

UNFPA China

COUNTRY PROGRAMME EVALUATION

2021-2024



EVALUATION REPORT
(December 2024)



MAP of CHINA



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TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION

- 1.1 Purpose and objectives of the CPE
- 1.2 Scope of the evaluation:
- 1.3 Evaluation approach
 - 1.3.1 Contribution analysis and theory of change
 - 1.3.2 Methods for data collection and analysis
 - 1.3.3 Stakeholders consulted and sites visited
 - 1.3.4 Limitations and mitigations measures

CHAPTER 2: COUNTRY CONTEXT

- 2.1 Development challenges and national strategies
 - 2.1.1 Introduction
 - 2.1.2 Development Challenges
 - 2.1.2.1 Population ageing
 - 2.1.2.2 Low fertility
 - 2.1.2.3 Reproductive health
 - 2.1.2.4 Gender equality and women's empowerment
 - 2.1.2.5 Population statistics
 - 2.1.2.6 Youth Development
 - 2.1.3 National strategies
- 2.2 The role of external assistance

CHAPTER 3: THE UNITED NATIONS AND UNFPA RESPONSE

- 3.1 United Nations and UNFPA strategic response
- 3.2 UNFPA response through the country programme
 - 3.2.1 Brief description of UNFPA previous programme cycle, goals and achievements
 - 3.2.2 The current UNFPA country programme and an analysis of its theory of change
 - 3.2.3 The financial structure of the UNFPA country programme

CHAPTER 4: FINDINGS

- 4.1 Answer to evaluation question 1
- 4.2 Answer to evaluation question 2
- 4.3 Answer to evaluation question 3
- 4.4 Answer to evaluation question 4
- 4.5 Answer to evaluation question 5
- 4.6 Answer to evaluation question 6
- 4.7 Answer to evaluation question 7
- 4.8 Answer to evaluation question 8
- 4.9 Answer to evaluation question 9
- 4.10 Answer to evaluation question 10

CHAPTER 5 : CONCLUSIONS

- 5.1 Conclusion 1
- 5.2 Conclusion 2
- 5.3 Conclusion 3
- 5.4 Conclusion 4
- 5.5 Conclusion 5
- 5.6 Conclusion 6
- 5.7 Conclusion 7
- 5.8 Conclusion 8

CHAPTER 6 : RECOMMENDATIONS

- 6.1 Recommendation 1
- 6.2 Recommendation 2
- 6.3 Recommendation 3
- 6.4 Recommendation 4
- 6.5 Recommendation 5

ANNEXES

- Annex 1 Evaluation Matrix
- Annex 2 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)

ACRONYMS

| | |
|--------|---|
| ACWF | All-China Women's Federation |
| BIEG | Beifang International Education Group |
| CAGG | China Association of Gerontology and Geriatrics |
| CDPF | China Disabled Persons' Federation |
| CFPA | China Family Planning Association |
| CICETE | China International Center for Economic and Technical Exchanges |
| CMCHA | China Maternal and Child Health Association |
| CNCA | China National Committee on Ageing |
| CNHDR | China National Health Development Research Center |
| CNWCA | China National Working Commission on Ageing |
| CPAP | Country Programme Action Plan |
| CPD | UN Commission on Population and Development |
| CPD | Country Programme Document |
| CPDRC | China Population and Development Research Center |
| CPE | Country Programme Evaluation |
| CRCA | China Research Centre on Ageing |
| CRHIA | China Reproductive Health Industry Association |
| CSE | Comprehensive Sexuality Education |
| CYN | China Youth Network |
| DRC | Development Research Centre of the State Council |
| GBSS | Gender-Based Sex Selection |
| ICPD | International Conference on Population and Development |
| MIPAA | Madrid International Plan of Action on Ageing |
| MOCA | Ministry of Civil Affairs |
| MOE | Ministry of Education |
| MOFCOM | Ministry of Commerce |
| NBS | National Bureau of Statistics |
| NCC | National Copyright Administration of China |
| NWCH | National Centre for Women and Child Health |
| NDRC | National Development and Reform Commission |
| NWCCW | National Working Committee on Children and Women |
| PDSSC | Population and Development South-South Center of Excellence |
| PKU | Peking University |
| POA | Programme of Action |
| PSA | Population Situation Analysis |
| RI | Rehabilitation International |
| RUC | Renmin University of China |
| SRB | Sex Ratio at Birth |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Right |
| SSC | South-South Cooperation |
| UHC | Universal Health Coverage |
| UNCT | United Nations Country Team |
| UNDAF | United Nations Development Assistance Framework |

UNOPS
UNSDCF
WEI

United Nations Office for Project Services
United Nations Sustainable Development Cooperation Framework
Women Enabled International

List of Tables:

Table 1.1: Evaluation Criteria and Evaluation Questions

Table 1.2: Stakeholders Met during the Field Phase

Table 3.1: CP9 Outcomes and Outputs

Table 3.2: Planned Resource Allocation for CP9 by Outcome Area (USD million)

Table 4.1: Budget and Expenditure of the Ninth Country Programme: China

Table 4.2: Evaluation Analysis: SRHR Programme

Table 4.3: Evaluation Analysis: South-South Cooperation Programme

Table 4.4: Evaluation Analysis: Adolescent and Youth Programme

Table 4.5: Evaluation Analysis: GEWE Programme

Table 4.6: Evaluation Analysis: Population Development Programme

List of Figures:

Figure 1: China Population Pyramid 2020

Figure 2: Linkage to UNFPA Strategic Plan 2022-2025

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The Evaluation Team hopes that the findings and recommendations presented in this report will be of some use during the development of the next country programme

Table 2.1. Key Data

| | 2015 | 2020 | 2022 | 2023 |
|--|------------|---------|-------------|---------|
| Population (million) ^a | 1409.67 | 1411.78 | 1411.75 | 1409.67 |
| Urban population rate (%) ^a | 57.33 | 63.89 | 65.22 | 66.16 |
| Birth rate (‰) ^a | 11.99 | 8.52 | 6.77 | 6.39 |
| Death rate (‰) ^a | 7.07 | 7.07 | 7.37 | 7.87 |
| Age group 0-14 (%) ^a | 16.5 | 17.9 | 16.9 | 16.4 |
| Age group over 60 (%) ^a | 16.1 | 18.7 | 19.8 | 21.1 |
| Age group over 65 (%) ^a | 10.5 | 13.5 | 14.9 | 15.4 |
| Maternal Mortality Ratio (1/100,000 Live births LB) ^b | 20.1 | 16.9 | 15.7 | 15.1 |
| Maternal Mortality Ratio urban, 1/100,000 LB) ^b | 19.8 | 14.1 | 14.4 | 12.5 |
| Maternal Mortality Ratio (Rural, 1/100,000 LB) ^b | 20.2 | 18.5 | 16.6 | 17.0 |
| Under-5 Mortality Rate (per 1000 LB) ^b | 10.7 | 7.5 | 6.8 | 6.2 |
| Under-5 Mortality Rate and Infant Mortality Rate urban, per 1000 LB) ^b | 5.8 | 4.4 | 4.2 | 3.9 |
| Under-5 Mortality Rate and Infant Mortality Rate rural, per 1000 LB) ^b | 12.9 | 8.9 | 8.0 | 7.2 |
| Infant mortality rate (per 1000 LB) ^b | 8.1 | 5.4 | 4.9 | 4.5 |
| Infant mortality rate urban, per 1000 LB) ^b | 4.7 | 3.6 | 3.1 | 2.9 |
| Infant mortality rate rural, per 1000 LB) ^b | 9.6 | 6.2 | 5.7 | 5.2 |
| The rate of systematic management of pregnant and lying - in women | -- | 92.7 | 93.6 | 94.5 |
| Prénatal examination rate (%) ^b | 96.5 | 97.4 | 97.9 | 98.2 |
| Hospital delivery rate (%) ^b | 99.7 | 99.9 | 99.94 | 99.95 |
| postpartum visit rate | 91.0 | 95.5 | 96.5 | 97.0 |
| Sex ratio at Birth | 113.5 | 111.3 | 111.1 | |
| Life expectancy (year | 76.34 | 77.93 | 78.2 (2021) | 78.6 |
| domestic violence rate of married women ^c | 13.8(2010) | 8.6 | -- | -- |

Data sources:

a: Statistical Bulletin on National Economic and Social Development in China 2015, Statistical Bulletin on National Economic and Social Development in China 2020, Statistical Bulletin on National Economic and Social Development in China 2022, Data of 2024: NBS. Reports on Achievements in China's Economic and Social Development over the Past 75 Years

b: Statistical Bulletin on the Development of Health and Health Undertakings in China 2015, Statistical Bulletin on the Development of Health and Health Undertakings in China 2020, Statistical Bulletin on the Development of Health and Health Undertakings in China 2022 ; Data of 2024: NBS. Reports on Achievements in China's Economic and Social Development over the Past 75 Years

c: Women 's Studies Institute of China, The Third and Fourth Phases of the Survey on the Social Status of Chinese Women

EXECUTIVE SUMMARY

Introduction:

With CP9 coming to a close at end 2025, the Country Office (CO) in partnership with the Government of the People's Republics of China undertook an Independent Country Programme Evaluation (CPE) of CP9 (2021-2025) between April to November 2024. The evaluation was undertaken in line with the United Nations Evaluation Group (UNEG) Norms and Standards, code of conduct and ethical guidelines, UNEG guidance on gender-and human rights-responsive evaluations, and international best practices in evaluation. Adhering to UNFPA's Evaluation Policy, the CPE was conducted by a three-person independent team, and managed by the CO in close collaboration and oversight from the Asia and the Pacific Regional Office (APRO) M&E Adviser.

Purpose and Objectives.

The overriding purpose of this CPE as per its Terms of Reference (TOR) is to demonstrate the accountability of both UNFPA and the UNFPA Country Office in China with respect to the Ninth Country Programme (CP9). The specific objectives of the CPE are to: provide an independent assessment of the relevance, effectiveness, efficiency, sustainability and coherence of the CP; provide an assessment of the CO's strategic positioning within the UNCT, development community and national partners; draw key lessons from past and current cooperation and on the basis of this to provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

Scope of the Evaluation

The CPE included all interventions implemented under the CP9 Document during the period 2021 - Q1 2024 and within each of the four programme areas, that is sexual and reproductive health and rights (SRHR), adolescents and youth (A&Y), gender equality and women's empowerment (GEWE), and population dynamics (PD). Cross-cutting issues such as the mainstreaming of gender equality and women's empowerment and disability inclusion in the design and implementation of CP9 were also covered. Likewise, interventions funded both from UNFPA core and non-core resources as well as interventions undertaken through direct execution by UNFPA and those by national execution (by implementing partners) were covered. Ten Evaluation questions (EQs) were adopted to address the five evaluation criteria of relevance, efficiency, effectiveness, sustainability and coherence, all of which were agreed to by the Evaluation Reference Group (ERG). For each of these 5 criteria, one or more evaluation questions (EQ) were identified by the ERG for inclusion in the TOR. Each EQ was accompanied by a set of assumptions and indicators, thus forming an evaluation matrix, which highlights the assumptions, the evidence required to validate the assumptions, and methods of data collection, which together constitutes the evaluation matrix.

Evaluation Approach

The evaluation matrix, developed as part of the design phase of the CPE and cleared by the ERG, is central to the formulation of evidence-based findings. The answers to the questions in the matrix facilitated the ET to assess whether the results of UNFPA contributions were in concordance with the expected results as in the Results and Resources Framework and as initially conceptualised in the respective theory of change for each programme area; whether UNFPA support made a difference in each of the outcome areas; and whether CP9 was relevant, effective, efficient, sustainable and coherent.

The evaluation of CP9 was theory-based with the approach founded on an explicit theory of change (TOC). The TOC explains the relationship between interventions and results, i.e. how interventions supported by UNFPA China CO contributed to the desired outcomes and overall goals of UNFPA. The ET in its analysis of the respective TOCs found that these were sufficiently sound and did not require any changes for purposes of the evaluation.

Methods of Data Collection and Analysis.

A mixed-method approach, utilizing quantitative and qualitative methodologies was adopted. Quantitative evidence largely emanated from data from official sources and other UN / CSO /academic documents and also UNFPA CP9 financial data. Qualitative evidence came mainly from desk reviews semi-structured interviews and discussions with key informants from Government, national partners, academia, NGOs, UNFPA COs and UN agencies.

The Evaluation matrix guided the data analysis process. Information and inputs sourced from documentary sources as well as from stakeholder interviews, discussions and feedback, including UNFPA staff were recorded and later entered into the evaluation matrix framework (by evaluation criteria, evaluation question, assumption and indicators) to help the ET undertake analysis after the data collection phase.

UNFPA's Country Programme 9 (CP9) 2021- 2025

Engaging through policy advice and technical support, UNFPA through CP9 focussed on 4 programme areas, namely sexual and reproductive health and rights; adolescents and youth; gender equality and women's empowerment; and population and development. With a total budget of \$21 million, CP 9 had to deliver on 4 outcomes and 6 outputs.

Findings

Relevance: Across programme areas, the CP9 programme was found to be relevant and adapted to national priorities and China's development context. It was aligned with the Sustainable Development Goals, the ICPD Programme of Action, the UN Sustainable Development Cooperation Framework, and the transformative goals of UNFPA's Strategic Plan.

The COVID-19 pandemic and the consequent closure of borders and the lockdown impacted UNFPA's work during the 2021-2023 period. UNFPA responded through adjustments in working arrangements, including working from home using online mechanisms to ensure programme delivery, demonstrating flexibility in the face of challenges.

There was a focus in the design of CP9 towards those groups that had less equitable access to services related to UNFPA's mandate, including women, young people, PWD, and older persons. Interventions by UNFPA and national partners in Qinghai and Shanxi provinces were successful examples of reaching out to different vulnerable groups including young people aimed at improving access to integrated SRHR services. These groups were represented at all stages of programme development and implementation. The GEWE programme pushed hard on the establishment of a multi-sectoral coordination mechanism to address GBV and Domestic Violence that principally affected women and girls. The PD programme contributions on low fertility and population ageing were highly relevant to government concerns on these issues.

Efficiency. Despite declining core resources, the effect of the COVID-19 pandemic, and a relatively tight CO team, most deliverables have been achieved with other output targets likely to be met by the close of 2025. UNFPA CO's mode of engagement is advocacy and evidence-based policy dialogue; and programme staff have demonstrated the skills required for this approach to program delivery. The planned work programme has mainly been on time and implementation rates are commendable.

Declining core resources had led to a leveraging effect through UNFPA's strategic partnerships with IPs, national partners and increasingly with the private sector which has resulted in private funding for several components of the programme. Financial resources were received on time and allocated promptly to implementing and other partners once workplans were approved. Raising more non-core funding for the programme will be a future opportunity and challenge. The preponderance of direct expenditure, with a smaller share for national execution will be another point for reflection in the next programme cycle. There was no evidence of the use of AI.

UNFPA's implementing partners, CFPA and NCWCH have played a strong facilitative role contributing towards the success of CP9. Other partnerships across programme areas bringing together government, academia and international organizations to discuss issues and ideas have built platforms for sharing information and building capabilities. Coordination mechanisms of the UN have been especially useful in areas where working as one is more effective than working in separate ways, especially in portfolios such as youth, gender, HIV/AIDs. The CO's fully functioning monitoring system provides the information base for tracking progress and results and for management decision making.

Effectiveness. Almost all output indicators had achieved their targets, despite pandemic-related setbacks. In the case of SRHR, UNFPA-supported interventions contributed towards providing greater access to integrated SRH services among vulnerable groups including people with disabilities and ethnic minorities. The interventions in Qinghai and Shanxi 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 release 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. Further work continued on developing evidence to strengthen multi-sectoral coordination mechanisms for the prevention and response to GBV. In the PD area, UNFPA contributed to developing ideas and programmes on low fertility and population ageing for and with state agencies, these two population trends being of great concern to the authorities. Most targets of the output indicators of the South-South programme are being achieved.

Gender equality and empowerment of women, and disability inclusion have been mainstreamed into the design, implementation and monitoring of CP9. In addition to its alignment with national GEWE priorities, and Gender-related SDG5, the CP9 programme is consistent with UNFPA's own transformative goals which are rights-based and focused on women, girls and young people. Informed by vulnerability analysis, CP9 targeted vulnerable groups, including women, young people, older persons and people with disabilities.

Sustainability. UNFPA's tradition of building local capacity within state institutions and partners continued into CP9. The close working relationship between UNFPA and national stakeholders which have the ear of national planners as well as have been involved in program design and implementation ensure shared ownership of the programme and a strong interest in its sustainability. Informants are confident that on-going programmes can be sustained and scaled up, but would like to see UNFPA's continued cooperation to share technical and specialised knowledge and international best practices as well as build new capacity where required.

UNFPA's collaboration with China through SSC is largely (but not entirely) in the area of maternal and women's health which come under SDG 3 and SDG5. China's contributions to developing countries through the SSC modality with UNFPA have been seen among others in health infrastructure development, screening for prevention of cervical cancer, provision of emergency supplies in humanitarian crises, vaccines and protective gear at the time of the COVID-19 pandemic. China/UNFPA south-south triangular cooperation contributed to some extent to a reduction in maternal deaths in several countries especially in Africa.

Several capacity building initiatives were undertaken by UNFPA in CP9 to strengthen the capacity of local institutions and Chinese companies to participate in SSC with developing countries. These workshops shared knowledge and built understanding *inter alia* on UNFPA procurement practices, its priorities regarding maternal and women's health, RH commodities and reproductive health needs, and the ICPD POA.

Coherence: UNFPA played an important role in the UNCT as well as in coordination mechanisms, including UN Theme Groups, and the Results, and Disability Groups. UNFPA worked closely with UN partners on the implementation of the UNSDCF, 2021-2025 and participated in leadership roles in the

respective UN Theme Groups on Youth and Gender. Comparative strengths include technical and specialized knowledge on SRH, population dynamics, and data which complement the portfolios of fellow UN agencies in China.

To national partners, UNFPA has been a reliable and trusted partner. It has been credited for sharing global knowledge and experiences on ICPD-related issues. There is also significant coherence between national priorities and concerns and UNFPA's interventions to support China's efforts to implement the ICPD POA and UNFPA's three transformative goals. UNFPA has played a central role in mediating China's SSC programme with developing countries especially in the area of maternal and women's health.

Factors contributing to the relative success of CP9.

The long and reliable relationship developed with important Government, and non-governmental partners over several CP periods, including during CP9, has been an important enabling factor for the achievement of CP9 results. In addition, UNFPA has built a trusting and professional relationship with government agencies involved in policy research, data, and health through the provision of policy advice, delivering knowledge of good practices from global knowledge hubs, and UNFPA support for technical studies, all of which have helped nurture a positive cooperative relationship.

UNFPA's reach-out to the private sector (i) for help in developing innovative solutions such as the use of digital technology supported the livestreaming of CSE to reach a wider audience, (ii) approaching Gates Foundation in China for financial support for the conduct of the 2nd Youth Survey are some examples of financing of non-core resource components in order to enable programme implementation.

The Common Country Assessment (CCA) that was developed prior to the UNSDCF devoted space to the identification of vulnerable groups in China, including PWDs, youth, older persons, women, and ethnic minorities in its list of vulnerable populations that needed to be better reached. To this extent the CCA played a facilitative role in defining and clarifying those groups that needed support the most.

An important facilitating factor for sustainability was the fact that in most cases, key stakeholders had been involved in the program design and implementation, thereby ensuring shared ownership of the programme.

A contributory factor for UNFPA/ Government of China's SSC programme was the Government's commitment to collaborate with UNFPA to strengthen the country's international development cooperation in areas of UNFPA's mandate, especially in reducing preventable maternal deaths and population development issues. Support from the participating COs in beneficiary countries was another facilitating factor.

A constraining factor has been the halving of core financial resources, which if not otherwise could have allowed for more policy-related engagement and building stronger national capacity for long-run sustainability.

Lessons Learnt and Best Practices

Working alongside government-affiliated organizations worked for policy advocacy. These partnerships have been crucial in formulating effective strategies to tackle these pressing social challenges.

One of the lessons learnt from the SRHR intervention in Qinghai and Shanxi was that ensuring timely planning, monitoring, and communication was critical for the implementation of funding by the Danish government. Given the uncertainty caused by Covid-19 control measures, the development of a monitoring tool to allow frequent monitoring of implementation for weekly/ monthly meetings helped back-up planning and smooth communication with the donor.

It was found that supporting organizations for persons with disabilities (OPDs) that advocate for disability rights and SRHR was critical, as partnerships with key stakeholders at all levels (national to local levels) in

implementation allowed for a broader reach of the target populations enabling greater acceptance of SRH in target pilot sites.

A lesson learnt in GBV advocacy was that putting sensitive topics such as GBV into a broad legal and policy framework for discussion can help engagement and cooperation with different sectoral actors

Conclusions

1. Despite COVID-19 and the time lost because of lockdowns and closure of borders, CP9 was successful in achieving most output targets, and the consequent contribution to expected outcomes, which reflects the CO's adaptability to respond to unexpected challenge, its good use of human and financial resources, and a close and trusting working relationship with partner. A long-standing collaborative relationship with several stakeholders, including government agencies, government-affiliated organizations, academia, UN agencies, and community groups, facilitated the achievement of CP9 goals.

2. CP9 saw increased upstream policy engagement through, inter alia, development of knowledge products, advocacy, direct policy discussions with government partners based on evidence and good practices, and through building individual/institutional capacities to build sustainability of CP9 results. Inter-agency mechanism such as the UN Theme Groups were successful in enabling UN agencies working together to highlight relevant common issues and engage policy makers and influencers, as reflected by both the Gender and Youth Theme Groups, in which UNFPA was more directly involved.

3. In line with the use of a human rights approach and application of the principle of leaving no one behind and reaching the furthest behind, there was an increasing focus in CP9 towards vulnerable population groups including women, young people, older persons, and people with disabilities. Intersectionality analysis through the identification of the actual needs of vulnerable groups and addressing them would enhance programme relevance. Availability of more disaggregated data will also further support such analysis and consequent policy advocacy. Gaps remain in the collection and utilization of disaggregated data especially on vulnerable groups.

4. There is growing momentum in South-south cooperation both for the UNFPA CO, and as a national mechanism for providing development assistance on one hand as well as a strategy to use Chinese production hubs to meet the needs of other developing countries for Chinese medical and RH commodities. For UNFPA to better play an intermediary role, it should have a better understanding of developing country needs that can be met by China under the SSC programme. For UNFPA, SSC is also meant to be a mechanism for the mutual sharing of information and experiences on ICPD POA implementation between the provider of development assistance and the beneficiary so that both parties benefit mutually from the SSC mechanism.

5. Successful inroads were made to promote and build capacity in CSE, yet elements of push-back on CSE remain because of misconceptions of the term due to continued adherence to particular cultural and societal norms. Likewise, there still exist opinions that there is a shrinking space for civil society organizations working on gender and GBV.

6. Given the trend towards reduced core resources, the expansion of new partnerships for programme financing, especially with private sector companies and foundations will become more important. While a start has already been made in CP9, moving forward, further expansion of these partnerships will be essential, cutting across all four outcome areas.

7.UNFPA's contributions to capacity building of individuals and institutions have contributed towards programme sustainability, and together with the country's economic strength, financial stability and strengthened human capability, there is a growing confidence that many CP results can be scaled up or undertaken especially by Government institutions. There is however a felt need for UNFPA's continued role in building national capacity and sharing of global knowledge.

8.Low fertility and population ageing are important development challenges for the country. UNFPA continues to have an important role in supporting Government in this regard through policy advice and knowledge sharing especially because of UNFPA's own mandate on population matters as well as its available population development expertise.

RECOMMENDATIONS

Recommendation 1: Continued advocacy by UNFPA CO for increased focus on LNOB and reaching the furthest behind. Priority: High priority; Target: UNFPA CO; Based on Conclusion: 3,7 UNFPA in its upstream work in the next CP should continue to focus on meeting the needs of vulnerable populations (LNOB/RFB principle) especially with respect to UNFPA's three transformational goals.

Action Points (i) Advocate for the scaling up of successful initiatives such as the integrated SRHR model demonstrated in selected counties of Qinghai and Shanxi provinces; and the CSE livestreaming initiatives to train both teachers and students, in other underserved areas. ii) UNFPA's focus on vulnerable groups which is based on a human rights approach and LNOB/RFB principle, should be broadened by looking at vulnerability from an intersectionality perspective. (iii) UNFPA to work with NBS and agencies that collect administrative data to improve the availability of disaggregated data in general and on vulnerable population groups, (iv) UNFPA should advocate and coordinate with Government and other partners to push further disability perspectives.

Recommendation 2: UNFPA CO should proactively strengthen its own capabilities and sharpen its SSC strategy, taking advantage of the progress made during CP9 and the Government of China's keen desire to participate in SSC with developing countries. Priority: High priority; Target: UNFPA China CO, other COs, and UNFPA Regional Offices; Based on Conclusion: 4.

Action Points: (i) UNFPA CO should identify together with other UNFPA COs what the real needs are for technical or financial support from China's SSC mechanisms (ii) CO in consultation with relevant national partners, should identify China's own potential needs which could be resolved through the SSC modality; (iii) the needs identified in (i) and (ii) above, will have to be articulated and presented as part of medium term support plans that includes specific SS initiatives, to be agreed upon by the Chinese Government at the beginning of the next CP cycle. As this would involve more coordination responsibility, it would involve strengthening the SSC team at the CO; (iv) have a dedicated outcome area for SSC especially when SSC components are found across all programme areas.

Recommendation 3: UNFPA CO needs to take advantage of the strengths of the UN system and its coordination mechanisms to advance joint policy engagement, advocacy and support on critical issues such as GEWE, rights, CSE, equitable access of vulnerable populations including PWDs to public services, social norms change, and population development issues. Priority: High priority; Target: UNFPA CO; Based on Conclusions: 1,2,5,7

Action Points: (i)UNFPA CO to consider looking into more opportunities for inter-agency collaboration and joint programming within the UN Country Team in order to realize the LNOB/ RFB principle; (ii) as

part of the preparation for CP10, UNFPA could also consider a review of current modalities of policy engagement in order to ascertain the most cost effective and successful modes of providing policy support.

Recommendation 4. UNFPA should consider increased technical support for population and development issues in particular population ageing and low fertility which are areas of national policy concern. Priority: High priority; Target: UNFPA CO; Based on Conclusion: 8.

UNFPA should provide more attention to the PD programme area; (i) continue to use a life-cycle approach to address the needs of individuals at every stage of life; (ii) invest in evidence-based approaches and foster cross-regional collaboration to help formulate workable and innovative solutions; (iii) UNFPA can support the development of comprehensive social support systems and inclusive economic policies that empower older persons, individuals, women, and youth; (iv) develop broader partnership including with other line Ministries such as the Ministry of Civil Affairs, that are accountable for social assistance and services, protection of the rights and interests of older persons and care services; (v). UNFPA's support to NBS to strengthen the production of disaggregated data including that of vulnerable populations should be continued.

Recommendation 5. UNFPA CO should engage and broaden its partnership with the private sector to benefit from knowledge sharing, innovative solutions and resources. Priority: High priority; Target: UNFPA CO; Based on Conclusion: 1, 6.

CP9 saw the beginnings of collaboration between UNFPA and the private sector mainly in the areas of SRH, AY, and SSC. The collaboration should be expanded in the next CP to include all programme areas and aimed at addressing population and development challenges

Action points: (i) UNFPA could create platforms for knowledge sharing and collaboration with representatives from the private sector and private foundations; (ii) engage with the private sector on specific win-win initiatives which could potentially unleash financial or in-kind resources that can support UNFPA programming;

CHAPTER 1: INTRODUCTION

Approved by the UNDP/UNFPA Executive Board in January 2021, the UNFPA 9th Country Programme, 2021-2025 (CP9) focuses its engagement in China on sexual and reproductive health and rights (SRHR), adolescents and youth (A&Y), gender equality and women's empowerment (GEWE), and population dynamics (PD). CP9 also involves another mode of engagement, namely the sharing of China's experiences in the above programme areas with other developing countries through South-South Triangular Cooperation (SSTC).

As CP9 is coming to a close in 2025, the Country Office (CO) is mandated by UNFPA's Evaluation Policy to undertake an Independent Country Programme Evaluation (CPE) every alternate programme cycle in order to evaluate independently criteria such as the relevance, effectiveness, efficiency, sustainability and coherence of a Country Programme. This is why the CPE of CP9 is being undertaken in 2024, the year before CP9 is concluded. Details of the purpose and objectives of the CPE follow next.

1.1. Purpose and objectives of the Country Programme Evaluation

An important component of any Country Programme cycle is its evaluation. UNFPA's Evaluation Strategy 2022- 2025 positions evaluation as an accelerator for the delivery of the three transformative results, namely zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices, by advancing learning, adaptation, accountability and informed decision-making.

The overriding purpose of this Country Programme Evaluation of CP9, 2021-2025 (CPE), as per its Terms of Reference (TOR) is to demonstrate the accountability of both UNFPA and the UNFPA Country Office in China with respect to the relevance, effectiveness, efficiency, sustainability and coherence of the Ninth Country Programme. Another purpose is to draw lessons from the programme and provide ideas to guide the design and development of the next or future country programme. Thus, (a) demonstrating UNFPA's programme accountability as well as (b) learning from the lessons of the past to sharpen future performance through adoption and adaption of ideas that work represent the dual purposes of the current evaluation exercise. The ET did not make any change to the above objectives as specified in the TOR which is also in line with the objectives stated in UNFPA's previous and most current evaluation policy.

The specific objectives of this CP9 evaluation are to: provide an independent assessment of the relevance, effectiveness, efficiency, sustainability and coherence of the CP; provide an assessment of the CO's strategic positioning within the UNCT, development community and national partners; draw key lessons from past and current cooperation and on the basis of this to provide a set of clear and forward- looking options leading to strategic and actionable recommendations for the next programming cycle; and last but not least identify, where possible, any unintended effects arising from the implementation of the programme.

1.2. Scope of the Evaluation

Covering the period 2021 up to Q1 2024, the CPE included all initiatives and interventions implemented under the CP9 Document and within each of the four programme areas, that is sexual and reproductive health and rights, adolescents and youth, gender equality and women's empowerment, and population

dynamics. It also evaluated the extent to which cross-cutting issues such as gender equality and women's empowerment and disability inclusion were mainstreamed in the implementation of CP9. In view that the early years of CP9 programme cycle implementation coincided with the COVID-19 pandemic, the impact of the pandemic on CP9 was also considered in the evaluation.

The entire evaluation field work was conducted at the national level and was based in Beijing, as indicated in the CPE TOR. However, the Danish funded Sexual and Reproductive Health and Rights (SRHR) intervention supported by UNFPA involving two remote provinces was a central component of the SRH programme in CP9. The Evaluation Team however did not visit the relevant provinces for data collection. This was because this pilot intervention had just been evaluated in 2022 and the evaluation report provided sufficient analysis of its performance.

The CPE covered interventions funded both from UNFPA core and non-core resources as well as the work implemented by its two UNFPA's implementing partners (IPs), other partners as well as policy engagement and advocacy interventions carried out by the UNFPA CO directly (through direct execution). The two IPs that were involved in the implementation of CP9 were the China Family Planning Association (CFPA) and the National Center for Women's and Child Health (NCWCH)¹. It also reviewed the human resource and financial and programmatic management and monitoring systems that enabled the achievement of results. It is to be noted that several initiatives such as (i) the intervention entitled "Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi Provinces in China" and the Survey on Youth Reproductive Behavior was initiated in the closing period of the Eighth Country Programme (CP8) but due to the onset of the pandemic were undertaken and completed in CP9. These interventions were also reflected in CP9 and therefore fall under the remit of this CPE.

The evaluation had a forward-looking approach with the aim of looking for opportunities for UNFPA engagement in the next programme cycle, some of which are later articulated under the recommendations chapter. Given that China is an upper-middle-income country and also aware that China has made good progress on many SDG goals and on the transformative results of UNFPA's Strategic Plan, the evaluation reviewed potential areas for further work on these international goals, especially that related to health and well-being, during the last five years before 2030

The CPE's primary audience includes:

- (i) UNFPA China Country Office;
- (ii) the Government of China;
- (iii) Implementing partners (IPs) of CP9;
- (iv) the United Nations Country Team (UNCT) in China;
- (v) UNFPA Asia-Pacific Regional Office (APRO); and
- (vi) Donors and strategic partners, including the private sector
- (vii) Programme beneficiaries

Other stakeholders who would be interested in the results of the evaluation will include: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia, and (iv)

¹ CPFA, China's largest NGO in the field of SRH, has been one of UNFPA's IP since CP4. During 2021 -2022, UNFPA provided \$322, 174 to CFPA. NCWCH is a national professional organization for women's and child health and comes under the purview of the China Center for Disease Control, NHC. Its allocation from UNFPA for 2021 - 2022 was around \$100,000.

perhaps, the evaluation community. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communications.

The Evaluation Team (ET) evaluated the portfolio of interventions in CP9 using five internationally agreed upon evaluation criteria drawn from UNEG norms and standards. These were relevance, efficiency, effectiveness, sustainability and coherence, all of which were agreed to by the Evaluation Reference Group. For each of these 5 criteria, one or more evaluation questions (EQ) were identified by the ERG for inclusion in the TOR, resulting in a total of ten EQs (Table 1.1). The ET found the EQs appropriate after assessing each of them and therefore no changes were made. Each EQ was accompanied by a set of assumptions and indicators, thus forming an evaluation matrix (Annex 1) which highlights for each question the assumptions, the evidence required to validate the assumptions, and methods of data collection. The mainstreaming of gender and disability in the design, implementation and monitoring of CP9 was included as one of the ten evaluation questions (EQ 7). Likewise, a separate EQ was accorded to South-South Cooperation (EQ9) which has emerged as an important part of UNFPA's engagement in China.

Table 1.1: Evaluation Criteria and Evaluation Questions

| EVALUATION CRITERIA | EVALUATION QUESTIONS |
|---------------------|---|
| RELEVANCE | EQ1: 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? |
| | EQ2: 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? |
| | EQ3: 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? |
| EFFICIENCY | EQ4: 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? |
| | EQ5: 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 | EQ6: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? |
| | EQ7: To what extent were gender equality and empowerment of women, and disability inclusion mainstreamed into the design, implementation and monitoring of CP9? |

| | |
|----------------|--|
| SUSTAINABILITY | EQ8: 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? |
| | EQ9: 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 of knowledge and lessons learnt and to build capacity in China and beyond |
| COHERENCE | EQ10: What are the main comparative strengths UNFPA adds to and complements development partners in China – particularly other UN agencies working in similar areas. |

1.3. Evaluation Approach

1.3.1 Contribution Analysis and the Theory of Change

The evaluation matrix, which was developed as part of the design phase of the CPE and cleared by the Evaluation Reference Group ([Annex 9](#) lists the members of the ERG), aligns to the theory of change, and is central to the formulation of evidence-based findings. It outlines the criteria, the EQs for each criterion, and assumptions that will have to be assessed against the indicators for each assumption. It also forms the framework for the data gathering exercise. The answers to these questions contained in the matrix facilitated the ET to assess whether the results of UNFPA contributions were in concordance with the expected results as in the Results and Resources Framework ([Annex 2](#) and as initially conceptualized in the respective theory of change for each programme area ([Annex 3](#)); and whether UNFPA support made a difference in each of the outcome areas; and whether CP9 was relevant, effective, efficient, sustainable and coherent.

The evaluation of the 9th Country Programme was theory- based with the approach founded on an explicit theory of change (TOC) and as reflected both in CP9's results framework and in the CPAP. The above theory explains the relationship between interventions and results, i.e. how interventions supported by UNFPA China CO contributed to the desired results (outputs and outcomes) and consequently contributed to the overall goal of UNFPA. The TOC also establishes the causality links or pathways between the assumptions, contextual factors and results that support or hinder the achievement of planned changes. A snapshot of the TOC for each of the outcome areas is provided in Chapter 3. At the outset, the ET in its analysis of the respective TOCs found that these were sufficiently sound and did not require any changes for purposes of the evaluation. The Theory of Change (TOC) and results chain for the intervention are articulated with clarity, providing a comprehensive overview of the intended results. The framework delineates specific outcomes, including the three relevant Transformative Results, along with the necessary outputs to achieve these objectives. Both narrative and graphic representations effectively illustrate the causal relationships among various elements, enabling stakeholders to understand the logical flow from project activities to anticipated impacts.

1.3.2. Methods of Data Collection and Analysis

During the three-week data collection phase of the evaluation, the ET adopted a mixed-method approach, utilizing quantitative and qualitative methodologies. Quantitative evidence largely emanated from data

from official sources and other UN / CSO /academic documents and also UNFPA CP9 financial data. Qualitative evidence came mainly from the following: a) desk reviews of the most important programme documents (CPD, CPAP, UNSDCF, etc.) and relevant national strategic plans and policy documents, programme evaluations including the more recent evaluation of the Danish funded SRHR project as well as evaluation of CP7 and Review of CP8 ([Annex 4](#)); b) semi-structured interviews and discussions with senior management, programme and operations staff of UNFPA, UNRCO, staff of selected and relevant UNCT agencies, implementing partners, government officials, donors, and civil society representatives, and CO informants from selected UNFPA country offices in Africa regarding SSC initiatives; c) one focus group discussion (FGD) involving representatives from the China Women's University and All China Women's Federation. The accompanying photo shows a semi-structured interview taking place. This overall data collection approach served several objectives. Among others, (i) it helped making the evaluation process inclusive by getting stakeholders directly participating in the process, (ii) it helped in the triangulation of data and different information sources, and most importantly (iii) helped to get as much and varied evidence to test the validity of the assumptions. Data collection tools are in [Annex 5](#). During the field work in Beijing, each of the UNFPA outcome area team made a presentation to the Evaluation Team regarding the focus of the outcome area, progress to data, achievement of output level indicators, challenges faced and lessons learned and planning for the remainder of CP8. Details of the PowerPoint presentations have been used in the analysis of the results in each of the outcome areas, which have been triangulated with data of the key informant interviews, UNFPA annual reports, workplans and reports of partners and results of assessments and studies conducted.

For the field phase, the ET engaged a diverse range of stakeholders to capture a variety of perspectives. This included UNFPA staff, as well as representatives from different partners, such as government agencies, non-governmental organizations, and private sector entities. By involving both implementers of UNFPA projects and organizations that provide resources to UNFPA, the ET ensured a comprehensive understanding of the intervention and impact. Additionally, our participation in UNFPA-organized activities further enriched our insights, allowing us to gather feedback from a broader audience. This inclusive approach to sampling is essential for understanding the complexities of the program and identifying varying view-points. The evaluation did not use AI.



Photo: Semi-structured interview taking place

The Evaluation matrix guided the data analysis process as much as it did in data collection. Information and inputs were sourced from documentary sources as well as from interviews, discussions and feedback with stakeholders, including UNFPA staff. Notes from all sources as indicated before were recorded by each ET member and later entered into the evaluation matrix framework (by evaluation criteria, evaluation question, assumption and indicators) to help the ET undertake analysis after the period of the data collection phase. In fact, making entries into the matrix was never ending as more information came in even after the formal field phase was over. This framework of information that was available and triangulated provided the base information for the ET, through descriptive analysis, to answer the important question of whether UNFPA in China made a programmatic difference in the lives of the population, in particular vulnerable populations; and the relevance, effectiveness, efficiency, sustainability of its programme, and its coherence. In its internal discussions and analysis, the ET also looked at the information available to assess through content analysis whether the TOC as elaborated in the CPAP made any evaluative sense, that is, whether the causal links between interventions, outputs and results were actualized according to plan. It was challenging to undertake contribution analysis to assess the CO contribution to outcomes, as most recent data on relevant indicators was not available. At the end of the field phase, preliminary findings were shared with the ERG (and with UNFPA staff members in attendance), the aim of which was to validate early findings and to get some feedback on potential areas of recommendations. The final draft of the report was also presented to the ERG to get members perspectives on the findings, conclusions and recommendations of the CPE as well as to a meeting involving a broader national consultation group.

1.3.3. Stakeholders Consulted and Sites Visited

With respect to consultations with stakeholders, the CO had at the outset provided a stakeholder map that covered all stakeholders involved in CP9. On the basis of this map, the ET prepared a sample stakeholder map that was included in the CP9 Evaluation Design Report which was then discussed at the second ERG

meeting. In the process of developing the above stakeholder map, deciding factors that influenced the ET included representation across all programme areas, balanced participation of government partners, donors, CSOs, UN agencies, beneficiaries, and the relative size of the intervention in financial and impact terms, as well as partners not directly involved in CP9 but could have played a role in a relevant programme/thematic areas. A few changes were made at the ERG meeting with further guidance provided at the beginning of the Field Phase by CO programme leads. As one example, the ET had proposed interviewing Embassy counterparts (based in Beijing) of African participating countries in China-UNFPA SSTC initiatives. It was felt that this was not necessary. The final stakeholder mapping used is shown in [Annex 6](#). It is to be noted that the stakeholders were based at the national level. A listing of institutions and persons that participated in the field phase is shown in **Table 1.2**. Briefly, stakeholders consulted, (two-thirds of whom were female), included participants from National Ministries and Government agencies, Implementing Partners, the Resident Coordinator Office and related UN Agencies such as UNICEF, UN Women, UNOPS and UNAIDS, CSOs including those representing vulnerable groups such as women, youth and PWD, and donors and Academia. Out of those identified in the stakeholder list, the ET were unable to interview the UNFPA Country Office in Lesotho and the China Academy of International Trade and Economic Cooperation (CAITEC) due to their respective scheduling issues.

Table 1.2. Stakeholders met during the Field Phase

| Stakeholder Group/ sample | Number participated | Interviewees | Male | Female |
|---|---------------------|---|------|--------|
| UNFPA Country Office | 16 | Former Representative Deputy Representative Assistant Representative M&E Officer Communications Officer Programme Managers and team Operations Manager and team | 2 | 14 |
| UNFPA COs in Botswana, Sierra Leone, Zimbabwe, Gambia Mozambique | 8 | Representative Deputy Representative SSC Focal Points | 1 | 7 |
| United Nations Partners: RCO; UNAIDS; UNICEF; UN Women; UNOPS | 9 | RCO Representative Deputy Representative Programme Officers | 5 | 4 |

| | | | | |
|--|----|--|---|---|
| Implementing Partners: CFPA and NCWCH | 6 | Commissioner; Programme Coordinators; Division Chiefs Programme Staff | 1 | 5 |
| Donors: Gates Foundation; Rehabilitation International; Beifang International Education Group (BIEG) | 4 | Executive Director; Programme Manager; Programme Officer | 2 | 2 |
| Government Partners: National Bureau of Statistics National Health Commission MOFCOM CICETE National Development Reform Commission (NDRC) | 13 | Division Chiefs; Heads of Departments; | 8 | 5 |
| Research institutions and Universities: China Population and Development Research Center (CPDRC) Renmin University Peking University China Women's University Tsing Hua University | 15 | Deputy DG; Division Director; Programme Managers; Director of Center; Representatives of Academia; Professors; Researchers. | 7 | 8 |
| NGOs Shanghai Youren Foundation China Youth Network China Maternal and Child Health | 8 | Head of NGO; Representative of NGO; | 1 | 7 |

| | | | | |
|--|----|--|-----------------|-----------------|
| Association (CMCHA) All China Women's Federation China Disabled People's Federation (CDPF) Beijing Equality | | | | |
| Total | 79 | | 27 (33 percent) | 52 (67 percent) |

Both in the evaluation process as well as in the data gathering phase, the evaluation was conducted in accordance with UNFPA's evaluation policy and the UNEG Standards and Norms for Evaluation in the UN System as well as UNEG guidance on gender- and human rights-responsive and disability inclusive evaluations, as required by the CPE Terms of Reference ([Annex 7](#)). The evaluation also adhered to UNEG Ethical Guidelines for Evaluation. The evaluation was guided by the current UNFPA's Evaluation Handbook, 2024, and was conducted in an ethical, transparent, inclusive, and participatory manner, in line with the "do-no-harm" approach. For example, at the beginning of every interview, participants were briefed on the purpose of the interview and its role in the evaluation exercise as well as its independence and the confidentiality of the information provided. This transparency fostered trust and encouraged open dialogue, ensuring that respondents felt safe to share their insights. Additionally, the ET was committed to respecting dignity and diversity throughout the evaluation process.

1.3.4. Limitations and Mitigating Measures

The ET faced some challenges during the data collection phase. Three weeks was allocated for the field-phase. A large portion of stakeholders did not respond to invitations for interview until much later. This meant that much of the interviews were squeezed into the last half of the period thereby resulting in very tight interview schedules, with ET members often running from one interview to another. As a result of the limited time frame, the ET could not meet a few partners. To mitigate this, the ET had to depend on relevant reports and other written materials.

In view of the common usage of the Chinese language, a local translator accompanied the Team in particular to assist the team lead, and help mitigate the language risk. However, the translation from English to Chinese and then from Chinese to English did not only take up more interview time but it may have caused some loss in translation. As a mitigation measure, the ET, with the agreement of the interviewees, attempted to record the discussions. However, the recording was not always clear and the conversation not audible. The ET then had to ensure greater correspondence between and among each other's written notes to ensure consistency.

The ET were not always able to get answers to questions relating to unintended consequences, lessons learnt, etc. To that extent, inputs from these questions may not have been well represented in the evaluation. Some of the assumptions and indicators incorporated in the Evaluation Matrix during the design phase were also not found applicable at the time of the field work and the ET found it challenging to provide any inputs regarding those.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development challenges and national strategies

2.1.1 Introduction

In 2020, China, with a population exceeding 1.4 billion, was the most populous nation globally, it also had the world's second-largest economy, with a GDP amounting to USD 14.7 trillion. According to the Human Development Index (HDI), China is ranked 85th, possessing a score of 0.761².

China has made significant progress in achieving the Millennium Development Goals (MDGs), Sustainable Development Goals (SDGs), and International Conference on Population and Development (ICPD) benchmarks. During the MDGs period, China achieved remarkable success in poverty reduction, education, healthcare, and other areas, lifting hundreds of millions of people out of poverty. By the end of 2020, China had largely accomplished the goal of poverty alleviation. Average life expectancy had also increased to 78.2 years as of 2021³. However, challenges persist in certain areas, such as addressing inequality. Income disparity remains a concern, with a Gini coefficient of 37.1 in 2020⁴.

With the introduction of the Sustainable Development Goals (SDGs), China actively responded and incorporated these into national development plans, striving to achieve broader sustainable development goals. The ICPD benchmarks are also closely aligned with several SDGs, particularly those related to good health and well-being (SDG 3), gender equality (SDG 5), reduced inequalities (SDG 10), peace, justice and strong institutions(Goal 16) and global partnership for the goals (Goal 17).China has made positive strides in achieving the ICPD benchmarks, improving reproductive health services and promoting gender equality, providing more opportunities and rights protection for women, youth and rural population. China's efforts to meet the ICPD benchmarks are particularly visible in advancing sexual and reproductive health (SRH) services, China has made substantial progress in improving SRH services, particularly in underserved areas. The implementation of the "Maternal and Infant Safety Promotion Plan (2021-2025)" directly supports SDG 3.1 and SDG 3.7. The country's commitment to gender equality is evident in its comprehensive legal and policy framework. The 14th Five-Year Plan for Economic and Social Development (2021-2025) and the National Program for Women's Development (2021-2030) emphasize women's empowerment, with a focus on combating GBV, promoting women's education and employment opportunities, and increasing political participation. The introduction of policies like the revised Women's Rights and Interests Protection Law further strengthens women's rights and protections. These efforts contribute to SDG 5.2 and SDG 5.5. China's efforts to address inequalities, especially in rural and minority regions, have been key in meeting SDG 10.2. Policies such as extended maternity leave, tax-deductible childcare expenses, and enhanced healthcare access in rural areas have helped reduce barriers to family development. Furthermore, the National Disability Prevention Action Plan (2021-2025) has improved access to services for people with disabilities, supporting SDG 10.3 (Ensure equal opportunity).

During the COVID-19 pandemic, a range of public policies were implemented to protect the life, safety and health of the people. A complete lockdown was also initiated to prevent the spread of the pandemic.

² UNDP (United Nations Development Programme). 2020. Human Development Report 2020: The Next Frontier: Human Development and the Anthropocene. New York.

³ The National Health Commission.2021. Statistical Bulletin on the Development of Health and Health Undertakings in China 2021.

⁴ <https://data.worldbank.org/indicator/SI.POV.GINI?locations=CN>

2.1.2 Development Challenges

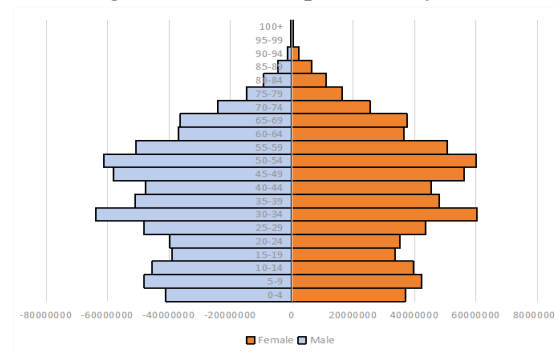
After forty years of rapid phenomenal growth, China continues to face several challenges in promoting sustainable economic development and further enhancing people's well-being. There is a significant gap between China's per capita GDP compared to that of developed nations. The levels of economic development vary significantly between different regions, and disparities persist in the provision of public services to different groups.

2.1.2.1 Population Ageing

The UN's CCA (UN China, 2020) highlights demography as an important development challenge. The demographic structure of China is undergoing significant changes, particularly the ageing of the population, as shown in [Figure 1](#). In 2022, China lost its position as the world's most populated country.

The baby boom generation has gradually aged, following declining birth rates and increasing life expectancy. There are significant differences in the levels of ageing across regions, influenced by the movement of large numbers of young people towards cities, which has exacerbated the ageing of the population in the rural and economically less developed regions. According to the data from the 7th National Census, the proportions of elderly people aged 60 and 65 and above in rural areas are 23.81 percent and 17.72 percent respectively, which are 7.99 and 6.61 percentage points higher than those in urban areas.

Figure 1. China Population Pyramid, 2020



Source: The Seventh National Population Census of China (2020)

2.1.2.2 Low fertility

According to the data from the 7th National Census, the total fertility rate (TFR) stood at 1.3 for 2020, rates far below replacement level. Besides the reduction in the number of women at reproductive ages, an increasing number of young men and women are choosing late marriages or even not entering into marriage, thus further contributing to the low fertility situation. The age at first marriage was 28.67 years in 2020, an increase of 2 years since 2016, with the metrics for males at 29.38 years and females at 27.95 years. Births outside marriage are very low in China at less than 10 percent. The downward trend in fertility can also be attributed to the declining numbers of women in their childbearing age, economic pressures of raising children, and changing attitudes towards family and children.

2.1.2.3 Reproductive Health

China has undoubtedly made significant progress in the health of women and children, achieving very low mortality rates. According to the "Action Plan for the Elimination of Mother-to-Child Transmission of HIV, Syphilis, and Hepatitis B (2022-2025)" released by the National Health Commission, the mother-to-child transmission rate of HIV was 3.0 percent, and 96.3 percent of middle schools carried out HIV prevention education and sexual education-related courses and activities. The modern contraceptive prevalence rate (CPR) among married women of reproductive age while declining in recent years, has remained above 80 percent.

Other reproductive health related issues include a) high out-of-pocket costs for fertility services; b) insufficient promotion of painless childbirth technologies; c) high rates of caesarean section; d) growing maternal mental health issues; e) high prevalence of infertility; f) infertility diagnosis and treatment system needs to be improved; g) lack of integrated SRH services in remote and poorer areas. Additionally, access to comprehensive SRH services remain challenging for adolescents, migrants, and sexual minorities.

About a quarter of sexually active unmarried females have had unintended pregnancy, of which about 90 percent resulted in abortion. The median age of first sexual experience among adolescents was around 19 years. Also, one quarter of young people aged 18-24 were found to have higher risks of depression relative to other age groups. Sexuality education has never been set up as a stand-alone course. Many parents and even educators, influenced by societal norms, are reluctant to have children receive comprehensive sexuality education (CSE).

2.1.2.4 Gender Equality and Women's Empowerment

Women have played a significant role in socio-economic development. Women make up more than 40 percent of the total employed population, while the proportion of female students in higher educational institutions exceeds that of male students. Gender-based violence (GBV) and discrimination however remain significant challenges for China to achieve gender equality. The sex ratio at birth in 2022 was 111.3⁵, with a more pronounced gender preference in multiple births. Adjustments to the fertility policy have also brought new challenges for women in the workforce, with employers reluctant to hire women with many children. The income gap between male and female remains significant. GBV continues to remain an issue even while many survivors do not seek legal protection. There is still a gap in the implementation of the mandatory reporting system for domestic violence against vulnerable groups such as children and women with mental or learning disabilities. Gender stereotypes still exist in various fields.

2.1.2.5 Population Statistics

Accurate, timely and comprehensive population statistics are vital for effective policy-making and resource allocation. China has a formal and comprehensive population statistics system. However, with a large and diverse population, complex statistical methods are required to capture the subtle differences among different population groups, including migrants, ethnic minorities, and people with disabilities. Data integration between various departments is not sufficiently comprehensive. The public primarily has access to aggregated data, while the lack of availability of microdata restricts the depth of data analysis. Investing in data infrastructure, promoting open data policies, and fostering cooperation among the government, academia, and the private sector can better improve the quality and utility of population data.

⁵ the 7th National Census, 2020

2.1.2.6 Youth Development.

Rapid urbanization and economic shifts have created a mismatch between education and job market demands, leading to relatively high youth unemployment rates. Many young people struggle with inadequate access to quality education and vocational training, which hampers their ability to acquire relevant skills. Additionally, mental health issues are on the rise, exacerbated by academic pressure and social expectations. Moreover, inequalities persist in access to resources, particularly in rural areas, limiting opportunities for many youths. Addressing these challenges requires comprehensive policies that promote inclusive education, mental health support, and job creation to empower the younger generation and ensure their successful integration into society.

2.1.3 National Strategies

At the time of CP9 formulation, China was in the process of shifting its economic growth strategy from a phase of high-speed growth to a stage of high-quality development. In the field of reproductive health, youth and women's development, and population policy, China has made significant efforts in legal, institutional, and policy frameworks. These were reflected in a series of documents including the Comprehensive Guiding Documents like "Report at the 20th National Congress of the Communist Party of China (2022)", "14th Five-Year Plan"(2021) and a series of specialized laws and documents.

China has implemented systematic and comprehensive measures to promote SRH, encompassing prevention, intervention, service enhancement, and legal protection. The China Health Action Plan is the overarching framework for health. Within this, a series of specialized documents were introduced, such as the Maternal and Infant Safety Promotion Plan (2021-2025), the Accelerated Action Plan for Cervical Cancer Elimination (2023-2030), the Healthy Children Promotion Plan (2021-2025), and the Birth Defects Prevention and Treatment Capacity Building Plan (2023-2027), which especially emphasizes the need to carry out actions to promote adolescent reproductive health, carry out adolescent reproductive health education and promote adolescent health care service models. Through subsidies to minority areas, enhanced training for local medical personnel, and the deployment of outstanding medical professionals for support, the reproductive health service capacity in regions with minorities has significantly improved.

Combating gender-based violence, promoting women's rights, and ensuring equal opportunities in education and employment are key steps toward achieving gender equality. Significant amounts of laws have been promulgated and amended to safeguard women's rights and interests as well as promote women's development. 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 objectives, priority areas, strategies and measures for women's development by 2030 including GBV. In 2022, the "Opinions on Strengthening the Implementation of the Personal Safety Protection Order System" were issued, and in 2023, the "Women's Rights and Interests Protection Law of the People's Republic of China" was revised to further enhance the legal system for women's protection.

These national strategies are aligned with China's commitments to various international frameworks. For instance, China's efforts in promoting SRH are consistent with the International Conference on Population and Development Programme of Action (ICPD POA) and contribute to the Sustainable Development Goals

(SDGs). China's policies also reflect its commitments under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), with a focus on improving women's rights and combating gender-based violence (GBV), and the Convention on the Rights of Persons with Disabilities (CRPD), which is evident in the nation's comprehensive disability support services. Furthermore, China actively participates in the Universal Periodic Review (UPR) process, demonstrating its dedication to international human rights standards and the continuous improvement of domestic policies to align with global best practices.

Since 2020, China has implemented key policies to address low fertility and ageing. These include the "Decision on Optimizing Birth Policies to Promote Long-Term Balanced Population Development (2021)", "Guiding Opinions on Further Improving and Implementing Active Fertility Support Measures (2022)", "Opinions on Strengthening Work on Aging in the New Era (2021)", "14th Five-Year Plan for Healthy Ageing" etc. A 3-child policy has been introduced since May 2021. A lot of efforts have been made to reduce the costs of childbirth, child-rearing, and education. Maternity leave was extended, and childcare expenses were made tax-deductible. The childcare service system has been developed and some regions began exploring childbirth allowances and housing benefits, provide comprehensive and lifelong health services for children and aged people, and ensure universal access to basic elderly care services.

The key drivers behind these strategies include China's demographic changes, such as low fertility rates and rapid ageing, which have prompted the government to adopt policies to encourage childbirth and support families. However, significant challenges remain, such as the high cost of child-rearing and education, which continue to be barriers to increasing birth rates. Although the government has extended maternity leave, made childcare expenses tax-deductible, and developed childcare services, the effectiveness of these measures varies by region. Furthermore, while strides have been made in improving access to healthcare and social services in rural and minority regions, disparities in healthcare quality and resource allocation between urban and rural areas persist, posing a challenge to the full implementation of national strategies.

China is committed to enhancing the protection of the rights and interests of people with disabilities. The country has issued the "14th Five-Year Plan for the Protection and Development of Persons with Disabilities," the "National Disability Prevention Action Plan (2021-2025)," and the "14th Five-Year Plan for Rehabilitation Services for Persons with Disabilities." As of 2023, there were 12,463 rehabilitation institutions for persons with disabilities nationwide, employing 360,000 staff members. Additionally, 8.718 million individuals with disabilities have received basic rehabilitation services⁶.

2.2. The Role of External Assistance

China had received substantial long-term development assistance in the past during its period of modernization and the opening up of China. Development partners such as bilateral partners provided assistance in the form of development grants, loans, transfer of technology, technical assistance and capacity building. With China now the second largest economy in the world and situated within the upper middle income country grouping, the role of external assistance has changed especially now that China has its own resources and technical and human capacity. However, China still requires international technical

⁶ 2023 Annual Statistical Bulletin on the Development of Disability Affairs

support due to emerging challenges such as ageing and low fertility, which necessitate insights and experiences from the international community. Additionally, significant disparities persist within China, with numerous impoverished regions and vulnerable populations that require continued external aid and collaboration. International development partners however continue to work in China but the focus of attention is more on supporting vulnerable populations. The Danish Government, for instance funded the demonstration project in two provinces in China under CP9, one related to SRHR for vulnerable ethnic minorities, and the second related to SRHR access to persons with disabilities. International development partners have also engaged extensively in policy advocacy and knowledge sharing. This includes conducting evidence-based research and facilitating international knowledge exchange. Such efforts contribute to the dissemination of best practices, the development of innovative solutions, and the enhancement of global collaboration in addressing complex issues.

The United Nations likewise continues to work in China and currently supports the work of the Government through the United Nations Sustainable Development Cooperation Framework (UNSDCF). Much of the engagement of the UN in China is with respect to policy support and advocacy in social and economic development with special attention on areas of inclusion and leaving no one behind. At the same time the UN also works closely with the Government to leverage China's development experiences to share with developing countries through the South-South Triangular Cooperation (SSTC) modality.

With the transition of China into an Upper Middle-Income Country (MIC), its needs for development assistance have changed, while at the same time, the upper MIC status has resulted in decreased development assistance from bilateral agencies to China as well as less core resources from the UN in China. China has however become an important provider of South-South cooperation and collaborates with UNFPA on several SSTC interventions and programs especially related to ICPD and health-related SDGs.

CHAPTER 3: UNFPA STRATEGIC RESPONSE AND COUNTRY PROGRAMME

3.1. THE UNITED NATIONS AND UNFPA Strategic Response

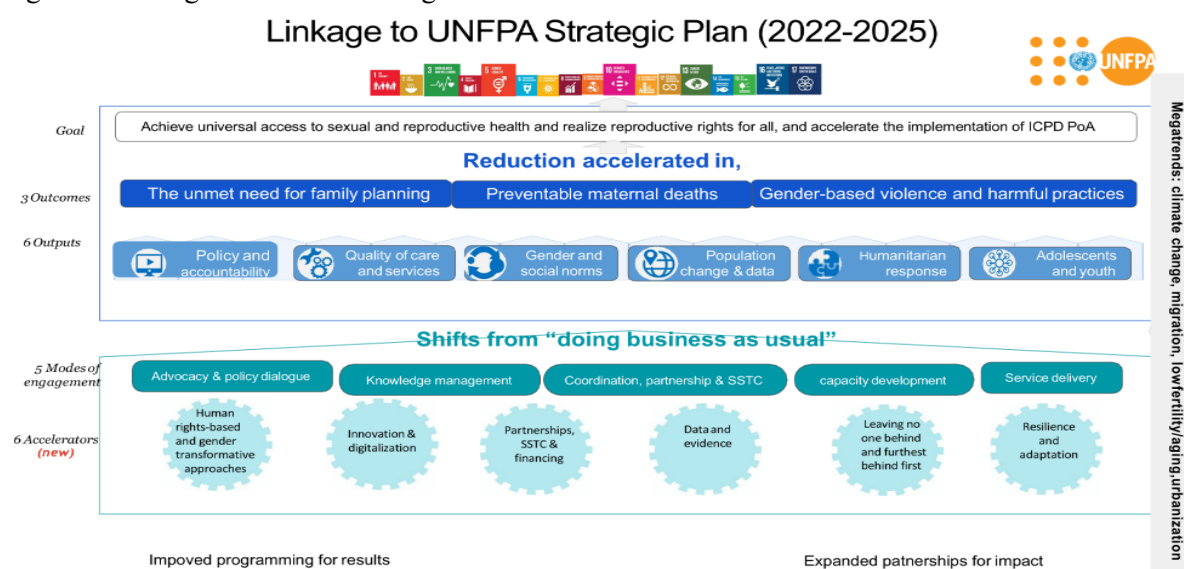
In response to China's new development paradigm as mentioned in Chapter 2, and based on widespread consultations with the Chinese Government and partners, three Strategic Priorities have been identified in the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025 to support China's development priorities over the five years. These strategic priorities are 1) People and Prosperity: Achieving Innovation-driven, Coordinated and Shared Development, 2) Planet: Achieving Green Development towards a more sustainable and resilient environment, and 3) Partnerships: Realizing the full potential of China's international engagement to promote its open development and partnerships to accelerate achievement of the SDGs across the world. With active involvement from UNFPA, the current UNSDCF also prioritizes among others issues that are core to the UNFPA mandate including a life-cycle approach to demographic transition, addressing gender-based violence, harmful practices such as son preference and other forms of discrimination, reducing vulnerability, supporting young people's wholesome transition to adulthood, improving equitable and high-quality public services, including health for all, addressing the lack of disaggregated data, and enhancing support for SDG attainment in China and other developing countries.

Within the framework of the UNSDCF, the United Nations Population Fund (UNFPA) strategic goal 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 (Figure 2). 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.

The UNFPA Strategic Plan, 2022-2025, further seeks to ensure that no one is left behind, and calls for protecting and promoting human rights for all. It recognizes the need to transform unequal gender power structures in societies in order to accelerate the achievement of the ICPD Programme of Action and to achieve universal access to sexual and reproductive health and reproductive rights. In the case of China, UNFPA's main mode of engagement is through policy advice and technical support. UNFPA also engages in South-South Triangular Cooperation in support of China's own support to developing countries.

Figure 2: Linkage to UNFPA Strategic Plan 2022-2025



3.2 UNFPA Response through the Country Programme

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

Since 1979, UNFPA has provided assistance to China to strengthen its capacity to conduct population censuses and demographic analyses, to produce quality data for policy planning, and consistently and strongly advocated for sexual and reproductive health and reproductive rights for all, including voluntary family planning. Over time, the priorities of past country programmes in China have evolved in response to the changing national and international contexts.⁷ With China being an upper middle-income country (MIC), and having made significant progress on two of the three UNFPA’s transformative goals, UNFPA works at the upstream and advocacy and policy advice level.

The preceding country programme (CP8) supported the Government of China through policy advice and advocacy, to further align with the International Conference on Population and Development as well as with the Convention on the Elimination of all Forms of Discrimination Against Women and to contribute to reaching the SDGs, in particular those closely related to the mandate area of UNFPA (UNFPA MTR CP8 2019). UNFPA also showcased successful sub-national experiences to inform and support provincial and national level policy change.

Implemented at national level, the eighth UNFPA country programme (2016-2020) contributed significantly to national efforts at expanding access to comprehensive rights-based family planning and SRH programmes for vulnerable youth and women. The generation and strategic dissemination of new research and evidence to promote ‘smart and equitable ageing’ within policy discourses and programme planning at the national and subnational levels was emphasized. It helped improve the policy environment

⁷ UNFPA, UNFPA and CHINA : 40 years of cooperation on population development (1979-2019) [cn_unfpa_and_china_40_years_of_cooperation_1_1.pdf](#)

in selected provinces, cities and counties to promote positive norm change to address gender discrimination, Gender-based Violence (GBV) and harmful practices, such as Gender based sex selection (GBSS). UNFPA also supported China's South-South Cooperation efforts to improve maternal health and population and development planning in developing countries, especially in Africa.

3.2.2 The Current UNFPA Country Programme and an Analysis of its Theory of Change

The current programme directly contributes to these two UNSDCF outcomes by supporting the achievement of three associated outputs and three fully-aligned UNFPA-specific outputs as detailed in the results and resources framework. These two UNSDCF outcomes are:

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.

CP9 has four outcomes and six outputs of its own, as shown in Table 3.1.

Table 3.1: CP9's outcomes and outputs

| OUTCOME | OUTPUT |
|---|---|
| Outcome 1: Sexual and reproductive health | 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: 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 marginalized young people |

| | |
|--|--|
| Outcome 3: Gender equality and women empowerment | 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. |
| Outcome 4: Population dynamics | 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. |

Three out of the six outputs of the proposed CP are UN joint outputs where UNFPA collaborates with other UN partners and stakeholders for achieving those results. Promotion of gender equality, and production and dissemination of disaggregated data are cross cutting areas that are mainstreamed in the Programme.⁸

CP9 had developed theories of change (TOC) for each of the thematic or programme areas as reflected in the Country Programme Action Plan (CPAP).

For SRHR, the TOC runs as follows. The intended outcome briefly is eliminating wide health disparities, and contributing towards achieving the three transformative results of UNFPA Strategic Plan and the Agenda 2030 goal of leaving no one behind. The output is the strengthening of the policy environment and the policies to enable vulnerable women and young people access integrated and quality SRH services. This is to be achieved by (a) the provision of technical assistance for the formulation, review, implementation and monitoring of rights-based SRH services (including family planning and GBV mitigation) that meet the needs of vulnerable populations; (b) using newly generated evidence to engage in policy dialogues with health authorities to strengthen essential SRH services package for universal health coverage for the most vulnerable groups; (c) offering evidence-based advocacy and technical guidance to emergency management authorities and the National Health Commission on sustaining the accessibility of vulnerable women and young people to quality SRH services during health emergencies and natural disasters; and (d) advocating for the official recognition and establishment of midwifery as a medical profession to enhance the quality of care provided by SRH services.

The TOC for the Adolescents and Youth programme follows next:

The intended outcome is addressing the SRHR needs of young people especially those among them who are marginalized through the output which is an improved evidence and policy environment to address these issues. This is to be achieved by (i) increased awareness and support among policy and decision makers for young people's access and rights to comprehensive sexuality education (CSE) and adolescent SRH; (ii) increased availability of evidence on ASRHR to inform policy development and social discussion on young people's well-being, and (iii) improved youth participation mechanism to engage young people in dialogues on ASRHR, SDGs and gender equality. UNFPA will contribute by (a) providing evidence-based advocacy and technical assistance for the design and implementation of policies, programmes and innovative ICT-based solutions on life skills education, comprehensive sexuality education (CSE), GBV prevention, and STI/HIV prevention for unmarried and marginalized youth; (b) strengthening advocacy capacity of youth networks and enabling their greater participation in policy dialogues on youth SRH issues, SDGs, gender equality and human rights; (c) generating, disseminating and strategically utilizing evidence on adolescent SRH to facilitate and guide the expansion and accessibility of youth-friendly SRH services to vulnerable youth populations; and (d) promoting innovative youth-to-youth partnerships, knowledge

⁸ UNFPA/GOC Ninth Country Programme of Cooperation (2021-2025) Theory of change

exchange platforms and SSC between China and other developing countries around CSE, youth SRH and other key sustainable development issues.

The TOC for the Gender Equality and Women's Empowerment programme is as follows: The GEWE output aims to contribute to the achievement of UNSDCF outcome 1 - more people in China, especially left-behind groups, are better able to live their lives with well-being, dignity and free from gender-based and all kinds of discrimination. This would necessitate better protection for people in China especially left-behind groups from gender-based violence (GBV) and harmful practices including gender-biased sex selection (GBSS). Also, (i) women and girls at risk or in need of protection and care should have access to quality preventive and response services and support, and (ii) for the partners, families, communities and multi-sectoral care service providers to practice positive social norms that promote gender quality behaviors. These would require the effective prevention and response to GBV and harmful practices including GBSS through an environment of strengthened GBV and GBSS related laws and policy implementation and where positive attitudes towards social norm change to eliminate gender discrimination and GBV is promoted in communities

The CP9 GEWE programme addresses the need for more effective responses to GBV and harmful practices including GBSS by: (a) advocating and supporting the functional multi-sectoral GBV coordination mechanism based on reviewing the existing national and sub-national modalities for such coordination mechanisms under the Anti-Domestic Violence Law and documenting best practices in line with international standards; (b) advocating for a strengthened survivor-centered health-sector response within a multi-sectoral response for GBV survivors; (c) providing technical advice for the development of health sectoral guidelines for GBV response in line with the Essential Services Package for Women and Girls Subject to Violence; d) building partnerships and providing evidence-based technical advice to main national partners including CSOs and media for promotion of positive social norms to eliminate gender discrimination and GBV; and (e) facilitating cross-country knowledge and SSC around effective responses to GBSS that is informed by data, evidence and documented best practice.

In the case of the Population and Development Programme, China's demographic transition over the next five years presents challenges including low fertility (TFR 1.5-1.6), an ageing population (14% aged 65+ by 2025), rapid urbanization, and a lack of disaggregated data. To address these, the UN in China, with UNFPA's support, aims to achieve key outcomes: improving health, education, social protection, and participation for those most affected, particularly the elderly, migrants, and vulnerable groups. UNFPA will contribute through targeted interventions: offering policy analysis, promoting sexual and reproductive health and rights, advocating for disaggregated data, and fostering innovative partnerships to ensure inclusive, evidence-based responses that leave no one behind.

Finally, the TOC of the SSC programme. The outcome is 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. To reach this UNSDCF outcome, the stated outputs are (a) strengthened capacity of the government and other Chinese institutions; and (b) both China and UNFPA have strengthened global and SS Cooperation and partnerships for the achievement of the unfinished agenda of ICPD POA and the SDGs in other developing countries. On China's side, these outputs are to be realized through its enhanced capacities and commitment to engage with and learn from other development providers, enhanced commitment to international norms and principles and development cooperation being aligned to partner countries' SDG-focused development priorities and plans. UNFPA

on its part (i) will engage with and leverage or mobilize resources from China's development financing mechanism(ii) advocate with the Government and provide technical assistance for them to develop guidelines and practices on development cooperation and humanitarian assistance in line with global standards and international norms and build capacity of development planners to use them, and (iii) UNFPA will strengthen recipient/partner countries' capacities to plan for, receive and efficiently utilize Chinese development assistance.

3.2.3. The Financial Structure of the UNFPA Country Programme

CP9 has a total programme budget of US\$21.0 million over five years, compared to US\$22.5 million during the previous CP 8 period. Around USD 7.7 million is from regular resources and USD 13.3 million from other resources or non-core resources. The Sexual and reproductive health outcome area has the highest share of the budget at 35 percent. Adolescents and Youth and Population Dynamics outcome areas each have around 21 percent of the total budget, with the Gender Equality and women's Empowerment outcome area accounting for about 17 percent. Table 3.2 shows the breakdown of allocation across programme components.

Table 3.2: Planned Resource Allocation for CP9 by Outcome Area (USD million).

| PROGRAMME | OUTCOME AREAS | REGULAR RESOURCES | OTHER RESOURCES | TOTAL | PERCENTAGE OF TOTAL |
|-----------|---------------|-------------------|-----------------|-------|---------------------|
| Outcome 1 | SRH | 2.4 | 5.0 | 7.4 | 35.2 |
| Outcome 2 | YOU | 1.3 | 3.2 | 4.5 | 21.4 |
| Outcome 3 | GEN | 1.5 | 2.1 | 3.6 | 17.1 |
| Outcome 4 | PD | 1.6 | 3.0 | 4.6 | 21.9 |
| PCA | | 0.9 | - | 0.9 | 4.3 |
| Total | | 7.7 | 13.3 | 21.0 | 100.0 |

Source: United Nations Population Fund Ninth Country Programme Document for China

The table above provides a glimpse of the resource envelope that was available to the CO for the implementation of CP9. Additional details of expenditure versus allocation and issues of direct and national execution will be discussed under the next chapter on findings and in particular regarding the question on efficiency.

CHAPTER 4: FINDINGS

The findings of the evaluation of the ninth cycle of the UNFPA Country Programme are presented below. The findings are arranged in the order of Criteria and the respective evaluation questions identified in the Evaluation Matrix. Each section in the Chapter relates to the answer to an Evaluation Question.

4.1 Answer to Question 1 RELEVANCE

EQ1: 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?

Summary

The CP9 programme was relevant and adapted to national priorities and China's development context. It is also in line with the Sustainable Development Goals, the ICPD Programme of Action, the UN Sustainable Development Cooperation Framework, and addresses the transformative goals of UNFPA's Strategic Plan. Its relevance was evident across the programme areas of SRHR, Adolescents and Youth, Gender Equality and Women's Empowerment and Population Development. CP9 had a greater focus on the needs of vulnerable population groups and those often left furthest behind.

There is sufficient evidence from key documents reviewed including the CPD and CPAP and interviews with stakeholders that CP9 programme interventions across the four outcome areas were consistent with national priorities, the UNSDCF, UNFPA's latest strategic plan, the SDGs and the ICPD Programme of Action. CP9 was also contextually relevant with the social thrusts of the 14th 5-Year Plan which among others emphasized improving people's wellbeing, through reducing regional disparities.

The CP9 programmes on SRHR, adolescents and youth, and GEWE are closely related to UNFPA's three transformative goals that is (i) meeting the unmet needs for family planning, (ii) addressing gender-based violence and other gender-biased practices, and (iii) arresting maternal mortality especially among vulnerable populations, these 3 goals which are also in harmony with the ICPD POA, the health and gender-related SDGs, and other relevant international covenants. (Figure 2). 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. Within the framework of the UNSDCF, UNFPA's strategic goal 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.⁹”

CP9’s SRHR programme was aligned with several national priorities¹⁰ such as those contained in China’s ICPD Plan of Action¹¹ and China’s SDG targets, the Healthy China 2030 plan, China National Programme of Women’s Development (2021-2030), and the Action Plan to accelerate elimination of cervical cancer 2023-2030¹². For instance, aspects of Healthy China 2030 Plan which resonates with CP9’s SRH programme include the following. A key pillar of Healthy China 2030 is fairness and justice, with rural areas being given special attention for the promotion of equal access to basic public health services. Among others, specific indicators of pregnancy and maternal mortality rates are promoted. More emphasis is also given to high-risk populations including women, children, older persons, migrants and low-income groups.

The UNFPA intervention “Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi Provinces in China” is relevant given its aim to address population needs identified in national development plans and through participatory needs assessments and consultations with government authorities and partners. In addition, the above intervention was aligned to the Danish Government¹³ priorities for supporting SRHR for women and girls (Project Evaluation Report, 2022). It is closely related to UNFPA’s focus on ending unmet need for family planning and ending preventable maternal deaths. The 2020 United Nations Common Country Assessment¹⁴ (CCA) had identified the need to extend the reach of public services including health services to rural areas so that access issues could be addressed as part of the last mile actions. In this regard, the CCA identified PWDs, youth, older persons, women, and ethnic minorities in its list of vulnerable populations that needed to be better reached. To this extent the CCA played a facilitative role in defining and clarifying those groups that needed support the most. The UNFPA/Rehabilitation project¹⁵ was constructed 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 International Conference on Population and Development Programme of Action from (ICPD POA).

CP9’s Adolescents and Youth programme was aimed, among others, at advancing China’s Mid-Term Youth Development Plan (2016-2025) and the 3-Year HIV Transmission Control Plan (2019-2022)¹⁶.

⁹ UNFPA Country Programme Document, 2021-2024

¹⁰ As mentioned by UNFPA informants in interviews with key informants during the field phase.

¹¹ The unfinished business of the ICPD in China include population and development challenges such as low fertility, adolescent and youth SRH, ageing, as mentioned in a document entitled an ongoing journey Review of ICPD +25 by the China Population and Development Research Center (CPDRC) and UNFPA, October 2019, Beijing

¹² UNFPA briefing notes to the ET, 2024

¹³ The Danish Government was the intervention’s largest funding source.

¹⁴ UN China (2022), UNSDCF: Development Analysis and Data Summary, RCO, Beijing provides a quick summary of the profile of vulnerable groups as in the CCA

¹⁵ Rehabilitation International and UNFPA CHINA, (2022) Improving Sexual and Reproductive Health of Women and Young People with Disabilities. Narrative Progress Report

¹⁶ In relation to CP9, the China’s Mid-Term Youth Development Plan (2016-2025) calls for greater access to physical and mental health among youth, advocates for marriage education into higher educational curriculum and aims to build youth volunteerism. Overall, the emphasis is on youth development to meet their needs. The 3-Year HIV Transmission Control Plan (2019-2022) calls for raising awareness of HIV prevention and control and educating people, including youth, on avoiding or reducing unsafe sexual behavior. UNAIDS Biennial Report for UN Joint

Youth represents an important constituency of the UNSDCF given the relative size of the adolescent and youth age-group and the challenges faced by this age-group as they make the transition from childhood to adulthood. Hence, the establishment of UN Thematic Group on Youth chaired by UNFPA and co-chaired by UNICEF. The adolescents and youth programme of CP9 is additionally aligned to the UNFPA's strategic plan and is one of the six inter-connected outputs to address the three transformative outcomes and accelerate the achievement of the ICPD POA outcomes¹⁷.

The Gender Equality and Women's Empowerment (GEWE) programme is in line with the ICPD POA's focus on strengthening the inter-linkages between women's empowerment and SRHR¹⁸. It is also aligned to UNFPA's corporate Strategic Plans (SP) for 2018-2021 and 2022-2025, SDG targets (5.2,5.3,5.6), as well as to the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 for China. The current GEWE programme is also aligned to the national strategies and policies in China, including the 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, (2016), Law on the Protection of the Rights and Interests of Women (revised in 2022). According to government partners interviewed, the Government attaches great importance to gender equality and women's development and implements the basic national policy of gender equality which is enshrined in the Constitution and national commitments to the SDGs and the ICPD POA.

The Population Development (PD) programme's efforts to contribute towards policy discussion on population trends especially low fertility and population ageing resonate with the policy priorities indicated in the report to the 20th National Congress of the Communist Party of China which proposed establishing a birth support policy system and a national strategy to actively address population ageing. Moreover, many of the advocated policies align with various official documents, such as the "Decision of the Central Committee of the Communist Party of China and the State Council on Optimizing the Fertility Policy to Promote Long-term Balanced Population Development," the "Guiding Opinions on Further Improving and Implementing Positive Birth Support Measures" jointly issued by 17 departments including the NHC and the NDRC, the "Opinions of the Central Committee of the Communist Party of China and the State Council on Strengthening Work on Aging in the New Era," the "14th Five-Year Plan for National Ageing Development and Elderly Care Service System," and the "14th Five-Year Plan for Healthy Ageing" etc.¹⁹.

The relevance of UNFPA programmatic support to low fertility and population ageing issues is further supported by the fact that after the announcement of the 3-child policy, relevant government partners requested UNFPA's technical assistance to support national efforts to address the growing concerns for low fertility and population ageing²⁰.

Programme on AIDS in China, 2020-2021

¹⁷ UNFPA Strategic Plan, 2022-2025

¹⁸ Interviews with UNFPA informants

¹⁹ Interviews with UNFPA informants

²⁰ As mentioned in an interview with UNFPA informants

4.2. Answer to Question 2

EQ2: 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?

Summary

The COVID-19 pandemic and the consequent closure of borders and the lockdown had an impact on the trajectory of development in China with its consequent effect on UNFPA's work during the 2021-2023 period. While it did result in a slowdown in momentum of programme implementation, UNFPA responded through adjustments in working arrangements, including working from home using online mechanisms to ensure programme delivery. There were cases of interventions planned and initiated during the close of CP8 but which were included as part of CP9 because of the pandemic. UNFPA played an additional role of responding to COVID-19 by supporting other UNFPA COs in the region for the procurement of COVID-19 related supplies as well as mediating China's support for a few countries that requested support for COVID-19 response through the SSC programme.

While the national development context did not change significantly during the CP9 period, the main change of any consequence in the country context was the outbreak of the COVID 19 pandemic which resulted in the closure of borders and a lockdown with complete controls over internal mobility. The CO responded through changes in working arrangements such as working from home, but continued with delivery of the respective programmes largely through online mechanisms. As a result, there were no changes in programme objectives, budgetary realignment or programme priorities of any significance. However as indicated by UNFPA informants, the absence of face-to-face interaction with national partners clearly did not help more effective policy engagement especially in circumstances and cultural contexts where direct face-to-face engagement is critical for building and sustaining partnerships. There were also challenges in the effectiveness of on-line workshops compared to the traditional in-person workshops. In cases where UNFPA and national partners had certain flexibility in determining specific topics (and their timing) for cooperative evidence-based research, the presence of good communication at the leadership and programme staff levels were able to effectively respond to new needs in a timely and flexible manner as was in the case of the pandemic²¹.

The pandemic did result in an initial slowdown in momentum. Several UNFPA interventions, which were initiated in the closing years of CP8, only took off in CP9 because of the impact of the Covid-19 pandemic, examples of which include Improving SRHR among vulnerable populations in Qinghai and Shanxi Provinces in China” and the 2nd National Youth Reproductive Health Survey.

In the case of the SRHR intervention in the 2 provinces which was aimed at providing access to SRHR to vulnerable, ethnic-minority women in rural counties, “it suffered from some implementation delays due to restrictions linked to the Covid-19 epidemic”²². These restrictions slowed down implementation in 2020 and 2021 and resulted in a no-cost extension by one year until 31 December 2022. “The COVID 19

²¹ Interview with national partner and UNFPA informants.

²² UNFPA and IP informants at their respective interviews

pandemic has significantly impacted implementation during the past 2 years (2020-2021), causing delays and reprogramming, however it has been implemented successfully with the joint efforts by concerned stakeholders.²³

Another example of delayed implementation was the case of the Second National Youth Survey. Just prior to the beginning of CP9, UNFPA and the National Health Commission (NHC) supported the conduct of the National Youth Reproductive Health Survey, which was largely funded by Gates Foundation and implemented by Peking University (under a sub-grantee arrangement with UNFPA). The survey which was expected to generate evidence for advocacy and policy dialogue on improving sexual and reproductive health education and services for adolescents and young people,²⁴ was delayed because of the pandemic. As the survey covered the span of the country, it was challenging for the survey team at Peking University to go down to the communities especially given the mobility restrictions during that time. Later, after the data was gathered and analyzed, other challenges arose such as in disseminating the survey results in particular owing to the implementation of the Data Security Law 2022, an issue that had not been foreseen during the inception phase of the survey. UNFPA informants indicated that a final report had been sent to them. As at the end of the CPE field phase, the ET did not have any indication on the data dissemination plan for the release of the survey results.²⁵

A few planned South-South Cooperation activities for 2021-2022, such as the annual Africa/China Conference on Population and Development, could not take place because of the travel restrictions imposed during the height of the pandemic. The absence of exchanges during this period resulted in the loss of momentum and subsequent difficulties in re-activating these activities²⁶. The SSC programme saw additional efforts to support countries impacted by COVID-19. Good examples were the cases of Zimbabwe and Mozambique where there were already on-going SSC activities involving China's support for health facilities in areas affected by Cyclone Idai²⁷. 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. According to UNFPA informants, the CO was also called upon to support procurement of PPEs and other COVID-19 supplies for India and Nepal, while an existing project with Nepal²⁸ was reprogrammed to direct supplies of PPEs to that country.

A new trend that emerged as highlighted by UNFPA informants was the expanded role of UNFPA China in supporting other COs during the height of the pandemic. In fact, the CO had additional responsibilities especially in procurement of supplies and emergency commodities to meet both the needs of other COs as well as in-country needs.

²³ Project Evaluation Report, 2022

²⁴ UNFPA; Country Programme Performance Summary CP8

²⁵ A donor indicated that it had not received a copy of the survey results.

²⁶ Feedback from interview with UNFPA informants.

²⁷ Zimbabwe and Mozambique Project Narrative Reports

²⁸ UNFPA (2022) Final Report "China, Nepal and UNFPA cooperation: Improving maternal and women's health services in Nepal. The same information was provided by UNFPA informants at the interview sessions with UNFPA China and other UNFPA COs.

4.3 Answer to Question 3

EQ3: 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?

Summary

There was a focus in the design of CP9 towards those disadvantaged groups that had less equitable access to services related to UNFPA's mandate, including women, young people, PWD, elderly, etc. The SRHR demonstration intervention in Qinghai and Shanxi was a good and successful example of reaching out to different vulnerable groups and aimed at improving access to integrated SRHR services. Vulnerable groups were represented at all stages of programme development and implementation. The GEWE programme pushed hard on the establishment of a multi-sectoral coordination mechanism to address GBV and Domestic Violence that principally affected women and girls.

The PD programme contributions on low fertility and population ageing were highly relevant to government concerns on these issues. The UN's CCA played an important facilitative role by identifying vulnerable groups that needed the support of the UN in its Cooperation Framework 2021-2025.

CP9 focused on aspects of vulnerability in line with the SDG's call for leaving no one behind (LNOB)²⁹. As mentioned earlier, the UN's Common Country Assessment (CCA) had identified the vulnerable populations (including older persons, ethnic minorities, women, adolescents and youth, and PWDs) that needed to be targeted for greater attention in the work of the UN during 2021-2025. The three transformative goals of UNFPA, if they were to be achieved, also required CP9 interventions to reach the most vulnerable groups. While China had done well on many SDG goals especially on health, including SRHR, it masked differentials, with particular vulnerable groups left far behind.³⁰

With the country increasingly successful in achieving many of the health-related SDGs as mentioned in Chapter 2 and 3, there was more focus, as evidenced in the CPAP and CPD, in the design of CP9 towards those disadvantaged groups that had less equitable access to services related to UNFPA's mandate. For example, an important component of UNFPA's CP9 SRHR programme comprised a pilot intervention where UNFPA working with CFPA and NHC (and funded by the Danish Government) addressed the SRHR

²⁹ The CPD mentions that its focus is on reducing prevalent inequalities in accessibility and quality of public services... for the most vulnerable populations. UNFPA informants confirmed the focus on addressing vulnerability.

³⁰ For example, according to data in the CCA (UN China, 2020), the maternal mortality rates in the eastern, central and western regions were 10.9 per 100,000, 20 per 100,000 and 25.2 per 100,000 respectively in 2018. Some vulnerable groups such as PWDs, migrants, and ethnic minorities still face challenges to access quality sexual and reproductive health services.

needs of vulnerable population groups especially ethnic minorities, women and youth, and people with disabilities (PWD) in two less advantaged provinces of China, i.e., Qinghai and Shanxi³¹. Another initiative was working with Rehabilitation International and Organizations of Persons with Disabilities to advocate for access to SRH services and their human rights for women and young people with disabilities. As indicated in discussions with UNFPA informants, other programme areas too focused on particular vulnerable groups, including survivors of GBV (GEWE programme), young people (A&Y programme) and older persons, and women (PD programme).

Most of the above groups were involved in the programme development process. In the case of the Qinghai and Shanxi intervention, the needs of the potential beneficiaries as well as the geographic location were determined through vulnerability criteria identified through a review of relevant social indicators in consultation with UNFPA, national and sub-national authorities, women's federations, as well as beneficiaries and vulnerable groups including service providers, local NGOs, schoolteachers, local communities, herders, etc.³²In the preparation of the baseline study, the local communities and potential beneficiaries such as women, young people, PWDs, were consulted in the process³³ (ibid). The intervention included and involved young people from the target sites in its implementation, both within the teams of UNFPA and CFPA as well as in the implementation of its activities at local levels (ibid). The local communities were also directly involved in the development of the promotional video that show-cased achievements as mentioned in the ET's interview with IP informants. Likewise, the UNFPA/RI collaboration³⁴ which focused around ensuring that women, adolescents, young people and other vulnerable and excluded groups, including persons with disabilities (PWDs), were empowered to make decisions regarding their SRHR and life options, included women and young people with disabilities and Organizations of Persons with disabilities (OPDs) in its design and implementation. According to UNFPA and national partner sources, a partnership in 2021 involving RI, UNFPA, Women Enabled International (WEI) and Chinese OPDs developed a training package to raise awareness of key stakeholders on the rights of women and young persons with disabilities on SRHR and GBV. This training package is based on the first two chapters of the UNFPA/WEI guidelines, Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights. To ensure that the training package reflects the needs and interests of PWDs, the curriculum was developed through a participatory process with the involvement of Chinese OPDs, especially Shanghai Youren Foundation³⁵, through several rounds of virtual consultation, detailed review of the written content and collecting experiential feedback from the virtual workshop.

With respect to the A&Y programme, young people or their representatives in youth organizations were less involved in the programme design phase but became increasingly engaged as the programme got running as will be discussed in the section on effectiveness. An UN informant indicated that there was no mechanism for youth participation at the time of programme design of the UNSDCF. However, as the work of the UN Theme Group on Youth, chaired by UNFPA, evolved, youth got better involved in its activities, including their participation in the preparation of a situation analysis of Youth in China. The Generation

³¹ Project Evaluation Report, 2022

³² ., Ibid

³³ Ibid

³⁴ Rehabilitation International (2022); "Improving Sexual and Reproductive Health of Women and Young People with Disabilities": Narrative Report.

³⁵ Interview with Shanghai Youren Foundation

Unlimited Initiative, a public-private-youth initiative currently being developed under the UN thematic Group on Youth, also involved even more youth leadership and participation right from the beginning³⁶.

The Evaluation Team saw evidence of engaged youth groups and networks working alongside UNFPA to advocate for their SRH needs and rights. This was an ICPD@30 event organized and managed entirely by youth networks associated with UNFPA's youth programme (see photo below). The youth groups showcased their work while advocating for the ICPD agenda. In the discussions, the youth networks brought in representatives from educational institutions that spoke on CSE, leaders of organizations of persons with disabilities, and private sector organizations that supported their activities.



Photo of youth networks taking the lead in organizing and managing an ICPD@30 event

To address women's vulnerability to gender-based violence and domestic violence, UNFPA worked with members of the UN Thematic Group on Gender, national partners, and relevant Ministries to establish a multi-sectoral coordination mechanism for the prevention and response to GBV under the overall legal framework of protection of women's rights.

The design of the PD programme especially regarding low fertility and population ageing was largely a response to Governmental requests for UNFPA's technical and research support on these two emerging and inter-related demographic issues for China. In discussions with national partner informants, it was confirmed that low fertility and population ageing were national priorities, and that UNFPA was working alongside them to address these trends with a greater focus on a life-cycle approach as advocated by UNFPA and targeting the most vulnerable older persons including migrants, ethnic minorities and rural women. In response to low birth rates and ageing, UNFPA had identified the protection of the rights of the elderly, children, and women as important research areas, and has conducted joint research in related areas with NDRC, NHC, and CPDRC. At the same time, PD has also conducted research on China's floating population with NDRC, another vulnerable group.

³⁶ Based on interview with an informant from the UN Theme Group on Youth.

4.4 Answer to Question 4

EFFICIENCY

EQ4: 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?

Summary

Despite core resources trending downwards, the effect of the COVID-19 pandemic, and a relatively small team, most deliverables have been achieved with other output targets likely to be met by the close of 2025. UNFPA CO's mode of engagement is advocacy and evidence-based policy dialogue; and programme staff have demonstrated the skills required for this approach to program delivery. The planned work programme has mainly been on time and implementation rates are commendable.

Declining core resources had led to a leveraging effect through UNFPA soft-power investments in strategic partnerships with IPs, national partners and increasingly with the private sector which has resulted in private funding for several components of the programme. Financial resources were received on time and allocated to implementing and other partners soon after work plans have been completed and signed. Looking forward, a major thrust will be on raising non-core financing for the programme to meet its targets. There is a preponderance of direct expenditure, with a smaller share for national execution. This will need to be reflected upon in the next programme cycle. The CO's monitoring system is fully functional and provides the information base for tracking results and management decision making.

Efficient Use of Human resources. To undertake the CO's interventions in the 4 programme areas of CP9, the Country Office is endowed with 5 IB funded posts, 9 programme funded posts, and one non-core post, a total of 15 posts³⁷, (a level not different than that in CP8 following a major staff realignment in 2017). One programme funded post, the Adolescent and Youth Officer post at the NOB level has however been vacant since early 2024 and in the recruitment process since then. There have also been periods during the CP9 period where the CO did not have a Representative. Another observed feature of the CO human resource position is the increasing number of consultants, UNVs and interns, i.e., 6 consultants (4 long-term and 2 short term), 2 UNVs and 5 interns as of 30 June 2024.³⁸ The wider use of more part-time and short-term human resources support through consultancies and internships has been a conscious strategy by management, given the tight core resources, to augment existing staff capacity, build local capacity and draw in new expertise given the growing demands for UNFPA support³⁹.

³⁷ CO Organizational Chart as of June 2024

³⁸ UNFPA CO organization chart as of 30 June 2024.

³⁹ According to an UNFPA informant

Based on UNFPA's new Business Model which is part of the Strategic Plan 2022-2025, UNFPA China's primary mode of engagement remains that of advocacy and evidence-based policy dialogue. The implication is that the value-added of senior programme staff is in the provision of technical support and policy advice rather than project management. In this regard, interviews with informants from partner institutions provided positive feedback on the technical capacity of CO staff to engage at the policy level. The majority of stakeholders interviewed also had positive views of the professionalism, technical strength, and contributions of CO staff. The CPE evaluation team observed that senior programme staff have been increasingly adapting to policy upstream work. From an organizational standpoint, the Staff Performance Management system continues to be in place and fully functional. In terms of gender balance, of the 14 filled posts in the CO, just over 70 percent are filled by females, and the remaining by males.

The ET also observed that relative to staff numbers, and the workload, there had been substantial progress on CP9 results. Additionally, the average financial implementation rate has been around 75 percent and implementation rates for individual programme areas has averaged around 65-70 percent between 2021 and the first half of 2024. This notwithstanding, issues that emanated from interviews that may need UNFPA attention include (i) staff and management turnover which many partners felt could affect continuity and sustainability; (ii) strengthening of the SSC unit given the increasing importance of SSC for both the Government and UNFPA as indicated by a national partner informant; (iii) expediting the preparation and signing of AWP by both partners and UNFPA as it is not clear where the delays are. In addition, several national informants indicated that on-site visits and in-depth exchanges, which were a very effective approach in programme management, had decreased during the 9th cycle probably due to COVID-19, and it was hoped that in the subsequent cycle, on-site inspection and exchanges could be increased.

During CP9, the CO⁴⁰ had experienced more functions and responsibilities such as (i) procurement of supplies for other country offices during the pandemic for example for Nepal⁴¹ and India; (ii) the role of China CO in SSTC; and (iii) provision of support for other countries on financial transactions (invoice payments) for DPRK and Mongolia. These additional responsibilities could have further compounded CO workload especially for Operations staff. On the programme side, it was also reported that there were more requests for technical support from partners than envisaged at the time of CPD development, putting pressure on the CO staffing capacity to respond and deliver. In this regard, the ET found that there was a preponderance of direct execution versus national execution. During CP9, there were 2 implementing partners, CFPA and NCWCH, with each IP involved in several outcome areas. Direct execution by the CO accounted for more than 3 quarters of the programme budget, potentially due to the shift towards a policy advocacy role for the CO rather than being involved in project implementation and service delivery. The issue of the high levels of direct execution could be a point of review in the planning for the next programme cycle.

Efficient use of financial resources. The planned financial resources for CP 9 at \$21 million was somewhat slightly lower than in the previous cycle. However, what was more significant was that, of this amount, core resources only amounted to \$7.7 million or around 37 percent of the total. The SRHR and PD programme components were allocated the largest shares of the core resources accounting for 35.8 percent and 27.9 percent respectively, with the A&Y programme's share at 17.9 percent and the GEWE

⁴⁰ Based on interviews with UNFPA informants, and discussions with other UNFPA COs

⁴¹ UNFPA Final Report on project titled "China, Nepal and UNFPA cooperation: Improving maternal and women's health services in Nepal in development and humanitarian cooperation"

programme's share at 13.9 percent⁴². Despite the resource constraint, programme areas were able, although on a limited scale to leverage other resources. UNFPA financial records showed that the A&Y programme in the first 3 ½ years of CP9 managed to mobilize just under one half of other resources (OR) raised for CP9 during the period while SRHR mobilized 29 percent, and SSTC 21 percent. The GEWE programme area was challenged to mobilize other resources during the same period⁴³. UNFPA informants⁴⁴ suggested that due to sensitivity of GBV and GBSS issues in China and lack of awareness of gender and UNFPA' related work, no non-core financial resources were mobilized to support the gender programme.

While the decline in core resources for China was often raised in interviews with partners, many informants have commented that despite the reduction in funding, the “guiding role of funds is very strong, leveraging research, capacity support, and aiding government decision-making⁴⁵”. Funds have played a leading and amplifying role, as for instance in the area of Population and Development UNFPA has innovated the way of working, by cooperating more with universities, research institutions and the government. In the case of the SRHR intervention in Qinghai and Shanxi, the UNFPA Country Office succeeded in mobilizing additional resources from several other sources⁴⁶ including from Agora, private sector partner to support live streaming CSE courses in additional areas across China so that larger numbers of students can be covered, in-kind donations from private companies, and from UNFPA's own Innovation Fund. CFPA, its IP, also used its own resources to fund the staff time from national, provincial and local teams dedicated to the project. In addition, CFPA provided financial and technical support to around 10 universities in Qinghai and Shanxi Provinces, as well as to their youth networks⁴⁷.

Based on interviews with UNFPA, resources from HQ were well received annually to the anticipated level and in a timely manner. This was confirmed by programme financial summary documents. 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 of the budget. The utilization rate in each programme areas has been relatively good as at this point of time, with the rates exceeding 65 percent. CP9 has been subjected to annual audits on national execution. All CP9 audits had positive findings, with no qualifications made.

However, compared with the proposed budget outlined in the CPD 2021-2025, financial records show a shortfall in the mobilization of non-core (other resources). While the total amount of other resources presented in the CPD was \$13.5 million, the non-core income for 2021-2024 was only around \$3.1 million (Table 4.1). There is, however, approximately \$2.5 million of SSC MOFCOM funds with UNFPA HQ accounts pending the Chinese Government's 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. The next programme cycle will need to focus more on expanding non-core resources.

⁴² UNFPA Country Programme Document for China, 2021-2025.

⁴³ According to UNFPA informants “the sensitivity of GBV and GBSS issues in China and lack of awareness of gender and UNFPA related work, no non-core resources were mobilized”.

⁴⁴ GEWE programme briefing PPT to ET

⁴⁵ From interview with national partner informants

⁴⁶ Besides the Danish Government.

⁴⁷ Project Evaluation Report, 2022

Table 4.1.: Budget and Expenditures of the UNFPA Ninth Country Programme in China

| | | 2021 | 2022 | 2023 | 2024 | TOTAL |
|---|----------|------------------|-------------------|-------------------|-------------------|-------------------|
| Budgeted Resources 2021 / 2022 / 2023/2024 (in million USD) | | | | | | |
| DEX (UNFPA execution) | Core | 1.7 | 1.8 | 1.7 | 1.9 | 7.1 |
| | Non-Core | 1.0 | 0.3 | 0.6 | 0.6 | 2.5 |
| | Subtotal | 2.6 | 2.1 | 2.4 | 2.5 | 9.6 |
| NEX (IP execution) | Core | 0.0 | 0.1 | 0.1 | 0.1 | 0.2 |
| | Non-Core | 0.2 | 0.3 | 0.0 | 0.0 | 0.6 |
| | Subtotal | 0.2 | 0.4 | 0.1 | 0.1 | 0.8 |
| Total | Core | 1.7 | 1.7 | 1.9 | 1.8 | 7.4 |
| | Non-Core | 1.2 | 0.6 | 0.7 | 0.6 | 3.1 |
| | Total | 2.9 | 2.5 | 2.5 | 2.5 | 10.4 |
| Expenditures 2021 / 2022 / 2023/ 2024 Q1、Q2(in million USD) | | | | | | |
| DEX (UNFPA execution) | Core | 1.7 | 1.8 | 1.7 | 0.5 | 5.7 |
| | Non-Core | 0.7 | 0.2 | 0.4 | 0.1 | 1.4 |
| | Subtotal | 2.4 | 2.1 | 2.1 | 0.6 | 7.1 |
| NEX (IP execution) | Core | 0.0 | 0.1 | 0.1 | 0.1 | 0.2 |
| | Non-Core | 0.1 | 0.3 | 0.0 | 0.0 | 0.4 |
| | Subtotal | 0.1 | 0.4 | 0.1 | 0.1 | 0.7 |
| Total | Core | 1.7 (68%) | 1.9 (79%) | 1.8 (82%) | 0.6 (86%) | 5.9 (75%) |
| | Non-Core | 0.8(32%) | 0.6 (21%) | 0.4 (18%) | 0.1(14%) | 1.9 (25%) |
| | Total | 2.5(100%) | 2.4 (100%) | 2.2 (100%) | 0.7 (100%) | 7.8 (100%) |

Source: UNFPA financial records

Efficient Use of Monitoring and other programme Tools.

Regarding monitoring and reporting, interviews with UNFPA informants and IPs confirmed that 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.

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-making⁴⁸. A non-IP partner mentioned that funds received from

⁴⁸ Interview with UNFPA informant and observation of the online monitoring tool

UNFPA for specific activities which complements and leverages funds from Government are spent efficiently through outcome-related mechanisms.

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 as it did on several occasions during CP9. UNFPA has also worked closely with the media to showcase major events such as the launch of the State of the World Population Reports, as well as highlight UNFPA-related issues.

In order to reach a wider school audience UNFPA had also engaged the services of livestream technology to disseminate CSE, as discussed in the effectiveness section under the AY and SRHR programmes.

4.5 Answer to Question 5

EQ5: 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?

Summary

Intervention mechanisms have been a boon to the achievement of all of the CP9 programme areas. The 2 implementing partners, CFPA and NCWCH have been long-standing partners of UNFPA with a deep reach to policy makers and with strong roots in programme implementation. Both have played a facilitative role in CP9. UNFPA had also developed strong partnerships with national partners across programme areas often bringing together government, academia and international organizations to discuss issues and ideas to build platforms for sharing information and building capabilities. Coordination mechanisms of the UN have been especially useful in areas where working as one is more effective than working in separate ways, especially in portfolios such as youth, gender, HIV/AIDs

Overall, the intervention mechanisms were more supportive rather than a hindrance to the achievement of programme outputs and outcomes. UNFPA had two implementing partners during the CP9 period, that is the China Family Planning Association and the National Center for Women's and Child Health of the National Health Commission. The two IPs were selected on the following criteria: (i) both were key technical partners in the field of family planning and women's health and rights in China; (ii) both had a long history of close collaboration with UNFPA China; and (iii) both had undergone and passed the IP micro-assessment process. During CP9 the above IPs were engaged across thematic areas. Their close association with the Government, and their familiarity and strong understanding of the UNFPA mandate having had worked with UNFPA staff over several CPs, has been a facilitative factor for UNFPA's policy engagement role, evidence of which will be further discussed under effectiveness. Based on interviews with these implementing partners there was no evidence that they faced any challenges with respect to

resource funding from UNFPA, although both raised concern over UNFPA's reduced core resources⁴⁹ and delays in development of AWP⁵⁰. Funds were transferred once AWP⁵⁰ were prepared and signed off. Other partners who were paid based on professional services contracts mostly for research or for implementing training indicated that they received their funds on a scheduled basis.

UNFPA staff indicated that following the UN China practice, the CO has implemented the Business Operations Strategy (BOS), which among others, is aimed at the efficient use of finite resources. There have been efficiency gains as a result of the implementation of BOS and especially reflected in aspects related to Human Resources, Procurement, Finance and Administration, each of these aspects being under a working group led by one UN agency with participation of other agencies. An important finding, as indicated by an UNFPA informant, is that the Long-Term Agreements developed by these working groups have reduced redundancy, costs and use of resources. To support better joint programming⁵¹, UN agencies are in the final stages of establishing an inter-agency pooled fund – the UN in China Pooled Fund for SDGs – that is specifically designed to fund joint programmes and projects (involving at least 2 agencies). One of the reasons for the establishment of the joint SDG fund is that a major constraint to the implementation of more joint programming is the lack of funding.

UN informants have commented that UNFPA has been a key member of the UNCT, the various interagency coordination groups and mechanisms (results groups, theme groups, Program M&E Group,) and serves as co-chair and chair respectively for the theme groups on Gender and Youth. These coordination mechanisms have enhanced programme implementation to ensure a more efficient and effective programme delivery. For instance, UNFPA's work with UN partners in the UN TGs on youth and gender contributed towards strengthening its own work on these 2 program areas, as explained below. Among others, UNFPA's participation in these two groups has contributed towards the 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. In addition, these two thematic groups helped build internal capacity and awareness within the UN system on gender and youth issues. UNFPA played a strong team player role in the UN Joint Programme on HIV/AIDS in China, contributing to several initiatives linked to HIV prevention, the strengthening of youth friendly health care services and age-appropriate and scientific comprehensive sexuality education (CSE).

During CP9, the CO maintained its robust relationship and long-standing partnership with Government agencies including NBS, NHC, NDRC, implementing partners such as CFPA and NCWCH, academia, donors, and NGOs. 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 capabilities⁵².

⁴⁹ Understandably as this meant less resource availability.

⁵⁰ There is still lack of clarity on who caused the delays.

⁵¹ Mentioned by several UN informants

⁵² Interviews with national partner incumbents.

4.6 Answer to Question 6

EFFECTIVENESS

EQ6: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?

Summary

Almost all output indicators had achieved their targets, contributing to many outcomes, despite the initial setbacks caused by the COVID-19 pandemic. In the case of SRHR, UNFPA-supported interventions contributed towards providing greater access to SRH services among vulnerable groups including people with disabilities and ethnic minorities. 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 Sexual and Reproductive 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. Further work continued on developing evidence to strengthen multi-sectoral coordination mechanisms for the prevention and response to GBV. In the PD area, UNFPA contributed to developing ideas and programmes on low fertility and population ageing to state agencies, issues of great concern to the authorities. Most targets of the output indicators of the South-South programme are being achieved.

Sexual and Reproductive Health & Rights. Outcome 1 Output 1

Based on interviews with UNFPA staff, IPs and other relevant partners, and review of documents, it could be said that there has been progress on outcome and output indicators under the SRHR CP9 programme during the period 2021 to Q1 2024. While the most recent data on outcome indicators are not available, the trends are positive. The Maternal Mortality Ratio (MMR) was 15.1 maternal deaths per 100,000 live births (LB) in 2023⁵³, compared with 15.7/100,000 live births in 2022⁵⁴ and 18.0/100,00 LB in 2020, reflecting positive gains on maternal mortality reduction. The MMR target for 2025 was 15/100,000 LB. There has been no rural and urban MMR data for 2023 but 2022 data showed the MMR at 16.6/100,000 in rural areas and 14.3/100,000 in urban areas. As a proxy, data from the 4 counties⁵⁵ in the 2 provinces covered by a UNFPA/CFPA supported intervention and funded by the Danish Government showed that one maternal death was reported in Chengdu County, while there were no maternal deaths reported in the 3 other counties. As a comparison, in 2018 five maternal deaths were reported in the 4 sites above (Project Evaluation Report, 2022).

Regarding family planning, the contraceptive prevalence rate (CPR; any method) among married women aged 15–49 years was 80.6 percent in 2018⁵⁶, after which no official national statistics on CPR have been

⁵³ NHC, 2023 Press Release

⁵⁴ China Statistics Year Book, NBS, 2023

⁵⁵ The 4 counties are Yushu, Nangqian and Yongha in Qinghai Province and Yongha in Shanxi Province

⁵⁶ China Health Statistics Year Book, NHC, 2019

published. Based on discussions with an UNFPA informant, no official government statistics on unmet need for FP too has been released in recent years, although UN DESA estimates a rate of 5 percent in 2022. The absence of official data on the above 2 outcome indicators since 2018 is a challenge and can affect monitoring of ICPD and SDG progress.

All output indicator targets had been met or partially met at least as of Q1 of 2024, as shown in [Table 4.1](#). An important achievement during CP9 was the completion of the Intervention “Improving SRH among vulnerable populations in Qinghai and Shanxi Provinces in China” which addressed the SRH needs of vulnerable groups, particularly ethnic minorities, women and young people. One of its central outputs was the strengthening of local capacity for the implementation and monitoring of policies and programmes to address SRHR for women and young people of the above- stated vulnerable groups. All output targets under this output were fully met. It was also successful in producing essential data on SRH knowledge, skills and systems in the four counties as well as contributed to raising the ability of local authorities and health service managers to utilize data for making evidence-based decisions and for project planning /implementation. Through the intervention, Chinese national health authorities were supported to develop national SRHR policies⁵⁷. In this regard, UNFPA⁵⁸ had just before CP9 assisted national authorities to produce the National Sexual and Reproductive Health Strategic Framework in 2020. This Framework, which focused on comprehensive and integrated SRH services throughout the life-cycle, was introduced to local authorities and partners in the 4 target counties, and included in the content of in-service training for health personnel. In addition, a rapid facility assessment undertaken before the start of the intervention indicated that service providers felt a need for improvements in skills and knowledge, especially in township health centers. Thus, training modules for service providers were developed and training implemented. Post-training evaluations, technical assistance consultants, supervisors, etc. reported “ increased knowledge and skills of staff which contributed to improved service delivery.”⁵⁹

The intervention successfully introduced and strengthened SRH programme coordination at the local level through the establishment of multi-sectoral coordination mechanisms. Prior to its implementation, there were no multisectoral mechanisms to coordinate all aspects of SRH in the target counties. Authorities were accustomed to working vertically rather than coordinating and working across sectors. In addition, the above intervention effectively established public-private partnerships by successfully mobilizing in-kind resources from private sector companies. These funds mainly supported live streaming of CSE courses in additional areas across China so that more students could be covered.⁶⁰

The needs for information and education on SRHR were addressed fully through the development, production, and use of a collection of culturally sensitive communication tools on SRH issues and services. New approaches to provide integrated, rights-based, high quality SRH services to vulnerable populations in counties with lower health indicators relative to the national average were implemented. While previously, maternal health and family planning were seen as stand- alone and provided separately, the intervention supported the provision of comprehensive SRH, maternal and FP/SRH services in a combined integrated way. An integrated model design developed is currently being tested by CFPA, the implementing partner.

⁵⁷ Project Evaluation Report, 2022

⁵⁸ Interview with UNFPA staff

⁵⁹ Project Evaluation Report ,2022

⁶⁰ Project Evaluation Report, 2022

The strengthening of midwifery skills of medical doctors and nurses in MCH facilities and general hospitals in the pilot counties was another significant achievement under CP9., an area close to UNFPA areas of focus under the SRHR programme⁶¹. The purpose behind the support for midwifery training was to increase accessibility of the population to quality midwifery services at the MCH facilities at a lower cost instead of having to pay more at higher level hospitals. Service providers from project counties were sent to the national training center⁶² at the Second West China Hospital in Sichuan province while capacity building and training equipment for provided by the project for midwifery training at the Qinghai Provincial Maternal and Child Health Hospital, a recognized Midwifery Clinical Training Base⁶³. A Tsinghua University study⁶⁴ of best practices in the project observed that the midwifery training significantly increased knowledge and clinical skills on midwifery practices of trainees and as well as their confidence to carry out these practices; and also argued that the National Midwifery Training Base has become an important platform for the exchange of midwifery knowledge and experience. Data from the annual maternal and child Statistics of Yushu City MCH, indicated that the strengthened midwifery skills of staff of MCH facilities for example in the Yushu City MCH Hospital had led to an increase from 1-2 deliveries per month to over 300 deliveries in the whole year⁶⁵.

Following several years (2020-2023) of evidence-based advocacy and the provision of technical suggestions to a draft developed by UNFPA, CFPA and CPDRC, the Government finally issued a Reproductive Health Promotion Action Plan in September 2023⁶⁶. With this development, the Government's previous Health Promotion Plan has now provided recognition and priority to reproductive health. During the remaining period of the CP9, the CO will continue to work with partners to advocate for the implementation of the RH Promotion Action Plan through the (i) development of good practice briefs to help implementation; (ii) the development of cases for provision of contraceptive services throughout the life cycle in maternal and child health care institutions, and (iii) the development of several knowledge products arising from the activities supported by UNFPA, thereby resulting in better access of vulnerable groups to comprehensive and integrated RH services.

Drawing from interviews with key informants and UNFPA reports, it has been noted that a clear achievement during the period has been UNFPA's increased involvement, together with partners, in working with organizations of people with disabilities (OPD) to advocate for their access to SRH services and rights. With respect to improving SRH of women and young people with disabilities, UNFPA collaborated with Rehabilitation International and OPDs to advocate for promoting access to SRHR for the above vulnerable groups. The key results of this intervention were the generation of evidence and production of resources packages⁶⁷ for civil society, governments, multilateral organizations including UN ESCAP, to ensure gender- and disability-inclusive SRH during the COVID-19 pandemic. A practical

⁶¹ From informant interviews with UNFPA staff

⁶² 3 months of standard midwifery training including a month of theoretical training plus two months of practical clinical training, after which a national recognized certificate is provided to the candidate.

⁶³ Recognized in 2021 by the China Maternal and Child Healthcare Association (CMCHA)

⁶⁴ Tsinghua University, Vanke School of Public Health and Health (2022): Promoting Sexual and Reproductive Health Projects for Key Populations in Qinghai and Shanxi Provinces, China"; Best Practice Report on Standardized Training of National Midwives. Draft Report, September 2022.

⁶⁵ Project Evaluation Report, 2022

⁶⁶ From interviews with CFPA, CPDRC and UNFPA informants.

⁶⁷ Rehabilitation International and UNFPA CHINA, (2022) Improving Sexual and Reproductive Health of Women and Young People with Disabilities Narrative Progress Report

training package was developed to build capacity and raise awareness of key stakeholders on the rights of women and young persons with disabilities on SRHR and GBV. The development of the training package was for in-country roll out of the UNFPA-Women Enabled International Guidelines to address GBV and SRH needs and rights of women and young people with disabilities. 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 built alliances and partnerships with UN agencies, women's organizations and OPDs at global, regional and country levels. These interventions reflect the beginning of efforts to increase access of women, young people and PWDs to SRHR services, the results of which can only be seen later. The above intervention contributed towards the following two SDGs of the Agenda 2030: Goal 3: Ensure good health and well-being, especially target 3.7 universal access to sexual and reproductive health-care services, including for family planning, information and education. Goal 5: Achieve gender equality and empower all women and girls, especially 5.6 Universal access to reproductive rights and health.

Other areas of policy engagement included building the evidence base on assisted reproductive technology (ART) and surrogacy policies and practice, contraceptive service provision in the context of low fertility, and mental health care issues⁶⁸. In this respect, a comparative review was undertaken by an international expert on the social, cultural and legal contexts surrounding access to ART in China, South Korea, Spain and Denmark. The findings of the study are, as a first step, being used to define UNFPA's policy advocacy on ART to ensure the adoption of a rights-based and inclusive approach. The findings of the paper have not only been shared with UNFPA HQ for its own work on responses to infertility at the global level, but are being used by the CO for communications messaging and advocacy on addressing infertility and ART from a rights-based perspective.

An initiative by UNFPA and NCWCH to support evidence -based policy engagement for achieving universal health care including SRH for the most vulnerable groups was the conduct of a survey in 2023 on the current status of women's mental health work in Maternal and Child Health (MCH) institutions across the country. The Survey received a total of 513 responses from 31 provincial, 138 prefectural, and 344 county-level maternal and child health institutions. UNFPA informants indicated that the survey identified several key challenges such as (i) Low Establishment Rates for psychological departments; (ii) Regional Disparities; (iii) Insufficient Standardization of management systems, job responsibilities; (iv) Limited Human Resources especially in lower-tier institutions; (v) Weak Research Engagement; and (vi) Low Use of Specialized Services. The survey findings have been utilized to advocate for enhancing mental health care provision in MCH institutions in China. Building on the quantitative survey results, two Hospitals were selected for a qualitative study aimed at analyzing case examples and summarizing good practices to provide reference on service provision. A field visit and experiences-sharing workshop in Chongqing city, involving participation from national experts and five other provincial and city-level MCH hospitals is expected to take place in October 2024. This effort aims to gather insights and experiences from various institutions to summarize case analysis and inform future practices. Additionally, a high-level advocacy workshop is scheduled for December 2024, where a feasible model for women's mental health services in MCH facilities will be proposed. This model will serve as a valuable reference to influence policy making and strengthen women's mental health services across China.

The SRHR programme under CP9 made important contributions towards building national capacity in SRH in emergency situations. Together with NCWCH, UNFPA built the capacity of relevant personnel in four

⁶⁸ Interviews with UNFPA informants and PPT presentation on SRHR by UNFPA staff

sites in Qinghai and Shanxi provinces in 2022 (through online training) on planning for comprehensive SRH in crisis-affected settings. A globally prepared toolkit was translated into Chinese and used in this capacity building effort to ensure that emergency SRH coordinators were well equipped with the knowledge and skills to guide stakeholders and partners to plan the transition from Minimum Initial Service Package (MISP) to comprehensive SRH. A revised Service Package for Sexual and Reproductive Health Services in Emergency Situations which was developed between 2021 and 2023 was launched at a national meeting organized by NCWCH in December 2023 and later used for training of trainers on health and safety of vulnerable populations in emergencies.

CP9's successful interventions, among others, the advocacy for a strengthened policy environment so that (i) women and young people especially left-behind groups including PWD can access integrated, rights-based, affordable SRH services (ii) whereby the quality of care is strengthened through the availability of qualified and recognized midwifery services; and (iii) where vulnerable women and young people have access to quality SRH in humanitarian situations, have contributed towards the intended outcome of eliminating the wide health disparities in the country. These interventions have also contributed towards reduced maternal mortality and increased accessibility to SRHR with the view towards ending the unmet needs for family planning as seen for example among the vulnerable populations in the underserved provinces of Shanxi and Qinghai. The table below is a quick summary of the effectiveness of the SRHR programme at the output level.

Table 4.2: Effectiveness Analysis: SRHR Programme

| OUTCOME: elimination of wide health disparities and achieving UNFPA's Strategic Plan's three transformative goals. Indicators: Maternal mortality ratio Baseline: 18.3 per 100,000 (2018); Target: 15 per 100,000 (2025). Achieved: 15.1 per 100,000 (2023) | | | | |
|---|---|----------|--------|---|
| Output | Output Indicators | Baseline | Target | Level of Achievement |
| 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 | 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 | Three achieved: a) Comparative review of assisted reproductive technology and surrogacy policies. (Study findings to be used as evidence for UNFPA upstream and advocacy work on ART issues with a rights-based inclusive approach) b) Study on Free Contraceptive services as part of National essential Public Health Services. (study's policy findings and recommendations shared with NHC for its action to improve free contraceptive services) |

| | | | | |
|--|---|---|---|---|
| | | | | <p>c) Survey and study of health work in maternal and child health care institutions. (The survey findings have been utilized to advocate for enhancing mental health care provision in MCH institutions in China)</p> |
| | <p>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.</p> | 0 | 2 | <p>Two achieved, one was an action plan and the second a service package.</p> <p>a) the Reproductive Health Promotion Action Plan issued in September 2023 by NHC, MOE, and CFPA;</p> <p>b) the revised Service Package for Sexual and Reproductive Health Services in Emergency Situations was launched at a national meeting organized by NCWCH in December 2023.</p> |
| | <p>Number of provinces implementing integrated, rights based, gender-sensitive and high-quality SRH programmes with UNFPA support that meet the needs of the most vulnerable women and young people</p> | 0 | 2 | <p>Two achieved</p> <p>Two provinces namely Qinghai and Shanxi through the intervention “Improving Sexual and Reproductive Health Among Vulnerable Populations in Qinghai and Shanxi” implemented by CFPA, NHC supported by UNFPA. (Integrated, rights based, gender-sensitive and high-quality SRH programmes implemented in the 2 provinces)</p> |

Outcome 1 output 2 and 3:

This section under Outcome 1 relates to South-South and Global Cooperation. The outcome and expected outputs have already been documented in Chapter 3 under UNFPA response. In brief, the thrust of the outputs is essentially aimed firstly at strengthening the capacity of the Chinese Government and other institutions to respond to the development and humanitarian contexts and priorities of partner countries; and secondly strengthening the partnership between China and UNFPA to deliver on the unfinished agenda of the ICPD POA in partner developing countries.

During the CP9 period covered by the Evaluation, national efforts to strengthen SS cooperation was clarified when the Government in mid-2022⁶⁹ announced that the South-South Collaboration Assistance Fund (SSCAF) would become the Global Development and South-South Cooperation Fund or GDF with an additional funding of US \$ 1 billion over and above the existing US \$ 3 billion. The GDF will support developing countries to accelerate the achievement of the SDGs through a focus on the 8 priority areas under China's Global Development Initiative (GDI) which are poverty alleviation, food security, pandemic response and vaccines, financing for development, climate change and green development, industrialization, digital economy, and connectivity in the digital era. The government is considering expanding "pandemic response and vaccines" to other areas of health such as maternal health⁷⁰.

To facilitate and reduce duplication of functions on SSC, there is further clarity on the state mechanism⁷¹, consisting of several agencies, in place to facilitate and coordinate SSC between China and other developing countries. i). The China International Development Cooperation Agency (CIDCA) approves projects and signs agreements for Global Development Fund projects; ii). The Ministry of Foreign Affairs (MOFA) provides overall policy guidance for South-South cooperation; iii) the Ministry of Commerce (MOFCOM) is responsible for monitoring of implementation through the commercial and economic section of the Chinese Embassies, whose staff is from the MOFCOM; iv) the China International Center for Economic and Technical Exchange (CICETE) under MOFCOM is for daily management of the GDF projects; and v) Chinese Academy for International Trade and Economic Cooperation.(CAITEC) an agency under MOFCOM that undertakes research on SSC and provides a platform for knowledge sharing.

To increase the effectiveness and impact of South-South cooperation in the areas of UNFPA's mandate, UNFPA worked with Government partners⁷², through capacity building workshops, to enhance their understanding of UNFPA guidelines, international norms and standards with respect to development cooperation, international development frameworks such as the ICPD POA, etc. Each of these workshops aimed at developing the capacity of national institutions to increasingly participate with UNFPA in ICPD POA related joint programmes. through the SSC modality. Focus areas covered by the workshop included UNFPA's procurement rules and regulations; (b) the human rights-based approach, UNFPA programming principles, UNFPA's South-South Strategy, and China's South-South policy; with the China RH Industry Association on Inter-agency Reproductive Health (IARH) Kits and Dignity Kits, introducing UNFPA

⁶⁹ The Government had launched the Global Development Initiative (GDI) in 2021 to accelerate the achievement of the SDGs.

⁷⁰ UNFPA, Overview of China International Development Cooperation and South-South Cooperation since 2013; unpublished internal notes.

⁷¹ Ibid, and interviews with MOFCOM, CAITEC and UNFPA informants.

⁷² Confirmed from interviews with Government partners.

standards and quality assurance and corporate social responsibility; and on sexual and reproductive health. As a result, the above workshops helped to broaden the knowledge base among Government institutions, government personnel, private sector companies and business associations on how to engage in ICPD POA programme implementation. Government partners now have a better capacity to collaborate in multi-lateral platforms given their better understanding of development cooperation policies and procedures and participate in South-South cooperation activities. Participating Companies with their capacity built will be able to become potential vendors for SRH commodities. 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. There are already several partner institutions that have the capacity and have engaged in ICPD related SSC initiatives directly with UNFPA or with UNFPA support. These 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.

Regarding the second output, UNFPA China played a central role in mediating China's cooperation and support for several countries to provide humanitarian assistance at the time of the COVID 19 pandemic through the SSC modality as well as technical support in the development area in particular related to maternal and women's health. On the former, joint SSC initiatives involving China, and UNFPA included the (i) provision of SRH commodities and emergency supplies for women and girls affected by the cyclone Idai in Mozambique and Zimbabwe; (ii) provision of PPEs, contraceptives and SRHR services to several countries affected by COVID 19 such as Gambia and San Tome and Principe as well as Botswana and Lesotho, and (iii) reaching vulnerable women to reduce maternal mortality through cervical cancer screening. health medical services such as cervical cancer screening and midwifery training. Using the example of Zimbabwe mentioned above, as a case study to understand better the triangular cooperation between China, Zimbabwe and UNFPA, in discussions with UNFPA informants on the ground, the ET found that a key achievement of the above collaboration was on-the-job training provided by Chinese experts whereby local capacity was built. A total of 296 health workers was trained to provide Emergency Obstetric and Neonatal Care (EmONC) and 17,396 pregnant women supported to deliver through normal delivery, and 2,573 through caesarean section⁷³. The triangular cooperation also contributed towards a sustained provision of critical and essential maternal health services to pregnant women in the cyclone Idai affected districts. Quality of care was improved by ensuring availability of essential maternal health medicines and equipment; skilled birth attendants and pregnant women's access to services through maternal waiting rooms. This contributed to a reduction in maternal mortality in Zimbabwe from an estimated 462 deaths per 100,000 live births recorded in the 2019 to 363 per 100,000 live births in 2022⁷⁴.

Likewise, through the Chinese Government-UNFPA SSC initiative, over 1 million women and girls of reproductive age directly benefited from the refurbishment and support provided to 34 targeted health facilities in Mozambique through access to SRH, women's and health services and acquired knowledge and information through the radionovelas. In quarter 3 of 2021 alone, (i) more than 70,600 women and girls received family planning services in targeted health facilities, (ii) more than 13,700 women and girls of reproductive age received ante-natal and postnatal care services, while (iii) over 300,000 individuals were reached with SRHR and GBV information through community radios to increase their knowledge and understanding of SRHR and GBV⁷⁵. UNFPA informants in several of UNFPA COs in countries in Africa

⁷³ Final Project Report Health Assistance for Women and Girls affected by the cyclone Idai in Zimbabwe.

⁷⁴ Ibid

⁷⁵ Final Report Support for Women and Girls affected by Tropical Cyclone Idai in Mozambique 2022

mentioned that the National Governments and beneficiaries acknowledged the contributions made by the Chinese Government and the role of UNFPA CO in facilitating the process.

UNFPA's collaboration with the Government through SSC interventions by way of providing essential RH products and services to developing countries both during the COVID-19 pandemic and during the CP9 period contributed towards the intended outcome, that is the attainment of SDGs and the principles of the 2030 Agenda, mainly that of leaving no one behind, in beneficiary countries

The following Table provides an assessment of the effectiveness of the programme against the targets set.

Table 4.3. Effectiveness Analysis: South-South Cooperation Programme

| Outcome: 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". (There were no outcome indicators specifically mentioned for SSC). | | | | |
|---|--|----------|--------|--|
| Output | Output Indicators | Baseline | Target | Level of Achievement |
| 2. 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. | 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 | Fully Achieved a) Mozambique and Zimbabwe (provision of SRH commodities and emergency supplies for women and girls affected by the Cyclone Idai. b) Gambia and San Tome and Principe (supply of PPEs, contraceptives and SRH services during COVID-19) c) Botswana and Lesotho (COVID-19 response) d) Sierra Leone (SRH services; cervical cancer screening and midwifery training) e) Sri Lanka ("Ensuring Protection of Medical Health Workers through PPEs") |
| | Number of Chinese national institutions that have capacity and engaged in ICPD-related SSGC initiatives with UNFPA or with UNFPA support. | 2 | 6 | 5 achieved CPDRC, ACWF, CFPA NCWCH CAITEC (China Academy of International Trade and Economic Cooperation) (CPDRC, ACWF, CFPA and NCWCH were provided capacity building to participate in SSC |

| | | | | |
|---|---|---|---|---|
| | | | | during the CP9 period resulting in strengthened capacity to engage in ICPD related activities). |
| 3. 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 other developing countries. | Number of good practices on South-South cooperation disseminated through regional and global networks supported by UNFPA | 2 | 5 | Two achieved a) SSC with Mozambique. Investing in crisis affected health services and strengthening access to life-saving SRH services in Mozambique b) SSC with Zimbabwe. Support for Women and Girls affected by Tropical Cyclone Idai in Zimbabwe, a good practice published in CICETE's publication. In the cases of both these countries, the projects were extended after Idai because of COVID-19) |
| | 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 | a) China RH Industry Association b) Hunan MCH Hospital National Medical Products Administration c) China Chamber of Commerce for Import and Export of Medicines and Health Products d) China Population Welfare Foundation/Century Galaxy e) Agora, a private sector company f) UNOPS for promoting sustainable procurement, especially for women-owned and small and medium-sized enterprises (These partnerships are now available and set for engagement in SSC activities.) |

Adolescents and Youth. Outcome 2; Output 1

Details on expected results and planned interventions in CP9 are discussed in Chapter 3 in the UNFPA response section. The CP9 evaluation showed that during the period 2021 to Q1 2024, planned output targets were mostly met. With respect to strengthening the evidence and policy environment to address young people's SRH and rights, especially marginalized young people, UNFPA collaborated with partners to further promote life skills-based comprehensive sexuality education (CSE) in order to prevent unintended pregnancies, STI and HIV and harmful practices, whilst building social and emotional skills among young people. Among others, UNFPA's intervention in Qinghai and Shanxi Provinces contributed towards providing SRHR information and services to school children and young people in the target counties through CSE⁷⁶. While a CSE curriculum did not exist in the 4 counties before the start of the project, an 8-session CSE course, earlier developed by UNFPA and Marie-Stopes China⁷⁷, was provided through livestream in 3 middle schools in Qinghai Province, reaching 1000 middle-school students in the project sites, and was rolled out offline for teachers in 16 middle schools in the 4 target counties, reaching 100 teachers. From independent assessments of the CSE and evaluation interviews, it was confirmed "that the livestream teaching significantly contributed to increased knowledge of young people on SRH and improved attitudes and practices"⁷⁸. In addition, a Tsinghua University report (2022) that undertook a review of CSE best practices in the intervention sites recognized that the curricula for both the livestreaming CSE sessions as well as the off-line training of local teachers which were based on international guidance, were developed to be culturally appropriate /sensitive towards local cultures". It also mentioned that the above CSE interventions provided high-quality sex education teacher training for local teachers which added to its sustainability. China Youth Network (CYN) was also supported by CFPA, UNFPA's implementing partner to conduct online CSE for university students. Notwithstanding this achievement, UNFPA and CFPA informants mentioned that barriers to implementation of CSE in schools continued to exist, requiring continued policy engagement and advocacy.

The finalization of the CSE Technical Guidelines by a group of national experts supported by UNFPA and UNESCO over the period ending in 2021 was an important step forward and a game changer⁷⁹. The Ministry of Education in November 2021 acknowledged UNFPA's important contribution in addressing ASRH education and youth friendly services.⁸⁰ UNFPA informants have indicated that these Guidelines are currently in use.

UNFPA's A&Y programme's effort to strengthen youth capacity and development of youth networks so that young people are better able to engage in policy dialogues has been mostly successful in achieving its targets. The A&Y component of the SRHR intervention in the two provinces mentioned earlier supported the strengthening of capacity of young people to engage in youth development and SRHR issues in the project counties. Following this, local youth networks were initiated in several universities in Qinghai and Shanxi further adding to the success of the CP9 A&Y output of strengthening the capacity of youth networks to engage in policy dialogues related to SRHR, HIV, Gender and the SDGs. The innovative use

⁷⁶ Evaluation of UNFPA China SRHR project in Qinghai and Shanxi Provinces, 2022, and interviews with UNFPA informants.

⁷⁷ The training included guidelines for training teachers and guidelines for conducting SRH awareness among school students.

⁷⁸ The Project evaluation report (2022)

⁷⁹ UNFPA senior informant

⁸⁰ UNAIDS; Biennial report for UN Joint Programme in AIDS in China ((2020-2021)

of live streaming CSE to in and -out school children contributed to building youth capacity, with the CSE training that was undertaken using UNFPA Technical Guidelines on CSE also resulted in the formation of a network covering CSE trainers. The CYN⁸¹ which is the largest youth network in the country and which also was involved in providing CSE training in the counties has been an important driver and through peer education, its activities have expanded to over 700 universities in China. According to partner informants, CYN has made a positive impact on millions of young people by providing them with information and knowledge on healthy relationships, gender equality, effective communication, youth participation and more.

A facilitating factor in UNFPA's success in youth engagement has been the increasing role of private sector companies, examples of which are Beifang International Education Group (BIEG) and AGORA. With COVID-19 prevention measures making in-person meetings difficult in China, UNFPA and its partners worked together to engage young people in online activities in ways that retain some of the benefits of in-person workshops. Under the U-Power initiative⁸², initiated by UNFPA and developed with the support of Beifang International Education Group, more than 300 young people had received offline leadership training since 2019 through an annual on-campus programme. However, it was found that the 6-day curriculum did not work as well online due to loss of focus by young participants. To address this problem, UNFPA enlisted the technical support of real time engagement (RTE) experts⁸³ who created a digital online exhibition space, where participants could immerse themselves in a 3D virtual world, using an avatar and augmented reality headsets. Using this approach, 154 youth participants were able to learn by doing rather than passive absorption of information, common to more traditional online training workshops. This was a good lesson learnt, and UNFPA CO can build on this experience and explore further opportunities to use virtual world technologies for youth engagement to promote SRHR and ICPD issues through 3D immersion⁸⁴.

UNFPA's partnership with AGORA⁸⁵ aimed at promoting technology-centered solutions for youth empowerment. The joint initiative between UNFPA and AGORA during 2022-2023⁸⁶ helped achieve expanded delivery of life-skills based sexuality education through live streaming technology for middle school students in China, including in remote areas. During this period, 10,052 students from 207 classes of 13 schools across China were enrolled in the project through their schools to attend the CSE courses. The ET was informed⁸⁷ that the pre-and-post students overall feedback showed that students have increased

⁸¹ CYN was established in 2004 by CFPA with support from UNFPA. A youth volunteer organization, it is dedicated to the education and advocacy of SRH and rights for young people aged 10-24

⁸² The U Power Initiative is a capacity-building segment established by UNFPA China. In 2019-2021, 6 such trainings were conducted with a total of around 300 participants from 18 universities across China. It is a comprehensive 6-day offline training, including lectures and workshops on the SDGs, social innovation, design thinking, core leadership skills, and group projects. In 2022, due to the Covid-19 control and prevention policy in China, the 7th Youth Leaders Influence Training Workshop was hosted online with 154 young people from over 17 universities nationwide.

⁸³ Tatame, a Chinese tech start up specializing in Real-Time Engagement technologies

⁸⁴ Notes on Immerse Metaverse Exhibition: UNFPA China Innovative Youth Engagement for the ICPD, October 2, 2022

⁸⁵ Improving Health and Well-being of Young People through Innovation, Entrepreneurship, and Participation Narrative Progress Report. Reporting period: 11th July, 2022 to 31st July, 2023

⁸⁶ Ibid, 2023

⁸⁷ Although the ET was not able to access the detailed results of the feedback.

their knowledge about puberty, sexual and reproductive health, STDs, gender, violence and safety, contraception, sexual harassment, love, safe use of ICTs, etc.

In order to increase the availability of evidence on Adolescent Sexual and Reproductive Health (ASRH) to inform, among others, policy development, UNFPA collaborated with NHC, Gates Foundation (donor) and Peking University to launch the second national-level survey of youth reproductive behavior in China. The ET was informed by the relevant stakeholders that the survey, although initially challenged by COVID-19, was successfully completed. The dissemination of the results of the surveys are, however, pending discussions due to the implementation of the 2022 Data Security Law. The analysis of the data once made available, during the remaining period of CP9 will be utilized to update currently available information on youth reproductive behavior, and the results will be used for programming and policy purposes as was originally intended⁸⁸.

UNFPA China and Kenya collaborated to initiate a youth exchange programme aimed at enhancing young people's understanding of adolescent and youth sexual and reproductive health, climate change, ICPD POA, and strengthen youth collaboration through South-South and Triangular Cooperation (SSTC). Thus, a group of Chinese young people visited Nairobi, Kenya during 26-31 May, to have a learning and exchange experience with youth leaders and communities in Kenya. The feedback on this exchange has been positive⁸⁹.

The ET which was present observed that the UNFPA/CFPA/CYN organized youth event on 15th June 2024 (ICPD@30 China National Youth Dialogue demonstrated not only the convening role of UNFPA but also the commitment and capacity of both young people and organizational partners to understand better SRHR and ICPD related issues and how to advocate for them. Over 80 young people and youth development partners from across China, including China Youth Network and local Youth Networks, youth advocates, youth educators, social workers, and organizations of persons with disabilities participated in the event. The dialogue involved various discussions on issues related to youth health, including sexuality education, climate change, technology innovation, demographic transition, and the sexual and reproductive health of young people with disabilities. It echoed the ICPD principles as calling for increased investment in young people's health and development and ensuring young people's potential is fulfilled.

Key achievements of the work of the UNTG (Y) with UNFPA as chair and UNICEF as co-chair included (i) the development by the theme group and the direct involvement of CNY (that represents Government) of an Action Plan on Global Youth Development in 2022 to promote all aspects of the SDGs and (ii) the preparation of a comprehensive situation analysis of Adolescents and Youth in China which is aimed at program information and advocacy on issues facing China's youth such as employment, SRH, CSE, etc. (iii) establishment of the UN Youth Consultation Group⁹⁰.

The Adolescents and Youth (AY) programme contributed to the CP9 Outcome i.e. addressing the SRHR needs of young people especially those among them who are marginalized, through UNFPA's evidence-based policy engagement aimed among others at increased awareness and support among policy makers for young people's access and rights to comprehensive sexuality education (CSE) and adolescent SRH; (ii) the increased availability of evidence and data for better policy making; and (iii) strengthened capacity of

⁸⁸ Interview with UNFPA informants and PKU informants

⁸⁹ ET met several young people who participated in the above programme, all of whom provided positive experiences.

⁹⁰ Interviews with relevant UNTG (Y) and UNFPA informants.

youth networks and youth partnership mechanisms to engage in policy dialogues related to ASRHR, SDGs, etc.

An analysis of effectiveness of the AY programme is shown in Table 4.4.

Table 4.4 Effectiveness Analysis: AY Programme

| <p>OUTCOME: Improved evidence and policy environment to address young people's sexual and reproductive health and rights, focusing on marginalized young people. Outcome 2 indicator: China has engaged adolescents and youth, including marginalized adolescents and youth in the formulation of national sexual and reproductive health policies. Baseline: No: Target: Yes. Achieved Yes ⁹¹</p> | | | | |
|---|---|----------|--------|---|
| Output | Output Indicators | Baseline | Target | Level of Achievement |
| 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 | 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 | 2 achieved. a) the innovative project on promoting CSE through live streaming was shared through UNFPA's website and UN Innovation Library for media engagement. b) TOT and network building for CSE conducted by UNFPA, using the CSE Technical Guidelines |
| | Number of evidence-based policy analyses on adolescent and youth SRH issues supported by UNFPA and used for media engagement and policy advocacy | 0 | 5 | . a) the 2nd National Survey on Youth Reproductive Health (survey and report completed, awaiting analysis for policy engagement: <u>partially completed</u>) b) Special Issue on the Development of Sexuality Education in China, Journal of Children. Completed and used as evidence for advocating CSE. c) The Second National Review of the Adolescents and Youth Health Care Services in |

⁹¹ (The outcome indicator does not appear to reflect the spirit of the outcome although the output indicators relate to the outcome)

| | | | | |
|--|---|---|---|--|
| | | | | <p>Maternal and Child Health Care Institutions.</p> <p>Achieved and findings are intended for policy advocacy</p> <p>d) A national survey on the status of SRH education institutions conducted in order to provide evidence-based analysis for establishing national or provincial-level initiatives or networks to promote CSE for young people, especially marginalized young people. (completed)</p> <p>e) Situation Analysis on Youth Development in China, including policy analysis on youth SRH issues in China (completed)</p> <p>f) CSE Technical Guideline-Adaptation of Global Standards for Potential Use in China (First Edition). <u>Achieved and utilized.</u></p> |
| | Number of youth-to-youth partnerships, SSC platforms and networks initiated, supported, or strengthened by UNFPA, that enables youth participation and leadership in policy dialogues and programming | 3 | 5 | <p><u>Fully achieved</u></p> <p>a) SSC network for Chinese and Mongolian youth to promote climate change and youth leadership</p> <p>b) Establishment of the UN Youth Consultation Group under the UN Theme Group on Youth;</p> <p>c) UNFPA China/Kenya youth leaders exchange programme</p> |

Gender Equality and Women's Empowerment (GEWE) Outcome 3: Output 1.

The gender and women's empowerment component of CP9 focused on strengthening the capacity of the government to develop and implement evidence-based laws, policies and programmes to reduce gender-based violence including domestic violence, exclusion and other forms of discrimination. The outcome area

is on track to realize most of its targets. 1) Support for eliminating gender - based violence focused on promoting the establishment of a multi-sectoral coordination mechanism which is a continuous and long-term process, and UNFPA actively participated in it; 2).The draft Guidelines for health sector response to VAW has been developed which will be piloted, revised and finalized by 2024; and 3)UNFPA supported several South-South exchanges and national policy dialogues on GBSS that were informed by evidence-based research and documented good practices from China; 4) Establishment of new partnership with National Disaster Reduction Center of China (NDRCC) which explored the potential areas of cooperation in SRH and GBV in emergencies.

During the period covered by the Evaluation, the focus of UNFPA's support was the establishment of functional multi-sectoral coordination mechanisms for prevention and response to GBV including through generating evidence,⁹² conducting advocacy and policy dialogues⁹³, 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 China⁹⁴. A series of workshops/events involving UN agencies under the UN Thematic Group on Gender, All China Women's Federation (ACWF), related government departments, and the National Working Committee on Children and Women (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.⁹⁵ 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.⁹⁶ 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.⁹⁷

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

⁹² 2022 UNFPA supported NCWCH carried out a survey on the current situation of the Chinese health sector's response to VAW analyzed existing interventions and health sector responses to VAW in China, identified influencing factors, gaps, and challenges, and made recommendations for improving health sector response to VAW within the multi-sectoral coordination framework for GBV prevention and response. study on situation analysis of health response to VAW in China.

⁹³ UNFPA were invited to participate in the close-door consultation meeting with the National People's Congress on the revision of the Law on Protection of Women's Rights and Interests in May 2022 together with UN Women, UNICEF and ILO.UNFPA Annual report 2022.

⁹⁴ 2021 Study on multi-sectoral coordination mechanisms for prevention and response to domestic violence in China in collaboration with China Women's University (first phase with focus on government practices);2022, Study on multi-sectoral coordination mechanisms for GBV prevention and response by consultants (2nd phase with focus on international practices and NGOs/CBOs views). UNFPA Annual Report 2021,2022

⁹⁵UNFPA Annual report 2023

⁹⁶ UNFPA Annual report 2023, Interview with UNFPA staff, on June 14,2024;

⁹⁷ Lanyan Chen Hao Yang,2023. Strengthening Multi-Sectoral Coordinating Mechanisms for Survivor-Centered GBV/DV Prevention and Response in China, UNFPA report.

Chinese and introduced it to key national stakeholders⁹⁸. 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 planned⁹⁹.

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.¹⁰⁰

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 to bringing down its skewed SRB over the past few decades¹⁰¹. China has progressively begun to implement strict measures to reduce the high SRB, which not only addressed the root cause of son preference and expanded the benefits provided to daughter-only families, but also curtailed the spread of "illegal fetal sex determination and sex-selective abortion".¹⁰² China's SRB has then dropped since 2009 to 111.6 in 2022. At present, China is still faced with many challenges in bringing down its SRB¹⁰³, and there is still much progress to be made in promoting gender equality.

With respect to SSC on GBSS, in CP9, UNFPA in cooperation with the Population and Development South-South Centre of Excellence (PDSSC) of CPDRC, 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, mainly through the SSC modality.¹⁰⁴ 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

⁹⁸ Note: Modules 1 - 5 of the basic service package were translated into Chinese in 2018.

⁹⁹ 2022 AWP under NCWCH implementation. Interviews with the staff of NCWCH also confirmed this information. Currently, the relevant draft policy has been completed.

¹⁰⁰ Interview with CPDRC informants and implementation progress reports (UNFPA).

¹⁰¹ 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 (CPDRC).

¹⁰² CPDRC, China's Practices to Address Its Skewed Sex Ratio at Birth, January 2021.

¹⁰³ According to an UNFPA Policy Brief (2024), the sustained preference for male offspring in certain provinces has been influenced by traditional family ethics and cultural emphasis on filial piety especially among older generations, which has then passed down to some of the younger generation"

¹⁰⁴ UNFPA China office, Gender Output under UNFPA/China CP9.

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.¹⁰⁵ As many partners said UNFPA is a bridge of international exchange between China and the world.

An indicated earlier, UNFPA established a new partnership with the NDRCC and explored potential areas of cooperation in SRH and GBV in emergencies. In this regard, UNFPA supported NDRCC's participation in the training course on GBV in emergencies organized by APRO in 2022; established regular exchanges and cooperation for information sharing and knowledge sharing on reproductive health services and GBV prevention 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.¹⁰⁶

UNFPA's policy advocacy efforts during CP9 towards (i) the establishment of functional multi-sectoral coordination mechanisms to prevent and respond to gender-based violence, and (ii) the development and availability of health sector guidelines to respond to gender-based violence as well as developing a working relationship with NDRCC so as to be prepared to cooperate on SRH and GBV issues during emergencies clearly contributed towards the expected GEWE outcome. See Table 4.5 for an analysis of the effectiveness of the GEWE programme.

Table 4.5: Effectiveness Analysis: Gender Equality and Women's Empowerment Programme.

| <p>Outcome: 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.</p> <p>UNSDCF Outcome indicator(s): • Sex ratio at birth Baseline: 111.9 (2017); Target: 108.9 (2025). In 2022, the ratio was 111.6</p> | | | | |
|---|--|-----------|---------|---|
| Output | CPD Output Indicators | Baselines | Targets | Achievements (as of May, 2024) |
| The Government has strengthened capacity to develop and implement evidence-based laws, policies and programmes | Existence of functional multi-sectoral coordination mechanisms informed by subnational initiatives for prevention and response to gender-based violence, including domestic violence | No | Yes | Yes (Although NWCCW is not a coordinating body with focus on GBV response, a multi-sectoral consultation mechanism has been set up and the Office of NWCCW conducts the consultations) |

¹⁰⁵ 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/gjjlhz/202312/t20231215_17238.html

¹⁰⁶ UNFPA China office, Gender Output under UNFPA/China CP9

| | | | | |
|--|---|----|-----|--|
| to reduce violence, exclusion and gender-based and other forms of discrimination | | | | on a yearly basis to review and discuss current issues in prevention and response of domestic violence.) |
| | Availability of health sector guidelines to respond to gender-based violence in line with the Essential Service Package for Women and Girls subject to Violence | No | Yes | No (The draft Guidelines for health sector response to VAW has been developed which will be piloted, revised and finalized by 2024.) |
| | 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 | 6 achieved (A total of 6 South-South exchanges and national policy dialogues on GBSS were conducted and China's experience and practices in addressing GBSS and skewed SRB were shared with other 4 countries (Vietnam, Nepal, India and Bangladesh on Oct.11, 2023.) |

Population Development (PD) Outcome 4: output 1.

The Population and Development (PD) programme interventions under CP9 have been supportive of Government's efforts to address the intricate demographic challenges facing China, particularly the issues of low fertility and an ageing population. The programme's multi-faceted approach includes policy research, evidence-based analysis, data generation, and the fostering of innovative partnerships, all aimed at bolstering the Chinese government's strategic initiatives that address the demographic shifts in the country. UNFPA support contributed to the development of four national plans/strategies which are (i) the 14th five-year plan on Population Ageing; (ii) Guiding opinions on further improving and implementing fertility supportive measures; (iii) Guidance on applying for the Central Government's financial support for the development of exemplary projects on inclusive childcare care services; and (iv) Guidelines on the development of the silver economy and improving the well-being of older persons.

A major focus of the PD programme has been on conducting in-depth policy research to tackle low fertility and population ageing. Initiatives such as the National Transfer Account (NTA) and the policy research on Low Fertility and Population Ageing have played critical roles in this endeavor. In 2021, UNFPA collaborated with the National Health Commission (NHC) to study how life-cycle factors influence fertility and provide insights that informed the development of family and female support policies. This research laid the groundwork for later studies, such as research with NHC about international experiences in addressing low fertility, particularly from a gender equality perspective¹⁰⁷. The programme also explored the economic implications of household debt on fertility rates, in collaboration with the National Development and Reform Commission (NDRC). Under the leadership of NDRC, in 2023, the inclusion of childcare services into the national social services scheme marked a systematic family friendly policy aimed at alleviating the burden on families and thus encouraging higher fertility. UNFPA will support the NDRC in assessing family supportive policies in 2024, continuing to build on this foundation, with a focus on evaluating the effectiveness of these measures from a gender equality standpoint¹⁰⁸.

In addition to address fertility concerns, the PD programme has been pivotal in shaping policies related to population ageing. Through the Hongqiao Forum on Global Ageing and the Policy Research on Population Ageing, the programme provided critical support to the development of a national policy on the silver economy, which seeks to harness the economic potential of an ageing population. The 2022 Hongqiao International Forum served as a platform for discussing global strategies on ageing, further enriched by a rapid review of international experiences presented at the 2023 forum¹⁰⁹. These efforts have been instrumental in informing Chinese policymakers about best practices in developing the silver economy. The programme's commitment to this area is further evidenced by its ongoing work in 2024 to establish a recurring annual report on the global silver economy by UNFPA and NDRC, which will serve as a key resource for tracking and understanding the economic contributions of older populations¹¹⁰.

Evidence-based analysis has been another cornerstone of the PD programme, with initiatives such as the Time Use Survey and the National Time Transfer Account (NTTA) playing crucial roles. Between 2021 and 2022, UNFPA collaborated with the National Bureau of Statistics (NBS) and the Institute of Gerontology at Renmin University of China to analyze population ageing using data from the 2020 census. This analysis provided a comprehensive view of demographic trends, which has been helpful for the government to improve capacity on policy making. The PD programme also supported the publication of

¹⁰⁷ Two research report have been submitted to NDRC. By analyzing how resources are transferred across different life stages in these, these approaches highlight the economic burdens and opportunities women face, particularly during childbearing years. This understanding can guide policies that address women's needs for childcare, financial support, and work-life balance, ultimately promoting higher fertility rates and gender equality in society.

¹⁰⁸ mentioned during the interview with national partner informants,

¹⁰⁹ The Ministry of Commerce, the National Development and Reform Commission, and the United Nations Population Fund jointly hosted the aging-themed forums. The 2022 theme was "Shared Opportunities in Global Aging," and the 2023 theme was "Silver Economy: New Opportunities in Global Population Aging." The forums invited domestic and international dignitaries, representatives from international organizations, and experts and scholars from universities and research institutions to deliver keynote speeches. Leaders from renowned companies in fields such as technology, services, manufacturing, finance, as well as local government officials, participated in the meetings.

¹¹⁰ From an NDRC informant

annual statistics on the status of women and children in China¹¹¹, with technical assistance from UNFPA and UNICEF, ensuring that gender-specific data informs the development of more inclusive policies. As mentioned by national partners and confirmed by UNFPA informants, the ongoing Time Use Survey and the launch of the NTTA in 2024 are expected to further enhance understanding of gender dynamics and their impact on fertility and ageing, providing valuable insights that will shape future policies.

The generation of reliable and disaggregated data for UNFPA Sustainable Development Goal (SDG) indicators has been another significant focus of the PD programme. The CPDRC Reproductive Health Survey, conducted in 2022, was a major achievement in this area, successfully including four missing SDG indicators, with the data set to be released in 2024. UNFPA had introduced these indicators, three of which are SRHR indicators, into the Survey which is expected to fill critical gaps in understanding reproductive health and gender equality in China¹¹². Moreover, UNFPA has been in discussions with CPDRC and NBS to adapt existing survey instruments to align with international standards, ensuring that the data generated is both accurate and globally comparable. Many national partners share the view that the effort underscores UNFPA's commitment to providing high-quality data that can be used to inform evidence-based policy development¹¹³.

There have been significant strides in fostering non-traditional partnerships and engaging in South-South and Global Cooperation (SS/GC) initiatives. Through events such as the BRICS Seminar on Population Matters and the International Conference on Population and Development for Asian Developing Countries, the programme has facilitated the exchange of knowledge and best practices among countries facing similar demographic challenges. These initiatives have been instrumental in promoting global and regional dialogue on population issues. UNFPA's collaboration with private sector partners, such as the China Population Welfare Foundation for policy research on childcare services, highlights its innovative approach to partnership-building. Based on interviews with UNFPA informants and indicated in the briefing notes to the ET, a planned partnership with Alibaba China for the silver economy research did not materialize. However, UNFPA has continued to explore other new avenues for collaboration.

With respect to the development of the National Urban Policy 2021-2025, UNFPA collaborated with NDRC¹¹⁴ on a research in 2021 titled "The accelerating phenomenon of population trans-regional migration in China." The research which is based on the analysis of the latest 7th National Census, provided valuable insights for the national urbanization strategy from the perspectives of evolving population dynamics. The 14th Five Year Plan's new programme for urbanization released in June 2022 calls for efforts to deepen reform of the household registration system, remove all settlement restrictions on cities with a permanent resident population of under 3 million, and promote urban renewal.

The contributions of the programme's outputs to the intended outcomes are clear. Through policy research and technical support, PD directly contributed to the development of government strategies on fertility and

¹¹¹ What the 2020 Census Can Tell Us About Children in China: Facts and Figures

¹¹² These 4 indicators are (i) the proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods; (ii) proportion of women aged 20-24 years who were married or in union before age 15 and before age 18; (iii) proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health; and (iv) proportion of children under 5 years of age whose births have been registered with civil authority, by age.

¹¹³ Interviews with UNFPA and CPDRC informants

¹¹⁴ NDRC is the government body responsible for China's urbanization planning for the 14th Five-Year Plan period (2021-2025).

population ageing, particularly influencing the formulation of the 14th Five-Year Plan on Population Ageing and the silver economy policy. In terms of evidence generation, initiatives like the National Transfer Account and CPDRC Reproductive Health Survey provided critical data on demographic shifts, aligning with international standards. By fostering cross-sectoral and South-South cooperation partnerships, PD enhanced the government's capacity to address demographic challenges. During our interviews, respondents like NDRC, NBS, and CPDRC expressed positive recognition of the role that UNFPA's PD programme has played in areas such as policy advocacy, public awareness raising, and knowledge sharing.

Below is a table on an analysis of the effectiveness of the PD programme.

Table 4.6: Effectiveness Analysis: Population and Development programme

| <p>Outcome (UNSDCF); China has a national urban policy for 2021/2025 that responds to population dynamics</p> <p>Baseline: No (2020); Target: Yes (2025). Progress: National Programme for Urbanization incorporated into the 14th Five Year Plan.</p> | | | | |
|---|--|----------|-------------------|--|
| Output | Output Indicators | Baseline | Final Target 2025 | Level of Achievement |
| <p>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.</p> | <p>1. Number of the 17 UNFPA prioritized SDG indicators that are produced domestically and included in national statistical system</p> | 6 | 10 | <p>Four achieved.</p> <p>Four UNFPA prioritized SDG indicators were included in the CPDRC 2022 RH survey, and data produced and included in the final data report (planned to be released by NHC in 2024). Efforts are put in place to produce more indicators.</p> |
| | <p>2. Number of evidence-based national strategies, plans or programmes developed with UNFPA support or addressing the low fertility and ageing issues focusing on life-cycle approach</p> | 2 | 7 | <p>Four achieved.</p> <p>Five studies completed (study to develop a policy framework in responding to low fertility in China from a life-cycle perspective, study on the implications of trans-regional population migration in China, responding to low fertility from gender equality perspectives, including childcare services into essential social services, silver economy), which contributed to the development of 4 strategies/plans/programmes which are The 14th five-year plan on ageing ;Guiding opinions on further improving and implementing fertility supportive measures; Guidance on</p> |

| | | | | |
|--|--|--|--|---|
| | | | | applying for the Central Government's financial support for the development of exemplary projects on inclusive childcare care services and Guidelines on the development of the silver economy and improving the well-being of older persons; |
|--|--|--|--|---|

FACILITATING AND CONSTRAINING FACTORS.

Several factors contributed to the relative success of CP9.

The long and reliable relationship developed with important Government, and non-governmental partners over several CP periods, including during CP9, has been an important enabling factor for the achievement of CP9 results. In addition, UNFPA has built a trusting and professional relationship with government agencies involved in policy research, data, and health through the provision of policy advice, delivering knowledge of good practices from global knowledge hubs, and UNFPA support for technical studies, all of which have helped nurture a positive cooperative relationship. These national partner agencies, being also close to the ear of policy makers, have therefore been able to influence decision-making. In this regard, the work of UNFPA is valued and appreciated. As has been referenced several times in Chapter 4, there remains strong interest among most stakeholder for UNFPA to continue to provide technical support even though there is understanding that UNFPA's core resources are thinning.

UNFPA's reach-out to the private sector for help in developing innovative solutions such as the use of digital technology supported the livestreaming of CSE to reach a wider audience. This later resulted in private sector financial augmentation by AGORA which has been an enabling factor. Likewise, approaching Gates Foundation in China for financial support for the conduct of the 2nd Youth Survey is another example of resource mobilization that enabled the Survey to be carried out.

The Common Country Assessment (CCA) that was developed prior to the UNSDCF devoted space to the identification of vulnerable groups in China, including PWDs, youth, older persons, women, and ethnic minorities in its list of vulnerable populations that needed to be better reached. To this extent the CCA played a facilitative role in defining and clarifying those groups that needed support the most.

An important facilitating factor for sustainability was the fact that in most cases, key stakeholders had been involved in the program design and implementation, thereby ensuring shared ownership of the programme.

An important facilitating factor for the success of UNFPA/ Government of China's SSC programme during CP9 was undeniably the commitment of the Government to collaborate with UNFPA to strengthen the country's international development cooperation in areas of UNFPA's mandate, especially in reducing preventable maternal deaths and population development issues. The provision of aid funds and the existence of clearly defined state mechanism have added to the commitment. Support from the participating COs in beneficiary countries have been an enabling factor as UNFPA China had to work hand in hand with UNFPA COs elsewhere to ensure that the fruits of SS triangular cooperation could be realized.

The main constraining factor has been the reduction of core financial resources, which if not otherwise could have allowed for more policy-related engagement and building stronger national capacity for long-run

sustainability. In addition, the lack of face-to-face engagement during the COVID-19 pandemic period did not facilitate better policy engagement work as indicated earlier under EQ2 findings.

Lessons Learnt and Best Practices

One clear lesson learnt was that working alongside government-affiliated organizations worked for policy advocacy. UNFPA's collaboration with the NDRC and the NHC has significantly advanced policies addressing population ageing and low fertility, as well as improving childcare services. These partnerships have been crucial in formulating effective strategies to tackle these pressing social challenges.

One of the lessons learnt from the SRHR intervention in Qinghai and Shanxi was that ensuring timely planning, monitoring, and communication was critical for the implementation of project funding by the Danish government. In the context of the uncertainty caused by Covid-19 control measures, a monitoring tool was developed to allow constant monitoring of the progress of implementation through frequent weekly and monthly meetings. With this mechanism in place, thorough backup plans could be developed and shared with the donor on a timely basis to enable smooth communication.

It was found that supporting organizations for persons with disabilities (OPDs) that advocate for disability rights and SRHR was critical, as partnerships with key stakeholders at all levels (national to local levels) in implementation allowed for a broader reach of the target populations enabling greater acceptance of SRH in target project sites.

A lesson learnt in GBV advocacy was that putting sensitive topics such as GBV into a broad legal and policy framework for discussion can help engagement and cooperation with different sectoral actors. Another key lesson learnt was the realization that efforts to prevent and respond to GBV and Domestic Violence 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.

4.7 Answer to Question 7

EQ7: To what extent were gender equality and empowerment of women, and disability inclusion mainstreamed into the design, implementation and monitoring of CP9?

Summary

Gender equality and empowerment of women, and disability inclusion have been mainstreamed into the design, implementation and monitoring of CP9. The CP9 programme is aligned to national priorities related to GEWE, the Gender-related SDG5 goal and UNFPA's three transformative goals which are rights-based and focused on women, girls and young people.

CP9 has been informed by vulnerability analysis in the CCA, which identified vulnerable groups to be supported by the UNSDCF, including women, young people, older persons and PWD.

UNFPA CP 9 interventions like the SRHR intervention in rural areas and the collaboration with RI were specifically focused on women, young people and PWD, and executed by institutions with a strong understanding and awareness of gender, ensuring observance and practice of gender equality, women's empowerment and disability inclusion.

The gradually - standardized collaborative mechanism of cross - departmental gender working groups and the implementation of gender scoring, etc., have also well enhanced and improved the effectiveness of gender mainstreaming in various fields such as social gender and LNOB.

As the co-chair of UNGTG, UNFPA worked alongside UN colleagues in the Theme Group to promote gender mainstreaming across sectors and programmes.

CP9 is highly consistent with national priorities, policies, plans and strategies related to GEWE, as discussed under EQ1 on relevance. UNFPA's GEWE programme in the current cycle is in sync with the 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. Further, the GEWE programme was committed to the Gender related SDG5, that is achieving gender equality and empowerment of all women and girls. In this respect, CP9 contributed to the outcomes of the UNSDCF which itself is aligned with national priorities¹¹⁵, including among others, addressing vulnerabilities, GBV, harmful practices such as son preference and other forms of discrimination, and improving equitable public services including health for all (which are some of UNFPA's core mandate issues). CP9's commitment towards UNFPA's three transformative goals which are not only fundamentally rights-based but are also mainly focused on women and girls¹¹⁶, speak to the extent of CP9's support for women, youth and adolescents, including people with disabilities. among them.

The programme has been informed by an analysis of vulnerability, although there is no evidence as yet of analysis using an intersectionality lens to address vulnerability issues. 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). UNFPA's SRHR intervention in 2 rural provinces which

¹¹⁵ CPD UNFPA China 2021-2025; UNSDCF 2021-2024

¹¹⁶ UNFPA Strategic Plans

targeted the SRHR needs of women, young people and PWDs were identified through review of social sector indicators¹¹⁷ and baseline studies. Gender consultants provided targeted gender training for the implementation team. Its evaluation 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 information¹¹⁸”. Like the above intervention, UNFPA’s collaboration with Rehabilitation International specifically focused on women, young people and PWD, and was executed by institutions with a strong understanding and awareness of gender, thus ensuring observance and practice of gender equality, women’s empowerment and disability inclusion

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. A NHC informant mentioned 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 it was hoped that such training activities should be institutionalized.¹¹⁹

UNFPA managed to incorporate four missing SDG indicators into CPDRC’s RH survey in 2022. The first 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. The fourth indicator is the proportion of children under 5 years of age whose births have been registered with a civil authority, by age. Research is on stream for structured analysis using National Time Transfer Account (NTTA) on gender equalities/inequalities in the low fertility and population ageing contexts¹²⁰.

CP9 made a good start in strengthening engagement with PWDs and promoting their rights to SRH services. Working with OPDs, the Shanghai Youren Foundation and WEI, the CO developed a virtual Training of Trainers curriculum 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. However, based on our assessment, there is little evidence of programs being informed by disability analysis.

The UNFPA / RI intervention earlier discussed under the EQ on effectiveness aimed at ensuring 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 had a strong gender and human rights focus through targeting girls and women with disabilities, and included women and young people with disabilities and OPDs in its design and implementation. It was also 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

¹¹⁷ Project Evaluation Report, 2022

¹¹⁸ Ibid, 2022

¹¹⁹ Interview with NHC on June 24,2024

¹²⁰ Interviews with CPDRC and UNFPA informants

Development and the International Conference on Population and Development Programme of Action (ICPD POA)¹²¹.

The GEWE program was allocated a total of \$3.6 million or 17 percent of the total CP9 resource envelope for 2021-2025. However, of this amount \$1.5million was core funds while \$2.1 million was to come from other resources. UNFPA informants as well as partners opined that the resources for gender had thinned and that it was particularly difficult for GEWE programme to raise other resources given the more sensitive nature of gender and the trend towards a shrinking space for CSOs working on gender and GBV.

UNFPA China has conducted *Gender Marker*¹²² on each CP9 programme area in order to monitor and evaluate the implementation of gender mainstreaming. Programme managers mark each project activity according to its contribution to promoting gender equality. Among the many activities currently implemented in CP9, nearly 45 percent of them have made contributions to gender equality to varying degrees. The proportion of all programmes in CP9 that contribute to gender equality and women's empowerment as a goal are as follows: GEWE programme (73.8 percent, reproductive health (67.0 percent), A&Y (40percent), and PD (23.8 percent).¹²³ Gender marker should develop to be a helpful tool to promoting gender mainstreaming in CP9.

Informants from institutions such as RUC and CPDRC have affirmed and praised the efforts of UNFPA China in gender equality mainstreaming. As long - term partners of UNFPA in China, the gender awareness of their organization members and their social advocacy ability for gender mainstreaming have been significantly enhanced through cooperation with UNFPA. This has led to the opening of the course on gender analysis of public policies at RUC¹²⁴, and relevant policy research reports with gender perspectives by researchers of CPDRC have also been adopted by government decision - makers.¹²⁵ In the interviews with a BIEG informant and the evaluation reports provided by it, students highly praised the changes and empowerment brought to them by the gender equality training courses provided by UNFPA China.

In CP9, UNFPA China and UN Women, as co - chairs of UNGTG, continuously promoted the gender mainstreaming process in the UN system through regular gender - themed meeting mechanisms¹²⁶, providing gender - themed training for all UN entities in China¹²⁷, enriching gender - disaggregated data¹²⁸, implementing gender scoring,¹²⁹ and conducting gender - related publicity and advocacy. Besides the fixed gender - themed publicity days such as International Women's Day on March 8th and the 16 Days of Activism against Gender - Based Violence, UNFPA has also actively cooperated with new media platforms in the 9th cycle and launched highly - disseminating activities such as an online photography exhibition on

¹²¹ Drawn from interviews with UNFPA and RI informants as well as UNFPA/RI final report

¹²² Gender marker:GM00: No contribution; GM01: Some contribution; GM2A: Significant contribution: However, at present, there is a lack of clear evaluation criteria for each label of the gender marker. It is mainly judged and marked by the person in charge of each project, so there may be inconsistent standards among different persons in charge, which may damage the validity and comparability of the data. This system still needs to be further improved and standardized.

¹²³ UNFPA China complete activities tagging 2021.1.1-2023.1019.

¹²⁴ interview with RUC,

¹²⁵ interview with CPDC

¹²⁶UNFPA: UNGTG TOR final

¹²⁷ Interview with staff of UN women, Ops. team

¹²⁸ Interview with NBS on June 17th,2024,

¹²⁹ United Nations Country Team in China 2023 : UNCT-SWAP GENDER EQUALITY SCORECARD

the theme of "elderly women"¹³⁰ How to better embrace new media and enable it to play a more active role in aspects such as gender equality and disability inclusion could be an area of focus on in the next cycle.

4.8 Answer to Question 8

SUSTAINABILITY

EQ8: 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?

Summary

UNFPA has a tradition of building local capacity within state institutions and among partners which has continued into CP9. Over the last 3 and a half years, the strengthening of national capacity has been evidenced across all programme areas as indicated in Chapter 4.6 on effectiveness. National Partner informants are confident that given the increasing resources available within the country, on-going programmes can be sustained and even scaled up, but with a caveat that local institutions would like to see UNFPA's continued cooperation to share technical and specialized knowledge and international best practices as well as build new capacity where required. Several enablers for programme sustainability include (i) the close and frequent working relationship between UNFPA and national partners such as CFPA, NCWCH, NBS, and CPDRC. These institutions have the ear of national planners and are therefore important influencers of national policy formulation; (ii) in most cases, key stakeholders had been involved in program design and implementation, thereby ensuring shared ownership of the programme and a strong interest in its sustainability. Through UNFPA and partner efforts through policy engagement, CP9 also saw the development of policies and guidelines in several programme areas, including the issuance of a RH Promotion Action Plan, which when implemented will contribute towards sustainability of results.

As in previous CP cycles, most programme areas incorporated capacity building initiatives for institutions and individuals. Partners and beneficiaries speak positively of the content and usefulness of these initiatives.

One of the most hopeful signs of sustainability was the training of midwives to serve in local hospitals, and the promotion of the continuation of midwifery training and the expansion of service scope from the country programme target counties to more counties in the provinces covered by the intervention. As indicated in the discussion in Chapter 5 on EQ6, one of the key components of the SRHR intervention in Qinghai and Shanxi was the promotion of midwifery capacity at the local level to improve the quality of health care. To build the required capacity, health workers from MCH facilities and general hospitals in the 2 CP9 provinces were sent to the West China Second Hospital of Sichuan University (Huaxi Medical University)

¹³⁰ Interview with UNFPA informants

in Chengdu city, Sichuan province – one of the first national standardized midwife training centers initiated by the China Maternal and Child Health Association (CMCHA) - for a 3-month standard midwifery training, including a one month theoretical training followed by two months practical clinical training, after which successful candidates are provided with a national recognized certificate. This resulted in public MCH facilities and public general hospitals in Qinghai and Shanxi provinces receiving qualified midwives for the first time.¹³¹ The training has also been institutionalized. A Tsinghua University draft report¹³² (2022) also reported that “in addition to supporting midwifery training for medical and nursing staff, the interventions by UNFPA assisted in the construction of national standardized training centers for midwives in less developed areas of China, including provincial in-service training institutions such as the Qinghai Maternal and Child Health Hospital, to ensure that national midwifery training is accessible to medical and nursing staff in Qinghai Province and more areas of the country. By continuing midwifery operational competency training and expanding the scale of practice, more rural health personnel are involved, achieving sustainable development of midwifery services, effectively promoting the improvement of operational competency and service level of primary health care institutions, and ensuring high-quality midwifery services¹³³.” National experts interviewed stated that once midwifery is recognized as a profession, hospitals and health facilities will ensure that midwifery skills of health workers are increased and that some nurses are trained to become fully qualified midwives¹³⁴

Other results of the above intervention also indicate potential for sustainability. In the ET’s interview with the implementing partner, informants indicated strong ownership of the intervention’s integrated SRHR service package, and suggested that this could be replicated in some other localities. The informant also indicated the possibility of available resources for scaling up midwifery training. There is also the commitment by national health authorities to promote this integrated approach into routine country programmes subsequently. Likewise, national health authorities have also shown commitment to support the roll out of in-school CSE interventions in middle schools,¹³⁵ beginning with the training of middle-school teachers in in-school CSE in all provinces¹³⁶.

Surveys conducted to gauge beneficiaries’ view of the 9th and 10th Youth Leaders Influence Training Workshops conducted between 23-28 September 2023 and 20-25 November 2023 under UNFPA’s U-Power Initiative indicated that 78.1 percent and 82.7 percent of participants respectively found the training very useful for their work. In interviews with the training institution above, the point made was that the programme will continue to be offered by the institution through its own funding and trainers. However, UNFPA’s cooperation is necessary for a while especially in the further development of course content and curriculum development.¹³⁷

The increased strengthening of collaboration with youth groups/networks as well as capacity building initiatives has potentially increased the probability of the programme eventually becoming sustainable. The ET’s view is that an ecosystem is gradually being built for sustainability. For example, because of earlier

¹³¹ Evaluation Final Report, 2022.

¹³² Tsinghua University, Vanke School of Public Health and Health (2022): Promoting Sexual and Reproductive Health Projects for Key Populations in Qinghai and Shanxi Provinces, China"; Best Practice Report on Standardized Training of National Midwives. Draft Report, September 2022

¹³³ Ibid 2022.

¹³⁴ Project Evaluation Report, 2022

¹³⁵ Project evaluation report, 2022

¹³⁶ Ibid, 2022

¹³⁷ Interview with donor informant

collaboration between UNFPA and CFPA there are now RH peer education clubs in 386 local universities. The China Youth Network already has 13 local networks with plans to incubate more. The strengthening of these networks would be a good platform for the sustainability of youth programmes in the future¹³⁸. UN informants iterated that the development of public-private-youth partnerships initiated through the efforts of the UNTG (Y) chaired by UNFPA and co-chaired by UNICEF is also aimed at contributing towards greater sustainability because it would involve collaboration with the Government and the private sector¹³⁹.

Through financial and technical support for various research projects, seminars, and field studies, UNFPA has helped its partners enhance their evidence-based decision-making and research capabilities, as informed in discussions with national partners. For example, UNFPA has sponsored the NBS in conducting statistical technology seminars and internal staff training. Several other initiatives such as the development of the National Transfer Account framework of analysis, the life-cycle approach, etc. have contributed towards capacity building of individuals in universities or research institutions such that there is internal knowledge of the methodology to undertake such analysis on their own or in groups. UNFPA informants confirm that there are now experts in national partner organizations that are able to undertake such analysis on their own. As a case-study¹⁴⁰, UNFPA supported CPDRC in developing the population forecasting software PADIS-INT in 2010. This software currently plays a crucial role in forecasting future population trends in China, particularly in adjusting and refining fertility policy targets and predicting changes in the birth rate. The software continues to be used in population planning even today ([Annex 8](#)) even though UNFPA no longer provides financial support for its maintenance and improvement¹⁴¹.

UNFPA technical support in the area of Gender-biased sex selection (GBSS) is another good example of how sustainability has been built through years of working together with national partners. Government now tracks progress and effectively manages the interventions required to address GBSS¹⁴². In discussions with informants, it was indicated that through the long and good cooperation with UNFPA, the capabilities of many young researchers in CPDRC have been built and enhanced, and among others, gender perspectives have gradually penetrated into the daily research work of the center. The ET confirmed that CPDRC researchers have prepared gender-related research papers which have even been presented outside the country¹⁴³.

Through UNFPA and partner efforts through policy engagement, CP9 also saw the issuance of a RH Promotion Action Plan and the development of policies, guidelines and tools in several programme areas, which when implemented will contribute towards sustainability of results. Examples of the above include the Guidelines to address GBV and SRH needs and rights of women and young people with disabilities, the revised Service Package for SRH services in Emergency Situations, CSE Technical Guidelines, and Guidelines for the development of the Silver Economy and improving the wellbeing of older persons.

In general, most partners interviewed felt that initiatives begun with support of UNFPA can be scaled up, continued by themselves or done in cooperation with other organizations. However, most partners would

¹³⁸ UNFPA informant

¹³⁹ Interview with UN partner Informant

¹⁴⁰ This story was told to the ET at the interview with CPDRC as an example of how sustainability has evolved.

¹⁴¹ Interview with informants.

¹⁴² Interview with CPDRC informants

¹⁴³ Official website of the organization.

like UNFPA to continue its support providing access to global knowledge, technical tools and development experiences. One informant emphasized that despite the long history of support provided by UNFPA in developing capacity and existing capacity, there continued to be a need for building the statistical capacity of the next generation of staff in view of changing technologies and census methodologies, the skill intensity of the work and in preparation for the next population census.

It can be observed from discussions with UNFPA informants as well as with government partners that there is a relatively strong working relationship between both parties. The close and frequent working association between UNFPA and national partners such as CFPA, NCWCH, and CPDRC, by way of example, is a strong argument for the sustainability of ongoing initiatives and programmes. This is particularly so as these government institutions have the ear of national planners and are therefore important influencers of national policy formulation.

4.9 Answer to Question 9

EQ9: 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?

Summary

UNFPA 's collaboration with China through SSC is largely in the area of maternal and women's health and come under SDG 3 and SDG5. In this regard, reproductive health and reproductive health commodity security are strongly featured in China/ UNFPA SSC initiatives. Through UNFPA/CAITEC advocacy, maternal mortality reduction and the prevention of cervical cancer were introduced into the Partnership Action Plan, an outcome from the 2024 Summit of the Forum of China and Africa Cooperation (FOCAC). China's contributions to developing countries through the SSC modality with UNFPA have been seen among others in health infrastructure development, cervical cancer screening for prevention of cervical cancer, provision of emergency supplies in humanitarian crises, vaccines and protective gear at the time of the COVID-19 pandemic as discussed in the section on effectiveness. China/UNFPA south-south triangular cooperation contributed to some extent to a reduction in maternal deaths in several countries especially in Africa.

UNFPA 's collaboration with China through SSC has largely been in the area of maternal and women's health and which fall under the scope of SDG 3 and SDG5. In this regard, maternal health, sexual and reproductive health, and reproductive health commodity security are strongly featured in China/ UNFPA's SSC programme. Several initiatives especially in countries in Africa through UNFPA/Government of China SSC modality were discussed in the answer to EQ 6 under effectiveness, and only some of them will be referred to in this section to make the point that UNFPA China contributed towards improvements in SRH and women's health outcomes in several developing countries through its mediating role in SSC initiatives with the Government of China. It needs to be noted that while output 2 of outcome 1 of CP9 called for the promotion of two-way SSC-based sharing of development knowledge and expertise including through

shared learning, the evidence seems to show that China has not been a direct recipient or beneficiary from other developing countries through the SSC modality.

A 2023 study supported by UNFPA and undertaken by the China Academy of International Trade and Economic Cooperation (CAITEC), which is a thinktank for China's International Development, proposed several areas for south-south cooperation. The recommended areas included building capacity in MCH, cervical cancer screening for pregnant mothers, and Reproductive Health Commodity Security. 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 recent 2024 Summit of the Forum of China and Africa Cooperation (FOCAC)¹⁴⁴.

Several SSC initiatives on improving access to maternal health and SRH services had begun in the CP 8 period, examples of which involved training of midwives, cervical cancer screening and improving health infrastructure. A case in point was the SSC initiative with Nepal which began in 2019 and had as its overall objectives improving maternal and women's health in Nepal through strengthened disaster preparedness and response capacity to address the reproductive health needs of women and girls, including midwifery capacities for quality maternal health care. This was reprogrammed and extended into 2021 owing to the outbreak of COVID-19 pandemic. The prepositioning of Inter-Agency Reproductive Health (IARH) kits¹⁴⁵ enhanced the preparedness and emergency response capacity in Nepal as well as its provision in health facilities supported the continuation of essential SRH services when the country was hard hit by the COVID-19 pandemic¹⁴⁶. As a result, an estimated 3,080 women were reached through different SRH services including provision of safe deliveries, management of complications due to unsafe abortions and caesarean section services.¹⁴⁷ The Personal Protective Equipment (PPEs) provided protected health service providers and clients from the COVID-19 virus, allowing them to continue providing essential life-saving SRH services¹⁴⁸.

Another important example of the SSC programme supporting SRH and women's health is that of Sierra Leone in Africa.¹⁴⁹ Launched in January 2020, the four-year SSC initiative funded by the Global Development and South-South Cooperation Fund and involving China, Sierra Leone and UNFPA focused on reaching vulnerable women at high risk of maternal mortality and cervical cancer. The initiative successfully established cervical cancer screening and treatment services for the first time in nine public health facilities, providing cancer screenings to nearly 8,000 women. A significant achievement of the above SS cooperation initiative was the development of National Guidelines on Prevention of Cervical Cancer in Sierra Leone¹⁵⁰.

¹⁴⁴ https://www.mfa.gov.cn/eng/xw/zyxw/202409/t20240905_11485719.html. This was also mentioned by an UNFPA informant;

¹⁴⁵ The IARH Kits are globally standardized and pre-packed emergency health kits that can be used at the community level, primary health care facility and/or referral hospital level during emergencies. Contents include the life-saving medicines, devices, commodities and supplies necessary to provide essential SRH services, including safe delivery, emergency obstetric care and the management of complications during pregnancy and delivery.

¹⁴⁶ Interview with UNFPA informants

¹⁴⁷ Final Project Report China, Nepal and UNFPA Cooperation: Improving maternal and women's health services in Nepal in development and humanitarian contexts 2021

¹⁴⁸ Ibid. and confirmed by discussions with UNFPA CO informant

¹⁴⁹ <https://sierraleone.unfpa.org/en/news/ministry-health-unfpa-review-outcomes-cervical-cancer-project-supported-government-china>

¹⁵⁰ <https://sierraleone.unfpa.org/en/news/ministry-health-unfpa-review-outcomes-cervical-cancer-project-supported->

As part of the overall objective of capacity building of health personnel, the initiative also strengthened capacities of health professionals in Sierra Leone to manage cervical cancer through exchange visits between the two countries. In August 2023, a team of Chinese medical experts from Hunan Provincial Maternal and Child Health Hospital conducted a three week visit to Freetown in Sierra Leone to train healthcare professionals in cervical cancer management and emergency obstetric care. Subsequently, a dozen medical professionals from Sierra Leone received further advanced training in Hunan Province in October 2023, thereby contributing to the development of a human resource base in cervical cancer management and prevention in Sierra Leone¹⁵¹.

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 as indicated earlier under effectiveness. Preliminary results of the 2022 Census in Mozambique showed estimates of 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)¹⁵². The strong decline in MMR, cannot be attributed entirely to the support provided through the SSC initiative as the initiative was localized to Cyclone Idai- affected areas. Nevertheless, it can be concluded that the intervention through SSC contributed towards reducing maternal deaths. 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.

A broader initiative within the SSTC programme aimed at contributing towards exchange of information on maternal and child health among developing countries involved a partnership between UNFPA China and NCWCH with support and participation of UNICEF China in 2023. Ministry of Health representatives from 11 African countries, that is the Central African Republic, Ethiopia, Gambia, Guinea-Bissau, Mauritania, Namibia, Sierra Leone, South Africa, Tanzania, Uganda, and Zimbabwe, and 5 ASEAN countries i.e., Brunei Darussalam, Lao PDR, Malaysia, Philippines, and Thailand engaged in a strategic dialogue in Beijing with representatives from their respective embassies and Chinese experts on maternal and child health. This was followed by a workshop in Nanning City of Guangxi Province on maternal and child health, and prevention and diagnosis of breast and cervical cancers, and a visit to the Guangxi Provincial Maternal and Child Health Hospital and two community health facilities in Guangxi province to observe China's maternal and childcare management system in practice. Discussions with UNFPA and government informants indicated that this initiative facilitated both learning and exchange between China and countries in Africa and Asia as well as identified concrete ways in which technical support to improve maternal healthcare could in the future be provided by China to beneficiary countries in coming years¹⁵³.

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. It is to be noted that SRH and RHCS being 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".

government-china

¹⁵¹ Ibid; and interview with UNFPA CO in Sierra Leone.

¹⁵² Final Report Health assistance project for women and girls in Zimbabwe affected by tropical cyclone Idai.

¹⁵³ Interviews with UNFPA, NCWCH informants

To facilitate and reduce duplication of functions on SSC, there is further clarity on the state mechanism¹⁵⁴ consisting of several agencies, in place to facilitate and coordinate SSC between China and other developing countries. The mechanism was discussed in Chapter 6 and will not be repeated except to mention that this clarity facilitates better cooperation between the provider and the beneficiary country and the mediating agency (UNFPA).

Facilitating factors that contributed to the success of SSC¹⁵⁵ included (a) the strong commitment of the Government of China to collaborate with UNFPA to improve China's international development cooperation in UNFPA's mandated areas, in particular maternal health; (b) the cooperative and supportive role played in the project implementation by UNFPA COs in beneficiary countries. Many of these COs also played a role in project development with their respective health Ministries; (c) the complementary role played by the SSC focal person, the programme managers, operations and management to ensure a coherent delivery of the programme. Hindering factors on the other hand included challenges with respect to reporting, lengthy review process of project proposals by the review committee, which in some cases led to implementation delays.

4.10 Answer to Question 10

COHERENCE

EQ10: What are the main comparative strengths UNFPA adds to and complements development partners in China – particularly other UN agencies working in similar areas?

Summary

UNFPA is a member of the UN Country Team in China and plays an important role in the UNCT as well as in the coordination mechanisms that are part of UN functioning in China, including the UN Theme Groups, and the Results, and Disability Groups. UNFPA works closely with UN partners on the implementation of the UNSDCF, 2021-2025 and participates in leadership roles in the respective UN Theme Groups on Youth and Gender. Comparative strengths include technical and specialized knowledge on SRH, population dynamics, and population data which complement the portfolios of fellow UN agencies in China.

To national partners, UNFPA has been a reliable and trusted partner. It has been credited for sharing global knowledge and experiences on ICPD-related issues. There is also significant coherence between national priorities and concerns and UNFPA's interventions to support China's efforts to implement the ICPD POA and UNFPA's three transformative goals. UNFPA has played a central role in mediating China's SSC programme with developing countries especially in the area of maternal and women's health.

¹⁵⁴ interview with informants from UNFPA, MOFCOM and CICETE.

¹⁵⁵ Interview with UNFPA CO informant and surmised from discussions with UNFPA COs in beneficiary countries interviewed

UNFPA, a member of the UN Country Team in China, plays an important role in the UNCT as well as in the coordination mechanisms that are part of UN functioning in China, including the UN Theme Groups, the Results, Leave No one Behind and Disability Groups; as well as in the Programme and Operations coordination teams. UN informants indicated that UNFPA brings to the development table, ideas and specialized knowledge especially on population dynamics, data, sexual and reproductive health, and empowerment of women and youth, some of which are areas outside the mandate of other UN agencies. UN informants commented that UNFPA is a valuable contributor to and provides technical and strategic support on key areas that complement the portfolios of other agencies, funds and programmes in China. More specifically, given the demographic changes taking place in China, UNFPA's technical expertise 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. UNFPA together with all UNCT members actively participated in all phases of the development of the UNSDCF process, 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.

As an example, the primary focus of collaboration between UNFPA and UNAIDS in China within the UN Joint Programme on HIV/AIDS is on CSE among out of school young people and SRH for young people. An UNAIDS informant observed that UNFPA has been a strong partner in the Joint Programme. Both UNFPA and UNAIDS also work on sensitive matters such as CSE, HIV, LGBTQ etc. where according to UN informants the space for advocacy is more challenging given prevailing social norms, therefore requiring more evidence-based advocacy.

Another example of coherence is the collaboration 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 has also provided strategic technical assistance and advice to the UNCT on policy advocacy and normative processes related to women's rights and concerns. The UN Theme Group on Youth chaired by UNFPA and co-chaired by UNICEF has also 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.¹⁵⁶ 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. As part of the UN Humanitarian team in China, UNFPA contributed towards efforts undertaken by the UN and development partners to support national response to the COVID-19 pandemic. UNFPA and UNICEF worked together to assess the impact of the pandemic on poor households.¹⁵⁷

Discussions with national partners on several of CP 9 interventions in the areas of SRHR, A&Y, GEWE and PD point toward UNFPA interventions being coherent with that of national priorities. As an example, the close working relationship between UNFPA and NBS on data as well as other national partners represents coherence between national needs and what UNFPA can offer. UNFPA China has also been a

¹⁵⁶ UN Informants

¹⁵⁷ UNDP website

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. 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. Most national partners especially those with a long history of cooperation with UNFPA consider UNFPA as a "trusted and dependable partner". With its link to global knowledge hubs, UNFPA has been able to share global knowledge and experiences as well as link national partners to these knowledge repositories. National partner informants have indicated that UNFPA is appreciated for providing high quality technical support as well as access to learnings and good practices from international experience, thereby bridging the needs in China with developmental lessons and knowledge from outside the country. 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.

A private sector informant mentioned that the educational organization that he/she represented felt a strong need for students to have a good understanding of the SDGs and had been impressed with the idea behind UNFPA's Y-Peer movement. That interest set in motion a partnership between the organization and UNFPA, that is currently building youth leadership. The head of a OPD with whom UNFPA partners on disability advocacy mentioned that "UNFPA is a Grade A organization. It respects the PWD group and is prepared to recognize and consult them in their work."

A donor of the Second National Youth Reproductive Health Survey commented that "Our partnership with UNFPA was a very good one. UNFPA implemented the project soundly. UNFPA always responded fast. UNFPA also did a good job communicating frequently and continued discussing with the donor on the issues facing the survey during 2022/2023. We view UNFPA as the partner to go for potential work on product innovation particularly because of UNFPA's proven strength as a global procurer of family planning products, and also as a partner for consultation, coordination and alignment".

CHAPTER 5. CONCLUSIONS

5.1 Conclusion 1 (origin: EQ 2,4,6)

Despite the impact of the COVID-19 epidemic and the time lost because of lockdowns and closure of borders, CP9 was successful in achieving much of its output targets, with these outputs contributing to expected outcomes. This to a large extent is indicative of the CO's adaptability to respond to unexpected challenge, its good use of human and financial resources, and a close and trusting working relationship with partners making a difference. A long-standing collaborative partnership with several stakeholders, including government agencies, government-affiliated organizations, academia, UN agencies, and community groups, was an important facilitative factor for the achievement of CP9. These partnerships can potentially be expanded to further the achievement of the UNFPA's Strategic Plan goals.

5.2. Conclusion 2 (origin: EQ 6,7,10)

CP9 saw increased upstream policy engagement as was envisaged in CP9. Policy engagement will continue to be UNFPA's main mode of engagement in the near future. This mode of cooperation was achieved through, inter alia, development of knowledge products, advocacy, direct policy discussions with government partners based on evidence and good practices, and through building individual/institutional capacities to build sustainability of CP9 results. Inter-agency mechanism such as the UN Theme Groups have also been successful in enabling UN agencies working together to highlight relevant common issues and engage policy makers and influencers, as was reflected in the influential roles played by both the Gender and Youth Theme Groups, in which UNFPA was more directly involved.

5.3. Conclusion 3 (origin: EQ 3, 6,7)

In line with the use of a human rights approach and application of the principle of leaving no one behind and reaching the furthest behind, there was an increasing focus in CP9 towards vulnerable population groups including women, young people, older persons, and people with disabilities. Intersectionality analysis through the identification of the actual needs of vulnerable groups and addressing them would enhance programme relevance. However, there is little evidence presently to show that vulnerable populations were analyzed through an intersectionality approach in order to dissect the root causes behind discrimination, social norms, structural barriers, and inequalities. Availability of more disaggregated data will also further support such analysis and consequent policy advocacy. There remain gaps in the collection and utilization of disaggregated data especially on vulnerable groups. In addition to other successful examples, the UNFPA-supported SRHR intervention in Qinghai and Shanxi provinces demonstrated that it was possible to implement new approaches for the provision of SRH services to disadvantaged populations in counties where health indicators fell short of the national average. Given its success, there is an opportunity here for UNFPA to advocate for the scaling up this model to other under-served regions. and among under-served population groups.

5.4. Conclusion 4 (origin: EQ 6, 9)

South-south triangular cooperation is gaining traction both for the UNFPA CO, and as a national mechanism for providing development assistance on one hand as well as a strategy to use the country's advantage as a manufacturing hub to produce and provide health products and reproductive health commodities needed by other developing countries. For UNFPA to better play an intermediary role, it should be able to have a better understanding of developing country needs that can be met by China

under the SSC programme. For UNFPA, SSC is also intended as a mechanism for the mutual sharing of information and experiences on ICPD POA implementation between participating countries, including that between the provider of development assistance and the beneficiary, so that both parties involved can benefit mutually from the SSC mechanism rather than it be a one-way cooperation modality.

5.5. Conclusion 5 (origin: EQ6, 7)

Although CP9 made successful inroads to promote and build capacity in CSE including through the use of livestream technology and the development of CSE technical guidelines, there remains elements of push-back on CSE in the country because of misconceptions of the term arising from continued adherence to particular cultural and societal norms. Likewise, there still exist opinions that there is a shrinking space for civil society organizations working on gender and GBV.

5.6. Conclusion 6 (origin: EQ 4,5,6, 10)

Given the reduced core resource reality, a larger resource base will be advantageous if the next country programme would want to be more ambitious to address aspects of the unfinished business of the ICPD POA and taking into consideration the diversity in levels of development across the country. There is a need therefore to expand new partnerships for programme financing, especially with private sector companies and foundations. While a start has already been made in CP9 in this direction, moving forward, further expansion of these partnerships will be essential cutting across all four outcome areas.

5.7. Conclusion 7 (origin: 8, 6,7)

UNFPA's contributions to capacity building of individuals and institutions after several programme cycles have contributed towards programme sustainability, and together with the country's economic strength, financial stability and strengthened human capability, there is a growing confidence that many of CP results can be scaled up or undertaken especially by Government institutions. There is however a felt need for UNFPA's continued role in building national capacity especially in the areas of the institutionalizing of midwifery, training of trainers for CSE; continued advocacy regarding GBV; and the provision of evidence-based policy support for low fertility and population ageing.

5.8. Conclusion 8 (origin: EQ 1, 6)

With the country's demographic structure undergoing significant transitions, trends toward low fertility and population ageing are important development challenges for the Government. UNFPA continues to have an important role in supporting Government in this regard through policy advice and knowledge sharing especially because of UNFPA's own mandate on population matters and available population development expertise.

CHAPTER 6: RECOMMENDATIONS

6.1. Recommendation 1: Continued advocacy by UNFPA CO for increased focus on LNOB and reaching the furthest behind.

Priority: High priority; Target: UNFPA CO; Based on Conclusion: 3,7

UNFPA in its upstream work in the next country programme should continue to focus on meeting the needs of vulnerable populations (LNOB/RFB principle) especially with respect to the three transformational goals.

Action Points (i) Advocate for the scaling up of successful initiatives such as the integrated SRHR model demonstrated in selected counties of Qinghai and Shanxi provinces; the CSE livestreaming initiatives to train both teachers and students, in other underserved areas. These could be scaled up using Government funds and technical assistance from UNFPA; (ii) UNFPA's focus on vulnerable groups which is based on a human rights approach and LNOB/RFB principle, should be broadened by looking at vulnerability from an intersectionality perspective. By doing so, better targeting of real needs can be identified. Such analysis should ideally be done as part of the preparation for the next programme cycle (iii) UNFPA to work with NBS and agencies that collect administrative data to improve the availability of disaggregated data in general and on vulnerable population groups in particular both to identify these groups but also to track progress on the 3 zeros if such data is available; (iv) UNFPA could advocate and coordinate with Government and other partners to push further disability perspectives.

6.2. Recommendation 2: UNFPA CO should proactively strengthen its own capabilities and sharpen its strategy on SSTC, taking advantage of the progress made during CP9 and the Government of China's keen desire to participate in SSC with developing countries.

Priority: High priority; Target: UNFPA China CO, other COs, and UNFPA Regional Offices; Based on Conclusion: 4

Action Points: (i) UNFPA CO should research and identify together with other UNFPA COs what the real needs are for technical or financial support from China's SSC mechanisms, on the basis of which sustainable proposals can be presented; (ii) CO in consultation with relevant national partners, should identify China's own potential needs which could be resolved through the SSC modality; (iii) the needs identified in (i) and (ii) above, will have to be articulated and presented as part of medium term support plans that includes specific SS initiatives, to be agreed upon by the Chinese Government at the beginning of the next CP cycle. As this would involve more coordination responsibility, it would involve strengthening the SSC team at the CO. This recommendation would also involve cooperation from APRO and other regional offices; (iv) have a dedicated outcome area for SSC especially when SSC components are found across all programme areas.

6.3. Recommendation 3: UNFPA CO needs to take advantage of the strengths of the UN system and its coordination mechanisms to advance joint policy engagement, advocacy and support on critical issues such as GEWE, rights, CSE, equitable access of vulnerable populations including PWDs to public services, social norms change, and population development issues.

Priority: High priority; Target: UNFPA CO; Based on Conclusions: 1,2,5,7

Action Points: (i) UNFPA CO to consider looking into more opportunities for inter-agency collaboration and joint programming within the UN Country Team in the process of developing the next UNSDCF (2026-2030) in order to realize the LNOB/ RFB principle. (ii) joint initiatives and programmes would be more cost effective and cost efficient. Joint programming would be more possible now given the establishment of the UN in China Pooled Fund for SDGs; (iii) as part of the preparation for CP10, UNFPA could also consider a review of current modalities of policy engagement in order to ascertain the most cost effective and successful modes of providing policy support, that is, to find out what has worked and what has not.

6.4 Recommendation 4. UNFPA should consider increased technical support for population and development issues in particular population ageing and low fertility which are areas of national policy concern.

Priority: High priority; Target: UNFPA CO; Based on Conclusion: 8

CP9 provided critical research, data, and partnerships to address the pressing issues of low fertility and population ageing. In view of the impact of population ageing and low fertility on the country's social and economic development, and its linkages with SRHR, A&Y, and GEWE, UNFPA should provide more focus and attention to this programme area; (i) continue to use a life-cycle approach to address the needs of individuals at every stage of life which would enable the formulation of inclusive policies that empower not only older persons but also youth and women, fostering positive attitudes toward marriage and childbearing; (ii) investing in evidence-based approaches and fostering cross-regional collaboration will help formulate workable and innovative solutions; (iii) By focusing on these areas, UNFPA can support the development of comprehensive social support systems and inclusive economic policies that empower older persons, individuals, women, and youth; (iv) broader partnership could be developed including with the other line Ministries such as the Ministry of Civil Affairs, that are accountable for social assistance and services, protection of the rights and interests of older persons and care services, as well as with ACWF and ACYF (with whom we already are engaged) that respectively work on women and youth so that more parties are working coherently on these issues. The focus would be on broader concerns, not only of ageing and low fertility but also attitudes of adolescent and youth on marriage and childbearing, etc. that have a relevance to fertility and ageing; (v). UNFPA's support to NBS to strengthen the production of disaggregated data including that of vulnerable populations should be continued. The availability of such data support will help UNFPA and other users to monitor the progress of SDG targets in the last mile.

6.5 Recommendation 5. UNFPA CO should engage and broaden its partnership with the private sector to benefit from knowledge sharing, innovative solutions and resources.

Priority: High priority; Target: UNFPA CO; Based on Conclusion: 1, 6.

CP9 saw the beginnings of collaboration between UNFPA and the private sector mainly in the areas of SRH, AY, and SSC. The collaboration should be expanded in the next CP to include all programme areas and aimed at addressing population and development challenges

Action points: (i) UNFPA could create platforms for knowledge sharing and collaboration with representatives from the private sector and private foundations including information about workshops,

conferences, and digital forums. Such platforms can facilitate the dissemination of best practices and innovative solutions to address population and development challenges both from UNFPA and the private sector; (ii) engage with the private sector on specific win-win initiatives, such as in the case of UNFPA collaboration with AGORA, or BIEG during CP9, could potentially unleash financial or in-kind resources that can support UNFPA programming;

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