



COUNTRY PROGRAMME ACTION PLAN 2011 - 2015

FOR THE PROGRAMME OF COOPERATION

BETWEEN

THE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF CHINA

AND

THE UNITED NATIONS POPULATION FUND (UNFPA)

JULY 2011

Table of Content

	Page No
ACRONYMS	iii-iv
THE FRAMEWORK	1
Part I. Basis of Relationship	2
Part II. Situation Analysis	2
Part III. Past Cooperation and Lessons Learned	4
Part IV. Proposed Programme	5
Reproductive Health	
• Output 1 – Population and RH Policy	6
• Output 2 – HIV Prevention	9
• Output 3 – SRH for Youth	10
• Output 4 – SRH for Ethnic Minority/Remote Areas	12
Population and Development	
• Output 1 – Data for Population and Development	13
• Output 2 – Urbanization	14
• Output 3 – Research for Advocacy and Policy Development	15
• Output 4 – Aging	15
• Output 5 – South-South Co-operation	16
• Output 6 – Gender Based Violence	17
• Output 7 – SRB, Gender Discrimination and Masculinity	19
Part V. Partnership Strategy	20
Part VI. Programme Management	21
Part VII. Monitoring and Evaluation	22
Part VIII. Commitments of UNFPA	23
Part IX. Commitments of the Government	24
Part X. Other Provisions	25
ANNEXES:	
1. The CPAP Results and Resources Framework (RRF)	26
2. The CPAP Planning and Tracking Tool	32
3. The M&E Activities Calendar	41

ACRONYMS

ACWF	All China Women's Federation
AIDS	Acquired Immunodeficiency Syndrome
AWP	Annual Work Plan
CDC	Centre for Disease Control
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFPA	China Family Planning Association
CNAO	China National Audit Office
CNCA	China National Committee on Ageing
COAR	Country Office Annual Report
CPAP	Country Programme Action Plan
CYN	China Youth Network
CSOs	Civil Society Organisations
EM	Ethnic Minority
ERP	Enterprise Resource Planning
JP EVAW	Joint Programme on Elimination of Violence against Women
FP	Family Planning
FPC	Family Planning Commission
GoC	Government of China
HACT	Harmonised Approaches to Cash Transfers
HAI	Help Aged International
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
IEC/BCC	Information Education and Communication/Behavioural Change Communication
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MH	Maternal Health
MIPAA	Madrid International Plan of Action on Ageing
MIS	Management Information System
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Rate
MOFCOM	Ministry of Commerce
MOH	Ministry of Health
MOV	Means of Verification
M&E	Monitoring and Evaluation
MSI	Marie Stopes International
NBS	National Bureau of Statistics
NCAIDS	National Centre for AIDS Prevention and Control
NCC	National Coordination Committee
NCWCH	National Centre for Women and Child Health
NDRC	National Development and Reform Commission
NGO	Non Government Organization
NPFPC	National Population and Family Planning Commission
NWCCW	National Working Committee on Children and women
OP	Old People
PD	Population and Development
PDS	Population Development Strategy
PFPC	Provincial Family Planning Commission
PLWD	Persons Living With Disabilities

PWCCW	Provincial Working Committee on Children and Women
RCSC	Red Cross Society of China
RH	Reproductive Health
RRF	Results and Resources Framework
RTI	Reproductive Tract Infection
SRB	Sex Ratio at Birth
SRH	Sexual and Reproductive Health
SSC	South-South Cooperation
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
TOT	Training of Trainers
UNDAF	United Nations Development Assistance Framework
UNDOCO	United Nations Development Operations Coordination Office (previously UNDGO)
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VAT	Value-added Tax
VAW	Violence against Women
YFS	Youth Friendly Services
YHDRA	Yunnan Health and Development Research Association

THE FRAMEWORK

The Government of People's Republic of China and United Nations Population Fund (UNFPA) are in mutual agreement to the content of this Country Programme Action Plan (CPAP), and their responsibilities in the implementation of the Country Programme.

Furthering their mutual agreement and cooperation for the fulfilment of Programme of Action of the International Conference on Population and Development (PoA-ICPD, 1994) and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW, 1979) and the Millennium Development Goals (MDGs, 2000)

Building on the experience gained and progress made during the implementation of the previous Programme of Cooperation (2006-2010):

Entering into a new period of cooperation, 2011-2015:

Declaring that these responsibilities will be fulfilled in a spirit of a friendly cooperation, have agreed as follows:

Signed:



Mr. Yu Jianhua

Title: Assistant Minister, Ministry of Commerce

[On behalf of the Government's People of the Republic of China]

Date: 13 July 2011

Signed:



Ms. Nobuko Foribe

Title: Director, UNFPA Asia and the Pacific Regional Office, Thailand

[On behalf of the United Nations Population Fund]

Date: 13 July 2011

THE FRAMEWORK

PART I: BASIS OF RELATIONSHIP

The Government of People's Republic of China and United Nations Population Fund (UNFPA) are engaged on the basis of the Standard Basic Assistance Agreement concluded between the Government of People's Republic of China and the United Nations Development Programme in year 1979, which applies, *mutatis mutandis*, to UNFPA.

PART II: SITUATION ANALYSIS

China is one of the countries that have been least affected by the global economic crisis. It is increasingly engaged in international development, with a focus on Africa. China is the first developing country to have achieved Millennium Development Goal (MDG) 1 (eradicate extreme poverty and hunger) before the proposed deadline. While China has largely completed its demographic transition maintaining low fertility level, its population is experiencing unprecedented radical changes: continuous rapid aging, high sex ratio at birth, a complicated urbanization process, and the simultaneous advent of three peaks, in the total population, the labor force population and the elderly population. The country faces a number of challenges, including addressing socio-economic disparities between rural and urban areas and the different regions (east region versus central and western regions) in terms of income levels, living conditions, and access to public services; between population segments; strengthening the rule of law; and promoting the participation of civil society in development. In addition, large segments of the population are increasingly vulnerable to the effects of climate change. Reproductive Health (RH) emergency services are yet to be incorporated into the National Public Emergency Preparedness System.

According to the 2010 National Population Census conducted in November 2010, there were 1.34 billion people, an increase of 73.9 million persons, amounting to an average annual population growth rate of 0.57 percent. This was 0.5 percent lower than the annual growth of 1.07 percent registered between 1990 and 2000, demonstrating a steady low fertility in the population growth of China over the past decade. The sex ratio declined from 106.74 in 2000 census to the current 105.2 (population of females as 100). Further, there is imbalanced sex ratio at birth which is 118.6 males per 100 females, highlighting serious gender discrimination issues and harmful impacts on women's Sexual and Reproductive Health (SRH), mental health and rights.

The reduction in the age composition of the 0-14 age group by 6.29 percent as compared with 2000 National Population Census, and an increase in population in the age group of 60+ by 2.93 percent, is a reflection of great improvement in the standard of living and medical and health undertakings along with fast economic and social development, the continued low level of fertility and the accelerated process of population aging. Regarding aging, currently there is no comprehensive social security umbrella in place for this group, however, the 12th National Five Year Plan (2011-2015) is expected to have significant multi-sectoral support for all aspects of the aged population and each ministry is expected to undertake additional responsibilities in establishment of a social security web for the aged.

As of 2010, about 49.7 percent live in urban areas. This is an increase in urban population by 13.46 percent during the last ten years, demonstrating a higher level of urbanization with anticipated reduction in the working-age people in the future. Continued rapid urbanization is expected to add pressure on urban service delivery and with continuing increase in the number of migrants settling in the cities puts heavy burden on access to basic social services including SRH services

The contraceptive prevalence rate has been stable, approx. 89 percent. The total fertility rate has also

been stable for a number of years below replacement level and the Government's position is to maintain low fertility in accordance with the 12th Five Year Development Plan, 2011-2015 which focuses on maintaining low Total Fertility Rate (TFR) and continue economic growth. At the same time, the public discourse of the demographic implications of this policy, particularly in addressing sex ratio imbalances and aging are steadily increasing and being more noticeable in the public domain. Some cities/areas claim maintaining the low TFR is complete and now they plan to focus on sequential issues such as rapid aging and potentially declining workforce. As such, there is potential to review and advocate for improving population policies at provincial level as well as ensuring inclusion of emerging demographic issues such as those related to youth, aging, migration and urbanization.

The HIV prevalence rate is below 1 per cent. However, there are records of high prevalence rate of HIV and syphilis that exceed one percent among sex workers in some provinces. Hence, the epidemic is indicating signs of increasing and spreading to the general population, mainly through sexual transmission. According to a recent survey findings conducted by the Railway Health Technology Centre, only 49% had the correct knowledge on HIV prevention. This calls for integrating HIV and STI prevention efforts into reproductive health information and service delivery especially targeting migrants, youth and sex workers who represent an increasing percentage of new infections.

Maternal Mortality Ratio (MMR) has overall decreased significantly in China, however, regional disparities remain, with the MMR in Western Provinces (51.1 per 100,000 live births in 2008) being far higher than that of Eastern Provinces (19.3/100,000 in 2008). The *China's Progress Towards MDGs 2010 Report* underlines considerable disparities remaining in access to and quality of health services, affecting particularly poor populations living in remote areas. The Ministry of Health (MOH) statistics concerning maternal health care indicate lower than average hospital delivery rate, low antenatal and post partum coverage in Western Provinces. Further, when comparing the C-Section rate with 24 other countries based on WHO global survey on maternal and perinatal health conducted in 2007-2008, China had the highest rate of 46.5 percent. The low capacity of local maternal health care facilities, the distance from services, the shortage of human resources especially skilled birth attendants and sometimes socio-cultural barriers are key constraining factors. As such, the remoteness, social, economic factors, as well as, cultural factors require particular attention. Hence, addressing the gaps in the Western Provinces, where most ethnic minorities live, will indeed contribute to the achievement of MDG 5a in the remote and ethnic minority areas of China.

According to the Report on China's Progress towards the MDG (2010) Target 5b on universal access to reproductive health is one of the 4 targets which has been slow to making progress among the 14 targets relevant for China. SRH services are geared towards married people, not towards unmarried people and youth. According to the recent national survey of youth's access and utilization of SRH services in China conducted by Peking University in 2010, over 50 percent of the need for reproductive health services are not met. Among unmarried females aged 15-24 who had been sexually active, 21.3 percent became pregnant, 4.9 percent had repeated pregnancies and among them, 90.9 percent had abortion at least once and 19 percent had repeated abortions. Various research studies indicate that the attitudes and behaviour of youth towards sexuality are not being addressed by existing services. These accessibility challenges intensify for youth migrants who represent 46 percent of 200 million internal migrants that are below 25 years.

There is lack of evidence and disaggregated data to explore feasibility, effectiveness and sustainability of establishing anti-Violence against Women (VAW) multi-sectoral response model. Medical intervention mechanism at different levels of medical institutions to address VAW needs to be institutionalized, provide scientific evidence for facilitating different levels of medical administrative departments to make medical intervention related policy. Service providers of all sectors in the multi-sectoral model have low capacity to prevent and address VAW, using cultural sensitivity and human rights based approach to providing services. Furthermore, the legal frameworks that exist for the protection of rights, particularly women's rights are not systematically enforced in all locations and have serious gaps. Although policies on women's rights are well developed, implementation of these policies varies.

Another vulnerable group whose various needs are often neglected, particularly in the area of SRH is the people living with disability (PLWD). According to the 2006 National Sample Survey on Disability, there are around 83 million PLWD in China, 75 percent live in rural areas and 53 percent are over 60 years old. Hence, more research is required on the SRH status of this vulnerable group to inform the policy makers.

PART III: PAST COOPERATION AND LESSONS LEARNED

UNFPA assistance to China began in 1979. The programme expanded from specific demographic and family planning assistance to a comprehensive SRH approach at the county level with a focus on quality of care in RH, as well as addressing emerging issues such as urbanization, the sex ratio imbalance, and ageing. In (Country Programme) CP6, as requested by the Government of China (GoC), UNFPA also expanded its programme to respond to emergencies and to address the needs of minorities, in line with UN reform and harmonisation efforts, UNFPA is also involved in an increasing number of UN joint programmes.

The sixth country programme built on the achievements of previous cycles of cooperation between UNFPA and GoC, especially the 5th CP of assistance which focused on quality of care and RH. In the area of RH, working with the National Population and Family Planning Commission and Maternal and Child Health (MCH) Dept of the MOH, CP6 in particular helped to increase the knowledge and skills of service providers regarding the quality of care of reproductive health services (including family planning and informed contraceptive choice) through the development of training materials, the lifting of restrictive rules, and increased awareness of reproductive rights in programme areas. On the policy front continuous dialogue was maintained on population issues and a series of policy indicators were introduced and monitored to showcase progress in the pilot areas.

In the area of HIV prevention, CP6 supported national partners National Centre for AIDS Prevention and Control (NCAIDS), Ministry of Railways and China Family Planning Association (CFPA) to identify linkages between HIV prevention and reproductive health service delivery for sex workers and migrants and help to prevent HIV by using the railway system. In the population and development context, together with United Nations Children's Fund (UNICEF), CP6 supported technical trainings for National Bureau of Statistics (NBS) to improve the capacity for analysing data related to development indicators and for evidence-based policy formulation. CP6 supported a nationwide research with Peking University to increase the availability of national data on the sexual behaviour of youth and on their unmet need as well as a study with Renmin University to identify the SRH status and access to SRH services of the migrant population. Also in support of promoting SRH for youth, CP6 supported the China youth network and advocated with partners for increased participation of youth in SRH programmes and partnerships with national institutions. A pilot was started in the latter half of CP6 to establish a multi-sectoral mechanism for addressing violence against women, the mechanism being tested was subsequently used to raise funds for a UN joint programme. In the framework of two joint programs and jointly with UNICEF, WHO, MOH and NPFPC, CP6 has piloted an innovative approach to MCH care among ethnic minorities in South West China as well as a multisectoral health promotion model targeting youth migrants in various sending and receiving areas.

In the Population and Development Strategies (PDS) area, CP6 initiated the process of developing a national strategy on urbanization together with National Development and Reform Commission (NDRC). Four sites were chosen to develop models which can be further promoted as examples of successful urbanisation for similar contexts in China. As part of the assistance provided post disaster at the request of the GoC, UNFPA supported the inclusion of SRH and psychosocial support in health disaster preparedness. This was done with the MOH and Peking University and the model used is being taken to scale by relevant authorities.

Lessons learned from the sixth country programme indicate the need to: (a) work 'upstream', with a focus 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 for scaling up evidence-based documented programme success (c) ensure that the value of cooperation is systematically communicated at the outset to leadership in intervention areas; (d) shift the focus from service delivery support to technical support for quality assurance, and piloting at sub-national level for packaging good practices and lessons learned for wider sub-national response; (e) address the policy gap and unmet need for youth-friendly SRH services; (f) diversify partnerships for programme 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 and South-South corporation.

Country programme six has continued the collaboration with three South- South centers of excellence and has increased the capacity of these centers to carry out quality international training. The Gender project has been a model for incorporating cross cutting issues into the Country Programme. The project was used to raise awareness and recognition of sex ratio at birth imbalances and has been a champion for sex disaggregated data and also multi-sectoral model pilot to address VAW. Support to research on ageing has been re-started in Country Programme Five. A much needed move towards operational pilot initiatives is now being started. There is a need to continue to focus on operations research models in the area of ageing as the academic research body is maturing.

PART IV: PROPOSED PROGRAMME

The proposed programme is based on the United Nations Development Assistance Framework (UNDAF), 2011-2015; discussions with partners on priorities in social policy reform initiatives; and the twelfth national five-year development plan. It contributes to the achievement of all three UNDAF priority areas: (a) the poorest and most vulnerable persons increasingly participate in and benefit equitably from social and economic development; (b) the Government and other stakeholders ensure environmental sustainability, address climate change, and promote a 'green', low-carbon economy; and (c) enhanced participation of China in the global community brings wider mutual benefits.

The Country Programme Action Plan (CPAP) is in line with the outcomes as formulated in the UNFPA's Strategic Plan 2008 – 2013. The CPAP was developed in collaboration with the national and sub-national partners and discussed in a stakeholders meeting on 17th June 2011. Comments and observations were further integrated in the final document. Results based management was used as an approach to determining the budget for each output. To ensure commitment to programme performance in achieving the results it was agreed with the Ministry of Commerce (MOFCOM) which is the Government Aid Coordinating Authority, to allocate the budget for the first three years initially. The remaining funds will be allocated to the Implementing Partners as appropriate based on the outcome of the mid-term review findings.

In taking a systematic approach to selecting geographical intervention sites, UNFPA in consultation with its stakeholders, conducted a review of the socio-economic status of the thirty one provinces using 13 key population and RH indicators. As opposed to CP5 and CP6 where 30 counties were used as project sites, CP7 will support interventions at provincial and prefecture level for upstream policy advice. Technical assistance for policy dialogue on social development related to population and family planning is to be supported for some outputs at provincial level in all 31 provinces. In addition, a limited number of sub-national level sites (province, prefecture, district and , county) will be selected for piloting initiatives to draw lessons learned and good practices to document policy options for advocacy and province-wide response in those target provinces. As such, a limited number of provinces have been prioritized as intervention provinces for CP7. UNFPA and national partners will jointly use additional criteria (such as commitment of local leadership for policy reform and innovation, relevance of interventions, drawing on potential synergies with other UN agencies for joint programming and convergence) to select a limited number of provinces from this list for each output. Joint consultation of the partners will take place to ensure some of the provinces selected are same for each output as well as for the different outputs to provide a comprehensive approach to achieving

population and RH results. Special considerations will be given for those provinces that will support policy upstream initiatives. The final set of provinces for each output as appropriate, will be decided based on further consultation between UNFPA and the Implementing Partners.

UNFPA will provide upstream policy advice, drawing on lessons learned from the previous country programme and from the experiences of other countries. The programme will: (a) focus on vulnerable and underserved groups as well as those with high-risk behaviour; (b) address disparities through a focus on ethnic minority groups and remote areas; (c) policy dialogue and advocacy; (d) support strengthening of multi-sectoral coordination mechanisms; (e) continue joint programming endeavours; and (g) support research and advocacy on emerging issues. UNFPA will also pursue cost-sharing arrangements with the Government.

A UNFPA advocacy and communication strategy will be developed for CP7 to raise awareness among public and policy makers of priority and emerging issues, raise profile of critical normative issues that need to be addressed, highlight results achieved and support provided by UNFPA and its partners, and increase the impact of UNFPA's advocacy for social and policy change.

The programme will use rights-based, gender-sensitive and culturally appropriate approaches, and will include joint programme initiatives. The programme will seek to build the capacity of rights holders and duty bearers to ensure that individual choices and rights are respected.

REPRODUCTIVE HEALTH AND RIGHTS COMPONENT

The Reproductive Health component is designed to respond to the priorities in the population/family planning and health sector of the GoC in accordance with China's 12th National Plan of Action, 2011-2015.

The reproductive health and rights component has two Outcomes:

- a) National and sub-national regulations and policies address gaps in SRH and rights; and
- b) Vulnerable groups have increased demand for, access to, and utilization of SRH services and information, including on HIV prevention and reproductive rights.

Results and Strategies

There are four Outputs contributing to the RH Goal, with one Output for Outcome 1 and three Outputs for Outcome 2.

THE FOLLOWING OUTPUT WILL CONTRIBUTE TO OUTCOME 1:

OUTPUT1: By 2015, policymakers at national and sub-national levels will update population and health policies on issues such as SRH and family planning

Result 1: Various population and reproductive rights related policy improvement options and regulations developed, such as improving policy on family planning with action plans, and regulations to expand the scope of Family Planning (FP) public service network to include rights-based SRH services in line with institutional mandate.

Strategy (i): Ensuring availability of evidence with better understanding among the policy makers on the implications and consequences of fertility related policy improvement. Key activities include:

- Conduct various qualitative research targeting local leaders, baseline survey on fertility intention and expectation for policy improvement, monitoring and evaluation; mid-term and end-line surveys
- Provide technical support to pilot provinces on recommendations for policy improvement
- Develop advocacy and training materials for policy makers and FP staff on policy improvement and training key leaders and key staff responsible for FP policy at Provincial Family Planning Commission (PFPC)

- Use experiences of selected provinces for advocacy on policy improvement through implementing pilot initiatives at sub-national level as evidence for experiences and good practices
[Implementing Partner: National Population and Family Planning Commission (NPFPC)]

Strategy (ii): Providing technical assistance to position FP service network to ensure integrated SRH services that are beyond the FP component. Key activities include:

- Feasibility study on the scope of the FP service network and identifying capacity gaps, compiling a catalogue of services to be performed by the network and costing of the extended services
- Formulate policy options/regulations for the implementation of the expanded services by the FP network.
- Advocacy with the policy makers on policy options for integrated SRH services by the FP network.
- Conduct training of the FP network service providers on other reproductive health services beyond FP through (Training of Trainers)TOT, using the guidelines developed under CP6
[Implementing Partner: NPFPC]

Result 2: Improved management, monitoring and evaluation system at the provincial level that supports availability of high-quality, integrated, reproductive health and family planning information and services, with revised regulations to protect reproductive rights in accordance with the ICPD principles.

Strategy (i): Supporting policy advocacy among policy makers and legislators at national and sub-national levels with strengthened NPFPC's Monitoring and Evaluation (M&E) system to promote client-centered, gender sensitive, and reproductive rights based quality of care approach. Key activities include:

- Review the existing laws and policies of the selected provinces in the area of reproductive health to identify gaps to incorporate principles of reproductive rights
- Conduct workshop among policy makers at the provincial level on reproductive rights using resource materials developed under CP6
- Technical assistance to revise regulations and develop policies and training of media aiming at increased coverage of protection of reproductive rights
- Conduct situation analysis of the existing NPFPC's M&E system implemented at the provincial level and policy dialogue for a reform
- Technical assistance in revising the current M&E system with emphasis on improving the monitoring indicators
- Conduct training of the managers at provincial level to implement revised M&E system and improve operational research capacity for appropriate programme interventions
[Implementing Partner: NPFPC]

Strategy (ii): Providing capacity building for service providers on application of rights-based approach in service delivery especially targeting grassroots organizations. Key activities include:

- Advocacy among policy makers at the provincial level on ICPD principles of rights based approach to SRH service delivery
- Conduct training for service providers in applying reproductive rights-based approach to service delivery
- Develop Information, Education and Communication (IEC) Conduct TOT and cascade training on reproductive rights for grassroots organization
- Build partnership with grass roots organizations to disseminate messages to right holders on their reproductive rights
[Implementing Partner: NPFPC]

Result 3: A comprehensive monitoring and evaluation framework developed with appropriate indicators that provides key steps to monitor the implementation of the SRH related policies,

especially prevention of Reproductive Tract Infection (RTIs), breast and cervical cancer, and strategies to achieve MDG 5b target. Key activities include:

Strategy (i): Providing evidence to policy makers at the national level on the importance of having an effective M&E system for the implementation of RH related policies and incorporating SRH related indicators into HMIS to measure MDG 5b. Key activities include:

- Review existing RH policies and the current indicators, and disseminate the review findings
- Set up working groups to develop monitoring and evaluation framework using indicators recommended by the Peking University for monitoring the progress towards universal access to RH
- Develop policy options for implementing revised M&E framework in selected provinces
- Review/revise core SRH related indicators in the health management information system (HMIS) to measure MDG 5b

[Implementing Partner: MOH]

Strategy (ii): Strengthening institutionalization of human resource development for RH service providers. Key activities include:

- Set up and formalise certification system for courses such as RTI prevention training through review/revision of the current training methodology and conduct TOT
- Set up user-friendly training packages and good practices focusing on national reproductive health policies

[Implementing Partner: MOH]

Result 4: Policy options proposed to institutionalize midwifery profession through formalizing midwifery education at medical education institutions with the establishment of appropriate midwifery standards in the health institutions and in-service training and recommendations proposed for reducing C-section without medical reasons.

Strategy (i): Setting standards and capacity building on midwifery skills and health education on natural delivery. Key activities include:

- Support evidence-based advocacy for the reduction of C-Section with the policy makers within MOH and those at the provincial levels through conduct of situation analysis of the C-Section and dissemination of findings
- Provide health education on natural delivery and C-Section through development of gender sensitive, culturally appropriate IEC materials and awareness campaign
- Compile evidence and lobby with legislators, awareness raising through use of experiences in other countries and develop policy options for consideration

[Implementing Partner: MOH]

Strategy (ii): Institutionalizing midwifery profession. Key activities include:

- Using international standards to provide technical assistance to medical education institutions in establishing formal midwifery training programme, and to the health sector in setting up standards in practicing midwifery services
- Conduct capacity building for service providers in midwifery skills through development of training guidelines and TOT in selected provinces. Based on lessons learned advocate for implementation in other target provinces
- Conduct training of service providers in improving their midwifery skills to enhance natural delivery

[Implementing Partner: MOH]

Result 5: A RH emergency service model available for wide application and for integration into the National Public Emergency Preparedness System

Strategy (i): Improving the RH emergency service model at national levels. Key activities include:

- Pilot RH service model in selected counties/prefectures
- Update series of technical guidelines and training manuals developed in CP6
- Conduct training of the key relevant health managers and service providers on the use of these updated guidelines and manuals
- Conduct an evaluation to test its feasibility and document for advocacy to up-scale at national level [Implementing Partner: MOH]

Strategy (ii): Integrating RH emergency service mechanism into the National Public Emergency Preparedness System. Key activities include:

- Advocate, using evidence-based RH emergency service model addressed in Strategy1 with the key stakeholders including a RH emergency service coordination mechanism consisting of key stakeholders (e.g. MOCA, health emergency response office, Red Cross Society of China, etc.) with clear division of labour

[Implementing Partner: MOH]

THE FOLLOWING OUTPUTS WILL CONTRIBUTE TO THE OUTCOME 2:

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. The programme will target the most vulnerable groups at sub-national levels, mainly migrant workers working in the railway construction sites in selected railway bureaus as well as street based sex workers in selected provinces.

Result 1: Increased availability of and accessibility to integrated HIV/STI/SRH intervention package for migrant workers in pilot railway construction sites with increased capacity of the health service providers of railways CDC on HIV/STI prevention and SRH promotion

Strategy (i): Various capacity building initiatives targeting different stakeholders to implement pilot interventions. Key activities include:

- Update HIV/STI/SRH related training materials for program managers and health service providers of the pilot railway bureaus
- Conduct TOT and cascade training on HIV/STI/SRH knowledge and technical skills for program managers and service providers of the pilot railway bureaus

[Implementing Partner: MOR]

Strategy (ii): Piloting integrated HIV/STI/SRH intervention model among migrant workers in pilot railway construction sites. Key activities include:

- Update IEC/BCC materials on HIV/STI/SRH and disseminate relevant information to the migrant workers using multi-media approach
- Pilot regular mobile outreach to railway construction sites conducted by railway health service providers
- Conduct peer education programme for migrant workers in railway construction sites

[Implementing Partner: MOR]

Result 2: Increased awareness and support of the policy makers of the railway system at national and sub-national levels for HIV/STI prevention and SRH promotion among migrant workers in railway construction sites

Strategy (I): Evidence based advocacy among policy makers of the railway system at national and sub-national levels including health and construction sectors to support HIV/STI prevention and SRH promotion among migrant workers and expansion of the pilot model to other railway construction sites. Key activities include:

- Awareness raising with participation of policy makers from health and construction sectors of MOR and the pilot railway bureaus

- Develop of policy briefs and documentation of good practices for advocacy among policy makers to consider up-scaling and expanding to other railway construction sites
- Provide technical support of HIV/STI/SRH related policy development and M&E including MOR's five-year Action Plan for Reducing and Preventing the Spread of HIV/AIDS and railway construction policies [Implementing Partner: MOR]

Result 3: Improved multi-sectoral coordination mechanism which includes both government and CSOs, with clear division of labour to provide integrated HIV/STI/SRH services targeting street based sex workers

Strategy (i): Strengthening coordination mechanism and identifying good practices for advocacy to address HIV/STI/SRH among street based sex workers. Key activities include:

- Review and analyse existing policy documents and technical guidelines to strengthen the linkage between HIV and RH at national and provincial level.
- Identify good practices and lessons learned from other countries
- Strengthen coordination mechanism among key stakeholders to effectively address HIV/STI/SRH among street based sex workers

[Implementing Partner: NCAIDS]

Result 4: A comprehensive HIV/STI/SRH intervention package for use by health workers targeting street based sex workers and for advocacy to replicate and expand to target provinces

Strategy (i): Piloting an intervention package for national and province wide application. Key activities include:

- Conduct needs assessment of sex workers and capacity assessment of health service providers for capacity building
- Review existing sex workers intervention models to design, pre-test and pilot comprehensive intervention package
- Document lessons learned from the implementation of the comprehensive intervention package and advocate for possible national and target provinces
- Advocate and provide support for the development of a strategy that includes street based sex workers

[Implementing Partner: NCAIDS]

Strategy (ii): Exploring models to involve CSOs in addressing HIV/STI/SRH issues among sex workers for promoting at national and provincial level

- Conduct mapping of CSOs involved in addressing issues relating to street based sex workers
- Conduct capacity building of potential CSOs and pilot effective models to address HIV/STI prevention and SRH promotion in sex work
- Document and disseminate good practices of CSOs involvement in HIV/STI prevention among street based sex workers [Implementing Partner: NCAIDS]

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

Result 1: A multi-sectoral cooperation mechanism is established to guide comprehensive evidence-based planning, budgeting, M&E framework for monitoring provision of high quality SRH information, services and counseling to youth including unmarried youth at provincial level

Strategy (i): Developing multi-sectoral cooperation mechanism to address youth issues in selected provinces as evidence for sub-national response. Key activities:

- National Working Committee on Children and Women (NWCCW), with UNFPA's technical support will take the lead coordination role for:
 - map of stakeholders involved in addressing youth issues

- mobilise relevant partners including new partners for a collaborative effort towards achieving output results
- oversee the launch and implementation of the updated Youth Friendly Service (YFS) model from CP6
- Based on CP7 experience, give recommendations on development of a national strategy for China and other related strategies and action plans as appropriate through collaborative consultation among the stakeholders, experts, policymakers, community representatives, service providers and youth.

[Implementing Partner: NWCCW]

Result 2: Enhanced capacity of health service providers and managers for the provision of quality YFS at selected sub-national level and policy support for application in other target provinces.

Strategy (i): Integrating YFS package in MOH service delivery facilities and general hospitals. Key activities include:

- Based on lessons learned from CP6 implementation of YFS collaborate with Medical Administration Department and MCH Department of MOH to integrate YFS in the general hospitals and to strengthen capacity of health service providers on YFS with possible pre-service training on YFS
- Evaluate CP6 YFS clinic models in MCH hospitals to enhance into a comprehensive package for piloting in targeted provinces at provincial level to be used for policy dialogue and advocacy
- Develop IEC materials on utilizing YFS services

[Implementing Partner: MOH]

Result 3: Policy options for advocacy developed to update national and provincial FP policies to address SRH for youth including free FP services and contraceptive for unmarried youth including migrants in selected provinces

Strategy (i): Exploring development of an integrated SRH package for NPFPC that provides free contraceptives as part of the SRH services for unmarried youth. Key activities include:

- Explore for an integrated SRH package for NPFPC that includes free contraceptives for unmarried youth through feasibility study and piloting in selected provinces for policy advocacy
- Conduct feasibility study to assess the resources needed (financial, human, technical and facilities) for the provision of youth friendly services at family planning service stations
- Pilot youth friendly services for unmarried youth in selected provinces, with appropriate IEC/BCC programmes and media campaign

[Implementing Partner: NPFPC]

Result 4: SRH components integrated and utilized in community based youth centers and other outlets, with strengthened local network of the China Youth Network (CYN) for increased active participation of youth including migrants in development process

Strategy (i): Integrating SRH information and education including HIV into community youth centers. Key activities include:

- CFPA will partner with Youth League and other relevant partners to integrate SRH components in community youth centres and other outlets
- Support strengthening of CYN local network and CYN networking with other youth organizations for increased participation of local youth including migrants
- Explore opportunities to involve education sector and local in-school youth for dissemination of SRH information

[Implementing Partner: CFPA]

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

Result 1: Improved knowledge and capacity of health service providers of MOH and FP Educators of CFPA on the delivery of culturally appropriate quality Maternal Health (MH)/SRH prevention and services

Strategy (i): Collecting data for improving knowledge on MH/SRH unmet needs and quality of services in remote/ethnic minority areas

Key activities include:

- Conduct baseline survey and endline with ethnic disaggregated data for in-depth situation and socio-cultural analysis, as well as specific SRH needs and capacity of local FPAs on MH/SRH promotion
- Conduct baseline and end line capacity assessment of local MH services and FPAs on MH/SRH promotion

[Implementing Partners: MOH, NPFPC]

Strategy (ii): Capacity building of MH service providers and FPA educators using culturally sensitive approaches. Key activities include:

- Conduct training of local MH workers and village doctors on client-friendly/culturally sensitive MH service provision through development of curriculum and cascade training in pilot sites (county, township and village level), study tours
- Adapt MH services through developing tailored strategies/guidelines strengthening their accessibility and suitability; outreach interventions, maternity waiting rooms
- Conduct training of local FPA educators on competency gaps identified during baseline survey through development of curriculum, TOT and cascade training on areas such as: (i) approaches to culturally sensitive and rights based IEC/BCC; (ii) knowledge on MH/other RH topics; and (iii) communication skills

[Implementing Partners: MOH, NPFPC]

Strategy (iii): Building partnership with Civil Society to jointly develop culturally appropriate innovative interventions on MH and other RH areas. Key activities include:

- Design local communication strategies that include: (a) adaptation of culturally sensitive/language appropriate IEC/BBC materials; (b) utilization of local communication channels; and (c) mobilization and establishment of partnerships with community

[Implementing Partner: MOH, NPFPC]

Result 2: Evidence based policy recommendations for improving MH and other RH services and addressing disparities to achieve MDG 5 in EM/remote areas of target provinces

Strategy (i): Collecting data for improving knowledge on challenges and opportunities in achieving MDG 5b in remote/EM areas. Key activities include:

- Conduct study in Yunnan to document key SRH challenges and opportunities in remote areas to achieve MDG 5b for evidence based advocacy among policy makers

[Implementing Partner: YHDRA]

Strategy (ii): Evidence based advocacy targeting MOH and FP policy makers and managers in target provinces. Key activities include:

- Formulate evidence and result-based policy recommendations for promoting MH and other RH issues through the FP system: dissemination of pilot results, and advocacy targeting managers and decision makers from NPFPC

- Formulate evidence and results based policy recommendations for improving MH service in EM/remote areas: dissemination of pilots' results and advocacy targeting managers and decision makers from MOH
[Implementing Partner: NPFPC and MOH]

Result 3: Strengthened capacity of the Red Cross Society of China (RCSC) to implement the Minimum Initial Service Package (MISP) in the ethnic minority groups in selected remote provinces

Strategy (i): Capacity building on MISP for the RCSC officials and service providers working for the ethnic minority groups in the remote provinces. Key activities include:

- Conduct capacity assessment of the RCSC officials and health service providers
- Update MISP training package tailored for the RCSC officials and health service providers
- Conduct TOT from RCSC system at national and sub-national levels
- Pilot MISP practice through using the RCSC's comparative advantages (e.g. Red Cross volunteers network) in selected sub-national levels including cascade training, emergency response drills, and monitoring and evaluation

[Implementing Partner: Red Cross Society of China]

Strategy (ii): Incorporating MISP into Red Cross System to promote its integration in the National Public Emergency Preparedness System. Key activities include:

- RCSC to develop partnership with MOH to obtain technical support on the implementation of MISP
- Use evidence-based piloting MISP practice in the RCSC system to promote MISP practices in the RCSC system and to promote integration in the National Public Emergency Preparedness System
- Document good practices, develop MISP forum and organise experience sharing events within the provinces

[Implementing Partner: Red Cross Society of China]

POPULATION AND DEVELOPMENT COMPONENT

There are two outcomes under the Population and Development component:

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

RESULTS AND ACTIVITIES

There are seven Outputs contributing to the Population and Development (PD) Goal with five Outputs for Outcome 1 and two Outputs for Outcome 2.

THE FOLLOWING OUTPUTS WILL CONTRIBUTE TO OUTCOME 1:

OUTPUT1: 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.

Result 1: Availability of disaggregated data by sex, ethnicity, age and region, at national and sub-national levels

Strategy (i): Ensuring greater focus on disaggregated data collection and analysis, particularly on sex, age and ethnicity. Key activities include:

- NBS to review current data situation and propose new indicators disaggregated by sex, ethnicity, age and regions
 - Continue the momentum of disaggregation of data at administrative levels (national, provincial)
 - Select provinces to pilot on collection of data disaggregated by sex and ethnicity
- [Implementing Partner: NBS]

Strategy (ii): Advocacy, policy dialogue and capacity building to upscale provincial piloting experiences. Key activities include:

- Conduct joint advocacy initiatives with government's coordinating bodies such as NWCCW and senior officials of line ministries to up-scale provincial piloting experiences
- Conduct training for technical staff of line ministries in utilising experiences from piloting in provinces for application at national level

[Implementing Partner: NBS]

Result 2: Improved systematic integration of ICPD and MDG frameworks into national statistical system with more thematic analysis and publications.

Strategy (i): Integrating ICPD and MDGs into national statistical systems. Key activities include:

- Localise ICPD and MDG indicators at national and provincial levels
- Conduct thematic analysis based on areas identified
- Produce more ICPD and MDG related publications such as MDG data publication in 2012 and 2015 to contribute to the 2 national MDG reports, and ICPD review report for 2014

[Implementing Partner: NBS]

OUTPUT 2: Selected pilot sites have policy options for equitable urbanization endorsed by local and central governments.

Result 1: Policy options including social components produced from operational researches, used for advocacy and available for endorsement by local and national governments

Strategy (i): Operational researches for the formulation of sustainable urban development policies and planning regulations to be conducted in the four project sites as part of the initiative continued from CP6. Key activities include:

- Various research activities will involve one or more piloting sites depending on their relevance with local piloting initiatives, and be led by the project national technical support team to ensure the utilization of research findings at national level, in addition to developing local policy options. Research issues among others, include:
 - How the construction of public service facilities could be in line with urban development, particularly urban population growth (all sites)?
 - How household registration (Hukou) could be granted based on rented residence (Xi'an)?
 - Role of community and community social organizations in life style transition of villagers (Tianjin)
 - Housing security for migrants (Changshu)
 - How to build an info sharing platform for migrants and a working mechanism (Zhengzhou) to ensure information collection and utilization?

Strategy (ii): Tracking, monitoring and evaluation, advocacy and policy options development for scaling up. Key activities include:

- Produce periodic reports of piloting initiatives
- Produce analysis of urbanization initiatives for policy development
- Produce best practices brochure for advocacy

[Implementing Partner: NDRC]

Result 2: Increased capacity within NDRC system to lead the conduct of high policy oriented studies

and integrating policy recommendations

Strategy (i): Conducting capacity building for policymakers in piloting sites on integrating social services in making evidence-based urban planning, implementation and monitoring. Key activities include:

- Conduct training workshops to increase knowledge and skills on urban planning
- Experience and knowledge sharing among and beyond piloting sites, and from other countries

[Implementing Partner: NDRC]

Strategy (ii): Promoting effective cross-sector coordination and community participation Key activities include:

- Fostering community level organizations in rendering services and promoting participation

[Implementing Partner: NDRC]

OUTPUT 3: Policy research on population issues is conducted and disseminated to better inform national and sub-national government bodies on policy formulation.

Results 1: Evidence-based information on policy related issues to inform policy makers and initiate policy dialogue

Strategy (i): Conducting policy oriented researches to produce evidence-based research findings in the areas of population and development, gender and RH. Key activities include:

- Invite national experts and research institutes to identify data gaps and areas for further research within the context of CP7
- Invite for bidding for conducting various study/research
- Conduct studies/researches in sequential approach. Research topics may include but not limit to: fertility, population and climate change, VAW, SRH needs among PLWD as well as census data analysis on various topics

Strategy (ii): Using research findings for policy dialogue and developing advocacy messages in the areas of population and development, gender and RH. Key activities include:

- Document research findings and disseminate among stakeholders, particularly duty bearers such as relevant government bodies and other development partners
- Prepare policy briefs and advocacy messages for targeting policy makers and managers at different levels

[National Research Institutions, UNFPA]

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

Result 1: Improved multi sectoral coordination mechanism and gender sensitive indicator system for monitoring the implementation of 12th Five Year Plan on Aging

Strategy (i): Strengthening multi sectoral data collection system on ageing. Key activities include:

- Provide technical support to establish gender sensitive indicator system adapted from Madrid International Plan of Action on Ageing (MIPAA)
- Pilot use of MIPAA indicators in monitoring the implementation of 12th Five Year Plan on Ageing by all stakeholders
- Support conduct of national appraisal of MIPAA+10 and share experiences with stakeholders

[Implementing Partner: China National Committee on Ageing (CNCA)]

Strategy (ii): Strengthen advocacy for effective multi-sectoral coordination mechanism to monitor the

implementation of the 12th Five Year Plan on Aging in the provinces

- Consultations with national and selected provincial ageing committees on how to use the adapted indicator system for implementing and monitoring the 12th Five Year Plan on Ageing in the provinces
- Build capacity of key member agencies to participate into multi-sectoral coordination mechanism through national exchange visits and international study tour to implement and monitor 12th Five Year Plan on Ageing

[Implementing Partner: CNCA]

Result 2: Increased awareness of older persons' legal rights with evidence-based advocacy to promote older persons' participation in the development of ageing related policies

Strategy (i): Increasing awareness of legal rights of older persons. Key activities include:

- Situation analysis of the legal rights of older persons to address policy gaps
- Develop policy recommendations for rights protection convention for older persons
- IEC development and dissemination on non stereotypical image of OP in the society

[Implementing Partner: CNCA]

Result 3: Strengthened capacity of NPFPC to implement aging related needs of elderly, within its programmes

Strategy (i): Supporting capacity building of NPFPC to address aging issues in its programme. Key activities include:

- Conduct training of NPFPC through technical support to integrate aging and SRH related issues in NPFPC sectoral strategy and programmes
- Participate in the multi-sectoral coordination mechanism to define its role in addressing aging issues
- Support advocacy within the FP sector on aging related RH issues

[Implementing Partner: NPFPC]

OUTPUT 5: Improved management and technical capacity of national partners to engage in South-South and triangular cooperation on population and development issues

Result 1: Increased awareness and support among policy makers in China's SSC to implement RH/FP and population related training and information sharing

Strategy (i): Evidence-based advocacy developed to increase awareness and support among policy makers in China's SSC to implement RH/FP and population related training programmes and sharing of information. Key activities include:

- Develop an advocacy package for creating awareness among policy makers on South-South Cooperation (SSC) initiatives on RH/FP and population related issues
- Enhance coordination mechanism among key partners in SSC on RH/FP and population related topics with use of newsletters for information sharing
- Support meetings with key stakeholders to participate in international events and sharing of good practices from China

[Implementing Partner: NPFPC and other relevant partners]

Result 2: Enhanced capacity of the training institutions to identify training needs of partner countries to develop appropriate training programmes and good practices including case studies for sharing internationally

Strategy (i): Supporting capacity building of training institutions. Key activities include:

- Conduct training workshops on areas of management and training skills, as well as integrating socio-cultural dimensions into training design and delivery

- Develop tools for mapping of existing resources and channels to identify training needs and conduct mapping of the existing resources and channels for information
 - Conduct training workshops on needs mapping and analysis to develop appropriate training programmes
 - Conduct training workshops on developing good practices and case studies for sharing with the international partners
- [Implementing Partner: NPFPC and other relevant partners]

Result 3: Improved knowledge sharing among key stakeholders through enhanced virtual platform with regular newsletters, consultant's roster and improvement of website

Strategy (i): Supporting improved knowledge sharing. Key activities include:

- Improve the website design
 - Setup process and mechanism for regular updates and contribution from networking of different stakeholders
 - Develop newsletters and send to alumni as well as other active players who can potentially contribute to the platform
 - Develop consultants' roster in China for SSC in RH/FP and population related topics
- [Implementing Partner: NPFPC and other relevant partners]

Result 4: Recommendations provided to national partners on updating and/or developing the institutional SSC strategies related to RH and population issues

Strategy (i): Providing technical assistance to national partners to develop/update their institutional SSC strategies. Key activities include:

- Situation analysis of the SSC strategies of the relevant national partners and identify gaps
 - Providing recommendations to relevant national partners to develop/update their institutional SSC strategies.
- [Implementing Partner: UNFPA]

THE FOLLOWING OUTPUTS WILL CONTRIBUTE TO OUTCOME 2:

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.

Result 1: Evidenced based options for policy change in the health and non health sector with availability of minimum VAW package for piloting in selected provinces

Strategy (i): Supporting evidence-based health related data collection. Key activities include:

- Conduct baseline and endline surveys relating to the VAW multi-sectoral pilot project
- Based on lessons learned from the pilot and JP on VAW contribute towards the development of a minimum VAW package (includes prevention, care, treatment, protection and support services) that can be implemented and monitored through multi-sectoral coordination mechanism

[Implementing Partner: MOH]

Strategy (ii): Supporting evidence-based non-health related data collection and advocacy. Key activities include:

- Take lead in the non-health sector components to conduct baseline and endline surveys of the VAW multi-sectoral pilot Project and other socio-cultural research
- Coordinate the development of a minimum comprehensive VAW package building on CP6 experiences that includes non health sector covering areas, such as law enforcement, judiciary and shelter staff, that can be piloted and monitored through multi-sectoral coordination mechanism

- Support technical assistance using multi-sectoral coordination mechanism and experiences from other countries for the drafting of the Domestic Violence Law
[Implementing Partner: All China Women's Federation (ACWF)]

Result 2: Established medical intervention mechanism and strengthened capacity of service providers on VAW prevention and response in selected provinces

Strategy (i): Building on initiatives of CP6, capacity building of health service providers and health managers on health sector response to VAW. Key activities include:

- Using evidence, develop training modules for piloting VAW initiatives targeting Health Managers and service providers in synergy with (Joint Programme on Elimination of Violence Against Women) JP EVAW, using international technical assistance as needed. This also includes development of IEC/BCC materials including good practices on VAW medical intervention in selected service delivery facilities
- Conduct training of service providers and health managers on the use of training modules, in synergy with JP EVAW
- Establish and maintain medical intervention mechanism

[Implementing Partner: MOH]

Strategy (ii): Capacity building of stakeholders in the multi-sectoral model through lessons learned from CP6. Key activities include:

- Hotline training for pilot staff for increasing their skill and awareness followed by TOT promoting to extend the use of hotline guide to other target provinces or counties into the work of Women's Federation(WF)
- Build on existing training materials for all service providers such as police judiciary shelter staff to conduct comprehensive training
- Finalize the Referral Service Guidelines for WF staff and organize subsequent trainings

[Implementing Partner: ACWF]

Result 3: Strengthened multi-sectoral coordination mechanism at provincial level that includes both health and non health sectors to address VAW at existing county level in JP sites and also at provincial level.

Strategy (i): Reinforcing multi-sectoral coordination mechanism on health sector response to VAW based on lessons learned from the pilot and UN Joint Programme on VAW. Key activities include:

- Define clear roles and responsibilities of key stakeholders involved in the health sector response to VAW
- Use evidence from surveys/research including international experiences and the JP EVAW, advocate for policy improvement on VAW prevention, integrated screening and services into MOH regular services and other internal mechanisms for hospitals, improved referral, integration of pilot models into national MCH and General Hospital system
- Support domestic study tours between, new and old, pilot sites

[Implementing Partner: MOH]

Strategy (ii): Strengthening multi-sectoral coordination mechanism on non-health sector response to VAW both at provincial level based on lessons learned from CP6. Key activities include:

- Encourage active participation of all relevant sectors in multi-sectoral meetings and initiatives including active engagement of the education sector
- Monitor implementation of the coordination mechanism and the minimum VAW package in the non-health sector
- Define clear roles and responsibilities of partners in the non-health sector response to VAW
- Organize training for non-health sector duty bearers on provincial level

- Ensure sustainability of the multi-sectoral activities in Liuyang and Chengde Counties conduct IEC campaigns using materials from CP6 and consolidate good practices and lessons learned for advocacy
[Implementing Partner: ACWF]

Result 4: Improved quality of health sector and non-health sector related services for VAW survivors

Strategy (i): Evidence-based advocacy and coordination with CP7 national partners and UNFPA for improving quality of services for VAW survivors. Key activities include:

- Qualitative survey conducted in pilot sites on the quality of services provided for survivors such as health sector response and protection services, shelter, counselling, judicial/legal aid
- Survey on assessing mediation processes and their impact (desk review and case study, in Liuyang County)
- Strengthen coordination mechanism to address gender issues in all CP7 interventions through (i) Ensuring gender focal points are established for all CP7 partners (Organise regular meetings of the focal points for sharing of experiences and addressing gender related implementation issues; (ii) Organising study tours for relevant senior leaders at the national level representing all UNFPA CP7 key partners on policy related VAW initiatives

[UNFPA]

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)

Result 1: A comprehensive SRB intervention package developed for piloting in selected provinces

Strategy (i): Developing a comprehensive SRB intervention package for advocacy to pilot in selected provinces. Key activities include:

- The joint UN assignment on the mapping of the partners involved in SRB including the gaps will provide the basis for further strengthening UNFPA's role in addressing SRB imbalance in China. In the meantime, CP7 will support the following activities implemented by NPFPC
- Develop evidence-based advocacy package that includes culturally and gender sensitive comprehensive intervention model that supports reversal of the imbalanced sex ratio at birth, for piloting in selected provinces
- Share south-south experiences to influence relevant ministries and stakeholders for a comprehensive multi-sectoral approach to SRB imbalance
- Support partners such as NPFPC and ACWF to pilot the intervention model

[Implementing Partner: NPFPC]

Result 2: Gender component integrated into the curriculum of Party Schools at central and provincial levels

Strategy (i): Integrating gender issues into curriculum of Party schools. Key activities include:

- Design the training module, conducting Gender Equality(GE) training and advocating for the integration of the module into Party School curriculum
- Develop a M&E framework to monitor the implementation of the module

[Implementing Partner: NPFPC]

Result 3: Evidence-based awareness creation including platforms and outreach networks for male participation and community involvement on gender issues

Strategy (i): Evidence-based awareness raising and improving understanding on gender roles and VAW related issues through various approaches. Key activities include:

- Conduct Men and Gender Equality Research in Liuyang county, to inform programming and to develop policy recommendations conducted by Institute for Sexuality and Gender Studies, Beijing Forestry University supported under multi-country regional programme
- Under the UN Joint Programme EVAW (UN Women, UNESCO, UNDP, UNFPA), conduct various innovative gender related awareness raising campaigns in JP pilot sites by Fan Bao as well as in Liuyang based on Men and Gender Equality research results
- Develop and pilot a life skills peer education module in the UN Joint Programme EVAW pilot sites by Fan Bao

[Implementing Partner: UNFPA (Joint Programme)]

Strategy (ii): Supporting platforms and outreach networks for male participation and community involvement in partnership with Civil Society. Key activities include:

- Based on Men and Gender Equality research results, pilot various innovative initiatives to engage men

[Implementing Partner: UNFPA]

PART V. PARTNERSHIP STRATEGY

The success of the Country Programme outcomes will depend greatly upon an effective and flexible partnership strategy which will build on experiences of previous country programmes. In addition to building on previous positive partnerships, UNFPA will proactively establish new ones to enrich and contribute to the development process through coordination, joint programming, cost sharing, provision of expertise and technical assistance.

In CP7 improved communication with central as well as sub-national partners will be prioritized, and multi-sectoral partnership modalities will continue to be explored and supported wherever feasible. The latter includes through continued support to UN joint programmes as well as through innovative pilots which bring together national partners to work for common results.

The Ministry of Commerce will continue to be the coordinating ministry and UNFPA will work closely with MOFCOM to ensure smooth implementation through broad based relevant partnership approaches which will deliver on basis of accountability and responsibility.

Further emphasis will be given to participation by civil society, non-government organizations including media and non-traditional partners such as the private sector for their contribution to ICPD goals, MDGs and resource mobilisation. Fostering of partnerships with various academic institutes will continue. Technical cooperation will be sought domestically as well as regionally and internationally through flexible modalities which will ensure prompt and quality technical support as appropriate. Some national and international organizations that will be considered for technical support in various population and development and RH areas include Marie Stopes International (MSI), Pathfinder, Health Age International (HAI) and Population Services International (PSI).

Well-defined partnerships will be established with various partners for CPAP implementation:

Under the RH component (which includes policy dialogue and policy development, youth friendly services, HIV/AIDS among migrants in railway construction sites and street-based sex-workers and other vulnerable groups and areas such as ethnic minority and remote areas), key partners will include, but not be limited to: NPFPC at central level (including China Population and Development Research Center) as well as provincial levels, the Ministry of Health CDC, NCAIDS and Maternal and Child Health Center (MCHC), MOR and the CFPA for the Reproductive Health programme (including HIV/AIDS prevention). Partnerships established through the Spanish MDG YEM and Culture programmes will be further strengthened.

In the Population Development programme (which includes data for development, urbanization,

research for evidenced planning and policy advocacy, aging, south-south co-operation, violence against women and sex ratio at birth imbalance Programme), key partners will include: CNCA, ACWF, NBS and a number of academic institutions including Peking University as well as Renmin University. Other line ministries and stakeholders at central and local levels will be identified in due course as needed. While new local partnerships will be developed through the UN Joint programme on elimination of Violence against women

Within United Nations system, partnerships will be pursued within UNDAF theme groups on HIV/AIDS, Gender, Health, HIV-AIDS, climate change and Poverty alleviation. Ongoing UN joint programmes will be supported in CP7 based on findings on the final evaluation of the UNJPs on: (i) Data for development with UNICEF; (ii) VAW with UN Women and others; (iii) Culture based development with UNESCO and other UN Agencies; and (iv) Youth employment and migration with ILO. UNFPA will continue to support the China Gender Equality Facility, as new batches are announced. There is potential for the development of a UN joint programme on SRB with UNICEF and UN WOMEN. Building synergies and convergence for UN joint programming will be explored during the programme cycle.

PART VI: PROGRAMME MANAGEMENT

The Government and the UNFPA will be jointly responsible for effective management and delivery of results of the CPAP. Government agencies, international and national non-governmental organizations and civil society will implement the country programme based on their comparative advantage to deliver programme results, under the aegis of the Ministry of Commerce.

The programme will be managed through quarterly consultations with partners under the two major programme areas (RH and PDS), focusing on outputs for programmatic and technical review, for more strategic dialogue periodic oversight meetings will be held between MOFCOM, UNFPA and the partners responsible for specific components. National Coordination Committee (NCC) meetings will be held 1-2 times a year. UNFPA, in consultation with MOFCOM and partners, will update operational guideline (known as 'Ground rules' in CP6) to assist in standardizing and simplifying implementation and programme/project management practices

Baseline and end-line data for monitoring for programme outputs will be collected. The Government and UNFPA will also develop and update annually a monitoring and evaluation plan. The programme will be reviewed annually with stakeholders, which will contribute to the UNDAF review.

The UNFPA country office will continue to participate in joint United Nations programmes in the areas of culture and development among minorities, youth employment and migration, HIV, Prevention of violence against women, and engage in new ones on the basis of the new UNDAF. The UNFPA country office will also continue to participate in joint field visits and reviews.

The UNFPA country office staffing will be revisited in line with the technical and programmatic needs of the CP7 in line with the UNFPA guidance for staffing. Capacity assessment will be conducted to review and analyze the current staff-skills profiles which would form the basis for identifying capacity gaps against the future staff skills required to implement CP7. The China UNFPA country office will seek technical support from national, regional and international institutions and experts, the Asia and the Pacific Regional Office (APRO) and UNFPA headquarters (DHR).

The programme will be implemented by partners selected through the UN Harmonized Approaches to Cash Transfers (HACT) modalities under the overall coordination of the MOFCOM which is Government's Aid Coordinating Authority and UNFPA. MOFCOM has over 20 years experience in managing UNFPA programmes/projects. Government ministries, Non-governmental Organizations (NGOs), UN agencies (including UNFPA) will implement the programme activities. The Annual Workplans (AWPs) will be developed in a participatory manner as was done the CPAP and AWP will

describe the specific annual results to be achieved and will form the basic agreement between UNFPA and each Implementing Partner on the use of annual resources.

The country programme and annual workplans will build on the United Nations reform principles, especially simplification and harmonization, by operating in line with the harmonized common country programming instruments such as the UNDAF results matrix, monitoring and evaluation, the CPAP Results and Resources Framework (RRF) and the AWP. Programme activities will be documented through appropriate tools and documents including those drawn from the UNFPA and United Nations Development Operations Coordination Office (UNDOCO) guidelines.

Standard UNFPA procedures and systems will be in use for the implementation of CP7 which include but are not limited to the ERP system (Atlas) system, for management of financial monitoring. UNFPA M and E guidelines will be used for monitoring and evaluation process while programme audits will be organized as an integral part of sound financial and administrative management. Audit observations/findings will be used together with spot checks, monitoring, evaluation and other reports to continuously improve the quality of the activities and management.

Results of a capacity assessment of Implementing Partners will be used to inform decisions on resource transfers. “All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA”

Cash transfers for activities detailed in AWP can be made by UNFPA using the following modalities:

Cash transferred directly to the Implementing Partner:

- Prior to the start of activities (direct cash transfer), or
- After activities have been completed (reimbursement);
- Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
- Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Resource mobilization efforts will be intensified to support the Results and Resource Framework (RRF) and ensure sustainability of programme

PART VII: MONITORING AND EVALUATION

The CPAP has two main tools to guide M&E of the programme: (i) The CPAP Planning and Tracking Tool (Annex 2) will be used to ascertain the progress of programme outputs and assess their contribution to programme outcomes. The indicators and targets established at the beginning of the programme will be reviewed and updated annually; and (ii) The CPAP Monitoring and Evaluation Calendar (Annex 3) will provide an overview of M&E activities to be undertaken during the course of

the programme cycle. It will facilitate collaboration and coordination of M&E activities among programme stakeholders. The calendar will be reviewed and updated annually.

Similar to the previous programme cycles, the Government and UNFPA will be responsible for ensuring continuous monitoring and evaluation of the CPAP for efficient utilization of programme resources as well as accountability, transparency and integrity. The implementing partners will provide periodic reports on the progress, achievements and results of their projects, outlining the challenges faced in project implementation and resource utilization as articulated in the AWP to the NCC. Results-based management will be systematically integrated across all UNFPA-supported AWPs.

Financial reporting will be on a quarterly basis and harmonized with UN agencies to the extent possible. The quarterly NCC meeting mechanism and its output based preparatory meetings at two major goal level (RH and PD) will help to trace implementation progress, check results and make plans for the next quarter. In addition to NCC meetings, regular meetings at higher level attended by high senior officials from NPFPC and MOH will take place to discuss policy issues and broader issues related to RH at international, regional and national levels. To the extent possible, these meetings will be linked to the quarterly request for advance of funds. The exercise will also revisit the CPAP's RRF and the Tracking Tool in preparation for the following year's AWPs.

Harmonized or joint monitoring where possible, evaluations and reviews provide feedback and guidance on management of the processes, results and outcomes and will ensure that the programme is focused on national priorities, that achievements of results and lessons learned are recognized, that difficulties are addressed and that good practices are acknowledged. In cooperation with partners, donors and the rest of the UN system, joint monitoring will be undertaken on a regular basis. For purposes of harmonization, the basis for monitoring and evaluation is the indicators in the UNDAF, CPD and this document.

The final NCC of the year will serve as an annual programme review, that will assess the progress, lessons learned, issues and challenges vis-à-vis the achievement of the results against the expected outputs stated in the CPAP RRF. The Country Office Annual Report (COAR) will cover the substantive, operational, technical and financial aspects of the programme. In terms of the substantive aspect, the annual programme review will follow UNFPA's results-based standard M&E procedures for review, reporting, monitoring and evaluation. Progressive indicators measuring processes, outputs, and outcomes are stated in the RRF. The annual programme review will be closely aligned and synchronized with the UNDAF review process. The key results and findings from the annual programme review will feed into the AWP of the succeeding year and into the joint strategy meetings. There will be an emphasis on building national capacity among implementing partners for results based monitoring.

Monitoring of the programme activities will be undertaken through monitoring missions by UNFPA including joint visits and on-going consultations with major partners and stakeholders. Participatory M&E processes will be undertaken and where appropriate, baseline and endline surveys will be conducted. UNFPA M&E Rules and Procedures will be applied.

UNFPA, in collaboration with MOFCOM, will commission the audits to be undertaken by private-sector audit services. Cost for such audits will be covered from programme resources. Audits of non-governmental Implementing Partners will always be commissioned by UNFPA.

To ensure effective programme performance, MOFCOM and UNFPA agreed to allocate the funds for the first three years initially. The remaining budget will be allocated based on the outcome of a mid-term review of the CPAP, scheduled for the fourth quarter of 2013.

PART VIII: COMMITMENT OF UNFPA

UNFPA will ensure coherence between the CPAP/AWPs, UNDAF results matrix and MDGs, including

M&E reporting. Through the quarterly National Coordination Committee (NCC) meetings and the end year review, the responsibilities and accountabilities of UNFPA, the Government and the Implementing Partners will be clarified and adjusted as necessary.

As requested by the Government, UNFPA will provide the following in support of the CPAP implementation:

- Identification of specific technical assistance/experts/advisors; procurement of goods and services in accordance with the UNFPA regulations, rules, policies and procedures and the UNFPA Country Programme;
- Identification and facilitation of learning and training activities, including study tours;
- Access to UNFPA global information systems, the network of UNFPA country offices and specialized information systems, including the Asia Pacific regional office in Bangkok and its rosters of consultants and providers of development services;
- Access to the support provided by the network of UN specialized agencies, funds and programmes and coordination where appropriate with other UN agencies and development partners.

The CPAP RRF further elaborates the CPD RRF and is linked to the UNDAF results matrix. The CPAP RRF spells out the key results that UNFPA will be held accountable for over the period of the programme cycle.

The UNFPA Executive Board has approved a total commitment not exceeding the equivalent of US\$20 million from UNFPA Regular Resources, subject to availability of funds, to support the CPAP, for the period 2011-2015. The UNFPA Executive Board has also authorized UNFPA to seek additional funding to support the CPAP, referred to as Other Resources, to an amount equivalent to US\$ 2 million for the same period. The availability of those funds will be subject to donor interest in the proposed projects. To this end, UNFPA, in collaboration with government, will undertake to mobilize support from both the local and the international donor communities. The above funding commitments and proposals are exclusive of funding received in response to emergency appeals, which may be launched by the Government and the United Nations system in response to the Government's request. Where UN agencies other than UNFPA are supporting the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies when possible.

PART IX: COMMITMENTS OF THE GOVERNMENT

The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations to UNFPA's property, funds, and assets and to its officials and consultants. In addition, the Government will accord to UNFPA and its officials and to other persons performing services on behalf of UNFPA, the privileges, immunities and facilities of the UN.

The Government will support UNFPA's efforts in mobilizing funds required to meet the financial needs of the Country Programme and will cooperate with UNFPA by: ensuring cost sharing from national resources for programme objectives; encouraging potential donor governments to make available to UNFPA the funds needed to implement the unfunded components of the Country Programme; endorsing UNFPA's efforts to mobilize funds for the Country Programme. No taxes or duties shall be levied on goods (e.g. supplies and equipment) and services furnished by UNFPA under the CPAP. UNFPA shall also be exempt from value-added tax (VAT) in respect of locally procured goods and services in support of the CPAP.

Mechanisms for participatory planning, monitoring and evaluation of the programme in line with

UNFPA regulations involving stakeholders will be implemented. The Government will organize and support periodic programme review, planning and joint strategy meetings and when necessary coordinate sectoral and thematic development partners to facilitate the participation of donors, civil society, private sector and UN agencies. In addition, the Government will facilitate periodic monitoring visits by UNFPA staff and/or designated officials for the purpose of monitoring, meeting beneficiaries, assessing the progress and evaluating the impact of the use of programme resources. The Government will make available to UNFPA in a timely manner any information about policy and legislative changes occurring during the implementation of the CPAP that might have an impact on cooperation.

PART X: OTHER PROVISIONS

This CPAP supersedes previously signed CPAP between the Government of the People's Republic of China and UNFPA and may be modified by mutual consent of both parties. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of the People's Republic of China is a signatory.

ANNEX 1 CPAP RESULTS AND RESOURCES FRAMEWORK

[US Dollars in millions)

National priority: Equitable growth for the most vulnerable persons
UNDAF outcome: (a) The poorest and most vulnerable persons increasingly participate in and benefit equitably from China's social and economic development

Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USD)				
				Year 1	Year 2	Year 3	Total 3 Years	Total 5 years
<u>Outcome 1:</u> National and sub-national regulations and policies address gaps in SRH and rights	<u>Output 1:</u> 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	<ul style="list-style-type: none"> • # of target Population and FP related policy and or regulation that received recommendations to improve their alignment with the ICPD principles at the provincial and national level • # of target provinces that used the revised M&E indicators produced in CP6 that reflect rights based approach to providing SRH information and services • The updated M&E System to monitor the implementation of RH services related to health reform policies piloted and presented to GOC for consideration • # of evidence based policy options recommended for institutionalising midwifery profession into Health System, based on the UNFPA supported pilot programme in Hunan province • A programme model for natural delivery designed, piloted in the Hunan province, evaluated, modified, and the final model presented to GOC for consideration • 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 	MOH; NPFPC; Provincial Health Bureaux; Medical Education Institutions	Regular Resources				
				0.81	1.44	1.52	3.77	5.27
				Other Resources				
<u>Outcome 2:</u> Vulnerable groups have	<u>Output 2:</u> By 2015, vulnerable groups in	<ul style="list-style-type: none"> • Percentage of pilot railway construction sites with HIV/STI prevention IEC/BCC materials and or 	i) Ministry of Railways (MOR);	Regular Resources				

Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USD)				
				Year 1	Year 2	Year 3	Total 3 Years	Total 5 years
increased demand for, access to, and utilization of SRH services and information, including on HIV prevention and reproductive rights	programme areas will have increased knowledge of reproductive health, including counseling and information and services to prevent HIV and sexually transmitted infections	condoms <ul style="list-style-type: none"> Percentage of migrant workers in pilot railway construction sites received the HIV/STI prevention information and services Percentage of policy makers of the railway system at the pilot sub-national levels who aware of HIV policy and support the HIV/STI prevention program Percentage of migrant workers in the pilot railway construction sites and 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 # of programme sites that established and implemented a multi-sectoral coordination mechanism to address HIV issues among street based sex workers 	NCAIDS;	.018	0.45	0.43	1.06	1.49
				Other Resources				
								0.10
	<u>Output 3:</u> By 2015, strengthened capacity of institutions in programme areas to provide high-quality, gender-sensitive SRH information, education and services for unmarried youth	<ul style="list-style-type: none"> # of target provinces that established a multi-sectoral cooperation mechanism to address SRH issues for youth # of general hospitals in pilot programme sites providing minimum standard package of YFS # of target provinces having updated FP policies that includes SRH for unmarried youth # of community based youth centres in programme sites that provide YF SRH information and education including HIV 	National Working Committee on Children and Women (NWCCW); MOH; NCFPC; CFPA; Provincial Health Bureaus	Regular Resources				
				0.15	0.46	0.43	1.04	1.42
				Other Resources				
								0.30
	<u>Output 4:</u> By 2015, SRH services will be strengthened for	<ul style="list-style-type: none"> Percentage of remote/EM women of reproductive age, and community members in living in remote 	MOH; NPFPC; CFPA; YHDRA; China Red Cross	Regular Resources				

Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USD)				
				Year 1	Year 2	Year 3	Total 3 Years	Total 5 years
	vulnerable groups in programme areas	<p>areas who can correctly state danger signs of pregnancy.</p> <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 # of policy briefs related to gaps in MH and SRH among remote/EM in remote areas used for advocacy and policy dialogue Percentage of target Service Delivery Points (SDPs) in remote/EM programme sites that provide culturally sensitive MH and SRH information and services The MISP training package incorporated in the China Red Cross System 	Society (RCSC) Provincial RCSC	0.21	.044	0.35	1.00	1.41
				Other Resources				
								0.10
National priority: To reduce consumption, protect the environment and ensure equitable growth for the most vulnerable persons								
UNDAF outcomes: (a) The poorest and most vulnerable persons increasingly participate in and benefit equitably from China's social and economic development; (b) The Government and other stakeholders ensure environmental sustainability, address climate change and promote a 'green', low-carbon economy; and (c) China's enhanced participation in the global community brings wider mutual benefits								
Outcome 1: Policymakers make better use of disaggregated data and research findings for decision-making related to population, urbanization, 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	<ul style="list-style-type: none"> Percentage of new and revised indicators disaggregated by sex, age & ethnicity in national and sub-national social development database # of thematic publications developed and disseminated such as the ICPD and MGD national and sub-national publications. 	National Bureaus of Statistics (NBS)	Regular Resources				
				0.19	0.24	0.22	0.65	1.10
				Other Resources				
	Output 2: Selected pilot sites have policy options for	<ul style="list-style-type: none"> # of evidence based urbanization policy options presented to GOC for consideration that were based on CP7 Operations Research 	National Development Reform	Regular Resources				

Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USD)				
				Year 1	Year 2	Year 3	Total 3 Years	Total 5 years
	equitable urbanization endorsed by local and central governments	<ul style="list-style-type: none"> # 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 	Commission (NDRC)	0.50	0.52	0.50	1.52	1.52
				Other Resources				
	<u>Output 3:</u> Policy research on population issues is conducted and disseminated to better inform national and sub-national government bodies on policy formulation	<ul style="list-style-type: none"> # 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. 	UNFPA/Research Institutions and Experts	Regular Resources				
				0.37	0.85	1.02	2.24	2.39
				Other Resources				
								0.53
	<u>Output 4:</u> 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	<ul style="list-style-type: none"> # 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 # 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 An evidence based national strategy on aging for the FP sector developed and presented to GOC for consideration 	China National Committee on Ageing; NPFPC; Provincial Aging Working Committee Provincial Family Planning Commissions	Regular Resources				
				0.26	0.42	0.34	1.02	1.47
				Other Resources				
								0.78

Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USD)				
				Year 1	Year 2	Year 3	Total 3 Years	Total 5 years
	<u>Output 5:</u> Improved management capacity of national partners to engage in South-South and triangular cooperation on population and development issues	<ul style="list-style-type: none"> # of national partners used the evidence-based advocacy package for relevant policy makers on SSC # of target training institutions with the knowledge and skills to provide SSC related training on population and RH issues Percentage of users who believe the SSC website provide relevant, quality and timely information # of target national partners who received recommendations on SSC Strategy for consideration 	NPFPC; Training Institutions, UNFPA	Regular Resources				
				0.07	0.24	0.21	0.52	0.61
				Other Resources				
National priority: global cooperation								
UNDAF outcome: (c) within the framework of international norms, conventions and standards, and the Global Compact, the role of China in the international area is enhanced, including through increased levels of South-South collaboration								
<u>Outcome 2:</u> Civil society and the Government support policies and multisectoral mechanisms to reduce discrimination and violence against women	<u>Output 6:</u> 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	<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 # of reported VAW cases addressed through one of the multi-sectoral mechanism in programme sites 	MOH; ACWF; UNFPA	Regular Resources				
				0.17	0.50	0.35	1.02	1.46
				Other Resources				
								0.20
	<u>Output 7:</u> Civil society, media, women and men in programme areas promote responsible	<ul style="list-style-type: none"> The community based Sex Ration Birth (SRB) Intervention model designed, piloted, evaluated, modified, and presented to GOC for consideration at national and sub-national level. The revised curriculum to integrate gender 	NPFPC; UNFPA	Regular Resources				
				0.14	0.19	0.41	0.74	1.05

Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USD)				
				Year 1	Year 2	Year 3	Total 3 Years	Total 5 years
	sexual behaviour, prevent violence against women, and address the imbalance in the sex ratio at birth	<p>component a designed, piloted, modified and final curriculum presented to the Party School decision makers for consideration</p> <ul style="list-style-type: none"> # 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 		Other Resources				
		Programme Coordination Assistance (PCA)	UNFPA/CO	0.12	0.18	0.15	0.45	0.80
		Total – Regular Resources		3.05	5.75	5.78	14.58	20.00
		Total – Other Resources						2.00
		GRAND TOTAL		3.17	5.93	5.93	15.03	22.00

Annex 2: The CPAP Planning and Tracking Tool

Country: China

CP Cycle: 7th

RESULTS	Indicator	MoV	Responsible Party	Baseline	Target	Risks and Assumptions
REPRODUCTIVE HEALTH						
Outcome 1: National and sub-national regulations and policies address gaps in SRH and rights	<ul style="list-style-type: none"> # of target population policies and provincial family planning regulations updated to incorporate policy recommendations, in line with the ICPD Programme of Action 	Official sectoral documents and programmes of NPFPC and MOH	NPFPC, MOH	0	At least 1 at national level and 2 in target provinces with recommendations for nationwide application	The commitment of NPFPC to improve its policy and SRH that goes beyond FP will contribute to achieving the outcome. The success will depend on pace of implementation
Outcome 2: Vulnerable groups have increased demand for, access to, and utilization of SRH services and information, including on HIV prevention and reproductive rights	<ul style="list-style-type: none"> Condom use at last high-risk sexual encounter among vulnerable groups in programme areas 	Base line and end line surveys for various vulnerable groups including migrant workers in Railway construction sites and street based sex workers	MOR, NCAIDS,	TBD	TBD	Commitment of the stakeholders to work in partnership
	<ul style="list-style-type: none"> Number of youth who received Youth Friendly (FY) information or services at the programme target sites. 	Service statistics	MOH, NPFPC	TBD during baseline service statistics	TBD during baseline service statistics	
	<ul style="list-style-type: none"> Percentage of ethnic minority (EM) women who had at least 4 ANC visits during the recent pregnancy living in remote programme sites 	Baseline, End-line survey, Local Health Bureau Statistics	MOH, NPFPC	TBD during baseline survey	TBD during baseline survey	

RESULTS	Indicator	MoV	Responsible Party	Baseline	Target	Risks and Assumptions
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	<ul style="list-style-type: none"> # 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 	Records in the FP sectors at the national and provincial level, project progress reports	NPFPC	0	At least 2 per target province and 1 at national level	Improvement in the population and RH policies, regulations, M&E framework and indicators will depend on the commitment of the policy makers at national and sub-national level and their willingness to implement the policies
	<ul style="list-style-type: none"> # of target provinces that used the revised M&E indicators produced in CP6 that reflect rights based approach to providing SRH information and services 	FP commission records at the provincial level, project progress reports	NPFPC	0	At least 2 provinces	
	<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 	MOH documents, project progress reports	MOH	0	1	
	<ul style="list-style-type: none"> # of evidence based policy options recommended for institutionalising midwifery profession into Health System, based on the UNFPA supported pilot programme in Hunan province 	MOH records and project progress reports	MOH	0	At least 1 per province	
	<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 	MOH records and project progress reports	MOH	Model not available	The evidence based model presented to and considered by GOC	

RESULTS	Indicator	MoV	Responsible Party	Baseline	Target	Risks and Assumptions
	<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 	MOH records, project progress reports	MOH	Model Not available	The evidence based model presented to and considered by GOC	
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	<ul style="list-style-type: none"> Percentage of pilot railway construction sites with HIV/STI prevention IEC/BCC materials and or condoms 	Project quarterly and annual progress reports	MOR	0	100%	The capacity of the managers and service providers with support from the policy makers to implement HIV/RH prevention programme targeting vulnerable groups such as railway construction migration workers and street based sex workers
	<ul style="list-style-type: none"> % of migrant workers in pilot railway construction sites received the HIV/STI prevention information and services 	Baseline and Endline surveys	MOR	TBD during baseline survey	TBD after baseline survey	
	<ul style="list-style-type: none"> 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 	Baseline and end-line surveys, periodic project reports	MOR	TBD during the baseline survey	Target to be set after baseline survey, but at least 80%	
	<ul style="list-style-type: none"> Percentage of migrant workers in the pilot railway construction sites and 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. 	Baseline End line surveys	MOR & NCAIDS	TBD	TBD	

RESULTS	Indicator	MoV	Responsible Party	Baseline	Target	Risks and Assumptions
	<ul style="list-style-type: none"> # of programme sites that established and implemented a multi-sectoral coordination mechanism to address HIV issues among street based sex workers 	Local government official document, project progress reports	NCAIDS	0	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. 	Operational guidelines for implementation, project progress reports	NCAIDS	Model Not available	The evidence based model presented to GOC for consideration	
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	<ul style="list-style-type: none"> # of target provinces that established a multi-sectoral cooperation mechanism to address SRH issues for youth 	Review of govt. documents issued by PWCCW	NWCCW	0	3	The capacity with appropriate policies and commitment of the stakeholders to support the multi-sectoral cooperation mechanism to implement YFS especially among unmarried youth
	<ul style="list-style-type: none"> # of general hospitals in pilot programme sites providing minimum standard package of YFS 	Project progress reports, monitoring mission reports, evaluation reports	MOH	0	6	
	<ul style="list-style-type: none"> # of target provinces having updated FP policies that includes SRH for unmarried youth 	Review of provincial FP regulations and policies, project progress reports	NPFFC	0	3	
	<ul style="list-style-type: none"> # of community based youth centres in programme sites that provide YF SRH information and education including HIV 	Reports of monitoring visits by UNFPA, CFPA, evaluation report, project progress reports	CFPA	0	5	

RESULTS	Indicator	MoV	Responsible Party	Baseline	Target	Risks and Assumptions
Output 4: By 2015, SRH services will be strengthened for vulnerable groups in programme areas	<ul style="list-style-type: none"> Percentage of remote/EM women of reproductive age, and community members in living in remote areas who can correctly state danger signs of pregnancy. 	Baseline/Endline	MOH, NPFPC/CFPA	TBD based on baseline	TBD based on baseline	The capacity and commitment of the stakeholders to work in partnership to address SRH gaps in information and services among the ethnic minority and remote areas
	<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 	Project progress reports, UNFPA monitoring reports	MOH, NPFPC/CFPA	0 (estimated 6 sites)	100%	
	<ul style="list-style-type: none"> # of policy briefs related to gaps in MH and SRH among remote/EM used for advocacy and policy dialogue 	Reports on the Analysis of the Research/Surveys	MOH, NPFPC/CFPA, YHDRA	0	3	
	<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. 	Baseline, End-line, (SDP assessment), monitoring visits reports	MOH	TBD	TBD	
	<ul style="list-style-type: none"> The MISP training package incorporated in the China Red Cross System 	Training reports and annual reports of the Red Cross in target provinces	RCSC	No	Yes	

POPULATION AND DEVELOPMENT						
<p>Outcome 1: Policymakers make better use of disaggregated data and research findings for decision-making related to population, urbanization, migration, climate change and ageing</p>	<ul style="list-style-type: none"> • # of ICPD indicators and related Millennium Development Goal indicators that are integrated into national and sub-national statistical systems, including appropriate disaggregation • # of UNFPA supported research studies used for evidence based policy/law/legislation/program improvement at national and sub-national level 	<p>Baseline and endline review of statistical system data NBS Statistical Reports, MDG and ICPD reports</p> <p>Research findings, policy documents</p>	<p>NBS, Line ministries, research institutions, UNFPA</p> <p>NDRC, NBS, UNFPA</p>	<p>TBD during baseline review</p> <p>0</p>	<p>TBD during baseline review</p> <p>At least 5 research studies by 2015</p>	<p>Line ministries have the willingness to produce more disaggregated data and relevant government bodies commit to utilize research findings</p>
<p>Outcome 2: Civil society and the Government support policies and multi-sectoral mechanisms to reduce discrimination and violence against women</p>	<ul style="list-style-type: none"> • Percentage of the target national policies, laws/ regulations and programmes that protect and/or promote the rights of women from discrimination and violence. 	<p>Official documents from Government bodies</p>	<p>Line Ministries at National and Provincial level</p>	<p>The initial number will be determined in the Baseline Review. The baseline number may increase during CP 7</p>	<p>100%</p>	<p>Commitment of Line Ministries and policy makers to integrate gender related issues in policies and programmes</p>
<p>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</p>	<ul style="list-style-type: none"> • Percentage of new and revised indicators disaggregated by sex , age & ethnicity in national and sub-national social development database 	<p>NBS Statistical Reports</p>	<p>NBS</p>	<p>56% (2010)</p>	<p>80%</p>	<p>Line ministries commitment to work together with NBS to produce more disaggregated data; and commitment of the ministries and NBS to produce disaggregated data</p>
	<ul style="list-style-type: none"> • # of thematic publications developed and disseminated such as the ICPD and MGD national and sub-national publications. 	<p>UNFPA catalogue on publications, Project Progress reports</p>	<p>NBS, Line ministries, UNFPA, Research Institutions</p>	<p>2</p>	<p>10</p>	
<p>Output 2: Selected pilot sites have policy options for equitable urbanization</p>	<ul style="list-style-type: none"> • # of evidence based urbanization policy options presented to GOC for consideration that were based on CP7 Operations Research 	<p>UNFPA Field monitoring reports and project progress reports</p>	<p>NDRC</p>	<p>0</p>	<p>5</p>	

endorsed by local and central governments	<ul style="list-style-type: none"> # 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 	Report on research findings, Project progress reports	NDRC	0	5	
<u>Output 3:</u> Policy research on population issues is conducted and disseminated to better inform national and sub-national government bodies on policy formulation	<ul style="list-style-type: none"> # 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. 	Government ministry reports, UNFPA progress reports	UNFPA	0	5	Relevant government bodies commit to incorporate research findings in policy documents and programmes
<u>Output 4:</u> 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	<ul style="list-style-type: none"> # 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 	CNCA’s Project annual reports, UNFPA monitoring reports	CNCA, Line ministries, relevant research institutions, Provincial Aging Committees	0	3	CNCA commitment to mobilize commitment from members of Working Committee on Aging Timely and quality technical support to CNCA NPFPC’s commitment for its internal infrastructure to work specifically on aging with timely technical support
	<ul style="list-style-type: none"> # 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 	CNCA’s project progress reports, monitoring reports of UNFPA, MTR report	CNCA, Line ministries, relevant research institutions, Provincial Aging Committees	0	3	
	<ul style="list-style-type: none"> An evidence based national strategy on aging for the FP sector developed and presented to GOC for consideration 	NPFPC’s project progress reports and UNFPA’s monitoring reports, MTR report	NPFPC, relevant research institutions, provincial Family Planning Commissions	0	The evidence based National Strategy presented to GOC for consideration	

<p>Output 5: Improved management capacity of national partners to engage in South-South and triangular cooperation on population and development issues</p>	<ul style="list-style-type: none"> # of national partners used the evidence-based advocacy package for relevant policy makers on SSC 	Progress reports from international partners, UNFPA Progress reports	NPFPC	0	2	Commitment of stakeholders and capacity of training institutions to engage in SSC
	<ul style="list-style-type: none"> # of target training institutions with the knowledge and skills to provide SSC related training on population and RH issues programmes 	Pre and post training evaluation, training reports, training package, needs mapping report	NPFPC, Training Institutions	0	3	
	<ul style="list-style-type: none"> Percentage of users who believe the SSC website provide relevant, quality and timely information 	Mini-survey among users and or key stakeholders	NPFPC	TBD	TBD	
	<ul style="list-style-type: none"> # of target national partners who received recommendations on SSC Strategy for consideration 	Strategy document	UNFPA	0	2	
<p>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</p>	<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 	Progress reports of MOH/NCWH and ACWF, UNFPA monitoring report, MTR report	MOH; ACWF	0	The evidence based VAW package presented to GOC for consideration	The commitment and capacity of the stakeholders to work in partnership as part of multi-sectoral mechanism to develop VAW package for advocacy and implementation at sub-national level
	<ul style="list-style-type: none"> # of reported VAW cases addressed through one of the multi-sectoral mechanism in programme sites 	Annual progress reports of ACWF and NCWCH,	ACWF, MOH	TBD	No target will be set, but the number will increase if the programme is effective	
<p>Output 7: Civil society, media, women and men in programme areas promote responsible sexual behaviour,</p>	<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. 	Progress report of NPFPC, MTR report, UNFPA monitoring reports, workshop reports	NPFPC	0	1 evidence based model presented to GOC for consideration	Capacity of stakeholders and commitment to develop intervention models and implement at subnational level

prevent violence against women, and address the imbalance in the sex ratio at birth	<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 	Progress reports of NPFPC, MTR report, UNFPA Monitoring reports	NPFPC	0	1 revised curriculum presented to the Party School for consideration	
	<ul style="list-style-type: none"> # 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 	Campaign reports, media articles	UNFPA	0	3	

Annex 3: The CPAP Monitoring and Evaluation Calendar

Country: CHINA

CP Cycle: 7th

		2011	2012	2013	2014	2015
Monitoring and Evaluation Activities	Surveys/studies	<ul style="list-style-type: none"> Conduct baseline surveys in various areas such as fertility; Maternal Health/SRH for remote/ethnic minority; JP EVAW 	<ul style="list-style-type: none"> Various qualitative and quantitative research on Population/RH; socio-cultural research targeting various vulnerable groups at provincial level for advocacy, programme interventions and inform policy makers 	<ul style="list-style-type: none"> Continue to conduct research on emerging issues to address data gaps and inform policy makers 	<ul style="list-style-type: none"> Continue to conduct research on emerging issues and to address data gaps and inform policy makers Conduct end-line surveys with results contributing to the CP7 End of Programme Evaluation 	<ul style="list-style-type: none"> Continue to conduct research on emerging issues and to address data gaps and inform policy makers
	Monitoring systems	<ul style="list-style-type: none"> Establish M&E system for monitoring and reporting programme and project results, ensuring IPs contribute needed information to CP7 Develop/update monitoring checklists and M&E tools to guide the measuring of results 	<ul style="list-style-type: none"> Update and use M&E system for monitoring and reporting programme and project results Quarterly project progress reports, Quarterly NCC meetings, Annual Progress Reports Monitoring missions to project sites that also includes dialogue with provincial authorities 	<ul style="list-style-type: none"> Update and use M&E system for monitoring and reporting programme and project results Quarterly project progress reports, Quarterly NCC meetings, Annual Progress Reports Monitoring missions to project sites that also includes dialogue with provincial authorities 	<ul style="list-style-type: none"> Update and use M&E system for monitoring and reporting programme and project results Quarterly project progress reports, Quarterly NCC meetings, Annual Progress Reports Monitoring missions to project site that also includes dialogue with provincial authorities 	<ul style="list-style-type: none"> Update and use M&E system for monitoring and reporting programme and project results Quarterly project progress reports, Quarterly NCC meetings, Annual Progress Reports Monitoring missions to project site that also includes dialogue with provincial authorities
	Evaluations	<ul style="list-style-type: none"> Evaluation of 2 MDGF Joint Programmes on Culture and Youth 		<ul style="list-style-type: none"> Evaluation of pilot projects (ensuring pilot evaluation include: effectiveness, costing, and scale up), 	<ul style="list-style-type: none"> CP7 End of Programme Evaluation Evaluation of pilot projects (ensuring pilot evaluation include: effectiveness, costing, and scale up), 	<ul style="list-style-type: none"> Evaluation of pilot projects (ensuring pilot evaluation include: effectiveness, costing, and scale up),

		2011	2012	2013	2014	2015
	Reviews	<ul style="list-style-type: none"> Develop lessons learned from CP6 and good practices for publications in various areas Analyse 2010 National Population Census Support capacity assessment of potential IPs Support MIPAA +10 review on Aging 	<ul style="list-style-type: none"> Annual programme review meeting with the IPs 	<ul style="list-style-type: none"> Mid-term review of CP7 with the participation of the IPs 	<ul style="list-style-type: none"> Annual programme review meeting with the IPs 	<ul style="list-style-type: none"> Annual programme review meeting with the IPs
	Support activities	<ul style="list-style-type: none"> Provide technical support for the development of expected results, annual targets and AWP for July 2011-December 2012 Support stakeholders meetings for the implementation of AWP 	<ul style="list-style-type: none"> Support capacity building in technical areas through international organisations, APRO and UNFPA Country Office Provide capacity building on M&E Support programme management capacity building of IPs 	<ul style="list-style-type: none"> Support capacity building in technical areas through international organisations, APRO and UNFPA Country Office Provide capacity building on M&E through APRO Support programme management capacity building of IPs 	<ul style="list-style-type: none"> Support capacity building in technical areas through international organisations, APRO and UNFPA Country Office Support programme management capacity building of IPs 	<ul style="list-style-type: none"> Support capacity building in technical areas through international organisations, APRO and UNFPA Country Office Support programme management capacity building of IPs
Planning References	UNDAF evaluation milestones			<ul style="list-style-type: none"> Participate in the UNDAF MTR as planned by UN 		<ul style="list-style-type: none"> Participate in UN supported evaluation of UNDAF.
	M&E capacity-building	<ul style="list-style-type: none"> M&E capacity building for CO and key IPs on drafting and implementing M&E plans 	<ul style="list-style-type: none"> Capacity building in developing in defining annual targets based on expected results during the AWP development 	<ul style="list-style-type: none"> M&E capacity building for CO and key IPs on implementing M&E plans 	<ul style="list-style-type: none"> M&E capacity building for CO and key IPs on implementing M&E plans 	<ul style="list-style-type: none"> M&E capacity building for CO and key IPs on implementing M&E plans

		2011	2012	2013	2014	2015
	Use of information	<ul style="list-style-type: none"> • Use evaluation of CP6 thematic areas in the development of CPAP 	<ul style="list-style-type: none"> • Use of data of the baseline survey and needs assessment for planning, and intervention in the target provinces • Use of Census data analysis for planning and integration of population variables in development planning • Use of annual programme review to develop Evidence Based AWP 	<ul style="list-style-type: none"> • Share information on various research studies for advocacy and policy dialogue • Use of annual programme review to develop Evidence Based AWP • Use results from the pilot project evaluations for evidence based advocacy and policy dialogue 	<ul style="list-style-type: none"> • Share information and findings of the Mid Term Review • Share information on various research studies for advocacy and policy dialogue • Use of annual programme review to develop Evidence Based AWP • Use results from the pilot project evaluations for evidence based advocacy and policy dialogue 	<ul style="list-style-type: none"> • Use of annual programme review to develop Evidence Based AWP • Use CP7 Final End of Programme evaluation results to develop CP8 CPD and CPAP • Share information on various research studies for advocacy and policy dialogue • Use results from the pilot project evaluations for evidence based advocacy and policy dialogue
	Partner activities	<ul style="list-style-type: none"> • Actively contribute to the implementation of joint programmes and develop partnership for a joint programme on SRB 	<ul style="list-style-type: none"> • Actively contribute to the implementation of various joint programmes 	<ul style="list-style-type: none"> • Actively contribute to the implementation of various joint programmes 	<ul style="list-style-type: none"> • Actively contribute to the implementation of various joint programmes 	<ul style="list-style-type: none"> • Actively contribute to the implementation of various joint programmes

