

Country Programme Performance Summary

A. Country Information		
Country name: China		
Category per decision 2007/42: C	Current programme period: 2011-2015	Cycle of assistance: 7th

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>
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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.

Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
<ul style="list-style-type: none"> Number of target Population and FP related policies and/or regulations that received recommendations to improve their alignment with the ICPD principles at the provincial and national level 	0	3 (At least 2 in target provinces and 1 at national level)	4 (The provincial FP regulations in the target 4 provinces were revised in 2014 allowing spouses with either side being a single child to have two children)
<ul style="list-style-type: none"> Number of target provinces that used the revised M&E indicators produced in CP6 that reflect rights based approach to providing SRH information and services 	0	2 (At least 2 provinces adopted the M&E indicators)	2 (The indicators revised in 2013 were further revised to reflect the situation following the announcement of the fertility policy. They were presented to the NHFPC.)
<ul style="list-style-type: none"> The updated M&E System to monitor the implementation of RH services related to health reform policies piloted and presented to GOC for consideration 	No	Yes	Yes (revised M+E system pilot was introduced in project provinces, evaluated and documented).

<ul style="list-style-type: none"> • Number of evidence based policy options recommended for institutionalizing midwifery profession into Health System, based on the UNFPA supported pilot programme in Hunan province 	0	2	2 (Advocacy for midwifery profession development undertaken at the provincial and national level, national standards for midwifery qualification proposed; midwifery education curriculum is finalized and being piloted in 8 medical universities)
<ul style="list-style-type: none"> • A programme model for natural delivery designed, piloted in the Hunan province, evaluated, modified, and the final model presented to GOC for consideration 	Model not available	The evidence based model presented to and considered by GOC	Model developed and documented (The regulation for hospital management to promote natural delivery is developed and used in the project hospitals in Hunan province. The DVD promoting natural delivery was finalized and distributed to the project hospitals and communities.)
<ul style="list-style-type: none"> • A RH emergency service model based on CP6 designed, piloted, evaluated, modified, and the final package presented to GOC for consideration for its adoption into the National Public Emergency Preparedness System 	Model not available	An evidence based model presented to and considered by GOC	Model modified and documented. Contingency plan for RH emergency in health and red cross system developed and is being finalized.

Key Achievements:

UNFPA made a significant contribution to collecting data and evidence to inform policy discourse and thinking regarding the national fertility policy, in order to continue advocacy on rights-based perspective in family planning (FP). Further revision of the policy towards full realization of reproductive rights will remain as key objective of continued advocacy and policy engagement. In anticipation of further changes in fertility policy, the UNFPA Country Office, national and sub-national partners are exploring the ways to integrate the FP service network into SRH service delivery system. UNFPA continued to advocate for protection of human rights and management reform and evaluation of FP work in the six provinces it works, so as to produce policy proposals for instituting performance indicators complying with client-centered principles. The CPE field work saw significant signs of new thinking towards a more rights-based approach, with many references to “concept change” amongst implementing partners (IPs), local governments, health managers and service 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, Minimum Initial Service Package (MISP) during emergencies and midwifery. The reduction in the use of C-Sections 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 discernible illustration of effectiveness of midwifery reforms in the province. In one hospital in Xiangya, a project area, the proportion of non-medically indicated C-sections has fallen to 5% as its staff reported at the time of the Country Programme evaluation (CPE), e.g. Aug 2014. Emergency response during major earthquake in Ludian county of Yunnan province (Aug 2014) already integrated MISP to deliver SRH service to women and expecting mothers.

RH Output 2: By 2015, vulnerable groups in programme areas will have increased knowledge of reproductive health, including counselling and information and services to prevent HIV and sexually transmitted infections.

Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
• Percentage of pilot railway construction sites with HIV/STI prevention IEC/BCC materials and/or condoms	0%	100%	100%
• Percentage of migrant workers in pilot railway construction sites received the HIV/STI prevention information and services	23%	100%	98%
• Percentage of policy makers of the railway system at the pilot sub-national levels who are aware of HIV policy and support the HIV/STI prevention program	48%	80%	79%
• Percentage of migrant workers in the pilot railway construction sites who both correctly identify ways to prevent the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	61%	85%	95%
• Percentage of street based sex workers in the programme sites who both correctly identify ways to prevent the sexual transmission of HIV and who reject major misconceptions about HIV transmission	52%	90%	N/A (The end-line data will be collected in year 2015)
• Number of programme sites that established and implemented a multi-sectoral coordination mechanism to address HIV issues among street based sex workers	0	4	4

<ul style="list-style-type: none"> • A comprehensive HIV/STI/SRH intervention model, including good practice of CSOs for the street-based sex workers designed, piloted, evaluated, modified, and the final model presented to GOC for consideration. 	Model not available	An evidence-based model presented to GOC for consideration	Model is developed and is being evaluated in 2015. Following the evaluation, it will be presented to GoC
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Key Achievements

The street sex worker (SW) project was making it possible to identify and reach low income sex workers and clients and provide them with SRH information, education, and provision of free condoms and lubricants. The HIV prevention interventions conducted among SWs by NCAIDs and other partners have been designed with participation of relevant sectors as well as sex workers themselves, hence seeking to assist the rights of low income sex workers, while aiming to reduce and prevent high-risk behavior. Selected intervention models targeting low income sex workers are being considered by provincial governments for scaling up, using own funds. As the first step, further research is conducted to study the feasibility of scaling up, including through China AIDS Care programme funded by the GoC.

Moreover, the HIV prevention interventions were also conducted among migrant workers in 5 project sites of 4 railways by the railway bureaus, e.g. Kunming, Zhengzhou, Chengdu and Wuhan. In 2014, 200 trained peer educators selected from migrant workers disseminated HIV/STIs prevention knowledge to 3,962 migrant workers through various peer education activities. The Railway HIV project end-line survey indicated that the percentage of migrant workers in the project railway construction sites who both correctly identify ways to prevent the sexual transmission of HIV and who reject major misconceptions about HIV transmission has been increased from 61.4% (baseline in 2011) to 95.1% (end-line in 2014). The condom use at last high-risk sexual encounter among migrant workers in programme areas has increased from 87.5% (baseline in 2011) to 92.9% (end-line in 2014). UNFPA also supported the four project railway bureaus to document the project's good practices, which will be used to support policy advocacy for the project model scaling-up in China's railway system in year 2015 and beyond.

RH 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.

Indicators	Baseline (year 2011)	Target (Year 2015)	End-line data (Year 2014)
• Number of target provinces that established a multi-sectoral cooperation mechanism to address SRH issues for youth	0	3	3
• Number of general hospitals in pilot programme sites providing minimum standard package of Youth-friendly services (YFS)	0	6	10
• Number of target provinces having updated FP policies that includes SRH for unmarried youth	0	3	Draft policy recommendations developed
• Number of community based youth centers in programme sites that provide youth-friendly SRH information and education, including HIV prevention	0	5	12

Key Achievements

As a result of concerted advocacy in the three pilot provinces, 10 Youth-friendly services (YFS) clinics were set up in 5 MCH hospitals and 5 general hospitals by 2012. In 2013, more than 100 clinical staff, including nurses and doctors of MCH hospitals and general hospitals, were trained by national experts, using the YFS guidelines developed by UNFPA and international experts. According to the pre- and post- YFS training evaluation, there was 10-15% increase in SRH knowledge and 5-20% increase in skills to provide YFS. In addition, following the training, based on the on-site interviews with service providers, there was 10-20% increase in the number of youth clients visiting health institutions to seek SRH services and consultation. One outcome of the training was that privacy – very often neglected - was assured in service provision sites. 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 relationship, mental health and SRH. Approximately 20% of them had further consultations and follow-up appointments with doctors. Nearly 100 peer educators were mobilized- they provided information to about 9,000 young people at project sites.

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

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

Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
<ul style="list-style-type: none"> Percentage of remote/ethnic minority (EM) women of reproductive age, and community members living in remote areas who can correctly state danger signs of pregnancy 	Gyamda: 47.7% Nanjian 2.5% Longchuan 16.7% Longlin 32.4% Mangshi 5.7%	50%	N/A The end-line data is being collected in 2015)
<ul style="list-style-type: none"> Percentage of local health and FP bureaus in remote EM programme sites that integrate culturally sensitive maternal health and SRH IEC/BCC strategies in their prevention programs 	0	100%	N/A The end-line data is being collected in 2015)
<ul style="list-style-type: none"> Number of policy briefs related to gaps in MH and SRH among remote/EM areas used for advocacy and policy dialogue 	0	3 (1 from each IP)	1 policy recommendation is drafted
<ul style="list-style-type: none"> Percentage of target Service Delivery Points (SDPs) in remote EM programme sites that provide culturally sensitive MH and SRH information and services. 	0	100%	100%
<ul style="list-style-type: none"> The Minimum Initial Service Package (MISP) training package incorporated in the China Red Cross System 	No	Yes	Partially yes (The MISP training package is developed and presented to the Red Cross in China)

Key Achievements

Under RH output 4 of CP7, community support has been mobilized in western China for poor and remote areas, to help transport pregnant women to deliver in hospital. Each village in the project sites collected information on pregnant women and available community resources, e.g. car owners, etc. Community members with useful resources were then mobilized to support community-based initiatives helping pregnant mothers. 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 when going into labor were still not able to get to hospitals timely, often due to long distances, inaccessible locations and poor infrastructure. Therefore, training for village women on safe home delivery was introduced in 2013. This raised a concern on variations in the implementation of the current hospital delivery policy across the country, and in particular in remote, minority areas. Policy discussions are continued to comply with the national policy, while at the same time ensuring capacity and means for emergency home deliveries that are necessitated by local challenges.

With regards to humanitarian care, customized MISP packages have been developed with UNFPA support, including safe delivery package; home delivery kit; prevention and management of sexual violence; STIs/HIV prevention, and family planning. Several field-based drills have been conducted in partnership with relevant 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 the project sites - Yingjiang and Ludian, the provincial RH-MISP coordination team has been sent to the earthquake affected areas to ensure that MISP services were in place. Tengchong County of Yunnan province, on the border with Myanmar, is considering the use of the MISP package among Myanmar refugees. In response to the recent typhoon in Hainan province, MISP package, in particular prevention of GBV, health protection for women and children, were used.

PD 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.

Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
• Number of indicators disaggregated by sex contained in the NBS routine comprehensive reporting on women and children	190	215	214
• Number of thematic publications developed and disseminated such as the ICPD and MGD national and sub-national publications during CP7	0	8	9

Key Achievements

In relation to PD output 1, the integration of a gender perspective in national statistics work is well acknowledged and appreciated by the National Bureau of Statistics (NBS). The number of gender specific indicators has increased from 190 in 2011 to 214 in 2013, out of the total 344 indicators used by the NBS in reporting on social development and related fields.

Data from sectoral ministries at national level and data from provinces were pulled to set a basis for producing more sex-disaggregated data under CP7. An advocacy and training manual was developed and has been used in training of the NBS staff at national and subnational levels. The same was used for conducting advocacy with other sectoral ministries. Supported by UNFPA, the sex-disaggregated data has been officially published. A mechanism to produce, publish and facilitate the utilization of gender disaggregated indicators has been strengthened, with strong ownership by the Government.

PD Output 2: Selected pilot sites have policy options for equitable urbanization endorsed by local and central governments.			
Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
<ul style="list-style-type: none"> Number of evidence based urbanization policy options presented to GOC for consideration that were based on CP7 Operations Research 	0	5	5 In 2014, a national research paper on urbanization strategy, containing these policy options, was produced
<ul style="list-style-type: none"> Number of Operational Research conducted on the national and sub-national government urbanization pilot programmes and used to developed urbanization policy options for the pilot sites 	0	5	5 In 2014, the reports of five pilots were collated as a national research paper on urbanization strategy
<p><u>Key Achievements</u></p> <p>China continues to experience enormous population movements from rural to urban areas. The urbanization project aimed to address management mechanisms and policy issues related to the lack of access to needed services, such as housing, medical care, schooling. The partners in project sites and at the national level that the project, representing a combination of pilot interventions in cities of varying sizes, locations and development levels, has produced good models and lessons for the planning and management of the urbanization process. This collaborative work is being used for the development of the 13th Five-year plan on economic and social development as well as national planning for essential social services.</p> <p>The urbanization project has had multiple beneficial effects. The fact that, for example, the police station at Zhengzhou now issues resident certificates to migrants has been very well received by 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 the cities. The combination of this migrant information system with the one for local residents produces a real time complete population registry that supports evidence-based local planning. By contrast, the project in Yanta District of Xi'an provides public services to people who used to be peasants, by assisting them to better adapt to urban living, such as through job hunting.</p>			

PD Output 3: Policy research on population issues is conducted and disseminated to better inform national and sub-national government bodies on policy formulation.			
Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
<ul style="list-style-type: none"> Number of action plans and or policy options that utilized findings from UNFPA supported research on PD, RH, violence against women, and SRH needs among people with disabilities 	0	5	4
<p><u>Key Achievements</u></p> <p>Under PD output 3, efforts have been made to conduct studies on the following topics: 1) proposals for adjusting China’s current fertility policy, 2) equity and ageing, 3) priority population and development challenges for China in the coming five years during 2016-2020 (covering the next 13th five-year plan period), and 4) the production of population projections using PADIS-INT. The findings and recommendations from these studies have been referred to and/or utilized in the recent fertility policy adjustment, the development of a national 13th five-year plan on ageing, the development of national 13th master five-year plan (social and economic development plan), and local population planning in selected provinces, particularly related to provincial fertility policy change.</p>			

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.			
Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
<ul style="list-style-type: none"> Number of target provinces that through a multi-sectoral mechanism process produced a “Report on the implementation of 12th 5 year plan on ageing” using localized MIPAA indicator system 	0	3	5 The draft indicator systems were developed in 5 pilot provinces. Mid-term review reports utilizing the indicator system were developed for 5 pilot provinces and at national level

<ul style="list-style-type: none"> Number of evidence based good practices on older person participation in active and healthy ageing related programmes documented and presented to the national and target provincial government for consideration 	0	3	2 (1) A good practice re. elderly care module was developed, recorded (VCD) and shared; (2) MIPAA indicator system to monitor the 12th 5-year plan on ageing was developed.
<ul style="list-style-type: none"> An evidence based national strategy on ageing for the FP sector developed and presented to GOC for consideration 	0	1 The evidence based National Strategy presented to GOC for consideration	1 A national strategy on ageing for the FP sector developed and presented to GOC for consideration

Key Achievements

PD output 4 works on ageing, which focuses on the development of an M+E indicator system to facilitate the monitoring and the assessments of national 12th five-year plan on ageing. The indicator systems has been developed reflecting the international principles on ageing, set by the Madrid International Plan of Action on Ageing (MIPAA). Aligned with the national indicator system, a number of provinces have also developed their respective monitoring indicator systems. These indicators systems were used during the mid-term review (MTR) exercise of 12th five-year plan on ageing in 2013, with MTR reports produced both for monitoring progress at national level and in five selected provinces, while identifying achievements and remaining challenges. They will also be used in the end-term evaluation of the 12th five-year plan on ageing in 2015.

Based on the literature review of the vulnerability of older persons and field work in selected provinces (Henan, Jiangsu, Hubei and Liaoning) to learn the existing practices of the family planning (FP) sector to respond to ageing, a strategy to guide FP sector’s response to ageing was jointly developed and submitted to the former National Population and Family Planning Commission (NPFPC) for consideration. The strategy includes, among other, suggestions for establishing population and family support policies, exploring models of elderly care in families who have lost their only child, promoting home care services and carrying out health promotion for the elderly.

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.

Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
<ul style="list-style-type: none"> The minimum comprehensive multi-sectoral mechanism VAW Package, piloted, evaluated, modified, and presented to GOC for consideration at target sub-national level 	0	The evidence based VAW package presented to GOC for consideration	The VAW pilot developed, evaluated and documented. In 2015, the pilot experience will be shared at national level.
<ul style="list-style-type: none"> Number of reported VAW cases addressed through one of the multi-sectoral mechanism in programme sites 	0	No target will be set, but the number will increase if the programme is effective	240 cases reported from ACWF 450 cases from NCWCH

Key Achievements

Under the UNFPA initiatives to address Violence Against Women (VAW), a multidisciplinary approach was developed to coordinate efforts by all relevant sectors. One of the results is the establishment of service protocols by health, legal and judicial systems. The reforms aimed at eliminating and preventing VAW in one of the project sites – Liuyang district of Hunan province - have contributed to changing public attitude towards gender-based violence (GBV), while strengthening multisectoral actions to address GBV and support victims of VAW. These include new legal and judicial instruments that protect women’s and children’s rights, more active involvement of the police and legal aid offices, and continuous medical support and health interventions for the VAW survivors offered through the MCH and general hospitals. The People’s Congress of Liuyang City has adopted a Resolution on Preventing and Curbing Violence against Women, which is the China’s first resolution on combating VAW, and not merely combating domestic violence. Some of these policy and instruments have already been replicated in other localities, including by revising customary rules that discriminate against women and developing protocols to assist women experiencing domestic violence. The good experiences from project pilot sites, along with key lessons, are being documented, and in 2015, the final year of the programme, will be widely shared with the key partner agencies at national level as well as other provinces.

UNFPA supported the establishment of the China White Ribbon Volunteers Network as part of the efforts to address GBV/VAW by engaging civil society, in particular 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 to provide free counseling services for those who have experienced violence. It also provides behavior change counseling for people who have a tendency for violence or have perpetrated violence. In 2013, the Hotline received more than 400 phone calls and provided counseling for more than 100 clients.

PD Output 7: The community based Sex Ratio Birth (SRB) Intervention model designed, piloted, evaluated, modified, and presented to GOC for consideration at national and sub-national level.

Indicators	Baseline (Year 2011)	Target (Year 2015)	End-line data (Year 2014)
<ul style="list-style-type: none"> The community based Sex Ratio Birth (SRB) Intervention model designed, piloted, evaluated, modified, and presented to GOC for consideration at national and sub-national level. 	0	1 evidence based model presented to GOC for consideration	SRB intervention pilot is developed, evaluated and documented. It will be presented to GoC in 2015
<ul style="list-style-type: none"> The revised curriculum to integrate gender component a designed, piloted, modified and final curriculum presented to the Party School decision makers for consideration 	0	1 revised curriculum presented to the Party School for consideration	A handbook on integrating gender into Party School curriculum is finalized and disseminated
<ul style="list-style-type: none"> Number of evidence based interventions implemented on Elimination of VAW to raise awareness that used the CP6 and CP7 supported data from Masculinity and Gender Equality Research on gender role 	0	3	2 (1) White Ribbon Volunteers Network supported and expanded to undertake VAW prevention activities with engagement by men and boys; (2) Assessment of the sexuality education is supported, to assess the extent of the knowledge acquired by students in secondary schools re. gender equality, including GBV prevention (through joint UN undertaking)

Key Achievements

A multi-sectoral approach to address imbalanced SRB is being done through institutionalizing gender equality training in the Party School System, including the Central Party School in Beijing as well as Party Schools in relevant project areas. Moreover, a comprehensive and gender sensitive governance models to address the root causes of son preference have been supported, and are being documented and evaluated for scaling up.

The multi-sectoral approach to gender-biased sex selection has contributed to a declined 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 (Aug 2014); and a general improvement in women's participation in social, economic and political spheres as detailed below. Since 2012, the leaders of departments of the county government, led by the governor, have worked through a multi-sectoral mechanism in Changfeng to develop a set of innovative social policy strategies. The policies include improving women's employment and revising customary village rules that are gender discriminatory. Some new policy measures were proposed to support daughter-only families, providing them with special assistance for education, health, employment and social security.

Women's participation in village public life has been enhanced. While their involvement in policy making above the village level is still low, since the start of the project, there has been an increase in female village leaders and in membership in other public fora. Overall, the changes have been beneficial to women and girls. For instance, from 2011 to 2013, in Changfeng, 271 girls from families with two daughters were supported to attend universities. 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 have daughters only. By the end of July 2014, 57 rural women with daughters only, received microcredit loans.

Starting from 2013, a joint assessment of the sexuality education, including on gender equality and GBV, is being undertaken in selected secondary schools, jointly by UNFPA, UNESCO and UNICEF, using CSE assessment tools jointly developed by the respective regional offices of the three UN agencies. The results of the assessment anticipated by the end of 2015, are expected to help understand the gaps in school education curricula, including with regards to gender education, and to inform priorities for concerted advocacy in the next country programme.

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
<i>Outcome 1</i> 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					

National development plans (NDPs) and poverty reduction strategies (PRSs) that address population dynamics and its interlinkages with the multisectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction	Partially	2011	Partially	2014	The NDP and PRS, represented by the National Five-year Social and Economic Development Plan (2011-2015) and Programme of Action for Rural Poverty Alleviation and Development (2011-2020) address general population dynamics such as population size, age composition, migration, etc. and have neither listed youth as a priority group, nor SRH and gender equality as priority issues.
National health policies and plans that have integrated sexual and reproductive health (SRH) services (including family planning)	0	2010	1	2014	In 2014, a decree was issued by the NHFPC “Guiding Opinions on Optimizing and Integrating Provision of MCH and FP Services”.

Summary of National Progress

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

One of the policy priorities that the 12th Five-Year National Economic and Social Development Plan set out 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 has particularly been elaborated by the 12th Five-Year Plan for National Population Development (2011-2015) and has included strengthening family planning services, addressing the issue of imbalance in sex ratio at birth (SRB), promoting the overall development of women, giving priority to development of children, actively tackling the issue of population ageing, and supporting people with disabilities.

The Programme of Action for Rural Poverty Alleviation in China (2011-2020) maps out new strategies and focuses on poverty alleviation in China for the coming decade. It shifted focus from absolute income-type poverty to other poverty dimensions and aims to improve development capacities and narrow development gaps.

At a national level, for decades, there were two main agencies working on reproductive health, namely the National Population and Family Planning Commission (NPFPC) and the Ministry of Health (MOH). In 2013, these were merged as one National Health and Family Planning Commission (NHFPC), presenting a good opportunity to promote integrated SRH services. However, a policy framework on comprehensive, rights- and gender-based SRH, incorporating family planning, is yet to be developed.

UNFPA's Contributions

UNFPA supported multiple in-depth analyses on population dynamics, SRH and gender equality, and their linkages to poverty reduction, sustainable development and broader national development goals.

- In collaboration with the National Development and Reform Commission (NDRC), the Government's development planning body, UNFPA sub-contracted five top national research institutes in the field of population and development to conduct comparative studies on China's priority population and development issues for the coming five years (2016-2020). The findings and recommendations will inform the development of population and development related parts of the national 5-year economic and social development plan, to be drafted in 2015, and endorsed by the National People's Congress in 2016.
- Jointly with the China National Committee on Ageing (CNCA), UNFPA engaged a team of national experts to study and propose recommendations in response to challenges affecting the well-being of older persons in China. The research explores close interactions between ageing and other development factors, including pace of economic growth, migration/urbanization, skewed sex ratio at birth, as well as the changing composition of older persons. The findings and recommendations of this study, with primary focus on equity and innovation, will be used for the development of a national 13th Five-year action plan on ageing, to be drafted during 2015 and approved in 2016.
- In support of the National Programme for the Development of Chinese Women (2011-2020), UNFPA had facilitated the drafting of the monitoring framework for the prevention of 'common gynecological diseases' (STIs, RTIs, cervical and breast cancers). Based on the draft framework developed in 2012, the project sites in three provinces (Jiangxi, Yunan and Zhejiang) were supported to pilot and use the draft monitoring framework. Further technical assistance was provided by UNFPA to update the analysis of the situation on "common gynecological diseases", examine the effectiveness of the screening programme and facilitate a national dialogue on the issue, including possible review of the national programme target aimed at having "80% of women screened for "common gynecological diseases" by 2020".

Outcome 2 Increased access to and utilization of quality maternal and newborn health services					
Strategic Plan Outcomes Indicators	Start value	Year	End value	Year	Comments
Maternal mortality ratio	26.1 per 100,000 live births	2011	23.2 per 100,000 live births	2013	China has achieved the MDG 5a one year in advance
Births attended by skilled health personnel	98.7%	2011	99.5%	2013	The figure is for institutional deliveries. China promotes institutional delivery as means to reduce maternal mortality
Caesarean sections as a proportion of all live births	46%	2010	Not available	2013	The baseline figure 46% in 2010 is cited in the article published in the Lancet (2012). No data from the official sources available.

Summary of National Progress

Significant progress has been made on MDG 5a on reducing the MMR. Most targets under health related MDGs, in particular MDG 4 and 5, are expected to be met by 2015. Thanks to the concerted efforts of the government to strengthen health service delivery, most Chinese have access to basic health care services, including reproductive health services. Nearly all births occur in institutions.

As a result of the continuous advocacy led by UNFPA and the China Maternal and Child Health Association (CMCHA), in 2014, an undergraduate programme for midwifery education was approved by the Ministry of Education to be taught at eight medical universities. It is a significant step towards training high caliber midwifery workforce. The first batch of undergraduate students majoring in midwifery will be enrolled in the above eight medical universities in 2015.

UNFPA's Contributions

- To reduce regional disparity in maternal health, UNFPA supported national partners to strengthen grassroots maternal health service networks in remote ethnic minority areas. Pilot interventions were conducted in six counties in Yunnan, Guangxi and Tibet, leading to improved access of ethnic women to maternal health care. At national level, UNFPA supported continued advocacy to explore alternative policy options, in addition to promoting hospital delivery, to assist many women living in extreme poverty in hard-to-reach remote ethnic regions, for whom hospital delivery is still not a viable option given poor infrastructure and logistical constraints.
- UNFPA supported a historical review of previous policies related to midwifery and midwifery education in China. According to its findings, the revision of the existing Law on Nursing presents a key policy action and opportunity to establish midwifery as a separate profession within the national health system. Recommendations from the review formed the basis for advocacy and health policy dialogue not only to promote midwifery education but also consider establishing midwifery as a separate profession in China. The review has received attention from several ministries, including the National Health and Family Planning Commission, National Development and Reform Commission, Ministry of Finance and Ministry of Education.
- In partnership with the NHFPC and the Red Cross Society of China, UNFPA continued to advocate for the integration of the Minimum Initial Services Package (MISP) package into the national emergency preparedness plan. A contingency plan on the implementation of MISP package was drafted by NCWCH, with support of UNFPA and in close consultation with the National Health Emergency Response Office (HERO) and relevant non-health sectors. Once finalized, it will be integrated into the National Health Emergency Preparedness Plan. The CP7-supported provincial and prefecture level health sectors have also developed their own contingency plans based on own experiences and lessons learnt. In the Red Cross system, two project provinces - Guangxi and Hainan - are also committed to integrating the MISP into provincial Red Cross Humanitarian Response Plans.
- UNFPA contributed to the strengthened capacity of officials and service providers to implement the MISP, targeting officials and service providers in the China Red Cross, health and non-health sectors, including civil affairs, public security, women's federations, etc., through training and simulation exercises.

Outcome 3 Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

Strategic Plan Outcomes Indicators	Start value	Year	End value	Year	Comments
Contraceptive prevalence rate (modern methods)	89.33%	2008	87.9%	2013	Data Source: 2013 China Statistical Yearbook, NBS of China
Unmet need for family planning	Not available	2010	Not available	2014	There is no official data on this indicator.
Percentage of service delivery points (SDPs) offering at least three modern methods of contraception	Not available	2010	Not available	2014	There is no official national data on this indicator. In UNFPA supported sites during CP6, 99% SDPs were offering at least three modern methods of contraception.

Summary of National Progress

The Population and Family Planning Law of China encourages clients who already have children to use long acting methods. By the same law, the FP Service Delivery Points (SDP) are required to offer different contraceptive options to the population.

China has the capacity to manufacture contraceptives and essential life-saving obstetric drugs and medicines and has a good logistics system to distribute contraceptives to clients through its extensive FP service networks. Moreover, the Government of China intends to provide assistance in Reproductive Health Commodity Security to other countries in need, especially in Africa.

UNFPA's Contributions:

Notes: This SP outcome is not linked to UNFPA/China CP7.

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

Strategic Plan Outcomes Indicators	Start value	Year	End value	Year	Comments
HIV prevalence in youth (15-24 years)	0.05%	2011	0.06%	2013	Data source: China AIDS Response Progress Report in 2012 and in 2014 (NHFPC)
Percentage of women and men aged 15-49 who had more than one partner in the last 12 months and who used a condom during their last sexual intercourse	Not available	2010	Not available	2014	Although this is the indicator from the Global AIDS Response Progress Report, data is not available for the general population, only for some specific key affected populations.

Summary of National Progress

The HIV epidemic in China is described as overall of low prevalence, with marked geographic and sub-regional heterogeneity. The epidemic is concentrated among key populations, including men who have sex with men (MSM), intravenous drug users (IDUs), and sex workers (SWs).

The efforts of preventive interventions were constantly reinforced by the Government and the coverage of effective intervention expanded consistently.

- First, preventing sexual transmission: China carried out comprehensive intervention among female sex workers in the promotion of condom use, AIDS testing and counseling and STI services, by promoting cooperation among disease prevention and control institutions, community health service organizations and medical institutions, and by supporting partner education and outreach interventions. According to the national sentinel surveillance data, in recent years, the total HIV antibody positive rate of female sex workers has maintained a relatively low level, most recently 0.2% in 2013.
- Second, preventing transmission through drug abuse: Adhering to the requirements of the Anti-Drug Law and the Regulations on Drug Rehabilitation, and taking into account unique conditions in different areas, the departments of Health and Family Planning, Public Security and Food and Drug Administration have actively explored the effect of community methadone maintenance treatment on drug addiction and rehabilitation, and the HIV-positive rate among patients involved in the maintenance treatment has been dropping steadily. By the end of 2013, a total of 763 methadone maintenance treatment clinics had been set up in 28 provinces (autonomous regions and municipalities), the number of patients receiving treatment was 202,000, the average number of patients at each clinic was 264 and the annual maintenance rate of the patients receiving treatment was 80%.
- Third, preventing mother-to-child transmission (PMTCT): The central government invested RMB 868 million and 890 million respectively in 2012 and 2013 into PMTCT. Prevention of AIDS, syphilis and hepatitis B in pregnant women was continuously carried out in 1156 counties. At the county level, the free screening coverage was up to 39% and over 6.4 million pregnant women, or about 44% of pregnant women nationwide, were covered. All or most of the counties (districts) in Yunnan, Guangxi, Xinjiang, Henan, Sichuan, Guizhou and Guangdong provinces, where the epidemic is widespread, were covered. Comprehensive intervention services were also provided to all HIV-positive pregnant women, syphilis and hepatitis B and their children free of charge, giving timely intervention to HIV-positive pregnant women and their children.

UNFPA's Contributions

- UNFPA supported its national partners - National Center for AIDS/STD Prevention and Control (NCAIDS), Red Cross Society of China (RCSC) and China Railway Corporation (CRC) to pilot a comprehensive model for integrated HIV prevention and SRH services targeting key populations, including low income sex workers, their male clients, and migrant workers. It utilized various intervention methods, including peer education, health services outreach services, IEC campaigns and capacity building targeting key populations, in particular low income sex workers.
- With UNFPA support, a national operational guideline on HIV/STI/SRH intervention targeting low income sex workers was developed by national experts, SRH doctors with outreach experience and CBO representatives. This was done through adaptation of the international guidelines to the local Chinese context, integrating the experiences and lessons learned from the CP7 programme sites. The guidelines will be used as one of the references for development of the China National HIV strategy for 2016-2020.
- In collaboration with other UN agencies, INGOs (Asia Catalyst) and Red Ribbon Forum (RRF), UNFPA supported national efforts to strengthen the engagement of government agencies, academic institutions, social organizations and international partners working with sex workers. A seminar on HIV and Sex Work was co-organized in November 2014 by RRF and the UN agencies, including UNFPA, with participation of international speakers from Viet Nam, Switzerland, New Zealand and regional offices of UNFPA and UNDP.

Outcome 5 Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy					
Strategic Plan Outcomes Indicators	Start value	Year	End value	Year	Comments
Percentage of women aged 20-24 who were married or in union before age 18	Not available	2010	Not available	2014	According to Chinese Marriage Law, the age requirement for marriage is 22 years of age for men and 20 years of age for women
Number of mechanisms in place to implement laws and policies advancing gender equality and reproductive rights	1	2010	1	2014	National Working Committee on Children and Women (NWCCW) under the State Council is the coordinating agency of the government in charge of women and children's work, such as implementation of China National Program for Women's Development (2011-2020).

Summary of National Progress

In November 2013, China announced adjustment of its fertility policy, allowing couples where either spouse is a single child, to have two children. While China's family planning and population policies are still not fully aligned with the international standards called for by the ICPD PoA (Programme of Action of the International Conference on Population and Development), the recent family planning policy change is seen in China as an overdue step in the right direction, which is in part driven by government concerns about the diminishing workforce size and rising dependency ratios, caused also by fast ageing process. The changes have also generated heightened focus on client rights and informed choice in provision of family planning services.

As a result of a decade of concerted advocacy by various stakeholders, the Chinese government finally launched the formal process towards adopting a national law on family violence. On 25 November 2014, the Legislative Affairs Office of the State Council released the draft bill to solicit public opinion and comments. Following that, the draft will be revised and submitted to the People's Congress for review.

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 due to persisting cultural preference for sons and subordination of women and girls, resulting in the deprivation of their rights, gender discrimination, and gender-biased sex selection.

UNFPA's Contributions

- UNFPA has supported four provinces - Chongqing, Henan, Heilongjiang and Zhejiang - to develop population projection scenarios under different fertility levels and hence, prepare the project-supported provinces for a greater policy change, including immediate follow up to the recent fertility policy relaxation.
- UNFPA programme supported capacity strengthening in Heilongjiang, Chongqing and Jilin provinces in implementing local provincial plans aimed at family planning policy change at the provincial level, and expansion of services provided by the family planning networks.
- Since 2013, the process of drafting the legislation has been supported by the UN Inter-Agency Task Force in China, of which UNFPA is a member. During a two-day international roundtable event, cohosted by the All China Women's Federation (ACWF) and the UN Task Force in April 2014, the lessons and experiences on the Family Violence Legislation from 11 countries were shared by international experts. The UN Task Force has provided its comments and suggestions to the draft bill during public opinion solicitation phase. Building on the Roundtable's outcome, on 28 September, UNFPA and ACWF organized a high level advocacy forum on EVAW to further discuss the challenging aspects of the legislation.
- At the grassroots level UNFPA supports ACWF and the NHFPC in developing a multi-sectoral model in response to VAW in two sites (Liuyang of Hunan Province and Chengde county of Hebei province). The collaboration among members of the referral system has been strengthening to provide appropriate legal, counseling and medical services to the survivors of violence. A database was developed and piloted to support the referral system of the multi-sectoral response mechanism.
- To address the issue of skewed sex ratio at birth (SRB), jointly with NHFPC, UNFPA supported the establishment of SRB intervention model in three project counties (Changfeng of Anhui province, Jingan of Jiangxi province and Wugong of Shaanxi province). The interventions apply a mix of approaches, including gender mainstreaming within the government system, revision of gender-biased village and community rules and regulations, aiming at empowering women and girls at the grassroots level.

Outcome 6 Improved access to SRH services and sexuality education for young people (including adolescents)

Strategic Plan Outcomes Indicators	Start value	Year	End value	Year	Comments
Adolescent birth rate	0.6%	2011	0.6%	2013	Data source: SWOP (2012, 2014)
Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	Not available	2011	54.9%	2013	China Global AIDS Response Progress Report 2014
Implementation status of comprehensive age-appropriate sexuality education in and out of school at national scale	No	2011	No	2014	Data source: 2014 UNFPA CO Annual Report

Summary of National Progress

China has paid increasing attention to the issue of adolescent and youth health and safety. A series of policies have been issued and joint actions taken, addressing emerging social issues related to the health and development of young people.

- In 2010, the Comprehensive Administration of Public Security Committee of the Central Committee of the Communist Party of China (CCCPC), Ministry of Education (MOE), Ministry of Public Security (MPS) jointly issued the Opinions on strengthening schools and kindergartens safety programme, and in 2013, the MOE, together with other agencies, developed the Public Safety Education Guidelines for Primary and Middle Schools, responding to increasing occurrence of school violence.
- Mental health is another key concern in China, especially among youth people. In 2012, the MOE revised its Mental Health Education Guidelines for Primary and Secondary Schools, and included mental health into formal school curriculum. Many important topics of Comprehensive Sexuality Education (CSE), such as increasing self-confidence, dealing with pressures, developing positive relationships, and making good decisions, are included in the curriculum
- China has 265 million migrant workers, which resulted in some 60 million left-behind children. In recent years, the Chinese Government has strengthened the protection of this vulnerable group, prioritizing prevention of sexual violence. In 2013, the MOE and other agencies issued “Opinions on strengthening care and education on rural left-behind children at the compulsory education stage”. In the same year, the MOE and other agencies issued “Opinions of prevention of sexual abuse to children and adolescents”, while the Supreme Court and other organizations issued “Opinions on legal punishment of criminals of sexual violence to minors”. All these policy documents represent active response to the increased media coverage of sexual violence against rural left-behind children.
- The issue of unintended pregnancies among unmarried youth is receiving high attention of the Government. There are about 13 million of abortions in China in recent years, over half of them were estimated to be among unmarried youth. In 2014, the National Health and Family Planning Commission (NHFP) launched a campaign to reduce the unwanted pregnancies and abortions among young people.
- In the China National Program for Child Development (2011-2020), for the first time, raising the SRH knowledge among children of appropriate ages became one important target, with a clear strategy to integrate reproductive health and sex education into the compulsory education curriculum.
- Recently, there are more voices raised for including and strengthening school-based sexuality education in China. At the annual conference of the National People’s Congress (NPC) and the China People’s Political Consultation Conference (CPPCC) in recent years, many delegates proposed to improve SRH education and prevent gender-based violence among young people.

UNFPA’s Contributions

- With UNFPA and CFPA support in 2004, the first youth-led organization on ASRH - the China Youth Network (CYN) - was established in Beijing by a group of university students. Through continuous support from UNFPA and CFPA, CYN has evolved into a national network of youth-led organizations actively promoting and advocating for ASRH. By 2014, Shanghai, Guangdong, Tianjin and Zhejiang provinces established provincial level youth networks, and many prefectures and counties, including UNFPA supported youth project sites, established local CYN branches. Fifty-eight (58) universities have established Youth Health Clubs to promote ASRH and conduct peer education. In 2014, CYN celebrated its 10th anniversary, and announced its 2015-2019 strategic plan, which highlights the advocacy for CSE and youth participation.
- Jointly with the China Family Planning Association (CFPA), UNFPA supported 12 community-based youth health clubs in three project counties to provide sexual and reproductive health information and education to young people, including young migrant workers. UNFPA also supported annual national peer education training camps, together with CFPA and CYN, to groom the new generations of young volunteers from colleges, communities and private companies all over the country to promote ASRH in communities and increase their knowledge and skills on ASRH peer education.
- UNFPA supported its national partners, the NHFP and NCWCH, to promote youth-friendly SRH services (YFS) in both general hospitals and MCH hospitals. To guide the provision of YFS at health facilities, a National Standards on Adolescent Health Care in Medical Institutions Finalized Official Report was developed in 2014. YFS data collection and reporting system is under piloting phase.
- UNFPA supported NHFP and China Population and Development Research Center (CPDRC) to pilot provision of free contraceptives for unmarried youth in the three project sites. Based on that pilot experience, in 2014, a set of policy recommendations was drafted to facilitate the provision of free contraceptives to unmarried youth, along with a technical guideline: A Working Guideline on Contraceptive Distribution to Unmarried Youth.

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

Strategic Plan Outcomes Indicators	Start value	Year	End value	Year	Comments
2010 round of population and housing census completion status	Completed	2010	Not applicable	2014	The 6th National Population and Housing Census of China
Number of national household surveys conducted (in the last five years) that allow for the estimation of all MDG 5B indicators	Not available	2010	Not available	2014	A national sampling survey on population change which is organized by the National Bureau of Statistics (NBS) on an annual basis, collects data on fertility among women of reproductive ages, not covering adolescents, and does not address CPR, skilled birth attendance and unmet needs; the national population and reproduction survey run by the National Health and Family Planning Commission collects data on CPR and has the potentials to produce data on adolescent fertility and unmet needs, has not been organized over the past five years.

Summary of National Progress

The national statistical system led by the National Bureau of Statistics (NBS) is increasingly open to making data available to the general public in user-friendly ways, including through on-line databases. In-depth thematic analyses were conducted on the basis of census data set on the issues of ageing, youth, SRB and children. This has proved to be very important in translating data into evidence to facilitate informed planning and decision making. With UNFPA support, NBS has started technical preparations for the next round of population and housing census.

Gender-specific indicators have gained more prominence in the national statistics system, both within the NBS system and with the sectoral ministries, and are on a steady increase, supported by a working mechanism to promote sex-disaggregated data.

UNFPA's Contributions

- UNFPA, together with UNICEF, supported thematic analyses of the 2010 national census data on ageing, youth, SRB and children. The highlights of thematic reports are captured in the UNFPA China-initiated publication series "Facts and Figures";
- UNFPA worked with the NBS, and, through NBS, with sectoral ministries on the production and utilization of sex-disaggregated statistics. In 2013, nine new indicators have been added in the NBS routine reporting system. Advocacy and sensitization meetings were organized with line ministries and training was conducted using the UNECE training manual "Developing gender statistics: a practical tool". The China Disabled People's Federation was mobilized to test innovative approach to producing more sex disaggregated data on disability. A statistical publication "Statistics on women and children in China", reflecting the updated data, has been printed on an annual basis since 2013.
- UNFPA supported technical preparation of the NBS in conducting population surveys (including census), using emerging new techniques, such as online interview and linking administrative records with census registrations. Some of these emerging technologies are being tested in the inter-censal survey in 2015, and upon its proved feasibility, will be employed in the next round of census in 2020. An international seminar was organized involving 120 participants from about 20 countries and a study mission was organized to Australia and New Zealand.

D. Country Programme resources as of December 31, 2014

SP Outcome Choose only those relevant to your CP	Regular Resource (US\$ million)		Others (US\$ million)		Total (US\$ million)	
	Planned	Expenditure	Planned	Expenditure	Planned	Expenditure
Population dynamics	7.08	6.96	0	0	7.08	6.96
Maternal & newborn health	2.30	2.26	0.18	0.18	2.48	2.44
Family Planning	0	0	0	0	0	0
HIV and STI prevention	1.44	1.39	0.90	0.81	2.34	2.2
Gender equality and reproductive rights	1.81	1.72	0.26	0.19	2.07	1.91
Young people's SRH and sexuality education	1.45	1.39	0.15	0.15	1.6	1.54
Data	0.63	0.62	0	0	0.63	0.62
Programme coordination and assistance	0.62	0.60	0	0	0.62	0.60
Total	15.33	14.94	1.49	1.33	16.82	16.27