China, this report begins with the main data included in the Key Facts Table. China's average annual rate of population growth had slowed down significantly from 1.07% over the period of 1990-2000 to 0.57% over the period of 2000-2010. The natural growth rate for 2013 dropped even further to 0.49%. The total fertility rate (TFR) has also declined to a level well below replacement as a result of dramatic socio-economic changes and strong family planning programmes. These changes have affected the composition of the population, including a reduction in those in the age groups under 14 and those aged 14-25. The sex ratio at birth (SRB) declined slightly to 118.2 in 2010, but it was still significantly higher than the normal level (103-107) that the government ultimately wishes to achieve. The continuing rise of SRB since 1982 was largely because the subordination of women and girls perpetuated the deprivation of their rights against discrimination, violence and sex selection.

Meanwhile, over-60 age group now accounts for one seventh of the population. While the proportion of the population in the work force is still increasing, the proportion of young labour in the work force is decreasing due to changes in the age structure of the population, according to the 2010 population census.³⁷

As a result of considerable internal migration, mostly by citizens who are seeking employment more Chinese now live in urban areas than in rural areas. Urbanization is expected to further increase, thereby placing additional pressure on urban amenities and services. Internal migration could come to dominate

³⁴ ADB, *Challenges and Opportunities of Population Ageing in the People's Republic of China*, 2014.

³⁵ The China National Committee on the Ageing (CNCA), with UNFPA support, is studying issues related to support of families with elderly members

³⁶ The GoC had been promoting "one child per couple" as its fertility policy since 1980. There have been a variety of exceptions for couples to have more than one child. For example, rural couples may have a second child if the first child is a girl. Though it is not accurate to simply label China's fertility policy as "One Child Policy", as a result of the policy two thirds of the Chinese families would end up with only one child (Gu et al. 2007; Chen 2008).

³⁷ National Bureau of Statistics 2010 Census

population dynamics and social change in China.³⁸ Indeed, China wants to attract more migrants to urban areas and in 2014 eased home registration rules under the *Hukou* system. China now has a sizeable floating population that moves as work opportunities change over time. China is paying close attention to improving its range and quality of public services to under-served rural areas and migrant populations – from early childhood to tertiary education institutions and from primary health care to care for the aged. It is also restructuring social security systems to ensure the availability of social safety nets such as pension insurance, health insurance and unemployment insurance. Further data on population issues and trends is provided in ANNEX 6.

Demographic changes in China will continue to profoundly affect and alter the composition of the population and will create major social consequences and pose policy and institutional challenges. As the estimates by the UN Population Division outline, China’s population will look very different by 2050.

The dynamic changes in China's population in the years toward 2050 presented in Table 3 below show ageing, with 11% of the population already over age 60 and that figure increasing by 1% a year, is an issue of growing policy concern in China. While the total population will soon peak and then decline in the years to follow, the dependency ratio, namely, the ratio between the population aged 65 and above and the working age population from 15 to 64, will increase from 11.4 in 2010, to 16.7 in 2020 and to 39 in 2050. Meanwhile, by the middle of the 21st century, three quarters of Chinese will live in urban areas through urbanization. This is a speed of change that has never been seen before in its long history. Meeting the needs of such a large number of rural to urban migrants continues to top government concerns. The 12th Five-Year National Population and Development Plan placed a high priority on urbanization/migration and ageing reforms, which the CP7 also sought to address.

Table 3: Trends in Selected Population Indicators in China- 2010-2020-2050³⁹

	2010	2020	2050
Total Population (thousands)	1,359,812	1,432,868	1,384,977
Older Population (60+) (thousands)	168,938	242,435	454,360
Older Population (60+) (%)	12.4	16.9	32.8
Older Population (65+)/Working Age Population (15-64)	11.4	16.7	39
Youth (15-24) (thousands)	242,244	159,964	138,998
Youth (15-24) (%)	17.8	11.2	10
Percentage of Population at Mid-Year Residing in Urban Areas (%)*	49.2	61.0	75.8

³⁸ See UNFPA China, *Domestic Migrants in China*, Facts and Figures 2010; Baochang Gu, *Internal Migration Dominates Population Dynamics in China*, Asian Population Studies, 2014.

³⁹ Source: *World Population Prospects, The 2012 Revision*, United Nations, DESA; Source: *World Urbanization Prospects: The 2014 Revision*, United Nations, DESA.

There are other key issues related to development challenges that are relevant for the support to be provided by UNFPA's CP7. These included regional disparities continued in remote areas, such as the MMR had decreased significantly to stand at 24.5 deaths per 100,000 births, and overall progress in access to reproductive health services.⁴⁰ Moreover, there were inadequacies in the social security umbrella, particularly for aged persons and internal migrants. Although overall HIV prevalence is low at 0.1%, the infection rate among key population groups, including sex workers, is higher (3.3% in 2014⁴¹).

Furthermore, over 50% of the need for SRH services for unmarried youth was considered to be unmet and their awareness of RH and HIV/AIDS was very low.⁴² The proportion of young people aged 15-24 who have had pre-marital sex is 22.4% in China, which is higher in males than females and higher in the western region than in the eastern and central regions, and more in the floating young population than the non-floating youth. Some 21.3% of sexually active young women became pregnant, and over 90% of them resorted to abortion, making the protection of the right to ASRH services among youth, in particular female youth, a pressing issue. Lastly, there was growing concern about the degree of perceived violence against women (VAW), but little hard evidence to demonstrate the precise scale of that problem.⁴³

These issues in relation to reproductive health and rights, at the centre of UNFPA's mandate, continue to pose policy and institutional challenges to China's future development towards a more equitable society built on justice and well-being for all. For decades at national level, there were two agencies working principally on reproductive health, namely the National Population Family Planning Commission (NPFPC) and the Ministry of Health (MOH). In 2013, these were merged to create the National Health and Family Planning Commission (NHFPC). A policy framework on RH, incorporating family planning, has yet to be developed.

While China's family planning and population policies are still not in accordance with the international reproductive rights standards advocated by the ICPD PoA (Programme of Action of the International Conference on Population and Development), the effect of the changes in recent policy on fertility is seen in China as an overdue step in the right direction. This is in part driven by concerns about the effect of a diminished population size on the workforce and on rising dependency ratios as the ageing process becomes more prominent. The changes have had one useful by-product, in that they have generated more focus in family planning on client rights and choice. For example, in contraceptives, birth spacing and personal privacy. As noted in the paper developed, with UNFPA support, in the Development Research Centre of the State Council, it is important to facilitate the return of Chinese family planning policy to the original nature of family planning. The effect of recent policy changes on birth rates is now being closely

⁴⁰ 2013 China Statistical Yearbook, National Bureau of Statistics of China. See footnote 14 on UN estimate for 2010.

⁴¹ NCAIDS statement by Wu Zunyou at <http://news.sina.com.cn/c/2014-12-02/072731232214.shtml>

⁴² See Peking University, Institute of Population and Research, *Survey- Youth Access to Reproductive Health*, 2011.

⁴³ See the *Report on Major Results of the Third National Survey on the Social Status of Women in China*, published by the All-China Women's Federation and the National Bureau of Statistics of China in 2011. In that survey, 24.7% of women reported that they had experienced various forms of domestic violence from their spouses, including verbal and physical violence, restriction of their personal freedom, economic control, and rape within marriage. 5.5% of them stated unequivocally that they have suffered seriously physical violence from their spouses, 7.8% in rural areas and 3.1% in urban areas.

monitored, with the possibility that further review of the policy will be required in the near future.⁴⁴

However, improving the quality and range of data and research is essential for sound policymaking in China. Comprehensive and quality data and research were seen in the CP7 design as vital to supporting evidence-based policymaking. China now has sound census and statistical systems, and well-trained and qualified demographers. Key population data has been expanded and also improved in successive CPs over time. However, China still lacks important, quality data, especially in relation to disaggregation by sex, age and other socio-economic variables in areas including employment, reproductive health, social sciences, protection of legal rights, participation in decision-making, access to services, protection of rights, income and wealth, community participation and management, reporting of crime and assault, time use, and social security and recreational activities, as well as in data covering young females and adolescents, migrant women, PWD, and ethnic minorities.

Recognizing that there have been achievements, it remains a challenge to expand sex-disaggregated indicators in the centralized Chinese statistical systems. Gender differences, as well as the challenges women face in order to affect substantive equality, first need to be made more recognizable and compelling by having relevant disaggregated information.⁴⁵ Further details on improvements to gender-sensitive data and more general issues relating to improving statistical systems are outlined in **ANNEX 7**.

Moreover, the CPD to CP7 mentions other developmental challenges, including strengthening the rule of law and promoting the participation of civil society in development. UNDAF 2011-2015 noted in its analysis of development challenges that rapid economic growth in China had come at a serious environmental and natural resource cost, and raised concerns about sustainability. Other development challenges that UNDAF also identified included the 100 million who still lived in poverty, uneven access to social services in some parts of China that affect vulnerable people such as minorities, and a range of gender disparities, particularly in women's participation in the economy and in public life. UNDAF also draws attention to emerging opportunities for China, such as making a substantial contribution to the progress of other nations and the possible expansion of quality social services, as well as a possible international role in mitigating climate change.⁴⁶ This last point is supported by a joint study of the World Bank and the GoC.

In 2013, the World Bank and the Development Research Centre of the GoC's State Council published a *China 2030* report that lists six priorities for development, among which China is urged to seek mutually beneficial relations with the world by becoming a proactive stakeholder in the global economy, actively

⁴⁴ Depending on emerging trends in PD data, some academics suggest changes in social and economic values in China and Chinese expectations about family size mean that fertility control policies will in time prove to be unnecessary. See for example Wang Feng, Yong Cai, Baochang Gu, Population, Policy, and Politics: How Will History Judge China's One-Child Policy? *Population and Development Review*, 2012; See Baochang Gu and Yong Cai, *Fertility Prospects in China*, United Nations Department of Economic and Social Affairs, Population Division Expert Paper No. 2011/12.

⁴⁵ Chen, Lanyan, Chen, Shumei and Wang Xiangmei, 2011, *Gender Statistics and China's Harmonious Development*, Tianjin People's Publishing House (in Chinese).

⁴⁶ See *United Nations Development Assistance Framework (UNDAF) for the People's Republic of China (2011-2015)*; UN, *Complementary Country Analysis Paper*, September 2009

using multilateral institutions and frameworks, and shaping the global governance agenda.

The GoC is showing greater interest in south-south cooperation. All of these issues will no doubt be under consideration as China continues with the preparation for its 13th Five-Year Economic and Social Development Plan. This is to be launched in 2016.

At the meeting with the CPE, GoC stakeholders stressed that UNFPA must take account of China's particular context, diversity and priorities. This must have taken effect during the design of the CP7, as it has come through CP7's support to outcomes and outputs relating to issues including youth, ageing and urbanization, all which are identified as priority issues on the basis of research on changing development situations and adopted by drawing on overseas experiences. Such emphasis on a demand driven requirement is important in terms the relevance of the programme to China's conditions, and the commitment of governments to project ideas and the overall programme. Although the latter may mean that projects possibly land in different areas where local governments have strong commitments, it would create managerial challenges relating to the costs of geographical spread of projects and of synergies among different projects. However, it would also provide assurance on achieving the goals of the projects. Given the size of China and its many diverse cultures, these types of managerial challenges may continue into a future CP. It is therefore important to build synergies and integrate projects from the start.

2.2 The Role of External Assistance

China has received considerable long-term development assistance from a wide range of development partners as it has worked towards modernization. That assistance included grants, loans, technology transfers and technical assistance. That has helped to build infrastructure, to develop institutional and individual capacity, and to build a modern framework for governance, including through new laws, regulations, policies and management systems. Provision of effective assistance was challenging because of the size and diversity of China, the relatively opaque nature of China's past governance, the differences in governance capacity and stages of development in some provinces, and rent-seeking. Much of that bilateral assistance now has been, or is being, phased out, given that China has reached middle income status. Where assistance continues, there is concern regarding compliance with principles for development assistance as framed in Paris, Accra and Bussan about country ownership and direction.

China now has large funding resources and expert human resources of its own. However, as outlined in the previous section, there are many major development challenges remain. These are in relation to vulnerable populations, urbanization, poverty, policy development, demographic change (such as the ageing of the population), and unequal access to quality services. However, international development partners who are still operating in China, and to whom the CPE team spoke, no longer talk in terms of development assistance. Rather, their concern is for strategic engagement with China that is demand driven, adaptive to the accelerating pace of growth and change, and based on building deeper, trusting and value-added working relationships.

Some of the recent thinking on external assistance relates to vulnerable populations, especially adolescents and youth, migrants, women, elderly, and ethnic minorities and population in remote areas. It stresses that vulnerability threatens human development – and unless it is systematically addressed by

changing policies and social norms, progress will be neither equitable nor sustainable.⁴⁷ China continues to deal with major income and other development disparities in different parts of China. These include between the industrialized eastern seaboard and the interior (in particular ten western provinces where 330 million people live), and between the income differences and standard of living enjoyed by the rich, the urban middle class and poorer people.⁴⁸ There are also disparities between the urban and rural populations, as well as within urban settings, between city residents and migrant workers, between men and women, between the Han majority and ethnic minorities, and between the young and the elderly. This level of disparity and contradiction means that any responses may need customization from one context to the next.

Niche development support may continue to be required by China, thus enabling it to draw on international normative work, experience and expertise, including in south-south cooperation. The ADB⁴⁹ and World Bank continue to assist China on major areas of social and economic development. The UN agencies in particular continue to provide vital assistance to China in soft areas like equity and inclusion, participatory and people centred-processes, sustainable development and SSC.

What is also instructive is the UNDAF's analysis of the UN's areas of comparative advantages. These areas include long-term trusted partnerships and good relations with government both at national and local levels. It also includes a collective commitment to values imbedded in the MDGs, as well as to a rights-based approach to development that is also culturally and gender sensitive. Other areas that UNDAF identifies are the credibility and good will derived from impartiality and neutrality, advocacy and leadership, and legitimacy derived from adhering to global standards and guidance. It also includes the power to convene and create triangular partnerships with China and other countries, as well as partnerships with research institutions, academia and NGOs, and experience with rights-based approaches that give priority to the needs of the poorest and most neglected in society.⁵⁰

CHAPTER 3: UN/UNFPA STRATEGIC RESPONSE AND PROGRAMME STRATEGIES

3.1 UN and UNFPA Response

UNFPA has a strategic framework that provides overall direction to UNFPA programme support in countries, including China, to achieve their development objectives.⁵¹ There have been two revisions to the Strategic plan during the life of CP7.⁵²

⁴⁷ See the *Human Development Report 2014*, Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience.

⁴⁸ By global standards China still has a relatively low per capita GDP at PPP at US\$11,904 (2014, World Bank).

⁴⁹ ADB projects focus in particular on agriculture, energy, transport, ICT, water supply as well as education and finance.

⁵⁰ The UN Country Team (UNCT) has started work on developing a Partnership Framework that will take the place of UNDAF at the end of 2015.

⁵¹ UNFPA's Strategic Plan, 2008-2011: Accelerating progress & national ownership of the ICPD Programme of Action

UNFPA's revised Strategic Plan for the period 2014-2017⁵³ provides for four outcomes, all of which are of immediate relevance to UNFPA's support in China. CP7's outputs have in fact been aligned with the Plan, as demonstrated by the matrix prepared for that purpose and included with the Design Report.

These Strategic Plan's outcomes are:

- **Outcome 1:** Increased availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access.
- **Outcome 2:** Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly in relation to increased availability of comprehensive sexuality education and sexual and reproductive health services.
- **Outcome 3:** Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.
- **Outcome 4:** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and reproductive rights, HIV and gender equality.

Both in Evaluation Reference Group (ERG) discussions and in meeting with UNFPA's national coordinating agency and the Ministry of Commerce (MOFCOM), the CPE team heard strong support from senior GoC officials for the continued work of UNFPA in China in accordance with these strategic outcomes. That long-term cooperation is seen as having involved a continuum of capacity building and technical assistance on key development issues. This been of significant material benefit, and the support is highly appreciated by the GoC. As the CPE team was also told, the UNFPA is seen both by the GoC and by other UN agencies as a highly valued member of the UN country team. It is regarded as making a strong contribution to the work of the UN in China in fields such as sexual and reproductive health, population dynamics, alleviation of poverty amongst vulnerable persons, ageing, urbanization and gender equality.

The 2011-2015 UNDAF⁵⁴ outlined three priority areas for assistance, all of which dovetail with developmental challenges that the government is seeking to address. These are: (1) the poorest and most vulnerable persons increasingly participate in, and benefit equitably from, social and economic development; (2) the GoC and other stakeholders ensure environmental sustainability, address climate change, and promote a 'green', low-carbon economy; and (3) enhanced participation of China in the global community brings wider mutual benefits.

⁵² The substantially revised mid-term review of UNFPA's Strategic Plan 2008-2013 and, again in 2014, with the new Strategic Plan 2014-2017.

⁵³ Adopted at the Executive Board second regular session (September 2013) <http://www.unfpa.org/public/home/exbrd/pid/12131>

⁵⁴ With the benefit of hindsight, the lengthy UNDAF 2011-2015 document is seen as having been overambitious and as somewhat prescriptive. The new UNDAF being developed for 2016-2020 will be more strategic and less prescriptive in detailing activities. The UNFPA China Representative led the preparatory work during Jan – April 2014.

The recently arrived UN Resident Coordinator and six other UN agencies each indicated in discussions with the CPE team that they all saw a unique opportunity to evolve the partnership with China at what is seen as a critical moment in the growth and rise of China. Following a recent UNCT strategic retreat, the UN team concluded that it needed to work more strategically on joint projects wherever possible in response to this changing context.

While the UN system is still well regarded and considered to be producing useful products in China, UN agencies acknowledge that to some extent they lack programme funding, adequate staffing with the appropriate policy analysis and technical skills, and the flexible business processes required to produce the best practice policy solutions that China is looking for. Since 2011, the UN has conducted a dialogue with China in order to develop a better understanding of where partnership assistance would be most helpful and welcome. Key areas where possible assistance appears to continue to be welcome, and in respect of which UN agencies are most supportive, include high-level joint undertakings in a few multi-sectoral policy think pieces, enhancing cooperation around UN normative instruments, and promoting China's cooperation with the world, including through south-south cooperation and trilateral cooperation. This area of support is consistent with outcome 3 of UNDAF. However, the issue of raising funds in China continues to face political and legal constraints.

3.2 UNFPA Response Through the Country Programme

3.2.1 Brief Description of UNFPA's Previous Cycle Strategy, Goals and Achievements

Programme support has been provided by UNFPA in China over 35 years and seven country programmes. The first programme began in 1979 with a focus on special demographic and FP assistance. It later expanded to a comprehensive SRH approach. The programme also addressed emerging issues like youth, urbanization related demographic changes, SRB, VAW, ageing, humanitarian assistance and the needs of minorities. There has been a natural progression in the issues focused on through CP assistance. This includes working with largely the same national and other partners, but with a progression in capacity building and service delivery improved. As China has assumed MIC status, consistent with the changing focus of 'pink countries' under UNFPA's new business model,⁵⁵ UNFPA is moving away from just project support related to service delivery, to working more upstream on advocacy and policy advisory services.

The CP6 assistance that was related to SRH included working with the National Population and Family Planning Commission (NPFPC) and the Maternal and Child Health (MCH) Department of the Ministry of Health (MOH) in capacity building and raising awareness for service providers, as well as in a policy dialogue on population issues and building performance indicators. CP6 also provided HIV prevention assistance through its national partners, the National Centre for AIDS Prevention and Control (NCAIDS), the Ministry of Railways and the China Family Planning Association (CFPA). This was to identify linkages between HIV prevention and RH service delivery for sex workers and migrants, and helping to spread HIV prevention messages among migrant workers using the railway system.

⁵⁵ UNFPA Strategic Plan, 2014-2017, Annex 3, Business Model

CP6's assistance in relation to PD context involved support together with United Nations Children's Fund (UNICEF). It also included technical training for National Bureau of Statistics (NBS) staff to improve the capacity to analyse data related to development indicators and for evidence-based policy formulation. CP6 also assisted in starting work related to a national strategy on urbanization, together with the National Development and Reform Commission (NDRC), with four sites chosen to develop models.

To help promote SRH for youth, CP6 supported the China Youth Network (CYN) and advocated with partners for increased participation of youth in SRH programmes and partnerships with national institutions. CP6 also supported nationwide research to increase the availability of national data on the sexual behaviour of youth and on their unmet needs, as well as a study to identify SRH status and access to SRH services for migrant populations. UNFPA supported the inclusion of SRH and psychosocial support in disaster preparedness. The model used taken to scale by relevant authorities with support from MOH and the Mental Health Institute of Peking University (PKU).

One CP6 pilot sought to establish a multi-sectoral mechanism for addressing VAW. The mechanism being tested was subsequently used to raise funds for a UN joint programme. In a framework of joining two programmes together with other UN partners, CP6 piloted an innovative approach to MCH care among ethnic minorities in southwest China, as well as a multi-sectoral health promotion model targeting youth migrants in various sending and receiving areas.

The key lessons drawn from the CP6 experience, as described in the CPD and CPAP, were the need to: (a) work 'upstream', focusing on policy reform initiatives at the provincial level, in line with the Programme of Action of the International Conference on Population and Development (ICPD); (b) ensure consistent government commitment to scaling up documented CP successes; (c) ensure that the value of cooperation is communicated to leadership in intervention areas; (d) shift the focus more from service delivery support to technical support for quality assurance; (e) address the policy gap and unmet need for youth-friendly sexual and reproductive health services; (f) diversify partnerships for CP delivery to respond to emerging needs; (g) advocate engaging with civil society and building its capacity to participate in population and development issues; and (h) reinforce the capacity of institutes engaged in international development.

3.2.2 Current Country Programme

CP7 has two components – reproductive health and rights (RH) and population development (PD). There are two outcomes for each component. The four outcomes of CP7 are:

- **Reproductive Health and Rights Outcome 1** - National and sub-national regulations and policies address gaps in reproductive health and rights.
- **Reproductive Health and Rights Outcome 2** - Vulnerable groups⁵⁶ have increased demand for, access to, and utilization of, reproductive health services and information, including on HIV prevention and reproductive rights.
- **Population and Development Outcome 1** - Policymakers make better use of disaggregated data and research findings for decision-making related to population, urbanization, migration,

⁵⁶ Vulnerable groups particularly targeted in CP7 are low-income female sex workers, migrant workers, youth and minority women.

climate change and ageing.

- **Population and Development Outcome 2** - Civil society and Government support policies and multi-sectoral mechanisms to reduce discrimination and violence against women.

The four CP7 outcomes, and the outputs directed to achieving each outcome, were intended to be inter-linked and mutually supportive. As noted by the CPE team's examination of the CP7's intervention logic,⁵⁷ for example, achieving RH outcomes and outputs depends on sound PD data. Similarly, good quality PD data is essential to addressing discrimination and violence against women. The same might be said of the value and use of evidence on population dynamics.

The cross cutting issues identified in the UNFPA's new Strategic Plan and inculcated in CP7 have also been taken into account in conducting the CPE and examining the operation of the intervention logic. These include mainstreaming the needs of young people (including adolescents), mainstreaming human rights and gender equality, developing inclusive partnerships and promoting national ownership, continuing support for humanitarian assistance, pursuing United Nations reform, and strengthening support for south-south cooperation

The design principles which the CPD and the CPAP describe as having been applied in developing CP7 included using rights-based, gender-sensitive and culturally appropriate approaches, and joint CP7 initiatives, and building the capacity of rights holders and duty bearers to ensure individual choices and rights are respected. They also include the provision of policy advice, drawing on CP6's lessons and the experiences of other countries, and support for interventions at provincial, prefecture and county levels. Other principles that were applied in the design included a focus on vulnerable and underserved groups, as well as those with high-risk behaviour. This was to address disparities in service through a focus on remote areas. Additional principles that were applied included selection of intervention sites based on the commitment of local leadership for policy reform and innovation, continuation of joint programming endeavours, support for research and advocacy on emerging issues, and the pursuance of cost-sharing arrangements with the Government.

The RH component has four outputs. The PD component has seven outputs, including one related to south-south cooperation and two related to gender equality. The project work under all outputs in CP7 comprises 19 projects. The intended results for each output, and strategies, are outlined in detail in the CPAP. The activity level of this support work is provided for by an Annual Work Plan (AWP) and reported on through an Annual Progress Report by the IPs for each project, and a Standard Progress Report (SPR) by the CO per output.

Reproductive Health and Reproductive Rights Component

The Reproductive Health and Reproductive Rights component is directed to supporting enhancements to RH policies and regulations, and to assist in developing improvements to RH services and information for vulnerable people. **Table 6** below outlines its outputs, six associated projects and the main partners

Table 6 – Description of Reproductive Health and Reproductive Rights Component of CP7

⁵⁷ See Annex 2 to the Design Report

Outputs	Project Title	Partners
Outcome 1: National and sub-national regulations and policies address gaps in reproductive health & rights		
Output 1 – By 2015, policymakers at national and sub-national levels will update population and health policies on issues such as SRH and FP.	- FP policy improvement - RH policy improvement	China Population & Development Research Centre (CPDRC), National Centre for Women and Children Health (NCWCH)
Outcome 2 – Vulnerable groups have increased demand for, access to, and utilization of, RH services and information, including on HIV prevention and reproductive rights.		
Output	Project Title	Partners
Output 2 – By 2015, vulnerable groups in programme areas will have increased knowledge of reproductive health, including counseling and information and services to prevent HIV and STIs.	- HIV Prevention amongst migrant workers at railway construction sites - HIV prevention – low level sex workers - China/Mongolia cross border	ESEPOSHRI, China Railway Commission (CRC) NCAIDs NCAIDS/Red Cross Society of China (RCSC)
Output 3 – By 2015, strengthened capacity of institutions in programme areas to provide high-quality, gender-sensitive SRH information, education and services for unmarried youth.	- Youth Project for YFS Services - Youth Project including comprehensive sexuality education	NCWCH, CPDRC, China Family Planning Association (CFPA), China Youth Network (CYN)
Output 4 – By 2015, SRH services will be strengthened for vulnerable groups in programme areas.	- Minority Project - ISP Project - Midwifery Project	NCWCH, CFPA, Yunan Health & Development Research Association (YHDRA) NCWCH, RCRCNTC China Maternal and Child Health Assoc. (CMCHA)

Population and Development Component

This component is concerned with improving the national capacity to deal with population dynamics through the use of PD data, and assisting in reducing discrimination and violence against women. **Table 7** below outlines its outputs, six associated projects and the main partners.

Table 7- Description of Population and Development Component of CP7

Outputs	Project Title	Partners
Outcome 1 – Policymakers make better use of disaggregated data and research findings for decision-making related to population, migration, climate change and ageing.		
Output 1 – National statistical institutions can better integrate indicators related to the Millennium Development Goals and the ICPD Programme of Action into national and sub-national statistical systems.	- Data Project	NBS

Output 2 – Selected pilot sites have policy options for equitable urbanization endorsed by local and central governments.	- Urbanization Project	NDRC, China Centre for Urban Development (CCUD)
Output 3 – Policy research on population issues is conducted and disseminated to better inform national and sub-national government bodies on policy formulation.	- Research Project	SDI of NDRC, UNFPA, Centre for Healthy Ageing and Development Studies (CHADS), CPDRC, Research Institutes
Output 4 – Improved capacity of policymakers to coordinate and manage gender-sensitive, multi-sectoral interventions to address an increasing ageing population and to support active and healthy ageing in programme areas.	-Ageing Project	CNCA, NPFPC, CPDRC
Output 5 – Improved management and technical capacity of national partners to engage in South-South (SSC) and triangular cooperation on population and development issues. ⁵⁸		
Outcome 2 – Civil society and the Government support policies and multi-sectoral mechanisms to reduce discrimination and violence against women.		
Output 6 – By 2015, government agencies and civil society organizations in at least five programme areas will have an enhanced capacity to strengthen multi-sectoral mechanisms to reduce and respond to discrimination and violence against women and girls.	- VAW Project	IECC of All China Women’s Federation (ACWF), NCWCH, Fanbao
Output 7 – Civil society, media, women and men in programme areas promote responsible sexual behaviour, prevent violence against women, and address the imbalance in the sex ratio at birth.	- SRB project	NPFPC/CPDRC, UNFPA, Research Institutes

3.2.3 The Country Programme’s Financial Structure

CP7 has a total programme budget of US\$22 million over five years. Around US\$20 million came from regular resources and US\$2 million through co-financing resources. The RH component has the highest level of expenditure. **Table 8** shows the breakdown of expenditure across components.

⁵⁸ Projects are not shown against this output. It is not an independent output, but rather SCC is a modality of operation that is intended for engagement in all outputs in CP7.

Table 8: CP7 Budget by Component

Currency: US\$ mil

As of 15 July 2014

	Regular		Other		Total	
	Planned in CPD (2011-2015)	Actual Figure (2011-2014)	Planned in CPD (2011-2015)	Actual Figure (2011-2014)	Planned in CPD (2011-2015)	Actual Figure (2011-2014)
RH	9.60	8.18	0.50	1.19	10.10	9.37
PD	9.60	6.28	1.50	0.31	11.10	6.59
PCA	0.80	0.71	0.00	0.00	0.80	0.71
Total	20.00	15.17	2.00	1.50	22.00	16.67

The annual budget and expenditure across CP7 are set out in **Tables 9 and 10** below. The figures are drawn from the Atlas project lists provided by the CO. The figures show a high implementation rate in core and non-core expenditure areas in completed years.

Table 9 – CP7's Core Budget and Expenditure Year by Year: 2011-2014

Currency: US\$

As of July 15, 2014

Project Year	Ceiling (A)	Project Budget (B)	Budget Utilization (C)	Project Budget Remaining (D)	Implementation Rate (C/A)
2011	2,500,000.00	2,500,049.35	2,383,109.27	116,940.08	95.3%
2012	4,795,921.00	4,615,441.50	4,541,119.85	74,321.65	94.7%
2013	4,260,981.00	4,061,723.40	3,987,005.50	74,717.90	93.6%
2014	4,300,000.00	3,998,068.00	1,410,939.50	2,587,128.50	32.8%
Total	16,156,902.00	15,175,282.25	12,322,174.12		

Table 10 – CP7's Non-Core Budget and Expenditure Year by Year: 2011-2014

Currency: US\$

As of 14 July 2014

Project Year	Project Budget	Budget Utilization	Project Budget Remaining	Implementation Rate
2011	662,347.23	583,461.95	78,885.28	88.1%
2012	420,077.76	351,152.03	68,925.71	83.6%
2013	222,135.00	220,379.35	1,755.65	99.2%
2014	198,145.00	66,687.84	131,457.16	33.7%
Total	1,502,704.99	1,221,681.17		

CHAPTER 4: FINDINGS: PART 1: ANSWERS TO QUESTIONS RELATED TO PROGRAMMATIC PERFORMANCE

4.1 Relevance

4.1.1 Answer to Question 1

Question 1: To what extent is the UNFPA’s support in the field of SRH and PD (i) adapted to the needs of the population, including vulnerable groups such as migrant workers and ethnic minorities; (ii) in line with the priorities set by international, national and sub-national policy frameworks; and (iii) an adequate reflection of CPAP goals. Is UNFPA support providing an adequate response to any changes in national development needs or priorities?

Summary of Findings: The CP7 outputs and projects related to RH, PD and GE are considered to be highly relevant. They are focused on meeting the needs of the population, including vulnerable populations. These needs were identified through studies and reviews undertaken as part of the design process for CP7 (see note 56). The interviews conducted during the CPE with GoC bodies, implementing partners, providers, sub-national governments and officials and beneficiaries of project reforms indicated that CP7 is focused on high priority development needs. Data also confirms the development needs that have been identified.

The studies and reviews undertaken as part of the design process for CP7 helped formulate outputs.⁵⁹ The wording and effect of CP7 outputs, and the AWP and SPRs on work actually being undertaken in relation to those outputs, confirm that CP7’s support does in fact reflect the intended CPAP goals. A number of examples are identified below in discussing the RH and PD components. These demonstrate that UNFPA has been able to adjust the responses made under CP7 to meet changed development needs and priorities. Implementing partners and beneficiaries confirm the adequacy of those responses.

The CP7 support is also aligned with international, national and sub-national frameworks. These include the ICPD, MDGs and CEDAW⁶⁰, the Madrid International Plan of Action on Ageing, and the UNGASS on HIV/AIDS Declaration of Commitment. They also include the resolution of the 45th Commission on Population and Development in 2012 on ‘Adolescents and Youth’, and UNFPA’s revised Strategic Plan.⁶¹ At the national level it covers the 12th Five-Year National Plan on Economic and Social Development 2011-2015, the 12th Five-Year Plan on Population and Development, and plans and programmes for women and children’s development (2010-2020) and ageing (2011-2015). It also includes the Law for the Protection of Women’s Rights and Interests, and policies and plans at sub-national level in the provinces, prefectures, counties and districts where UNFPA provides support. The CP7 is consistent with the priorities of UNDAF 2011-2015 related to addressing the poorest and most vulnerable people, and China’s participation in the world.

⁵⁹ Ghazy Mujahid and Chen Lixin, *End of Project Evaluation: Ageing Project of China CP6 (2006- 2010)*, 2011; Professor, Li Xiaoyun, *Thematic Evaluation Report for CP6 Gender Component*, 2011; Mr. Yuan Jianhua, *Thematic Evaluation Report on UNFPA CP6 HIV Component*, 2011; Professor Liu Shuang, *UNFPA/UNICEF/NBS Joint Data Project Supplementary Final Evaluation Report*, 2011; Professor Li Xiaoyun, *Thematic Evaluation for South-South Cooperation*, CP6, 2011; Khadija Bilki, *Thematic Evaluation On Youth Component of CP6*, 2011; Ms. Beth Ann Plowman, *Reproductive Health/Family Planning, Thematic Evaluation Report*, 2011.

⁶⁰ Convention on Elimination of All Forms of Discrimination against Women

⁶¹ Alignment of CP7 with the UNFPA Strategic Plan was verified at the design stage. See the matrix prepared by the CO, at Annex 9 to the Design Report.

Reproductive Health and Reproductive Rights (CPAP- RH Outcomes 1 and 2)⁶²

Under the RH component of CP7, outcome 1 is directed to ensuring that national and sub-national regulations and policies address gaps in RH. Under the first RH output, policymakers at national and sub-national levels should update population and health policies on issues related to SRH and FP, including for youth. UNFPA has worked on RH with the national and provincial governments in six provinces to gather evidence for revising the provincial family planning (FP) regulations to reform the existing fertility policy. In the process, UNFPA advocates for the protection of human rights and reform of management and evaluation of FP work in the same provinces. This is in an effort to produce policy proposals for instituting performance indicators in compliance with client-centred principles. Through CP7, UNFPA is contributing to recent national policy debates on the fertility policy in order to continue to advocate for a more rights-based approach. In anticipation of further changes in the fertility policy, UNFPA and provincial and national partners are exploring how to integrate the existing family planning service network with other aspects of SRH service delivery.

The revision of the M&E framework for commonly seen gynecological diseases, such as cervical cancer and RTIs, is supported by CP7. Care of these diseases, especially among rural women, is included in the current health reform in China and the Chinese Women's Development Programme for 2010-2020. Improving the effectiveness, quality and management of screening services in the countryside is seen as a challenge. This helps both preventative care and management of treatment. The RH M&E framework, developed with the support of CP7, was considered for use by the former Ministry of Health as part of the government document to regulate the conduct of examining/screening frequently-seen gynecological diseases and cervical cancer. In that process, CP7 provided assistance on the mobilization and training of service providers involved in screening for cervical cancer, and supported the development of IEC materials for prevention campaigns on RTIs. It also provided technical assistance for reviewing the focus and coverage of national screening for frequently-seen gynecological diseases, and assessing the effectiveness and appropriateness of the current screening programme on cervical and breast cancer, combined with RTI screening.

Support related to midwifery intended to assist with policy development to institutionalize the midwifery profession through formal midwifery education at medical education institutions, and the establishment of appropriate midwifery standards in health institutions and in-service training. CP7 support also seeks to develop recommendations proposed for reducing C-sections without medical indications by promoting natural delivery among health providers and the public. China has one of the highest caesarean delivery rates in the world.⁶³ Work on the midwifery curriculum and policy issues was demonstrated during CPE fieldwork in Changsha and showed to be meeting development needs, as it is helping to significantly

⁶² Background information on RH in China can be found at ANNEX 8.

⁶³ Lumbiganon, P., Laopaiboon, M., Guñmezoglu, A. M., et al. (2010). *Method of delivery and pregnancy outcomes in Asia: The WHO global survey on maternal and perinatal health, 2007–08*. *Lancet*, 375(9713), 490–499. Of particular concern is the remarkable shift from more severe to mild or no clinical indicated C-sections. See Qin C, Zhou M, Callaghan WM, et al., Clinical Indications and Determinants of the Rise of Cesarean Section in Three Hospitals in Rural China. *Maternal Child Health J.* 2012. 16(7):1484-1490.

improve the capacity of midwifery and reduce high rates of caesarean deliveries.⁶⁴ Meanwhile, a recent study conducted by WHO revealed that the number of midwives per 1,000 people in China is 0.3, ranking among the bottom 25% of countries that have less than one midwife per 1,000 people.⁶⁵

Increasing the knowledge of reproductive health, including counselling and information and services to prevent HIV and STIs among vulnerable group in programme areas is covered by RH outcome 2 of CP7. In response to CPAP's recognition that there is a high rate of HIV/AIDS incidence amongst sex workers (SWs), RH output 2 supports innovative interventions in Nanchang to provide increased RH knowledge to vulnerable groups such as low income sex workers (SW) and their clients and prevent HIV/AIDS and STIs. RH output 3 continues efforts to strengthen institutional capacity to provide SRH information, education and services to young people, including unmarried youth, through introducing YFS and utilizing outreach and social media.

RH output 4 helps meet the need to extend maternal health services to vulnerable groups, such as ethnic minorities and remote populations where the hospital delivery rate is lower than the 98% average that applies across China. While the MMR has reduced substantially across China, it is high among minorities and ethnic groups living in remote areas due to difficulties of transportation to institutions, and because of cultural barriers. Consistent with the priority given in the UNFPA Strategic Plan 2014-2017 to addressing humanitarian needs for SRH, and given the occurrence of natural disasters in China, one other project under RH output 4 sought to develop responses to emergency situations through institutionalizing MISP within national contingency and humanitarian response plans.

Other development needs include low capacity of local maternal health care facilities, overuse of C-sections, shortage of skilled birth attendants, the distance and other issues involved in accessing services, and socio-cultural barriers, were identified during the CP7 programming process. These are key factors contributing to unwanted pregnancies among women, the high MMR among minorities in remote areas, and considerable regional disparities in access to quality care.

Population and Development (CPAP- PD Outcome 1)

The population and development (PD) component under CP7 is part of a continuum linked to earlier capacity building work on census and statistics during previous CPs, in particular through NBS. Based on the situational analysis and review in the course of the development of CP7, however, PD outcome 1 has been developed further as a response to changing national development needs and priorities through four outputs: population data, urbanization, ageing, and demographic research. This outcome seeks to ensure better use of disaggregated data and research by policymakers for decision-making related to population

⁶⁴ The interview with Changsha MCH Hospital and the focus group with doctors/midwives suggest that the promotion of natural delivery is associated with an increase in working hours and the risk of delivery complications such as brachial plexus injury during a difficult birth. This reinforces the importance of midwifery education.

⁶⁵ According to the State of World's Midwifery Report (SOWMY) 2014 edition produced by UNFPA and its partners (<http://www.unfpa.org/public/home/pid/16021>), the midwifery workforce in China in 2012 is 463,368 (Nurse-midwife + OB/GY) and the total population is 1,377.1 million in 2012. The number of midwifery workforce per thousand is 0.3. This is the figure used at the 2014 China Maternal and Child Health Association's annual conference. Also see *Global Health Observatory (GHO)*, The World Health Organization, available at and accessed on November 15, 2014, http://www.who.int/gho/health_workforce/nursing_midwifery_density/en/.

and related issues. It also seeks to address major development issues such as ageing, urbanization and migration, as well as an imbalanced SRB.

PD output 1 of CP7 seeks to ensure that national statistical institutions better integrate indicators related to MDGs and ICPD into national and sub-national statistical systems. This includes work on sex-disaggregated statistics and assistance towards the next census and the design of annual surveys. The project has also explored effective and efficient approaches to disseminating and utilizing census data. Together with UNICEF, UNFPA works with NBS on improving data analysis and dissemination strategies. For instance, initiated by UNFPA, the publication series on *Facts and Figures* became a periodic channel to disseminate the latest data and analysis. The *Facts and Figures* on ageing, youth, and women and men, are among many outputs that have been supported by UNFPA. In addition, UNFPA also seeks to address gaps in data by suggesting targeted questions, such as on youth, to be included in the annual 1% population surveys.

PD output 2 of CP7 focuses on developing policy responses and institutional mechanisms to address population needs for equitable urbanization, especially the priority economic and development needs of the migrant population.⁶⁶ The partners include the China National Development and Reform Commission (NDRC). The project is expected in 2014 to contribute to the development of a national urbanization strategy.⁶⁷ One aim of the project, for example, is to work with local governments on the models demonstrating assistance to migrants who have moved to cities but cannot access services, particularly women and youth. This makes them vulnerable. The urbanization output is thus looking at sustainable strategies to address the key needs of urban migrant populations related to equitable access to services. For example, in Zhengzhou the output 2 of the urbanization project is helping to enable the issue of the residence certificate for newly arrived migrants.

PD output 3 on policy research on population issues in the original CPAP was designed to help identify emerging priority issues in order to support UNFPA programming and policy dialogue. The issues covered were later built up through the AWP. In 2013 for example, the output included two papers, one academic paper prepared with Peking University (PKU) on population policy and another policy paper on the same issue prepared with the State Council Development Research Centre (DRC). Both papers drew attention to the changing demographic issues in China and in particular to the major changes in social attitudes to fertility, family size and life expectations.⁶⁸

Part of the PD output 3 is about using the PADIS-INT population projection system in four provinces.⁶⁹ This was demonstrated in a presentation to the CPE team showing the practical support provided at sub-national level to improve projections for related policy work. In addition, the output has supported the China Gerontology Forums, promoting the development of gerontology, an important field of study in China. In relation to that a Summer Seminar on Research Methodology in Population and Development Studies at Peking University in July-August 2014 was held. An ageing research project was also undertaken to examine longevity through a longitudinal survey undertaken by CHAD/PKU.

⁶⁶ UNFPA and NDRC, *A brief Introduction on Urbanization Projects and Piloting Initiatives*, 2011.

⁶⁷ 2013 SPR for PD Output 2.

⁶⁸ The Institute of Population Research, Peking University, *Reflections on History and Looking Forward Future- The Choice of Chinese Fertility Policy (or: What the history informs us about the future- The Alternatives of China's Fertility Policy)*, 2014; Research Department of Social Development, Development Research Centre of the State Council (DRC), Supported by the United Nations Population Fund (UNFPA) in China, April 2014.

⁶⁹ CPDRC, *PADIS brochure*, 2012.

The five-year national plan on ageing is a strong focus of output 4 in CP7, including the indicator system for the monitoring of the national plan. This output has also included efforts to increase data collection on ageing and pilot different ways to provide care and services to meet the needs of the elderly in different provinces.

The CPE fieldwork undertaken with IPs in relation to urbanization and ageing projects indicated that project work had been incorporated into sub-national frameworks.

The PD work has been responsive to changing development needs. This is demonstrated by the way in which the work phases of PD output 2 have been adjusted to take account of research findings at each stage in the project work. PD output 3 has supported the development of academic and policy papers in 2013 related to emerging issues affecting the fertility policy in China and other work on population dynamics issues in China. And PD output 4 has enabled a body of work to be undertaken on a range of issues affecting ageing in China, including health issues.

South-South Cooperation (CPAP- PD output 5)

PD output 5 of CP7 is directed at improving management and technical capacity of national partners to engage in south-south cooperation and triangular cooperation on PD issues. The AWP developed in 2011 suggested that initial work on SSC opportunities would involve raising awareness in the GoC regarding the value of SSC work.⁷⁰ However, over time this initial work was not translated into projects against output 5, but rather it was treated as a modality of operation to be considered under all CP7 outputs. Although SSC work is a high priority under UNFPA's revised Strategic Plan 2014-2017, it does not figure as a separate output.⁷¹ It is also consistent with the third theme area of UNDAF, which is related to support for China's position in the world. More recently, some GoC agencies have taken a keen interest in examining possible SSC initiatives. UN agencies, including UNFPA, have expressed a similar interest. UNFPA and MOFCOM have developed a draft MOU that is being considered by GoC.⁷²

Gender Equality (CPAP- PD outcome 2)

PD outcome 2 focuses on civil society and government supporting policies and multi-sectoral mechanisms to reduce discrimination and violence against women. The outcome helps to address severe inequalities based on gender, class, ethnicity, participation, income, access to RH services, violence and discrimination and the lack of voice to express needs and concerns. PD output 6 is concerned with reducing discrimination and violence in programme areas through enhanced capacity for multi-sectoral response.⁷³ PD output 7 seeks to engage civil society, media and the public at large to promote responsible sexual behaviour, prevent VAW and address SRB imbalance. Both VAW and SRB are high priorities for UNFPA under the UNFPA Strategic Plan 2014-2017⁷⁴, as well as for other UN agencies.⁷⁵

⁷⁰ 2011 AWP on output 5.

⁷¹ UNFPA Strategic Plan 2014-2017, at page 13.

⁷² Draft MOU on SSC, 2014.

⁷³ China is ranked 42 out of 86 in the 2012 Social Institutions and Gender Index. The 2014 Gender Inequality Index score is 0.202 with a ranking of 91 out of 187 countries. China's World Economic Forum Global Gender Gap Index rating for 2013 places it at 69th place (out of a total of 133 countries).

⁷⁴ UNFPA, *Sex Imbalances at Birth: Current Trends, Consequences and Policy Implications*, APRO, 2012;

⁷⁵ There is a UN inter-agency group in Beijing that works on VAW issues.

The design of CP7 forms evidence for a strong commitment to protecting and provisioning RH for all and promoting equality. This is done through helping targeted vulnerable groups of women, men, low income SWs and their clients, among others, to overcome discrimination and violence. For instance, during the fieldwork the CPE team noted in interviews that the project targeting sex workers has helped build a community of mutual understanding between low-income sex workers and residents in overcoming prejudice and stigma.

PD output 6 seeks to enhance the capacity of government agencies and civil society organizations in five programme areas. This is to strengthen multi-sectoral mechanisms to reduce and respond to discrimination and violence against women. While anecdotal accounts suggest VAW is pervasive, there is little hard data. The Third National Survey on the Status of Chinese Women undertaken in 2010 indicates that one in every four women has suffered from domestic violence.⁷⁶

China was one of the countries that were included in a recent UN regional survey study on VAW.⁷⁷ Among the female respondents surveyed in one part of China, of those who were ever-partnered 39% reported experiencing physical and/or sexual intimate partner violence (IPV). Men reported a higher prevalence rate – 52% – than women for physical and/or sexual IPV perpetration. Slightly more than one third (38%) of ever-partnered women reported experiencing emotional violence by an intimate partner. Among ever-partnered men, 43% reported having perpetrated emotional violence against a female partner.⁷⁸

Reduction of VAW is thus an important issue for women in China. During the amendment of the Marriage Law in 2001, gender-based violence (GBV) was for the first time written into the law as a crime.⁷⁹ The Law on the Protection of Rights and Interests of Women and the Law on the Protection of Minors also prohibits GBV. There are 29 provinces, cities and autonomous regions that have adopted local statutes against GBV. However, the current laws and regulations are difficult to enforce. The proposed enactment of a well-designed national law against GBV will establish a legal framework for protection and compensation.

The SRB began to increase in China in the mid-1980s. In 2000, the census showed a ratio of 119. The 2010 census showed a ratio of 118.21. Guangdong, Hainan and Anhui had SRBs around 130.⁸⁰ This

⁷⁶ *Survey Research on the Status of Chinese Women in the New Era*, China Women's Publishing House, 2013, p490..

⁷⁷ UN Multi-Country Study on Men and Violence in the Asia Pacific, *Why Do Some Men Use Violence against Women and How We can Prevent It*, 2013.

⁷⁸ Different types of IPV were found by the survey to be overlapping. For example, 27% of men who reported perpetrating physical IPV also reported perpetrating sexual violence against a partner. One in ten ever-partnered women reported being raped by a male partner. Among ever-partnered men, 14% reported perpetrating rape against a female partner. Women are more at risk of rape from a partner than a non-partner – among women who had experienced rape, 62% had been raped by a partner. The prevalence reported by men was 64 %.

⁷⁹ Sexual violence within marriage was not included in the law.

⁸⁰ National Bureau of Statistics, 2010 Census. See also Chen, Lanyan. *Gender and Chinese Development: Towards an Equitable Society*, 2008, Routledge.

imbalance emanates from profound gender inequality and lack of fundamental rights of women and girls in society. It has social impacts, such as the potential to negatively affect the quality of social relationships, including marriage, the family, reproduction, employment, social protection and economic and social development. The GoC has a dedicated an office in NHFPC with the responsibility for addressing SRB. The project initiative under PD output 7 seeks to reduce SRB in Wugong in Shanxi Province, Jingan in Jiangxi Province and Changfeng in Anhui Province. This is done through piloting a multi-sectoral mechanism for coordinating efforts to improve women and girls' status and addressing SRB.

It is not just the two PD outputs that are important to improving GE. There are other efforts in the CP7 that help promote the mainstreaming of gender equality and women's empowerment. These efforts include the work on increasing gender-sensitive indicators in the Chinese statistic systems and addressing issues of great concern in China with regards to sexual and reproductive health and rights, such as client-oriented quality RH services, the high rate of caesarean deliveries , adolescent unmet RH needs, and the high youth pregnancy termination rate (as discussed earlier in Chapter 2, respectively 50% and 90% based on the 2009 Youth ASRH Survey). SW's exposure to HIV/AIDS and STIs, and men's roles in perpetrating violence against women are also issues which were addressed. RH outputs in CP7 include the expansion of midwifery training and clinical changes intended to address the high rate of caesarean deliveries, and raising young people's awareness of SRH services. It also includes peer education among low income SWs on the prevention of HIV to ensure equitable access to quality services. The intervention on ageing through PD output 4 is also required to be gender-sensitive, as is demonstrated by recent research that looked at the effect of older females and males when they lose their family support in rural or urban areas as a result of migration.

4.1.2 Answer to Question 2

Question 2: To what extent have UNFPA-supported interventions contributed, or are likely to contribute, to a sustained increase in the proper use of demographic and socio-economic information and data in evidence-based policymaking, plans and programmes to improve SRH, HIV, GE, youth, and population dynamics?

Summary of Findings: Project reporting and stakeholder interviews during the CPE demonstrated that CP7 is assisting policymakers in increased levels of evidence-based policymaking. IPs are increasing the use of demographic and other socio-economic information and data in evidence-based policymaking. That evidence covers SRH, HIV prevention, GE, youth and urbanization-related population issues, and youth.

As also confirmed in AWP and SPRs, discussions held with stakeholders during the CPE team's field work revealed that ownership of the output issues is taken as they are worked on as important pilot projects towards informing policymaking. The models, methodologies and mechanisms such as M&E systems that have been developed under CP7 had been institutionalized. Since these pilots were designed as demonstration projects, they were intended to provide evidence to engage policy and decision makers in order to solicit government commitment for scaling up. Therefore, the focus for 2015 will be on policy negotiations and dialogue with decision-makers for that purpose.

Stakeholders interviewed during CPE fieldwork demonstrated a strong understanding of data and related information. Policymakers involved in projects say, when compared to past practices, that they are more interested in drawing on that information and data. They have undertaken capacity building and see the value of applying data. In addition, they have the skills to make better use of it and apply it during their policy work. AWPAs confirm that capacity building has been undertaken. A review by the CPE team showed that a significant amount of study, data collection, situational analysis and policy analysis is being undertaken in particular projects across the CP7. The baseline survey in six provinces, discussed later on, is one such example. Other examples include Domestic Migrants in China – *Facts and Figures* 2010, Population and Ageing in China – *Facts and Figures* 2013, and Youth Population in China – *Facts and Figures* 2014, available online at the UNFPA China website. It also includes the Handbook for Reforming Villages Rules adopted by the Zuodian Township government during the implementation of the SRB reduction project, the Handbook on the Hotline for Supporting Abused Women, the Pocket book for Stopping VAW on Campuses, and other materials developed by the Women’s Federation during the implementation of the stop VAW project.

Research undertaken in CP7 has helped to improve the quality of socio-economic information in areas such as urbanization, ageing and gender equality.⁸¹ PD experts and GoC stakeholders suggested that the data and socio-economic information would be more powerful and persuasive in advocacy work in China if strengthened by a broader economic analysis of its implications.

Sexual and Reproductive Health and Rights (CPAP- RH outcomes 1 and 2)

During the CP7 design stage there was a strong focus on the situational analysis and baseline data. A multi-level random sampling survey in the six policy project provinces was conducted between October and December 2011.⁸² The findings were used for guiding the design and implementation of the programme. It contained a broad array of survey questions on RH related social-demographic information (individuals and families), and information on infrastructure, service, knowledge, contraceptive use and prevalence, number and sex of children who are alive and the desire to have other children. That evidence-based approach has been used in other CP7 work on RH, particularly with regards to ME systems. Recently, the CO has been discussing the possibility of including additional questions in the NBS annual sampling survey to assess results on recent fertility policy changes. Close attention is given by policymakers at national and sub-national level to data on fertility trends such as the TFR.

In interviews, the CPE team found that UNFPA’s rights-based advocacy on family planning under CP7, at national level and in six pilot provinces, was regarded by stakeholders as very useful. High-level advocacy for policy improvement has increased the awareness of policymakers and managers on the importance of protecting rights in FP and MCH services. The CP7 ME indicators developed have for example, been updated on the basis of survey findings. Client satisfaction is added, as is research undertaken on population issues, and the number of provinces where restrictions on birth intervals are

⁸¹ See for example SRB Advocacy Kit 2013.

⁸² See China/UNFPA 7th Country Programme on Reproductive Health/Population and Development, Baseline Survey Report, December 2012.

removed. UNFPA is now assisting the GoC in survey design to assess the effect of recent fertility policy changes.⁸³

One example of the progress made in moving towards more evidence-based policy work is the RH policy project under RH output 1 in 2013. This involved the analysis of work plans of the projects and providing training and related support to six prefectures to help them towards more strategic policy interventions. It also involved assisting the Family Planning Commissions in Heilongjiang Province and Heihe Prefecture to advance improvement of the fertility policies. The study that was conducted in Heihe Prefecture, for instance, presented evidence to the provincial government recommending the relaxation of the fertility policy. Case studies on the reform of management and evaluation of population and FP work and on the protection of human rights were also conducted. In addition, monitoring in the project areas was undertaken to learn about the project implementation in order to promote steady and smooth progress during the transitional period.⁸⁴

Evidence-based policy work was also conducted in the midwifery project under RH output 1. The successful design and implementation of the midwifery and natural delivery project in Hunan Province was framed by an intensive review of documentation on the development history of midwifery in China, baseline surveys on midwifery and natural delivery in Hunan, studies on midwifery policies and curriculum development, and reviews of training and teaching activities.⁸⁵

Population and Development (CPAP- PD outcome 1)

Much useful population data is available through NBS online. UN data is also available online. The CPE's inquiries suggested that both sources receive frequent use by stakeholders. *Facts and Figures* publications on migrants, children, and VAW, for example, receive broad dissemination. The CPE team heard presentations demonstrating how PADIS-INT is being launched in project provinces to test support population projections linked to sub-national policy thinking on local service requirements, such as in education and health. But there are gaps in data such as youth, minorities, TFR, SRB and VAW that are needed for related policy discussions, and will require further attention.

CP7 assists in improving the range and quality of data related to demographic information. Since 2011, the NBS, UNICEF, and UNFPA under CP7, have assisted in disseminating data through *Facts and Figures* publications covering youth, children and ageing⁸⁶. Support was also provided for four booklets so far on sex-disaggregated statistics under NBS's five-yearly Publication, *Women and Men in China*⁸⁷ and the three provinces of Yunnan, Xinjiang and Shanxi. There is also the use of an increasing number of gender indicators in the statistics system under CP7, as discussed in the answer to EQ5.

There is scope for further enhancing UNFPA's role under CP7 through proposed analytical work on population issues under PD output 3. This proposal is understood to involve structured discussion with a

⁸³ Draft measurement indicators for four components of China/UNFPA Reproductive Health (RH) and Rights Project, 2014.

⁸⁴ 2013 SPR for RH output 1.

⁸⁵ The Hunan provincial governor is a strong supporter to reducing the C-section rate in the province, and that was why Hunan was selected as the project pilot province by CMCHA.

⁸⁶ Earlier *Facts and Figures* publications cover VAW and migrants.

⁸⁷ NBS, *Women and Men in China*, 2012.

range of demographics experts in China in order to develop a more in-depth understanding of dynamic issues, contemporary interests, and trends. This will help the CO in positioning itself in population dynamics work and support emerging policymaking interests in China.

The trend towards more evidence-based research is most obvious under CP7 in relation to the work under PD output 2 on key population dynamics issues related to urbanization. CP7's urbanization project involved detailed research covering multiple issues. These included the needs for essential social services for farmers living in a collective community of small townships, the essential social service facility standard of communities in small townships, and the role of community organizations in the farmer's collective living region of small townships. It also included progress and analysis on public rental housing policy for migrants, how household registration could be granted based on rented residence, an information sharing platform for migrants, the relationship between the residence permit card and the household registration system, and consolidation of urban-rural essential social service policy.⁸⁸

PD output 3 of CP7 offers good examples of the way in which evidence-based policymaking is progressing in China, as is outlined in the answer to question 1 above. One such example is the support for two research papers – one an academic paper prepared with Peking University (PKU) on population policy, and another policy paper on the same issue with the State Council Development Research Centre (DRC). Both papers drew extensively on demographic data, but also paid attention to the changing demographic issues in China – the major changes in attitudes towards fertility and family size, as well as career and life expectations in particular.⁸⁹

Work undertaken under PD output 4 of CP7 has helped to build an indicator system that can track progress on the 12th Five-Year Plan on ageing. In 2013, this system was used to assist with conducting a mid-term review, using both quantitative and qualitative indicators. This was done through fieldwork in pilot provinces where the indicator system was developed, and control provinces where indicator systems were not in place. The review reported on achievements made to date in the implementation process with regards to social security, old age health support, the development of enabling environments, and the working mechanisms. The exercise has also identified remaining challenges towards achieving the goals and targets set in the national and provincial plans, including social participation, service delivery, numbers of beds for elderly care, as well as health support, and quality and efficiency of services.⁹⁰

Gender Equality (CPAP- PD outcome 2)

Access to, and use of, evidence on GE related issues has also assisted in advancing GE under CP7. The same baseline survey in six provinces in 2012 supported by the CO is related to RH outcome 1 concerned with reviewing RH and population policy. The study also helped to design a multidisciplinary approach to promoting women and girls' welfare, and rights in VAW and SRB project interventions. Moreover, as a part of the UN regional joint research programme, the UN Multi-country Study on Men and Violence

⁸⁸ Department of Social Development, NDRC, and China Centre for Urban Development (CCUD), *Briefing on CP7 urbanization project : To improve the essential social services provision in support of the healthy development of urbanization in China*, CPE Presentation, 25 July 2014.

⁸⁹ The Institute of Population Research, Peking University, *Reflections on History and Looking Forward Future- The Choice of Chinese Fertility Policy (or: What the history informs us about the future- The Alternatives of China's Fertility Policy)*, 2014; Research Department of Social Development, Development Research Centre of the State Council (DRC), Supported by the United Nations Population Fund (UNFPA) in China, April 2014.

⁹⁰ 2013 SPR PD output 4.

coordinated by Partners for Prevention, CP7 also supported both quantitative and qualitative studies. These examined GBV from a perspective of masculinity and its linkages to violence. The studies produced findings that were broadly disseminated. They encouraged a new perspective on addressing sexual violence, namely, that it was important to mobilize men and boys against VAW, including through comprehensive sexuality education. The findings of the research have also contributed to evidence-based programming on GBV prevention, such as the establishment of the China White Ribbon Volunteers Network, with the aim of engaging men and boys on promoting gender equality and eliminating GBV.

This work, together with the UN joint work related to reducing VAW, drew the attention of the GoC.⁹¹ UN agencies also advised the CPE team that it also helped build collaboration amongst UN agencies in advocacy on VAW as a critical and pressing issue in which the UN spoke with one voice. Advocacy drawing on these studies contributed to building the case for a new law on family violence. The Chinese Legislature has included the adoption of such a law on its legislative agenda. Further work is required to build up relevant data and research related to VAW so as to enable its use in implementing the new law, as well as to build the case for further policy reform. Improvements in data and research are also required on SRB.

While improvements are being made during CP7 to collect and use sex-disaggregated data discussed under EQ5, there is scope for further change under the Guidelines on the Plans for Statistical Development and Reform. This will help policymakers to be even more effective. Particular attention should be placed upon vulnerable groups such as poor rural women, female migrants, adolescent girls, elderly women, ethnic minority women and disabled women, so that inequities can be identified and any exposure to discrimination or violence can be avoided. In particular, the collection and use of data disaggregated data by sex, ethnicity, diversity and migration status is imperative to promoting equality.⁹²

Particular stakeholders consulted by the CPE team viewed that further improvements in gender statistics are essential tools to mainstreaming GE in policymaking. Not everybody that was interviewed recognized that policies and programmes affect women and men differently, and that they are situated unequally in society. Policymaking needs to be informed sufficiently by data so as to reflect the realities of the lives of women and men.

4.2 Efficiency

4.2.1 Answer to Evaluation Question 3

Question 3: To what extent has UNFPA made efficient use of its human, financial and technical resources to achieve PD and RH output/outcomes under CP7, through an appropriate combination of tools and approaches?

⁹¹ See also the NBS, *Facts and Figures, Violence against Women*, 2010. This refers to the limited data that is available, including local studies, some 2006 or earlier.

⁹² In China, gender statistics is built on three nationwide surveys on the status of women in 1990, 2000, and 2010 and the development of a women's database in support of monitoring and evaluation of the implementation of the Programme for the Development of Chinese Women, one which was first adopted in 1995. The second Programme was adopted in 2000, covering 2000 and 2010 and the current programme covers from 2010 to 2020. The publication of booklets on *Women and Men in China: Facts and Figures*, the first one of which was supported by UNFPA since 1995 and the latest one during the CP7 was supported by UNFPA and UNICEF in 2012, have been a major source of gender statistics.

Summary of Findings: Resource allocation across CP7 seems appropriate for the funds available. There have been some unavoidable delays at times, such as those related to the merging of two organizations (NPFPC and MOH) to create the NHFPC in 2013, which led to some delays in approval of AWP's and funding. What is apparent from interviews at the CO and with GoC stakeholders is that UNFPA is relatively limited in its staffing and funding resources to meet these priorities. This is reflected by amounts for particular project activities and the limited staff available to monitor them.

To date, there were no concerns raised about combinations of tools and approaches in implementing CP7. In fact, in the midwifery project the combination of baseline survey, policy review, field demonstration, training, curriculum development and dissemination was thought to have achieved better than expected results and had significant policy impact. This was due in large to sub-national government support and commitment. However, issues were raised related to the suggested changes in modalities, such as greater access to international technical assistance in the future.

The nature of the distribution of CP7 funding across the outputs, as outlined in Atlas reports,⁹³ has not been questioned by stakeholders during the CPE in terms of efficiency in usage. However, it is recognized that for some areas of CP7, support has been for relatively small funds. Generally, IPs have sufficient funding and many have told the CPE team during fieldwork that they did not feel constrained by CP7 allocations. CP7 partners at sub-national level said they have strong ownership of the work being undertaken, recognize the value of it to their administration, and welcome the expertise that the UNFPA brings to project work, as well as the status that UNFPA involvement lends to the project.

CP7 has been subjected to annual audits on national execution. All audits have led to positive findings, with no qualifications made. The CPE held a number of discussions with relevant CO staff on finance issues. These indicated that project administration is taken extremely seriously, and that they have a good understanding of the current situation of each project.

With regards to human resources, during the fieldwork the CPE team observed that the CO is stretched to cope within its existing staffing levels considering the wide range of functions related to the implementation of CP7. There are a number of instances where staffing is spread too thinly.

For example, there is only one person supporting the work being undertaken on the two outputs related to the VAW and SRB projects, as well as other efforts on promoting gender, gender mainstreaming and coordination. More assistance is clearly needed. The effect of staffing limitations is noted internally and externally, with external stakeholders drawing on the regular interaction and observation of the workloads borne by the particular CO staff with which they worked. As of 30 June 2014, the staffing level in the CO

⁹³ Detailed Atlas reports were provided to the CPE as part of development of the Design Report process. The SPRs also contain reporting on yearly project expenditure. The overall funding provided under CP7 and expenditure to date is outlined in paragraph 3.2.3 of this report.

stood at 22.⁹⁴ In recent times, the CO has successfully drawn on well-motivated service contract holders (2) and also interns as short-term support to ease workloads.

At times, stretched resourcing has constrained particular work, such as research. For example, for quite some time there was only one professional post in a three-member team working on population and development. Advancing the work on PD research under PD output 3 has had to be fitted in around other priorities. As the team has grown to five, reprioritizing research is important. In particular, as the CP will move upstream, more high level technical advisory services will be expected from the CO. This issue needs further attention in order to manage future demands for work on PD, SRH, gender and youth.

A related efficiency issue has been ensuring that partners themselves have the resources necessary to advance project work. In most cases this has not been an issue in CP7, as most IPs have felt they were well resourced, as they confirmed in fieldwork discussions.⁹⁵ However, as noted in relation to PD output 1, sub-national statistical administrations withdrew from pilots on use of disaggregated data in 2012. This might have been reported as an effect of resource constraints that were not identified when the CP7 was being designed,⁹⁶ with the real reasons needing to be worked out. This is particularly relevant to gain a close understanding of the centralized statistic systems in China, as presented in Annex 7, and would help with future programming in this highly important area.

UNFPA's new business model for use in middle income countries (MIC) is also changing the focus and approaches in CP7. It is moving away from service delivery and capacity building towards a stronger emphasis on upstream policy work, including policy dialogue and advocacy based on demonstrable piloted models.⁹⁷ In addition, through capacity building the CO has paid attention to improving advocacy skills. While the CPE team observed that skills for policy upstream work are being effectively utilized by senior CO staff, as found with other COs of UNFPA, the CO profile was more aligned with project management and administration. Therefore, CO post profiles may require adjustment. According to the new Resource Allocation System accompanying the new Strategic Plan, the CO will soon face further constraints in its funding resources. Other UN agencies in Beijing face similar cutbacks.

4.2.2 Answer to Question 4

Question 4: To what extent did the intervention mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?

⁹⁴ The 22 CO staff includes the Country Representative, the Deputy Representative, 12 programme staff and eight operational staff. There are also a small number of supernumeraries, including interns.

⁹⁵ The local government of Changfeng, for example, invested 500,00 Yuan a year in the SRB project supported by CP7. This is 10 times the amount invested by UNFPA.

⁹⁶ 2012 AWP and SPR for output 1.

⁹⁷ See UNFPA Strategic Plan Annex 1

Summary of Findings: Intervention mechanisms being utilized in CP7 are generally efficient in achieving project outputs. There have been no qualified audit findings. Planning and reporting undertaken under CP7 has been reviewed, and the CPE team considers reporting to be clear, frank, comprehensive and generally of good quality, although the focus tends to be more on progress in project activities rather than results-oriented. The project administration of the CP7 by a CO with limited financial and human resources has been a constraint on efficiency and efficacy, especially in relation to promoting project achievements to the level of policy upstream, and in general policy dialogue advocacy.

The CPE's review of project implementation documentation, and reports on CO monitoring and discussions with IPs indicate that stakeholders regarded annual review meetings with IPs as valuable. Annual meetings include group discussions led by national experts on specific topics such as RH and RR, ASRH, and GE. Such events also provided opportunities for national senior government officials to address important policy issues and assure their support and commitment at the same time. Given the value of such meetings, it may be advisable to hold them as part of government undertakings, and thus cost-sharing mechanisms could be applied.

Most IPs working with UNFPA at the local level have spent substantial funds of their own for project activities – well beyond the amounts able to be committed by UNFPA. Stakeholders mostly advised that UNFPA's involvement is sought less for funding, and more for the value it adds. This is with respect to its recognized specialties and access to international practice and expertise as an independent and trusted partner.

With regards to project administration, based on observation over the course of the CPE fieldwork, the CPE team considers that CO human resources within the existing staffing levels are stretched in order to effectively cope with the range of functions related to the implementing CP7. Some IPs expressed concern that they were occupied at times with administrative tasks such as obtaining bids for consultants, venues and contractors that involve significant transaction costs, but concern relatively minor amounts of money. Financial reporting and auditing requirements were also mentioned as putting additional pressure on partners.

Nevertheless, the UNFPA rules reflect the importance of accountability requirements. Some partners may do this work better than others and find it less irksome. But the CO is required to assist particular IPs. This includes explaining the rules, advising on implementation, and stressing that accountability requirements must be met. The CPE team agrees that the rules are vital to sound administration and should be followed. However, efficiencies may be possible, such as in pre-qualification procedures for consultants, and these should be explored. The CPE team is aware that there is a delicate balance to be maintained in ensuring UNFPA rules are adhered to, while making sure it maintains good working relationship with partners.

4.3 Effectiveness

4.3.1 Answer to Question 5

Question 5: To what extent has each CP7 and CPAP output in PD and RH been achieved in a coherent manner and with benefit to service delivery? Have the outputs contributed to achieving CP7 outcomes and the mainstreaming of gender equality?

Summary of Findings: Good progress has generally been made in implementing CPAP. Useful results have been achieved for most outputs, such as the expansion of midwifery training in eight medical schools in seven provinces, and the use of a legal aid protocol developed under the multi-sectoral model to protect women's rights against violence. These outputs are in turn contributing to achieving the CP7's four outcomes. However, important outputs such as using project achievements in upstream policymaking, while well advanced in implementation, are not intended to be completed until 2015.

It is difficult to make a judgment about effectiveness with 18 months before the completion of CP7. According to CPAP, there will be more detailed reviews and end of line surveys in 2015. A better judgment can be made at that time. This part of the report should be read whilst keeping these caveats in mind. What can be said, however, is that the work towards the outputs to be achieved by the end of 2015 is basically on track as far as progress on the indicators is concerned. The CPE team reached this finding by examining the Standard Progress Reports (SPRs) for each output and CO's 2014 tracking tool last updated in June 2014.

The CPAP tracking tool outlines progress made to date against CPAP's planning. This often reports that outcomes and outputs have been achieved up to the end of 2013. Some indicators, such as the ME tool for FP, for information dissemination about HIV prevention, and for PD publications, have already been met. Some of the other work with the urbanization project is basically complete, and awaits publication of the new urbanization strategy when the report is finalized. Meanwhile, project results are already informing policymaking. Other work, such as on sub-national FP regulations, is well advanced. The SRB model is currently being evaluated and will be submitted for the GoC's consideration in 2015. The material for the curriculum on gender awareness at the Party School System is complete, but further advocacy is considered necessary. Other work that is being undertaken under AWP's is making progress, step by step, towards completion in 2015.

Also, reforms implemented through CP7 projects that have involved introducing new management systems such as indicators, software enhancements and ME systems, have, in the view of national officials and more particularly the sub-national officials and other stakeholders directly involved, contributed to improved efficiencies in population, ageing and urbanization work at the sub-national level. The PADIS-INT system, for example, provides sub-national administrations with the means to input data and related assumptions to undertake population projections themselves rather than, as previously, relying on local research institutes whose estimates were based on assumptions they sometimes did not understand. While further project stages are still ongoing, the pilots have produced a number of models that are already regarded as useful. They are being utilized for ME indicators in FP, SRB, MISP, VAW, and for the delivery of particular social services in urban contexts. However, many of these are yet to be properly evaluated. Ultimately, judgments about the achievement of a number of targets depend on end of line surveys and reviews planned for 2015.

In retrospect, parts of CPAP were somewhat overstated in terms of what was achievable by 2015 within the resources available and applicable circumstances. For example, it is suggested in RH output 1 that by 2015 policymakers will update population and health policies on issues such as SRH and family planning.

While the progress reports and discussions with CO and IPs suggest that substantial progress is being made on family planning issues towards a more rights-based set of policies at national and sub-national level, it was ambitious to suggest this policy work will be completed by 2015 in discrete programme areas. With regards to SRH, it is encouraging to note that a strategic framework for RH is now in the early stages of development. However, this development is likely to require significant effort on policy analysis and related consultation over a longer period. UNFPA is just one partner contributing to achieving particular outputs.

Some parts of CPAP are rather imprecise. For example, PD outcome 1 provides that policymakers will make better use of disaggregated data and research findings for decision-making in respect of population and related fields. Was it intended that CP7 would affect all of the enormous number of policymakers in China? In addition, what constitutes as 'better use' of data and research is arguable. The numerical indicators in the CPAP tracking tool concern the extent of use of UNFPA-supported research, but no such restriction is made for data.⁹⁸ Issues like this seem to have undermined ownership and perhaps momentum in the early period of CP7's implementation. The next CPAP has to feature outputs and outcomes that are more realistic for UNFPA's level of engagement. It also needs to use practical language that can be owned by partners and be regarded as truly demand driven.

The overall coherence of the CP seems to have been affected by the broad scope of issues to be covered, as well as geographic spread. Greater attention on design issues concerning programme coherence and programme integration is essential in the next CP.

Reproductive Health and Reproductive Rights (CPAP- RH outcomes 1 and 2)

The work undertaken under RH output 1 of CP7 – policymakers at national and sub-national levels will update population and health policies on issues such as SRH and FP by 2015 – has been beneficial in terms of the progress made in six provinces towards a more right-based approach to FP, and in developing midwifery policies. The reduction in caesarean deliveries in Hunan Province from 37.73% in 2011, 30.86% in 2012, and 30.24% in 2013 to less than 30% in 2014, for example, is one dramatic illustration of effectiveness flowing from midwifery reforms.⁹⁹ In one hospital in Xiangya, a project area, non-medical indicated C-sections fell to 5%, as reported by staff at the time of the CPE.

With respect to RH output 2, vulnerable groups in programme areas will have increased knowledge of reproductive health, including counseling and information and services to prevent HIV and STIs by 2015. The CPE's visit to the street sex worker (SW) project in Donghu district of Nanchang city, Jiangxi Province showed that the project was making it possible to identify and reach low income sex workers and clients and to provide them with SRH information, education, and provision of free condoms and lubricants.

An October 2013 mission undertaken by APRO to Donghu district and other project sites suggested that changes were required to the HIV prevention project to better involve SWs. The recommended improvements included a greater focus on engaging peers in outreach and education, improving the quality and content of IEC resources, and ensuring that STI/HIV prevention outreach and education efforts were helping to improve access, to and uptake of, HIV/STI/SRH services. Attention to these

⁹⁸ See CPAP, Annex 2: CPAP Planning and Tracking Tool.

⁹⁹ Based on the Maternal and Child Health Reporting, published by the NBS.

changes has attracted the interest of the epidemiological research group of China CDC. A particular challenge to effectiveness in HIV prevention work is achieving changes in behaviour. This is due to the low education level of street SWs, and their older clients seemingly cared less about the risk of STIs and HIV/AIDS.¹⁰⁰

In another HIV related initiative, the primary targets are migrant workers in railway construction sites. The secondary targets are staff of the project railway bureaus and the project railway CDCs. IPs are very appreciative of the project. In 2013, the project covered a total of 8,600 migrant workers, with 111 received training as peer educators.

The experience with the youth project under RH output 3 – strengthening the capacity of institutions in programme areas to provide high-quality, gender-sensitive SRH information, education and services for unmarried youth by 2015 – has been mainly positive. But it has had its challenges. Much hard work has gone into project implementation, as various AWP and SPRs attest. These plans and reports, and the project visit that the CPE made to Chongqing, confirm that intended institutional capacity building under the output has been advanced. This was appreciated by the IPs. In discussions with youth workers, FP officials, hospital providers and officials from various district departments, there was clearly much enthusiasm and evident commitment to advancing ASRH issues.

The SPRs indicate that as a result of the advocacy in the three pilot provinces, 10 YFS clinics were set up in five MCH hospitals and five general hospitals in 2012. In 2013, more than 100 clinical staff, including nurses and doctors of MCH hospitals and general hospitals, were mobilized to receive training by national experts based on the YFS guidelines developed with inputs from UNFPA and international experts. According to the pre- and post-YFS training evaluation, there was a 10-15% increase in SRH knowledge and a 5-20% increase in YFS skills. In addition, based on interview with on-sit service providers after the training, there was a 10-20% increase in the number of youth clients visiting health institutions to seek SRH services. One outcome of the training was that often privacy was assured in service provision, and services were free to youth aged 15-24. Service providers also conducted outreach to young people in schools, communities, hotels and railway stations. Around 3,600 young people received information on life skills, interpersonal relationships, mental health and SRH. Approximately 20% of them had further consultations and follow-up appointments with doctors after the learning session. Nearly 100 peer educators were mobilized and they provided information to about 9,000 young people at project sites.

In addition, the at three pilot sites free contraceptives, SRH information collection points and machines were set up by the local FP bureaus in communities, hotels and places where young migrants often visit. The good practice of providing free contraceptives to unmarried people was shared at the annual review meeting with the GoC. This is to be used for developing policy recommendations that are to be presented to the GoC in 2015.

However, there appear to be gaps in youth work. The output seeks institutional capacity building at provincial level, but the project focus was at the district level.¹⁰¹ There has been an increased uptake of

¹⁰⁰ The support needed from UNFPA on effective drug treatment to people living with AIDS was raised by the IP. More training/education to railway working staff also requested by another IP.

¹⁰¹ 2013 SPR for RH output 3.

youth services, and further evaluation is needed to provide final, across-the-board assessment. Improvements are required, as was suggested in the SPR, so as to increase contraceptive and condom use.

A focus group that the CPE team held with a dozen young people at Yuzhong district, Chongqing, indicated how shy they were about sexuality, even when talking to close friends. While traditional IEC and youth peer work is based on sound principles, its reach is limited by resource considerations, and by the fact that many youth remain reticent about SRH. Most focus group members saw their phones and the internet as their best source of information.

As discussed on page 12, the 2009 National ASRH survey shows that more than 50% of ASRH needs for unmarried youth in China are unmet. There was an early need to acquaint more senior staff within NHFPC with that situation. Most of all, what was needed in the view of a number of the more influential stakeholders was to encourage the support for youth under CP7 to be placed on a more strategic and comprehensive basis, including necessary multi-sectoral inputs.

Under RH output 4 of CP7, SRH services will be strengthened for vulnerable groups in programme areas by 2015. In addition, community support has been mobilized in western China for poor and remote areas to help transport pregnant women who are in labor to delivery hospitals. Each village in the project sites collected information on pregnant women and on community resources. Car owners and other community members with useful resources were then mobilized to support the community-based initiative. In Longlin county, for example, the hospital delivery rate in the two pilot townships has improved from 37% in the baseline survey to 88% by September of 2013. However, some pregnant women going into labor were still not able to get to hospitals in time, so training for village women on home delivery was introduced in 2013. This raised a concern on current hospital delivery policy and variations in its implementation across the country, particularly in remote areas. This is being followed up through advocacy.¹⁰²

With regards to humanitarian care, customized MISP packages have been developed with UNFPA support under RH output 4. This includes a safe delivery package, home delivery kit, prevention and management of sexual violence, STI/HIV prevention, and family planning. Several field drills have been conducted in partnership with other sectors such as local civil affairs, women's federations and public security, as well as the national health emergency response office. In recent earthquakes in project sites Yingjiang and Ludian, the provincial RH-MISP coordination team has been sent to the earthquake affected areas to ensure MISP services are in place. Tengchong county of Yunnan Province, on the border with Myanmar, is considering the use of the MISP package for Myanmar refugees. In response to the recent typhoon in Hainan Province, MISP packages were used, in particular for the prevention of GBV, and health protection for women and children. Although the 2013 SPR indicates a gap in integrating RH services for humanitarian emergency responses into existing local government coordination mechanisms, some progress has been achieved in integrating response. This was evidenced after a recent earthquake in early August 2014.

Population and Development (CPAP- PD outcome 1)

Considerable progress has been made in China in improving population data over a number of CPs. Ongoing work towards the next census will continue with assistance from UNFPA. In relation to PD

¹⁰² For the above, see 2013 AWP and SPR for RH output 4.

output 1, national statistical institutions can better integrate indicators related to the Millennium Development Goals and the ICPD Programme of Action into national and sub-national statistical systems. NBS told the CPE that it appreciates the injection of a gender perspective in their statistics work. Gender specific indicators have increased from 190 in 2011 to 214 in 2013 among the 344 statistics that are used in NBS reporting on social development and related fields. With UNFPA support, the sex-disaggregated data have been officially published. However, as has been noted, there are data gaps such as for youth and VAW that need particular attention. In its work with the NBS, the CO is seeking to take up opportunities in annual surveys to address gaps in youth data.

It had been intended to draw on data from sectoral ministries at national level and also data from provinces to build a mechanism for producing more sex-disaggregated data under CP7. Instead, the CPE team was told that the cancellation of provincial piloting initiatives in 2012 led to the project developing an advocacy/training manual.¹⁰³ This can be used in training activities for NBS staff at both national and sub-national levels, and in advocacy activities with other sectoral ministries. Although producing disaggregated data at provincial level is somehow stagnant, the CPE team considers that the advocacy/training manual is an important step towards producing an operational guideline for the production of sex-disaggregated data. There is a need to revisit how best to improve data at sub-national level in the next CP, as that remains a vital part of improving policy work at the subnational level to take gender issues into account.

With the release of the 2010 census data and use of PADIS-INT in making population projects at sub-national level, contention related to the TFR figure continues. This affected policy decision-making regarding the fertility policy. This also makes it difficult to assess trends.

China continues to experience enormous population movements from rural to urban areas for jobs and lifestyle. The urbanization project is addressing management mechanisms and policy issues related to the lack of access to needed services such as housing, medical care, and schooling. IPs believe that PD output 2 – selected pilot sites have policy options for equitable urbanization endorsed by local and central governments – has produced good models and lessons for urbanization. The fact that this work is being fed into policymaking in the next five-year plan on economic and social development, as well as national planning for essential social services, shows that the quality of the research/policy thinking is being recognized.

The urbanization project has thus had multiple beneficial effects. For example, the police station at Zhengzhou now issues resident certificates to migrants, which has been very well received by the migrants. The certificate not only provides access to a variety of public services such as housing, medical care, and schooling, but it also establishes a more reliable information system on migrants in cities. By contrast, the project in Yanta district of Xi'an provides public services to people who used to be peasants. It does this by assisting them to become better adapted to their urban lifestyle, including job hunting.

Under PD output 3 – policy research on population issues is conducted and disseminated to better inform national and sub-national government bodies on policy formulation – the PADIS-INT system is extending the use of population data at sub-national level. Both in Chongqing and Heilongjiang, IPs appreciate having the system for population projection. The software is easier to use, and generates projections with

¹⁰³ See also 2012 SPR for PD output 1.

different assumptions. By learning to use PADIS-INT, the trainees can work with the local data using their desired assumptions. IPs, meanwhile, remain concerned about the quality of the data that is being employed. They are not totally confident about the results, as they should be more aware of how to set up assumptions properly and make insightful interpretations of the results. This is key to making a scientific projection of population trends.

PD output 4 – improved capacity of policymakers to coordinate and manage gender-sensitive, multi-sectoral interventions to address an increasing ageing population and to support active and healthy ageing in programme areas – works on ageing, which includes the indicator system on ageing that has been developed. This helps to make assessments of ageing programmes quantifiable. Another policy concern is how to provide low-cost, affordable and much needed services to the elderly. Thus, the provincial ageing offices in both Tianjin and Heilongjiang have used the indicator system in their assessments. The offices have developed some additional indicators to meet local conditions and make the assessment easier to analyze. As has already been noted, there are a number of distinctive but feasible practices that have been developed in elderly care in Tianjin and Heilongjiang, which are practical, affordable, and welcomed.

Gender Equality¹⁰⁴ (CPAP- PD outcome 2)

GE outputs – a multi-sectoral approach to improving SRB and to stopping VAW – are being achieved under CP7 through institutionalizing gender training in the Party School System. This includes the Central Party School in Beijing, as well as Party Schools in relevant project areas. It does this developing and scaling up comprehensive and gender sensitive governance models to address the SRB imbalances, and by seeking, through the All China's Women's Federation (ACWF), networks to mainstream gender into policymaking. It is also building multi-sectoral mechanisms to raise the quality of medical and non-medical services in response to VAW.

The CPE visited both SRB and VAW project locations, observed project activities, and discussed with implementing partners. This included local government officials and beneficiaries, and recognized that the interventions are helping to overcome gender inequalities. The project innovations seem to be improving the protection of rights of women and children against violence and sex selection. However, further consideration is needed as part of the end-of-project reviews on whether the project intervention will be able to increase the influence on longer term policy changes beyond local project sites. How best to institutionalize gender training also needs further examination and involvement from senior members in the Party School.

The multi-sectoral approach to SRB has seen a decline of SRB from around 118.59 at the start of the project in Changfeng, one of the project sites, to 115 at the time of the CPE visit. There was also a general improvement in women's participation in social, economic and political processes, as detailed below. Since 2012 the leaders of departments of the county government, led by a county governor, have worked through a multi-sectoral mechanism at Changfeng to develop a set of innovative social policy-related strategies.¹⁰⁵ The policies include improving women's employment and revising customary village rules that are gender discriminatory. The new social policies relate especially to daughter-only families. They provide assistance in the fields of education, health, employment and social security.

¹⁰⁴ A short case study on the experience of the VAW and SRB models is at **ANNEX 9**.

¹⁰⁵ See the "Decision on Changfeng Plan to Implement UNFPA CP7 Gender Equality Project", April 18 2012.

Women's participation in village public life has also been enhanced. While their involvement in policymaking above the village level is still low, there has been an increase in female village leaders and in membership in other public forums since the start of the project. Overall, the changes have been beneficial to women and girls. Again in Changfeng from 2011 to 2013, 271 girls coming from families with two daughters were supported to attend universities. Rural women who observe FP policy have priority in attending agricultural technical training. These women comprise 97% of those trained. Out of 2,451 rural households that have participated in the use of mutual help loans, 2,120 households (86.5%) were headed by women who only have daughters. By the end of July 2014, 57 rural women who only have daughters received microcredit loans. Since 2013, among the 4,005 women who have had free cervical cancer screening and the 3,005 women who have had free breast cancer screening, many of them only have daughters.¹⁰⁶

Under the UNFPA VAW initiatives, a multidisciplinary approach was developed to coordinate efforts in ERAW (Eliminating Violence against Women). This resulted in the health sector and the legal and judicial systems setting up related protocols, the ACWF engaging men and boys in ERAW, research and data to inform policy, and social media and joint work with other UN agencies on VAW related campaigns. The multi-sectoral feature has been a key ingredient in the progress made.

The VAW project has, in the view of stakeholders, achieved effective results in five areas of policymaking. These cover the multi-sectoral mechanism, and advocacy and policy change, including protection orders. It also includes a referral system, capacity building, and services provided, including non-health sectors such as the Women's Federation, public security, procuratorate, court, legal aid and health sector, etc. The IPs, ACWF and NCWCH, have developed a number of project tools. These include a handbook for operating hotlines, and guidelines for supporting women experiencing GBV and using the referral system. They also include a pocket book on raising gender awareness and preventing VAW among boys and girls in school, as well as protocols for verifying and measuring injuries for health providers. While the IPs have used these toolkits in training to promote institutionalization, the ability of these agencies to use them for policy development needs further consideration.

The reforms at Liuyang, which seek to reduce VAW, have contributed to changing the attitude in GBV, while strengthening action to reduce it. This has included new legal and judicial instruments that protect women and children, more active involvement of the police and legal aid, and continuing with medical interventions against VAW at the MCH hospital and the general hospital. The People's Congress of Liuyang City has adopted the Resolution on Preventing and Curbing Violence against Women, which is China's first resolution on combating VAW (not merely combating domestic violence). Some of these policies and instruments have already been replicated in other localities, including by revising customary rules that discriminate against women and protocols to assist women who are experiencing domestic violence.

For the VAW programme, as mentioned in Question 2, UNFPA execution has also implemented interventions supporting the China White Ribbon Volunteers Network. The CPE team learned through

¹⁰⁶ Local government also contributes to families that have a single daughter or two daughters in cooperatively based health care insurance. 1391 women workers have had physical checkups free of charge. In the first half of 2014, there were 815 enterprises participating in the maternity insurance, with a total of 27431 women employees enrolled, 1778 more than that in 2012.

interviews that this was part of efforts to address GBV/VAW by engaging civil society and engaging men and boys. This Network was established in early 2013 with the aim to engage more Chinese men and boys to fight against GBV. It has already attracted 200 registered volunteers. The national White Ribbon Hotline was opened, and free counseling services have been provided for those who have experienced violence. It also provides behaviour change counseling for people who have a violent tendency or have perpetrated violence. In 2013, the Hotline received more than 400 phone calls and provided counseling for more than 100 clients. The Network has also achieved the following results: 1) Enhanced capacity of volunteers (mainly counseling practitioners and social workers) on answering the hotline and providing quality counseling service on GBV issues; 2) Improved media coverage of White Ribbon's work and male engagement; 3) Volunteers all over the country have organized more than 20 seminars and workshops in different settings, including communities, schools, hospitals and local women's federations; and 4) Held the First Annual Meeting of the China White Ribbon Volunteer Network on 22-24 November 2013 with around 200 participants. These activities have encouraged studies of the role of masculinity in Chinese culture and its possible influence on VAW. As suggested earlier in Question 1, there could be more integration of the White Ribbon initiative with other UNFPA projects, both in and outside of the VAW programme.

Gender Mainstreaming

Beyond VAW and SRB interventions, GE has been incorporated into some CP7 outputs, such as in parent schools, MCH hospitals, male involvement in activities in RH centres, and in studies for the urbanization project. However, GE has not been fully incorporated into some of CP7's outputs and projects, such as youth, where attention is needed for ASRH issues faced by adolescent girls. Mainstreaming of GE elements into the project design is essential in order to enhance effects. Attention to rights-based issues and cultural sensitivities in VAW in design and programme implementation need continued focus and advocacy. SRB is affected by traditional underlying attitudes to males and females, as well as recognition of other factors affecting particular sub-national contexts. Much continued attention is required to affect policy and attitudinal change. RH work with minorities recognizes that there are GE issues that need close attention, including masculinity. Strategies for mainstreaming GE should in future be included in all projects so as to foster CP7's coherence and sustainability.

There is also scope in the CP for a more explicit and specific focus on different categories of women. These include adolescent girls, consistent with global UNFPA priorities, elderly women in the ageing project, and men's participation in project work on FP and MCH. There is also a need for a GE communication strategy to utilize SRB advocacy, research reports on VAW and masculinity, and to reach out to policymakers, youth and the public. As for scaling up, the IP's ability and the quality of partnership are crucial, as is a rights-based perspective that guides development of the next CP.

The initiatives of CP7 aimed at ending VAW and improving SRB have made progress in a range of useful legal changes, protective measures, new practices, local multi-sectoral approaches and community reforms. Stakeholders at national and sub-national level told the CPE team that reforms are helping to improve the awareness of GE and women and girls' status, contributing to an improvement of the SRB and protection of women against GBV. For instance, the dissemination of research on masculinity and gender-based violence helps raise awareness, and encourages discussion of a law against domestic violence to be adopted at the national level. This meets national needs, as there is no comprehensive

national legislation protecting women specifically against violence at home and sexual assaults in the workplace.

Answer to Question 6

Question 6: To what extent has CP7 supported rights-based national, sub-national and sectoral policy frameworks, and been responsive to population dynamics such as changing birth rates and SRB, urbanization, ageing, gender equality trends (including in domestic violence), young people and climate change.

Summary of Findings: The emphasis on rights-based approaches in CP7 is significant. These include the efforts made under various CP7 projects to advance equity and to support human rights by overcoming the disparity, disadvantages and discrimination occasioned to vulnerable groups.

Under the RH component:

- UNFPA made a significant contribution to the thinking of national fertility policy, in order to continue advocacy on a rights-based perspective in FP. Further revision of the policy towards full reproductive rights will continue to be the objective of advocacy. In anticipation of changes in the fertility policy, the CO, national and sub-national partners are exploring how to integrate the FP service network into the SRH service delivery system.¹⁰⁷ UNFPA is advocating for the protection of human rights, management reform and evaluation of FP work in the six provinces in which it works. This is to produce policy proposals for instituting performance indicators that comply with client-centred principles. The CPE fieldwork saw significant signs of new thinking towards a more rights-based approach, with many references to ‘concept change’ amongst IPs, health managers and providers.
- The policy efforts made to enable universal access to RH and improve the quality of SRH services through national health reforms are related to gynecological diseases, MISP packages and midwifery.¹⁰⁸
- The support on HIV prevention provided to SWs in programmes adopted by NCAIDs and others seek to assist the rights of vulnerable people, while encouraging them to avoid high-risk behaviour.
- The support for young people was designed to protect and to enhance their SRH rights through improving access to ASRH information and services provided by national programmes. They would be assisted further if they had a voice in decision-making about ASRH and other issues affecting youth.
- Access to maternal health information and services are supported for the sake of vulnerable persons, notably ethnic minorities and persons living in remote localities.

In relation to the PD component of the CP7 on the emphasis of rights-based approaches:¹⁰⁹

- Support for a rights-based approach on publishing ICPD data, MDG data and research through PD output 1, accompanied by an increasing level of sex disaggregation of data. While there has been a

¹⁰⁷ To date the number of applicants to have a second child is lower than expected and is not considered likely to be a major capacity concern for hospitals in 2014. Ensuring quality of care is maintained is a key concern.

¹⁰⁸ 2012 COAR, at p10.

¹⁰⁹ Presentation to CPE on PD Component of CP7, 21 July 2014.

significant increase in data, as indicated in the response to question 2, more data are required. There are also gaps in youth, VAW and migrant information..

- The efforts made through the national urbanization project have enabled the exercise of rights related to equitable service access, and in urban areas to migrants, old people and other vulnerable persons.
- The contribution made to PD research under PD output 3, with a view to extending the evidence base, are related to population dynamics for use in advocacy and policy dialogue on rights-based issues.
- The support given under PD output 4 to rights of aged persons is conducted under the national plan for ageing.

CP7 also seeks to protect rights related to GE. These include the recognition of women's contributions, enabling the provision of RH information and services to women, efforts made at removing discrimination and violence against women, and addressing sex selection. These are essential parts of a rights-based approach. A central principle in this rights-based approach is the protection of dignity, through supporting a right to life that is free of violence and discrimination, as being fundamental to the international HR framework and GE, and central to the dream of an equitable China.

4.3.3 Answer to Question 7

Question 7: The extent to which CPAP programme strategies, geographic coverage, modalities and IPs are optimal for achieving desired results?

Summary of Findings: The strategies applied under CP7 were generally optimal, with several exceptions. The modalities were generally considered to be appropriate. Much of the capacity building undertaken under CP7 was well regarded by stakeholders and seemed effective, as is outlined in AWP and post-course evaluations. The CPE thought that the opportunities presented for re-engineering modalities through greater use of new communication strategies and ICT should be pursued. It also concluded that research required quality assurance standards. The geographical coverage provided by the projects was regarded as stretched. Relationships with implementing partners had generally worked well, but needed to be put on a more strategic basis, with any capacity gaps addressed, including exploring other partnership possibilities.

The comments already made in this report about the need for greater practicality and realism in the framing of CP outputs also appeared in issues that arose during the implementation. This included the following case of PD research under PD output 3 and support for ASRH for young people under RH output 3, where the strategies appear to be less than optimal.

In regard to PD output 3 of CP7, the AWP notes that there was difficulty in building up a satisfactory population research programme. This was attributed in part to the absence of a partner, with the necessary workload falling on a CO that had other PD priorities.¹¹⁰ In addition, the GoC's interest in population dynamics work was not as had been expected from the design process, with the interactions between population dynamics and climate change not being of interest to the Government. The CO found itself

¹¹⁰ 2012 and 2013 SPRs in PD output 3.

trying to develop and to build up a useful programme over time. The SPRs and stakeholder feedback indicate that considering the circumstances it has been well handled, with some useful initiatives such as the Summer School at PKU. However, recognizing the importance of future positioning of UNFPA on population dynamics, the CO accepts that further thinking is needed on the strategies to be applied in the next CP. This would be assisted by the AWP's proposal for further population analysis with PD experts in China. The CPE welcomes that proposal.

In regard to youth work, good strategies were generally applied in institutional capacity building. Strong partnership ownership was built, and progress was being made with putting YFS services in place. The recent UNCT initiative to advocate for and support the development of a national youth strategy, which is endorsed by the CPE, will bridge gaps in policy needed for improving the access to YFS services. Currently, China does not have an overarching national youth policy, and youth issues are addressed in separate national and provincial policies targeting specific areas of youth development, such as education and employment.

Projects have been used under CP7 to pilot or trial particular models. These cover capacity building in midwifery, in multi-sectoral responses to VAW or SRB management, for setting up an indicator system on ageing, and for improving urban services for groups such as migrants. In the ERG discussion it appeared that some projects would need to be used in the CP for pilots or trials. Stakeholders within GoC emphasized the relevance of having a limited number of projects that are aimed more at policy development. This includes conducting pilots in particular priority areas, such as ASRH services to respond to unmet needs among adolescents and youth. Other stakeholders suggested that it is desirable for UNFPA to consider offering higher levels of responsiveness to cope with any sudden requests for assistance. This same pressure is being faced by some other UN agencies who want to be seen as demand driven, and to be engaged in issues that it believes the GoC considers to be of high importance and would welcome international assistance. For this reason, the possibility may be considered that some funds be retained in UNFPA, rather than all for projects, for brokering requirements for international technical assistance.

Both the CO¹¹¹ and other stakeholders raised questions about the practicalities of oversight and support of a relatively small CP delivered at more than 40 different locations across a country whose geography was as large and as diverse as China.¹¹² When the localities are reviewed against a map of China,¹¹³ they seem scattered. During the design, great effort was put into determining which localities at provincial and prefecture level might be best to work in. This was based on criteria such as local commitment and the socio-economic status of each province.¹¹⁴ There was local pressure for conducting pilots, and a desire to cover a representative situation, in particular by giving attention to the less advantaged areas of China.

Stakeholders said they wanted to see some pilots provided for in the next CP. Ideally, these should be particularly concerned with advancing the interests of vulnerable people. Given the commitment to

¹¹¹ The CO has no field presence but its staff undertake missions to the field.

¹¹² See **ANNEX 2**, which lists all project sites.

¹¹³ See **map** at the beginning of the report.

¹¹⁴ CPAP at page 5.

equality and well-being in UNFPA's Strategic Plan 2014-2017, the CPE team sees that a more integrated and enabling approach to the selection of projects is required in the next CP, including efforts to identify policy and institutional gaps in the protection of SRHR and equitably meet the needs of youth and vulnerable people.

The extensive range of advocacy work undertaken under CP7 was also well regarded by stakeholders, including those bodies with which UNFPA conducted the advocacy. Stakeholders described UNFPA's advocacy as a particular strength in its work, because it drew on sound data, research and other evidence. A review of advocacy work by the CPE team suggested it was of good quality, closely considered the Chinese context and made good use of personal working relationships.¹¹⁵ An example of effective advocacy cited to the CPE was the May 2012 policy seminar supported by UNFPA, which was held in Shanghai. Those speaking at the seminar included the Vice Minister of the former NPFPC, Ms. Cui Li, the UNFPA Country Representative, and academic PD experts. The seminar led to an agreement to work further on possible policy change, with four provinces indicating interest in being involved.^{116 117} Other examples of advocacy that stakeholders particularly commended included the reform of village rules to enhance and reflect gender equality,¹¹⁸ and the efforts at convincing local governments about the use of the indicator system on ageing. These examples representing a highly participatory process helped change attitudes and behaviour among stakeholders at different levels.

The quality of research undertaken under CP7 projects was not always considered optimal. The CPE saw examples of such work and how concerns with research quality led to revisions by the CO to create clarity and reasoning. Other UN agencies advised of similar experiences. The lack of research protocols and possibilities for peer review made management of research time consuming, and sometimes led to contention when the draft product was received.

Most IPs interviewed by the CPE team called on UNFPA to ensure access to more international technical assistance, and provide opportunities for international experiences and conferencing to guide their work. These strong requests that were made deserve a serious response. UNFPA's power to convene gives it comparative strength in responding to such requests. However, prior consultation is required with partners on precise requirements. International expertise that is drawn on must be well suited to working on achieving reform with Chinese characteristics. The CPE team was told by one stakeholder, and confirmed from the SPR, of one recent experience with working on improving SRH among low income sex workers

¹¹⁵ See for example the SRB toolkit.

¹¹⁶ UNFPA Mission Report, 31 August 2012; Opening remarks by UNFPA Country Representative, Mr. Arie Hoekman. May 9 2012.

¹¹⁷ Another effective piece of advocacy was the symposium held in October 2013 entitled "*Ageing in the 21st Century: A Celebration and a Challenge*" for which UNFPA was one of the sponsors. Policy makers called at the symposium for urgent action to deal with the challenges of a global society both globally and in China.

¹¹⁸ This advocacy was based on research led by a scholar at the Central Party School, and supported by CP, on the effect of customary rules with respect to their enforcement of traditional gender roles, traditional practices of male centred distribution of income and benefits and patriarchal norms governing social order prohibiting women from participation. The process is participatory. This exercise has incited private discussions, media articles and social media debates about issues. For example, why don't children take their mum's surname? Why don't husbands move in with wives' families?

in Jiangxi wherein international expertise was brought in to work with local partners. The stakeholder mentioned that this had helped to bring new approaches to their attention.

Commendable attention has been given during CP7 to building a more strategic and proactive approach to communication issues, as envisaged by the global UNFPA¹¹⁹ and by CPAP. This is in contrast to the low profile that UNFPA China had in the past. That approach has included developing a communications plan, capacity building for CO staff and IPs through training and developing a toolkit,¹²⁰ and the gradual launch of a bilingual website for UNFPA China starting from August 2013.¹²¹ There has also been media outreach to secure publicity on key ICPD themes, the publication of the CO's first annual report,¹²² and the launch of a social media presence in April 2014 on Weibo.¹²³ This used opportunities such as the recent World Cup¹²⁴ and international days to organize advocacy and advance publicity of SRH on social media and mainstream media.¹²⁵

The recent breakthrough in CP7's communications work is the CO's development of new media and social media relationships. These include a web partnership on youth issues with Sohu, China's largest web portal, and the signed MOU enabling cooperation with Xinhua,¹²⁶ the official news agency in China with an extensive global network. It also includes the partnership with Guokr, China's most famous online platform, with opportunities for putting extensive information, IEC and training materials in state-of-the-art forms online and communicating in particular with young people. The challenge now is to make communications an integral part of programming, both centrally and at sub-national level. The CPE's interviews with Xinhua and Guokr indicated that they see great potential for deepening information dissemination and improving understanding on ICPD issues across China. Their advice is to take a cautious step-by-step approach towards building stronger communication, with clear UNFPA messaging and images. They agreed with the CPE team that there is potential to also use their services to receive messages from clients on key issues through simple surveys and in other formats.

4.4. Sustainability

4.4.1 Answer to Question 8

Question 8: To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms in RH, family planning, HIV prevention, gender equality and PD, to ensure ownership and the durability of effects, in particular for vulnerable groups, women and young people?

¹¹⁹ UNFPA (global) Communications Plan, 2012

¹²⁰ UNFPA China Communication Toolkit to Support Programme Implementation, 2012.

¹²¹ The CO website is receiving 200 hits per week.

¹²² COAR, 2012. The 2013 report is not yet available.

¹²³ It already has 37,000 followers.

¹²⁴ The PlaySafe World Cup promotion received 22 million hits.

¹²⁵ It already has 37,000 followers.

¹²⁶ Xinhua reaches over 900 million across China through its various outlets and services. It offers news services, video services and a range of interactive web services.

Summary of Findings: The CPE team's inquiries established that capacity building under CP7, together with the range of new mechanisms put in place, has contributed to building a high level of ownership and durability. Moreover, empowering the national and sub-national IPs through their responsibilities for national execution for projects to plan, implement and report on implementation is a key factor that has helped build ownership. However, some partners acknowledge that most of these skills are more operational, whereas knowledge and skills for engaging in policy dialogue and development also need emphasis.

CP7 has had a strong focus on capacity building throughout project implementation, as a review of the strategies outlined in CPAP and AWP demonstrates. This matches the focus given in UNFPA's Strategic Plan 2008-2013, where nearly all of the 15 outputs listed involved capacity building. The ownership and capacity built into programme areas cannot, however, be solely attributed to by UNFPA support. For example, in Yongchuan, Chongqing, the RH centre has long been a recipient of programme support from other agencies, both national and international.

The CPE team concluded that current capacity building largely required knowledge and skills. It had also empowered some staff, for example, in undertaking population projections. The SRB and VAW projects report, for example, that opportunities for new educational and technical training have reached women and girls in villages. SPR reporting is required to comment in detail on the extent of capacity building that has been undertaken, and the results achieved. The CPE team's review of reporting indicates that capacity building was in fact provided and was of a good standard. In addition, improvements in performance, such as the ability to use the ME system or to deliver a service, were noted. Similar comments were regularly made during CPE fieldwork by participants in capacity building and by their supervisors. Some of the capacity building was TOT, meaning its effects will be multiplied over time.

In part, the ownership of the CP7 work is attributable to the new knowledge and skills gained through capacity building. It is also a function of the fact that the changes being made through national execution of projects were considered valuable. Moreover, the new systems such as those providing ME information and those indicators for measuring progress under the aged care plan were considered valuable by staff to whom the CPE team spoke. The changes had also helped to institutionalize the reforms. In fact, the CPE found that the new mechanisms such as ME systems, PADIS-INT, indicator system on ageing, and service delivery models were well accepted. They were treated as part of normal job requirements rather than being seen as partner driven. During the fieldwork, the CPE team did not hear of any particular issue or concern from stakeholders that might raise a doubt about durability. Rather, it heard enthusiasm about making use of the advantages the particular mechanism provided.

Reproductive Health and Reproductive Rights (CPAP- RH outcomes1 and 2)

In stakeholder interviews, the CPE team learned how changes made by project activities were owned because of the internalizations made by recipients of the capacity building activities. . They are also durable, as they had been institutionalized through daily work activities and mechanisms put in place.

That ownership is demonstrated by commitment to following up on progress made in projects in various ways. For example, a meeting planned by the local government in September in Chongqing is to consider expanding the multi-sectoral collaborations achieved on youth SRH in Yuzhong to the other nine districts

in Chongqing. Ownership is also demonstrated by the expanded vertical and horizontal training of midwifery in Hunan Province, and piloting in midwifery education in eight medical universities in seven provinces, which is to begin in the near future. Other examples include the plan from the Hunan provincial health department to take the extra burden caused by natural delivery into considerations of cost calculation and resource reallocation, the interest expressed by the General Railway Cooperation in making HIV/AIDS education part of future contracts with construction companies, and the adapted MISP RH packages that have been well received in emergency situations.

UNFPA has the advantages of a five-year project cycle, which is longer than most other UN and international agencies and NGOs. It has a CP in line with GoC five-year national plans and expertise in SRH and PD. This makes it possible to develop longer-term intervention models that are more realistic for capacity building. One of the best illustrations of the degree of reform being brought about is in respect of family planning at the sub-national level. The CPE team heard many comments during fieldwork about the value of the 'concept change' that had been brought about in providers in regard to client's rights and choice available, regarding contraceptive use for example. The change seemed to be highly motivating and was regarded as a welcome new direction. One enthusiastic presentation that was made to the CPE at the Yongchuan District RH Centre outlined the range of family counseling, development and training programmes and other services that the centre was now seeking to provide to the entire range of family members of all ages. In Changsha in Hunan Province the changes in the way that family planning was now being managed were also outlined to the CPE team. The team noted that the concept change seemed to have particularly influenced the attitudes of senior officials.

In Chongqing, the CPE team attended a meeting with 20 staff from various departments in the Chongqing and Yuzhong local governments. They were working on aspects of the youth project ranging from the district deputy governor, family planning staff, hospital staff involved in YFS services, youth club staff, health officials, the local WCCW and education officials. The meeting involved an animated exchange of views on the implementation issues faced in supporting youth development. The meeting demonstrated that local government was clearly strongly committed to the change.

The Chongqing discussion on youth issues did illustrate the challenges faced in supporting youth development, including advancing comprehensive sexuality education in schools. This involved building institutional support for such education, but also reflected the difficulty experienced during the development and teaching of such a sensitive curriculum. These discussions also demonstrated that capacity building had to be seen as part of an integral set of activities directed towards achieving reform. In the case of youth, as discussed elsewhere, a broader youth strategy may need to be developed with other national and international partners.

Population and Development (CPAP- PD outcome 1)

Stakeholders also demonstrated strong commitment to the PD component during fieldwork. PD work is seen as an integral and important part of IP work, and as leading on to other work. The UNFPA relationship is valued and UNFPA assistance in this regard is expected for the future programme. PD work is often a first step and closely linked to supporting other policy development work across CP7 activities.

With regards to population data, the CP support has helped NBS to build a gender perspective into its statistics by redefining the indicator to on gender. CPE interviews established that the NBS has strong ownership of that work. The sex-disaggregation of data as published in *Women and Men in China* has been regularly updated and printed every five years, which in turn provides the basis for further enhancing related policies in a more evidence-based manner. The partnership between UNFPA and UNICEF on co-funding and working on population statistics with NBS was a contributing factor to this success.

A related ownership issue with data, once published, is how it is disseminated and knowledge and interest is built up around its use. This may be worth further attention in the remaining part of CP7, in order to assess the extent to which ownership is being built up and what other action might be needed.

The PADIS-INT software, for example, makes it possible for trainees in cities like Chongqing and Heilongjiang to work out the population projections according to local needs rather than relying on the results developed by research institutes without knowing how the results were generated. Care is required, though, in using the system for planning assumptions and interpreting the results.

The new migrant information system that has been designed under PD output 2 is another good example of how good project design helps to build new performance cultures in service delivery. The police station in Zhengzhou had seen its job as merely focused on law enforcement, but now recognizes that it can provide another much-needed service for migrants. The system has been endorsed by the city government and led by the executive vice mayor. The city government has now invested RMB 15 million to set up an information platform for that purpose. As was said in Zhengzhou, “we would still have done it even if UNFPA would not have come, but with UNFPA it does make it easier to receive more attention and support from the local government.”

When ownership of a system is built and its value recognized, it often leads on to further changes in China. The utilization of the indicator system on ageing, and its revision to better suit local conditions in Tianjin, was appraised by the national leaders of CNCA. The new system is regarded by CNCA as helpful in deciding the future direction of their work. It was the subject of a presentation at the national conference on ageing planning. Based on the level of utilization of the indicator system on ageing, which has been used to assess the needs of the elderly and to establish the achievement and challenges of the plan, the Tianjin IP also intends to set up and maintain a data bank on ageing issues.

Gender Equality (CPAP- PD outcome 2)

ACWF and the NCWCH are strong partners in VAW. The former is a mass organization whilst the latter is a medical research agency. The relevant local government took part in the project. It still needs further mobilization to build stronger ownership for sustainable changes. There is also scope for interaction between VAW and SRB projects and partners, with one more focused on the law and the other on social policy. This all can help create a more equitable society.

In terms of sustainability, the SRB project has demonstrated more commitment from national (SRB office under NHFPC), as well as from provincial HFPC and local government for further adaptation and scaling up of the models. This is especially true in Anhui Province, where a UNFPA supported pilot project in Changfeng County is located.

4.4.2 Answer to Question 9

Question 9: To what extent has UNFPA successfully taken advantage of opportunities for south-south cooperation (including in reproductive health and reproductive health commodity security) to facilitate the exchange of knowledge and lessons learned, and to build capacity in China with a view to progressing towards achieving the MDGs – in particular MDG 5?

Summary of Findings: Progressing SSC during the life of CP7 has taken time, patience and reiterative efforts between GoC and UN agencies, including UNFPA. Opportunities for cooperation in relation to reproductive health commodity security have recently received renewed interest.

PD output 5 of CPAP relates to south-south (SSC) and triangular cooperation. The output seeks improved management and technical capacity of national partners to engage in such cooperation. There was early interest under CP7 in SCC awareness raising and capacity building.¹²⁷ Various opportunities for SSC work have been raised and discussed within the UN family, and with the GoC during CP7. These have taken time to reach a stage where it now appears there is growing, strong support for SSC from the GoC. SSC was one issue that senior GoC officials discussed with the UNFPA Executive Director on his visit to Beijing in August 2013.

During 2012, UNFPA China facilitated senior level government delegations from Thailand, Ghana and Pakistan. UNFPA has been actively supporting the China-Africa health cooperation since 2012. As the lead agency for the RH task force, UNFPA China proactively supported the GoC to identify priority areas for potential cooperation, including through close consultation with UNFPA offices in Africa. UNFPA key recommendations on RH, including RH commodities, were reflected in the fourth international roundtable in the China-Africa health cooperation held in Botswana in May 2013, in which UNFPA CO also participated. Similarly, the outcomes were reflected in the August 2013 China-Africa Ministerial Conference on Health, in which the ED of UNFPA participated. Currently, the UNFPA CO is part of the task force preparing for the fifth roundtable on health cooperation to be held in Addis Ababa.

The increased interest in SSC and triangular cooperation is in part a function of the stage the GoC has reached in its own development, where it believes it has implemented a range of government services that could be utilized in developing other countries. More specifically, the interest in SSC is a function of the enhanced role that China now plays in the world and the extent and depth of its relationships with 161 countries, particularly those in the developing world. It has both economic and social influence with many developing countries, in part because of its involvement in supporting their development. China's emerging interest in SSC is consistent with the scale and range of China's foreign aid assistance.

Between 2010 and 2012, for example, China appropriated US\$14.41 billion for foreign assistance of three types: grants (aid gratis), interest-free loans and concessional loans.¹²⁸ The recent White Paper on Foreign Aid Assistance describes the objectives which is "to support other developing countries to reduce poverty and improve the livelihood of their peoples."

¹²⁷ See 2011 AWP for PD output 5

¹²⁸ *White Paper on China's Foreign Aid (2014)*, Information Office of the State Council, the People's Republic of China, July 2014, Beijing.

CPE interviews with the UN Resident Coordinator and six UN agencies demonstrated strong support within the UN for possible involvement in SSC. UNFPA is also committed to helping SSC work.

UNFPA cooperates closely with the Global Health Institute at Peking University, as was clear from the CPE's interview with the head of the institute. While not having a funding role, the Institute has strong connections within the GoC and an extensive network in African developing countries. It may be able to assist in facilitating opportunities in Africa, in particular through China's ongoing involvement in conferences where opportunities can be harnessed.

GoC has indicated possible conditional interest in UNFPA's involvement in considering SSC initiatives. A MOU between UNFPA and GoC is currently under consideration.¹²⁹ Some possible CP7 opportunities for engaging in SSC that have been raised during the CPE for consideration included the distribution of reproductive health commodities in Africa, working with developing countries on census design and other statistic systems improvements, working on population dynamics issues such as urbanization, and policy work on ageing issues. At the time of writing this report, there were ongoing discussions between the CO and UNFPA in New York on the next steps in progressing possible SSC opportunities.

4.4.3 Answer to Question 10

Question 10: To what extent has the CO successfully used the establishment and maintenance of different types of partnerships to (i) promote the national ownership of supported interventions, programmes and policies; and (ii) allow the CO to make use of the comparative strengths of UNFPA?

Summary of Findings: Generally, the partnership experience in CP7 has been a favourable one. The partners each indicated to the CPE team their general satisfaction with what had been achieved through the partnership experience, as well as a strong desire to continue to work with UNFPA. The national execution arrangements have helped to build strong national ownership among partners for the interventions, programmes and policies. That has been one of the main reasons for the success of partnerships, as has the capacity and level of sustained interest that most partners have shown throughout project implementation. There have been joint efforts, including with UNICEF on data, and UN Women on GE issues.

CPAP indicates that the success of the CP7 outcomes is regarded as depending greatly upon an effective and flexible partnership strategy that built on the experiences of previous CPs.¹³⁰ CPAP's partnership strategy first sought to build on previous positive partnerships, such as with CPDRC, NCWCH (now in the NHFPC), NDRC-CCUD and SDI, CNCA, NCAIDS, CFPA, ACWF and NBS. The CPE team individually visited all such partners. Under the strategy, attention was to be given to coordination, joint programming, cost sharing, provision of expertise and technical assistance. Emphasis was also to be

¹²⁹ Draft MOU, SSC, 2014.

¹³⁰ CPAP, Part V.

placed on communication, multi-sectoral interventions (as in the youth project under RH output 3 and SRB and VAW in PD outcome 2) and joint UN programmes.

MOFCOM is designated under the CPAP as the national coordinating agency with whom UNFPA works. That relationship has continued throughout CP7. It has ensured a smooth implementation process. MOFCOM, while very busy preparing for an upcoming APEC meeting, made time for an interview during the CPE process. It expressed strong support and appreciation for the work of UNFPA in China under successive CPs.

One example of the strong national ownership is to be found in the SRB project under PD output 7, where strong commitment has been demonstrated at different levels to the partnership and, in particular, to the objectives of reducing SRB.¹³¹ More recently, the project has been considering how to best scale up the project efforts at the pilot site to the provincial level and, then national level. As both the CPDRC and the SRB offices are located in NHFPC, they work closely together. At the final evaluation workshop in Changfeng on July 30 2014, the Director of the SRB office indicated that he would prepare a report about the Changfeng project as a case study, and submit it to the State Council to inform policymaking.

In the CP7 partnerships the UNFPA has been able to bring to bear its comparative strengths in PD expertise, advocacy, capacity building and normative standards through an open and trusting way in which the partnership has been conducted. The inquiries made by stakeholders and a reading of the SPRs suggests that UNFPA has maintained close contact with partners to provide advice and support where required, and has enjoyed ready access to the work produced by the projects.

There are also partnerships at the sub-national level. These include ASRH for young people under RH output 3 and PADIS-INT work in PD output 3 in Chongqing city, midwifery in Hunan Province, work with various research institutes, and work with family planning agencies in six provinces. CPE field visits with a number of sub-national partners across nine provinces have shown that there is a professed general satisfaction with the project work and liaison with the CO of UNFPA. However, as has been noted, some claimed a limited level of understanding of the overall aims of CP7, which reflects on the perceived coherence of CP7.

The CPAP partnership strategy also sought to establish new partnerships. These include partnerships with CMCHA, the RCSC, Xinhua, Sohu and Guokr, the latter two representing the private sector. Reporting indicates that the new partners were well-received and performed reasonably well, recognizing that there is a learning curve involved in any new relationship.

Partnership assessments were undertaken at the beginning of CP7 in respect of most partners. These were thorough and well-conducted examinations of issues affecting the partnership. They involved a detailed assessment of each potential partner regarding their technical capacity, managerial capacity, the arrangements intended for project management and the comparative advantage of working with the particular partner. There have been no detailed assessments since those undertaken in 2010 and early 2011. However, the ongoing process of preparing AWP and SPRs has meant operational issues affecting partnerships have, to a certain extent, been kept under review.

¹³¹ 2013 SPR PD output 7.

The CPE team sought to explore the partnership implementation experience by asking the CO to answer a number of questions. The responses indicated that generally, partnerships were well regarded, were performing mostly at a very good standard, and were mostly regarded as having good to very good capacity. The partnerships were generally seen to be valuable in terms of the CP7 achievements.

The comments made did raise a few issues requiring further attention. These included the challenges that some partners had experienced in working with UNFPA operational rules related to financial matters such as reporting and auditing requirements, as had already been discussed in this report. A few partners also displayed strong technical capacity in their field, but were not as well versed in policy analysis and advocacy, meaning that some further capacity building might be required to assist in the required upstream policy work. This will particularly be relevant when scaling up issues arise in the later period of CP7. At times, partners also faced staffing changes that led to capacity constraints.

A third issue concerning challenges arose in advancing particular priorities because of the need to find ways to coordinate with institutions with related functions. In the RH component, the CPE team listened to a discussion on the possibilities of integrating the results of the HIV prevention work undertaken by NCAIDS, EPOSHRI, CRC with the SRH work that was being undertaken by CPDRC and NCWCH respectively. Such integration is welcome as it could help achieve beneficial effects in China and other countries. The same might be regarding the PD component and the NBS's work on national statistics, where the quality of data was dependent on the attention given to data collection by line agencies. The CPE team also came across examples of where projects were doing work potentially of benefit to other local projects or agencies, but there was no liaison. Examples include the PADIS-INT project, youth project work, or FP work.

Given the wide geographical spread of CP7 projects, the coherence of CP7 and the results to be achieved could be enhanced if there were informal liaison committees created, where needed, at local level. This would enable the necessary dialogue to occur within projects and between projects, both with other partners and with agencies, where there were common interests in potential benefits deriving from institutional interaction. To begin, the UNFPA CO may consider making an inventory of the projects available to all the IPs and agencies that have projects in the same local areas.

The fourth issue concerns suggestions made in stakeholder interviews, as well as covered in questionnaire responses, about how the relationship with particular key partners playing leadership roles in the population and development field might be taken to another, more strategic, level. The key GoC agencies that have been identified include the NDRC, which has a key role in population policy regarding urbanization, and the NHFPC, which plays key roles in SRH and family planning. It also includes the NBS, which plays a key technical role in reporting on data and other information that is central to good policymaking, and the CNAC, which plays an important role in ageing, one of the major demographic issues facing China. NHFPC does have a core group that has met in the past to discuss policy issues. There are also at times annual review meetings that provide opportunities for knowledge sharing. However, there is no forum in which the four partners mentioned can discuss common issues of policy concern.

As discussed earlier, CP7 was designed to initiate discussion and action in three related areas of population and development: urbanization, migration and ageing. These have become top concerns of the GoC wherein. Family planning has dominated population concerns since the 1980s and is being

challenged for its dominant position by other PD issues. In addition, there is sexual and reproductive health and rights, where policies and process of services are in need of leadership, and where China's most vulnerable groups are suffering, a case for slowing down Chinese progress.

Partnership with NDRC, for example, is viewed by stakeholders as valuable. This agency has high capacity and influence, and strong ownership of project deliverables. This means it can ensure alignment with national PD priorities, meeting the UNFPA's mandate. With the merger of NPFPC and MOH in 2013, the entire role of population planning, strategy and population policy which was previously associated with NPFPC, now rests with NDRC. As the GoC's development planning body, NDRC in general is more involved in policymaking than the implementation of a particular policy, which puts NDRC in an advantageous position in pursuing policy related research. NDRC is the best candidate for UNFPA to work with on PD issues, as it can actively ensure the direction and quality of that work.

Many interviewees saw the creation of the new NHFPC as an opportunity for better policy reform and SRH integration, and this must be seized upon.¹³² The CPE team believes that a pilot in CP8 exploring integration of RH and FP work would be a useful start to a new era for engagement and cooperation in achieving the mandate of building equality and well-being for all, and addressing issues of youth and vulnerable people.

Unlike other CPs, the management arrangements under CP7 did not include a functioning oversight body on which the partners are represented until the CPE process, where the ERG was created. Had such a body been included in the CP7 design, it would have provided an opportunity for more strategic level management discussions that could have helped facilitate liaison and progress of key issues, particularly those with policy implications.

The fifth and final issue concerns what the CP7 seeks to achieve through partnerships. The CPE saw much evidence of good partnership work. However, more than one stakeholder mentioned that the current approach was piecemeal. In designing the next CP, once the desired CP priorities were clear, the overall future partnership approach should be reviewed afresh from a strategic perspective. A new strategy should be developed. The opportunity should also be taken to canvass what opportunities there were for new partnerships with research and other expert bodies in China. This includes well-regarded organizations like ICRW, HelpAge International, with the private sector, or international population organizations and research bodies like Partners for Population and Development (PPD), ICOMP and the Population Council. Existing partnerships should also be assessed to ensure their value is being used to best effect. Capacity gaps need in particular to be overcome. There are also opportunities for more joint work between particular UN agencies in partnership, as is outlined in answering question 11 below.

It would seem timely, that before the next CP is put in place UNFPA reviews the available funding sources needed to support critical CP work in the future. UNFPA is constrained legally from directly raising funds or accepting donations in China, unless the UN Resident Coordinator is prepared to

¹³² Joan Kaufman, *China Case Study on UNFPA*, Country case study prepared for the Centre for Global Development Working Group on UNFPA's Leadership Transition, March 2011.

negotiate for a change in that status, including that any funding raised is exempt from taxation.¹³³ That option requires discussion. Another possibility is to work with non-profit organizations to raise funding to support particularly important CP initiatives. Alternatively, there may be opportunities for exploring joint work with other multi-lateral development partners such as the World Bank, which already works on health reform, or the Asian Development Bank, which is showing increasing interest in soft areas of development work such as the implications of ageing in China.¹³⁴

4.5 Contribution to UNCT

4.5.1 Answer to Question 11

Evaluation Question 11: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms in China? To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to avoid potential overlaps?

Summary of Findings: UNFPA is active in UNCT. Other participants regard it as a major contributor to its deliberations. As well as UNCT participation, UNFPA is an active member of the UN Theme Group on Gender, the UN Theme Group on Health, the UN Theme on China in the World, the OMT DMT/SMT, the UN Communication Group and the Core Management Team (CMT) that meets on HIV/AIDS prevention. The recently appointed UN Resident Coordinator spoke highly of UNFPA's contribution to the broader UN system in China and its ability to reflect more than a single agency perspective. The UNFPA China Representative had in fact acted as the Resident Coordinator before the appointment of new RC. A number of UN agencies mentioned the collegiate and cooperative way in which the acting Coordinator conducted his functions.

The UN has enjoyed a long and worthwhile relationship with China for over more than three decades. Generally, the UN system is held in high regard in China, as indicated by the comments made by GoC stakeholders and the views expressed to particular UN agencies. The UN is represented in China by a Resident Coordinator and 22 agencies, including UNDP, UNICEF, WHO, UN Women, UNAIDS, FAO, UNESCO and UNHCR.¹³⁵ UNFPA was one of the first UN agencies to be established in China, with experience going back through seven country programmes and over more than 35 years.

UNFPA is represented at a range of UNCT meetings and has recently made contributions to key strategic issues. These include the UN's future relationship with China, suggesting joint UN work on youth policy issues, and on how best to promote south-south cooperation. The UNCT itself works actively in engaging the GoC and other partners on key development issues affecting China, including through a strategic dialogue that began in 2012. The UN's focus more recently has been on equity, the environment and

¹³³ See paper prepared for the UNFPA, *Legal Review of UNFPA's Resource Mobilization in China and Hong Kong*, 2014.

¹³⁴ See project work listed on ADB website for China at www.adb.org.

¹³⁵ The UNCT membership covers UNRC, UNEP, UNESCO, IFC, World Bank, UNHCR, UNICEF, FAO, WFP, UNFPA, WHO, IMF, ILO, FCCA_CSAM, UNDP, UN-SPIDER, UN Women, UN-Habitat, ICAO, IOM, IFAD.

promoting international normative standards like human rights, the MDGs and the body of work on the post-2015 agenda. UNFPA has contributed to this thinking through the emphasis that CP7 gives to rights-based approaches, through contributing to thinking on the post -2015 agenda, and in pursuing opportunities for SSC in African countries on distribution of RH commodities.

Following the arrival of the new Resident Coordinator, a strong sense of having a UN team with a shared vision is developing. There is a desire to work collaboratively, including on joint initiatives, wherever appropriate. The new UN Resident Coordinator and the six UN agencies, who were interviewed by the CPE team leader, each expressed an unanimous desire to transition towards deeper levels of engagement with GoC on a few select strategic issues where they have a credible and respected expertise in areas that are in demand and where engagement would be welcome. Agencies emphasized that making the effective transition requires building deeper and trusted working relationships with the GoC, including professional, but personal, relationships with particular agencies and officials.

The UN Resident Coordinator and the heads of UN agencies said in the CPE interviews that UNFPA was an active, enthusiastic and valuable contributor within UN processes. The CP7 is aligned with UNDAF's thematic interests, including the focus on equity, vulnerable people, gender, and population dynamics issues. The UNDAF 2011-2015 set high ambitions but is now regarded within the UN as perhaps too lengthy and prescriptive for China's emerging context. A new development assistance framework (2016-2020), pitched at key opportunities for strategic engagement is being worked on at the moment by the UN and the GoC.

At the recent UN strategic retreat¹³⁶, UN agencies recognized that thinking about traditional modes of development assistance was now in the past. China had reached MIC status and intended through implementing successive five-year national economic and social development plans to work towards high income status. It now had much internal capacity, considerable expertise in many fields and large funding of its own. The strategic engagement now needed required scanning and understanding the dramatic scale and accelerating pace of industrialization and modernization, as well as its diversity such as in culture, ethnicity, religion and the disparities in socioeconomic conditions in different parts of China.

The UN system thus describes itself as moving to a more strategic level of engagement with the GoC. Indications are that there is continued interest of GoC in continued engagement with the UN system, but its precise dimensions have yet to be fully articulated. Other issues concerned with change management that were raised by UN agencies during interviews covered assessing possible new ways of working, the search for the most effective modalities, difficulties in building an appropriately skilled staff profile with more emphasis on skills required for upstream policy work and brokerage of assistance, managing the priorities within the limited resources all UN agencies faced, and the best approaches to resource management, including new funding possibilities. All six of the UN agencies that were interviewed by the CPE team expressed a strong interest in exploring SSC.

¹³⁶ 16-18 August 2014

Interviewees valued UNFPA's expertise in PD, RH and GE. UNFPA's expertise in population dynamics was often mentioned as particularly valuable. UNFPA is seen as having a key role to play in UNCT in advising on PD, given the scale of the demographic changes. The UN agencies reported that UNFPA enjoys good working relationships with them. They themselves have a good understanding of UNFPA's expertise and interests. Inter-agency coordination is regarded as effective. This includes coordination with UNICEF on data, with UNAIDS on HIV prevention, with WHO on health, with UN Women on GE and VAW, and with UNESCO on youth and VAW. No evidence of any duplication between UNFPA and other agencies was identified.

Stakeholders see coordination between UN agencies as effective. No coordination concerns affecting UNFPA were raised with the CPE. There is strong support for undertaking joint efforts among UN agencies, particularly where it adds value and improves efficiency. UN agencies, including UNFPA, told the CPE they support joint work where there are mutual priority interests and efficiencies. GoC stakeholders also said to the CPE that they favour joint work, as it would provide greater efficiency to the GoC through the provision of complementary resources and a range of expertise on particular programme issues in a single project. There is obviously merit in continuing existing joint UN work, such as with UN Women in GE issues and UNICEF in support for the NBS. The new UN working group on youth issues that UNFPA is to chair may also offer efficiencies, following up with UNESCO and UNICEF on comprehensive sexuality education (CSE), with WHO and UNICEF on incorporating YFS in pre-service training, and with UNICEF on applying 'Health Walk' to expand SRH/YFS and on Conditional Cash Transfer (CCT) schemes in support of vulnerable adolescent girls. Further efforts are also needed for exploring possible collaboration with WHO on issues like SRH and ageing, with UNDP on equity related issues, and involvement in the new UN communications group.

4.6 Added Value of the UNFPA

4.6.1 Answer to Question 12

Evaluation Question 12: What are the main UNFPA comparative strengths in the country, particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features, or are they specific to the CO features?

Summary of Findings: UNFPA is described by GoC stakeholders as a long-term trusted partner with a strong track record in supporting development in RH, PD and GE in China. Some of these strengths come from the UNFPA's corporate features, such as its areas of global expertise and its modus operandi. More important however, is the way that the UNFPA CO has operated in China and the strengths that it thereby is seen to have in the Chinese context.

MOFCOM, UNFPA's national coordinating agency, emphasized to the CPE team the way in which, over successive CPs, UNFPA had helped China to build capacity in the RH, PD and GE fields. It also emphasized the UNFPA has sought to strengthen institutions such as the NBS, the MOH, the NPFPC and sub-national institutions in working on issues related to family planning, health, population and gender equality. This was said to be highly valued. There were many expressions of appreciation throughout the CPE process for that sustained contribution and for the results achieved.

In CPE discussions with GoC officials, other IPs, UN agencies and PD experts, there were many references to the high esteem in which UNFPA is held. It was recognized that UNFPA's advocacy and policy dialogue had often been conducted in areas of sensitivity, such as fertility policy, where it had persevered over many years in advocating for a more rights-based approach to FP than was allowed for by the fertility regulations in place in China. Similarly, together with other parts of the UN, there was recognition of sustained advocacy by UNFPA related to advancing gender equality. That UN work contributed to the development of a draft law related to domestic violence which, when implemented, could significantly affect gender relationships in China.

Particular UNFPA strengths that were mentioned by stakeholders (including UN agencies) were its high integrity, accepted objectivity, reliability and pragmatism in providing support. Other strengths mentioned were its deep understanding of the Chinese context and its diversity, its power to convene and ability to apply its appropriate expertise in China, including international expertise that was considered useful to China's situation, and the capacity to interact and share information in contexts in which others often found it difficult to interact. That had built up its legitimacy and enhanced its ability to have strategic, as well as operational, conversations and interactions with senior officials. Issues were able to be frankly shared and intensively studied. Possible solutions could also be objectively discussed, as the quality of the project work on urbanization and SRB demonstrates.

IPs told the CPE team that in working with UNFPA they were less concerned with the resource levels that UNFPA brings to the table as compared to bolstering the relevance, quality and sustainability of their work through the expertise and good practice that UNFPA can draw on in its three fields of work. They also mentioned the credibility and enhanced reputation that UNFPA's involvement lent.

During CPE discussion stakeholders recognized the value of UNFPA seeking engagement at a more policy upstream level. The GoC interviewees, as well as UN agencies, did offer some useful suggestions on how UNFPA might improve its policy related strengths by way of enabling greater access to international expertise and international experience. This included the extent of the use of projects as opposed to more flexible forms of assistance, more capacity building of UNFPA staff and improved recruitment, and examining possible changes in modalities to fit upstream work. It also includes undertaking more of its engagement through joint work with other UN agencies, and seeking to offer more strategic management and leverage of partnership opportunities, including through opportunities for new partnerships. The CPE discussions with the CO demonstrated that it takes the question of what its strengths are seriously. Its internal reporting demonstrates that it has a strong focus on assessing performance.

CHAPTER 5: CONCLUSIONS

5.1 Strategic Conclusions

Conclusion 1: UNFPA is a strong contributor to the UNCT, and is also contributing to UN strategic thinking about future engagement in China

Origin: Evaluation question 11

Evaluation Criteria: Coordination with the UNCT

Associated recommendation: 1

The CPE concluded that UNFPA's contribution to UNCT processes is frequent, highly relevant and regarded as valuable. This relates particularly to strategic thinking on population dynamics, SRH and gender equality. It also enjoys good working relationships with other UN agencies.

The CPE found that the international community in China recognizes that relationships with China require repositioning. As a powerful and self-confident MIC, and a 'pink' country under the new UNFPA business model,¹³⁷ China is playing a growing and influential role in the world. It still looks for development assistance, as well as welcomes strategic engagement with the UN, which is reflected in the next UN Development Assistance Framework for China (2016-2020).

Conclusion 2: UNFPA is well regarded in China for the unique expertise it provides, particularly in RH and PD. It has strong credibility and objectivity built up over 35 years of cooperation in China.

Origin: Evaluation question 12

Evaluation Criteria: Added value, evidence of UNFPA's comparative strengths, UNFPA's work based on its strengths and areas for improvement, and other UN agencies' strengths

Associated recommendation: 2

UNFPA has strong credibility as an objective and trusted international partner in China. It provides sound advice on normative issues including international standards, and has an established power to convene. It can readily access international knowledge and highly qualified international expertise. It can also provide this facility within the areas of advocacy and providing specific knowledge and skills. The CPE notes that the GoC and IPs, at national and sub-national levels, are less concerned with the level of resources that UNFPA brings to the table than the added value it provides. This is due to the resources they can bring to the table themselves.

Conclusion 3: To maintain its good positioning, UNFPA will need to continue to be highly responsive, adaptive, and demand driven to ensure that its acknowledged expertise continues to meet expectations.

¹³⁷ See Annex 3 to the UNFPA Strategic Plan 2014-2017, Table 1 on modes of engagement, at page 10.

Origin: Evaluation question 10

Evaluation Criteria: Sustainability, evidence of achievements with sustained partnerships and UNFPA's comparative strengths

Associated recommendation: 3

During the implementation of CP7, UNFPA has strongly demonstrated the ability to strengthen and expand partnerships to respond to key emerging issues. It will need to continue strengthening its responsiveness and maintain its key strengths in normative work. It also needs to further build on its power to convene and access to international experience and expertise in order to stay highly relevant within the rapidly changing context of China and its increasing global role. This will require a stronger focus on advocacy and policy advisory services.

Conclusion 4: While the CP has been conducted efficiently, examination is now needed to enhance the CO's future operations. This includes looking at the skills base, the organizational structure the scope for operational efficiencies, possible new funding sources, and possible flexibilities in project delivery.

Origin: Evaluation questions of 3 and 4

Evaluation Criteria: Efficiency, evidence of outputs and outcomes achieved for the amount of resources, allocation of resources, effects of systems, approaches and tools used

Associated recommendation: 4

The CP7's investment was value for money – it involved relatively small funding for a potentially large contribution on important policy and programme issues affecting the largest population in the world. CP7 resources include US\$22 million expenditure over five years. Annual expenditure has been in line with the budget, and audits have been cleared without qualification. No major efficiency issues or waste were identified during the CPE. In addition, intervention tools and approaches were assessed as appropriate. However, the CO's staffing resources were stretched by the workload – the CO takes UNFPA accountability requirements seriously. It continues to look for efficiencies, monitors CP7 performance and partner relationships, and explains the importance of administrative and financial accountability to overcome some partners' expressed concerns about administrative requirements. Possibly greater limitations on UNFPA resources may require that the CO explore possibilities for external financing.

5.2 Programmatic Conclusions

Conclusion 5: The country programme is highly relevant to national needs and priorities, and is also aligned with international priorities. The CP is contributing to the improvement of the use and collection of more accurate data to inform evidence based policymaking, strengthening support for SRHR and PD, developing a youth SRH strategy, consolidating work on vulnerable populations, and ensuring scaling up of project achievements to the level of rights-based policymaking.

Origin: Evaluation questions of 1, 2 and 6

Evaluation Criteria: Relevance, evidence of development needs and alignment between international goals and UNFPA's Strategic Plan and national and subnational policy considerations, evidence of UNFPA's support for increased dissemination of research and data and use of data in policymaking, as well as changes in line with a rights-based policy framework and support of vulnerable groups

Associated recommendation: 5

The country programme is highly relevant to the needs of the population of China and is aligned with national priorities such as the 12th Five-Year Plan on Economic and Social Development and the 12th Five-Year Plan on Population and Development. It is also aligned with international standards such as ICPD, CEDAW, MDGs, the UNFPA Strategic Plan and UNDAF.

China is now a high-level middle-income country that is continuing an accelerated pace of economic development, industrialization and modernization. Impressive progress has been made on several key targets under the ICPD-PoA, and the MDGs. Access to education and health services has greatly improved, including access to maternal and other RH services. The MMR target is also likely to be met.

Population is central to many of the major policy issues continuingly facing China. Major related demographic changes that are underway include an ageing population and workforce, a declining birth rate, changes affecting the traditional family, and large scale migration to urban areas. Other relevant issues include high SRB, high Prevalence of VAW, the exposure of young people to SRH risks and lack of services. This includes exposure to HIV and STI.

The 11 CPAP outputs are in line with these intended outcomes. CP7 interventions have helped to contribute to greater use both of demographic data and of socio-economic research in evidence-based policymaking. Further efforts are recommended in advocacy to strengthen the statistics system. This is not only at the national level, but also local levels of data gathering and record keeping based on disaggregation of data by sex, age, ethnicity, diversity and migration status. This is discussed in **ANNEX 7**, and is designed to inform evidence-based policymaking at all levels.

China will continue to go through rapid, far-reaching changes. Continued environmental scanning will be critical to maintain the CP's relevance. UNFPA China has strong credibility and expertise in working on population dynamics. This is based on research and use of data, as well as discussions with national and international PD experts.

A gap still exists in the collection and use of data related to youth, VAW, migrants and vulnerable people, and further extension of gender sensitive statistics. Quality research and data on vulnerable groups that have been targeted by CP7 can support advocacy and policy discourse on vulnerability in ASRH and SRHR. It can also promote a more coordinated approach with the necessary financial and institutional commitments at both national and subnational levels. The UNFPA has piloted a useful range of programmes related to vulnerable populations such as youth, the less well-off urban and rural populations targeted in SRB and VAW projects, low income female sex workers, migrant workers and remote

communities. However, a more coordinated approach in a fewer locations would have been more desirable.

China continues to manage major SRH issues, as the CPE found, including in family planning. Fertility policy has been eased recently, but still limits reproductive rights. UNFPA continues to advocate for a more rights-based approach, and there is the prospect of further changes if the fertility rate remains below replacement level, as seems likely. In the meantime, family planning is gradually becoming more client-centred and offers more individual choice. UNFPA's support for improving SRH is contributing to family planning improvements, developing better SRH policy settings, and assisting in building a midwifery profession. It is also achieving higher rates of natural childbirth, enhancing humanitarian support, assisting in monitoring for gynecological diseases, and helping vulnerable people to access SRH services. The institutional mergers in 2013 that led to the new NHFPC have created opportunities for strengthening policy dialogue. This includes promoting policy integration between RH, FP, GE and PD and rights-based reforms.

Conclusion 6: The country programme appears to be effective. The programme is well placed to make a significant contribution to key GoC policymaking and improved service delivery. However, improvements are required in CP's coherence, integration and the level of pragmatism demonstrated in programme formulation.

Origin: Evaluation question 5

Evaluation Criteria: Effectiveness, evidence of outputs being achieved and being gender sensitive. Also includes measurable targets reached and integration into policymaking

Associated recommendation: 6

The CPE notes that most intended outputs under CP7 are on track for completion in 2015, and there is evidence they are contributing to desired outcomes. Intended project reviews and studies in 2015 are expected to confirm that effectiveness.

The CPE believes that the CP7's focus on enhancing policy upstream has been beneficial. There have been improved policy interventions on rights-based aspects of FP. These have been through subnational interventions in six key provinces on sub-national regulations, through midwifery reform and models improving equitable service delivery in urban areas, as well as overcoming constraints such as the *Hukou* registration requirements. Other helpful policy upstream includes assistance in developing a law on VAW and sexual violence, and the ME changes supporting implementation of reforms in care for aged persons. There are today major opportunities under CP7 to further contribute to policy upstream. This includes monitoring implementation of the new fertility policy and assisting in other future policy thinking.

The PD work, such as that in relation to urbanization and ageing, and the RH work, such as on FP and midwifery and with low income sex workers and that of MISP, are assessed as likely to help to improve service delivery more generally. CP7 assistance on sex disaggregation of data with NBS is proceeding well. Rights-based reforms have received increased attention as part of FP reforms, with a welcome emphasis on improved client choice such as birth spacing and use of contraceptives. Mainstreaming of

gender equality is being addressed through the promotion of RHR, initiative on masculinities, and FP improvements. This can therefore be addressed by following through with the use of sex-disaggregated data.

Programmatic coherence is also critical. The overall coherence of CP7 was, as stakeholders noted, somewhat questionable. CP7 is quite scattered both in terms of substantive issues covered and geography. CP7 also lacked internal integration between, and within, the outputs. This detracted from any overall programmatic focus and tended towards pursuit of a project-based approach. These design issues came to the fore on the arrival of the new UNFPA Representative in late 2011. In response, UNFPA showed it can be credited with re-configuring aspects of CP7 and indicators to make the programme more practical and achievable.

Conclusion 7: Modalities are generally working well, including capacity building. There is scope for better quality assurance in research, enhanced management of technical assistance, and greater use of strategic communication.

Origin: Evaluation question 7

Evaluation Criteria: Effectiveness, evidence of effective use and management of strategies, modalities, and geographic coverage

Associated recommendation: 8

Modalities were assessed as effective. CP7 had a strong focus on capacity building through training, development of delivery models and mechanisms such as ME. The focus in the next country programme, consistent with the UNFPA business model for MICs and stakeholders' views, was likely to give greater emphasis to modalities such as technical assistance, policy dialogue and advocacy.

The CPE found that the CO's considerable advocacy efforts were largely effective. There seemed to be concern about the quality of some of the technical assistance accessed by partners under CP7, and about the quality of research. QA improvements were required to ensure the quality of research results and better quality TA. Such improvements strengthen the capacity of the CO to use evidence for strategic communication.

Conclusion 8: CP7's partners have strong ownership, but a more strategic approach to partnership is required to bring project achievements into upstream policymaking.

Origin: Evaluation question 8

Evaluation Criteria: Sustainability, evidence of mechanisms of strong partnerships through capacity building, and demonstrated ownership

Associated recommendation: 9

There is strong stakeholder ownership for CP7 projects, as demonstrated by the resources IPs have committed. Capacity building and institutional mechanisms had generally assisted in building ownership, and had national execution responsibilities. The CPE field work undertaken across nine provinces found strong, hands-on ownership and commitment from IPs. Though the financial resources UNFPA can commit are often limited, UNFPA's involvement is seen as valuable. This is due to introduction of international principles, and new concepts and experiences in tackling population and development issues. UNFPA's strong partnerships with key GoC agencies at the level of central policymaking, such as NHFPC, NDRC and NBS, have facilitated effective collaboration with local level governments. This has resulted in successful pilot initiatives to inform policies and plans.

Conclusion 9: SSC opportunities appeared to grow during the CP7. They were treated as a high priority because of the strategic importance of the UN assisting in relation to China's developing role in the world.

Origin: Evaluation question 9

Evaluation Criteria: Sustainability, and Evidence of UNFPA's facilitation of knowledge exchange, including through SSC

Associated recommendation: 10

UNFPA strongly promotes SSC through support to the SSC initiatives by national partners. This includes participation in annual dialogues on China-Africa health collaboration. UNFPA continues to explore ways to build on emerging SSC opportunities, in particular in the areas of reproductive health, population and development. In line with the support shown by other UN agencies working in China, the opportunities UNFPA has for deepening SSC and triangular cooperation require consultation with the GoC in fields such as reproductive health commodities, and perhaps PD data systems.

CHAPTER 6- RECOMMENDATIONS

6.1 Strategic Level

Recommendation 1: Actively contribute to UN joint efforts and lead UN strategic thinking on UNFPA mandated areas in China

Priority: High

Target level: Country Office

Based on conclusions: 1

UNFPA should continue leading strategic thinking and building good working relationships with other UN agencies on population dynamics, SRH and gender equality. The UN adds value through its normative role, its power to convene, impartiality, and international expertise. While maintaining active participation in the UNCT, and pursuing UN joint efforts on the promotion of international norms and

standards, UNFPA should continue to demonstrate its expertise in helping to improve Chinese policy and institutional leadership on RH, PD and GE.

The CPE notes that UNFPA, as with other UN agencies in China, sees the importance of demonstrating responsiveness, being demand driven, and having programmatic agility to respond to emerging needs. The likelihood of resource constraints in UN agencies, including UNFPA, requires a continued search for efficiencies. It also requires enhanced use of more flexible interventions and modalities, and greater leverage of partnership relationships in order to achieve high returns on limited investment.

Recommendation 2: Strengthen UNFPA's unique expertise, in particular for RH and PD, and maintain its credibility and objectivity in China.

Priority: High

Target Level: Country Office

Based on conclusion: 2

For the added value sought by partners of GoC, UNFPA should continue to explore changes to project arrangements and modalities. This is with a view to providing enhanced access to international expertise and international experience in RH and PD. During the end of programme review process in 2015, a closer look should be given to what capacity building has achieved in terms of sustainability.

As was noted in interviews with UN agencies, it is important for any UN agency to be well versed in providing brokerage of technical assistance, ensuring meticulous development of TORs that set clear objectives and outputs, setting rigorous performance requirements, and creating and implementing performance assessments.

Particular care is also required in meeting IPs' related requests for greater exposure to international experience. Strong design is essential to ensure access to key bodies, people and sites in international study tours, as well as international opportunities such as conferences that also offer value for money. Reports in writing and clear identification of follow up actions to be taken by beneficiary institutions as a result of such international experiences are essential.

Recommendation 3: Continue to be highly responsive and adaptive to the evolving situation in China in order to remain relevant and able to respond to emerging population issues.

Priority: High

Target Level: Country Office

Based on conclusion: 3

In its positioning, UNFPA China will need to continue to be strategic in building partnerships, be adaptive to emerging issues, and maintain its key strengths in normative work. It will further build on its acknowledged objectivity, strong convening ability, and access to international experience and expertise. Building on its good position attained through CP7, UNFPA needs to further its partnership strategy by bringing project achievements into upstream policymaking. In doing so, UNFPA should also focus on developing key results criteria to be applied when considering policy impacts and sustainability.

Recommendation 4: Continue strengthening the Country Office’s capacity for advocacy, policy advisory services and SSC. This includes a thorough review of its current organizational structure, possible funding sources and project delivery modalities.

Priority: High

Target Level: Country Office

Based on conclusion: 4

To further enhance upstream programming and to better play a brokerage role in providing policy advisory assistance, the UNFPA CO’s organigram and skills profile require timely analysis and review. The possibility of greater limitations on UNFPA resources may require that the CO examine the scope for operational efficiencies. The CO also needs explore the possibilities of external financing from new funding sources and co-financing. The existing examples of subnational partners of GoC investing in projects supported by the CP7, e.g. SRB in Changfeng and urbanization/migration in Zhengzhou, have suggested that it is not only feasible, but also necessary, to identify and combine GoC’s institutional strengths and financial resources with UNFPA’s expertise in the design of the next CP. Government’s investment ensures its commitment to the end results of projects, including exploration for further scalability.

There will continue to be pilots under national execution to trial key PD and RH initiatives. However, CP7’s experience suggests that fewer more broadly-based and integrated projects may be desirable, and that they should be less scattered than the current 45 sites.

6.2 Programmatic Level

Recommendation 5: Ensure that the next country programme continues to be highly relevant by emphasizing the use of evidence-based advocacy and policy advice. This should address national needs and priorities, and respond to sustainable development goals and the emerging role of China as a global player.

Priority: High

Target Level: Country Office

Based on conclusion: 5

The CPE recommends that the next country programme be aligned with national priorities such as the 13th Five-Year Plan on Economic and Social Development and the 13th Five-Year Plan on Population and Development. It should also be aligned with UNDAF (2016-2020) and the UNFPA Strategic Plan (2014-2017).

The country programme should continue to give strong attention to advancing evidence-based policymaking in China. It should take account of useful studies and quality data so as to ensure responsiveness of policies and plans to population needs. Further improvement of quality and accessibility of data and research results need to be pursued. This would strengthen the capacity to advocate for ICPD principles, human rights, reproductive rights, gender equality and other development priorities. Two aspects of this exercise should be considered: improving the quality and use of data in the national statistics system, which has been at the centre of the current and the previous CPs, and improving the local levels of data gathering and record keeping based on disaggregation of data by sex, age, ethnicity, diversity and migration status. This will inform evidence-based policymaking at all levels.

Further support at bridging data gaps, especially sex-disaggregated data, data on fertility trends, VAW, youth, vulnerable people, etc., is highly recommended in a future CP.

UNFPA should continue engagement with the GoC at the level of policy analysis and development on priority population issues such as urbanization and ageing. CP7 interventions have helped contribute to greater use of both demographic data and socio-economic research in policymaking. Joining this contribution to broader socio-economic and sectoral analysis will enhance its use in advocacy.

A stronger focus on rights-based programming is highly recommended in a future CP. This could strengthen on-going efforts in policy integration between RH, FP, GE and PD resulting from the 2013 institutional merger of the NHFPC.

The future country programme should adopt a more multi-sectoral and strategic approach to supporting young people. This particularly relates to ASRH through the use of ICT and the broader participation of society.

Recommendation 6: Continue making significant contributions to key GoC policy considerations and improving coherence, integration and the level of pragmatism in future programming.

Priority: High

Target Level: Country Office

Based on conclusion: 6

UNFPA should seize opportunities to further contribute to policy upstream. This relates to monitoring implementation of the new fertility policy and assisting in any possible future policy thinking. There are also opportunities on advising how the proposed sustainable development goals (such as on universal access to health) might be pursued, and supporting examination of population implications in preparation for China's next five-year economic and social development plan. There are also opportunities regarding the plan for population and development, China's next population census (mini-census), supporting initiatives in relation to urbanization and related policy thinking, and assisting the development of China's next five-year plan for ageing.

Mainstreaming of gender equality in UNFPA future programming should be addressed through the promotion of SRHR, initiative on masculinities, efforts at PD and FP improvements, and collection and use of sex-disaggregated data.

The CPE recommends that the future CP should focus more on youth related issues, in particular ASRH. Sexuality education in and out of schools has suffered difficulties with progress, and this may be an area in which future investigation is needed on how to successfully advocate for CSE.

The CPE's examination of progress made in pilots of EVAW and SRB models indicates that useful legal changes, new practices and multi-sectoral and community reforms have been made. These are helping to improve the protection of women's rights at project locations. However, whether the reforms are more broadly replicable or not needs to be studied. Prevention of GBV and gender-biased sex selection (GBSS)

requires communication strategies to advance policy development and broader attitudinal change as it relates to gender equality, violence and ‘son preference.’

The results achieved by the CP7 EVAW initiatives have been promising, and have led to the development of medical and non-medical services protocols to address GBV. However, a complete and unified framework of specific regulations and procedures is still required to address GBV effectively in the country. There is no doubt that the pilot projects where UNFPA supported the construct of a multi-sectoral coordination mechanism to address GBV can support the future creation of such framework. In addition, a communication strategy to support attitudinal change will help to construct a culture of ‘zero tolerance’ to domestic violence. For a culture where everyone is free from violence to be valued and come to fruition, a certain environment is needed. This includes women speaking out about their experiences under the protection of a law against domestic violence, and men raising awareness of the impacts of masculinity and the importance of men’s participation in the fight against GBV.

The CP7’s outcomes and outputs were, in retrospect, somewhat ambitious. A relatively small organization such as UNFPA needs to be pragmatic in a large country like China with regards to the contributions it can make towards desired reforms.

Programmatic coherence is also critical, and future programming is to be more focused. There needs to be stronger integration between the substantive areas covered and geographical spread. This also suggests fewer locations where local governments have the will, the ability and the resources to work together.

Recommendation 7: Continue effective modalities through improving quality assurance in research, management of technical assistance and the use of strategic communication.

Priority: High

Target Level: Country Office

Based on conclusions: 7

UNFPA should continue to strengthen its effective modalities of quality assurance mechanisms for research, as well as processes for assessing technical assistance performance and advocacy efforts. For example, to achieve better quality research work, it introduced research protocols and peer review, and continuing these practices is recommended.

In the new programme, it is important for the CO to stimulate population analyses . This goes toward addressing the societal impacts caused by the complex population dynamics that China is facing.

The strategic communication undertaken by UNFPA needs to be further capitalized on by building working relationships with mass media and social media organizations. This will enhance information dissemination, capacity building, publicity on SRH services and population dynamics issues, particularly with young people. It should also enhance interaction with stakeholders through exploring innovative approaches, such as the use of ICT, mobile applications, and social media, etc.

Recommendation 8: Adopt a more strategic approach to partnerships to strengthen ownership.

Priority: High

Target Level: Country Office

Based on conclusions: 8

The CPE recommends a review of existing partnerships with a view to developing a more strategic approach aligned with future CP priorities. Assessment of the performance and capacity of existing partners and the opportunities for new partnerships is required. Relationships with primary partners like NDRC, NHFPC, CNCA and NBS need to be deepened. New partnerships may also be needed, including with the private sector. To continue support for evidence-based policymaking, provide value-added support to strong partnerships. Also, provide this support for local level governments that have demonstrated their strong commitment to the UNFPA mandate. This will ensure their ownership of knowledge and ability to deliver better services, thereby improving the lives of local people. Better operational liaison by IPs at local levels is required. In addition, more regular and deeper strategic level engagement and dialogue is required with key partners, as opposed to operational level engagement. This will look at key policy issues with a view to strengthening ownership and enhancing opportunities for partners to pursue integrated policy effectiveness.

It is important to strengthen ownership and coherence of the next CP by establishing a twice-yearly strategic management policy dialogue with key leading partners in the GoC. It is also important to enhance project coordination mechanisms at subnational level through an annual IP's forum to discuss programme results.

Recommendation 9: Pursue SSC opportunities in PD, gender, youth and SRH, including in relation to RH commodities.

Priority: High

Target Level: Country Office

Based on conclusions: 9

UNFPA should continue pursuing SSC opportunities in consultation with the GoC and in partnership with other UN agencies. Such opportunities may encompass provision of technical assistance, knowledge exchange and research on population and development issues. UNFPA's continuing participation in annual dialogues on China-Africa health collaboration will offer ways to enhance SSC opportunities, in particular in the areas of reproductive health, population and development. One of UNFPA's first initiatives to deepen SSC can be building mutual learning and institutional cooperation in fields such as reproductive health commodities and PD data systems. For example, UNFPA can support initiatives on the most appropriate strategies to ensure provision of quality lifesaving reproductive health commodities, in line with international standards and agreements.

UNFPA Country Programme Evaluation: CHINA

Period covered by the evaluation: July 2011 to June 2014 (including planning for 2014-2015)

ANNEXES

TO THE

FINAL EVALUATION REPORT

January 2015

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Terms of Reference of the Evaluation of UNFPA/China Seventh Country Programme 2011-2015

Introduction

The United Nations Population Fund (UNFPA) is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.

UNFPA is a subsidiary organ of the United Nations General Assembly. It plays a unique role within the United Nations system: to address population and development issues, with an emphasis on reproductive health and gender equality, within the context of the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDG), in particular MDG 5.

The United Nations Population Fund (UNFPA) has assisted China since 1979, supporting institutional and professional capacities to collect, analyze and use demographic data, introducing modern methods for conducting population census, improving maternal and reproductive health service delivery as well as playing a catalytic role in promoting quality standards for a voluntary reproductive health approach in China. As China's largest multilateral source of assistance for population and reproductive health, UNFPA supports the Chinese Government in fulfilling its commitments to ICPD and MDGs in the areas of population and development.

UNFPA is currently implementing its seventh country programme (CP7) over a five-year period (2011-2015) to assist the Government of China in achieving its population and development goals, which covers the crucial five years from 2011-2015 in realizing the ICPD PoA and MDGs. The CP7 is aligned with the Outcomes of UNFPA's Strategic Plan (2008-2013)¹³⁸. Based on the United Nations Development Assistance Framework for China (UNDAF) 2011-2015, the CP7 addresses population and development priorities identified in the 12th national five-year development plan, and supports the Government of China in fully attaining its ICPD and MDGs targets.

The financial budget of CP7 is around US\$ 22 million, of which US\$ 20 million are regular resources and US\$ 2 million other resources.

The primary users of the evaluation are the decision-makers within UNFPA (China Country Office, Asia and Pacific Regional Office, Headquarters) and the Executive Board, Chinese government counterparts, current and potential implementing partners in China, and other development partners/donors.

¹³⁸ In September 2013, the Executive Board approved UNFPA new Strategic Plan (SP) for the period 2014-2017. While CP7 was designed according to the original SP 2008-2011, it later needed to be aligned in 2012 with the extended SP 2012-2013 and is at present running and being aligned with the new SP 2014-2017. While the three SP are focused on addressing the unfinished agenda of Cairo, with a particular concentration on sexual and reproductive health (SRH) and reproductive rights, this is more squarely the case with the explicit mention of the "bull's eye" in the extension of 2012-2013 and the new SP: the achievement of universal access to sexual and reproductive health, the realization of reproductive rights, and the reduction in maternal mortality.

Context

With a population of 1.354 billion (2012), China remains the most populous country in the world. As a signatory to the ICPD PoA and the Millennium Declaration, the government of China is committed to ensure a holistic human development amidst fast-growing economic development. Over the past 20 years since the 1994 Cairo conference on Population and Development, China has recorded notable progress in many areas including significant reduction of its poverty rate, and improvements in the health and wellbeing of citizens, with the average life expectancy in 2010 reaching 74.8 years. China is now a low fertility country, with a total fertility rate well below replacement level¹³⁹. China's population will still maintain its growth momentum for a number of years to come, after which it will start a long term process of population decline. Moreover, the country faces significant challenges brought by changing population dynamics, such as rapid ageing, urbanization and migration, and sex ratio imbalance. The tradition of son preference, easy availability of sex identification technology and rapid fertility reduction resulted in a significantly skewed sex ratio at birth, which has become one of the major demographic challenges in China.

With wide disparities among various population groups, the access to essential social services, including sexual and reproductive health services, remains inequitable and largely dependent on social and household registration status. The reproductive health needs of the most vulnerable population and young people, in particular unmarried youth, are yet to be fully met. A client-centered, voluntary approach to reproductive health, including family planning, remains to be introduced beyond UNFPA pilot project areas.

Among priority issues with regards to gender inequality and inequity, the violence against women and girls persists, and no legislation is yet in place to prevent and protect women from violation of their rights.

Following the ICPD, UNFPA's programmes in China aimed to introduce and promote voluntary approach to reproductive health, including family planning, hence encouraging the government of China to adopt a client-centered approach on a national scale. Efforts in population and development programmes supported research and studies to produce evidence required, in order for the government to revise national population related laws and programmes.

In partnership with the government, along with other UN agencies, communities, NGOs, foundations and the private sector, UNFPA CP7 supports two programme areas – i) reproductive health and rights and ii) population and development.

Overall, the CP7 has four outcomes and eleven outputs.

Reproductive health and rights component:

- Outcome 1 - National and sub-national regulations and policies address gaps in reproductive health and rights.
- Outcome 2 - Vulnerable groups have increased demand for, access to and utilization of reproductive health services and information, including on HIV prevention and reproductive rights.

There are four outputs contributing to the achievements of Reproductive health and rights outcomes with one output for outcome 1 and three outputs for outcome 2.

¹³⁹ While the 2010 census data report a TFR of 1.18 the same is affected by underreporting. Most scholars estimate the real TFR to be at 1.5 or below, while the government reports an official TFR of 1.6.

- Output 1 – By 2015, policymakers at national and sub-national levels will update population and health policies on issues such as SRH and family planning.
- Output 2 - By 2015, vulnerable groups in programme areas will have increased knowledge of reproductive health, including counseling and information and services to prevent HIV and sexually transmitted infections.
- Output 3 - By 2015, strengthened capacity of institutions in programme areas to provide high-quality, gender-sensitive SRH information, education and services for unmarried youth.
- Output 4 - By 2015, SRH services will be strengthened for vulnerable groups in programme areas.

Population and development component:

- Outcome 1 - Policymakers make better use of disaggregated data and research findings for decision-making related to population, urbanization, migration, climate change and ageing;
- Outcome 2 - Civil society and the Government support policies and multi-sectoral mechanisms to reduce discrimination and violence against women.

There are seven outputs contributing to the achievements of population and development outcomes with five outputs for outcome 1 and two outputs for outcome 2.

- Output 1 - National statistical institutions can better integrate indicators related to the Millennium Development Goals and the ICPD Programme of Action into national and sub-national statistical systems.
- Output 2 - Selected pilot sites have policy options for equitable urbanization endorsed by local and central governments.
- Output 3 - Policy research on population issues is conducted and disseminated to better inform national and sub-national government bodies on policy formulation.
- Output 4 - Improved capacity of policymakers to coordinate and manage gender-sensitive, multi-sectoral interventions to address an increasing ageing population and to support active and healthy ageing in programme areas.
- Output 5 - Improved management and technical capacity of national partners to engage in South-South and triangular cooperation on population and development issues.
- Output 6 - By 2015, government agencies and civil society organizations in at least five programme areas will have an enhanced capacity to strengthen multi-sectoral mechanisms to reduce and respond to discrimination and violence against women and girls.
- Output 7 - Civil society, media, women and men in programme areas promote responsible sexual behavior, prevent violence against women, and address the imbalance in the Sex Ratio at Birth (SRB).

UNFPA supports interventions at both national and local levels in China. At the national and local level, the programme aims at pushing for positive changes on the part of duty-bearers, but at the local level the programme also entails pilot projects designed to empower rights-holders to access services and enable them to participate in decisions that affect their lives. The CP7 is implemented in 24 provinces, 13 prefectures and 27 counties in China.

More detailed information on CP7 can be found on the UNFPA China website - <http://www.unfpa.cn>.

Objectives and scope of the evaluation

The overall objectives of the evaluation are: (i) an enhanced accountability of UNFPA for the relevance and performance of the seventh country programme in China (CP7) and (ii) a broadened evidence-base for the design of the next programming cycle in China.

Towards the achievement of these overall objectives, the specific objectives of the evaluation will be:

1. To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
2. To provide an assessment of the country office positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results;
3. To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next country programme cycle in China.

The CP7 Country Programme Document (CPD) and Country Programme Action Plan (CPAP) cover the period from year 2011 to 2015. However, the implementation of CP7 started in mid-year of 2011 when the CPAP was signed on July 11, 2011. Since the evaluation is undertaken in the penultimate year of CP7, the tendency of the achievements of the country programme results will be assessed based on the CP7 implementation from 12 July 2011 to June 30 2014 and the planning for the remainder of 2014 and for the full year of 2015.

The evaluation will cover all activities planned and/or implemented during the period under evaluation including soft aid activities. Besides the assessment of the intended effects of the country programme, the evaluation also aims at identifying potential unintended effects.

Evaluation criteria and evaluation questions

The evaluation criteria shown below will be applied in assessing two evaluation components:

- Component 1 - The analysis of the programmatic area will be conducted according to four criteria: (i) relevance, (ii) efficiency, (iii) effectiveness, and (iv) sustainability.
- Component 2 - The analysis of the strategic positioning will be conducted according to two criteria: (i) coordination with the UNCT and (ii) the added value of UNFPA.

The evaluation questions addressing the evaluation criteria¹⁴⁰ are proposed as follows:

Component 1 - The analysis of the UNFPA programme areas

Relevance:

1. To what extent does the UNFPA CP7 for China address the population priorities set by relevant national policy frameworks in line with the UNFPA mandate and the ICPD Programme of Action and with the proper use of demographic and socio-economic information and data for the evidence-based policy-making?

¹⁴⁰The final evaluation questions will be defined and agreed upon during the evaluation design phase.

2. To what extent has the country office been able to respond to changes in the national development context, including changes in development needs and priorities?

Efficiency:

1. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the CP7 outcomes and outputs?
2. To what extent did the intervention mechanisms (coordination mechanism, financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?

Effectiveness and efficiency:

1. To what extent have the CP7 CPAP outputs been achieved in a coherent manner and to what extent have these outputs contributed to the achievements of the CP7 CPAP outcomes?
2. To what extent has UNFPA CP7 for China supported national, subnational and sector policy frameworks in China to be responsive to population dynamics?
3. To what extent were the selected programme strategies, geographic coverage, modalities and implementing partners optimal for achieving the intended results?

Sustainability:

1. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
2. To what extent has UNFPA taken advantage of opportunities for South-South Cooperation in reproductive health and reproductive health commodity security to facilitate the exchange of knowledge and lessons learned and to build capacity in China with a view to progressing towards achieving the MDGs, and in particular MDG 5?
3. To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Component 2 - The analysis of the strategic positioning

UNCT Coordination:

1. To what extent has the UNFPA China Office contributed to the functioning and consolidation of the existing UNCT coordination mechanisms in China?

Added value:

1. What are the main UNFPA comparative strengths in comparison to other development partners in China – particularly other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the country office features?

Methodology and approach

Methods for data collection

The evaluation will use a multiple-method approach including (but not limited to) documentary review, individual interviews, group discussions, focus groups as appropriate. Since each method has its unique strengths and weaknesses, the evaluators need to combine them in a way that uses the comparative strengths of one approach to correct for the relative weaknesses of the others.

Methods for data analysis

The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use a variety of methods to ensure that the results of the data analysis are credible and evidence-based.

The triangulation techniques should be systematically applied throughout the evaluation process which means the evaluators must double or triple check the results of the data analysis by way of cross-comparing the information obtained via each data collection method (documentary review, individual interviews, group discussions, focus groups) and through different data sources (e.g. compare results obtained through interviews with government staff with those obtained from beneficiaries or from statistical data).

The evaluators should also establish the validation mechanisms including internal team-based reviews, regular exchanges with the CO programme managers and the reference group, and focus groups with a relevant audience.

Sampling of stakeholders and project locations

Considering the large geographic coverage and the wide range of stakeholders¹⁴¹ of UNFPA CP7 for China, the evaluation team will have to select a sample of stakeholders for data collection using specific selection criteria. The sample of stakeholders should reflect the variety of interventions in terms of subject matter and region.

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. Involvement may include participating in design (questions/objectives, methods, data collection instruments), data collection and analysis, developing recommendations, and other roles as appropriate for the evaluation. The stakeholders will be well defined and details of planned efforts to engage stakeholders should be provided in the evaluation team's design report.

¹⁴¹ The stakeholders include government partners (ministries), implementing partners, other organization involved in implementation, beneficiaries, academia, UN organizations, etc.

Ethical considerations

The evaluation process should conform to the relevant ethical standards in line with UN Ethical Guidelines for Evaluation including but not limited to informed consent of participants, privacy, and confidentiality considerations. The relevant ethical standards will be identified and the mechanisms and measures to ensure that standards will be maintained during the evaluation process should be provided in the design report.

Evaluation process

The evaluation unfolds in five phases: (i) preparatory phase, (ii) design phase, (iii) field phase, (iv) reporting phase, and (v) management response, dissemination and follow-up phase. The main aspects to cover in each phase of the evaluation are summarized as follows:

1) Preparatory phase

This phase will include:

- Development of the Terms of Reference (TOR) for the evaluation in consultation with the regional office M&E advisor and send the TOR to the Evaluation Office for approval;
- Selection and recruitment of the evaluation team;
- Establishment of the reference group for the evaluation;
- Preparation of the background information and documentation on CP7 and its context;
- Preparation of the Atlas project list and the initial stakeholders mapping of the main partners relevant for CP7.

2) Design phase

This phase will include:

- Documentary review of all relevant documents available at UNFPA HQ and CO levels regarding CP7 and its context, including the CCA, UNDAF and PRC national and sectoral planning documents and UNFPA strategic documents;
- Finalization of the stakeholder mapping –The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- Analysis of the intervention logic of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;
- Finalization of the list of evaluation questions;
- Development of a data collection and analysis strategy as well as a concrete work plan for the field phase.
- Drafting of the design report, displaying the results of the above-listed steps and tasks;
- Quality assurance on the design report and finalization of the design report.

3) Field phase

- Undertake a three-week in-country mission including the field visits to the programme sites¹⁴² for data collection and analysis by the evaluation team;
- Organization of the debriefing meeting on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and recommendations from the CO and key partners.

4) Reporting phase

- Continue the analytical work initiated during the field phase and prepare the draft version of the final evaluation report by the evaluation team, taking into account comments made by the CO at the debriefing meeting.
- Review and comment on the draft final report by the evaluation reference group and perform an evaluation quality assessment (EQA) of the draft final report by the CO ;
- Integrate relevant comments made by the reference group and produce the final version of the evaluation report by the evaluation team;
- Perform the EQA of the final evaluation report by the CO in consultation with the regional M&E advisor;
- Perform the EQA of the final evaluation report by the UNFPA Evaluation Office.

5) Management response, dissemination and follow-up phase

- Distribution of the final evaluation report to stakeholders in country, RO and UNFPA headquarters with a view to obtaining responses to the evaluation recommendations;
- Prepare the management response for the CP7 evaluation and upload it into the Management Response Tracking System (MRTS) within one month of accepting the evaluation report;
- Disseminate the evaluation report internally to UNFPA including posting the evaluation report together with the final EQA grid and management response on the evaluation database webpage¹⁴³ and the country website within 6 weeks.
- Disseminate the evaluation results externally to partners to inform decision-making and/or the public through various channels such as public websites, national and international meetings and conferences, journals and media briefs.
- Follow up of progress in implementing the evaluation recommendations.

Expected outputs/ deliverables

The expected outputs/deliverables of the evaluation include:

- A design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology with a detailed description of the data collection plan for the field phase;
- A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;

¹⁴² At least 4 site visits under RH component, 2 site visits under PD component and 2 site visits under gender component.

¹⁴³ <http://www.unfpa.org/public/home/about/Evaluation/Database>

- A draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group);
- A PowerPoint presentation of the results of the evaluation for the dissemination events;
- A final report, based on comments expressed during the dissemination seminar.

All deliverables will be in English. The Power Point presentation for the dissemination events and the final report will be translated into Chinese.

Work plan/ Indicative timeframe

Phases/Specific activities/milestones/deliverables	Dates
1. Preparatory Phase (March 3 to April 30, 2014)	
Prepare the draft Terms of Reference (TOR) of the CPE by the Evaluation Manager (EM) with support of the CO	March 10-14, 2014
Send the draft TOR to the APRO for clearance	March 16, 2014
Revise the draft TOR to incorporate APRO's comments	March 20, 2014
Send the draft TOR to the Evaluation Office for approval	March 21, 2014
Approval of the TOR by the Evaluation Office	April 3, 2014
Launch the selection process of the evaluation team on UN website	April 7 – April 18, 2014
Identify the potential candidates and prepare the assessment table with the assistance of regional M&E adviser	April 21 to 25, 2014
Send the assessment table and CVs of the potential candidates to the Evaluation Office for pre-qualification	April 25, 2014
Contract with the evaluation team	April 28 to 30, 2014
Establish the evaluation reference group ¹⁴⁴	April 7-11, 2014
Prepare the documentation for the evaluation team	April 7 to April 30, 2014
2. Design Phase (May 1 to mid of June 13, 2014)	
Design the evaluation by the evaluation team ¹⁴⁵	May 1 to 31, 2014

¹⁴⁴**An evaluation reference group** is usually composed of the country office senior managers, M&E advisor of Regional Office, and representatives of national counterparts including government. They may also include representatives of the academia and of civil society organizations.

Submit the draft design report of the country programme evaluation (CPE) to the CO	June 1, 2014
Review the draft design report for quality assurance by the evaluation reference group	June 2 to 6, 2014
Finalize the design report by the evaluation team	June 9 to 13, 2014
3. Field Phase (June 16 to July 4, 2014)	
Conduct a 3-week mission for data collection and analysis	June 16 to July 4, 2014
Conduct a debriefing meeting to present the preliminary findings, tentative conclusions and embryonic recommendations by the evaluation team to the CO	July 3, 2014 (at the end of field phase)
4. Reporting Phase (July 7 to September 15, 2014)	
Prepare the first draft of the CPE report by the evaluation team	July 4 to August 3, 2014
Submit the draft of the CPE report to UNFPA CO	August 3, 2014
Review and comment on the draft CPE report by the evaluation reference group and perform the EQA for the draft report by the Evaluation Manager	August 4 - 15, 2014
Incorporate the consolidated comments from the evaluation reference group into the final CPE report by the evaluation team	August 18- September 5, 2014
Submit the final CPE report by the evaluation team	September 5, 2014
Review and approve the final CPE report by the CO	September 12, 2014
Perform the EQA of the final CPE report by the evaluation manager in consultation with the regional M&E advisor	September 15, 2014
5. Dissemination and follow-up Phase (September 16 to October 10, 2014)	
To distribute the final CPE report to the stakeholders in country, Regional Office and UNFPA headquarters with a view to obtaining responses to recommendations	September 16 to 26, 2014
To prepare the management response to the CPE recommendations	Sept. 26 to Oct.8 , 2014
To post the final CPE report, the EQA and the management response on the CO website and UNFPA evaluation database	October 10, 2014

¹⁴⁵**The main tasks of the evaluation team** include documentary review, stakeholders mapping, analysis of the intervention logic of the programme, finalization of the evaluation questions, selection of the data collection and analysis methods, and development of the agenda for the field work.

Composition of the evaluation team

The evaluation team will consist of one expert as team leader and three experts as team members as follows:

- One team leader with overall responsibility for the production of the draft and final evaluation reports. He/she will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. At the synthesis phase, he/she will be responsible for putting together the first comprehensive and cohesive draft of the evaluation report, based on draft inputs from other evaluation team members. He/she will also be responsible for adequately incorporating ERG comments and finalizing the report.

Three team members (a sexual and reproductive health expert, a population expert and a gender expert) will provide expertise in the core subject areas of the evaluation including reproductive health and rights, population and development and gender equality. The team members will take part in the data collection and analysis work during the design and field phases. They will be responsible for drafting key parts of the design report and of the final evaluation report, subject to clearance of the drafts by the Team Leader and the Evaluation Manager as to adequacy and quality, including (but not limited to) sections relating to the core subject areas under their responsibility. The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct (Annex1) prior to engaging in the evaluation exercise.

Qualifications of the evaluation team

1. Team leader

- Advanced degree in international development, social sciences, political science, economics or related fields;
- Experience leading evaluations in the field of development for UN organizations or other international organizations;
- At least 7 years of experience in conducting complex programme and/or country level evaluations including knowledge of evaluations methods and techniques for data collection and analysis;
- Experience in and knowledge of demographic or public health or gender areas are highly preferred;
- Experience in and good knowledge of China and the Asia and Pacific Region;
- Excellent leadership, communication ability and excellent report writing skills in English.
- Speaking Chinese is considered as added advantage.

2. Sexual and reproductive health expert

- Advanced degree in social sciences with specialization in public health;
- Experience in conducting evaluations/research for UN agencies or other international organizations in the area of health;

- Experience in and substantive knowledge of reproductive health, family planning, HIV/STIs prevention, maternal health and adolescent reproductive health;
- Experience in and good knowledge of China;
- Excellent report writing skills in English and communication ability;
- Ability to work in a team.
- Speaking Chinese is considered as added advantage.

3. Population and development expert

- Advanced degree in social sciences;
- Experience in conducting evaluations/research for UN agencies or other international organizations in the area of population and development related issues;
- Experience in and substantive knowledge of population and development related issues including population data, migration, ageing, etc.;
- Experience in and good knowledge of China;
- Excellent report writing skills in English and communication ability;
- Ability to work in a team.
- Speaking Chinese is considered as added advantage.

4. Gender expert

- Advanced degree in social sciences with specialization in gender;
- Experience in conducting evaluations/research for UN agencies or other international organizations in the area of gender;
- Experience in and substantive knowledge of gender issues in particular gender based violence issues;
- Experience in and good knowledge of China;
- Excellent report writing skills in English and communication ability;
- Ability to work in a team.
- Speaking Chinese is considered as added advantage.

No member of the evaluation team shall have had any prior involvement with the design, implementation, supervision, or financing of the programme. UNFPA's evaluation manager shall be informed of any situation or circumstance that may be perceived as a conflict of interest for any member of the evaluation team.

Remuneration and duration of contract

Repartition of workdays among the team of experts will be the following:

- 40 workdays for the team leader;
- 35 workdays for the sexual and reproductive health expert;

- 30 workdays for the population expert;
- 25 workdays for the gender equality expert.

Workdays will be distributed between the date of contract signature and the end date of the evaluation.

Payment of fees will be based on the delivery of outputs, as follows:

- Upon satisfactory contribution to the design report: 20%
- Upon satisfactory contribution to the draft final evaluation report: 50%
- Upon satisfactory contribution to the final evaluation report: 30%

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

Management and conduct of the evaluation

Roles and responsibilities of the evaluation manager

UNFPA China Office shall appoint an evaluation manager who will oversee the entire process of the evaluation, from its preparation to the dissemination of the final evaluation reports. The evaluation manager will:

- Launch the evaluation;
 - *Drafts the ToR*
 - *Establishes the evaluation reference group*
 - *Prepares initial documentation*
 - *Prepares list of atlas projects by CPAP output and Strategic Plan outcome*
 - *Prepares stakeholders mapping*
- Lead the process of selection and recruitment of the evaluation team;
- Supervises the work of the evaluation team and provides guidance throughout the entire exercise;
- Provide comments on the design report and inputs to the evaluation matrix;
- Provide access to documentation requested and assist in arrangements for interviews and meetings;
- Manage the logistics for the field mission; Submit draft report to the Regional M&E Adviser, the ERG and other relevant stakeholders and requests for comments;
- Retrieve comments from Regional M&E Adviser, the ERG and other stakeholders and transmits the comments to the evaluation team;
- Ensure the final draft meets the UNFPA quality standards;
- Approve the final report in consultation with the ERG;
- Conduct the evaluation quality assessment on the draft final evaluation report (EQA);
- Submit the evaluation recommendations to the relevant services for the management response (Annex 5);
- Ensure the dissemination and outreach processes of the evaluation.

Roles and responsibilities of the evaluation team

- Carries out the evaluation based on parts 1, 2 and 3 of the Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA;
- Produces the design report (Annex 2);
- Produces the evaluation report (Annex 3).

Roles and responsibilities of the reference group

The reference group is made up of representatives from the UNFPA (Country Office in China and Asia and Pacific Regional Office) as well as other relevant stakeholders (National government counterpart and key implementing partners).

The main functions of the reference group will be:

- Provides input to the terms of reference of the evaluation;
- Provides input for selection of team of evaluators;
- Provides overall comments on the design report of the CPE;
- Facilitates access of evaluation team to information sources (documents and interviewees) to support data collection;
- Provides comments on the main deliverables of the evaluation, in particular the draft and the final report.

Brief outline of the quality assurance process

Quality assurance process applies to all phases of the evaluation which begins with the development of the terms of reference for the evaluation, involves the selection of the evaluation team, and finally, spans throughout the entire evaluation process, from its design to the finalization of the evaluation report.

The key quality assurance milestones during the evaluation process are as follows:

- Quality assurance during the design phase

Quality assurance during the design phase focuses on the design report which defines the scope of the evaluation and lays out the specific methodology. The design report will be checked in the following three main quality assurance questions: 1) Have the evaluators correctly understood why UNFPA is doing this evaluation? 2) Have the evaluators correctly understood what is being evaluated? 3) Have the evaluators convincingly illustrated how they intend to carry out the evaluation?

- Quality assurance during the field phase

Quality assurance during the field phase is an on-going process to ensure that evaluators gather data and information from an appropriate and balanced selection of sources (both documents and interviewees), at the appropriate level of detail. Quality assurance also consists in checking that the data and information are recorded in a consistent manner by the different evaluators.

- Quality assurance during the reporting phase

Quality assurance during the reporting phase focuses on the final evaluation report. The Evaluation Quality Assessment Grid (EQA) developed by UNFPA Evaluation Office (Annex 4) will be used to assess the quality of the final evaluation report.

Bibliography and resources¹⁴⁶

¹⁴⁶ To be finalized when all the documents and materials for CPE compiled.

DOCUMENTS	STATUS	COMMENTS
1. Programming Documents		
1.1 Common Country Assessment		
1.2 Current UNDAF (2011-2015)		
1.3 CP7 CPD and CPAP		
1.4 (a) Results and Resources Framework (b) Planning and Tracking Tools (c) Monitoring and Evaluation calendars		
1.5 Relevant national policy documents for each programmatic area (RH,PD and Gender)		
1.6 UNFPA Strategic Plan (2008-2013)		
1.7 The mid-term review of UNFPA Strategic Plan (2008-2013)		
1.8 UNFPA Strategic Plan (2014-2017)		
2. Annual Work Plans and Standard Progress Reports for CP7		
2.1 AWP and Annual Standard Progress Reports under RH component		
2.2 AWP and Annual Standard Progress Reports under PD component		
2.3 AWP and Annual Standard Progress Reports under gender component		
2.4 AWP and Annual Progress Reports for others, if any		
2.5 Country Office Annual Reports		
3. List of Atlas projects and the stakeholders mapping for CP7		
3.1 List of Atlas projects by CPAP output and Strategic Plan outcome		
3.2 The stakeholders mapping table for CP7		
4. Evaluation/ Reviews Reports for CP7		
4.1. Evaluation reports (such as end-of-project evaluation or thematic evaluation under CP7)		
5. Surveys and Studies		
5.1. Baseline and end line survey reports for CP7		
5.2. Other studies in Reproductive Health		
5.3. Other studies in Population and Development		
5.4. Other studies in Gender		
6. Monitoring		
6.1 Field monitoring visits reports in all programmatic areas (RH, PD and Gender)		
7. Partners		
7.1. IPs: Reports assessing technical capacity of implementing partners		
7.2. United Nations Country Team: Documentation regarding joint programmes Documentation regarding joint working groups, corresponding meeting agendas and minutes		
7.3. <i>Other donors</i> : Documentation on donor coordination mechanisms: - List of donor coordination groups in which UNFPA participates - Corresponding meeting agendas and minutes - Co-financing agreements and amendments		

Annexes

1. Ethical Code of Conduct for UNEG/UNFPA Evaluations
2. Outlines of the Design Report
3. Outline of the Final Evaluation Report
4. Evaluation Quality Assessment template and explanatory note
5. Management response template

Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

1. To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Evaluators should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System.

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Outlines of the Design Report

Cover page

UNFPA Country Programme Evaluation: Name of the Country

Period covered by the evaluation

Design Report

Date

Second page

Country Map (half page)

Table (half page)

Evaluation team

Titles/position in the team

Names

Third page

Table of contents

Section	Title	Suggested length
Chapter 1: Introduction		
1.1	Purpose and objectives of the country programme evaluation	1-2 pages max.
1.2	Scope of the evaluation	
1.3	Purpose of the design report	
Chapter 2: Country Context		
2.1	Development challenges and national strategies	4-6 pages max.
2.2	The role of external assistance	
Chapter 3: UNFPA Strategic response and programme		
3.1	UNFPA strategic response	5-7 pages max.
3.2	UNFPA response through the country programme	

- 3.2.1 The country programme
- 3.2.2 The country programme financial structure

Chapter 4: Evaluation Methodology and approach

- 4.1 Evaluation criteria and evaluation questions 7-10 pages max.
- 4.2 Methods of data collection and analysis
- 4.3 Selection of the sample of stakeholders
- 4.4 Evaluability assessment, limitations and risks

Chapter 5: Evaluation process

- 5.1 Process overview 3-5 pages max.
- 5.2 Team composition and distribution of tasks
- 5.3 Resource requirements and logistic support
- 5.4 Work plan
- Total** 20-30 pages max.

Annexes:

Annex 1 – Terms of reference

.....

Following page

Abbreviations and Acronyms

List of tables

List of figures

Following page

The key facts table

Annex 3

Outlines of the Final Report

Cover page

UNFPA Country Programme Evaluation: Name of the Country

Period covered by the evaluation

Final Evaluation Report

Date

Second page

Country Map (half page)

Table (half page)

Evaluation team

Titles/position in the team

Names

Third page

Acknowledgements

Fourth page

Table of contents

Section	Title	Suggested length
Executive Summary		3-4 pages max.
Chapter 1: Introduction		
1.1	Purpose and objectives of the country programme evaluation	5-7 pages max.
1.2	Scope of the evaluation	
1.3	Methodology and process	
Chapter 2: Country Context		
2.1	Development challenges and national strategies	5-6 pages max.

2.2 The role of external assistance

Chapter 3: UN/UNFPA Strategic response and programme strategies

3.1 UN and UNFPA response 5-7 pages max.

3.2 UNFPA response through the country programme

3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements

3.2.2 Current country programme

3.2.3 The financial structure of the programme

Chapter 4: Findings: answers to the evaluation questions

4.1 Answer to evaluation question 1 25-35 pages max.

4.2 Answer to evaluation question 2

4.3 Answer to evaluation question 3

4.4 Answer to evaluation question X

Chapter 5: Conclusions

5.1 Strategic level 6 pages max.

5.2 Programmatic level

Chapter 6: Recommendations

6.1 Recommendations 4-5 pages max.

Total number of pages 50-70 pages max.

Annexes:

Annex 1 – Terms of reference

Annex 2 – List of persons/institutions met

Annex 3 – List of documents consulted

Annex 4 – The evaluation matrix ??

Following page

Abbreviations and Acronyms

List of tables

List of figures

Following page

The key facts table??

Following page

Structure of the country programme evaluation report

Evaluation Branch EQA Grid and Explanatory Note

Title of Evaluation Report:
 Name of Evaluation Manager:
 Name of EQA Reviewer (if different to above):
 Budget and time frame allocated for this evaluation:

Overall Assessment: Note that the overall assessment must address, as a minimum, the following issues: *scope of the evaluation; methodological design; findings and analysis; credibility of data; recommendations; conclusion; executive summary.*

Quality Assessment criteria	Assessment Levels			
	Very Good	Good	Poor	Unsatisfactory
<p>1. Structure and Clarity of Reporting</p> <p><i>To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.</i></p> <p>Checklist of minimum content and sequence required for structure:</p> <ul style="list-style-type: none"> • i) Acronyms; ii) Exec Summary; iii) Introduction; iv) Methodology including Approach and Limitations; v) Context; vi) Findings/Analysis; vii) Conclusions; viii) Recommendations; ix) Transferable Lessons Learned (where applicable) • Minimum requirements for Annexes: ToRs; Bibliography List of interviewees; Methodological instruments used. 	<p><i>Please insert <u>assessment level</u> followed by your main <u>comments</u>.</i></p>			
<p>2. Completeness and concision of the executive summary</p> <p><i>To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.</i></p> <p>Structure (paragraph equates to half page max):</p> <ul style="list-style-type: none"> • i) Purpose, including intended audience(s); ii) Objectives and Brief description of intervention (1 para); iii) Methodology (1 para); IV) Main Conclusions (1 para); v) Recommendations (1 para). Maximum length 3-4 page 				

<p>3. Justification of the design and of the methodological approach</p> <p><i>To provide a clear explanation of the following elements/tools</i></p> <p>Minimum content and sequence:</p> <ul style="list-style-type: none"> • Explanation of methodological choice, including constraints and limitations; • Techniques and Tools for data collection provided in a detailed manner; • Triangulation systematically applied throughout the evaluation; • Details of participatory stakeholders’ consultation process are provided. • Whenever relevant, specific attention to cross-cutting issues (vulnerable groups, youth, gender equality) in the design of the evaluation 	
<p>4. Reliability of Data</p> <p><i>To clarify data collection processes and data quality</i></p> <ul style="list-style-type: none"> • Sources of qualitative and quantitative data have been identified; • Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit; 	
<p>5. Soundness of the analysis and credibility of the findings</p> <p><i>To ensure sound analysis and credible findings</i></p> <p><u>Findings</u></p> <ul style="list-style-type: none"> • Findings stem from rigorous data analysis; • Findings are substantiated by evidence; • Findings are presented in a clear manner <p><u>Analysis</u></p> <ul style="list-style-type: none"> • Interpretations are based on carefully described assumptions; • Contextual factors are identified. • Cause and effect links between an intervention and its end results (including unintended results) are explained. 	
<p>6. Validity of the conclusions</p> <p><i>To assess the validity of conclusions</i></p> <ul style="list-style-type: none"> • Conclusions are based on credible findings; • Conclusions must convey evaluators’ unbiased judgment of the intervention. 	

<p>7. Usefulness of the recommendations</p> <p><i>To assess the usefulness and clarity of recommendations</i></p> <ul style="list-style-type: none"> • Recommendations flow logically from conclusions; • Recommendations must be strategic, targeted and operationally-feasible; • Recommendations must take into account stakeholders' consultations whilst remaining impartial; • Recommendations should be presented in priority order 	
<p>8. Meeting Needs</p> <p><i>To ensure that Evaluation Report responds to requirements (scope & evaluation questions/issues/DAC criteria) stated in the ToR (ToR must be annexed to the report).</i></p> <p><i>In the event that the ToR do not conform with commonly agreed quality standards, assess if evaluators have highlighted the deficiencies with the ToR.</i></p>	

Quality assessment criteria (and Multiplying factor *)	Assessment Levels ¹⁴⁷			
	Unsatisfactory	Poor	Good	Very good
5. Findings and analysis (50)				
6. Conclusions (12)				
7. Recommendations (12)				
8. Meeting needs (12)				
3. Design and methodology (5)				
4. Reliability of data (5)				
1. Structure and clarity of reporting (2)				
2. Executive summary (2)				
TOTAL				

¹⁴⁷Insert the multiplying factor associated with the criteria in the corresponding column e.g. - if "Finding and Analysis" has been assessed as "good", please enter the number 50 into the "Good" column. The Assessment level scoring the higher number of points will determine the overall quality of the Report.

Management Response Template

UNFPA
Management Response

Country Programme Evaluation (from – to) : name of the country

Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations and recommendations associated with the country programme. Within each cluster, recommendations should be ranked by priority levels (high, medium, low).

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic Recommendations

Recommendation #	To (e.g. Office of the Executive Director)	Priority level: high, medium, low
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Management Response – Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation.

Key action (s)	Deadline	Responsible unit(s)	Application Implementation status updates Status (ongoing or completed)	Comments
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Recommendation #	To (e.g. Office of the Executive Director)	Priority level: high, medium, low
------------------	--	-----------------------------------

Management Response – Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation.

Key action (s)	Deadline	Responsible unit(s)	Application Implementation status updates Status (ongoing or completed)	Comments
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Cluster 2: Strategic Recommendations

Recommendation #	To (e.g. Office of the Executive Director)	Priority level: high, medium, low
------------------	--	-----------------------------------

Management Response – Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation.

Key action (s)	Deadline	Responsible unit(s)	Application Implementation status updates Status (ongoing or completed)	Comments
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Recommendation #	To (e.g. Office of the Executive Director)	Priority level: high, medium, low
------------------	--	-----------------------------------

Management Response – Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation.

Key action (s)	Deadline	Responsible unit(s)	Application Implementation status updates Status (ongoing or completed)	Comments
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PROGRAMME SITES IN CHINA UNDER CP7

Project	Province	Prefecture/City/County/District	Remarks
Reproductive Health			
Output 1 - RH Policy			
FP Policy	Heilongjiang	Heihe City, Mudanjiang City	
	Jilin	Siping City, Liaoyuan City	
	Shanghai	Huangpu District, Minhang District	
	Chongqing	Shapingba District, Yongchuan District	
	Guangdong	Yunfu Prefecture, Jiangmen Prefecture	
	Zhejiang	Huzhou City	
RH related Policy	Yunnan		
	Zhejiang		
	Jiangxi		
Output 2 – HIV Prevention			
Migrant Workers in railway construction sites	Sichuan	Section 1 of Chengdu-Chongqing High-speed Railway Construction Project located in Jianyang City	
	Henan	Luohe-Fuyang No.2 Railway Construction Project located in Luohe City	
		Section 2 of Ning-Xi High-speed Railway Construction Project located in Nanyang City	
	Yunnan	Section 4 of Yun-Gui Railway Construction Project located in Qiubei County and Mile County	
Street-based Sex Workers	Jiangxi	Donghu District, Nanchang City, Yuanzhou District, Yichun City	
	Hainan	Danzhou City	
	Guizhou	Bijiang District, Tongren City	
Cross-border HIV	Inner Mongolia	Erlian City	Non-core resource

	Xinjiang	Qinghe County	2012 -2016
Output 3 - Youth			
Youth	Chongqing	Yuzhong District	
	Hunan	Changsha County	
	Hainan	Longhua District of Haikou City	
Output 4 - Vulnerable Groups			
Minority	Yunnan	Nanjian County, Weixi County, Longchuan County, Mangshi City	
	Guangxi	Longlin County	
	Tibet	Gymda County	
MISP	Yunnan	Yingjiang county, Tengchong County	
	Guangxi	Longsheng County	
	Hainan	Qionghai City	
Midwifery	Hunan		
Population and Development			
Output 1 – Data			
Data	Sichuan		The project activities in 5 project provinces terminated since 2012.
	Yunnan		
	Jiangxi		
	Shanxi		
	Xinjiang		
Output 2 - Urbanization			
Urbanization	Jiangsu	Changshu City	Pilot in 4 programme sites completed in year 2013 as planned
	Shaanxi	Yanta District of Xi'an City	
	Henan	Zhengzhou City	
	Tianjin	Jinnan District	
Output 4 – Ageing			
Ageing	Shaanxi		

	Yunnan		
	Heilongjiang		
	Fujian		Started since 2013
	Tianjin		Started since 2013
Output 6 - VAW			
VAW	Hebei	Chengde County	
	Hunan	Liuyang County	
Output 7 - SRB			
SRB	Anhui	Changfeng County	
	Shaanxi	Wugong County	
	Jiangxi	Jing'an County	
UNJP EAW	Hunan	Ningxiang County	2010-2012
	Gansu	Jingyuan County	

Evaluation Matrix for CPE of CP7

EQ1 (Relevance): To what extent is the UNFPA's support in the field of SRH and PD (i) adapted to the needs of the population, including vulnerable groups such as migrant workers and ethnic minorities; (ii) in line with the priorities set by international, national and sub-national policy frameworks; (iii) an adequate reflection of CPAP goals. Is UNFPA support providing an adequate response to any changes in national development needs or priorities?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
The needs of the population, such as youth, low income sex workers, and the population living in remote ethnic minority areas were well taken into account into account during the programming process	<ul style="list-style-type: none"> - Evidence of adequate and accurate identification of needs prior to the programming of components of CPAP and AWP, including women, adolescents and in particular young girls, ethnic minorities and young women 	<ul style="list-style-type: none"> - CPAPs, AWP, project reports - CPEs undertaken or situation analysis, baseline data analysis - SPRs - National Policy/strategy documents/laws - PD material including surveys 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff - Interviews with IPs or their staff - Interviews/focus groups with beneficiaries - PD data
The priorities set by international, national and sub-national policy frameworks were well articulated identified and well understood during the programming process	<ul style="list-style-type: none"> - Evidence of the international, national and sub-national policies that were in place, including UNFPA strategic Plan and MDGs - Evidence that policies were consistent with CPAP & AWP - Quality of UNFPA policy dialogue 	<ul style="list-style-type: none"> - CPAP, AWP, SPRs, COARs - GOC 5 Year Plan & policy documents - UNFPA Strategic Plan - MDG reports - UNDAF - CO staff 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with GoC , sub-national and UN officials, and CO staff - Interviews with IPs or their staff
The changes occurring in national development needs were recognized and a response was able to be developed, with emphasis given to UNFPA playing an	<ul style="list-style-type: none"> - Evidence of changing development needs - Evidence of nature of the response - Evidence that response was relevant, efficient, effective and sustainable 	<ul style="list-style-type: none"> - New GoC or sub national policies/strategy documents/laws - Trends in PD data; population dynamics; performance information 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with GoC , sub-national and UN officials, and CO staff - Interviews with IPs - Expert group

upstream role	-Evidence that ad hoc requests for assistance received a similar response		
EQ2 (Relevance): To what extent have UNFPA-supported interventions contributed, are likely to contribute) to a sustained increase in the proper use of demographic and socio-economic information and data in evidence-based policy-making, plans, programmes to improve SRH, HIV, GE, youth, population dynamics?			
Assumptions to be assessed	Indicators	Sources of Information	Tools and Methods
UNFPA supported interventions have been appropriately directed to upstream work in increasing use of information and data at national and sub-national level	<ul style="list-style-type: none"> - Evidence of relevant UNFPA interventions seeking to increase use of information and data in policy, plans etc. - Evidence on effect of such interventions on policy process in government 	<ul style="list-style-type: none"> - CPAP, AWP, SPRs, COARs - GoC and subnational policies, plans, programmes - Research on RH, PD and GE issues 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff - Interviews with IPs or their staff - Expert group
GOC and sub-national levels of government value such information and data and are skilled in its use	<ul style="list-style-type: none"> - Evidence that such information generated through CP7 is being increasingly utilized - Evidence of related capacity building and of government officials having relevant skills 	<ul style="list-style-type: none"> - GoC & subnational policies, plans, programmes - Government officials - Capacity building programs and evaluations 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with GoC, sub-national officials and CO staff - Interviews with IPs or their staff
Such data and information is available, accessible and useful	<ul style="list-style-type: none"> - Evidence of what information is available and its quality - Evidence of ease of access to information - Evidence of the utility and value of the information to the work of government and the effectiveness of that work 	<ul style="list-style-type: none"> - Demographic and socio economic information within government - Access arrangements - Government officials - Information and data sufficiently covers vulnerable groups 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with GoC, sub-national officials and CO staff - Interviews with IPs or their staff

➤ EQ3 (Efficiency): To what extent has UNFPA made efficient use of its human, financial and technical resources to achieve PD and RH output/outcomes under CP7, through an appropriate combination of tools and approaches?			
Assumptions to be assessed	Indicators	Sources of Information	Tools and Methods
That UNFPA has adequate resources that are available and appropriately skilled that have been used in achieving CPAP outputs	<ul style="list-style-type: none"> - Evidence of nature and amount of resources used in achieving particular outputs - Evidence of value for money in outputs achieved - Evidence of allocation of adequate resources to particular components 	<ul style="list-style-type: none"> - Atlas reports - SPRs - CO staff - IPs 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff - Interviews with IPs or their staff - UN benchmarking
That UNFPA has tools and approaches that are adequate and appropriate to achieving efficiency and they are being used	<ul style="list-style-type: none"> - Evidence of UNFPA management systems and tools - Evidence of effect of systems , approaches, tools on outputs achieved 	<ul style="list-style-type: none"> - Atlas reports - SPRs - CO staff - IPs - Audit reports - Evaluations & reviews 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff and auditors - Interviews with IPs or their staff
➤ EQ4 (Efficiency): To what extent did the intervention mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?			
Assumptions to be assessed	Indicators	Sources of Information	Tools and Methods
The intervention mechanisms are in place and are being used	<ul style="list-style-type: none"> - Evidence of the nature of the mechanisms in existence - Evidence they are being used - Evidence of resource usage 	<ul style="list-style-type: none"> - Atlas reports, SPRs - CO staff - IPs - Audit reports - Evaluations and reviews - IP Manual 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff & auditors - Interviews with IPs or their staff - Benchmarking with UN agencies
The intervention mechanisms are having an effect	<ul style="list-style-type: none"> - Evidence of what the nature of that effect is - Evidence of whether the 	<ul style="list-style-type: none"> - Atlas reports, SPRs - CO staff, auditors - Audit reports 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff and auditors

	output could have been achieved without intervention	- Evaluations and reviews	- Interviews with IPs or their staff - Benchmarking with UN agencies
<input type="checkbox"/> EQ5 (Effectiveness): To what extent have each CP7 and CPAP output in PD and RH been achieved, including in a coherent manner and with what benefit to service delivery? Have the outputs contributed to achieving CP7 outcomes and the mainstreaming of gender equality?			
Assumptions to be assessed	Indicators	Sources of Information	Tools and Methods
The outputs are clearly expressed, with specific results, indicators and other performance measures in place	<ul style="list-style-type: none"> -Evidence of sound planning and intended, outputs, results and performance measures are in place and being worked too. -Evidence that outputs are rights based and both gender and culturally sensitive as need be 	<ul style="list-style-type: none"> - CPAP, AWP, SPRs, COARs - CO staff, IPs - GoC and subnational officials - CPAP tracking 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff and auditors - Interviews with IPs or their staff - Expert group
There is relevant, useful performance information that enables a judgment on what the implementation action has achieved	<ul style="list-style-type: none"> -Evidence of relevant and useful performance information having regard to CP7 outputs -Evidence of effect on service delivery and in beneficiaries, including humanitarian interventions and GE aspects - The information is such that an objective judgment can be made -Evidence of measurable targets reached 	<ul style="list-style-type: none"> - AWP, RPR, COARS, evaluations and reviews - CO staff and IPs - GoC and subnational officials - Performance information - PD data - Surveys - CPAP tracking - Home delivery records 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff and GOC and subnational officials - Interviews with IPs or their staff - Interviews/focus groups with beneficiaries

Integration with related outputs in RH, PD , GE has been taken into account in assessing what is the effect of a particular output	<ul style="list-style-type: none"> -Evidence of intended integration -Evidence of extent of integration and its effect 	<ul style="list-style-type: none"> - Policies - CPAP, AWP, SPRs, COARs - CO and IPs - Performance data - CPAP tracking 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff - Interviews with IPs or their staff - Interviews/focus groups with beneficiaries
The outputs are related to outcomes	<ul style="list-style-type: none"> - Evidence in intervention logic of linkage between output and intended outcome and of a real effect that has been achieved 	<ul style="list-style-type: none"> - CPAPs, AWP, SPRs, COARs - Performance information, including reviews & evaluations 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO and IPs - Interviews/focus groups with beneficiaries
Gender mainstreaming is intended and is acted on with success	<ul style="list-style-type: none"> - Evidence of policy intention - Evidence that mainstreaming in fact occurred, both as regards females and males, and with what effects - Evidence of knowledge of approaches to different gendered needs in service delivery 	<ul style="list-style-type: none"> - CPAPs, AWP, SPRs, COARs - Performance information, including reviews & annual reports - evaluations 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO and IPs - Interviews/focus groups with beneficiaries
<input type="checkbox"/> EQ6 (Effectiveness): To what extent has CP7 supported national, sub-national and sectoral policy frameworks to be rights based and responsive to population dynamics such as changing birth rates and SRB, urbanization, ageing, gender equality trends (including in domestic violence), young people and climate change			
Assumptions to be assessed	Indicators	Sources of Information	Tools and Methods
There are relevant national and sub-national policy frameworks that UNFPA has been supporting to make them	<ul style="list-style-type: none"> - Evidence of UNFPA support for such change -Evidence of such policy 	<ul style="list-style-type: none"> - CPAP, AWP, SPRs, COARs - Examples of changed 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO staff - Interviews with IPs or their staff

<p>rights based and responsive to policy dynamics</p>	<p>frameworks and rights based policies</p> <ul style="list-style-type: none"> -Evidence that GE issues are adequately taken up in population dynamics -Evidence of particular population dynamics involved, as per list above -Evidence that vulnerable groups have been addressed in such work 	<p>frameworks</p>	<ul style="list-style-type: none"> - Interviews/focus groups with beneficiaries
<p>The GOC and sub-national officials and IP officials see value in such changes to frameworks and have the skills to change the approach</p>	<ul style="list-style-type: none"> -Evidence of support and interest in changing frameworks and of ownership -Evidence of relevant skills and interest in change 	<ul style="list-style-type: none"> - GOC and sub national officials - CO and IP officials - Reviews or evaluations 	<ul style="list-style-type: none"> - Interviews with CO and IPs - Interviews with GoC and sub-national officials - Documentary analysis
<p>There is useful evidential material on rights and population dynamics that UNFPA has helped to make available</p>	<ul style="list-style-type: none"> -Evidence of such material that UNFPA has contributed to making available and of its utility -Evidence of adequacy of data on changing birth rates and SRB, urbanization, ageing, gender equality trends (including in domestic violence), young people and climate change - Evidence of extent to which UNFPA support is consistent with UNDAF -Evidence on way the UNFPA has sought to disseminate and advocate based on rights and 	<ul style="list-style-type: none"> - UNFPA research, evidential material on rights and population dynamics - CO, UN officials. - IPs including research institutions - Other related research from other partners 	<ul style="list-style-type: none"> - Interviews with CO and IPs - Interviews with GoC and sub-national officials - Documentary analysis

	dynamics work		
➤ EQ7 (Effectiveness): The extent to which CPAP programme strategies, geographic coverage, modalities and implementing partners are optimal for achieving desired results			
Assumptions to be assessed	Indicators	Sources of Information	Tools and Methods
CPAP programme strategies, geographic coverage, modalities and implementing partners are focused on achieving desired results	<ul style="list-style-type: none"> - Evidence on existing strategies, geographic coverage, modalities and implementing partners - Evidence on how that strategy, coverage, modalities and IPs are linked to intervention logic of CP7 - Evidence of effective management of program implementation as regards strategies, coverage, modalities, partners 	<ul style="list-style-type: none"> - CPAP, AWP, SPRs, COARs - Document reviews - Partner assessments - GoC and sub-national officials - Other COs of UNFPA as regards modalities and partners - Other UN agencies - CO assessments on provinces for project sites 	<ul style="list-style-type: none"> - Documentary analysis - Interviews GoC and sub-national officials and IPs - UN benchmarking - Contact with selected COs in UNFPA
No better options have been identified for programme delivery	<ul style="list-style-type: none"> -Evidence of effect of existing strategies etc on results achieved -Any alternative options regarding strategies, geographic coverage, modalities and implementing partners -Have there been any changing circumstances that suggest any geographic change is required 	<ul style="list-style-type: none"> - Reviews, evaluations - Partner assessments - GoC and sub-national officials - Other COs of UNFPA - Other UN agencies - CO assessments on provinces for project sites 	<ul style="list-style-type: none"> - Documentary analysis - Interviews GoC and sub-national officials and IPs - Interviews with beneficiaries - UN benchmarking - Contact with selected COs in UNFPA

<p>➤ EQ8 (Sustainability) To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms, in RH, family planning, HIV prevention, gender equality and PD, to ensure ownership and the durability of effects, in particular for vulnerable groups, women and young people?</p>			
Assumptions to be Assessed	Indicators	Sources of Information	Tolls and Methods
UNFPA has been engaged in capacity building (CB) and establishment of mechanisms for partners and beneficiaries to assist sustainability in RH, GE, PD	<ul style="list-style-type: none"> - Evidence of existence of such CB programs - Evidence of mechanisms that have been established - Evidence of extent of focus on youth, minority groups, HIV/STIs clients, migrant workers 	<ul style="list-style-type: none"> - CPAP, AWP, SPRs, COARs - CO, IPs, GoC, sub-national officials, Beneficiaries - CB material - Mechanisms established 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with COs, IPs - Interviews with beneficiaries
Support is given in CB and in mechanisms that are established to sustainability	<ul style="list-style-type: none"> - Evidence of attention given to sustainability in CB and results achieved - Evidence of demonstrated ownership - Evidence of durability of effects, including through capacity built and appropriate resourcing 	<ul style="list-style-type: none"> - CB Material - Mechanisms established - Feedback from CB programs - CO, IPs, GoC, sub-national officials, Beneficiaries 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with COs, IPs, GoC, sub national officials - Interviews with beneficiaries
Particular attention has been given in CB and establishing mechanisms to assist youth, minority groups, HIV/STIs clients, migrant workers	<ul style="list-style-type: none"> - UNFPA measures to achieve sustainability in program areas with focus on youth, minority groups, HIV/STIs clients, migrant workers 	<ul style="list-style-type: none"> - Vulnerable groups - Feedback from CB programs - CO, IPs, GoC, sub-national officials 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with vulnerable groups - Interviews with COs, IPs, GoC, sub-national officials
<p>EQ9 (Sustainability- SSC Cooperation) ☐ To what extent has UNFPA successfully taken advantage of opportunities for South-South Cooperation (including in reproductive health and reproductive health commodity security) to facilitate the exchange of knowledge and lessons learned and to build capacity in China with a view to progressing towards achieving the MDGs, and in particular MDG 5?</p>			

Assumptions to be Assessed	Indicators	Sources of Information	Tools and Methods
<p>South-south cooperation is a priority for UNFPA and the GoC, including in RH and reproductive commodity exchange.</p>	<ul style="list-style-type: none"> - Evidence that SSC is regarded as a priority by UNFPA and GoC in these two areas or others - Evidence on how China sees its place in world and SSC opportunities are being taken up 	<ul style="list-style-type: none"> - CPAP, AWP, SPRs, COARs - Government and sub-national plans and policies - UN agencies - SSC documentation 	<ul style="list-style-type: none"> - Documentary analysis - Interviews of CO, GoC, IPs and sub-national officials, IPs - Expert group - UN benchmarking
<p>There are initiatives supported under CP7 that provide opportunities for South-to-South exchange of experience and lessons learned</p>	<ul style="list-style-type: none"> - Examples of any such opportunities that were taken up or not taken up - Evidence that such opportunities has led to information exchanges and taking up of lessons learnt and of value of this cooperation - Evidence on extent to which SSC work draws on emerging practice as a result of UNFPA's new Strategic Plan and focusses on vulnerable groups 	<ul style="list-style-type: none"> - CPAP, AWP, SPRs, COARs - Reports on SSC initiatives - CO, GoC, IPs and sub-national officials 	<ul style="list-style-type: none"> - Documentary analysis - Interviews of CO, GoC, IPs and sub-national officials

SSC will assist cooperating countries in achieving MDSs and in particular MDS 5	<ul style="list-style-type: none"> - Examples of such opportunities that were taken up or not taken up - Impact of SSC cooperation on China's effort in moving towards MDG 5 	<ul style="list-style-type: none"> - CPAP, AWP - Reports on SSC initiatives - CO, GoC, IPs and sub-national officials 	<ul style="list-style-type: none"> - Documentary analysis - Interviews of Co, GoC, IPs and sub-national officials - Expert group
EQ10. (Sustainability) □ To what extent has the CO successfully used the establishment and maintenance of different types of partnerships to (i) promote the national ownership of supported interventions, programmes and policies; and (ii) allow the CO to make use of the comparative strengths of UNFPA			
Assumptions to be Assessed	Indicators	Sources of Information	Tolls and Methods
The UNFPA has actively pursued partnerships and actively managed them for sustainability purposes	<ul style="list-style-type: none"> - Evidence of partnerships established - Evidence of how partnerships have been managed by UNFPA, in particular as to sustainability 	<ul style="list-style-type: none"> - CPAPs, SPRs, COARs, COARs - Minutes of UN bodies - Assessments of partnerships and related documents 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO, IPs, GoC, sub national officials, beneficiaries
The partnerships the UNFPA has pursued have been appropriate and worthwhile	<ul style="list-style-type: none"> - Evidence of value of partnerships and examples of achievements 	<ul style="list-style-type: none"> - CO, IPs, - Beneficiaries - SPRs 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO and IPs, GoC, sub national officials, beneficiaries
Partnerships established with GoC and at sub national level have been linked to UNFPA's comparative strengths	<ul style="list-style-type: none"> - Evidence of such partnerships - Evidence of UNFPA's comparative strengths and linkages to them 	<ul style="list-style-type: none"> - Partnership assessments and related documents - CO, GoC, sub national officials - Beneficiaries - CPAP, AWP, SPRs 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO, IPs, GoC, sub national officials, beneficiaries

EQ11. (UNCT Coordination Mechanism) <input type="checkbox"/> To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms in China? To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to avoid potential overlaps?			
Assumptions to be Assessed	Indicators	Sources of Information	Tools and Methods
UNCT mechanisms for coordination are in place and are active in China	<ul style="list-style-type: none"> - Evidence of mechanism - Evidence of activity under mechanisms - Evidence of joint programs - Evidence of effect and value of coordination mechanism to UNFPA's work 	<ul style="list-style-type: none"> - UNDAF - UNCT, theme groups, UNMOT and informal groups - Minutes of UN meetings - CO, UN Resident Coordinator, UN agencies 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with UN Resident Coordinator, UN agencies, CO
There are active UNFPA involvement and unique contributions	<ul style="list-style-type: none"> - Evidence of such coordination - Effect of such coordination - Evidence on whether or not appropriate levels of coordination always occur and any potential overlaps are avoided 	<ul style="list-style-type: none"> - UNDAF - UNCT, theme groups, UNMOT and informal groups - Minutes of UN meetings - CO, UN Resident Coordinator, UN agencies 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with UN Resident Coordinator, UN agencies, CO

EQ12. (Added value) <input type="checkbox"/> What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the CO features?			
Assumptions to be Assessed	Indicators	Sources of Information	Tolls and Methods
UNFPA has a good understanding of its comparative strengths and works to them	<ul style="list-style-type: none"> - Evidence of what its comparative strengths are - Evidence of any areas where improvement is needed - Evidence of good self-awareness of those strengths across UNFPA’s CO - Evidence that UNFPA works to its strengths - Evidence of comparative strengths of other UN agencies 	<ul style="list-style-type: none"> - Analysis undertaken in CPAP and UNDAF planning - CO, UN Resident Coordinator, UN agencies 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO, Un Resident Coordinator, UN agencies, GoC, IPs, sub-national officials
UNFPA has a good understanding of the reasons for those comparative strengths.	<ul style="list-style-type: none"> - Evidence of whether the strengths come from UNFPA corporate features or features specific to the CO 	<ul style="list-style-type: none"> - Analysis undertaken in CPAP and UNDAF planning - CO, UN Resident Coordinator, UN agencies 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with CO, Un Resident Coordinator, UN, GoC, IPs, sub-national officials

ANNEX 4

List of Persons/Institutions Met or Consulted with during CP7 Evaluation Process

1. UNFPA (22)

Asia Pacific Regional Office (APRO)			
No.	Name (First Name, Family Name)	Position	Institution
1	Kirian Bhatia	Gender Adviser	APRO
2	Christophe Lefranc	PD Adviser	APRO
3	Anne Harmer	Regional Programme Coordinator	APRO
4	Julia Cabassi	HIV and MARPS Adviser	APRO

UNFPA Country Office			
No.	Name (First Name, Family Name)	Position	Institution
1	Arie Hoekman	Representative	UNFPA China Office
2	Soyoltuya Bayaraa	Deputy Representative	UNFPA China Office
3	Jiong Peng	Assistant Representative (RH)	UNFPA China Office
4	Wei Guo	Programme Officer	UNFPA China Office
5	Mr. Jianzhong Chen	Consultant	UNFPA China Office
6	Gaoshan Junjian	Technical Analyst	UNFPA China Office
7	Mr. Qiang Fang	Programme Assistant	UNFPA China Office
8	Guoping Jia	Programme Officer (PD)	UNFPA China Office
9	Yan Lin	Technical Analyst	UNFPA China Office
10	Hua Jin	Programme Associate	UNFPA China Office
11	Yan Wang	Programme Assistant	UNFPA China Office
12	Liangliang Xiao	Programme Assistant	UNFPA China Office
13	Hua Wen	Consultant (Gender)	UNFPA China Office
14	Cuiling Gao	Assistant Representative	UNFPA China Office

15	Ying Zhou	Communication Assistant	UNFPA China Office
16	Ye Wang	Programme Associate	UNFPA China Office
17	Yanan Ren	Evaluation Manager	UNFPA China Office
18	Jing Li	Operations Manager	UNFPA China Office

2. Government of China- Central Government (19)

No.	Name (First Name, Family Name)	Position	Institution
Ministry of Commerce			
1	Wenliang Yao	Deputy Director General	Department of International Trade & Economic Affairs
2	Xiaokai Shen	Division Director	Department of International Trade & Economic Affairs
3	Zehua Guo	Officer	Department of International Trade & Economic Affairs
National Health and Family Planning Commission (NHFPC)			
4	Yang Zhang	Deputy Director General	International Cooperation Department
5	Ze Cong	Officer	International Organizations Division of International Cooperation Department
6	Qing Liu	Deputy Division Director	HIV Prevention Division of Disease Control Bureau
7	Bing Song	Division Director	Family Planning Technical Service Division of Maternal and Child Health Department
8	Ying Liu	Investigation and Research Officer	Women Division of Maternal and Child Health Department
9	Rui Li	Deputy Division Director	Policy Coordination Division of Community Family Planning Department
10	Xueting Li	Deputy Division Director	SRB control Division of Family Development Department
National Development and Reform Commission (NDRC)			
11	Fuqing Hao	Deputy Director General	Social Development Department of NDRC
12	Lei Chen	Deputy Division	Social Development Department of

		Director	NDRC
National Bureau of Statistics (NBS)			
13	Mr. Li Suoqiang	Deputy Director-General	Department of Social, Sciences and Technology, and Cultural Statistics, NBS
14.	Mrs. Xiao Li	Division Chief	Monitoring Division, Department of Social, Sciences and Technology, and Cultural Statistics, NBS
15.	Ms. Luo Qiushi		Monitoring Division, Department of Social, Sciences and Technology, and Cultural Statistics, NBS
16	Mrs. Hu Ying	Deputy Director-General	Department of Population and Employment Statistics, NBS
17	Mrs. Hu Ying	Deputy Director-General	Department of Population and Employment Statistics, NBS
18	Mrs. Xu Lan	Division Chief	Census Division, Department of Population and Employment Statistics, NBS
19	Ms. Li Yangwei		Department of International Cooperation, NBS

3. National Institutions affiliated to Central Government

No.	Name (First Name, Family Name)	Position	Institution
China Population and Development Research Center (CPDRC)			
1	Weiping Jiang	Director General	CPDRC
2	Hongyan Liu	Deputy Director General	CPDRC
3	Mengjun Tang	Deputy Director	International Cooperation Department
4	Zhixin Wei	Deputy Division Director	International Project Management Division of International Cooperation Department
5	Shuran Li	Staff	International Project Management Division of International Cooperation Department
6	Yijun Wang	Staff	International Project Management Division of International Cooperation Department

7	Zhuo Chen	Associate Researcher	Population Data Test Department
8	Kuangshi Huang	Assistant Researcher	Population Data Test Department
National Center for Women and Children's Health, China CDC (NCWCH)			
9	Ning Feng	Deputy Director	International Cooperative Projects Department
10	Yanxiang Zhao	Programme Officer	
11	Li Yang	Programme Officer	
12	Yi Yao	Deputy Director	Scientific Education and Development Department
13	Qichun Hou	Programme Officer	
14	Fang Wang	Programme Officer	Women's Health Care Department
National Center for AIDS/STD Control and Prevention, China CDC (NCAIDS)			
15	Duo Shan	Programme Officer	Exchanges and Cooperation Division
China Center for Urban Development (CCUD)			
16	Dou Hong	Division Chief	Division of Social Policy Studies
Social Development Institute (SDI)			
17	Zhang Benbo	Director	Social Policy Study Centre

4. Sub-national Government and affiliated institutions (173 persons)

No.	Name (First Name, Family Name)	Position	Institution
Zhejiang Province			
1	Yongjie Zhang	Officer	MCH Division of Zhejiang Provincial Health Bureau
2	Jingyi Jiang	Deputy Chief Doctor	Zhejiang Provincial MCH Hospital
3	Jianli Qian	Division Director	Operations Office of Huzhou Population and Family Planning Commission
4	Minyao Li	Deputy Division Director	Publicity and Technology Division of Huzhou Population and Family

			Planning Commission
5	Meihua Yu	Deputy Division Director	Community and Women's Health Division of Huzhou Health Bureau
6	Linghong Xie	Director	Huzhou FP Station
7	Min Xue	Division Director	Health Care Division of Huzhou MCH Hospital
8	Liwen Cai	Section Chief	Health Care Division of Huzhou MCH Hospital
9	Jun Wang	Division Director	Operations Office of Huzhou MCH Hospital
10	Hui Zhao	Deputy Director	Anji County Health Bureau
11	Chengping Nie	Division Chief	
12	Derong Zha	Director	Anji County FP Station
13	Qingwen Wu	Deputy Director	
14	Ting Bai	Division Director	
15	Xuan Sun		
16	Hui Wang		
17	Feng Chen		
18	Mindi Han		
19	Linghong Xie		
Chongqing Municipality			
1	Wei Wang	Deputy Director General	Chongqing Municipal Health and Family Planning Commission
2	Baoxin Cai	Inspector	Information and Statistics Division of Chongqing Municipal Health and Family Planning Commission
3	Jianjun Zhang	Deputy Division Director	Social Affairs Division of Chongqing Municipal Development and Reform Commission
4	Dong Tang	Director General	Chongqing Municipal Population and Information Center
5	Hong Qiu	Project Chief	Chongqing Municipal Population and Information Center
6	Deyong Qin	Deputy Director General	Fuling District Population and Family Planning Commission
7	Shuang Wang	Deputy Director General	Nan'an District Population and Family

			Planning Commission
8	Xiaoying He	Project Chief	Nan'an District Population and Family Planning Commission
9	Hong Xiao	Project Chief	Shapingba District Population and Family Planning Commission
10	Xiaoqiang Liu	Project Chief	Qijiang District Population and Family Planning Commission
11	Li Jian	Deputy Director General	Chongqing Municipal Health and Family Planning Commission
12	Honglian Fan	Division Director	Maternal and Child Health Division of Chongqing Municipal Health and Family Planning Commission
13	Yongqian Liao	Deputy Division Director	Maternal and Child Health Division of Chongqing Municipal Health and Family Planning Commission
14	Yunxian Wan	Officer	Maternal and Child Health Division of Chongqing Municipal Health and Family Planning Commission
15	Ping Chen	Division Director	Community Family Planning Division of Chongqing Municipal Health and Family Planning Commission
16	Guangming Pan	Division Director	Family Development Division of Chongqing Municipal Health and Family Planning Commission
17	Gaodong Zhang		Chongqing Municipal MCH Hospital
18	Haiyan Zhang		Chongqing Municipal MCH Hospital
19	Jie Li		Chongqing Municipal Family Planning Research Institute
20	Xiu Jing		Chongqing Municipal Family Planning Research Institute
21	Yang He		Chongqing Municipal Family Planning Research Institute
22	Tong Liu	Vice Governor	Yuzhong District Government
23	Jingmei Zhao		Yuzhong District Family Planning Commission
24	Li Tian		Yuzhong District Family Planning Commission
25	Hong Chen	Director	Yuzhong District MCH Hospital
26	Ping Wang	Vice Chair	Yuzhong District Women's Federation
27	Zhengfang Xiong		Yuzhong District Women's Federation

28	Chuanbo Pan	Deputy Director	Yuzhong District Health Bureau
29	Lei Xiao	Division Chief	Yuzhong District Education Bureau
30	Zhiyuan Qin	Director	Yuzhong District RH Center
31	Xiaojuan Liao		Yuzhong District RH Center
32	Xiangying Feng		Yuzhong District Contraceptives Supply Station
33	Zhijian Zhang		Chongqing Municipal Family Planning Association
34	Qun Liao	Division Director	Project Division of Chongqing Municipal Family Planning Association
35	Xin Chen		Project Division of Chongqing Municipal Family Planning Association
36	Deng Liu		Project Division of Chongqing Municipal Family Planning Association
37	Jing Xie		Project Division of Chongqing Municipal Family Planning Association
38	Zhihong Jiang	Director	Yongchuan District Population and Family Planning Commission
39	Yi Liu		
40	Jie Zhang		
41	Chunping Ai		
42	Yongming He		
43	Juan Wang		
44	Qitai Song		Yongchuan District Reproductive

			Health Center
45	Ling Huang		
46	Yongjun Xue		
47	Yan He		
48	Cong Chen		
49	Chi Chen		
50	Jing Zhou		
51	Qilan Hu		
52	Lan Zhou		
53	Xifen Zhou		Wujian Township Family Planning Station
54	Yu Guo Dong	Vice Master	Chongqing Yonhchuan People's Government
Hunan Province			
1	Shunling Huang	Deputy Director General	Hunan Provincial Health Bureau
2	Zhonghua Peng	Division Director	
3	Qing Li		Hunan Medical College
4	Kaiyu Deng		
5	Aili Peng		
6	Weishe Zhang		Hunan Xiangya Hospital
7	Jing Liu		
8	Chun Jiang		

9	Lihui Zhang		
10	Jingna Chen		
11	Jianyuan Cao		
12	Shaoming Zhou	Deputy Director General	Hunan Provincial MCH Hospital
13	Hua Wang	Deputy Director General	
14	Qiyun Du		
15	Tong He		
16	Jie Gao		
17	Qiao Xiao		
18	Zhihui Liu		
19	Yulin Song		
20	Ping Zhu		
21	Mingmin Xu		
22	Bo Lin		
23	Yipiong You		
24	Ming Hua		
25	Juan Xiao		
26	Chao Zhou	Vice Director	Liuyang City Court
27	Yanfang Luo		
28	Weilan Zhang		Liuyang City Justice Bureau
29	Hui Li		Liuyang City Civil Affairs Bureau
30	Xianhua Chen		Liuyang City Education Bureau
31	Xiaohua He		Liuyang City Judicial identification center
32	Yiguang Zhong		
33	Rongfu Xiong		Liuyang City procuratorate
34	Jing Hou		Liuyang City Public Security Bureau
35	Shujin Zhou		Liuyang City MCH Hospital
36	Qinzhen Yi		
37	Lan Hong		
38	Yan Tan		Liuyang City People's Hospital
39	Juan Gao		Hunan Wei Di Law Firm
Anhui Province			

1	Junwen Gao	Deputy Director General	Anhui Provincial Health and Family Planning Commission
2	Yajie Dong	Division Director	Publicity and Education Division of Anhui Provincial Health and Family Planning Commission
3	Yongbing Chen	Deputy Division Director	Publicity and Education Division of Anhui Provincial Health and Family Planning Commission
4	Zhiyu Yang	Deputy Director General	Hefei Municipal Population and Family Planning Commission
5	Tao Qiu	Division Director	Technology Division of Hefei Municipal Population and Family Planning Commission
6	Hua Xu	Governor	Changfeng County Government
7	Yonghong Wang	Director	Organization Department of Changfang Party Committee
8	Hong Zhang	Division Director	Liaison Office of Organization Department of Changfang Party Committee
9	Shengbin Xu	Vice Governor	Changfeng County Government
10	Liangxu Pang	Director	Changfeng County Population and Family Planning Commission
11	Dejun Yang	Deputy Director	Changfeng County Population and Family Planning Commission
12	Jingmei Cao	Deputy Director	Changfeng County Family Planning Association
13	Xingui Tao	Deputy Director	Changfeng County Development and Reform Commission
14	Yulian Zhang		Changfeng County Human Resources and Social Security Commission
15	Wenhua Kuai	Deputy Director	Changfeng County Health Bureau
16	Qianwu Gao	Deputy Director	Changfeng County Civil Affairs Bureau
17	Mengshu Li	Vice Chair	Changfeng County Women's Federation
18	Huaru Wang	Division Director	Changfeng County Education and Sports Bureau
19	Qing Wang	Vice President	Changfeng County Disables Association

20	Ling Zhen		Chengfeng County Party School
21	Deqing Yang	Member	Xiatang Township Party Committee of Changfeng County
22	Yong Ye	Director	Xiatang Township FP Office
23	Xianfang Zhang	Deputy Secretary	Shuangfeng Development Zone Party Committee of Changfeng County
24	Yixia Xu	Director	Shuangfeng Development Zone FP Office
Shaanxi Province			
1	Xue Bai		Yanta District Family Planning Bureau
2	Yongli Bai		Yanta District Public Security Bureau
3	Yifeng Jiang		Yanta District Parks and Woods Bureau
4	Dongjian Wei		Yanta District Civil Affairs Bureau
5	Chongshe Fang		
6	Shaoping Li		Yanta District Finance Bureau
7	Min Zhang		Shaanxi Provincial Academy of Social Sciences
8	Shuzhuo Li	Professor	Population Institute of Xi'an Jiao Tong University
9	Xuyan Yang		
10	Qunlin Zhang		Management College of Xi'an Engineering University
11	Zijuan Shang		Chang'an University
Henan Province			
1	Deshan Shi		Zhengzhou Development and Reform Commission
2	Jie Li		
3	Jie Liu		
4	Dalong Zhang		Zhengzhou Education Bureau
5	Weixing Gao		Zhengzhou University
6	Peiwu Zhong		
7	Yulin Ma		
Tianjin Municipality			
1	Zhenzong Chang		Tianjin Municipal Office on Ageing

2	Ning Guo		
3	Dongmei Sun		
4	Guoli Yan		The elderly Psychology Research Institute of Tianjin Normal University
5	Xiaohua Zhang		
Heilongjiang Province			
1	Shumei Li	Deputy Director	Heilongjiang Provincial Office on Ageing
2	Yuping Gao	Division Director	
3	Miao Tian	Division Director	Heilongjiang Provincial Development Research Center
4	Gang Wang	Deputy Director	Heilongjiang Provincial Health and Family Planning Commission
5	Jing Yang		
6	Weijun Zheng		Division of Family Development, Heilongjiang Provincial Health and Family Planning Commission
7	Tao Geng		Harbin City Health and Family Planning Commission
Jiangxi Province			
1	Qingping Chang		Jiangxi Provincial CDC
2	Hui Cheng		
3	Guoping Wang		Donghu District Health Bureau
4	Yujing Zhao		Donghu District CDC
5	Jing Li		
6	Qingping Liu		
7	Qiang Long		

5. UN Organizations (10)

No.	Name (First Name, Family Name)	Position	Institution
UN China RC Office			
	Alain Noudehou	UN Resident Coordinator	UN China
UNICEF			

	Gillian Mellsop	Representative	UNICEF China
	Lei Zhang	Technical Officer (Youth)	
	Yuning Yang	Technical Officer (MCH)	
	Sufang Guo	Technical Officer (MCH)	
UNAIDS			
	Catherine Sozi	Representative	UNAIDS China
	Kai Zhou	Social Mobilization and Partnership Advisor	UNAIDS China
WHO			
	Bernhard Schwartlander	Representative	WHO China
	Ms. Wen Chunmei	Health Officer	WHO China
UNDP			
	Christophe Bahuet	Country Director	UNDP China
UN Women			
	Julie Brossard	Country Programme Manager	UN Women
UNESCO			
	Eunice Smith	Programme Specialist	UNESCO

Civil Society Organizations (32)

No.	Name (First Name, Family Name)	Position	Institution
China National Committee on Aging (CNCA)			
1	Caiwei Xiao	Vice President	CNCA
2	Xun Wang	Director General	International Department, CNCA
3	Qiufeng Wu	Director General	Programme Development Department, CNCA

4	Zhihong Li	Deputy Director General	Policy Research Department, CNCA
5	Longxuan Wang	Project Officer	International Department, CNCA
6	Xiaoya Zhang		International Department, CNCA
7	Jianguo Zhao		Programme Development Department, CNCA
8	Li Jing	Director	Department of Social Culture, CNCA
9	Ms. Weiyanyan	Deputy Director	Editorial Department
China Research Center on Ageing (CRCA)			
10	Jing Li	Chief	Social Culture Section
11	Yanyan Wei	Vice Chief	Edition Section
Red Cross Society of China (RCSC)			
12	Liqiong Wang	HIV Project Coordinator	Project Management Officer of Relief and Health Department
China Family Planning Association (CFPA)			
13	Lihe Li	Deputy Division Director	Project Division of International Cooperation Department
14	Xiao Liang	Programme Officer	Project Division of International Cooperation Department
15	Yanhua Liu	Programme Officer	Domestic Program Department
China Youth Network (CYN)			
16	Minhui Yang	CYN core member Peer educator	Duke University
17	Xiaoyan Chen	CYN core member Peer educator	Beijing University of Chinese Medicine
China Red Cross National Training Center (CRCNTC)			
18.	Jianzhong Zhao	Deputy Director General	China Red Cross National Training Center
19.	Limin Zhan	Programme Officer	Social Emergency Response Department
Maternal and Child Health Care of China Association (CMCHA)			
20	Ruyan Pang	Vice President	Maternal and Child Health Care of

			China Association (CMCHA)
21	Rui Hou	Associate Professor	Peking University School of Nursing
22	Xiu Zhu	Lecture	Peking University School of Nursing
All China Women's Federation (ACWF)			
23	Jiang Xiuhua	Researcher	China Women's Research Institute
24	Ma Yan	Researcher	China Women's Research Institute
25	Ren Pei	Programme Officer	International Exchange and Corporation Center (IECC)
White Ribbon			
26	Fang Gang	Volunteer	Beijing White Ribbon Consulting Service Center
27	Nan Chuxin		
Institute of Global Health			
28	Lucy Chen	Director	Institute of Global Health
Center for Healthy Aging and Development Studies (CHAD)			
29	Mrs. Liu Yuzhi	Researcher	CHAD
30	Mr. Yin Zhaoxue	Researcher	CHAD
31	Ms. Chai Huamin	Post Doctor	CHAD
32	Ms. Li Faju	Secretary	CHAD

PD Expert (4)

No.	Name (First Name, Family Name)	Position	Institution
1	Zhemning Xie	Secretary General	China Population Association
2	Zhenzhen Zheng	Professor	Institute of Population and Labor Economics, Chinese Academy of Social Sciences
3	Xiaochun Qiao	Professor	Peking University
4	Zhenwu Zhai	Professor	School of Sociology and Population Studies of Renmin University

Cooperation and Company (7)

No.	Name	Position	
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	(First Name, Family Name)		Institution
China Railways Cooperation (CRC)			
1	Mr. Kong Xianhui	Deputy Division Director	Labor and Health Department
Energy Saving & Environmental Protection & Occupational Safety and Health Research Institute of Chinese Academy of Railway Sciences (ESEPOSHRI)			
2	Ms. Li Yi	Director	Health Project Department
3	Ms. Ge Fei	Project Officer	Health Project Department
Xinhua News			
4	Mr. Ma Jianguo	Deputy Director	Foreign Affairs Department of Xinhua News Agency
5	Mr. Dong Huaqiang	Deputy Director	Center for Strategic Operations of Xinhua News Agency
Guokr			
6	Ms. Ma Xun	Senior Marketing Manager	Beijing Guokr Interactive Information Technology Co. Ltd (Guokr.com)
7	Ms. Zong Weiyi	Marketing Manager	Beijing Guokr Interactive Information Technology Co. Ltd (Guokr.com)

Final Beneficiaries

Name (First Name, Family Name)	Remarks
1 Group Discussion with 10 young people in Yuzhong District of Chongqing Municipality	The CPE met a group of youth on July 29 and learned that they were still naïve about RH issues and that their preferred channel of getting information is through internet and social media.
Focus Group SRB	The CPE met a group of 8 village women in Zuodian township in Anhui Province for half an hour on July 29 and learned that they were empowered by the project activities including reforming the village rules which were discriminatory to women, and deciding on the proportion of women to be elected in the village government. Their enthusiasm and confidence encourage one to redefine the status of rural women in Chinese villages and to give up sex selection practice.
Focus Group SW	The CPE met a group of 5 low-income sex workers in Donghu district, Nanchang, Jiangxi Province on August 1 and learned that

	<p>they were married with children and came from nearby villages. They engaged in sex work because one or more of the following reasons: family business failed, supporting family after the husband falling sick, and paying for children's education. Their clients were mostly older and retired men and low income migrant workers. They stayed in that neighbourhood not just because they found clients, but also because local residents accepted them and they could visit the local community clinic for regular check ups.</p>
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List of Documents Consulted

A. Documents provided by the UNFPA

DOCUMENTS
1. Programming Documents
1.1 Common Country Assessment (Complementary Country Analysis for China, September, 2009)
1.2 UNDAF (2011-2015)
1.3 CP7 CPD
1.4 CP7 CPAP and 3 annexes (a) Results and Resources Framework (b) Planning and Tracking Tools (c) Monitoring and Evaluation calendars
1.5 CPAP Planning and Tracking Tools with annual targets and achievements
1.6 Relevant national policy documents for each programmatic area (RH,PD and Gender) <ol style="list-style-type: none"> 1. The Twelfth Five-Year Plan for National Population Development of China issued by the State Council in December, 2011 2. Population and Family Planning Law of China (issued on December 29, 2001 and effective on September 1, 2002) 3. The Opinions on the Adjustment and Improvement of Fertility Policy recently issued by the CPC Central Committee and the State Council in December 2013 4. NHFPC's statement on fertility policy improvement 5. Vice Minister - Mr. Wang Peian's answers to the reporters on fertility policy improvement 6. China National Development Program for Women's Development (2011-2020) 7. China National Development Program for Children's Development (2011-2020) 8. Report of Women and Children's Health Development in China (2011) 9. The 12th Five-Year Program for China's Economic and Social Development (2011-2015)
1.7 UNFPA Strategic Plan (2008-2013)
1.8 The mid-term review of UNFPA Strategic Plan (2008-2013)
1.9 UNFPA Strategic Plan (2014-2017)
2. Annual Work Plans and Standard Progress Reports for CP7
2.1 AWP's under CP7 (2011-2014)
2.2 Annual Standard Progress Reports under CP7 (APR's for year 2011 and SPR's for year 2012 and 2013)
2.3 Country Office Annual Reports under CP7 (2011,2012, 2013)
3. List of Atlas projects and the stakeholders mapping for CP7¹⁴⁸
3.1 List of Atlas projects by CPAP output and Strategic Plan outcome
3.2 The stakeholders mapping table for CP7

¹⁴⁸ List here each evaluation report for the period under evaluation. For each report indicate: the title, the author and the date of completion. All evaluation reports must include TORs. If no evaluations were undertaken, please state.

4. Evaluation/ Reviews Reports for CP6/CP7
4.1. Evaluation reports for CP6
4.2 Evaluation/Review reports for CP7
5. Surveys and Studies
5.1. Baseline and end line survey reports for CP7 <ul style="list-style-type: none"> • Baseline report of RH output 3 – Youth project • Baseline report of RH output 4 – minority project
5.2. Studies/research under RH, PD and gender in CP7
6. Monitoring
6.1 List of field monitoring visits reports in all programmatic areas (RH, PD and Gender)
7. Partners
7.1. IPs: Reports assessing technical capacity of implementing partners (CNCA, NWCCW, NBS, NDRC, CMCHA, MOH, NPFPC, MOR, CFPA)
7.2. United Nations Country Team: <p style="margin-left: 40px;">Meeting minutes for UN coordination mechanism with UNFPA’s participation including</p> <ul style="list-style-type: none"> • UNCT, • UN theme group on health, • UN theme group no gender, • UN Core Management Team on HIV, • UN theme group on Disaster Management, • UN Operations Management Team
7.3. <i>Other donors</i> : Documentation on donor coordination mechanisms: <ul style="list-style-type: none"> • Informal working groups (ageing, SRB, CSE) • China Africa Health Cooperation
8. UNFPA Guidelines on CPE
8.1 Handbook on how to design and conduct a Country Programme Evaluation at UNFPA
9. Others
9.1 Questionnaire for program managers

B. Other GOC Documents

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G. UNFPA- global and regional

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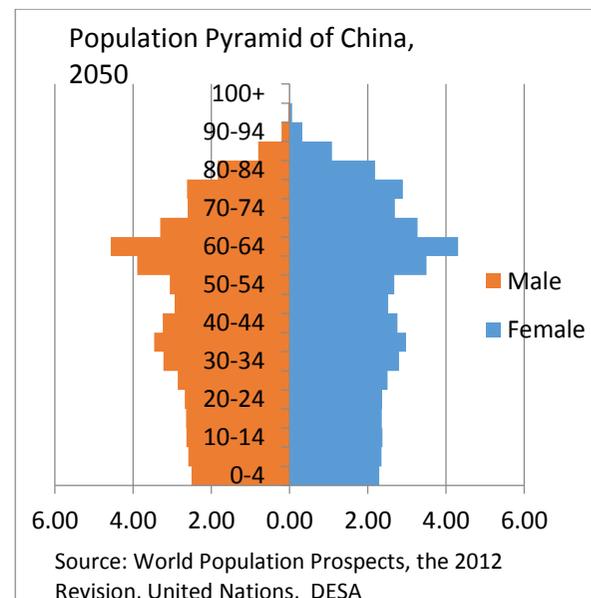
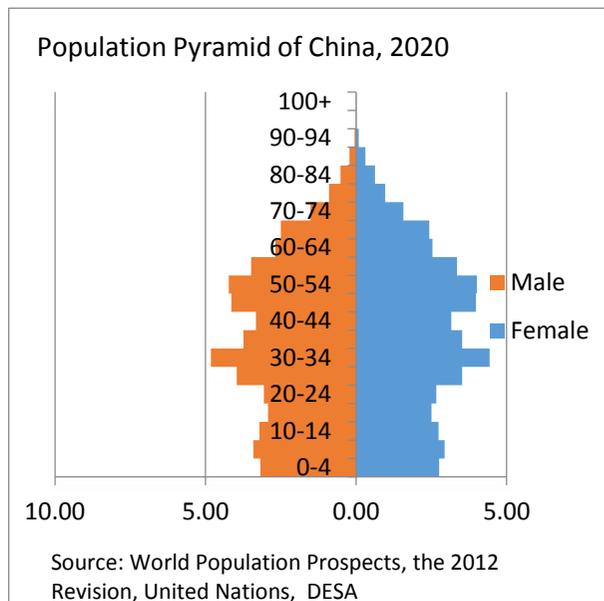
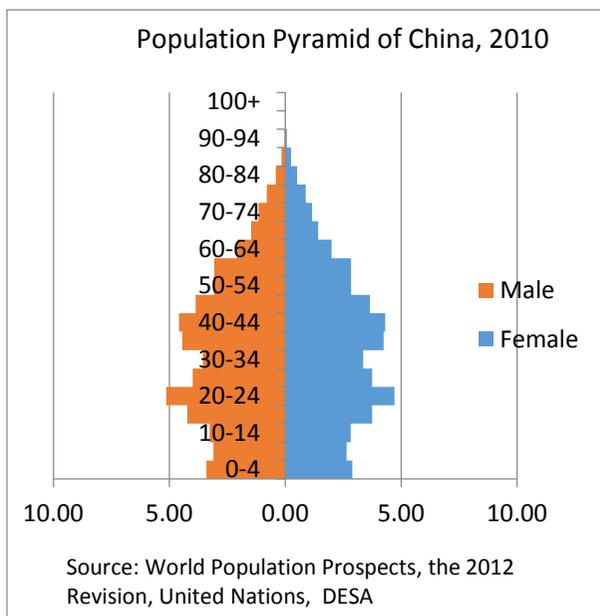
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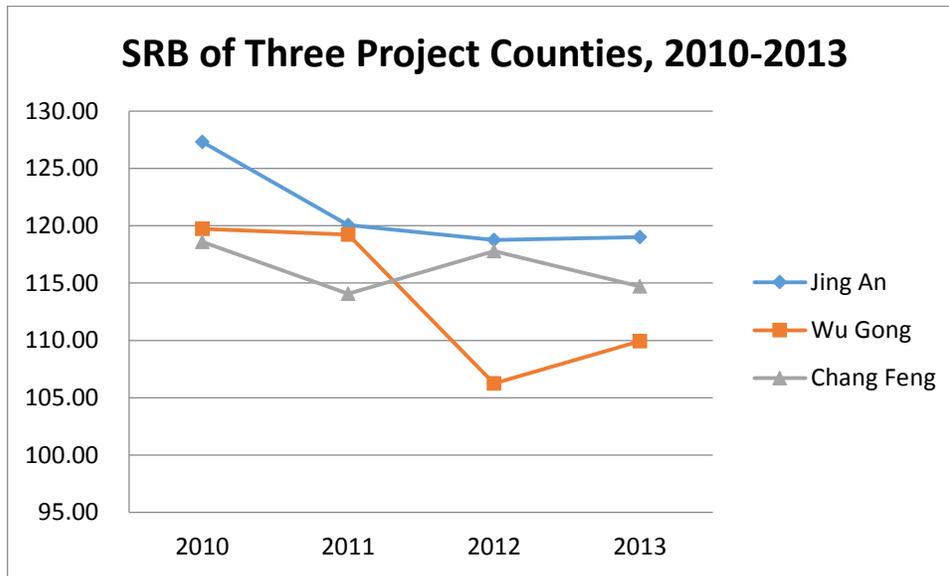
Population Pyramid- 2010- 2020- 2050



SRB Figures in Project Counties

SRB of Three Project Counties, 2010-2013

	Jing An	Wu Gong	Chang Feng
2010	127.30	119.72	118.59
2011	120.08	119.22	114.08
2012	118.76	106.24	117.80
2013	119.01	109.92	114.70



Issues Relating to Collection of Gender Disaggregated Statistics in China

(This paper elaborates on points made in the CPE report on CP7 in answering question 2 related to use of data and research. The comments were prepared by Associate Professor Lanyan Chen)

Gender statistics are an essential tool to mainstream gender equality in policy-making through the recognition of gender differences in all fields of life as well as the challenges women face in order to effect substantive equality.

The absence of gender-sensitive indicators in the systems of statistical reporting at senior levels of government affects the ability of local communities to collect sex-disaggregated data to inform decision-making and improve the lives of women and men in local society. That is because gender statistics cut across the traditional fields of statistical collection to identify, produce and disseminate statistics that reflect the realities of the lives of women and men and policy issues relating to gender equality.

These policy issues relate to the fact that (i) women and men continue to have different roles in society, different access to and control over resources and different skills and interests; (ii) women and men are affected by policies and programs differently as they are situated unequally in society; and (iii) adopting policies to reduce the level of inequality may require finding ways to empower women and to promote equality.

Policy and research is almost always concerned with gender, not sex, but examination of data by sex is the means to making gender-based analyses. For instance, women's position in society is an important context for understanding men's position in society and vice versa. Data must be disaggregated by sex in order to provide evidence of gender differences, thus allowing for a closer understanding of lived experiences (Lanyan Chen, Chen Shumei and Wang Xiangmei, 2011).

In China, there has been a lack of sex-disaggregated data that reflects the gender gap in employment; participation in all levels of decision-making; access to services; protection of rights; population, marriage and family; income and wealth; education; health care; community participation and management; crime and assault; time use; and social security and recreational activities. There also needs to be gender-related data regarding youth, vulnerable people, migrant women, PWD, and ethnic minorities.

It remains a major challenge, but a much-needed and significant exercise, to expand and improve sex-disaggregated indicators in the centralized Chinese statistical systems. The Chinese centralized statistical systems are highly controlled and heavily hierarchical. They are based on approved reporting using administrative forms and tables sent from the NBS, in most cases down to the line ministries and lower levels of governments. In the process followed in reporting, the quality of data is questionable. Moreover, any changes in the administrative forms or a questionnaire, for instance to incorporate sex-disaggregated indicators, requires approval from senior levels of management. It is therefore extremely important and a longstanding task for UNFPA to continue work with the NBS to create more sex-disaggregated indicators in its coordination of national statistics through line ministries and lower levels of governments.

Disaggregation of indicators by sex by NBS has been progressing under the support of CP7 though further opportunities are still ahead. For instance, since 2010, sex-disaggregated indicators have been added to the national Statistical Reporting System on the Status of Women and Children: death disaggregated by sex and disease was added in 2012; and in 2013 statistics were added on women's share in leadership positions at different levels of government and women's share of chief positions in different departments of the governments. In the newly expanded reporting system in 2013, 24 more sex-disaggregated indicators are added. The total of sex disaggregated statistics has changed from 190 in 2010

to 214, an increase by 12.6 percent. Also, in the publication of *Women and Men in China: Facts and Figures* 2012, a new section has been added on Gender Outlook using data from the 2000 Second and 2010 Third Surveys on the Status of Chinese Women to reflect gender awareness, gender identity and recognition of gender roles. There is also an increased number of sex disaggregated indicators on health, employment, and political participation: current employment rate by sex; non-agricultural employment rate by sex. Employment in public services by sex has been added in the section on Employment and Income; and death rate by breast cancer and cervical cancer and suicide by sex are added in the section on Health and Healthcare.

There is room for further work under the Guidelines on the Plans for Statistical Development and Reform in the 12th Five Year Plan on Economic and Social Development, which demands the strengthening of statistics on population, social and resource-based environment and raising the level of social statistics gathering and dissemination as well as improving statistical monitoring on the implementation of the Programs for the Development of Women and Children. Thus, while working with the NBS on the increase of sex-disaggregated indicators, it is possible, given the nature of the local administrative systems of statistical collection, for UNFPA to work with the grassroots level data collectors, the village and urban neighborhood recorders who compile data on households, to initiate changes and to even begin with a new instrument, such as GBV records over time. Such a new instrument may require senior management's approval but could still be undertaken by a local statistical office, especially at the grassroots level of the community. Such work encourages awareness of GE issues demonstrated at interview by all levels of government involved in policy development.

Background Information and Statistics on Reproductive Health in China

ICPD Objectives

Reproductive health is defined in the ICPD SRH chapter as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproductive and sexually transmitted diseases.

Specific objectives defined in the ICPD SRH chapter¹ are:

- (a) To ensure that comprehensive, factual information and full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users;
- (b) To enable and support responsible voluntary decisions about child-bearing and methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and to have the information, education and means to do so;
- (c) To meet changing reproductive health means over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities.

UNFPA Strategic Plan 2014-2017

All four of the Strategic Plan's outcomes relate to reproductive health. They are as follows:

- Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access
- Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services
- Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth
- Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

China's National 12th Five-Year Plan on Population Development 2011-2015

The Plan provides as follows

“We shall improve public service system for population and family planning. Building of population and family planning service system shall be accelerated with the service coverage expanded. And we shall enhance construction of population and family planning service infrastructure and information service supporting facilities. We are supposed to implement population and family planning occupational system building project and establish occupational standard, education and training, assessment and certification as well as occupational development systems. It is also required to enhance construction of family

planning and reproductive health science and technology innovation base and foster a batch of department or commission level key labs. ...And we shall comprehensively promote family planning service capability and strengthen reproductive health and care, offering every one the opportunity to enjoy reproductive health service.

It is required to carry out publicity and guiding activities acceptable to the masses and strengthen pre-marital and pre-pregnancy consultation and instruction. We shall organize implementation of family planning and reproductive health promotion project and do a good job in health education, eugenic consultation, high risk group instruction, pre-pregnancy screening and nutrient supplementation.

Efforts should be made to establish and improve policies for family development: stabilizing family functions; to accelerate the effort to establish and improve the policy system to increase the capabilities of family development in good prenatal and postnatal care, family education, development of children, warding off risks, reproductive health, help families get rich and old-age security...

Efforts should be made to promote the development of new family & population culture: to give wide publicity to population and family planning policies through New Models of Marriage and Maternity, Care for Girls, New Rural Areas, New Families and Happiness Project; build happy families; advocate freedom and equality in marriages, reproductive health, good prenatal and postnatal care, and gender equality; advocate positive, healthy and responsible marital and maternal behaviors; ...promote the communication between diversified cultures in densely populated areas; accelerate the integration of migrant population into local communities... “

UNDAF 2011-2015

UNDAF said of progress made in relation to the MDGs

Goal 4: Reduce child mortality: The coverage, reach and quality of public health services fall short of desired levels. The NCMS and urban health insurance schemes need to be further strengthened according to specific local conditions. Differences in access to quality health care still exist, affecting rural and poor populations, the floating population, and children of minority ethnicity. Enhancing the basic MCH service available to these populations is a high priority. Medical care should not be unaffordable for the poor. Special attention should be paid to the higher female infant mortality in rural area. Challenges remain on measurement of the child mortality rate and immunization coverage among unregistered and floating populations. Greater attention needs to be paid to improving the quality of human resources working in MCH care. New approaches and strategies are needed to address early post-natal screening and counselling on appropriate feeding for all infants; screening and special care of low-birth weight infants; integrated management of childhood illness; supplementation with micronutrients and the use of new vaccines to prevent diarrhoea, pneumonia and meningitis. Efforts should be made to promote appropriate feeding practices for infants and young children.

Goal 5: Improve maternal health: Much needs to be done to improve knowledge and practices of midwifery and obstetric staff in particular, particularly in rural China, so as to provide safe delivery care, and efficient emergency and referral services. The fees charged for maternity services have, until recently, been a barrier to the care and treatment of many of China's neediest women. New approaches are needed to make a major impact on maternal mortality such as pre-pregnancy counselling and care, and early supplementation with multiple micronutrients for pregnant women remain under-implemented, particularly in the poorest areas. At the same time, adolescent births and unmet needs for family planning underscore that much work remains in reproductive health care, particularly in providing services to unmarried people and migrants.

Goal 6: Combat HIV/AIDS, malaria and other diseases: The Government has begun to reverse the spread of malaria and other major diseases. These efforts need to be further strengthened. Although the HIV infection rate in China is low, combating it is still an urgent priority through (i) increasing the coverage level of comprehensive HIV prevention among target groups, (ii) strengthening the health system to help people living with HIV access treatment and maintain high adherence rates in order to minimize secondary HIV transmission; (iii) intensifying training and proper enforcement of the anti-discrimination law to counter stigma and discrimination, in addition to awareness raising; (iv) scaling up interventions to achieve universal access to HIV-AIDS care; (v) strengthening the capacity of civil society organizations in the national ADIS response; and (vi) strengthening the coordination and accountability of the national response.

Key Statistics on RH

MMR 2010: 37/100,000 ³
% change in MMR between 1990 and 2010: -70
Progress towards MDG 5: on Track
Lifetime risk of maternal death ³ : 1 in: 1,700
U5MR 2012: 14/1,000 ⁴
Male: 15/1,000
Female: 13/1,000
MDG Target for 2015: 18/1,000
IMR 2012: 12/1,000 ⁴
Birth attended by skilled health personnel, percent 2005/2012: 96 ¹⁴
Adolescent birth rate per 1,000 women aged 15 to 19, 1991/2010: 6 ¹⁴
Contraceptive prevalence rate, women aged 15-49, any method 1990/2012: 85 ¹⁴
Contraceptive prevalence rate, women aged 15-49, modern method 1990/2012: 84 ¹⁴
Unmet need for family planning, per cent, 1988/2012: 2 ¹⁴
Life expectancy at birth (years), 2010: 74 ⁴
Total fertility rate, per woman, 2010-2015: 1.7 ¹⁴
Population aged 10-19, per cent, 2010: 14 ¹⁴

Source: State of the World Population. UNFPA, 2013. A/CONF.171/13/Rev.1.

A Case Study on the experience with the CP7 EVAW and SRB models
- Effectiveness in piloting quality services

Under the CP7 GE initiatives, desirable outputs are being achieved including a multidisciplinary approach to improving SRB and ending VAW based on gender training institutionalized in the Party School and through Women's Federation networks to mainstream gender in policymaking and raise the quality of medical and non-medical services.

These are important as they help overcome inequalities by improving women and girls' status and protecting their RH&R. However, measuring the effectiveness of gender training is a question as well as whether the project intervention will influence longer term policy changes even in local project sites, as discussed below in sections on partnership and sustainability. Nonetheless, the operation of a multi-sectoral mechanism on improving SRB has led to the design and implementation of social policy, especially in support of daughter-only families in areas of education, health, employment and social security, while that on ending VAW has contributed to changes in the concept of domestic violence and legal and judicial instruments to protect women and children. Some of these policy and instruments have already been replicated in other areas with the help of training including revising customary rules discriminative against women and protocols in assisting women experiencing domestic violence.

In Changfeng, a multi-sectoral mechanism led by a high level leadership group made up of leaders of departments of the county government with the county governor as the head has developed a set of social policy related strategies since 2012.¹⁴⁹ They include improving women's employment through investing in women-dominated production and enrolling more women in technical extension services, revising customary village rules biased against women through a consultation process and subsidizing families in which children taking their mothers' surnames, wedding of daughters in daughter only families and husbands deciding to move in with the wives' families.¹⁵⁰

While free check-ups on contraceptive use and related RH services are offered to women who observe FP policy, there is emphasis on the use of group pressure among bearing age women to enforce the promise of their longer term use of contraceptives. The effort to improve information on birth rate based on the real name registration of new births and the number of bearing age women over 18 through information sharing among FP, health, public security and civil affairs and village level information management system is significant and may offer an opportunity to disaggregate data by sex at the grassroots levels.

Moreover, providing girls from 0-4 age health check-ups by township FP service centres, and financial support to daughters in daughters' only families to continue education and technical training and girls who are left behind by their parents taking up employment in towns help increase the status of girls and their education.

¹⁴⁹ For an account of the commitment see the "Decision on Changfeng Plan to Implement UNFPA CP7 Gender Equality Project" adopted on April 18 2012.

¹⁵⁰ It is however a question about whether this investment in women's employment will result in their increased income as men still control the marketing of products and Chinese statistics are only concerned with household income. That is why I have suggested that further development in sex-disaggregation including in record keeping is important in helping bring women's contributions into recognition.

This multi-sectoral approach has seen a decline of SRB from around 130 at the start of the project to 115 at the time of this evaluation and a general improvement in women's participation in social, economic and political processes.¹⁵¹

Women's participation in public life, for instance, has seen following changes. While overall women's share in policy making above the village level is still low, there has been an increase of women village leaders since the start of the project.¹⁵² For example, there are 3 more women Village Chiefs out of a total of 14 women Village Chiefs; 3 more Village Party Secretaries out of a total of 26; 28 more women members of the Village Party Group out of a total of 176 women members; and 25 more women members of the Village Council during the recent election. This increase at the village level is significant as it is through democratic elections more than government appointments that women gain recognition of their leadership skills and there is an overall decline of women's representation in village government since the start of economic reforms in the 1980s (Chen, 2008).

During a focus group with village women and men in Chuang Xin Community, Zuo Dian Township on July 30 2014, it became clear that the exercise of revising traditional village customary rules that discriminate against women through a consultation process and passing by vote is taking effect. The women articulated their belief clearly, in contradiction to their traditional roles of not speaking in front of men in public, that they are entitled to half of the political representation and equal share of land holding. In the traditional patrilineal practice where women marry into their husbands' families, they are only known as their husbands' wives in their newly adopted villages, having low status and often no shares of land holding.¹⁵³

¹⁵¹ Specifically, over the three years from 2011 to 2013, 271 girls from the families of two daughters were supported to attend universities. Rural women who observe FP policy have been given priority in attending agricultural technical trainings (where women made up of 97 percent of the trained). Also, out of 2451 rural households that have participated in the use of mutual help loans of 14 mil Yuan, 2120 households headed by women, about 86.5 percent. By the end of July 57 rural women have received microcredit loans in a total of 3.46 mil Yuan out of a total of 10.32 mil Yuan. Since 2013, 4005 women have had free cervical cancer screening and 3005 women have had free breast cancer screening, 49 suspected cases. The government also pays for the share of families that have single daughter or two daughters in cooperatively based health care insurance and 1391 women workers have had physical checkups free of charge. Moreover, in the first half of 2014, there were 815 enterprises participating in the maternity insurance, with a total of 27431 women employees enrolled, 1778 more than that in 2012. In 2014, the county government pays 10 more Yuan into pension for those rural couples who have received the card for one child only or have undergone sterilization after having two daughters. Rural couples who have one child or two daughters only can receive subsidy at the age of 55 instead of 60. Those who have two daughters and received sterilization within the time limited by the government are awarded 5000 Yuan, while those who have two children received 600 Yuan. For those who have one child only, the child receives 30 Yuan a month until s/he turns 16. In the same period, out of 7810 city people found jobs, 3283 were women, 42 percent. In addition, 1094 women out of 1742 (63 percent) received subsidy for social insurance as a way to promote employment among urban people age 40 to 50.

¹⁵² Women's membership in the standing committee of the county Party Branch is 6.9 percent (2 women out of 29), 19.85 percent (55 women) in the recent Party Congress (an increase of 3.77 percentage points), 16.73 percent (46 women out of 275,) in the People's Congress (an increase of 0.92 percentage point from before but still lower than 22 percent at the national level) and 16 percent (4 out of 25) in the Standing Committee of the People's Congress.

¹⁵³ These women recalled that their demand for an equitable share of recommended persons actively seeking membership in the Party and the village representatives at the village election finally yielded 45 percent and that 4 of the 11 village leadership group members are women. For more on traditional role of rural women, see Chen (2014).

In the Changfeng SRB project, there are still clearly questions for discussion. Firstly, the project promotes informed decisions on RH and FP. However, in the exhibition room of the FP technical centre not all the means of contraceptives were displayed and included; one in particular that is missing is vasectomy. This omission reflects the overall resistance on the part of men in China against the use of vasectomy, which is only less than 10 percent of the contraceptive use in China, failing to affect changes in the disproportional FP responsibilities shouldered by women (for example, over 85 percent). Thus, continuing work is needed, including in the creation of sex-disaggregated indicators to allow much needed information on the share of family planning responsibilities to encourage men's use of contraceptives; for instance, the national statistics show that in 2006 men's overall use of contraceptives totaled only at 15.33 percent (NBS, 2007, 37). There is a need to involve men more in discussion of changes in GE attitudes and behaviour. Also, disaggregation by sex of newborns is also needed as in the countryside, often the sex of newborn inside the quota influences the pregnancies that occur outside the quota.

Secondly, the County Office of Statistics could usefully be included in the project leadership group, thus providing opportunities for developing gender-sensitive indicators across sectors, including working on rural women's contribution in both production and reproduction and their share of income.

Thirdly, the county government invested 2.625 mil Yuan in 2013 in redesigning public toilets in schools according to 1.5:1 female/male ratio in the distribution of toilet stalls. Such a "Latrine Revolution" has not led to an effective public discussion of girls' RH as opposed to boys'.

To evaluate adequately the effectiveness of the Changfeng experience, especially with respect to its social policy and financing, as a case study with potential for building an equitable local society requires a gender based auditing and budget analysis.

Under the UNFPA CP7 VAW initiatives, a multidisciplinary approach was developed to coordinate EVAW efforts, resulting in the health sector and the legal and judicial systems setting up protocols in response to VAW, women's federation engaging men and boys in EVAW, research and data to inform policy on EVAW, and social media and joint work with other UN agencies on campaigns against VAW. This approach has clearly come through during the visit with the project IPs in Liuyang, where medical and non-medical protocols were developed in support of women's fight against domestic violence that can be a case study in China.

In Liuyang, men's involvement has come through not only by way of men in charge of promoting the institutionalization of interventions against VAW in different aspects of the government but also a club of men through songs and public performances advocating information and ideas about masculinity and stopping men's violence against women.

This UNFPA EVAW project has seen effective results in five areas of policymaking, a multi-sectoral mechanism, protection order, injury referral system, capacity building, and services including the operation of a shelter that can be shared across the province and the country. ACWF and NCWCH as the IPs have developed the Handbook for Operating Hotlines, the Guidelines for Servicing Women Experiencing Domestic Violence and Using the Referral System and a Handbook for Stopping VAW as well as protocols in verifying and measuring injuries. While the IPs have used these as toolkits for training to promote the institutionalization of these tools, the ability of these agencies to use these for policy development at higher level is a question to be discussed later.

On May 12 2010 the Standing Committee of the People's Congress in Liuyang adopted the Decision to Prevent and Stop Violence against Women in an effort to implement the Law for the Protection of Right and Interests of Women, the Law on Marriage, and the Decision of the Standing Committee of the People's Congress of Hunan Province on the Prevention and Stopping Domestic Violence. This decision, the first of its kind in China, has established responsibilities of participating agencies in the multi-sectoral mechanism on the prevention of violence against women initiated by the local Women's Federation. For

example, it led to the adoption of the Opinion on the Work to Improve the Protection of the safety of Abused Women's Lives against Domestic Violence by the Women's Federation and five government departments in Liuyang, the Committee on Social System Stability and General Management, the People's Court, the People's Procurator, Public Security, and Justice. This Opinion defines GBV to include physical violence, sexual violence, psychological violence and economic control; it is more in line with international practices, overcoming the limitation of domestic legislative barriers on the recognition of rape in marriage as a crime. It also stipulates that the safety protection order is issued by the court and used to protect the safety of abused women and children and can be applied by the women and their relatives and coworkers through their work unit, community committee, police, shelter, women's federation, and People's Procurator. Moreover, it changed conventional practice of the police force. Before, it seldom intervened in domestic violence leaving families and communities the task of mediation. Since the start of the project, the police in the 37 stations across the city have received GE training and advertised the 110 Number as their hotline to respond to domestic violence upon calls. In the past three years, the police have dealt with 442 domestic violence cases after receiving the 110 calls, out of which 3 resulted in criminal investigation and 4 resulted in administrative warnings.

The court has also set up a mediation court to address divorce cases in relation to DV. Women's Federation Representative is invited to attend the mediation court hearings as the People's mediator. In the past three years, WF has attended 31 mediation court hearings and was involved in five cases where protection orders were used.

Moreover, Liuyang as part of the CP6 project on RH and FP where the Hospital for Women's and Children's Health experimented with medical intervention against VAW as a pilot continues the experiment in the CP7. The HWCH set up a protocol in a specialized office staffed by trained councilors in medical intervention against VAW and a hotline. It has also trained other departments how to recognize women who have experienced VAW and guide them to the office to undertake special examination for the completion of an injury verification in a referral to be sent to other members of the mechanism, for example, the police, the court and/or legal aid. In the past three years 12365 women have been screened, 182 women identified to have suffered from DV (36 mediated with the help of WF and 18 referred to legal aid services). The referral system has been a coordinating mechanism to link all participating agencies in the fight against DV.

The project has adopted the injury assessment scheme popularly used in Taiwan in the form of questionnaires to assess the severity and the types of injuries incurred by GBV. Severe cases are referred to police and the legal aid. In the three years 256 cases concerning DV dealt with by different participating agencies, 208 referred to other agencies and 162 addressed by the hospital. The legal aid service was set up by the department of justice, which has led the injury assessment initiative.¹⁵⁴ Furthermore, the Liuyang government has incorporated response to GBV in the performance appraisals among public servants in the township and urban street governments and in the departments of the city government (See the Notice on the Indicators in the Appraisal of Work Performance in the Township (Street) Governments, Department of the City Government and Districts, 2013). This exercise is as significant and exemplary as other initiatives, including the above injury assessment, the referral system, the protection order, and civil court specializing in DV mediation as it has made response to VAW part of daily government work and is, like others, to have potential to be replicated if there is will and local budget commitments.

¹⁵⁴ A shelter has been set up by the Civil Affairs Department within its facility developed first in 2008 to assist the homeless and the helpless. In the last three years, between 15 and 19 women and their children a year have been assisted. Several assisted women are from Vietnam and the Laos and were trafficked and thus have no or very little local contacts. Few local women would use the shelter except those are homeless and mentally unstable as it is far and remote and at night, there is no woman officer on duty.

Stakeholders Mapping of UNFPA/China CP7 (programme focus)

Year	Fund Type	Donors	Implementing Partners (IPs)	Other partners	Target Groups	Geographic areas
Strategic Plan Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.						
CPAP RH output 1: By 2015, policymakers at national and sub-national levels will update population and health policies on issues such as SRH and family planning, including for youth.						
Atlas Project (code and name): CHN7U101 (RH policy)						
2011-2014	Core fund	UNFPA	NPFPC/CPDRC	The Provincial family planning commission	Policy makers at the national and provincial levels of the FP sector and provincial government policy makes	<ul style="list-style-type: none"> - Heilongjiang province, - Heihe and Mudanjiang Prectures - Jilin Province, Siping and Liaoyuan Prefectures - Shanghai, Huangpu and Minhang District - Chongqing province Shapingba District and Yongchuan Prefecture - Guangdong province Yunfu and Jiangmen Prefectures - Zhejiang Provice Huzhou Prefecture
2011-2014			MOH/NCWCH	The Department of Health of the Provinces	Policy makers in the field of woman and Child health at the national level	Jiangxi Province, Yuanan Province and Zhejiang Province
CPAP PD output 2: Selected pilot sites have policy options for equitable urbanization endorsed by local and central						

governments.						
Atlas Project (code and name): CHN7U106 – Urbanization Project						
2011-2012	Core fund	UNFPA	National Development and Reform Commission (NDRC)	4 project sites' government	Migrants in project sites Land loss farmers	<u>Project sites (4 sites)</u> Zhengzhou City of Yunnan Province Yanta District of Xi'an City of Shaanxi Province Changshu City of Jiangsu Province
2013-2014			China Center for Urban Development (CCUD)			Jinnan District of Tianjin Municipality
CPAP PD output 3: Policy research on population issues is conducted and disseminated to better inform national and sub-national government bodies on policy formulation.						
Atlas Project (code and name): CHN7U107 – Research Project						
2011-2013	Core fund	UNFPA	UNFPA	Research institutes	Not applicable	Not applicable
2014			UNFPA, NDRC, Center for healthy Aging and Development Studies (CHADS), CPDRC, Social Development Institute (SDI)	Research institutes	Not applicable	Not applicable
CPAP PD output 4: Improved capacity of policymakers to coordinate and manage gender-sensitive, multi-sectoral interventions to address an increasing ageing population and to support active and healthy ageing in programme areas						
Atlas Project (code and name): CHN7U108 – Aging Project						
2011-2014	Core fund	UNFPA	CNCA	China Research Center for Ageing (CRCA) Project provincial	Government policy makers via policy, plan and research	<u>Project sites (5 sites):</u> Shaanxi Province Yunnan Province

				Ageing Committees		Heilongjiang Province 2 project provinces added since year 2013)
2011-2012			NPFPC	CPDRC	Policy makers of NPFPC	Fujian Province Tianjin Municipality

Strategic Plan Outcome 2: Increased access to and utilization of quality maternal and newborn health services

CPAP RH output 4: By 2015, SRH services will be strengthened for vulnerable groups in programme areas.

Atlas Project (code and name): CHN7U204 – Minority Project

2011-2014	Core fund	UNFPA	National Center for Women and Children Health (NCWCH)	Project provincial and county MCH hospitals Yunnan Health and Development Research Association (YHDRA)	<u>Primary:</u> Pregnant women of reproductive age <u>Secondary:</u> service providers of the project township hospitals	<u>Project sites: (4 sites)</u> Nanjian County of Yunnan Province (NCWCH) Longchuan County of Yunnan Province (NCWCH) Gymda of Tibet (NCWCH) Weixi County of Yunnan Province (YHDRA)
			China Family Planning Association (CFPA)	Project provincial and county FPAs	<u>Primary:</u> Pregnant women of reproductive age <u>Secondary:</u> service providers of project township hospitals and family planning stations	<u>Project sites (2 sites):</u> Longlin County of Guangxi Province Mangshi City of Yunnan Province

Atlas Project (code and name): CHN7U204 – MISP Project

2011-2014	Core	UNFPA	National Center on Women and Children's Health (NCWCH)	Yunnan Province MCH hospital and the project county MCH hospitals	Policy-makers and service providers in health and non-health sector of project provinces	<u>Project sites (2 sites):</u> Yingjiang County and Tengchong County of Yunnan
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					and counties	Province
2011-2014			Chinese Red Cross National Training Center(CRCNTC)	Project provincial/county Red Cross	Policy-makers and service providers in red cross of project provinces and counties	<u>Project sites (2 sites):</u> Longsheng County of Guangxi Province Qionghai City of Hainan Province
Atlas Project (code and name): CHN7U204 – Midwifery Project						
2011-2014	Core	UNFPA	China Maternal and Children Health Association (CMCHA)			<u>Project site (1 site):</u> Hunan Province
Strategic Plan Outcome 4: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk						
CPAP RH output 2: By 2015, vulnerable groups in programme areas will have increased knowledge of reproductive health, including counseling and information and services to prevent HIV and STIs.						
Atlas Project (code and name): CHN7U402 – HIV Prevention among migrant workers in railway construction sites						
2011-2014	Core fund	UNFPA	ESEPOSHRI	China Railway Corporation (CRC) 4 project railway bureaus (Chengdu, Kunming, Zhengzhou and Wuhan)	<u>Primary:</u> Migrant workers in railway construction sites <u>Secondary:</u> Staff of the project railway bureaus and the project railway CDCs	5 railway construction sites under the administration of 4 project railway bureaus e.g. Chengdu (1), Kunming (1), Zhengzhou (1) and Wuhan (2)
Atlas Project (code and name): CHN7U402 – HIV Prevention among low level sex workers						
2011-2014	Core Fund	UNFPA	NCAIDS	Project provincial/county CDCs	<u>Primary:</u> Low level female sex workers in project sites <u>Secondary:</u> service providers in health and non-health sectors (MCH, STIs, FP, community)	<u>Project sites (4 sites):</u> Donghu District of Nanchang City of Jiangxi Province Yuanzhou District of Yichun City of Jiangxi Province Danzhou City of Hainan Province Bijiang District of

						Tongren City of Guizhou Province
Atlas Project (code and name): CHN7U402 – China-Mongolia cross-border HIV Project						
2012-2016	Non-core	Luxembourg	NCAIDS	Project provincial and county CDCs	Female sex workers and floating populations in China-Mongolia border areas	<u>Project site (1 site):</u> Erlian City of Inner Mongolia
			China Red Cross (RCSC)	Project provincial and county Red Cross		<u>Project site (1 site):</u> Qinghe County of Xinjiang Province
Strategic Plan Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.						
CPAP PD output 6: By 2015, government agencies and civil society organizations in at least five programme areas will have an enhanced capacity to strengthen multi-sectoral mechanisms to reduce and respond to discrimination and violence against women and girls.						
Atlas Project (code and name): CHN7U510 – VAW Project						
2011-2014	Core	UNFPA	International Exchange and Cooperation Center (IECC) of ACWF	Women’s Federation and members of multi-sectoral mechanism at 2 project sites	Women suffering violence; Service providers from multi-sectoral mechanism	<u>Project sites (2 sites)</u> Chengde County of Hebei Province Liuyang County of Hanan Province
2011-2014	Core	UNFPA	National Center on Women and Children’s Health (NCWCH)	MCH Hospital and general hospital at 2 project sites.	Women suffering violence; Health providers.	
2010-2012	Non-core, EVAW	UNFPA	National Center on Women and Children’s Health (NCWCH); Fanbao (anti-domestic violence network)	MCH hospitals at two project sites	Women suffering violence; Health providers; and young people	<u>Project sites (2 sites)</u> Ningxiang county of Hunan province and Jinyuan county of Gansu province.
CPAP PD output 7: Civil society, media, women and men in programme areas promote responsible sexual behavior, prevent violence against women, and address the imbalance in the Sex Ratio at Birth (SRB).						
Atlas Project (code and name): CHN7U511 – SRB Project						
2011-	Core	UNFPA	NPFPC/CPDRC	Population and	Policy makers and	<u>Project sites (3 sites):</u>

2014			UNFPA	Family Planning Commissions at three project sites Research institutes; Civil society and media	villagers Men and boys; Women suffering violence	Changfeng County of Anhui Province Wugong County of Shaanxi Province Jing'an County of Jiangxi Province
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Strategic Plan Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents).

CPAP PD output 3 : By 2015, strengthened capacity of institutions in programme areas to provide high-quality, gender-sensitive SRH information, education and services for unmarried youth.

Atlas Project (code and name): CHN7U603 – Youth Project

2011-2012	Core	UNFPA	National Working Committee on Children and Women (NWCCW)	3 project provincial working committee on children and women	Multi-sectors in 3 project provinces and 3 project counties	<u>3 project sites:</u> Yuzhong District of Chongqing Municipality Changsha County of Hunan Province Longhua District of Haikou City of Hanan Province
2011-2014	Core	UNFPA	National Center for Women and Children Health (NCWCH)	3 project provincial and county MCH hospitals	Young people visiting the project MCH and general hospitals	
2011-2014	Core	UNFPA	China Family Planning Association (CFPA)	3 project provincial and county FPAs	Young people visiting the community youth centers	
2011-2014	Core	UNFPA	China Population and Development Research Center (CPDRC)	3 project provincial and county Family Planning Commissions	Young people in the project counties	

Strategic Plan Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality.

CPAP PD output 1: National statistical institutions can better integrate indicators related to the Millennium Development

Goals (MDGs) and the ICPD Programme of Action into national and sub-national statistical systems.						
Atlas Project (code and name): CHN7U705 – Data Project						
2011-2014	Core	UNFPA	National Bureau of Statistics (NBS)	Sector ministries	NBS staff Government, policy makers	<u>Year 2001</u> - 5 project provinces: Sichuan, Yunnan, Jiangxi, Shanxi, Xinjiang The project activities in 5 project provinces terminated since 2011.

UNFPA/China CP7 Stakeholders Mapping (beyond direct programme partners)

Thematic areas	Stakeholders (UN agencies, key development partners, NGOs, research institute)	Work related to UNFPA
RH Component		
FP policy	Department of Guidance for Grassroots FP Work Department of Women and Children Healthcare and Services Australian Human Rights Commission based in Sydney Development Research Center of China Renmin University	Adjustment for Policy in FP FP services Protection of Human Rights Advocacy for change in the FP policy Advocacy for Improvement Population and FP related policies
SRH	Global Health University of London	Policy regarding screening of cervical cancer and examination of gynecological disorders

	<p>Department of Women and Children Health</p> <p>China Disease Control Center</p> <p>Women and Children Healthcare Center of Peking University First Hospital</p>	<p>Policy regarding screening of cervical cancer and examination of gynecological disorders</p> <p>Policy regarding screening of cervical cancer and examination of gynecological disorders</p> <p>Policy regarding screening of cervical cancer and examination of gynecological disorders</p>
MCH, Midwifery	<p>Department of Women and Children HealthCare and Services</p> <p>UNICEF</p> <p>Nursing School of Peking University</p>	<p>Establishment of Midwife Profession and midwifery education</p> <p>MCH and Midwifery education</p> <p>Midwifery education</p>
HIV	<p>PATH</p> <p>Tianjin Xin Ai</p> <p>Asia Catalyst</p> <p>UNAIDS</p>	<p>Promotion of condom use</p> <p>FP services to low income sex workers</p> <p>Protection of rights of vulnerable groups including low-income sex workers</p> <p>Linkages of HIV with other aspects of RH</p>

Youth and ARH	<p>Ford Foundation</p> <p>MSI</p> <p>Huizhou Prefecture MCH Hospital</p>	<p>Information sharing on sexuality education</p> <p>Information sharing on youth friendly services</p> <p>Provision of youth friendly information and services</p>
South-South in RH	<p>DFID</p> <p>USAID</p> <p>UNAIDs 8532 2226 ext 95471</p> <p>Institute for Global Health at Peking University</p> <p>WHO</p>	<p>Sino-Africa collaboration</p> <p>Sino-Africa collaboration</p> <p>Sino-Africa collaboration</p> <p>Sino-Africa collaboration</p> <p>Sino-Africa collaboration</p>
Minorities	<p>College of Ethnology and Sociology at the Minzu University of China (MUC)</p>	<p>Employ culturally sensitive approach to improve access of the minority population to maternal health</p>
MISP	<p>International Federation of Red Cross</p>	<p>Humanitarian activities to meet RH needs</p>
PD Component		
Data	<p>UNICEF,</p>	<p>Joint partner for the collaboration with NBS</p>

	Women Study Institute of China	Consultant to provide technical assistance to project
Urbanization	NDRC	A major user of research findings
	DRC	Consultant to provide technical assistance
Ageing	WHO	Partner with UNFPA on certain ageing-related activities
	JICA	Potential joint partners on ageing
	Social Development Institute under NDRC	Consultant to provide technical assistance on the MTR of national 5-year plan on ageing
	Silver Age of China	Private company working on ageing, potential partner with UNFPA
	Netherlands Embassy	Supported organization of ageing mission to Netherlands
	Finland Embassy	Supported organization of ageing mission to Netherlands
Population and Development Research	Institute of Gerontology at RUC	Working with UNFPA on the organization of annual gerontology forum and other researches on ageing
	Institute of Population Research at PKU	Working with UNFPA on the organization of annual seminar on research methodology on population and development studies and other research initiatives.
Gender component		
VAW	UN-Women UNESCO UNICEF WHO White Ribbon Volunteers Network Tianjin Normal University Beijing Normal University	Key UN partners working together on addressing VAW issues Working with UNFPA on engaging men and boys for violence preventions. Consultant working with UNFPA on quantitative research on masculinities and GBV of the regional research project Consultant working with UNFPA on qualitative research on masculinities and GBV of the regional research project
SRB	Xi'an Jiaotong University	Researcher and Advisor on policies to respond to Gender

	UNFPA APRO SRB Management Office, NHFPC CASS	Based Sex Selection Regional Advisor on gender Government Representative in charge of “Care for Girls Campaign” Consultant working on UN joint SRB mapping paper (UNFPA, UNICEF and UN Women)
Information and Communication		
Social Media	Sohu	Sohu was the partner for the 7 Billion Action Campaign in 2011 (http://gongyi.sohu.com/s2011/7billion/) and the Acting for Youth Campaign in 2013 (http://gongyi.sohu.com/s2013/foryouth/).
Strategic partnership with the official news agency in China	Xinhua (new partner, MOU will be signed on July 11, 2014)	Xinhua will be entered a strategic cooperation MOU with UNFPA to promote ICPD related issues.
Social Media and on-line communication Celebrity	Guokr (new partner, MOU will be signed next week) Ms. Jiang Fangzhou, a celebrity young writer in China	Guokr is one of the most popular on-line community among young people in China. Guokr will work with UNFPA to promote youth leadership and participation in youth and development, especially in youth sexual and reproductive health. Ms. Jiang Fangzhou was invited to be the Youth Advocate for the Acting for Youth Campaign in 2013.
Celebrity	Dr. Huang Han, a researcher in gender studies and a well-known TV commentator	Dr. Huang Han was invited to be the Advocate for the Orange Day campaign Be the One, Be Orange on social media (on-going)
Social media	Sina Weibo	Mr. Liu Qingli provided technical support to the social media operation of UNFPA China on Sina Weibo (Twitter in China).
Communication on population	China Population Communication Center	UNFPA supported the establishment of the center in its early years. The center is interested to partner with UNFPA on population issues identified as priorities, youth

issues		being one of them. UNFPA was invited to support the World Contraception day events led by the center. Ms. Mo Yang from the Center, was invited to be the MC for its Adolescent Pregnancy Forum as part of the Acting for Youth Campaign. There is potential for more collaboration in the future.
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