

ANNEXES

LIST OF ANNEXES

ANNEXES

Annex 1 Evaluation Matrix

Annex 2 CP9 Revised Results and Resources Framework

Annex 3 Theory of Change (TOC)

Annex 4 List of documents consulted

Annex 5 Data collection tools

Annex 6 Stakeholders Mapping

Annex 7 CPE Terms of Reference

Annex 8 Wall Chart of Population Projections

Annex 9 Members of the Evaluation Reference Group (ERG)

ANNEX 1:

Evaluation Matrix Template for data collection during the Field Phase

Note: the evaluation matrix template to be used to register data during the field phase is slightly different from the matrix presented in the Design report. There is no mention of the “Methods and tools for data collection”; instead, for each data entry, the evaluators must indicate the source of information which, in turn, indicates the tool/method they have actually used to collect the data.

Evaluation Question 1: To what extent is CP9 adapted to: (i) national development strategies and policies; (ii) the strategic direction and objectives of UNFPA in particular to transformative goals and the business model and (iii) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and (iv) aligned with the UNSDCF?	
Evaluation Criteria: Relevance	
Assumptions for verification 1.1: CP9 is in line with priorities established in (i) national development strategies and policies, (ii) UNFPA’s strategic Plan including the 3 transformative goals and business model, (iii) the UNSDCF, and (iv) international frameworks like the ICPD and SDGs.	Indicators: I.1: Evidence that the objectives and strategies of each programme area (SRHR, GEWE, A&Y and PD) are consistent with national, and sectoral policies, strategies and development plans, UNFPA’s strategic plan, the UNSDCF; and international frameworks like the ICPD POA and SDGs. Instances of programme adjustments or re-alignments in response to changes in national priorities;
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]

<p>SRHR programme aligned with national health priorities including those reflected in China’s ICPD POA and the country’s SDG targets; very much in sync with the Healthy China 2030 policy, the national programme on women’s development, 2021-2030, and more recently the Action Plan to accelerate the elimination of cervical cancer, 2023- 2030.</p> <p>The UNFPA supported SRHR intervention which was co-funded by the Danish Government was linked to (i) UNFPA’s transformative goals of meeting the unmet needs for family planning and ending preventable maternal deaths; (ii) the Danish Government’s own aid priorities including the support for SRHR among women and girls; (iii) the CCA’s focus on vulnerable groups, etc.</p> <p>The Adolescents and Youth programme was very much aligned to national priorities as indicated in the Mid-Term Youth Development Plan, 2016-2026 and 3 -year Implementation Plan to curb the spread of HIV/AIDS, 2019-2022; UNFPA’s programme priorities as established in its strategic plan; Young people are also a national priority as they account for a large portion of the population.</p> <p>GEWE. the GEWE programmes of CP9 is in line with UNFPA’s corporate Strategic Plans (SP) for 2018-2021 and 2022-2025, SDGs targets (5.2,5.3,5.6), as well as to the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 for China. Also aligned to the priorities of national strategies and policies in China, National Development Population Plan (2016-2030) , China National Programme of Women’s Development (2021-2030), Enhancement Plan of Maternal and Infant Safety Action (2021-2025) , The Anti-Domestic Violence Law of China (enacted in 2016) , Regulations on Prohibiting Fetal Sex Determination for Non-medical Reasons and Sex-Selective Abortion(issued in 2016)Law on the Protection of the Rights and Interests of Women (revised in2022)</p>	<p>Interviews with UNFPA informants;</p> <p>Briefing notes on SRHR to ET;</p> <p>Evaluation of the intervention “Improving Sexual and Reproductive Health among vulnerable populations in Qinghai and Shanxi provinces in China, 2022</p> <p>Interviews with UNFPA informants, the evaluation report of the SRH intervention in two provinces in China;</p> <p>Interviews with UNFPA informants; Interview with informant from UN Theme Group (Youth); UNFPA Strategic Plan2022-2025; UNAIDS Biennial Report for UN Joint Programme on AIDS in China, 2020-2021; Interview with UN informant</p> <p>Interview with UNFPA informants; UNFPA Strategic Plans 2018-2021 and 2022-2025; UNSDCF</p> <p>Interviews with UNFPA informants; national partners; review of official documents</p>
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<p>The PD programme is aligned to national population policy priorities especially in the areas of low fertility and population ageing; also corresponds to the 14th five- year plan for National Ageing Development and Elderly Care Service System, and the Healthy China Policy.</p> <p>The relevance of the programme is further strengthened by the fact that after the announcement of the 3-child policy, the relevant government partners requested UNFPA’s technical assistance to support national efforts to address the concerns of low fertility and population ageing.</p>	
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valuation Question 2: To what extent has the country office been able to respond to changes in the national development context, including changes in country needs and priorities?	
Evaluation Criteria: Relevance	
<p>Assumptions for verification 2.1:</p> <p>The country office has been able to adequately respond to changes that occurred in the national context, including humanitarian crisis</p>	<p>Indicators:</p> <p>I.1: Evidence of changing development needs arising from events such as the COVID 19 pandemic/ other humanitarian or emergency situations.</p> <p>I.2: Instances of programme adjustments or re-alignments in response to changes in national priorities;</p> <p>I.3 Evidence on the speed of the CO response</p>
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]

<p>An important change in the development context during the CP9 period was the impact of the COVID 19 pandemic. Lockdowns and controls on mobility affected face-to-face interaction and movements of staff. However, flexibility in CP9 programme management resulted in programmes being implemented in most cases virtually, such as through use of online mechanisms. Some programmes were delayed, or interventions planned during late CP8 were phased into CP9.</p> <p>The SRHR intervention in the 2 provinces “suffered from some implementation delays due to restrictions linked to the Covid-19 epidemic”. However, the intervention has been implemented successfully through the joint efforts by concerned stakeholders.”</p> <p>Covid-19 restrictions slowed down implementation of the Qinghai and Shanxi intervention in 2020 and 2021 and resulted in it having to be extended (no-cost extensions) from principal donors by one year until 31 December 2022.</p> <p>Regarding the SSTC programme, the biggest challenge was the COVID-19 pandemic which caused postponement and cancellation of some planned activities.</p> <p>There were cases of developing countries under the China/ UNFPA CO SSC programme that requested for support for COVID-19 response, examples of which included Mozambique, Zimbabwe, Nepal, etc. which involved UNFPA cooperation</p> <p>There was already an on-going SSC project involving China’s support for health facilities in areas affected by Cyclone Idai. With the outbreak of COVID-19, the cooperation arrangement incorporated screening and prevention services for pregnant women. Other examples include health assistance to Sao Tome and Principe and Gambia in West and Central Africa Region; and Botswana and Lesotho in East and South Africa Region for COVID-19 Pandemic Response.</p>	<p>Interviews with UNFPA staff and national partners.</p> <p>Evaluation of “Improving Sexual and Reproductive Health among vulnerable populations in Qinghai and Shanxi provinces in China, 2022; verified in interviews with IP informants, and UNFPA staff.</p> <p>Interview with UNFPA informants; Project Evaluation report 2022</p> <p>Interview with UNFPA and national partner informant;</p> <p>Interviews with relevant UNFPA staff in China CO and in several sampled African countries; UNFPA (2022) Final Report “China, Nepal and UNFPA cooperation: Improving maternal and women’s health services in Nepal.</p> <p>Interviews with Government partners involved in SSC; UNFPA documents especially project reports</p>
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<p>Assumptions for verification 2.2:</p> <p>The country programme has sufficient flexibility to allow for responses to shifts in national development priorities.</p>	<p>Indicators:</p> <p>I.1: CO capacity to reorient the objectives of the CPAP and the AWP</p> <p>I.2 Extent to which the reallocation of funds towards new activities is justified</p> <p>I.3 Evidence of effect of programme adjustments</p> <p>I.4 Extent to which the CO did not have to jeopardize the pursuit of the CP's initial objectives even while responding to changing needs</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>There is no evidence to show that there was any relocation of funds towards new activities or programme adjustments or changes in initial objectives of CP9. What transpired was programmes were continued to be implemented using online mechanisms. Some interventions that had its genesis in the late CP8 period which coincided with the outbreak of COVID-19 were phased into CP9 and became integral components of CP 9, examples of which include UNFPA's SRHR intervention in 2 two provinces where social indicators were below national averages; and the collaboration with Rehabilitation International involving disadvantaged populations especially PWDs</p>	<p>Based on Interviews with UNFPA and national partner informants</p>
<p>Evaluation Question 3: To what extent has UNFPA ensured that the varied needs of vulnerable populations, including adolescents and youth, and those with disabilities have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?</p>	
<p>Evaluation Criteria: Relevance</p>	

<p>Assumptions for verification 3.1:</p> <p>UNFPA support has been adapted to the needs of diverse populations with emphasis on the most vulnerable population groups, including women and girls of reproductive age, pregnant women, young people, older persons, migrants, key populations, people with disabilities, in development and humanitarian contexts</p>	<p>Indicators:</p> <p>I.1: Evidence of identification of vulnerable groups and their needs</p> <p>I.2: Evidence of engagement of vulnerable groups in the process</p> <p>I.3: That programme and project designs have been informed by needs assessments with attention to vulnerability issues in development and humanitarian contexts, including the Common Country Assessment conducted to inform the UNSDCF;</p> <p>I.4: Evidence that UNFPA supported interventions targeted the most vulnerable population groups in a prioritized manner in development and humanitarian contexts</p> <p>I.5: Evidence that targeted vulnerable groups were consulted during implementation, i.e., provided feedback and participated in the monitoring phase.</p> <p>I.6: Evidence that shows that specific attention has been paid to gender and aspects of gender equality, in all the programme areas of CP9;</p> <p>I.7: Evidence of Inclusion of interests of women and girls with disabilities and other particularly vulnerable groups at all levels</p> <p>I.8: Evidence that vulnerable groups were involved in programme planning, implementation and monitoring</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>

<p>The CCA, prepared by the UN system prior to the development of the UNSDCF, provided a good identification and profile of the vulnerable groups in China that needed to be on the radar of the UN's contribution to the LNOB principle of the SDGs. The CCA, which also involved UNFPA's participation, enabled and facilitated UNFPA's own CP9 preparation.</p> <p>The UNFPA SRHR intervention "Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi Provinces in China" is relevant as its interventions directly address population needs identified in national development plans and also through participatory needs assessments and consultations with government authorities and partners.</p> <p>Its interventions addressed SRHR information and service needs of vulnerable groups, particularly ethnic minorities (Tibetans) and women and young people in poor and rural areas and people with disabilities in project counties which experienced lower levels of quality of maternal and child health services, lower health service utilization rates and lower levels of knowledge on SRHR. These needs as well as the targeted counties were identified through review of social sector indicators in close consultation with national and sub-national authorities and stakeholders.</p> <p>Vulnerable groups were also consulted and involved in the preparation of the baseline study and so were these groups directly involved in the development of project videos.</p> <p>UNFPA and RI interventions aimed at ensuring that women, adolescents, young people and other vulnerable and excluded groups, including persons with disabilities (PWDs), are empowered to make decisions regarding their own SRHR and life options. It had a strong gender and human rights focus through targeting girls and women with disabilities, and it sought to include women and young people with disabilities and Organizations of Persons with Disabilities (OPDs) in its design</p>	<p>ET's assessment based on document review</p> <p>Project Evaluation Report, 2022; Interviews with CFPA (the IP) confirmed this and so did UNFPA informants.</p> <p>Project Evaluation Report; interviews with CFPA, NHC and UNFPA informants.</p> <p>Interviews with CFPA informants; project evaluation Report 2022</p> <p>Narrative progress report of UNFPA/RI project.</p>
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Evaluation Question 4: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the CP9 outcomes and outputs?

Evaluation Criteria: Efficiency

Assumptions for verification 4.1:

UNFPA has sufficient human resources that are available and skilled that have been used in achieving CP 9 results.

Indicators:

I.1: Adequate human resources in place in each of the outcome areas including relevant staffing structure

I.2 Lack of time gaps in staff recruitment

Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]

Sources of information [List the source(s) of evidence for each of the data collected]

<p>Assumptions for verification 4.2:</p> <p>UNFPA made good use of its human resources to pursue the achievement of results</p>	<p>Indicators:</p> <p>I.1: Staff performance management system in place and functioning</p> <p>I.2: HR support services received from UNFPA APRO and HQ</p> <p>I.3: Evidence of human resource management arrangements in UN joint programming that enhance cost effective achievement of results</p> <p>I.4: HR policies aim for inclusive HR recruitment and management including a gender balance in CO staffing</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>

<p>Performance Management System functioning. The Personal Appraisal and Development (PAD) mechanism for staff appraisal continues to be implemented.</p> <p>No HR management arrangements for Joint Programming thus far</p> <p>Inclusive HR recruitment although more female staff relative to males</p> <p>ET was not able to ascertain HQ/ RO HR support for CO.</p> <p>The staff of UNFPA are meticulous and dedicated, and the cooperation between the two sides is a pleasure.</p> <p>ET heard similar views expressed throughout the field phase</p> <p>The ET has observed too that despite the work schedules, the CO has been able to deliver a substantial share of the deliverables planned for the period. The technical skills of staff as discussed by partners interviewed are also positively assessed. The financial implementation rates of all 4 programme areas stood at around 65-70 percent for the period covered by the CPE. Partner informants also indicated that considering the smaller size of the office after the staff restructuring a cycle ago, the results of the cooperation have been satisfactory. However, there is a feeling that the constant changes in staffing is not conducive to continuous work.</p>	<p>Interview with UNFPA staff</p> <p>Interview with UNFPA and UN informants</p> <p>Based on staffing profile as reflected in the organization chart.</p> <p>Interview with government (CPDRC) informants.</p>
<p>Assumptions for verification 4.3:</p> <p>Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely manner</p>	<p>Indicators:</p> <ol style="list-style-type: none"> 1. Resources from HQ and donors were received to the anticipated level and in a timely manner 2. The planned resources were received by IPs to the foreseen level in AWP and in a timely manner 3. Progress towards the delivery of multi-year, predictable, core funding for implementing partners 4. Targeted resource mobilization strategy in place including for response to the COVID-19 pandemic and other humanitarian crisis 5. Other resources mobilized in line with the CPD/CPAP 6. non-cash contributions of partners 7. Financial reporting system in place with timely reporting conducted 8. UNFPA cost-saving implementation modalities 9. Efficient use of financial resources in joint UN programming

Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
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<p>The total planned financial resources for CP 9 were \$21 million, marginally lower than in the previous cycle. Of this, core resources only amounted to \$7.7 million (37 percent of the total), with the expectation that the rest will be raised from OR. The SRHR and PD shares of core resources were 35.8 percent and 27.9 percent respectively, with the A&Y programme's share at 17.9 percent and the GEWE programme's share at 13.9 percent. As of 20 June 2024, about 80 percent of the core resource envelope has been utilized, while another 64 percent of non-core resources mobilized thus far has been spent. This reflects a total utilization rate of around 75 percent. While the total amount of other resources (OR) presented in the CPD was \$13.5 million, the non-core income for 2021-2024 was only around \$3.1 million. CO received budgeted programme funds from HQ on a timely basis. Likewise, IPs and other partners on contract or grants indicated that funds were received on time and as per agreement. Once the agreement was signed by both parties, the funds flowed. One IP mentioned that UNFPA processes were cumbersome relative to government processes. The issue was related to the view that too much information was requested for.</p>	<p>CPD 2021-2025; financial monitoring records;</p> <p>Interviews with UNFPA informants and IPs;</p> <p>UNFPA document on partnerships and resource mobilization and discussions with UNFPA informant.</p>
<p>The ET found no evidence that there has been any progress towards the delivery of multi-year, predictable, core funding for implementing partnersA resource mobilization strategy developed during CP8 exists. For CP9, a total of \$13.3 million non-core/ other resources needed to be mobilized for the programme to be fully funded. There is approximately \$2.5 m of SSC MOFCOM funds with HQ accounts pending GOC approval of proposals by COs for SSC. The amount pending is part of the MOFCOM voluntary contribution for SSC to UNFPA non-core resources accumulated due in large part to the pandemic which caused the delay in implementation. UNFPA CO is currently developing project proposals for the use of those available funds. It was observed by ET that the CO financial monitoring system is in place and functioning and also linked with tracking of programme activities and results which is discussed at frequently- held programme meetings. Despite the resource constraint, programme areas were able, although on a limited scale to leverage other resources. UNFPA financial records showed that most programme areas managed to mobilize other resources. The A&Y programme in the first 3 ½ years of CP9 managed to mobilize just under one half of other resources (OR) raised, while SRHR mobilized 29 percent, and SSTC 21 percent. Most partners raised the issue of declining core resources. However, partner informants have said that the “guiding role of UNFPA’s funds is very strong, leveraging research, capacity support, and aiding government decision-making”. In the area of PD, UNFPA has been working, by cooperating more with</p>	<p>Interview with UNFPA informants</p> <p>Interviews with national partners</p> <p>Interviews with UNFPA programme and operations staff Implementing partners and other contract holders contracted to manage strategic projects/assignments.</p>

<p>Assumptions for verification 4.43:</p> <p>The programme utilizes a range of tools and approaches to achieve desired outcomes</p>	<p>Indicators:</p> <p>Descriptions of tools and approaches such as Results-based management, innovations, technology, communications, etc employed in programme interventions, with evidence of their suitability and impact on achieving programme outcomes</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>Implementing partners are mandated to report on the progress of their activities and results on a bi-annual basis. UNFPA programme staff also maintain close oversight of IP executed activities through routine meetings with IPs.</p> <p>As for activities under UNFPA execution, budgetary reports are submitted to UNFPA senior management on a weekly basis for review, with the budget table providing fund-level and project-level analysis. At the programme level, activity-based financial reviews are conducted during monthly programme meetings, where UNFPA management and staff assess the budget status against implementation progress. A key element in the CO's monitoring framework is the Master Planning Tool, which serves as a comprehensive M&E tracking tool which consolidates into one document, the progress of activity budgets, quarterly milestones, CPD indicators, and SP indicators. By integrating these elements into a single document, the tool enables real-time, one-stop monitoring of programme activities, ensuring that both financial and programmatic data are synchronized, strengthening alignment with strategic objectives and providing a more robust foundation for decision-making.</p> <p>A non-IP partner mentioned that funds received from UNFPA for specific activities which complements and leverages funds from Government are spent efficiently through outcome-related mechanisms.</p> <p>UNFPA has also made use of IT for sharing of information and advocacy such as the use of the UNFPA CO website which is constantly updated. It also uses the OP ED tool to share its views and/or advocate on current issues. The media is also a venue to showcase major events and highlight UNFPA-related issues.</p> <p>In order to reach a wider school audience UNFPA had also engaged the services of livestream technology for CSE.</p>	<p>Collated from interviews with UNFPA informants and based on review of tools</p> <p>Same as above</p> <p>Interview with a national partner informant</p> <p>Interview with UNFPA informants</p> <p>Interview with UNFPA, CFPA informants: evaluation report of the SRHR intervention in Qinghai and Shanxi provinces.</p>

Evaluation Question 5: To what extent did the intervention mechanisms (coordination mechanisms (UNCT), financing instruments, implementing partners, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs and outcomes?	
Evaluation Criteria: Efficiency	
Assumptions for verification 5.1: Intervention mechanisms such as coordination mechanisms (UNCT) administrative regulatory frameworks, organizational procedures have facilitated the achievement of programme outputs and outcomes.	Indicators: Evidence that the mechanisms (mentioned in the assumptions) facilitated the achievement of outputs and outcomes? How did these mechanisms help? Were any of these mechanisms a liability? How?
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]

<p>UNFPA, is a key member of the UNCT, and the various interagency coordination groups and mechanisms (results groups, theme groups, Program M&E Group).</p>	Interviews with UN informants and UNFPA staff.
<p>There are little joint programmes thus far. The development of a UN inter-agency pooled fund for the SDGs, where UNFPA has been involved, is in its final stages, and when completed will enable the funding of Joint Programmes and projects, thus addressing one major constraint to having more JPs, i.e., finance.</p>	Same as above
<p>UNFPA has built several strong partnerships with Government partners such as NBS, NHC, NDRC as well with implementing partners such as CFPA and NCWCH, and academia, donors, and NGOs. These partnerships have facilitated UNFPA's policy engagement on ICPD related issues. The UNFPA CO on occasions holds meetings on important issues that brings together relevant government partners, academia, and international organizations on important topics, to discuss trends and research ideas such as on population ageing, low fertility or gender equality, thereby creating a platform for promoting exchanges and discussions among various organizations and improving their capabilities.</p>	Interviews with national partners and UNFPA staff
<p>Regarding monitoring and reporting, implementing partners are mandated to report on the progress of their activities periodically. UNFPA programme staff also maintain close oversight of IP executed activities through routine meetings with IPs.</p>	interviews with UNFPA informants and IPs
<p>For DEX activities, budgetary reports are submitted to UNFPA senior management on a weekly basis for review, with the budget table providing fund-level and project-level analysis. At the programme level, activity-based financial reviews are conducted during monthly programme meetings, where UNFPA management and staff assess the budget status against implementation progress.</p>	interview with UNFPA staff
<p>The Master Planning Tool serves as a comprehensive M&E tracking tool which consolidates into one document, the progress of activity budgets, quarterly milestones, CPD indicators, and SP indicators. By integrating these elements into a single document, the tool enables real-time, one-stop monitoring of programme activities, ensuring that both financial and programmatic data are synchronized, strengthening alignment with strategic objectives and providing a more robust foundation for decision-making.</p>	as above
<p>Assumptions for verification 5.2: UNFPA made good use of its partnerships with UN agencies to pursue the achievement of results.</p>	<p>Indicators: I.1: Evidence of efficient partnering with other UN agencies through Theme Groups, Joint Programmes, work groups etc.</p>

Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
<p>UNFPA serves as co-chair and chair respectively for the theme groups on Gender and Youth. UNFPA's work with UN partners in the UN TGs on youth and gender have augmented its own work on these 2 program areas. UNFPA's participation in these two groups has contributed towards the (a) development of public-private-youth partnerships; the hosting of joint UN events; joint advocacy against GBV and for the strengthening of national responses to GBV through stronger multi-sectoral coordination mechanisms for prevention and response to GBV. (b) helped build internal capacity and awareness within the UN system on gender and youth issues. Through its participation in the UN Joint Programme on HIV/AIDS in China, UNFPA has been able to contribute towards HIV prevention, the strengthening of youth friendly health care services and age-appropriate and scientific comprehensive sexuality education (CSE).</p> <p>UNFPA's participation in the UNCT and its coordination mechanisms has helped CP9 success, in particular its participation in the UN Theme Groups of Gender and Youth and the UN JP on HIV/AIDS which respectively has helped promote UNFPA focus on GBV, Youth leadership and CSE, and HIV prevention.</p>	<p>Interview with UN and UNFPA informants</p> <p>Based on interviews with UNFPA staff as well as UN informants</p>
<p>Assumptions for verification 5.3: UNFPA utilized its IPs, government partners (non-IPs), academic/research consultants, and other contractual arrangements for implementation and execution of its interventions.</p>	<p>Indicators:</p> <p>I.1: Evidence of partnership strategy for IPs and strategic partners.</p> <p>I.2: Evidence of transparent IP selection process. After implementation, evidence that the selection of the IP and other strategic partners were the right choices.</p>
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]

<p>CO had a partnership strategy that encompasses Resource Mobilization, Partnership, South-South Cooperation.</p> <p>In CP 9 UNFPA utilized 2 Implementing Partners namely CFPA and NCWCH of NHC. Both were selected based on the following criteria: a) both are leading technical partners in the field of family planning and women's health and rights in China; b) both have a long history of close and trusted collaboration with UNFPA China; and c) they have both undergone and passed the Implementing Partner micro-assessment process</p> <p>Both had close links to policy makers and were thus able to be good advocates/influencers of UNFPA mandated issues.</p> <p>Each of these IPs have contributed immensely to CP9. CFPA was the IP of the SRHR project in Qinghai and Shanxi. The project had successful results. NCWCH worked shoulder to shoulder with UNFPA on several interventions, including the development of a new Manual for RH Services in Emergency Situations which is now being promoted to be used to deliver accessible, affordable and high quality SRH services during crises</p> <p>UNFPA holds meetings involving governments, academia, and international organizations on important topics, and invite IPs, government partners, academic/research consultants, etc. to participate, which enhances the connection between these organizations, making UNFPA an important platform for promoting exchanges and discussions among various organizations and improving their capabilities. For example, UNFPA and NHC invited the CFPA, ACWF, Ministry of Human Resources and Social Security, All-China Federation of Trade Unions, Ministry of Education, Ministry of Housing and Urban-Rural Development, etc. to hold a seminar on coping with low fertility rates. The ACWF, Ministry of Civil Affairs, Ministry of Justice and other departments were also invited to participate in the seminar focusing on gender equality. In addition, long-term practitioners and international experts from some provinces were invited.</p> <p>These meetings serve more as knowledge sharing and networking and for the formation of working platforms for future potential policy action. As an example, working together under a common platform, UNFPA working with some of the above related agencies was able to formulate and advocate for a national-level Reproductive Health Promotion Action Plan. The Plan has been issued and is one of the milestones for UNFPA's</p>	<p>Document review. Interview with UNFPA staff</p> <p>Interview with UNFPA informants</p> <p>Discussions with UNFPA informants; SRHR Project Evaluation Report;</p> <p>Interviews with NHC, CPDRC</p> <p>ET</p>
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Evaluation Question 6: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?

Evaluation Criteria: Effectiveness

<p>Assumptions for verification 6.1: National policies/ programmes/capacities were strengthened due to UNFPA interventions in the areas of SRHR, A &Y, GEWE and PD</p>	<p>Indicators:</p> <p>I.1: Evidence that the interventions in the different programme areas achieved its objectives and results. Did the results differ between programme areas?</p> <p>I.2: Evidence of the availability of relevant and useful performance information regards CP outputs.</p> <p>I.3: Evidence of measurable targets met.</p> <p>I.4 Evidence of progress in the indicators (using baseline versus targets) in maternal mortality, unmet need for family planning, and violence against women.</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>

<p>As a background, the UNFPA/CFPA SRHR intervention was aimed at demonstrating the implementation of new approaches to provide integrated SRH services to vulnerable populations in 4 counties in two provinces of China where health indicators were lower than the national average. Previously, maternal health and family planning were seen as stand-alone and provided separately. In the integrated approach, SRH, maternal health and family planning are provided in an integrated way.</p> <p>Intervention above contributed towards 1) strengthening capacity of service providers to provide rights-based, gender-sensitive and integrated services to women and young people, ethnic minorities and PWD, and 2) to provide SRHR information and services to school children and young people through CSE; 3) Through the intervention, the national health authorities strengthened national SRHR policies.</p> <p>More than 600 local health professionals received offline training, and an additional 1,500 received online training, with positive feedback from the health workers. Improved service provider capacity contributed to improved service uptake, allowing over 90,000 women to receive better quality reproductive health care closer to their homes.</p> <p>In particular, 17 health workers from the target counties' maternity and child health centers and general hospitals participated in a 2–3-month competency-based standard midwifery training. As a result, more women could deliver their babies locally due to improved midwifery capacity: there were about 200 deliveries at Yushu City Maternal and Child Health Hospital in 2021, compared to just approximately 20 deliveries the previous year.</p> <p>the UNFPA/Rehabilitation International intervention helped generate the evidence and production of resources packages for civil society, governments, multilateral organizations to ensure gender- and disability-inclusive SRH during the COVID-19 pandemic. The collaboration also supported the development of a training package to raise awareness of key stakeholders on the rights of women and young persons with disabilities on SRHR and GBV to roll out UNFPA guidance. Social media campaigns were conducted targeting policy makers as well as the general public for awareness raising to increase knowledge and awareness among key stakeholders on SRHR needs of PWDs. The intervention also helped build alliances with UN agencies, women's organizations and OPDs at global, regional and country levels.</p>	<p>Interviews with UNFPA informants / CFPA and PPT presentations by both CFPA and UNFPA. Also review of the intervention's evaluation report (2022)</p> <p>Evaluation report of the above project; interviews with UNFPA/CFPA /NHC informants</p> <p>2021 Annual report of UNFPA- China; project evaluation report</p> <p>Evaluation report of project; Best Practices Study by Tsinghua University</p> <p>UNFPA/RI project progress report</p> <p>Interview with UNFPA informants</p> <p>PPT presentation on SRHR programme by UNFPA.</p>
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<p>NHC is responsible for researching and proposing policy recommendations related to population and family development and improving family planning policies.</p> <p>UNFPA and NHC have had a lot of cooperation in responding to low fertility rates and provided support for the formation of these policies. A) In 2021, a study on fertility policy from a life cycle perspective was conducted to analyze the global low fertility situation, relevant response experience, the causes of China's low fertility rate, and the policies that can be adopted. On this basis, a low fertility policy seminar was held. B) In 2022, a study on fertility policy from the perspective of gender equality was conducted, and an analytical framework for gender equality and relevant international policies were constructed, and suggestions for China were put forward.</p>	<p>Interviews with NHC and NDRC informants</p>
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<p>Childcare services are regarded by the government as an important measure to address low birth rates, promote the improvement of population policies, and reduce the burden on families. Research on the necessity of incorporating childcare services into basic public services was therefore conducted. UNFPA, NHC, and NDRC jointly conducted research on childcare services in France and Belgium. It was found that the average enrollment rate in OECD is about 36%, while that in China is less than half of that. This investigation has created more awareness of China's shortcomings in this area and will form the basis for policy.</p> <p>PD's work mainly focused on policy advocacy and concept promotion. This means that results must have a long-term perspective and may not be realized in the short or medium term. On the one hand, the change of concepts and policies requires a long period of time. Concepts such as family-friendly and workplace-friendly have been introduced from abroad and have gradually influenced the concepts of policymakers. Because population variables, such as fertility rate, are difficult to increase significantly in the short term, and it is also difficult to attribute changes in fertility rate to a specific policy.</p> <p>With the support of the UNFPA, research on the silver economy was conducted. Following this, in 2023, UNFPA, NDRC, and MOFCOM jointly held the 5th Hongqiao International Economic Forum sub forum on "Global Aging Opportunity Sharing" in Shanghai. In early 2024, the General Office of the State Council issued the "Opinions on Developing the Silver Hair Economy and Enhancing the Welfare of the Elderly".</p> <p>The above research and workshop were part of the UNFPA's policy engagement process, culminating in the Government's issuance of its opinions on the development of a silver hair economy.</p> <p>UNFPA worked with the National Development and Reform Commission (NDRC) on a 2021 research project titled "The accelerating phenomenon of population trans-regional migration in China." The NDRC is the government body leading China's urbanization planning for the 14th Five-Year Plan period (2021-2025). The research, based on an analysis of the latest (7th) national census, helped provide inputs for the development of the national urbanization strategy from the perspectives of evolving population dynamics. The 14th Five-Year Plan's new program for urbanization, released in June</p>	<p>Interview with UNFPA, NHC and NDRC informants</p> <p>Ibid and ET's conclusions</p> <p>Interview with UNFPA, NDRC informants</p> <p>Interview with UNFPA staff</p> <p>Interview with NDRC and UNFPA informants</p>
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<p>Assumptions for verification 6.2:</p> <p>Further progress was made in the three transformative goals of UNFPA's Strategic Plan</p>	<p>Indicators:</p> <p>I.1: Evidence that UNFPA's interventions played a contributory role to the 3 Strategic Plan outcomes as well as the other CP9 outcomes</p> <p>I.2: Evidence of other contributory factors that also played a role in the achievement of outcomes</p> <p>I.3: Evidence that the intervention logic that links output and intended outcome was realized</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>

<p>Many output indicators had achieved their targets, contributing to expected outcomes. There is little recent data to show the extent to which the three transformative goals of the Strategic Plan have been achieved until now in the CP9 although the underlying trends have been positive.</p> <p>In the case of SRHR, there have been several strong CP9 result. UNFPA-supported interventions contributed towards providing greater access to SRH services among vulnerable groups including people with disabilities and ethnic minorities as well as youth. The Qinghai and Shanxi intervention contributed to improved access to and use of quality SRH services for vulnerable populations and left behind groups such as women, young people, PWD, and ethnic minorities living in rural settings. Other key achievements were the issuance of the Reproductive Health Action Plan in 2023 and the launching of the SR Health Services package for emergency situations. Training of trainers and network building for CSE was conducted using CSE Technical Guidelines by UNFPA, and a Situation analysis on Youth Development in China, including policy analysis on youth SRH issues was undertaken to be used for policy advocacy and program development. Innovative methods were utilized such livestream technology were utilized to extend the reach of CSE to other parts of the country. A national Youth Survey was completed and analyzed. On GEWE, work continued on developing evidence to strengthen multi-sectoral coordination mechanisms for the prevention and response to GBV resulting in its establishment. Draft guidelines for the health sector response to GBV have been completed and which will be piloted, revised and finalized by 2024. Broadly, efforts taken towards the establishment of functional multi-sectoral coordination mechanisms for prevention and response to GBV included generating evidence, conducting advocacy and policy dialogues, sharing knowledge products, and the strengthening of technical capacities for national stakeholders in China. UNFPA supported studies to document international and national practices and lessons, provided technical options to establish the multi-sectoral coordination mechanisms in China.</p>	<p>Interviews with UNFPA staff, national partners, implementing partners; and review of UNFPA documents including project evaluation reports, and project progress reports</p> <p>Drawn from interviews with UNFPA staff; presentations to the ET; CO annual reports and other documents</p>
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<p>A series of workshops/events involving UN agencies under the UN Thematic Group on Gender, ACWF, related government departments, and NWCCW, were conducted to promote the strengthening of national multi-sectoral coordination mechanisms for prevention and response to GBV under the overall framework of protection of women's rights. These workshops contributed towards the enhanced gender sensitivity of the trainers and also played a positive role in promoting the establishment of multi-sectoral coordination for prevention and response to GBV/DV. A lesson learnt was that putting sensitive topics such as GBV into a broad legal and policy framework for discussion can help to engage and cooperate with different sectoral actors. Another key lesson learnt was the realization that efforts to prevent and respond to GBV and DV are a continuous and long-term struggle and need to be coordinated among multi-sectoral essential services and organized under integrated mechanisms supported by legislation and policies.</p> <p>The Joint Global Programme on Essential Services Package for Women and Girls Subject to Violence (ESP), promoted by UNFPA and other UN organizations since 2016, has provided guiding standards (or ESP standards) for China to strengthen its multi-sectoral coordinating mechanisms for survivor-centered GBV/DV prevention and response. In CP9, UNFPA supported the translation of model 6 and 7 of ESP into Chinese and introduced it to key national stakeholders. UNFPA supported NCWCH to carry out a situation analysis of health response to VAW in China. This generated evidence on the current situation, gaps and challenges of China's health sector in responding to violence against women, and provided suggestions on how to strengthen the health sector's response to violence against women within the framework of the multi-sectoral coordination mechanism. Informed by the results of the study and consultations with key stakeholders, the draft health sector guidelines to respond to VAW in China in line with international standards including the ESP was developed and is now available. The guidelines will be piloted, revised and finalized in 2024 as planned.</p>	
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<p>Several knowledge products on GBV and Gender-based Sex Selection (GBSS), informed by evidence-based research and documented good practices from China and other countries were produced and introduced to key stakeholders through thematic workshops or seminars. The knowledge products, that included the Chinese version of the ESP, Report on Multi-sectoral Collaboration Mechanisms to Prevent and Prohibit Domestic Violence; Strengthening Multi-sectoral Collaboration Mechanisms for Survivor-Centered GBV/DV Prevention and Response in China; Gender Preference for Children and Sex Ratio at Birth: Trends and Regional Differences, facilitated cross-country knowledge exchange and SSC on effective responses to GBV and GBSS.</p> <p>China has the longest history of abnormal high SRB worldwide. China's SRB soared in the 1980s and ranked the highest in the world in the first decade of the 21st century. UNFPA has been paying attention to the issue of the high SRB in China and has carried out long-term cooperation with relevant Chinese partners to support China's efforts to bring down its skewed SRB over the past few decades. The three main causes contributing to the abnormal high SRB are: son preference, the fertility squeeze caused by declining fertility and the availability of sex selection techniques. China has progressively begun to implement strict measures to reduce the high SRB. The pace of socioeconomic development has contributed to the broad dissemination of the notion of gender equality and the quick modernization of lifestyles, thereby upending socioeconomic context underlying son preference. China also carried out special actions such as the restrictive and direct actions to stop "<i>illegal fetal sex determination and sex-selective abortion</i>" were complemented by the directive and indirect publicity efforts and benefit-oriented policies to address both symptoms and root cause. Those comprehensive approaches not only addressed the root cause of son preference and expanded the benefits provided to daughter-only families, but also curtailed the spread of "<i>illegal fetal sex determination and sex-selective abortion</i>". Through these efforts, China's SRB has then embarked on a downward spiral since 2009 and stood at 111.6 in 2022. At present, China is still faced with many challenges in bringing down its SRB, and there is still much progress to be made in promoting gender equality.</p>	
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<p>In the PD area, UNFPA contributed towards national thinking on policies and programmes on low-fertility and population ageing from the perspective of the life-cycle approach. Most targets of the output indicators of the South-South programme are being achieved. Based on a review by the ET, the ET confirms that the TOC for the respective programme areas were well framed and that the intervention logic that links output and intended outcome was realized. With respect to SSC on GBSS, in CP9, UNFPA China in cooperation with the Population and Development South-South Centre of Excellence (PDSSC) of CPDRC, mainly through the SSC modality, conducted 6 South-South exchanges and national policy dialogues on GBSS and shared China's experience and practices in addressing GBSS and skewed SRB with other countries. On October 11, 2023, on the 12th International Day of the Girl, the UNFPA and PDSSC jointly held a " Changing social and gender norms as a path to end son preference and GBSS -South-South Technical Dialogue on Addressing Son Preference and Gender-Biased Sex Selection " in Beijing. Participants from governmental and non-governmental organizations, academic institutions, and youth representatives from China, Bangladesh, India, Nepal and Vietnam, as well as the UN system participated in the dialogue. Young representatives from various countries made their voices heard regarding building positive masculinity, changing social and gender norms of son preference, and preventing gender - selective technologies based on gender bias.¹ As many partners said UNFPA is a bridge of international exchange between China and the world. UNFPA established a new partnership with the National Disaster Reduction Center of China (NDRCC) and explored potential areas of cooperation in SRH and GBV in emergencies. UNFPA supported NDRCC's participation in the training course on GBV in emergencies organized by APRO in 2022 to enhance country-level preparedness for coordination of GBV interventions in humanitarian emergencies. Regular exchanges and cooperation have been established, providing opportunities to participate in relevant forums for information exchange, sharing, and discussing professional knowledge on reproductive health services and prevention of gender - based violence in emergency situations. The two parties will further strengthen cooperation and stabilize the partnership by jointly holding forums and cooperatively developing local emergency kits contain reproductive health commodities to meet the special needs of maternal women, girls and vulnerable groups to ensure that the reproductive health status of these vulnerable groups can be basically guaranteed and accessed in emergency situations.</p>	
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¹ UNFPA China office, Annual report 2023; CPDRC, Change gender norms in society, and reduce son preference and sex selection at birth https://www.cpdrc.org.cn/gjhz/gjjlh/202312/t20231215_17238.html

<p>Assumptions for verification 6.3:</p> <p>China is better able to contribute to SSTC in ICPD related areas as a result of UNFPA support for capacity building as well as strengthened partnership between China and UNFPA.</p>	<p>Indicators:</p> <p>I.1: Evidence that the capacity building efforts of UNFPA made a difference towards strengthening the Government's capacity to enhance its SSTC programme related to ICPD/SDG related engagement</p> <p>I.2: Evidence that partner countries were satisfied with China's strengthened SSC around the unfinished agenda of the ICPD/ SDGs in developing countries.</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>

<p>Capacity of local institutions were developed through the sharing and exchange of UNFPA guidelines and international norms and standards by way of capacity building workshops and policy dialogues; These included a) workshops to build capacity of members of the China RH Industry Association on UNFPA procurement rules and regulations. About 150 participants from the private sector of manufacturers and suppliers attended the workshop. b) Capacity building workshops for national government agencies/ govt. affiliated agencies and academia on human rights-based approach, UNFPA programming principles, UNFPA South-South Strategy, and China's south-south policy, and c) a workshop jointly with the China RH Industry Association on IARH Kits and dignity Kits; introducing UNFPA standards and quality assurance and corporate social responsibility.</p> <p>These above workshops were able to provide national institutions and private companies interested in participating in SSC programmes with the capacity, knowledge and understanding of development cooperation principles and procedures for SSC and for companies the capacity to participate as vendors for the provision of RH commodities and other health-related products. These workshops also informed and advocated for key aspects of the ICPD agenda and the SDGs within China's development cooperation efforts;</p> <p>Through these workshops, a number of public and private partnerships were developed for more enhanced south-south cooperation involving the government, private sector and UNFPA. Through the workshops, there are now several partner institutions that have the capacity and have engaged in ICPD related SSC initiatives. These institutions include NCWCH and CFPA (both UNFPAs IPs), CPDRC, ACWF, and CAITEC (China Academy of International Trade and Economic Cooperation) which is a think tank on SSC.</p>	<p>Interview with UNFPA informant/ review of documents</p> <p>UNFPA and Government informants</p> <p>document review/ interviews with UNFPA CO</p>
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<p>In interviews with UNFPA COs in several African countries namely Zimbabwe, Mozambique, Sierra Leone, Botswana, Gambia, all informants highlighted the benefits of the programme to the respective countries especially in the area of SRH services. For example, Sierra Leone benefitted from “capacity building on cervical cancer screening and selected health facilities supported, and for the first time too there is a policy and strategic plan on cervical cancer.” Zimbabwe talked about the programme’s contribution to UNFPA’s mandate and the transformative goals especially the lowering of MMR and increasing access to family planning services. Zambia mentioned the long history of cooperation with China and the excellent collaboration with UNFPA China through the current SSC initiative including in the provision of medical equipment and supplies during the COVID 19 pandemic. Mozambique and Zimbabwe were provided support during the time of the cyclone Idai and the support was extended with the arrival of the COVID 19 epidemic.</p>	<p>Interviews with UNFPA CO informants in several countries in Africa, i.e. Botswana, Mozambique, Sierra Leone, Zambia and Zimbabwe; as well as discussions with CO China and Government informants;</p>
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Evaluation Question 7: To what extent were gender equality and empowerment of women, and disability inclusion mainstreamed into the design, implementation and monitoring of CP9?	
Evaluation Criteria: Effectiveness	
<p>Assumptions for verification 7.1: Programme and project design and implementation integrated a human rights-based approach</p>	<p>Indicators:</p> <p>I.1: Evidence of attention to rights and responsibilities in design across the outcome areas</p> <p>I.2: Evidence of programming informed by rights related analysis across the outcome areas, including such analysis from the CCA</p> <p>I.3: Evidence of inclusion of support to right holders and duty bearers across the outcome areas</p> <p>I.4: Inclusion of support to rights holders and duty bearers across programme areas</p> <p>I.5: Evidence of analysis using an intersectionality lens to address vulnerability issues.</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>

<p>The CP9 is aligned with the principles of the 2030 Agenda for Sustainable Development, including the centrality of human rights, gender equality, the principle of “leaving no one behind” and partnerships. The CP9 programme is consistent with national priorities related to GEWE, the Gender-related SDG5 goal, UNFPA’s three transformative goals. China National Programme of Women’s Development, 2021-2030, the Anti-Domestic Violence Law and the amended Law on the Protection of Women’s Rights and Interests</p> <p>UNFPA’s three informative goals are essentially rights-based and focused on women, girls and young people.</p> <p>To be noted that there is no evidence of analysis using an intersectionality lens to address vulnerability issues during CP9.</p> <p>UNFPA’s SRHR intervention in 2 rural provinces which targeted the SRHR needs of women, young people and PWDs were identified through review of social sector indicators and baseline studies. In the same project, gender consultants provided targeted gender training for project team. The evaluation of the intervention confirmed that it “supported the rights-based approach of universal access to basic services by vulnerable populations such as women, young people, ethnic minorities and PWD by strengthening access to quality primary healthcare, family planning, and SRH/HIV information”.</p> <p>Capacity - building is an important strategy for gender mainstreaming. In CP9, UNFPA supported a series of capacity-building activities to enhance gender awareness and relevant professional knowledge of its partners. Most of the partners affirmed the capacity improvement and changes brought to them by gender -sensitive training. One female staff from NHC stated that the gender - sensitive trainings provided by UNFPA were very helpful and necessary for reducing gender - blind areas in their policy - making and implementation, and they hoped that such training activities should be institutionalized.</p>	<p>Document review; interview with UNFPA informants:</p> <p>UNFPA Strategic Plans, current and previous</p> <p>ET</p> <p>Interviews with informants from UNFPA, CFPA;</p> <p>SRHR Project Evaluation Report</p> <p>Interview with NHC and UNFPA staff</p>
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<p>Assumptions for verification 7.2: Program and project design integrated gender equality and women's empowerment</p>	<p>Indicators:</p> <p>I.1: Evidence of mainstreaming of gender and women's empowerment across program interventions in each of the outcome areas</p> <p>I.2: Programming informed by gender analysis including such analysis from the CCA</p> <p>I.3: Programmatic attention to multiple gender identities and the inclusion of LGTBQ+ in program implementation</p> <p>I. Programs have identified and addressed the specific concerns of vulnerable women and girls</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>

<p>UN Women, UNFPA and the UNGTG coordinated a very detailed gender profile of current issues and gaps. The profile fed into the drafting of the CCA and the UNSDCF. UNFPA was very much involved in the consultations, stakeholder interviews and analysis that went into the development of the gender profile and the consequent preparation of the UNSDCF including in the area of SRH.</p> <p>As an important resource for strengthening GBV/DV prevention and response, the Essential Services Package for Women and Girls Subject to Violence (ESP) have been translated into Chinese and introduced to key national stakeholders in China. UNFPA supported the translation of the ESP and the development of an advocacy brief on the Package aligned to the Chinese context. A workshop organized by UNFPA and UN Women introduced the ESP, shared experience and lessons learned from pilot countries (Vietnam and Pakistan) and discussed opportunities, challenges and appropriate approaches of localization of the ESP. As a result, there is now the availability of health sector guidelines to respond to gender-based violence in line with the ESP for women and girls subject to violence</p> <p>UN SWAP, Gender scorecard are widely adopted by UNGTG members to monitor gender mainstreaming in the implementation of programs. In addition to enhancing coherence of information across the UN system on progress made towards gender equality and empowerment of women (GEWE), the adoption by UNFPA also ensured that mainstreaming of GEWE across the CP9 programme was done.²</p> <p>Generated evidence on the current status of women's mental health care by commissioning the NCWCH to provide a comprehensive survey on women's mental health care within maternal and child health care institutions across all levels in 31 provinces throughout China. The evidence generated from the survey aims to influence the National Health Commission policy making to strengthen women's mental health care.</p> <p>UNFPA managed to incorporate four missing SDG indicators into CPDRC's RH survey in 2022. Of the four, three of the them are women specific, namely proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods; the proportion of aged 20-24 who were married or in a union before age 15 and before age 18; and proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health-care.</p> <p>Research is on stream for structured analysis using National Time Transfer Account (NTTA) on gender equalities/inequalities in the low fertility and population</p>	<p>Interview with UN Women; interview with UNFPA informants</p> <p>2021 UNFPA Annual Report China; Interview with UNFPA staff; review of briefing notes to ET:</p> <p>Interview with UN Women; confirmation with UNFPA staff;</p> <p>2023 Annual Report – China</p> <p>Interview with UNFPA and NCWCH informants</p> <p>Interviews with UNFPA and CPDRC informants</p> <p>Interview with NDRC informants; confirmed from UNFPA sources.</p>
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Assumptions for verification 7.3: Programme and project design integrated disability inclusion	<p>Indicators:</p> <p>I.1: Evidence of mainstreaming of disability across programme interventions Evidence of programming informed by disability analysis including such analysis from the CCA</p> <p>I.2: Evidence that organizations that represented disabled people were involved as stakeholders in all parts of the programme cycle</p> <p>I.3: Evidence that programmes have identified and addressed the specific concerns of people living with disabilities, including young people with disabilities</p>
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
<p>The programme has been informed by analysis of vulnerability. Women, girls, PWD and older persons (especially older women) were identified as some of the more vulnerable population groups in the CCA (prepared by the UN system in China).</p> <p>During CP9 UNFPA strengthened its engagement with PWDs and promoting their rights to SRH services. Working with OPDs, the Shanghai Youren Foundation and WEI, the CO developed a Training of Trainers (TOT) curriculum (virtual) and training package to raise awareness of key stakeholders on rights of PWD on SRHR and GBV. The curriculum is scheduled to be translated, tested and used for training of OPDs. OPDs were very much engaged in program development. Here again, there is little evidence of programs being informed by disability analysis.</p> <p>The UNFPA / RI intervention had a strong gender and human rights focus through targeting girls and women with disabilities. It was designed in accordance with the international human rights and development frameworks, such as the UN Convention on the Rights of Persons with Disabilities (CRPD), the 2030 Agenda for Sustainable Development and the ICPD POA.</p> <p>Its aim was to ensure that women, adolescents, young people and other vulnerable and excluded groups, including persons with disabilities (PWDs), were empowered to make decisions regarding their own SRHR and life chances. It included women and young people with disabilities and OPDs in project design and implementation</p> <p>Key outputs included: (I)enhanced knowledge base to ensure that policies and practices are inclusive SRHR for PWDs, especially in the COVID-19 pandemic; (ii) UNFPA, RI, WEI</p>	<p>Interviews with Shanghai Youren; interviews with UNFPA staff</p> <p>UNFPA/RI project narrative report; Interviews with RI informant and UNFPA staff</p> <p>Interviews with RI informant and UNFPA staff</p> <p>Interviews with RI informant and UNFPA staff; presentation to ET by UNFPA CO</p>

<p>and OPDs consultations on COVID-19, SRH, gender and disability in Asia-Pacific for the development of a resource pack on COVID-19 (iii) UNFPA and WEI worked with three women-led organizations and youth-led organizations in the Asia-Pacific region to organize and conduct consultations with women and gender non-conforming persons with disabilities. These consultations focused on the experiences of women and gender non-conforming persons with disabilities during the COVID-19 pandemic, in particular related to SRHR, GBV, and related issues. (iv) Eighty-six persons with disabilities (primarily women, with a small number of non-binary persons) participated in these virtual consultations, representing persons with intellectual, psychosocial, visual, hearing, and physical impairments as well as young persons with disabilities and persons with disabilities from indigenous or other minority groups</p> <p>Several advocacy activities were organized during CP9 such as the (i) collaboration with an organization for persons with disabilities (OPD), Chongqing Liangjiang New Area Know Deaf Social Work Service Center, to raise awareness on SRHR and GBV for women with hearing impairment and deaf women. The development and dissemination of a Manual on Sexual and Reproductive Health Knowledge for Deaf and Hard of Hearing Women containing critical SRHR and GBV information and messaging, (iii). A six-minute video including interviews with three women with hearing loss who share their personal experiences with reproductive health education, gender violence, and disability rights was produced and screened and (iv) a combined communication campaign created by UNFPA and UNESCO on the occasion of the 2022 International Day of Persons with Disabilities, with the support of the UN Thematic Group on Disability reached over 3 million viewers.</p>	<p>Interview with UNFPA staff; 2022 Annual Report - China</p>
<p>Active engagement of Chinese organizations for persons with disabilities (OPDs) on promoting SRHR and strengthened advocacy for persons with disabilities (PWDs). Enhanced engagement with Chinese OPDs in the development and launch of TOT curriculum for SRHR rights for PWDs. CO continuously supported a Chinese visually impaired disability right advocate together with other 6 PWDs through different activities.</p>	<p>2023 Annual Report - China</p>
<p>Evaluation Question 8: To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?</p>	

Evaluation Criteria: Sustainability	
Assumptions for verification 8.1: The capacity of IPs and programme beneficiaries have been developed	Indicators: I.1: Evidence of capacity built in all 4 output areas among IPs, partners and beneficiaries
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]

<p>An important area of potential sustainability of the UNFPA intervention in Shanxi and Qinghai was the training of midwives for the local county area, and the promotion of the continuation of midwifery training and the expansion of service scope from a local area to a wider administrative area. The project supported the service providers in the target area to participate in the standardized midwife training at the Second West China Hospital.</p> <p>It also supported capacity building at the Qinghai Maternal and Child Health Hospital, the only national standardized midwife training base specialist midwife clinical training base in the province. This was done by providing them with professional teaching equipment for training, such as advanced comprehensive skills training model for childbirth, delivery machine turn model, neonatal resuscitation model, lateral perineal suture model, vulvar suture training model, perineal suture practice model, and cardiopulmonary resuscitation model. Through a point-to-point model, the intervention ensured that midwives could continue professional midwifery training in Qinghai Province through the provincial training base after the end of the West China training phase. Through this strategy, the sustainability of local midwifery training was promoted.</p> <p>In addition to midwife training, the capacity building of primary care institutions was also supported. Various training courses on reproductive health services were provided to staff. Overall, the implementation of the intervention has not only effectively enhanced the social value of midwives and the operational capacity and service level of primary health care institutions, but has also trained local medical and nursing staff who are aware of rights and gender sensitivity and capable of improving the quality of sexual and reproductive health services, promoting the sustainability of the training program and providing a solid guarantee for the realization of local women's and young people's rights to sexual and reproductive health.</p> <p>Other components of the above intervention have the potential for sustainability. Implementing partner informants showed strong ownership of the integrated SRHR service package, and suggested that this could be replicated in some other localities. There was the possibility of available resources for scaling up CSE, and midwifery training in the intervention sites. The evaluation report further confirmed the commitment to promote this approach into routine country programmes when the intervention ends. Likewise, “national health authorities have also shown commitment to support the roll out of integrated SRH services while educational authorities are already</p>	<p>Interviews with CFPA and UNFPA CO informants.</p> <p>Project evaluation report;</p> <p>Good Practices of “Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi Provinces” Standardized Midwifery Training, Health Education, CSE Good Practices Report Vanke School of Public Health, Tsinghua University. CFPA and UNFPA.</p> <p>Same as above</p>
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<p>UNFPA contributed towards strengthening organizational capacity of several government partners through financial and/or technical support for seminars, research support, etc. examples of which include (i) strengthened capacities within CPDRC which is now very high. CPDRC has reached the level of a Centre of Excellence;</p> <p>(ii) collaboration between UNFPA and government partners in GBSS, with Government ensured the tracking of progress as well as taking the policy lead on addressing the issue. China is also contributing to diffusion of knowledge on GBSS to countries facing high sex birth ratios.</p> <p>(iii) UNFPA support for the holding of the United Nations World Data Forum in Hangzhou in 2023 as well as support for seminars on big data applications and statistical system revision, has helped NBS improve the level of labor force surveys and population change survey;</p> <p>(iv) UNFPA support for the training of statisticians with 60 people from 31 provinces across the country trained. This training will be able to ensure that provincial statistical departments have the capacity to undertake sub-national work and ensure sustainability of programmes at that level.</p>	<p>Interviews UNFPA and CPDRC informants;</p> <p>Interviews with National and UNFPA informants</p> <p>Interview with UNFPA and NBS staff</p> <p>Interview with UNFPA and NBS staff</p>
<p>Assumptions for verification 8.2: Commitments have indicated will to ensure ownership and the durability of effects</p>	<p>Indicators: I.1: Evidence of commitments made to sustain ownership and follow through</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>Re the UNFPA/ CFPA intervention in the 2 remote provinces, the IP informed that China had the implementation capacity and the financial resources to follow through on scaling up aspects of the project including the capacity building of mid-wives and for the CSE initiatives begun in the 2 provinces.</p>	<p>Interview with UNFPA and CFPA informants</p>
<p>No evidence of confirmed commitments to sustain ownership and follow through, although National partners indicated the continuity of the funding for the UNFPA/China SSC programme</p>	<p>Interview with National partner (SSC) informants and with UNFPA staff.</p>

Evaluation Question 9: To what extent has UNFPA taken advantage of opportunities for South-South Cooperation in reproductive health and reproductive health commodity security to facilitate the exchange of knowledge and lessons learnt and to build capacity in China and beyond.

Evaluation Criteria: Sustainability

Assumptions for verification 9.1: UNFPA has achieved several results in the area of SSC	Indicators: I.1: Evidence/Examples of initiatives and results in SSTC
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]

<p>Following the CO's evidence-based advocacy in partnership with CAITEC, maternal mortality reduction and the prevention of cervical cancer were formally included in the Partnership Action Plan agreed upon at the 2024 Summit of the Forum of China and Africa Cooperation (FOCAC).</p> <p>Under the China/UNFPA SSC arrangement, UNFPA CO interlocuted/mediated several initiatives in Africa and Asia to support countries especially in the area of maternal and women's health through Chinese funding and technical support, and later to respond to the COVID 19 pandemic through the provision of PPEs, RH commodities and SRH supplies. A key achievement of the above SS collaboration was the on-the-job training provided by Chinese specialists thereby building local capacity especially in the provision of Emergency Obstetric and Neonatal care, cervical cancer screening, etc. Informants from UNFPA COs in several beneficiary countries provided feedback on the key results achieved, including outcome indicators like MMR. Positive results included: the establishment of cervical cancer screening and treatment services and the development of National Guidelines on Prevention of Cervical Cancer as in the case of Sierra Leone;</p> <p>The CO collected good practices from the Mozambique and Zimbabwe experiences, which were published in the series of good practices in China's "South-South Cooperation Assistance Fund Projects Highlights". The one for Mozambique was published at UN Galaxy portal for south-south cooperation with the support from the UNFPA Inter-Country Cooperation Office</p> <p>The UNFPA-Government of China support for Women and Girls affected by Tropical Cyclone Idai in Zimbabwe between 01 January 2020 to December 2022 had positive results. Early results of the 2022 Census showed MMR at 363 deaths per 100,000 live births compared to 462 deaths per 100,000 live births recorded in the 2019 Multiple Indicator Cluster Survey (MICS). UNFPA informants in Zimbabwe also indicated that the provision of on-the-job training in midwifery and other maternal health services, which was a component of the project, helped towards building local staff capacity to train other staff, thereby contributing to the sustainability of the interventions. Contributed to the UNFPA mandate and the transformative goals especially lowering the MMR, and increasing access to family planning services.</p> <p>The repositioning of IARH kits enhanced the preparedness and emergency response capacity in Nepal. The provision of these kits in the health facilities supported the continuation of essential SRH services when the country was hard hit by the COVID-19 pandemic.</p>	<p>Interview with UNFPA informant, and FOCAC website</p> <p>Interview with UNFPA CO in beneficiary countries Interview with UNFPA China UNFPA South-South Cooperation with China; briefing notes</p> <p>Interview with UNFPA informants</p> <p>Final Report Health assistance project for women and girls in Zimbabwe affected by tropical cyclone Idai. Interview with CO Zimbabwe informants Interview with UNFPA China informant</p> <p>Interview with National partner Interview with UNFPA informant Final Report China, Nepal and UNFPA Cooperation: Improving maternal and women's health services in Nepal in development and humanitarian contexts, 2021</p>
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Assumptions for verification 9.2: Mechanisms are in place to facilitate and coordinate SSC between China and other developing countries	Indicators: I.1: Evidence of mechanism to coordinate SSC
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
<p>A positive development has been greater clarity on the mechanism for Mechanism for SSC involving several Agencies and roles.</p> <ul style="list-style-type: none"> • China International Development Cooperation Agency (CIDCA) approves projects and signs agreements for GDF projects • Ministry of Foreign Affairs (MOFA) – policy guidance for South-South Cooperation • Ministry of Commerce (MOFCOM) – monitoring of implementation through the commercial and economic section of the Chinese Embassies, whose staff is from the MOFCOM • China International Center for Economic and Technical Exchange (CICETE) under MOFCOM for daily management of the SSCAF projects • (CAITEC) think tank under MOFCOM undertakes research on trade and SSC 	<p>Interview with UNFPA informant</p> <p>Briefing notes on UNFPA/China SSC</p> <p>Interview with MOFCOM, CICETE and UNFPA informants</p>
Assumptions for verification 9.3: Reproductive Health and reproductive health commodity security is strongly featured in China/ UNFPA SSC initiatives	Indicators: I.1: Evidence of benefits to UNFPA because of reproductive health and RHCS being a strong feature of China/UNFPA SSTC programme.
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
<p>Discussion with UNFPA CO informants in beneficiary countries indicated positive benefits from the China/SSC/ SSC programme which have been discussed both in EQ7 under effectiveness as well as under EQ 9.</p> <p>Also, the fact that SRH and RHCS is a strong feature of the SSC programme itself indicates the important position of the ICPD agenda and its relevance to China. This is also to the benefit of UNFPA that China sees UNFPA as an agency it can work with on SSC. According to a Government informant, one unique aspect of UNFPA is that “UNFPA also helps with other countries”.</p>	<p>Interviews with UNFPA CO informants in several countries in Africa.</p> <p>Interview with Government partner</p>

Evaluation Question 10: What are the main comparative strengths UNFPA adds to and complements development partners in China – particularly other UN agencies working in similar areas?	
Evaluation Criteria: Coherence	
<p>Assumptions for verification 10.1</p> <p>10.1: UNFPA has unique strengths and capabilities that contribute to the effectiveness of development partnerships in China, especially in areas overlapping with other UN agencies, government partners, IPs, donors, CSOs in the same thematic areas of work.</p> <p>.</p>	<p>Indicators:</p> <p>I.1: Examples of UNFPA's unique contributions to partnerships, including areas of expertise, resources, and innovative approaches.</p>
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
<p>UN informants acknowledged that UNFPA is considered a valuable contributor that provides technical and strategic support on key areas that complement the portfolios of other agencies, funds and programmes in China. It was felt that given the demographic changes taking place in China, UNFPA's technical expertise and mandate in these subject areas is crucial in coordinating and articulating the UN's proposition to China to support policy and actions to address these changes.</p> <p>UNFPA together with all UNCT members actively participated in all phases of the development of the UNSDCF, and UNFPA areas of support have been fully integrated into the UNSDCF, 2021-2025 especially with a focus on equity, gender and vulnerability as well as the incorporation of rights-based gender-sensitive approaches in service provision</p>	<p>Interviews with UN informants; national partners,</p> <p>Interview with UN informants;</p>

<p>National partners indicated that UNFPA advantages included its strong international knowledge connections, which can provide China with experiences from many countries and share China's experience with other countries agencies, UNFPA's areas of work were broader and more cross cutting. Examples of global technical knowledge shared by the CO during CP9 to national authorities included subjects such as integrated, rights-based and gender-sensitive high quality SRH programmes that meet the needs of vulnerable women and young people; assisted reproductive technology (ART) and surrogacy policies and practices in selected countries; approaches to midwifery training; global guidelines on comprehensive sexuality education (in Chinese); global experiences on the development of a silver economy; low-fertility from a life-cycle perspective; Methodology for National Time Transfer Account (NTTA), etc</p>	<p>Interview with CPDRC, NHC, NBS</p>
<p>A donor organization commended the partnership with UNFPA as a very good one. UNFPA soundly implemented the intervention. UNFPA always responded fast. UNFPA also did a good job communicating frequently and continued discussing with the Foundation on the issues facing the survey during 2022/2023. We view UNFPA as the partner to go to for potential work on product innovation particularly because UNFPA's proven strength as a global procurer of family planning products, and also as a partner for consultation, coordination and alignment.</p>	<p>Interview with Gates Foundation</p>
<p>Assumptions for verification 10.2 10.2: UNFPA's programme has been coherent with efforts of other UN agencies, Government, CSOs in each of its programme areas</p>	<p>Indicators: I.1: Feedback from partners on the value added by UNFPA's involvement in collaborative efforts. I.2: Instances of successful collaborations that leverage UNFPA's strengths for enhanced outcomes. I.3: Partner perceptions of UNFPA's contributions to joint development initiatives.</p>

<p>Ccollaboration between UNFPA, UN Women and other agencies in the UN Thematic Group on Gender. The work of this Theme Group which is chaired by UN Women and co-chaired by UNFPA has resulted in several examples of successful impact, such as through its joint campaigns and advocacy on key women’s rights, for zero tolerance of gender-based violence, for increased investment in women, and joint evidence-based research and data for gender equality in the country. The UN Thematic Group also provided strategic technical assistance and advice to the UNCT on policy advocacy and normative processes related to women’s rights and concerns.</p> <p>The UN Theme Group on Youth chaired by UNFPA and co-chaired by UNICEF has begun several initiatives, one of the promising being the establishment of the Generation Unlimited Initiative aimed at linking youth to opportunities. Earlier in the CP9 period, a comprehensive situation analysis of adolescents and youth, was developed to provide the knowledge base for programming. UNFPA and UNICEF working alongside also supported the publication of annual statistics on the status of women and children in China, ensuring that gender-specific data informs the development of more inclusive policies in the country.</p> <p>two good examples of coherence between national priorities and what UNFPA can support, (i) the very close working relationship between UNFPA and NBS on data; (ii) UNFPA China has been a central player in China’s South-South Cooperation Agenda that provides financial and technical support for developing countries especially in the area of maternal and women’s health. For instance, interviews with UNFPA COs in recipient countries, while expressing the national government’s deep appreciation to the Government of China for the support, also credited UNFPA China for its intermediating role in ensuring the success of the collaboration. One CO in Africa told the ET that among other roles played by UNFPA China, having China CO as the link was useful as it understood the expectations of the Chinese Government and brought it to our knowledge and even played a role in translating documents from Chinese to English.</p>	<p>Interview with UNFPA, UN Women, UNICEF and other UN informants</p> <p>Interviews with informants from UNFPA, NBS, government, UNFPA COs in beneficiary countries in Africa</p>
<p>Assumptions for verification 10.4: UNFPA response to COVID-19 in each of its programme areas has been coordinated with those of government, other UN agencies, development partners, and CSOs.</p>	<p>Indicators: I.1: no indicators mentioned I.2: ...</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>

UNFPA, as part of the UN in China played a role in supporting	Interview with UNFPA and UN informants.
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China's response to the pandemic. UNFPA and UNICEF contributed towards undertaking an assessment of the impact of the pandemic on poor households. The UN family as a whole together with other partners provided support for the health response including the procurement and supply of essential health products; strengthened crisis management and response; and addressed critical social and economic impacts.	UNDP website
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ANNEX 2. CP9 REVISED RESULTS AND RESOURCES FRAMEWORK

NATIONAL PRIORITY: The Healthy China 2030 Strategy aims to maintain a healthy population, focusing on the lifelong needs of all people by providing equitable, accessible, comprehensive, and continuous care to achieve better health. China's commitment to support equitable and balanced global development is reflected in the National Plan on Implementation of the 2030 Agenda for Sustainable Development. China provides South-South Cooperation assistance to developing countries, particularly low-income countries, making important contributions to global implementation of the 2030 Agenda.

UNSDCF OUTCOME 2: People’s lives in China are improved further as headway is made in ensuring access to childcare, education, healthcare services, elderly care, housing and social assistance, and more people in China, including left-behind groups, benefit from equitable and high-quality public services and social protection systems as well as accelerated efforts to reduce gender inequality and other forms of social inequality throughout the life-course.										
UNSDCF OUTCOME 6: Through South-South cooperation and humanitarian cooperation, China makes greater contributions to SDG attainment and the principles of the 2030 Agenda, including leaving no one behind.										
UNSDCF Outcome indicator(s): Maternal mortality ratio; Baseline: 18.3 per 100,000 (2018); Target: 15 per 100,000 (2025)										
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health and rights										
Country programme outputs	Output indicators	Baseline	Target	Partner contributions	Indicative resources by Output (per annum, in million US\$)					
					2021	2022	2023	2024	2025	Total
<i>Output 1 (UNFPA specific): National policies and programmes to enable women and young people, particularly left behind groups to access to high-quality, rights based, gender sensitive, affordable SRH services are strengthened.</i>	Number of evidence-based policy analysis supported by UNFPA and used for policy dialogues and advocacy for achieving universal health care inclusive of essential SRHR services for the most vulnerable groups.	0	3	Lead government partner: NHC, CPDRC, NCWCH of China CDC Other partners: CFPA, CDPF/RI, research institutions, UN agencies, and others	Regular Resources					
					0.2	0.3	0.3	0.3	0.2	1.3
	Number of national policies, strategies or programmes revised or developed with UNFPA support that respond to the needs of the most vulnerable populations for accessible, acceptable and high-quality SRHR services, including in emergency or humanitarian settings.	0	2	Lead government partner: NHC, CFPA, CDPF Other partners: CPDRC, NCWCH of China CDC, CMCHA, research institutions and think tanks, UN agencies and others.	Other Resources					
					0.3	0.5	0.7	0.5	0.5	2.5
	Number of provinces implementing integrated, rights based, gender-sensitive and high-quality SRH programmes with	0	2	Lead government partner: NHC, CFPA Other partners: NCWCH, CPDRC, CMCHA, research						

	UNFPA support that meet the needs of the most vulnerable women and young people			institutions, CSOs, and provincial governments						
<i>Output 2 (linked to UNSDCF output 6.1):</i> <i>The Government and other Chinese institutions have strengthened capacity to design and deliver evidence-informed development and humanitarian cooperation, in line with international economic, social, and environmental sustainability standards and priorities of partner countries and other stakeholders.</i>	Number of South-South cooperation development and humanitarian projects designed with UNFPA support and funded by the Chinese Government that contribute to attainment of the SDGs and ICPD Programme of Action.	3	8	Lead government partner: MOFCOM Other partners: CIDCA, CICETE	Regular Resources					
					0.11	0.11	0.11	0.11	0.11	0.55
	Number of Chinese national institutions that have capacity and engaged in ICPD-related SSGC initiatives with UNFPA or with UNFPA support.	2	6	Lead government partner: MOFCOM Other partners: NHC and its affiliate agencies, NDRC	Other Resources					
					0.1	0.1	0.1	0.1	0.1	0.5
<i>Output 3 (UNFPA specific): China and UNFPA strengthened global and South-South cooperation and partnerships for the</i>	Number of good practices on South-South cooperation disseminated through regional and global networks supported by UNFPA	2	5	Lead government partner: MOFCOM Other partners: CICETE, south-south participating countries and national partners implementing	Regular Resources					
					0.11	0.11	0.11	0.11	0.11	0.55
					Other Resources					
					0.2	0.5	0.5	0.5	0.3	2.0

achievement of the unfinished agenda of ICPD Programme of Action and the SDGs in other developing countries.				SS projects						
	Number of partnerships with the public and private sector established, leveraged and maintained for South-South cooperation and attainment of the ICPD Programme of Action and the SDGs.	2	6	Lead government partner: MOFCOM Other partners: CICETE, CABC, CRHIA, CCCIEMHP						
NATIONAL PRIORITY: China's Youth Development Plan (2016-2025) aims to develop a youth development policy system by 2025 and promotes, among other priorities, equity in basic education and healthy lifestyles among young people, including prevention of drug abuse and HIV infection, and reduction of unintended pregnancies.										
UNSDCF OUTCOME 2: People's lives in China are improved further as headway is made in ensuring access to childcare, education, healthcare services, elderly care, housing and social assistance, and more people in China, including left-behind groups, benefit from equitable and high-quality public services and social protection systems as well as accelerated efforts to reduce gender inequality and other forms of social inequality throughout the life course.										
Related UNFPA Strategic Plan Outcome indicator(s): China has engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies; Baseline: No (2020) (for marginalized youth); Target: Yes (2025)										
RELATED UNFPA STRATEGIC PLAN OUTCOME: Adolescents and Youth										
Country programme outputs	Output indicators	Baseline	Target	Partner contributions	Indicative resources by Output (per annum, in million US\$)					
					2021	2022	2023	2024	2025	Total
<i>Output 1 (UNFPA specific): Improved evidence and policy environment to address young people's sexual and reproductive health and rights, with a focus on marginalized young people.</i>	Number of national and provincial-level networks and innovative initiatives brokered or supported by UNFPA to promote high-quality sexuality education for young people, especially marginalized young people	0	2	Lead government partner: CFPA Other partners: NCWCH of China CDC, MSIC, NHC, Beijing Normal University, China Sexology Association, CYN, UNESCO, NCAIDS	Regular Resources					
	Number of evidence-based policy analyses on adolescent	0	5	Lead government partner: NHC Other partners:	0.3	0.2	0.2	0.3	0.3	1.3
					Other Resources					

	and youth SRH issues supported by UNFPA and used for media engagement and policy advocacy			PKU, NCWCH, academic institutions, Gates Foundation, Bayer, other UN agencies	0.6	0.7	0.7	0.6	0.6	3.2
	Number of youth-to-youth partnerships, SSGC platforms and networks initiated, supported, or strengthened by UNFPA, that enables youth participation and leadership in policy dialogues and programming	3	5	Lead government partner: CFPA, Other partners: UN agencies, CYN, BIEG, Tsinghua University						

NATIONAL PRIORITY: Ensuring equality between men and women is an overarching development goal for China. The Anti-Domestic Violence Law (2016) aims to protect victims of domestic violence.

UNSDCF OUTCOME 2: People's lives in China are improved further as headway is made in ensuring access to childcare, education, healthcare services, elderly care, housing and social assistance, and more people in China, including left-behind groups, benefit from equitable and high-quality public services and social protection systems as well as accelerated efforts to reduce gender inequality and other forms of social inequality throughout the life-course.

UNSDCF Outcome indicator(s): Sex ratio at birth; Baseline: 110.14 (2019); Target: 108.9 (2025)

RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women's empowerment

Country programme outputs	Output indicators	Baseline	Target	Partner contributions	Indicative resources by Output (per annum, in million US\$)					
					2021	2022	2023	2024	2025	Total
<i>Output 1 (linked to UNSDCF output 2.4): The Government has strengthened capacity to develop and implement evidence-based laws, policies and programmes to reduce violence,</i>	Existence of functional multi-sectoral coordination mechanisms informed by subnational initiatives for prevention and response to gender-based violence, including domestic violence	No	Yes	Lead government partner: All-China Women's Federation (ACWF) Other partners: CSOs, UN agencies	Regular Resource					
	Availability of	No	Yes	Lead	0.3	0.3	0.3	0.3	0.3	1.5

<i>exclusion and gender-based and other forms of discrimination.</i>	health sector guidelines to respond to gender-based violence in line with the Essential Service Package for Women and Girls subject to Violence			government partner: NHC Other partners: NCWCH of China CDC	Other Resources					
	Number of South-South exchanges and national policy dialogues on GBSS that are informed by evidence-based research and documented good practices from China	1	7	Lead government partner: NHC Other partners: CPDRC, UNFPA HQ and APRO, and related COs	0.3	0.4	0.5	0.5	0.4	2.1

NATIONAL PRIORITY: The goal of the National Midterm to Long-term Plan to Actively Respond to Population Ageing in China is to ensure the well-being of older persons through the development of a policy framework based on a solid economy, focusing on high-quality service and product supply, and powered by technological innovations, a high-quality labour force and a supportive society

UNSDCF OUTCOME 2: People's lives in China are improved further as headway is made in ensuring access to childcare, education, healthcare services, elderly care, housing and social assistance, and more people in China, including left-behind groups, benefit from equitable and high-quality public services and social protection systems as well as accelerated efforts to reduce gender inequality and other forms of social inequality throughout the life course.

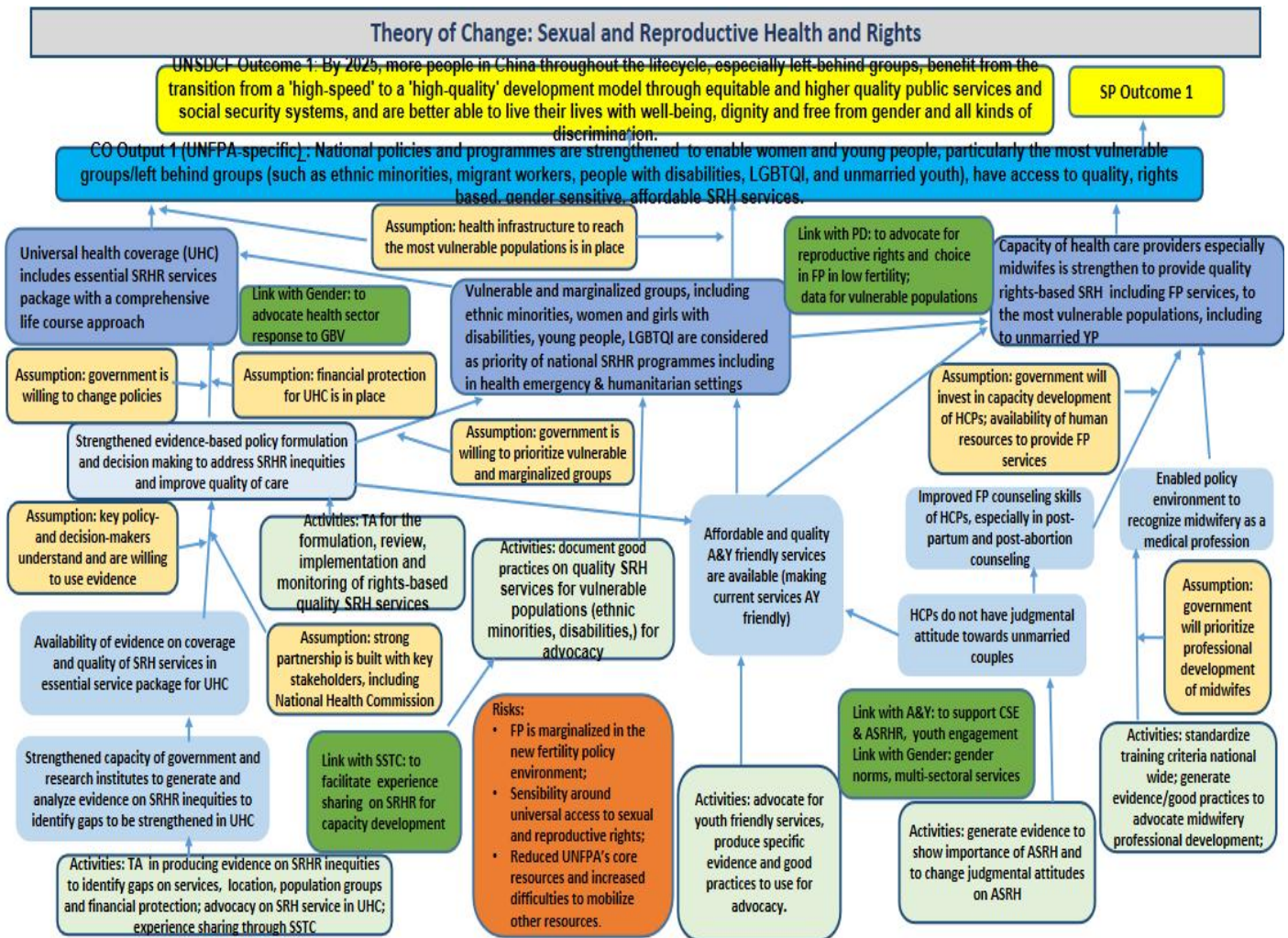
Related UNFPA Strategic Plan Outcome indicator(s): China has a national urban policy for 2021-2025 that responds to population dynamics; Baseline: No (2020); Target: Yes (2025)

RELATED UNFPA STRATEGIC PLAN OUTCOME: Population dynamics

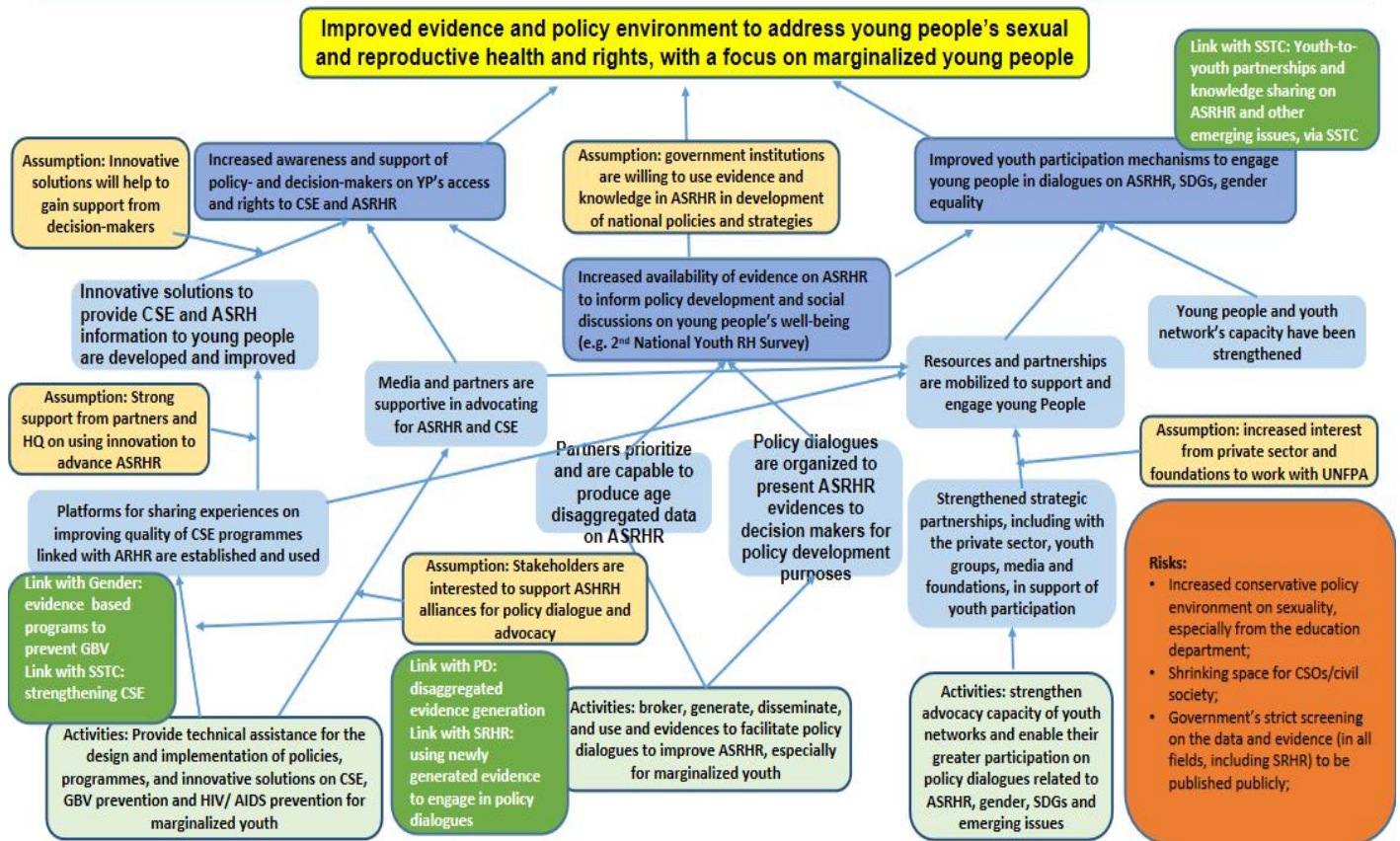
Country programme outputs	Output indicators	Baseline	Target	Partner contributions	Indicative resources by Output (per annum, in million US\$)					
					2021	2022	2023	2024	2025	Total
<i>Output 1 (linked to UNSDCF output 2.1): The Government has strengthened capacity to design and implement high-quality, gender-</i>	Number of the 17 UNFPA prioritized SDG indicators that are produced domestically and included in national statistical system	6	10	Lead government partner: NBS, NHC Other partners: CPDRC, other partners	Regular Resources					
	Number of evidence-based national strategies, plans	2	7	Lead government partner: NDRC, NHC	0.4	0.4	0.3	0.3	0.2	1.6

<i>responsive and evidence-based policies and programmes to address China's demographic transition.</i>	or programmes developed with UNFPA support for addressing the low fertility and ageing issues focusing on life-cycle approach.			(including CNWCA) Other partners: CPDRC, ISD of NDRC	Other Resources					
					0.2	0.7	0.7	0.7	0.7	3.0
	Number of networks and initiatives brokered by UNFPA that promote an inclusive society for all ages, focusing on a life-cycle approach and shared with other developing countries	10	20	Lead government partner: NHC (including CNWCA), NDRC, Other partners: CPDRC						
UNFPA Programme Coordination and Assistance					0.18	0.18	0.18	0.18	0.18	0.9
Total Regular Resources					1.6	1.6	1.5	1.6	1.4	7.7
Total Other Resources					1.7	2.9	3.2	2.9	2.6	13.3
GRAND TOTAL					3.3	4.5	4.7	4.5	4	21

ANNEX 3:
THEORY OF CHANGE (TOC)



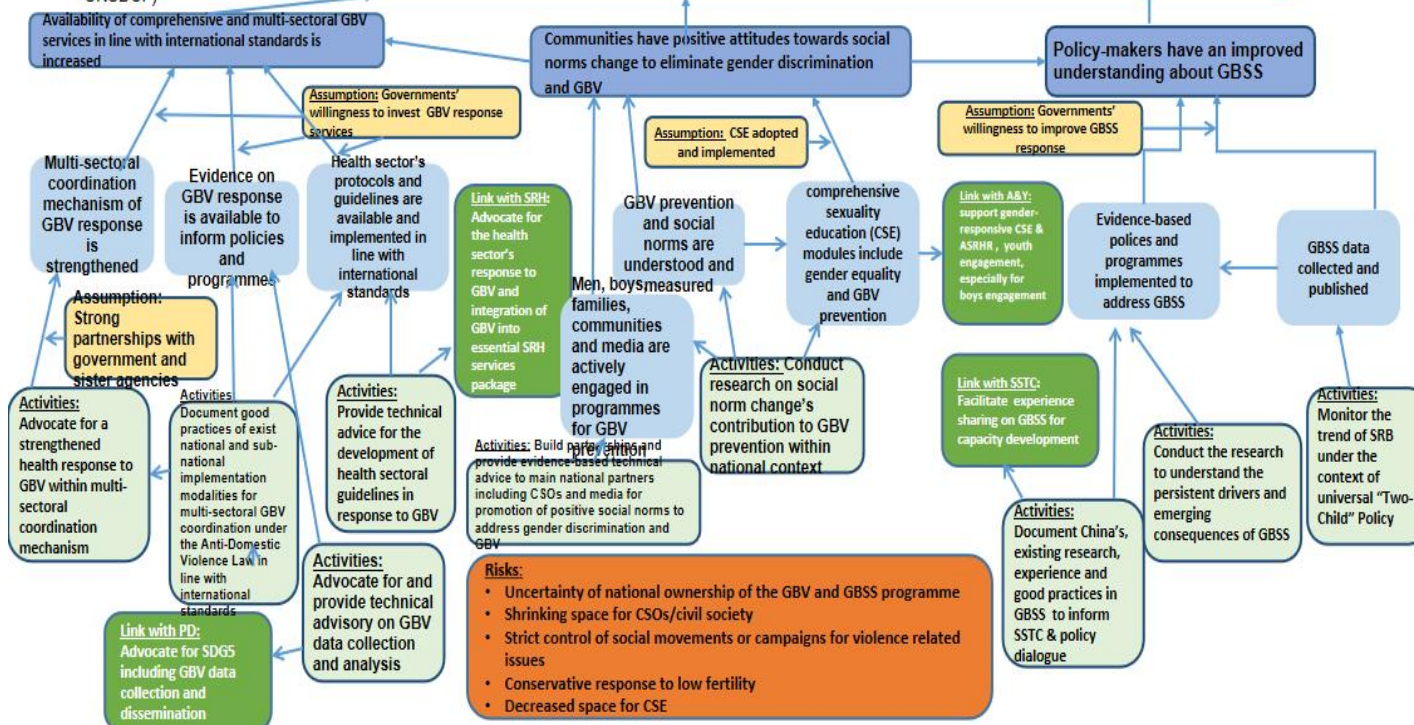
Theory of Change: Adolescents and Youth, UNFPA China



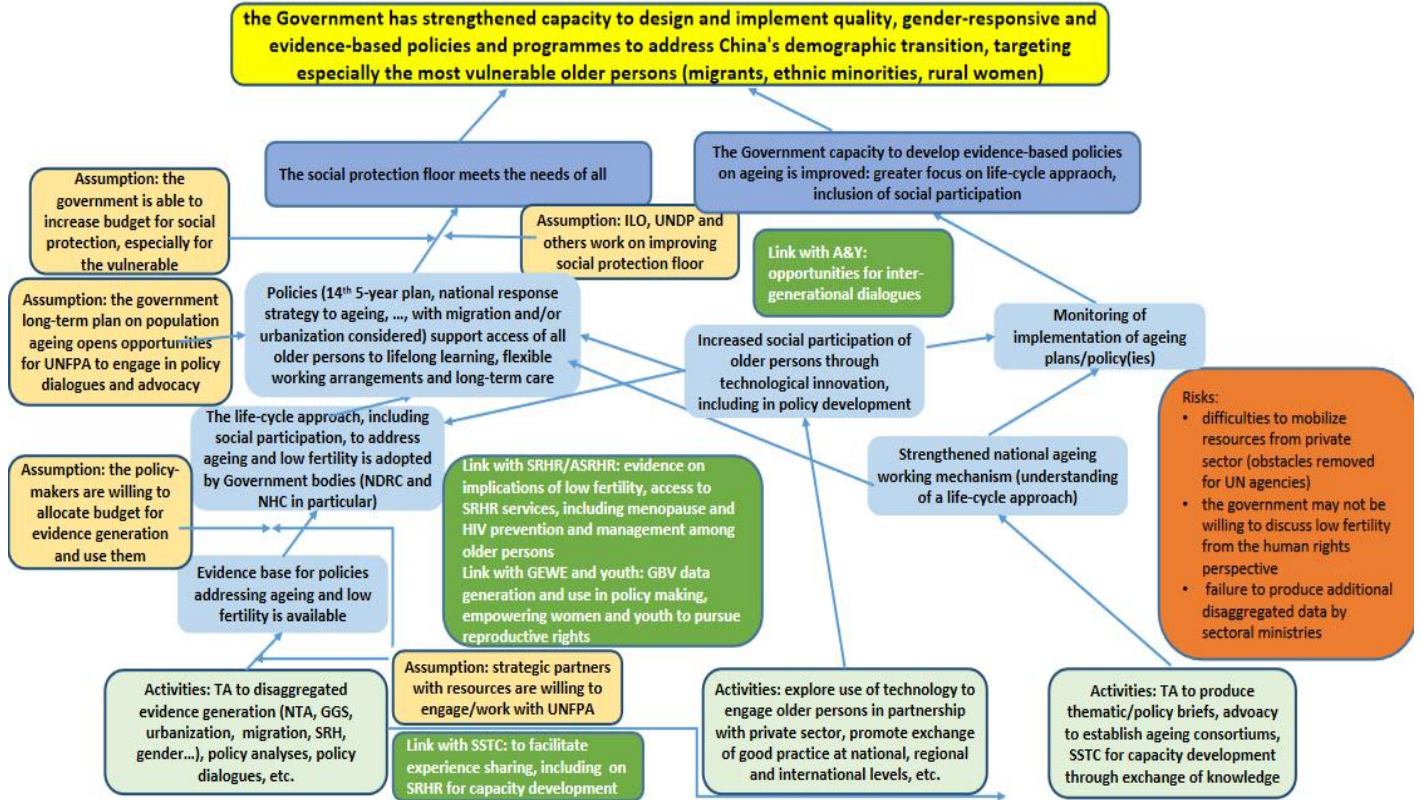
Theory of Change: Gender Equality and Women's Empowerment

Outcome 2: By 2025, more people in China are engaged in the process of supporting the country's transition from a 'high-speed' to a 'high-quality' development model through equitable and higher quality public services and social security systems, and are better able to live their lives with well-being, dignity and free from gender and all kinds of discrimination. (Outcome 1 of the draft UNSDCF)

Output: By 2025, the Government of China has strengthened capacity to develop and implement evidence-based laws, policies and programmes to reduce violence, exclusion and gender-based and other forms of discrimination that are in line with international norms and standards. (Output 1.4 of the draft UNSDCF)



Theory of Change: Population Dynamics



ANNEX 4: LIST OF DOCUMENTS CONSULTED

1. Accelerating the promise: The report on the Nairobi Summit on ICPD25, UNFPA
2. Addressing population ageing in Asia and the Pacific region: A life-cycle approach, Asia and the Pacific Regional Office of UNFPA, 2020
3. Compact of commitment for UNFPA transformative results, UNFPA, 2020
4. Country Programme Action Plan (CPAP) 2021-2025 for the Programme of Cooperation between the Government of the People's Republic of China and United Nations Population Fund (UNFPA)
5. Delivering as one – How UNFPA and UNICEF are working together to accelerate the abandonment of FGM/C, UNFPA
6. Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, UNFPA, 2020
7. Integrated Resource Mobilization, Partnership, South-South Cooperation Plan, UNFPA China, 2020
8. Low fertility: A review of the determinants. Working Paper No. 2, UNFPA, 2019
9. Micro assessment report for National Center for Women and Children's Health, Chinese Center for Disease Control and Prevention, UNICEF, 2022
10. Micro assessment report China Family Planning Association, UNFPA China, 2019
11. Mission report Qinghai Yushu Rapid, UNFPA China, 2019
12. Mission report Qinghai Yushu SRH, UNFPA China, 2020
13. Mozambique GDF final report, UNFPA China, 2022
14. National Midwifery Standardization Training: Participants' photos and experiences
15. Policy brief: Responding to low fertility from gender equality perspective
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ANNEX 5:
DATA COLLECTION TOOLS

**SPECIFIC QUESTIONS FOR SEMI-STRUCTURED INTERVIEWS AND FOCUS GROUP DISCUSSIONS
BASED ON THE EVALUATION DESIGN MATRIX.**

SRHR	QUESTIONS
RELEVANCE	<p>Are the objectives and strategies of the SRHR program consistent with national and sectoral policies/strategies/ development plans? How about its alignment with UNFPA's strategic plan? UNSDF? SDGs? ICPD POA? National commitments to International Agreements? Can you identify specify Policies/ strategies/ plans etc. where there is this congruence?</p>
	<p>Since the CP9 began, has there been any significant change(s) in the national development context such as COVID 19? How did the CO respond to this change? How fast was the response? What was the nature of the adjustment/realignment to the program to respond to changes in national priorities? Did the CO have to change any of the CPAP identified interventions or objectives in the AWP's?</p> <p>Are there any specific mechanisms in place in the CO to respond to changes in national priorities or in emergencies?</p> <p>Did the CO have to jeopardize the objectives of the original CP9 SRHR objectives to respond to changing needs?</p>
	<p>In planning for the SRHR programme, were vulnerable groups and their needs identified? Who were these groups? How were these groups and needs identified? In designing the programme, were the SRHR programme managers informed by any needs assessment conducted? Did representatives of these vulnerable groups participate in the needs assessment processes? Did UNFPA-supported interventions target the most vulnerable as the priority beneficiaries? During the implementation phase did targeted groups or their representatives participate by way of providing feedback, participate in the monitoring, etc. How are the needs of vulnerable populations met when UNFPA works more at the upstream policy level?</p>
EFFECTIVENESS	<p>How successful were UNFPA supported interventions in strengthening national policies and programmes to enable women and young people especially left behind groups to access high-quality, rights-based, gender-responsive, affordable SRH services? What were the more successful interventions? What were the facilitating factors that helped success? What were some of the challenges faced in the implementation of the demonstration project in the two targeted provinces? What were key lessons learnt from the demonstration project? Were the intended beneficiaries satisfied with the results?</p>
	<p>What have been the observed results (outputs, outcomes and impacts? Did the intervention make a difference, i.e., play a positive causal role in bring about the observed results? how and why has the intervention made a contribution? What causal (support) factors are needed for the intervention to make a contribution? 3. What other influencing causal factors were at play? What is the relative importance of the various causal factors at work? What lessons on bringing about long-term change can be learned for future programming? Is it likely the intervention will make a contribution to results in the future?</p>
	<p>In your policy dialogues, what is the level of support among UN partners in the UN Health Working Group and the Health Authorities respectively to the promotion of essential SRH services package for Universal Health Coverage using a life-course approach.</p>

	What were the interventions in the SRHR program area during the COVID 19 pandemic's complete lock-down period? Were regular programme activities affected by the pandemic?
	Is there a mechanism in the CO for collaboration and working together between staff of the 4 programme areas in view of the close complementarity between and across CP9 programmes?
	Did the country's technical cooperation agencies benefit from UNFPA advocacy for key ICPD agenda and SDG issues under the overall SSTC initiative?
	Did the capacity building activities supported by UNFPA contribute towards strengthened Government capacity to engage in ICPD/SDG related SSTC efforts? What was the feedback from Government participants about the capacity building initiatives in terms of content/ usefulness/ applicability/etc.
	How successful (measured from a scale of 1-10) were SSTC initiatives by the Government of China to support the unfinished agenda of the ICPD POA/SDGs in partner developing countries? Any feedback from partner countries?
	What is the level of satisfaction (measured by progress in their own respective SRHR indicators) of partner developing countries especially in the area of maternal health?
	Has the role of UNFPA in intermediating/facilitating the SSTC programme been recognized by China and beneficiary developing countries? What was the benefit to UNFPA from the SSTC programme's focus on SRHR and RHCS?
SUSTAINABILITY	Are the results achieved sustainable? Will the intervention work elsewhere? Can it be scaled up?
	What have been the capacity building initiatives under the SRHR programme area? Have these efforts been seen to have resulted in improved capacity among IPs, other partners, and beneficiaries? Has there been any commitment or assurance made that the interventions to change the policy environment begun in CP9, will be continued even without UNFPA's support
	Will the demonstration project in the 2 provinces of Qinghai and Shanxi be continued or transformed from pilot to full-blown intervention? Any written or verbal commitments? What is the chance that the provincial Government will scale it up?
	What were some of the good practices emanating from UNFPA's collaboration with GOC with respect to the SSTC programme? Can you elaborate on the good practice in Mozambique arising from the UNFPA supported SSTC programme?
	Have there been a mechanism established for the continuation of capacity building of Government counterparts as well as actual collaboration between GOC and partner countries revolving around ICPD/SDGs with or without UNFPA support?
COHERENCE	Was the design of the interventions in the respective CP9 programme areas been done in coordination with relevant stakeholders, especially that of Government partners? how was this coordination achieved?
	Did UNFPA's support and complementarity add value to the overall effort together with the support of other development partners?
	Was UNFPA's interventions coherent with interventions of other UN agencies? How was this achieved?
	What was UNFPA's role in UNCT coordination, working groups, Thematic Groups? Role during the development of the UNSDCF?

	What was the role during the pandemic especially with respect to coordination within the SRHR and GBV sub-clusters?
ADOLESCENTS AND YOUTH	To what extent did the programme provide evidence-based advocacy and technical assistance to inform the design and implementation of policies, programmes and innovative IT-based solutions to life skills-based sexuality education? Did this intervention result in changes in the extent of unplanned pregnancy, STIs/HIV? Were there any observed positive changes in the gender-equitable attitudes among unmarried and marginalized young people? Any good practices emerging from this intervention? Was this intervention coherent with the interventions of other partners who were doing similar interventions?
	What have been the observed results (outputs, outcomes and impacts)? Did the intervention make a difference, i.e., play a positive causal role in bring about the observed results? how and why has the intervention made a contribution? What causal (support) factors are needed for the intervention to make a contribution? 3. Other influences. What other influencing causal factors were at play? What is the relative importance of the various causal factors at work?
	To what extent did the other interventions achieve its objectives? How do the planned targets meet up to the baselines? In the cases where the targets were met, what could explain the success? Where targets were not met, what were the contributory factors?
	What were the challenges faced in strengthening the capacity of youth networks in advocacy? Were youth networks (after participating in capacity building activities) able to engage in policy level dialogues?
	Who were the strategic partners with whom UNFPA collaborated to strengthen youth participation in policy dialogues on ASRH, gender, SDGs and emerging issues? Was this partnership sustainable during the CP9 period? Can this partnership be relied upon to undertake this intervention or follow up on it after CP9 without UNFPA support?
	From the interventions, would it be possible to gauge Government level of commitment to improve youth-related policies on ASRH, especially with respect to marginalized young people?
	Is there complementarity and joint cooperation in the implementation of the respective CP9 program areas given that SRHR, GEWE, PD and A&Y programmes are so closely interlinked? Any good practices of working together? Any hurdles? Is there a coordination mechanism for coordinating interventions, monitoring results, etc. within the CO?
POPULATION DYNAMICS	
RELEVANCE	Are the objectives and strategies of the PD program aligned with China national population policies and strategies addressing demographic transition, like Healthy China 2030 Plan; 14 th Five-Year Plan; etc.?
	How does this alignment contribute to achieving the goals outlined in UNFPA' Strategic plan, the UNSDCF, and SDGs, as well as commitments to international agreements such as the ICPD?
	What specific mechanisms are in place within the CO to ensure effective responses to changes in national priorities or emergencies

	concerning PD issues? How has the PD program adapted to significant changes in the national development context?
	<p>Considering the demographic changes, which groups are classified as vulnerable populations? What kind of methodology were employed to identify and confirm vulnerable populations? How are the needs of these vulnerable populations reflected in the programme?</p> <p>What role does data collection play in this process? Over the years of CP9 implementation, what changes have occurred in understanding vulnerable groups and their needs?</p>
	To what extent, if any, did the CO need to compromise the original objectives of the PD program to address evolving needs within the demographic transition context? Were there any modifications to the CPAP interventions or objectives in response to emerging needs?
	How does CP9 identify and confirm areas of capacity gaps in PD within the Chinese government? What relevant mechanisms are employed for this purpose? How do both central and local governments assess the effectiveness of these mechanisms? Is CP9's assessment of capacity gaps aligned with the perceptions of central and local governments in China? If not, what are the reasons for the difference?
EFFECTIVENESS:	What impact has CP9 had on the formulation of relevant policies by the central and local governments in China, particularly addressing ageing, low fertility, and urbanization trends? Have there been specific policies or strategies formulated by the Chinese government that resonate with the objectives of UNFPA PD programme? What are examples of notable successes of UNFPA-supported interventions? Any unintended results?
	<p>What achievements has CP9 accomplished in promoting social equity, enhancing service quality, and mitigating gender inequality and other forms of social disparity, especially for adolescents and youth, women, and those with disabilities? What evidence substantiates the occurrence of certain changes as a result of the initiatives of CP9?</p> <p>What unmet needs persist among these populations, and why? What further actions can UNFPA take to enhance their well-being?</p>
	Can you share examples of how the PD programme in CP9 has contributed to the SDGs, and UNSDCF? Additionally, could you provide instances where CP9 has facilitated South-South cooperation and collaboration in addressing demographic issues both in China and in partner countries?
	<p>To what extent has UNFPA's support in population statistics strengthened China's capacity to design evidence-based policies and programs addressing demographic transition challenges?</p> <p>What achievements has CP9 made in assisting the Chinese government in capacity building in the PD area, and how are these changes perceived by the government and the public? What mechanisms are in place to capture their opinions and feedback? Which of the capacity shortfalls identified by CP9 have seen significant improvement, and which improvements have been less noticeable? What factors influence the effectiveness of these improvements?</p>

SUSTAINABILITY:	<p>Have the capacity-building efforts under the PD program resulted in sustained improvements in China's ability to collect population data, and utilize population statistics for policy formulation and implementation related to demographic transition? Does the sustainability of these capabilities depend on UNFPA's interventions? Any other factors?</p>
	<p>Has a mechanism been established for the continuation of capacity-building efforts for government counterparts and actual collaboration between the Government of China and SSTC partner countries concerning ICPD/SDGs, with or without UNFPA support? Which of the policy initiatives promoted by CP9 have influenced the formulation of laws, regulations, or policies, and can these initiatives be considered sustainable? Which policy initiatives still require continued advocacy from UNFPA, and how can the likelihood of these initiatives becoming laws, regulations, or policies be assessed?</p>
COHERENCE:	<p>How well-aligned are UNFPA's PD interventions with other national and international efforts addressing demographic transition, aging, low fertility rates, and urbanization in China?</p>
	<p>Has UNFPA's support in population statistics complemented the efforts of other development partners and government agencies in addressing demographic transition challenges effectively?</p>
	<p>In what ways has UNFPA collaborated with other UN agencies and stakeholders in promoting coherence and synergy in addressing demographic transition challenges, particularly concerning the role of population statistics and addressing population development issues in policy adjustments?</p>
GEWE	<p>To what extent is the GEWE programme in CP9 closely aligned with the relevant national plans and priorities of the UN and China?</p>
	<p>Regarding major events including the COVID-19 pandemic encountered during the CP9 implementation period, to what extent did UNFPA make corresponding adjustments to the GEWE programme to actively respond to these new challenges brought about by these changes? Did these adjustments have any effect on the programme's planned results?</p>
	<p>From your perspective, what was the biggest challenge faced during CP9 on the issue of gender mainstreaming? Funding difficulties? Weakening cooperation of relevant Chinese departments? Or was it the capacity of staff due to the complexity of gender issues in China itself?</p>
	<p>Has there been gender awareness training for all relevant partners in each outcome area; gender-review throughout the project implementation, and collection and analysis of gender-disaggregated data?</p>
	<p>In the case of the adolescents and youth programme, how has gender mainstreaming been promoted? Has there been any special initiative within the programme? How have issues of gender stereotyping and masculinity been addressed in programme-related activities for young leaders? Any suggestions for follow-up work?</p>
	<p>Has the role of new media been fully exploited in the way of promoting gender equality?</p>

	<p>To what extent has the collaborative working together on gender issues within the UN system been effective? What were some of the main challenges faced? Do you have any suggestion on how this collaborative coordination mechanism be improved?</p>
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TEMPLATE FOR INTERVIEWS FOR DIFFERENT CATEGORIES OF STAKEHOLDERS.

General Template for Interviews for different categories of stakeholders.

This is to be adapted and used in conjunction with the Design Matrix.

1. Introduction of ET team and brief on

- CPE objectives and purpose of the CPE;
- b) Ethical considerations including confidentiality of discussion and independence of team and the evaluation process;
- clarifying role of interviewee in the context of the evaluation

2. UNFPA Support provided

- Reference to programme outcome area concerned
 - b) Partners and partnership arrangements with each of these
 - Coverage of each of the initiatives at national and sub-national level (area/vulnerable groups)
 - Resource allocation of regular and non-regular resources over the programme cycle

3. Alignment with national policies, strategies, UNFPA strategies and policy frameworks

- Did programme target issues of equity, gender and vulnerability? How?
- What adaptations were made in response to contextual change incl. COVID-19 pandemic
- Ways in which human rights, gender equality and disability approach were included?
- Coherence with government strategies and plans, other UN agencies and development partners

4. Results achieved compared to planned targets, with focus on output level change and contribution to outcome level change

- Results achieved at output levels (including details on output level indicators)
- Contribution of UNFPA to outcome level change
- Results on gender/disability mainstreaming
- What has worked / what has not worked
- Enabling and constraining factors for reaching results
- Unintended results, both positives and eventual negatives
- Effects of the COVID-19 pandemic and measures to prevent the spread of infections on the socio-economic and health context and results achievements

5. Capacities developed so far and Ownership of results

- Capacity improvement / levels concerned – gaps? what is still required
- Use of enhanced capacities and organizational (financial) resources used to sustain results

6. Partnerships and process issues

- Viewpoints of UNFPA as a partner, short term vs long term partnerships
- Partnership strategy? Is it in place?
- UNFPA as partner in Joint UN programmes? Good practices? Lessons Learnt?

7. Efficiency and Process issues

- Efficiency and timeliness of support provided
- Cost effectiveness of initiatives and opportunities for enhancing process; transaction costs versus benefits in terms of results
- Financial procedures in place and their efficiency in supporting results or hampering achievement of result?
- Resource mobilization strategy?
- UNFPA country office staff composition versus programme requirements
- Technical capacities of the country office vs programme requirements? Policy advocacy/upstream policy work?

8. Monitoring and Evaluation

- UNFPA M&E system- in place? Status of mechanism for IP/partners reporting of data to UNFPA?
- Disaggregation of data for monitoring purposes? Level of disaggregation?
- Use of data to inform programme management / other use of monitoring data
- Evaluation and use of results to inform programming
- M&E capacities built

9. Coherence/ comparative advantage/value-added

- Coherence of main Government interventions and those of other stakeholders specific to UNFPA outcome areas
- Coherence of UNFPA interventions with other initiatives?
- Comparative advantage of UNFPA support vis a vis other UN agencies and development partners?
- Added value of UNFPA during CP9 period?
- UNFPA's role in the UNCT coordination mechanisms? UNFPA's role and contribution in UN Theme groups, joint working groups, etc.?

10. Lessons learned

- Any important practices/ learnings / experiences with potential for application beyond the context in which they were learnt or obtained? Specific examples?

11. Recommendations for future support

- from your perspective, potential areas for UNFPA focus in the next programme cycle?

- What adaptations if any would be needed in terms of the ways in which achievement of results can be accelerated? Can this be done in the remainder one and a half remaining in CP9 period?
- Any other issues that you think may be relevant to the current present evaluation exercise?

UNFPA CO Senior Management

Introduction

Helicopter view of issues in each of the evaluation criteria

Effectiveness

- Main achievements in terms of results of CP9 thus far? What were the facilitating factors for the success? Any examples of unintended consequences?
- Were there cases of programmes/interventions facing challenges/ constraints? What were the constraints? Any resolution?
- Impact of the pandemic (COVID 19) on the programme? What was the UN response? What was UNFPA's response? How did the pandemic affect interventions targeted for vulnerable groups?
- To what extent do you think the logic behind the envisaged pathways/links between output and outcome materialized?

Sustainability

- What is the extent of Government's ownership of results in each of the outcome areas? National/sub-national? Any national /sub-national budgetary resources allocated to the 4 programme resources? Any future commitments of national budgetary resources for any of the outcome areas?
- How did the Danish SRHR project come about? background? Is it replicable? Or possibility of being scaled up by Government? Provincial governments? What was your assessment of the Evaluation of the above project? Any important learnings to bring forward for the next programme cycle?
- What have been the capacities built to sustain results in SRHR, AY, PD, GEWE

Efficiency

- Human resources, capacities of the country office during CP9 period? future requirements? Sufficiency of staff versus real programme requirements? Alignment/fit between available capacities within UNFPA and required capacities (technical/upstream work).
- Financial resources, resource mobilization and resource balance across outcome areas
- UNCT Functioning? Joint UN Programmes? Theme Groups? what has worked, where improvements could be made incl in terms of coordination and role UNFPA played
- Programme monitoring at UNFPA CO level? Use of performance data for results-based management?

Relevance / Coherence

- Extent to which needs assessments informed programme design and direction, including identification of particularly vulnerable groups and inclusion of disability. Involvement of vulnerable groups in programme design, implementation, monitoring?
- Delineation of UNFPA focus areas vis a vis UNICEF, WHO, UN Women, UNDP
- Have the present partnerships provided the connections required to achieve programme objectives?

Lessons learned

- key learnings thus far? How can these inform future programming?

Forward looking analysis

- Potential areas of focus for UNFPA in the next programme cycle? Any thoughts on the significance of these potential areas? Are there any thoughts on how to prepare now for the next cycle?
- Any other issues which would be relevant to this evaluation?

UNFPA Programme Managers/ Staff in each of the Outcome Areas, Gender Equality mainstreaming and Humanitarian Response

Introduction:

- Introduction of Evaluation Team and participants
- Brief on the purpose of CPE purpose, objectives and expected use of results
- Ethical considerations including confidentiality of discussion and independence of team

1. Harmony of UNFPA support with national and organizational strategies and policy frameworks

- Focus of the outcome area and rationale concerned
- Did programme support prioritize issues of equity, gender and vulnerability? Was programme design and targeting based on and informed by needs assessments? Were vulnerable groups involved in the programme design process? Monitoring? Implementation?
- Alignment with main government priorities and policies / SDGs /ICPD?
- Adaptations made to contextual change incl. COVID-19 pandemic /
- Key inputs of UNFPA in the UNSDCF?

1. Integration of UN approaches in programme support

- Ways in which human rights, gender equality, disability, LGBTQI approach and a focus on adolescents and youth were operationalized in design and implementation of the programme
- Were human rights, gender, disability, and other relevant vulnerability analysis conducted to inform the programme (including as part of the CCA)?

- c. Extent to which programme interventions are coherent with the initiatives of other stakeholders, including Government? Any examples of interventions working at cross-purposes? Any overlap identified between support of UNFPA, other UN agencies and other Development Partners? Any resolution to this overlap issue? Comparative advantage of UNFPA versus other development partners in providing support to the Government in the outcome / thematic areas concerned?
2. Monitoring and Evaluation
 - a. M&E system in place – UNFPA system versus partner systems and ease of reporting of data to UNFPA
 - b. Disaggregation of data for monitoring purposes in particular in terms of vulnerabilities
 - c. Use of data to inform programme management / other use of M&E data
 - d. M&E capacities built
3. Results achieved compared to planning - focus on output level changes and their contribution to outcome level results
 - Results achieved at output levels?
 - Contribution of output level results to outcome level changes
 - Results in terms of mainstreaming of gender equality, disability, throughout the programme
 - What has worked / what has not worked with respect to achieving of results? Enabling factors? Constraints impeding reaching of results? Any unintended results?
 - Effects of the COVID-19 pandemic on results? Measures taken by UNFPA to mitigate effects on targeted vulnerable population and achievement of results?
4. Sustainability of results
 - a. Extent to which there has been ownership of results and political will to ensure continuity?
 - b. Capacity improvement / levels concerned and use of enhanced capacities to continue realization of results
 - c. Government allocation of financial resources to sustain results
5. Efficiency of resource use
 - a. Efficiency and timeliness of support provided
 - b. Financial management and procurement procedures in place and their efficiency in supporting results
 - c. UNFPA country office staff composition versus programme requirements
 - d. Technical capacities of the country office vs programme requirements
 - e. Cost effectiveness of UN Joint Programmes and opportunities for enhancing process and results, transaction costs versus benefits in terms of results
 - f. Resource mobilization strategy? Was it successful? how much of non-core resources did programme area raise?

6. Partnerships
 - a. Partnership strategy in place, rationale for partnerships
 - b. Viewpoints of UNFPA as a partner, short vs long term partnerships
 - c. Partnerships in Joint UN programmes
7. UNFPA role in UNCT coordination
 - a. Role of UNFPA in coordination in the SRHR, GEWE and other relevant theme groups?
 - b. Role of UNFPA in coordination in humanitarian settings incl. SRHR and GBV
8. Lessons learned
9. Which lessons/ experiences could be applied beyond the situation in which they were derived?
10. Recommendations for future support
 - a. from your perspective, what would be potential areas for UNFPA to focus on in the next programme cycle?
 - b. If results are to be accelerated, would there be a need for any adaptations in the way results are planned to be achieved? What can be done in the next 1 and a half years to achieve this?

Implementing Partners in each of the outcome areas,

Introduction:

- Introduction Evaluation Team and participants to the discussion
 - Explanation of the Country Programme Evaluation purpose and objectives and expected use of results
 - Ethical considerations including confidentiality of discussion and independence of team
1. UNFPA Support received (*cross check with information received through desk review and interviews with UNFPA staff*)
 - Development focus of support in the outcome / thematic area concerned and rationale
 - Any changes during the review period (incl. COVID-19 related)
 - Support provided during pandemic period
 2. Harmony with national and organizational strategies and policy frameworks
 - Alignment with main government policies relevant to the outcome area? IP's support for UNFPA engagement in advocacy and policy advice?
 - Did the programme coincide with strategies and objectives of the Implementing partners? Yes/No? how?
 - Extent to which the programme you were implementing was focused on issues of equity, gender and vulnerability?
 - Adaptations made to contextual change incl. COVID-19 pandemic?

- Ways in which the human rights, gender equality and disability approach was included in the programme? Extent to which it focused on youth and adolescents?
 - The level of integration on UNFPA support integrated into the UNSDCF?
3. Results achieved vis-a vis planned
- Results achieved at output levels (RRF and other means of assessment?)
 - Contribution of output level results to outcome level change
 - Results in terms of gender equality mainstreaming
 - What worked / what has not worked? in terms of achievement of results? Enabling factors? Constraining factors?
 - Unintended results?
 - Impact of COVID 19 on the programme? On achievement of result?
 - Capacities developed so far
 - Capacity improvement efforts? Gaps? what is still required?
 - Expected use of enhanced capacities to sustain results in future
 - Expected use of financial resources to sustain results in future
 - Expected sustainability of results?
4. Partnerships
- Your view of UNFPA as a partner, short- vs long term partnerships
 - How does UNFPA compare to other development partners that this IP has worked with, including other UN agencies
 - Partnership in Joint UN programmes and their experience?
5. Efficiency and Process issues
- Efficiency and timeliness of support provided
 - Cost effectiveness of UNFPA support
 - Cost effectiveness of UN Joint Programme support
 - Opportunities for enhancing process and results, transaction costs versus benefits in terms of results. Financial procedures in place and their efficiency in supporting results
 - Did UNFPA's established rules and procedures ease working relationship with UNFPA and achievement for development results? did not help but hindered?
 - Technical capacities of the country office vs requirements? In terms of programmatic support? In terms of financial and administrative support
6. Monitoring and Evaluation

- M&E system in place – own system and reporting of data to UNFPA – fit concerned
 - Extent to which monitoring data need to be disaggregated
 - Use of data to inform programme management / other use of M&E data
 - M&E capacities built
 - Any mid-term reviews and evaluations conducted?
7. Coherence with other stakeholders' initiatives and comparative advantage / value added
- Main interventions of Government and other stakeholders and development partners in relation to UNFPA outcome level results
 - Coherence of UNFPA interventions with other initiatives
 - Comparative advantage of UNFPA vis a vis sister UN agencies and Development partners including NGOs?
 - Added value of UNFPA during the CP9 programme cycle
 - UNFPA's role in the coordination mechanisms in UNCT?
8. Lessons learned
- Which lessons/ experiences could be applied beyond the context in which they were learnt?
- Recommendations for future support
- What would UNFPA need to focus on from your perspective in the next programme cycle
 - What adaptations if any would be needed in terms of the ways in which results are aimed to be achieved in order to accelerate results
 - What can be done in the remainder of the present programme cycle to achieve this
9. Other issues that you would like to mention relevant to the present evaluation

Non-Implementing Partners

2. Introduction of ET team and brief on
- CPE objectives and purpose of the CPE;
 - b) Ethical considerations including confidentiality of discussion and independence of team and the evaluation process;
 - clarifying role of interviewee in the context of the evaluation
2. UNFPA Support provided
- Reference to programme outcome area concerned
 - b) Partners and partnership arrangements with each of these
 - Coverage of each of the initiatives at national and sub-national level (area/vulnerable groups)

- Resource allocation of regular and non-regular resources over the programme cycle

3. Alignment with national and organizational strategies and policy frameworks

- Did programme target issues of equity, gender and vulnerability? How?
- What adaptations were made in response to contextual change incl. COVID-19 pandemic
- Ways in which human rights, gender equality and disability approach were included?
- Coherence with government strategies and plans, other UN agencies and development partners

4. Results achieved compared to planned targets, with focus on output level change and contribution to outcome level change

- Results achieved at output levels (including details on output level indicators)
- Contribution of UNFPA to outcome level change
- Results on gender equity mainstreaming
- What has worked / what has not worked
- Enabling and constraining factors for reaching results
- Unintended results, both positives and eventual negatives
- Effects of the COVID-19 pandemic and measures to prevent the spread of infections on the socio-economic and health context and results achievements

5. Capacities developed so far and Ownership of results

- Capacity improvement / levels concerned – gaps? what is still required
- Use of enhanced capacities and organizational (financial) resources used to sustain results

6. Partnerships and process issues

- Viewpoints of UNFPA as a partner, short term vs long term partnerships
- Partnership strategy? Is it in place?
- UNFPA as partner in Joint UN programmes? Good practices? Lessons Learnt?

7. Efficiency and Process issues

- Efficiency and timeliness of support provided
- Cost effectiveness of initiatives and opportunities for enhancing process; transaction costs versus benefits in terms of results
- Financial procedures in place and their efficiency in supporting results
- Resource mobilization strategy
- UNFPA country office staff composition versus programme requirements
- Technical capacities of the country office vs programme requirements

8. Monitoring and Evaluation

- M&E system in place – own system and reporting of data to UNFPA
- Disaggregation of data for monitoring purposes
- Use of data to inform programme management / other use of monitoring data
- Evaluation and use of results to inform programming
- M&E capacities built

9. Coherence/ comparative advantage/value-added

- Coherence of main Government interventions and those of other stakeholders specific to UNFPA outcome areas
- Coherence of UNFPA interventions with other initiatives?
- Comparative advantage of UNFPA support vis a vis other UN agency and development partners?
- Added value of UNFPA during CP9 period?
- UNFPA's role in the UNCT coordination mechanisms

10. Lessons learned

- Any important practices/ learnings / experiences with potential for application beyond the context in which they were obtained. Specific examples?

11. Recommendations for future support

- from your perspective, potential areas for UNFPA focus in the next programme cycle?
- What adaptations if any would be needed in terms of the ways in which achievement of results can be accelerated? Can this be done in the remainder one and a half remaining in CP9 period?
- Any other issues that you think may be relevant to the current present evaluation exercise?

UN Agencies

Introduction:

- Introduction to Evaluation Team
- Brief on purpose of CPE, its objectives and expected use of results
- Ethical considerations including confidentiality of discussion and independence of team

1. Relevance / Coherence

- Strategic focus of and comparative advantage of sister UN Agency in terms of development programming/humanitarian support
- comparative advantage and added value of UNFPA?

2. UNSDCF

- UNFPA support integrated within the UNSDCF?

- Targeting of support for issues of equity, gender and vulnerability as part of ONE UN
- Ways in which human rights, gender equality and disability approach, and other vulnerabilities are included and to what extent vulnerable populations have been included in the process of its formulation, implementation, monitoring etc. Needs assessment?
- Adaptations made to contextual change incl. COVID-19 pandemic

3. UN Joint Programming

- Involvement in Joint UN Programmes, development and humanitarian support
- Setup and level of integration of such programmes
- Mainstreaming of HRBA, gender equality, leaving no one behind as binding factor
- Monitoring and use of the UN Info system for results-based management
- Joint monitoring exercises and conduct of Joint evaluation
- Experience working with UNFPA
- Connectedness of humanitarian response to development programming and attention to the interconnectedness of problems to be addressed

4. UN Joint Programme Results

- Key results of joint programme?
- What has worked / what has not worked in terms of achievement of results
- Enabling and constraining factors for reaching results
- Unintended results?
- Effects of the COVID-19 pandemic and measures to protect vulnerable populations and health and other systems?
- design and implementation
- Results of COVID 19 response?

5. UN Coordination

- UNFPA role in coordination in development programming
- UNFPA role in coordination in humanitarian programming as at the time of COVID19?
- Did these coordination mechanisms result in better results?

6. Process issues

- Efficiency and timeliness of support provided
- Cost effectiveness of UNFPA contribution
- Cost effectiveness of UN Joint Programme support
- Opportunities for enhancing process and results, transaction costs versus benefits in terms of results

- Financial procedures in place and their efficiency in supporting results
7. Lessons learned
 8. Which learnings / experiences would be useful for application beyond the context in which they were obtained? Recommendations for future support
 - From your perspective, what would be focus areas for UNFPA support in the next programme cycle?
 - If results are to be accelerated, what adaptations if any would be useful in terms of the ways in which results are aimed to be achieved?
 - What can be done in the period left in the CP9 cycle to achieve this
 9. Other issues that you would like to mention relevant to the present evaluation

Donors

Introduction

- a. Introduction to Evaluation Team
 - b. Explanation of the CPE purpose, objectives and expected use of results
 - c. Confidentiality of discussion and independence of team in line with UNEG norms and standards
1. Contributions provided to UNFPA in programme areas concerned.
 - SRHR; A/Y; PD; GEWE
 - In development and humanitarian programming
 1. Relation of support to donor strategies and UN frameworks
 - Relationship of support linked to donor strategies and policies?
 - Relationship of support linked to reaching the SDGs?
 - Targeting of programme interventions, incl. application of 'leaving no one behind'
 2. Monitoring and Reporting System in place - in development / humanitarian context
 - M&E system in place? UNFPA reporting regularity and quality
 - Disaggregation of data for monitoring purposes
 - Use of data to inform programme management
 3. Results achieved
 - Results achieved at the output level compared to planned targets?
 - Capacities developed so far? gaps? what is still required?
 - What has worked / what has not worked
 - Factors that were enabling and constraining with respect to results achievement?
 - Unintended results?

- How did COVID-19 affect the interventions/programmes/projects you funded?
4. Partnership and process issues
- UNFPA as a partner?
 - Efficiency and timeliness issues
 - Types of engagement at policy level and implementation level
5. UNFPA Comparative advantage and value added - in development and humanitarian programming
- Role played by UNFPA as a development agency? comparative advantage of UNFPA, value added
 - Overlap with other UN agencies / Synergy with other UN agencies
 - Coherence with support from other stakeholders / development partners
- 7 Recommendations for UNFPA's future programming
- What opportunities do you see for your organization to financially support UNFPA in a next programme cycle? Why would you support UNFPA?
 - From your perspective, what would UNFPA need to focus on to further enhance sustainable results in future
 - What could they do in the remainder of the present period to prepare for acceleration of support towards the SDGs?

Other issues that you would like to mention relevant to the present

STAKEHOLDER MAPPING

PROGRAMME AREA	OUTPUT	STAKEHOLDERS
SRHR	Output 1 (UNFPA specific): National policies and programmes to enable women and young people, particularly left behind groups to access to high-quality, rights based, gender sensitive, affordable SRH services are strengthened	<p>Government Partners: National Health Commission, Implementing Partner: National Centre for Women and Children's Health of China, CDC; China Family Planning Association</p> <p>UN agencies: UNICEF, RCO, UNAIDS</p> <p>Research Institutes: China Population and Development Research Centre</p> <p>CSO: China Disabled Persons' Federation, China Maternal and Children's Health Association, Shanghai Youren Foundation; Beijing Equality</p> <p>Donors: Rehabilitation International</p>
	Output 2 (linked to UNSDCF output 6.1): The Government and other Chinese institutions have strengthened capacity to design and deliver evidence informed development and humanitarian cooperation, in line with international economic, social, and environmental sustainability standards and priorities of partner countries and other stakeholders.	<p>Government Partner: Ministry of Commerce, China International Development Cooperation Agency, CICETE, National Health Commission.</p> <p>Academic and research institutions: China International Centre of Economic and Technical Exchanges (CAITEC); China Population and Development Research Centre</p> <p>UNFPA: UNFPA COs in Sierra Leone, Zimbabwe, Mozambique, Botswana, Lesotho and Gambia</p>
	Output 3 (UNFPA specific): China and UNFPA strengthened global and South-South cooperation and partnerships for the achievement of the unfinished agenda of ICPD Programme of Action and the SDGs in China and other developing countries	<p>Government partner: Ministry of Commerce, China International Development Cooperation Agency, China International Centre of Economic and Technical Exchanges, National Health Commission; CAITEC</p>
Youth development	Output 1 (UNFPA specific): Improved evidence and policy environment to address young people's sexual and reproductive health and rights, with a focus on marginalized young people.	<p>Government: National Health Commission;</p> <p>IP: National Center for Maternal and Child Centre (NCWCH), CFPA;</p> <p>Donors: Bei fang International Education Group; Gates Foundation.</p>

		<p>Academia and research Institutions: Tsinghua and Peking Universities;</p> <p>CSO: All China Youth Federation (ACYF); China Youth Network,</p> <p>United Nations: UNICEF, UNAIDS</p>
GEWE	Output 1 (linked to UNSDCF output 2.4): The Government has strengthened capacity to develop and implement evidence-based laws, policies and programmes to reduce violence, exclusion and gender-based and other forms of discrimination	<p>Government: Nat. Bureau of Statistics</p> <p>Implementing Partners. NCWCH; CFPA</p> <p>Academia and Research Institutions: China Women's University, China Population and Development Research Centre (CPDRC);</p> <p>CSO: All China Women's Federation; Beijing Equality</p> <p>United Nations: UN Women,</p>
PD	Output 1 (linked to UNSDCF output 2.1): The Government has strengthened capacity to design and implement high quality, gender-responsive and evidence-based policies and programmes to address China's demographic transition.	<p>Government: National Development and Reform Commission, National Health Commission, National Bureau of Statistics,</p> <p>Academia and Research institutions: China Population and Development Research Centre; Institute of Gerontology and Centre for Population and Development Studies, Renmin University of China</p>

ANNEX 7:
CPE TERMS OF REFERENCE

Terms of Reference

United Nations Population Fund (UNFPA)
China

9th Country Programme
(2021-2025)

Country Programme Evaluation

January 2024

Acronyms

ACWF	All China Women's Federation
APRO	Asia-Pacific Regional Office
AWP	Annual work plan
CCA	Common country assessment/analysis
CFPA	China Family Planning Association
CICETE	China International Center for Economic and Technical Exchanges
CIDCA	China International Development Cooperation Agency
CMCHA	China Maternal and Child Health Association
CNCA	China National Committee on Ageing
CNWCA	China National Working Commission on Aging
CICETE	China International Center for Economic and Technical Exchanges
CO	Country office
CP	Country programme
CPAP	Country programme action plan
CPD	Country programme document
CPE	Country programme evaluation
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive sexuality education
CSOs	Civil Society Organizations
CYN	China Youth Network
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
GBSS	Gender-biased Sex Selection
ERG	Evaluation reference group
GoC	Government of China
GBV	Gender-based violence
HIC	High-income Country
ICPD	International Conference on Population and Development
M&E	Monitoring and evaluation
MHPSS	Mental health and psychosocial support
MISP	Minimum initial service package
MOFCOM	Ministry of Commerce
NBS	National Bureau of Statistics
NWCH	National Center for Women and Children's Health of China CDC
NDRC	National Development and Reform Commission
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
SSTC	South-South and Triangular Cooperation
TOR	Terms of reference
TFR	Total fertility rate
UMIC	Upper-middle-income Country
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD POA), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality.”

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular Goal 3 - ensure healthy lives and promote well-being for all at all ages, Goal 4 - ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, Goal 5 - Achieve gender equality and empower all women and girls, Goal 16 - Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels and Goal 17 - Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development. In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and that the furthest behind are reached first.

The UNFPA 9th Country Programme (CP9) document for China detailing the planned collaboration between UNFPA and the People's Republic of China, was approved by the UNDP/UNFPA Executive Board in January 2021. Aligned with national priorities (China 14th Five-Year Plan (2021-2025), the International Conference on Population and Development (ICPD) Programme of Action (POA), the SDGs, and the United Nations Sustainable Development Cooperation Framework, the CP9 was developed in consultation with government of China (GoC) and other key partners and took into account UNFPA's business model for working in upper middle-income countries which prioritizes policy engagement and advocacy.

CP9 advocates for full alignment of China with the principles of the ICPD, as well as relevant SDGs. Building on 38 years of experience of working in China and UNFPA's comparative advantage as a broker of global technical expertise on the ICPD agenda and facilitator of international cooperation and SSTC, the areas where UNFPA focuses its engagement with China are sexual and reproductive health and rights, youth and development, gender equality and population dynamics and sustainable development.

The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA CP9 in China, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the future.

The evaluation will be implemented in line with the Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA (UNFPA Evaluation Handbook), which is available at <https://www.unfpa.org/EvaluationHandbook>.

The main audience and primary intended users of the evaluation are:

- (i) UNFPA China CO;
- (ii) the Government of China;
- (iii) Implementing partners of the UNFPA China CO;
- (iv) the United Nations Country Team (UNCT);
- (v) UNFPA Asia-Pacific Regional Office (APRO);
- (vi) donors and strategic partners, including the private sector.

The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia.

The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the evaluation manager within the UNFPA China CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the UNFPA APRO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in line with these terms of reference.

Country Context

Since 2020, when China's population stood at 1.41 billion, population growth has stagnated, and in 2022, it experienced a negative population growth for the first time in the past six decades with a reduction of 850 thousand people. The number of births declined for two consecutive years, by 1.40 and 1.06 million respectively. According to estimates from the United Nations Population Division, by 2050, China's population is expected to decrease to 1.31 billion.

The proportion of the older population continued to rise, while the proportion of youth and children decreased for the same period: the population below 24 decreased from 28.25% to 27.57%, while the population aged 65 and above increased from 13.5% to 14.9%.

By 2050, the population below 24 is projected to account for 19%, while those aged 65 and above will constitute 30%. Urbanization continued with 920 million people now living in urban areas, representing 65% of the population. Alongside these demographic changes, health conditions of the population improved. In 2020, life expectancy in China was 77.93 years, with males averaging 75.37 years and females 80.88 years.

In response to these population trends, in 2021, China introduced the so-called “three child policy” allowing all couples to have three children, which not only removes punitive measures for births beyond the third parity but also calls for developing a supportive policy system aiming at reducing the challenges encountered by couples related to pregnancy, child rearing and education. Many Government ministries and local governments have subsequently issued policy and programmatic measures offering a package of support to couples and young kids that covers various leaves (maternal/paternal/parental, among others), financial subsidies, early childcare services and measures for women to balance family and work responsibilities.

Most of these measures, however, are locally financed, resulting in significant discrepancies in terms of both coverage and level of benefits, as well as limited effects. Total fertility rate (TFR) stood at 1.3 for 2020, and went down further to 1.15 in 2021 and 1.09 in 2022. UNPD projections indicate that fertility rate might slowly rise after 2022, reaching 1.18 by 2050, yet still categorized as an extremely low fertility rate. Besides the reduction in the number of women at reproductive ages, an increasing number of young men and women choose late marriages even not to marriage, also contributing to fertility reduction, as births outside marriage in China are very low (accounting for less than 10%).

The modern contraceptive prevalence rate (CPR) among married women of reproductive age in China has decreased in recent years but has remained above 80%. The CPR was 80.6% in 2018² and 83.2% in 2022³ in China. Unmet need for family planning among married women for any modern method is 5% in 2022⁴.

Between 1990 and 2022, the maternal mortality ratio in China dropped from 88.8 to 15.7 deaths per 100,000 live births. In 1990, MMR in rural areas was almost double that in urban areas, while the difference has been significantly reduced (16.6 vs. 14.3 deaths per 100,000 live births in rural and urban areas respectively in 2022). The hospital delivery rate in China has stabilized over 99% since 2012. From 2011 to 2021, the national prenatal check rate has risen from 93.7% to 97.6%, and the rate of postpartum visits has increased from 91% to 96%.

² National Bureau of Statistics of China (2019), China Health Statistics Yearbook 2019.

³ United Nations, Department of Economic and Social Affairs, Population Division (2022). Model-based Estimates and Projections of Family Planning Indicators 2022.

⁴ United Nations, Department of Economic and Social Affairs, Population Division (2022). Model-based Estimates and Projections of Family Planning Indicators 2022.

Several new policies and programs have been introduced since 2020 such as National Program for Women's Development (2021-2030), Enhancement Plan of Maternal and Infant Safety Action (2021-2025), Guiding Opinions on Further Improving and Implementing Measures for Supporting Active Childbearing (July 2022), Population and Family Planning Law (amended version in 2021), Action Plan to Accelerate Elimination of Cervical Cancer 2023-2030, Reproductive Health Promotion Action Plan (2023-2025).

The age of first marriage was 28.67 years old in 2020, 2 years behind 2016. The male's first marriage is 29.38 years old while the female's is 27.95 years old. 23% of the sexually active unmarried females in China have had unintended pregnancy, and roughly 90% of them resulted in abortion. The median age of first sexual behavior among adolescents was 19 years old, with a 2-year interquartile range. 24.1% of young people aged 18-24 are detected to have risks of depression, higher than other age groups.

The proportion of the youth employment population against the total population decreased from 31.92% in 2016 to 28.42% in 2020. Chinese people's education level has significantly improved in the past 20 years, from 7.85 years in 2000 to 9.91 years in 2020 for people aged 15 and above. Women count over half of students in normal high school, college and university, and graduate schools.

In China, sexuality education has never been set up as a stand-alone course but relies on carrier subjects or integrated into national subjects. UNFPA's policy advocacy has led to the inclusion of sexuality education into the Law of the Protection of Minors in 2020, followed by the launch of a series of national policies to promote sexuality education, such as the China National Program for Child Development (2021-2030), the Reproductive Action Plan in 2023.

China currently resides within the upper-middle-income country (UMIC) category with its Gross National Income (GNI) per capita stood at US\$12,850 in 2022, nearing that of a "high-income country" per World Bank definition. Forecasts predict China's attainment of high-income country (HIC) status by 2030. Yet a significant number of its people remain vulnerable, with incomes below a threshold more typically used to define poverty in upper-middle income countries. Amid the COVID-19 outbreak in early 2020, China faced substantial economic disruption. Its GDP growth dropped to 3% in 2021 from 8.4% in 2020, followed by a gradual rebound to 5% by 2022.

The government responded with diverse policies driving post-COVID economic growth, including macroeconomic strategies, extensive tax cuts, and incentive packages. Projections by the International Monetary Fund (IMF) indicate an estimated growth of 5.01% in 2023 and 4.2% in 2024.⁶

Despite the numbers, the pandemic's impact was substantial. According to the "COVID-19 Economic and Social Impact Assessment" by CICETE and UN agencies (UNDP, UNICEF, UNFPA, and RCO) in 2020, disruptions during the pandemic affected healthcare access for pregnant and lactating women; it also triggered a surge in unintended pregnancies, indicating an unmet need for contraceptives. The assessment emphasized that more efforts are needed to protect vulnerable groups to ensure their resilience in the post-COVID future. And this will be critical for China to achieve the SDGs

China had made significant strides in certain SDGs areas such as lifting over 800 million people out of poverty, increased life expectancy to 77 years, and reduced the maternal mortality rate to 16.1 deaths per 100,000 live births.⁷ However, challenges persist in certain areas, such as addressing inequality. Income disparity remains a concern, with a Gini coefficient of 37.1 in 2020⁸ nearing the United Nations' warning level of 40.

China has established a comprehensive legal, policy and institutional framework for gender equality and women's empowerment. Equality between Men and Women is taken as a basic state policy to promote social development in China. The 14th Five-Year Plan for Economic and Social Development (2021-2025) contains a separate section entitled "Promoting equality between men and women and women's all-round development". The new China National Program for Women's Development (2021-2030), officially launched in September 2021, sets out the major

⁵ <https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=CN>

⁶ International Monetary Fund: China (<https://www.imf.org/en/Countries/CHN>)

⁷ <https://china.unfpa.org/en/news/22101301>

⁸ <https://data.worldbank.org/indicator/SI.POV.GINI?locations=CN>

objectives, priority areas, strategies and measures for women's development by 2030 including GBV. Data from the Fourth Survey on the Social Status of Chinese Women in 2020 shows that 8.6 percent of women have suffered physical or mental violence from their spouses during their marriage, down 5.2 percentage points from 2010. As China has strengthened comprehensive governance responses to address skewed SRB since 2006, the SRB in China has consistently dropped during the past decade – from 119.45 in 2009 to 110.3 in 2020 which is still higher than a normal ratio of 103-107. China aims to reduce the SRB back to a normal ratio by 2030 according to the National Population and Development Plan (2016 to 2030) issued by the State Council in 2016.

Since the beginning of the SDG era in 2015, China has progressively expanded its assistance for international development. The Silk Road Economic Belt and the 21st Century Maritime Silk Road initiative (known as the 'Belt and Road Initiative' or 'BRI') was launched in 2013 as China's main platform for international development cooperation. At the 76th General Debate of the General Assembly in September 2021, President Xi Jinping announced the Global Development Initiative (GDI), a global initiative led by China which will support developing countries to achieve the SDGs, promote global economic recovery in the post-pandemic era, support green development, and strengthen international development cooperation.

It is designed around the core principles of prioritizing development, being people-centered, leaving no one behind, and promoting global development partnership.

The South-South Collaboration Assistance Fund (SSCAF) was set up in 2015 to promote south-south cooperation between China and other developing countries with the participation of the UN agencies and other multilateral organizations. In 2022, the SSCAF evolved into the Global Development and South-South Cooperation Fund (referred to as the GDF) with an increased budget of US\$ 4 billion and a commitment to expand multilateral cooperation in line with the priorities of the GDI. With the support of the GDF, UNFPA China Office, in collaboration with other UNFPA country offices, has so far implemented eight south-south and triangular cooperation (SSTC) projects in African and Asian countries.

UNFPA Country Programme

China CPD9 identifies two programme priorities:

i. By 2025, more people in China throughout the lifecycle, especially left-behind groups, benefit from the transition from a 'high-speed' to a 'high-quality' development model through equitable and higher quality public services and social security systems, and are better able to live their lives with well-being, dignity and free from gender and all kinds of discrimination.

Under this priority, UNFPA committed to support the reduction of prevalent inequalities in accessibility and quality of public services and programmes, focusing on integrated rights-based, gender-sensitive and comprehensive SRH services (including family planning and GBV prevention and response) for the most vulnerable populations with particular attention to unmarried youth, migrant workers, rural poor, ethnic minorities, persons with disabilities (PWDs), victims of GBV and domestic violence and LGBTQI.

ii. China's international development and humanitarian cooperation assistance more effectively contributes to SDG attainment and aligns with the principles of the 2030 Agenda, including reaching those furthest behind.

Under this priority, UNFPA committed to facilitate SSTC between China and other developing countries in support of SRH improvement as a contribution to strengthening global partnerships for SDG attainment (SDG 17). In addition, the programme will prioritize effective knowledge exchange and capacity transfers between China and other developing countries especially in Africa by leveraging UNFPA's global and regional networks, knowledge repositories, and platforms for mutually beneficial progress towards the SDGs and the ICPD Agenda.

The UNFPA China CO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination.

It has four thematic areas of programming with distinct outputs that are structured according to the four outcomes in the Strategic Plan 2018-2021 to which they contribute.

Sexual and reproductive health

Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Output 1: (UNFPA-specific) National policies and programmes to enable women and young people, particularly groups left behind, to access high-quality, rights-based, gender responsive, affordable SRH services are strengthened.

Output 2: (linked to UNSDCF Output 6.1): The Government and other Chinese institutions have strengthened capacity to design and deliver evidence-informed development and humanitarian cooperation, which is in line with international economic, social, and environmental sustainability standards and priorities of partner countries and other stakeholders.

Output 3: (UNFPA-specific): China and UNFPA have strengthened global and South-South cooperation and partnerships for the achievement of the unfinished agenda of ICPD Programme of Action and the SDGs in China and other developing countries.

Outcome 2: Every adolescent and youth, in particular adolescent girls, are empowered to realize their sexual and reproductive health and reproductive rights, and participate in sustainable development, humanitarian action and peace- building.

Adolescents and youth

Output 1 (UNFPA-specific): Improved evidence and policy environment to address young people's sexual and reproductive health and rights, with a focus on vulnerable young people.

Gender equality and women empowerment

Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

Output 1 (linked to UNSDCF Output 2.4): The Government has strengthened capacity to develop and implement evidence-based laws, policies and programmes to reduce violence, exclusion and gender-based and other forms of discrimination.

Population dynamics

Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

Output 1 (linked to UNSDCF Output 2.1): The Government has strengthened capacity to design and implement quality, gender-responsive and evidence-based policies and programmes to address China's demographic transition.

Key Strategic Partners & Stakeholders:

The CP9 partnership plan promoted the aspirations and principles of the ICPD Programme of Action and Sustainable Development Goals (SDGs) through advocacy and upstream policy work, capacity building and knowledge management in partnership with the government and non-governmental organizations. Partnerships are central to the work of UNFPA in delivering on the CP9. UNFPA plays a convening role on major aspects of the unfinished ICPD agenda in China, including youth SRHR and sexuality education, equity and quality of care in SRH services, low fertility, ageing, and multispectral responses to GBV. It will do so through high-level policy dialogue, policy advisory and technical assistance, evidence generation (especially on health inequities), strategic media communication, piloting of innovative approaches, facilitation of multi-stakeholder partnerships, seminars and other platforms, including United Nations theme groups.

Government strategic partners includes: MOFCOM, NHC, CICETE, CIDCA, NDRC, NBS, CPDRC, CAITEC, NCWCH, ACWF, NWCCW

Civil Society Organizations and non-governmental organizations includes: CFPA, ACWF, ACYF, CMCHA, BMGF, Gates Foundation

Private Sector: BIEG, Agora, Bayer

Evaluation Objectives and Scope

The overall objectives of the CPE are: (i) enhanced accountability of UNFPA and the China country office for the relevance and performance of the country programme, and (ii) a broadened evidence-base for the design of any future programme

The specific objectives of the CPE are to:

- a) provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of the CP;
- b) provide an assessment of the CO's strategic positioning within the UNCT, development community and national partners, in view of enhancing UNFPA's coordination and value add to achieve the country's development results.
- c) draw key lessons from past and current cooperation and provide a set of clear and forward- looking options leading to strategic and actionable recommendations for the next programming cycle.

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

The CPE will cover the time period 2021 up to Q1 2024 and will include all initiatives implemented under the outcomes of the 9th CPD as mentioned above. It will also evaluate the mainstreaming of cross cutting issues such as GEWE and disability and foundational functions such as communication, resource mobilization, monitoring & evaluation, partnerships, innovation and operations.

Evaluation criteria and evaluation questions

The evaluation will examine the following four OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability. Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
Coherence	The extent to which country programme interventions are compatible (complementarity, harmonization and coordination) in areas of UNFPA's mandates and with international norms and standard; and the extent to which the intervention is coordinated with and adds value while avoiding duplication of effort UNCT coordination mechanisms and humanitarian coordination mechanisms, including for the COVID-19 pandemic response

5.2. Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. The evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA China CO and the ERG. The evaluation team will select and further refine a maximum of eight to ten evaluation questions in the design report. The consultant(s) can propose new questions as relevant to the country context.

Indicative evaluation questions are proposed for each criterion. Suggested evaluation questions include:

Component 1 - The analysis of the programmatic area will be conducted according to four criteria: (i) relevance, (ii) efficiency, (iii) effectiveness, and (iv) sustainability.

Component 2 - The analysis of the strategic positioning will be conducted according to two criteria: (i) coordination with the UNCT and (ii) the added value of UNFPA.

The evaluation questions addressing the evaluation criteria⁹ are proposed as follows:

Component 1 - The analysis of the UNFPA programme areas

Relevance:

1. To what extent is the country programme adapted to: (i) national development strategies and policies; (ii) the strategic direction and objectives of UNFPA in particular to transformative goals and the business model and (iii) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and (iv) aligned with the UNSDCF?
2. To what extent has the country office been able to respond to changes in the national development context, including changes in country needs and priorities?
3. To what extent has UNFPA ensured that the varied needs of vulnerable and vulnerable populations, including adolescents and youth, those with disabilities have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?

Efficiency:

4. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the CP9 outcomes and outputs?
5. To what extent did the intervention mechanisms (coordination mechanisms (UNCT), financing instruments, implementing partners, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs and outcomes?

Effectiveness:

6. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?
7. To what extent were gender equality and empowerment of women, and disability inclusion mainstreamed into the design, implementation and monitoring of the Country Programme?

Sustainability:

8. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
9. To what extent has UNFPA taken advantage of opportunities for South-South Cooperation in reproductive health and reproductive health commodity security to facilitate the exchange of knowledge and lessons learned and to build capacity in China and beyond.

Component 2 - The analysis of the strategic positioning

⁹The final evaluation questions will be defined and agreed upon during the evaluation design phase.

Coherence:

10. What are the main comparative strengths UNFPA adds to and complements development partners in China – particularly other UN agencies working in similar areas??

The final evaluation questions and the evaluation matrix will be presented in the design report.

Approach and Methodology

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA China CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA China CP 9 (2021-2025) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. If required, the evaluation team is expected to revise the theory of change. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA China CO was during the period of the 9th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA China 9th CP made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national level. The UNFPA China CO has developed an initial stakeholder map (see Annex) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context.

These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP.

The UNFPA China CO has established an ERG comprised of key stakeholders of the CP, including governmental counterparts at national level and the regional M&E adviser in UNFPA APRO. The ERG will provide inputs at different stages in the evaluation process. The roles and functions of the ERG can be found in the Annexes.

Methods for data collection

The evaluation will use a mixed-method approach, using both qualitative and quantitative methodologies. Qualitative data will be generated from multiple sources, including (but not limited to) documentary review, individual interviews, group discussions, focus groups as appropriate. Since each method has its unique strengths and weaknesses, the

evaluators need to combine them in a way that uses the comparative strengths of one approach to correct for the relative weaknesses of the others.

Methods for data analysis

The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use a variety of methods to ensure that the results of the data analysis are credible and evidence-based. The types of data analysis methods to be used in the evaluation are expected to be fully described in a design report by an evaluation team.

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

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

Sampling of stakeholders

Considering the wide range of stakeholders of UNFPA CP9 for China, the evaluation team will have to select a sample of stakeholders for data collection using specific selection criteria. Given under 9th CP the CO and Implementing Partners had only one intervention funded by Danish project and there is a final evaluation. The evaluation team is not expecting to travel beyond Beijing.

Ethical considerations

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

Evaluation process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparatory Phase (*Handbook, pp.35-40*)

The evaluation manager at the UNFPA China CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (TOR) with annexes for the CPE with support from the regional M&E adviser in UNFPA APRO and submission of the draft TOR to the regional M&E adviser for review and approval.

- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA regional M&E adviser, and recruitment of the consultants by the CO to constitute the evaluation team.

7.2. Design Phase (*Handbook, pp. 43-83*)

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA China CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (see Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the TOR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in China through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the regional M&E adviser in UNFPA APRO for review and approval. The template for the design report is provided in Annex E.

7.3. Field Phase (*Handbook, pp. 87-111*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG.

A period of 3 weeks for data collection is planned for this evaluation given that we do not have any project sites and the programme is relatively small. The length of in-person data collection in Beijing will be agreed during the inception phase

In-person data collection in Beijing.:

- Meeting with the UNFPA China CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA China CO.
- Data collection at national level

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG, if possible**, to present the emerging findings and initial recommendations from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders. It will enable the evaluation team to refine the findings, which is necessary so they can then formulate their conclusions and develop credible, relevant, and feasible recommendations.

7.4. Reporting Phase (*Handbook*, pp.115 -121)

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must perform an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The evaluation manager and the regional M&E adviser in UNFPA APRO will subsequently review the draft evaluation report, using the same criteria (defined in the EQA grid). If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the evaluation manager in the UNFPA China CO, in consultation with regional M&E adviser.

At the end of the reporting phase, the evaluation manager and the regional M&E adviser will jointly prepare an internal EQA of the final evaluation report. The Evaluation Office will subsequently conduct the final assessment of the report as per the EQA, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase (*Handbook*, pp.131 -133)

In the dissemination and facilitation of use phase, the evaluation team will develop a **PowerPoint presentation of the evaluation results** that summarizes the key findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA China CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a PowerPoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, APRO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In a last step, The UNFPA China CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA China CO, will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the final EQA will be included in the UNFPA evaluation database. The final evaluation report will also be circulated to the UNFPA Executive Board. Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA China CO website.

Expected outputs and deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the TOR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG where possible.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA China CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report (*maximum 70 pages, excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G.
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA China CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

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

The expected outputs/deliverables of the evaluation include:

- A design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology with a detailed description of the data collection plan for the field phase;

Work plan/ Indicative timeframe

Phases/Specific activities/milestones/deliverables	Dates
1. Preparatory Phase	
Prepare the draft Terms of Reference (TOR) of the CPE by the Evaluation Manager (EM) with support of the CO	
Send the draft TOR to the APRO for clearance	
Revise the draft TOR to incorporate APRO's comments	
Send the draft TOR to APRO for approval	
Identify the potential candidates and prepare the assessment table with the assistance of regional M&E adviser	
Contract with the evaluation team	
Establish the evaluation reference group ¹⁰	
Prepare the documentation for the evaluation team	
2. Design Phase	
Design the evaluation by the evaluation team	
Submit the draft design report of the country programme evaluation (CPE) to the CO	
Review the draft design report for quality assurance by the evaluation reference group	
Finalize the design report by the evaluation team	
RMEA approval of the report	
3. Field Phase (Beijing)	
Conduct Beijing mission for data collection and analysis	
Conduct a debriefing meeting to present the preliminary findings, tentative conclusions and embryonic recommendations by the evaluation team to the CO	
4. Reporting Phase	
Prepare the first draft of the CPE report by the evaluation team	

¹⁰ **An evaluation reference group** is usually composed of the country office senior managers, M&E advisor of Regional Office, and representatives of national counterparts including government. They may also include representatives of the academia and of civil society organizations.

Submit the draft of the CPE report to UNFPA CO	
Review and comment on the draft CPE report by the evaluation reference group and perform the EQA for the draft report by the Evaluation Manager	
Incorporate the consolidated comments from the evaluation reference group into the final CPE report by the evaluation team	
Submit the final CPE report by the evaluation team	
Review and approve the final CPE report by the CO In consultation with RMEA.	
Perform the EQA of the final CPE report by the evaluation manager in consultation with the regional M&E advisor and submit the final report with draft EQA to EO	
EO conducts an independent assessment of the CPE report and uploads the report and EQA into the evaluation database	
5. Dissemination and follow-up Phase	
To distribute the final CPE report to the stakeholders in country, Regional Office and UNFPA headquarters with a view to obtaining responses to recommendations	
To prepare the management response to the CPE recommendations	
To post the final CPE report, the EQA and the management response on the CO website and UNFPA evaluation database	

Composition of the evaluation team

The evaluation team will consist of one expert as team leader and one expert as team member as follows:

- One team leader (international consultant) with overall responsibility for the production of the draft and final evaluation reports. He/she will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. At the synthesis phase, she/he will be responsible for putting together the first comprehensive and cohesive draft of the inception and evaluation reports, based on inputs from other evaluation team members. She/he will also be responsible for adequately incorporating ERG comments and finalizing the report.
- Two team members (Chinese Expert) will complement expertise in the core subject areas of the evaluation. (PD and Gender)
- All team members will take part in the data collection and analysis work during the design and field phases. They will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to the core subject areas under their responsibility.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct (Annex1) prior to engaging in the evaluation exercise.

Qualifications of the evaluation team

1. Team leader

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

2. Population and development expert (national expert)

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

3. Gender expert (national expert)

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

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

Remuneration and duration of contract

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

- 40 workdays for the team leader;
- 30 workdays for two national experts;

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

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

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

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

Management and conduct of the evaluation

Roles and responsibilities of the evaluation manager

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

The evaluation manager will:

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

Roles and responsibilities of the evaluation team

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

Roles and responsibilities of the reference group

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

The main functions of the reference group will be:

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

Brief outline of the quality assurance process

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

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

- Quality assurance during the design phase

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

- Quality assurance during the field phase

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

- Quality assurance during the reporting phase

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

Bibliography and resources¹¹

	DOCUMENTS	STATUS	COMMENTS
	1. Programming Documents		
	1.1 Common Country Assessment		
	1.2 Current UNSDCF (2021-2025)		
	1.3 CP9 CPD and CPAP		
	1.4 (a) Results and Resources Framework (b) Planning and Tracking Tools (c) Monitoring and Evaluation calendars		
	1.5 Relevant national policy documents for each programmatic area (SRHR, Youth, PD and Gender)		
	1.6 UNFPA Strategic Plan (2022-2025)		
	1.7 The mid-term review of UNFPA Strategic Plan		
	1.8 UNFPA Strategic Plan (2018-2021)		
	1.8 Evaluation of the project “Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi Provinces in China”		
	2. Annual Work Plans and Standard Progress Reports for CP9		
	2.1 AWP and Annual Standard Progress Reports under SRHR component		
	2.2 AWP and Annual Standard Progress Reports under PD component		
	2.3 AWP and Annual Standard Progress Reports under gender component		
	2.4 AWP and Annual Progress Reports under youth component		
	2.5 AWP and Annual Progress Reports under SS component		
	2.5 Country Office Annual Reports		
	3. List of projects and the stakeholders mapping for CP9		
	3.1 List of projects		
	3.2 The stakeholders mapping table for CP9		
	4. Evaluation/ Reviews Reports for CP8		
	4.1. Evaluation reports (such as end-of-project evaluation or thematic evaluation under CP8)		
	5. Surveys and Studies		
	5.1. Baseline and end line survey reports for CP9		
	5.2. Other studies in Reproductive Health		
	5.3. Other studies in Population and Development		
	5.4. Other studies in Gender		
	5.5. Other studies in Youth		
	6. Monitoring		
	6.1 Field monitoring visits reports		
	7. Partners		

¹¹ To be finalized when all the documents and materials for CPE complied.

	7.1. IPs: Reports assessing technical capacity of implementing partners		
	7.2. United Nations Country Team: Documentation regarding joint programmes Documentation regarding joint working groups, corresponding meeting agendas and minutes		
	7.3. <i>Other donors</i> : Documentation on donor coordination mechanisms: <ul style="list-style-type: none"> - List of donor coordination groups in which UNFPA participates - Corresponding meeting agendas and minutes - Co-financing agreements and amendments 		

Annexes

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

Annex 1

Ethical Code of Conduct for UNEG/UNFPA Evaluations

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

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

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

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

Annex 2

Outlines of the Design Report

Cover page

UNFPA Country Programme Evaluation: Name of the Country

Period covered by the evaluation

Design Report

Date

Second page

Country Map (half page)

Table (half page)

Evaluation team	
Titles/position in the team	Names

Third page

Table of contents

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

4.1	Evaluation criteria and evaluation questions	7-10 pages max.
4.2	Methods of data collection and analysis	
4.3	Selection of the sample of stakeholders	
4.4	Evaluability assessment, limitations and risks	
Chapter 5: Evaluation process		
5.1	Process overview	3-5 pages max.
5.2	Team composition and distribution of tasks	
5.3	Resource requirements and logistic support	
5.4	Work plan	
Total		20-30 pages max.

Annexes:

Annex 1 – Terms of reference

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Following page

Abbreviations and Acronyms

List of tables

List of figures

Following page

The key facts table

Annex 3

Outlines of the Final Report

Cover page

UNFPA Country Programme Evaluation: Name of the Country
Period covered by the evaluation
Final Evaluation Report
Date

Second page

Country Map (half page)	
Table (half page)	
Evaluation team	
Titles/position in the team	Names

Third page

Acknowledgements

Fourth page

Table of contents

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

2.2	The role of external assistance	
Chapter 3: UN/UNFPA Strategic response and programme strategies		
3.1	UN and UNFPA response	5-7 pages max.
3.2	UNFPA response through the country programme	
3.2.1	Brief description of UNFPA previous cycle strategy, goals and achievements	
3.2.2	Current country programme	
3.2.3	The financial structure of the programme	
Chapter 4: Findings: answers to the evaluation questions		
4.1	Answer to evaluation question 1	25-35 pages max.
4.2	Answer to evaluation question 2	
4.3	Answer to evaluation question 3	
4.4	Answer to evaluation question X	
Chapter 5: Conclusions		
5.1	Strategic level	6 pages max.
5.2	Programmatic level	
Chapter 6: Recommendations		
6.1	Recommendations	4-5 pages max.
Total number of pages		50-70 pages max.

Annexes:

Annex 1 – Terms of reference

Annex 2 – List of persons/institutions met

Annex 3 – List of documents consulted

Annex 4 – The evaluation matrix

Following page

Abbreviations and Acronyms

List of tables

List of figures

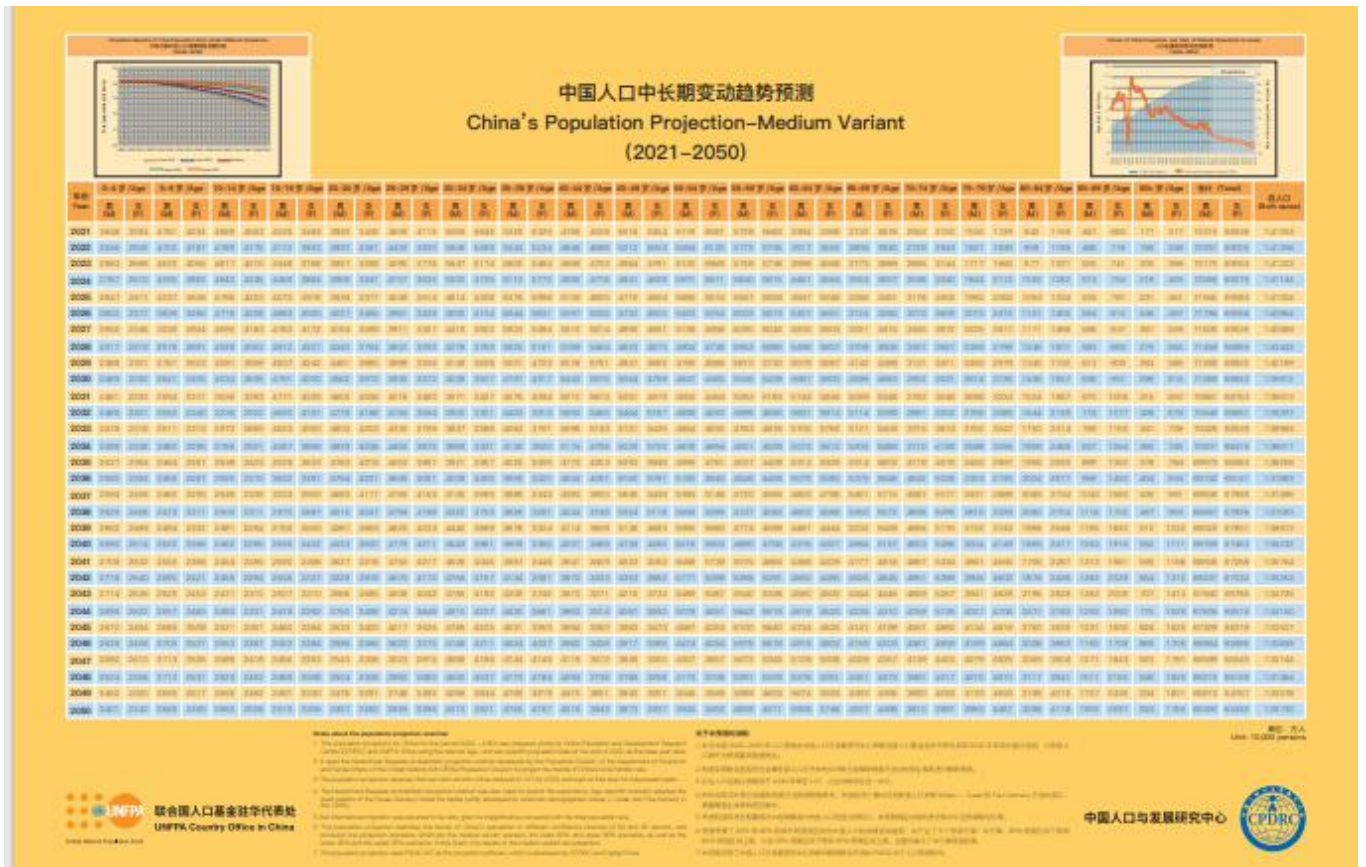
Following page

The key facts table

Following page

Structure of the country programme evaluation report

ANNEX 8 : WALL CHART OF POPULATION PROJECTIONS



ANNEX 9. LIST OF ERG MEMBERS

Name	Designation	Organization
Ms. Zhao Jie	Division Chief, DITEA	MOFCOM
Mr. Hao Fuqing	Deputy Director General, Social Development Department (retired and replaced by Mr Xu Jian PO	NDRC
Ms. Li Juan	Division Chief, Department for International Cooperation	NHC
Ms. Hong Ping	Commissioner and Deputy Secretary General	CFPA
Ms. Zhang Ying	Division Director, International Liaison Department	ACWF