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Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for China

Proposed UNFPA assistance: \$27 million: \$22.5 million from regular resources and \$4.5 million through co-financing modalities and/or other, including regular resources

Programme period: 5 years (2006-2010)

Cycle of assistance: Sixth

Category per decision 2005/13: C

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	17.25	3.8	21.05
Population and development	4.50	0.7	5.20
Programme coordination and assistance	0.75	-	0.75
Total	22.50	4.5	27.00

I. Situation analysis

1. Economic progress in China has led to remarkable improvements in living standards, as noted in the 2005 common country assessment (CCA). Nevertheless, regional and societal disparities have continued.

2. China is a signatory of the Convention on the Elimination of All Forms of Discrimination against Women and is committed to implementing the Programme of Action of the International Conference on Population and Development (ICPD), the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly Special Session on HIV/AIDS, the Programme of Action of the World Summit for Social Development, the Platform for Action of the Fourth World Conference on Women and the Millennium Declaration.

3. Most of the ICPD thresholds have been met. On 6 January 2005, China marked the birth of its 1.3 billionth citizen. The population is expected to reach 1.5 billion around 2040. The total fertility rate is estimated at 1.8 children per woman. There is a growing public discourse on the demographic and gender implications of the national population policy, in particular the imbalances in the sex ratio at birth and the ageing population.

4. Contraceptives are widely available to married couples through a free distribution system. The contraceptive prevalence rate is approximately 83 per cent. The contraceptive method mix is moving away from permanent methods towards long-term, reversible methods, particularly intrauterine devices. There has been a slight increase in condom use.

5. According to the CCA, the maternal mortality ratio and the infant mortality rate have decreased markedly to 51.2 deaths per 100,000 live births and 29 deaths per 1,000 live births, respectively. These figures, however, mask large geographical disparities, with the maternal mortality ratio as high as 111.9 deaths per 100,000 births in

Guizhou province and as low as 9.6 deaths per 100,000 live births in Shanghai. These figures also reflect disparities in national economic development.

6. Although the Government recognizes HIV/AIDS as a major threat, the CCA notes weaknesses in prevention and behavioural surveillance. Several ministries have the potential to do more HIV/AIDS prevention work, but lack sufficient resources and experience. Some segments of the population, including migrant labourers and commercial sex workers, are especially vulnerable.

7. Gender gaps in education and employment are increasing, as are sex ratios at birth. Laws to protect people's rights, particularly those of women, are not enforced systematically. Women, especially those in rural areas, and the aged are vulnerable. The population over 65 is expected to grow from 7 per cent in 2000 to 22 per cent in 2050, but there is no comprehensive social security plan for this group.

8. The CCA led to the development of five United Nations Development Assistance Framework (UNDAF) outcomes. Four of these are pertinent to the UNFPA mandate and deal with developing and implementing national policies for balancing economic and social development through a scientifically based, equitable, human-centred and sustainable manner. They also include the prevention of HIV/AIDS and support global cooperation.

II. Past cooperation and lessons learned

9. UNFPA has assisted China since 1979. Until 1995, the focus had been on building capacity for data collection and analysis and on improving the availability of maternal and child health and family planning services, including the variety and quality of contraceptives. In 1998, the Government and UNFPA launched the fourth country programme, which removed birth targets and quotas and introduced a quality-of-care approach in 32 counties. This approach was

expanded during the fifth country programme to 30 other counties.

10. The main achievement of the fourth and fifth country programmes has been the shift from an administrative family-planning approach to a client-oriented, quality-of-care, reproductive health approach. During the fifth country programme, the National Population and Family Planning Commission developed national quality-of-care standards that incorporated many UNFPA programme principles, including the removal of targets and quotas.

11. Evidence-based advocacy efforts led to the removal of birth-spacing requirements in many UNFPA-supported counties and throughout Hainan province. A client-centred, quality-of-care project model has been replicated in other counties in Zhejiang and Henan provinces. Client hot lines, established in all 30 project counties, have fielded some 40,000 phone calls.

12. The National Population and Family Planning Commission and the Ministry of Health began harmonizing standard service delivery protocols, which will include UNFPA quality-of-care principles such as counselling; client rights; the prevention of reproductive tract infections (RTIs), sexually transmitted infections (STIs) and HIV; the prevention of violence against women; adolescent reproductive health; and the prevention of birth defects.

13. Reproductive health service providers are incorporating in their work new concepts introduced by UNFPA, such as human rights, gender, informed choice, confidentiality and privacy. Continued operational-level assistance is critical in order to replicate the UNFPA-supported programme, implement laws and, to some extent, revise provincial family planning regulations in accordance with the ICPD.

14. The UNFPA programme successfully introduced a multisectoral approach to HIV prevention. By cooperating with a university-based youth network, the programme also

included young people in HIV/AIDS prevention efforts. The multisectoral approach, along with information, education and communication materials, became a model for the national HIV/AIDS programme, which includes 127 model counties. Projects carried out with funding from the Joint United Nations Programme on HIV/AIDS (UNAIDS) have created effective models to reach migrants and commercial sex workers. Under the coordination of the National Centre for AIDS, UNFPA helped to strengthen behavioural surveillance capacity.

15. Three South-South centres of excellence continued to carry out high-quality, international training. The gender project has served as a model to incorporate cross-cutting issues into the country programme. The project raised awareness of the imbalances in the sex ratio at birth and of the critical need for sex-disaggregated data. The previous country programme also resumed support for research on ageing. Based on academic research, pilot initiatives on ageing are now under way.

16. UNFPA played a catalytic role in introducing a comprehensive, voluntary reproductive health approach in China. The high monitoring standards of UNFPA have resulted in a strong feedback mechanism that supports continuous change. UNFPA will continue to use the results of the systematic monitoring, evaluation and research of its operational project sites to work with key partners to facilitate and advocate programme changes.

III. Proposed programme

17. The proposed programme is based on the 2005 CCA and the UNDAF and coincides with the eleventh five-year plan of the Government. The proposed programme has two components: (a) reproductive health; and (b) population and development. Gender and South-South collaboration will be mainstreamed in the programme. The programme will contribute to four UNDAF outcomes related to the following: disparities in development; human-centred social

policy development; HIV/AIDS prevention; and enhanced South-South collaboration.

Reproductive health component

18. The reproductive health component has two outcomes. The first outcome is: increased utilization of high-quality, client-centred, gender-sensitive reproductive health and family planning services in line with the ICPD and the Convention on the Elimination of All Forms of Discrimination against Women. This outcome is linked to the achievement of the following UNDAF outcome: social and economic policies are developed and improved to be more scientifically based, equitable, human-centred and sustainable.

19. The second outcome of the reproductive health component is: vulnerability and risk behaviour related to HIV/AIDS among migrants, young people and other vulnerable groups is reduced. This outcome is designed to contribute to the following UNDAF outcome: HIV/AIDS, tuberculosis and malaria infection and disease rates are reduced; care and support for those infected are improved; and the rights of those living with HIV/AIDS are protected.

20. UNFPA and the Government will build on previous experiences in the area of reproductive health in China, including those of partners such as the World Health Organization, the Japan International Cooperation Agency (JICA), the Australian Agency for International Development (AusAID) and The Ford Foundation.

21. The reproductive health output that seeks to increase the availability of reproductive health and family planning information and services for target groups will focus on clients' rights, quality of care and gender issues. The programme will upgrade and unify standard service delivery protocols, including counselling and gender issues, for the family planning and health sectors. The programme will also train managers and sensitize policymakers on ICPD principles

and clients' rights. The long-term objective is to target provincial legislators to enhance provincial legislative capacity on ICPD principles.

22. Stressing compliance with the ICPD Programme of Action, UNFPA will continue to play a catalytic role in the Government's move from an administrative family-planning approach to a client-centred, quality-of-care approach. To maximize the potential for replication, the programme will continue to focus on the 30 counties that UNFPA assisted under the previous country programme.

23. Building on the experiences of the previous country programme, the programme will support HIV/AIDS prevention efforts, focusing on migrants, young people and other vulnerable groups, as well as on behaviour change. HIV/AIDS prevention, including the prevention of mother-to-child transmission, will be an integral component of the reproductive health package. The programme will operate in an additional five counties, selected from areas with high HIV prevalence or risk. The programme will provide training to service providers on reproductive health and the linkages between STI and HIV prevention. Interventions will target migrant populations, focusing on entertainment establishments and commercial sex workers.

24. The programme will encourage innovative pilot projects to meet the needs of men, young people and migrants, especially young migrants. The programme will target these groups so that their needs will be addressed in standard reproductive health service packages, emphasizing STI and HIV/AIDS prevention.

Population and development component

25. The population and development component has two outcomes: (a) government strategic planning for population-related policy formulation, particularly to address issues relating to gender, migration and ageing, is based

on increased utilization of high-quality, sex-disaggregated data, research and evaluation findings; and (b) enhanced capacity for the sustainable collection and utilization of surveillance data and other data, with a particular focus on behavioural data related to HIV/AIDS.

26. Outcome (a) contributes to the following UNDAF outcome: effective policy implementation is promoted through enhanced capacity and mechanisms for participation, coordination, monitoring and evaluation in the social sectors. Outcome (b) contributes to the following UNDAF outcome: HIV/AIDS, tuberculosis and malaria infection and disease rates are reduced; care and support for those infected are improved; and the rights of those living with HIV/AIDS are protected.

27. The programme will focus on preparing for an ageing society, with activities based on existing research and carried out at the community level. The programme will address the role of the elderly in society and will promote the concept of active ageing. It will also increase awareness of gender issues among programme partners and enhance their capacity to use gender data and research.

28. The programme will explore the linkages between research and policymaking in other population and reproductive health areas, in order to strengthen the capacity for evidence-based policymaking. In addition, the programme will provide support to enhance the HIV/AIDS behavioural surveillance capacity of the Government. Capacity-building will focus on collection, compilation and analysis of data through collaboration with various national partners.

29. In order to mainstream gender issues, activities under both programme components will contribute to the following country programme outcome: the effective protection of women's rights and the promotion of gender equality through a strengthened national capacity to implement and monitor national laws and

policies, and international conventions and agreements. This outcome will contribute to achieving the following UNDAF outcome: effective policy implementation is promoted through enhanced capacity and mechanisms for participation, coordination, monitoring and evaluation in the social sectors.

30. The programme will undertake gender reviews of information, education and communication material, the training curriculum and research. Gender components will be incorporated into programme activities. UNFPA will also support additional data collection activities, emphasizing gender issues such as the imbalance in the sex ratio at birth.

31. UNFPA will also assist the Government in relation to the UNDAF outcome that seeks to enhance the role of China in the international arena, including through greater South-South collaboration. Both programme components will incorporate South-South information and lesson sharing, and will seek to strengthen the capacity for South-South collaboration in the areas of reproductive health, ageing, gender and HIV/AIDS.

IV. Programme management, monitoring and evaluation

32. The Ministry of Commerce will coordinate the programme. The national coordination committee will continue to hold quarterly meetings. The programme will be monitored and evaluated in accordance with UNFPA guidelines and procedures. The Ministry of Commerce and the implementing agencies will monitor programme activities to ensure that outputs are achieved. The UNFPA country office will monitor programme implementation through field visits, interviews and research based on qualitative and quantitative indicators.

33. The UNFPA country office consists of a representative, a deputy representative, two national programme officers, two junior professional officers, and national programme and support staff. National project personnel

may be recruited to strengthen programme implementation. National and international consultants, as well as the UNFPA Country Technical Services Team in Bangkok, Thailand, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR CHINA

National priority: balancing economic and social development UNDAF outcome: social and economic policies are developed and improved to be more scientifically based, equitable, human-centred and sustainable				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Increased utilization of high-quality, client-centred, gender-sensitive reproductive health and family planning services in line with the ICPD and the Convention on the Elimination of All Forms of Discrimination against Women</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Contraception prevalence rate for modern methods sustained • Percentage of rural hospital deliveries • Unmet need for contraceptives by young people • National and subnational laws and policies in place to ensure client-centred reproductive health services 	<p>Output: Increased availability of high-quality, integrated, client-centred, gender-sensitive reproductive health and family planning information and services, including those focusing on HIV/AIDS and client rights, for women, men, young people and migrants in project areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of service delivery points offering target groups integrated reproductive health and family planning services, including the prevention of HIV/AIDS and gender-based violence • Percentage of clients aware of reproductive rights prescribed by law • Increase in systemic maternal health care management rate • Percentage of project areas with quality-of-care monitoring and evaluation system in place 	<ul style="list-style-type: none"> • Ministry of Commerce; National Population and Family Planning Commission; Ministry of Health • China Family Planning Association; All China Women's Federation; China Centre for Disease Control; The Ford Foundation; JICA; AusAID 	\$21.05 million (\$17.25 million in regular resources and \$3.8 million in other resources)
National priority: scientific and human-centred perspective balances social and economic development UNDAF outcome: effective policy implementation is promoted through enhanced capacity and mechanisms for participation, coordination, monitoring and evaluation in the social sectors				
Population and development	<p>Outcome: Government strategic planning for population-related policy formulation, particularly to address issues relating to gender, migration and ageing, is based on the increased utilization of high-quality, sex-disaggregated data, research and evaluation findings</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Disaggregated data used for policy formulation <p>Outcome: The effective protection of women's rights and the promotion of gender equality through a strengthened national capacity to implement and monitor national laws and policies, and international conventions and agreements</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Mechanisms in place to implement and monitor gender-related laws and policies • Subnational mechanisms in place to address and monitor gender-based violence 	<p>Output: Enhanced national capacity to collect and disseminate data and to conduct policy research on population issues, particularly those relating to gender, migration, ageing and the environment</p> <p>Output: Enhanced government capacity to formulate and implement evidence-based strategic plans and policies on ageing</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • National maternal and child health surveillance system improved • Sex-disaggregated data on key ageing indicators available • Timely data-dissemination mechanism • Research findings utilized for planning policies and interventions • Policy recommendations on ageing incorporated into law • Ageing action plan implemented by counties • Increased awareness among officials on the social and health aspects of ageing <p>Output: Increased gender knowledge and awareness among policymakers, programme managers and service providers and strengthened capacity to analyse and utilize sex-disaggregated data and to address gender-based violence</p> <ul style="list-style-type: none"> • Increased awareness and knowledge of gender issues among programme partners • Gender-mainstreamed annual workplans at the county level in place • Analytical reports on gender-related topics are peer-reviewed and disseminated 	<ul style="list-style-type: none"> • National Bureau of Statistics; National Working Committee on Children and Women; Ministry of Health; Ministry of Commerce; National Population and Family Planning Commission; China Working Group on Ageing • All China Women's Federation; People's University • United Nations Development Fund for Women (UNIFEM); United Nations Theme Group on Gender • All China Women's Federation; National Bureau of Statistics; National Working Committee on Children and Women; Ministry of Health; National Population and Family Planning Commission • UNIFEM; United Nations Theme Group on Gender 	\$5.2 million (\$4.5 million in regular resources and \$0.7 million in other resources)

National priority: controlling and reversing the spread of HIV/AIDS, tuberculosis and malaria UNDAF outcome: HIV/AIDS, tuberculosis and malaria infection and disease rates are reduced; care and support for those infected are improved; and the rights of those living with HIV/AIDS protected				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Vulnerability and risk behaviour related to HIV/AIDS among migrants and young people and other vulnerable groups is reduced</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Increase in % of young people reporting use of condom during sexual intercourse with a non-regular sexual partner 	<p>Output: Increased awareness, particularly among vulnerable groups, and availability of effective means of protection against STIs and HIV/AIDS</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Percentage of young people (aged 15-24) who correctly identify ways to prevent HIV/AIDS Percentage of young people who can correctly identify misconceptions about HIV transmission 	<ul style="list-style-type: none"> State Council AIDS Committee; National Centre on HIV/AIDS; Ministry of Health; Ministry of Railways; National Population and Family Planning Commission China Family Planning Association; academic institutions UNAIDS 	See above
Population and development	<p>Outcome: Enhanced capacity for the sustainable collection and utilization of surveillance data and other data, with a particular focus on behavioural data related to HIV/AIDS</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Increased behavioural surveillance survey system utilization 	<p>Output: Strengthened behavioural surveillance survey system, and increased awareness and positive attitude towards using behavioural surveillance survey among policymakers and programme managers</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Increased awareness of behavioural surveillance survey among policymakers and programme managers 	<ul style="list-style-type: none"> State Council AIDS Committee; National Centre of HIV/AIDS; Ministry of Health; National Population and Family Planning Commission China Family Planning Association; non-governmental organizations UNAIDS 	See above
National priority: global cooperation UNDAF outcome: 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				
		<p>Output: Increased capacity and procedures for sharing experiences, information exchange and professional and technical learning in population and development, particularly in reproductive health, HIV/AIDS, gender and ageing</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Increased client satisfaction Increased number of applicants and partners Enhanced sharing of experiences for building training centre capacity 	<ul style="list-style-type: none"> Ministry of Commerce 	<hr/> Total for programme coordination and assistance: \$0.75million from regular resources