United Nations Children’s Fund
Executive Board

Revised country programme document
China (2011-2015)

Summary

The draft country programme document (CPD) for China (E/ICEF/2010/P/L.8) was presented to the Executive Board for discussion and comments at its annual session 2010 (1-4 June). The Executive Board approved the aggregate indicative budget of $50,615,000 from regular resources, subject to the availability of funds, and $82,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2011 to 2015.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the annual session. The revised CPD is presented to the Executive Board for approval at the second regular session 2010.
Summary of the situation of children and women

1. With 17 per cent of the developing world’s children living in China, the country’s remarkable progress towards the Millennium Development Goals has in the process helped to propel the world towards these Goals. Achievements in child health and education are especially notable. Over the past three decades, however, improvements in human and social development outcomes have not kept pace with China’s economic growth, leading to disparities within the country, with health outcomes that in the poorest areas are similar to those in low-income countries. China’s huge population of 1.32 billion people means that it has over 100 million children who are poor, as estimated by UNICEF using the World Bank’s poverty measure of per capita consumption under $2 per day. Maternal and child health have significantly improved, but China is still among the top five countries in the number of deaths of children under the age of five (365,000 in 2008). In 2007, the under-five mortality rate and the maternal mortality ratio were both three to five times higher in remote rural areas than in coastal areas, due to poorer access to quality health services and financial means. Hospital delivery rates increased from 51 per cent in 1990 to 95 per cent in 2008, but still lag behind in China’s western areas. Neonatal mortality still accounts for over half of all under-five deaths, indicating the need for better antenatal, delivery and postnatal care. Over 75 per cent of all maternal deaths in China could be prevented with essential obstetric care. Vaccination coverage has risen since 2006, when the Government made routine immunization free of charge, but reaching poor rural populations presents challenges.

2. Underweight prevalence among under-five children has declined by nearly two-thirds from 1990, but stunting remains a problem in poor rural areas (18 per
Anaemia affects one in five children, and one in ten children is deficient in vitamin A. China increased its household iodized salt consumption from 90 per cent in 2005 (up from 30 per cent only a decade earlier) to 97 per cent in 2009, but 33 million people remain at risk of iodine deficiency disorders. National policies on breastfeeding and infant formula marketing are in line with international norms, but implementation remains weak, undermined by aggressive marketing of infant formula.


4. China has achieved Goal 2 on universal primary education for both boys and girls. China’s compulsory education law requires free basic education for all children aged 6 to 14 years. The remaining challenges, especially in western areas, include disparities in the quality of and access to education; the numbers of children out of school; and lower enrolment and survival rates in junior secondary education. In 2008, China allocated 3.48 per cent of its gross domestic product to education, still below the national target of 4 per cent.

5. Although China has a low HIV prevalence, there are pockets of high infection rates among specific subpopulations, with some 50,000 new infections a year. An estimated 740,000 people are living with HIV, with only one in seven knowing their status. Cumulatively, 80 per cent of reported HIV cases are in six provinces. Females accounted for 30 per cent of reported cases in 2007 (15 per cent in 1993). Mother-to-child transmission has risen steadily as a percentage of all cases. At the end of 2007, only 41 per cent of young people aged 15 to 24 knew the correct concepts of HIV prevention.

6. An estimated 200 million internal migrants (National Population and Family Planning Commission, 2008) contribute significantly to the country’s development. Around 20 million children accompanying their migrant parents lack urban residence status and may lack access to basic social services. Some 55 million children have been left behind with their extended family in rural areas, often with inadequate care, which has a profound impact on their development. A strong traditional preference for boys and the lack of an old-age security system has led to skewed sex ratios: 121 boys per 100 girls at birth (2008), and increasing in early childhood. The Chinese Academy of Social Sciences estimated that the next decade could see up to 60 million more men than women, with consequent impacts on socio-economic development.

7. A signatory to major international conventions for the protection of children, China has put laws in place to protect children from violence, abuse, trafficking, sexual exploitation and child labour. Effective implementation is a challenge due to the lack of robust data, the sensitivity of issues and weak local capacities. China’s combined Third and Fourth State Party Report on the implementation of the Convention on the Rights of the Child, due in March 2009, according to the recommendations of the Committee on the Rights of the Child, was not submitted.
8. Natural disasters remain frequent. On 12 May 2008, a devastating earthquake in Sichuan left more than 86,000 dead or missing and 5 million homeless.

Key results and lessons learned from previous cooperation, 2006-2010

Key results achieved

9. In the area of knowledge, advocacy and policy development for children, UNICEF engagement upstream at the policy level, supported by research, data and policy analysis, led to a greater focus on children in national development planning and implementation, in poverty reduction and in social protection programmes. Government budget allocations were increased in education, health, poverty reduction and social protection. An emphasis on children was introduced into China’s top strategic development frameworks, such as the Five-Year Plan, the Ten-Year Poverty Reduction Programme, social protection legislation and the National Post-Disaster Reconstruction Strategy. Strategic partnerships were established or strengthened with top government bodies, including the National Development and Reform Commission, the Ministry of Finance, the Ministry of Civil Affairs, the State Council Leading Group of Poverty Alleviation and Development, and the National Working Committee for Children and Women under the State Council.

10. In health and nutrition, UNICEF contributed to several key results. The uptake and quality of care and hospital delivery improved through a maternal and child health care model, which the government is now expanding in three provinces, accounting for one-tenth of China’s population. In 2009, the Government announced subsidized hospital delivery in all of China’s 2,294 rural counties, consolidating its expansion of the approach attributed to the UNICEF safe motherhood model. From 2001 to 2008 in the 1,000 counties of the safe motherhood programme, UNICEF cooperation contributed to a 54 per cent reduction in the maternal mortality ratio, a 52 per cent reduction in neonatal mortality and a 54 per cent increase in hospital delivery rates. Key maternal and child health care policies and guidelines were developed, notably on care for urban migrants and on integrating prevention of mother-to-child transmission (PMTCT) of HIV and paediatric AIDS into the maternal and child health care system. UNICEF also contributed to China’s health system reform, particularly the inclusion, costing and financing of the essential maternal and child health care service package. Support to the introduction of vaccination against hepatitis B led to a decrease by 90 per cent of infection rates among children aged five. UNICEF cooperation also contributed to: the dramatic increases in the coverage of adequately iodized salt, from 30 to 80 percent in Tibet and from 80 to 90 per cent in Xinjiang; the first time ever issuance of national standards on complementary food nutrient supplements; and, backed by evidence from UNICEF-supported surveys, the integration of national child injury prevention standards into the next National Plan of Action for Children (2011-2020). Consumer groups in 30 cities were mobilized to monitor violations of the marketing code of breast milk substitutes, and tougher legislative measures on advertising were passed.

11. The water, sanitation and hygiene in schools approach supported by UNICEF was adopted into the national child-friendly school standards by the Ministry of Education. Studies on disease and cost-benefit analyses of sanitation provided evidence for decision-making and contributed to the central Government’s increased
investment in rural household sanitation from RMB 150 million in 2006 to RMB 1.6 billion for 2009-2011. National standards for water supply and water-quality testing were revised and adopted with UNICEF inputs.

12. The adoption and promulgation by the Ministry of Education of child-friendly school (CFS) standards and the planned integration of CFS indicators in the national school monitoring and supervision guidelines was a concrete outcome of UNICEF cooperation, based on the introduction and testing of the CFS approach in 1,600 schools in very poor counties, emphasizing gender equity, safety, inclusiveness, participation and teaching-learning quality. Information management systems were strengthened and standards developed for education planning, school mapping and resource allocation for vulnerable populations. Early learning and development guidelines were developed for nationwide use in monitoring pre-school quality and measuring school readiness. Innovations and approaches for reaching vulnerable groups were introduced and adopted: the “Parent to Child” early childhood education strategy for poor communities; the use of information and communication technologies to improve education quality in rural schools, now being scaled up by local governments; and non-formal education approaches for out-of-school adolescents, also replicated by local governments.

13. The Government’s scale-up of the UNICEF-supported PMTCT model to make it a national PMTCT programme serving over 2 million women in high-prevalence counties and cities is another example of leveraging pilots to scale. Pilots for the care of women and children affected by AIDS demonstrated measurable improvements in antiretroviral therapy adherence, household income and psychosocial well-being, and led to policies on cash subsidies, on orphans and on children affected by AIDS. UNICEF supported policy development for the national paediatric AIDS programme and for at-risk youth. Under the coordination of the State Council AIDS Working Committee Office, UNICEF supported the launch of the Campaign on Children, Young People and AIDS. To engage the corporate sector, UNICEF and partners developed and launched “Eight Corporate Responses to Children and AIDS”. UNICEF is a member of the Country Coordination Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria. China’s 2006-2009 Global Fund allocations totalled $193 million.

14. UNICEF cooperation also contributed to improving the policy and legislative framework on child protection: the revised Law on the Protection of Minors, the 2007 National Plan of Action to Combat Trafficking in Women and Children, new provisions on children in the revised Law on the Protection of Persons with Disabilities, and national guidelines on community-based residential family care and foster care and on combating violence against children. UNICEF also helped to establish a national monitoring system on children with disabilities. A system-based approach to child protection at the community level, successfully piloted in six cities, led to documented improvements.

15. The first integration of the National Plan of Action for Children into the 11th Five-Year Plan (2006-2010) and the first participation of children in the midterm review of the National Plan of Action for Children were also supported by UNICEF. Other UNICEF-supported results were the registration system for migrant children to increase access to basic social services, which was successfully replicated in Beijing and incorporated into Beijing’s 11th Five-Year Plan; the incorporation of child rights and gender equality into the national family education
framework and parental education services; and the establishment of social support networks for left-behind children to help them cope with separation from their parents.

16. Following the Sichuan earthquake, generous contributions from National Committees for UNICEF, Governments and corporate donors allowed UNICEF to contribute to the emergency response. In the recovery phase, UNICEF contributed to: comprehensive obstetric and neonatal care systems in 14 counties covering 5 million people; a new computerized child immunization registration system, which the Government will expand nationwide; a nutrition policy for emergencies; new national standards for school construction and retrofitting; school safety initiatives nationwide; improved water supply and sanitation systems in 123 communities; outreach services for children and families affected by HIV/AIDS; national guidelines on separated and orphaned children and child adoption; and 40 “child-friendly spaces” providing psychosocial support and developmental services to 42,000 children. UNICEF contributed child-focused policy inputs to the Government’s reconstruction plans and supported the development of its monitoring system for reconstruction funds.

17. Public awareness of children’s rights was raised by initiatives such as the high-level event for children affected by AIDS during the Olympics, and by partnerships with Xinhua News Agency, China Central Television, major internet portals, and youth and women’s organizations. Messages on children’s rights reached more than 40 million people. Non-emergency contributions from corporate and other donors surpassed the other resources ceiling in 2008, requiring a two-fold increase.

Lessons learned

18. The need for upstream policy engagement. A significant impact is only possible by leveraging resources for children through strategic partnerships with government bodies at the upstream policy level. Additionally, integrating child rights and gender issues within UNICEF contribution to policy development and policy implementation mechanisms would further enhance its support to the National Plan of Action for Children and to the follow-up of the Convention on the Rights of the Child. Promoting the rights of children affected by migration will involve upstream policy adjustments and public service delivery reform. China’s current reforms across social sectors offer opportunities for UNICEF to contribute with high-quality analytical inputs and evidence-based advocacy.

19. From pilots to leverage. Many of the country programme’s pilot approaches were scaled up by the Government or incorporated into national policies and programmes. The lessons are that pilots must be based on a clear purpose, have a good design, link to a national policy process or national programme and must be affordable for local governments to replicate. Clear exit strategies and time frames need to be set for each pilot approach. Systematic monitoring, costing, evaluation, documentation and dissemination of results are crucial. Not all pilots in previous cycles met these criteria and some field sites showed persistent problems. Strategic selection of pilot sites and evidence of local partners’ commitment will therefore be required.

20. The need for a system-based approach to child welfare and protection. The challenges facing vulnerable children are complex and cut across many sectors. Accordingly, a comprehensive system-based child welfare and child protection
approach for all vulnerable children is needed, rather than an issue-based approach that focuses only on narrowly defined groups of vulnerable children. The comprehensive approach should also include targeted social assistance for children in poor households, such as cash transfers.

The country programme, 2011-2015

Summary budget table*

<table>
<thead>
<tr>
<th>Programmes</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
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<td>Social policy and reform for children</td>
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<td>22 000</td>
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<td>Health and nutrition</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>2 615</td>
<td>4 000</td>
<td>6 615</td>
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Cross-cutting components

| Planning, monitoring and evaluation           | 1 750             | —               | 1 750  |
| Communication and partnerships                | 2 250             | —               | 2 250  |
| Cross-sectoral costs                         | 5 000             | —               | 5 000  |

Total 50 615 82 000 132 615

* The budget is exclusive of emergency funding that may be mobilized in the event of an emergency.

Preparation process

21. The preparation process, coordinated by the Ministry of Commerce, engaged a broad spectrum of government ministries and partners, and ensured the alignment of the cooperation programme with national priorities and the 2008 midterm review findings. The new programme strategies were discussed at the annual review with all partners in December 2009. Programme preparation coincided with the development of the United Nations Development Assistance Framework (UNDAF), also coordinated by the Ministry of Commerce. The 2005 Concluding Observations of the Committee on the Rights of the Child were fully taken into account, especially the focus on vulnerable groups, disparities, and resource allocations for children.

Programme components results and strategies

22. The country programme aims to support Government efforts in realizing the rights of all children in China. Specific results of programme components are provided in the sections below. A number of strategies aim to achieve these results: (a) leveraging resources through strategic partnerships and policy support; (b) supporting pilots to test and adapt approaches, assess and document results;
(c) using evidence for advocacy; (d) promoting the rights of China’s most vulnerable children and women; (e) supporting a systems-based approach towards basic services for the poor; (f) promoting norms and standards for children; (g) supporting international exchange of best practices; and (h) integrating the issues of the environment, climate change and emergency preparedness, notably in education, water, social policy and communication, with a focus on empowering children as agents of change. For all programmes, other resources will primarily be used for field-based innovations and pilots and for protection of the rights of the most vulnerable children. Regular resources will fund other elements, notably support to policy development.

**Relationship to national priorities and the UNDAF**

23. The country programme is well aligned with China’s 12th Five-Year Plan and national sectoral plans and programmes. All programme components contribute to the three UNDAF outcomes: (a) government and other stakeholders ensure environmental sustainability, address climate change, and promote a green, low-carbon economy; (b) the poorest and most vulnerable increasingly participate in and benefit more equitably from China’s social and economic development; (c) China’s enhanced participation in the global community brings wider mutual benefits.

**Relationship to international priorities**

24. The country programme will contribute to the achievement of the Millennium Development Goals and fits well with the Millennium Declaration’s emphasis on children’s rights and protection of children and other vulnerable groups. The programme addresses all focus areas of the UNICEF medium-term strategic plan, and contributes significantly to Unite for Children, Unite against AIDS.

**Programme components**

25. **Social policy and reform for children.** This programme component will address existing inequities and disparities in access to essential social services in China, focusing on the cross-cutting issues of children’s rights, gender, child poverty, social protection and social welfare for children, public finance and public sector governance. The expected result, to which UNICEF will contribute, is that children and women in China, particularly the poor and vulnerable, will see improvements in their well-being from strengthened policy frameworks and implementation mechanisms consistent with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the National Plan of Action for Children. UNICEF cooperation areas include (a) strengthening monitoring and implementation of these two Conventions, the National Plan of Action for Children and the National Plan of Action for Women, with a focus on the rights of poor and vulnerable children and women; (b) strengthening child- and gender-sensitive and evidence-based policy frameworks, laws, national plans and policies, with an emphasis on child poverty reduction, innovative social assistance models, budgeting and social welfare for children; and (c) aligning institutional responsibilities, resources and incentive structures essential for realizing the rights of children and women in China.

26. UNICEF support will include policy analysis, data analysis, development of lessons learned from pilots, evidence-based advocacy and contributions to policy
debate. The programme will build on strategic partnerships with the All China Women’s Federation, the State Council Leading Group of Poverty Alleviation and Development, the Ministry of Civil Affairs, the Ministry of Commerce, the Ministry of Finance, the Ministry of Foreign Affairs, the National Development and Reform Commission and the National Working Committee for Children and Women under the State Council.

27. **Health and nutrition.** The component will address the challenges of large disparities in health and nutrition outcomes; systemic obstacles in the health sector; the poor health status of urban migrants; and burgeoning rates of diseases associated with urbanization and development. The expected result is that children and women in China, particularly the poor and vulnerable, will enjoy a better health and nutrition status, and protection from impoverishment due to ill health. This will be achieved through a health systems approach and support for China’s health sector reform. UNICEF will cooperate in the following areas: (a) improving and monitoring policies, standards and strategies for access to and uptake of health services for poor and vulnerable children and women; (b) reducing health care costs for the poor and developing payment mechanisms less reliant on out-of-pocket expenses; (c) assuring adequate capacity in health human resources, particularly in remote poor areas; (d) improving health information systems to enable improved governance and performance of services and allocation of resources; (e) increasing the availability, range and quality of maternal and child health care and nutrition services, especially for the poor; and (f) increasing the reliability and availability of health and nutrition commodities, drugs and vaccines.

28. UNICEF support will include policy-related analysis and research; piloting of new approaches or best practices; communication for development; promoting international experience-sharing; and strategic supply of commodities and equipment. Priority will be given to the six poorest provinces, covering 7.5 million children under five and 44 million reproductive-age women, and to selected urban areas, to address urban and migrant health issues. Partners will include the Ministry of Health and associated agencies, relevant United Nations agencies, the United States Centres for Disease Control and national organizations, such as the China Consumers Association and China Development Research Foundation.

29. **Education and child development.** The component will address the lack of access to early childhood development services among poor communities; poor coverage and quality of pre-school and primary education among disadvantaged groups; low survival rates in junior secondary education and low transition rates, especially in western China and among ethnic minorities. The expected result is that children aged 0-14 years, especially in poorer and ethnic minority areas, will benefit from improved access to quality early learning, basic education and non-formal education, as well as from supportive policies and systems. UNICEF will cooperate in the following areas: (a) strengthening the institutional capacity of the education system in planning, budgeting, management and monitoring; (b) improving the capacity of parents and teachers to provide quality care and education of children aged 0-6 years; (c) improving the enrolment, survival and transition rates of school-aged children from disadvantaged communities; and (d) preparing adolescents for future work and enhancing their life skills through non-formal education.

30. UNICEF support will include research, policy inputs, capacity development, international exchange of best practices, communication for development and
piloting of new approaches. Innovations will include information and communication technologies in teacher training, social emotional learning, e-packages for parents and teachers, life skills-based education packages for adolescents, and the introduction of curriculum material, online courses and media programmes on climate change and environment. The main partner will be the Ministry of Education. Others include universities, the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization (ILO).

31. **Child protection.** The component will address challenges in child protection related to awareness, institutional and service capacities. The expected result is that vulnerable children in China benefit from improved access to family and community-based child protection services and a supportive policy, legislative and institutional framework for child protection. UNICEF cooperation areas include (a) strengthening policies and mechanisms for child protection system development, implementation and monitoring, including knowledge management; and (b) improving the availability and delivery of family- and community-based child protection services, including gate-keeping mechanisms such that institutional care is used only as a last resort for children without primary caregivers.

32. UNICEF support will include policy inputs, capacity strengthening, piloting of approaches, communication for development and international networking. Major partners will include the All China Women’s Federation, the China Disabled Person’s Federation, the China National Committee for the Care of Children, the Ministry of Civil Affairs, the Ministry of Justice, the Ministry of Public Security, the National Working Committee for Children and Women under the State Council, the Supreme Court and the Supreme People’s Procurate. Other partners include ILO, the United Nations Inter-agency Project on Human Trafficking, civil society organizations and the private sector.

33. **HIV/AIDS.** The component will support China in addressing the impact of HIV on children, women and young people. The expected result is that women, children and young people in China are better protected against the spread and impact of HIV/AIDS. UNICEF cooperation areas include: (a) strengthening national policy frameworks, institutional capacities and implementation mechanisms for PMTCT, prevention of HIV transmission among young people and care for children and families affected by HIV/AIDS; (b) improving the access of women and children to PMTCT and pediatric care services; and (c) ensuring that most-at-risk young people receive adequate information for behaviour change and have access to services for HIV prevention.

34. UNICEF support will include policy inputs, advocacy, communication for development, capacity strengthening, including for better planning and financing mechanisms in priority provinces, piloting of approaches and international experience sharing. Key partners include the China National Committee for the Care of Children, the Ministry of Health, the National Centre for AIDS Prevention and Control and the State Council AIDS Working Committee Office, as well as partners from the UNAIDS and civil society. UNICEF will contribute to the Global Fund mechanisms to ensure an appropriate focus on women and children.

35. **Water, sanitation and hygiene.** The component will address the challenges to children posed by unsafe drinking water, poor sanitation and hygiene, climate change and environmental pollution. The expected result is that children and
women, especially in poor and rural areas, benefit from improved drinking water quality, sanitation and hygiene, and from mitigation measures against climate change and environmental degradation. UNICEF will cooperate in the following areas: (a) strengthening policy development and analysis and improving water-quality monitoring systems; (b) increasing demand for safe water, sanitation and hygiene among communities; and (c) strengthening China’s institutional and local capacities in mitigating the impact on children of climate change, environmental degradation and environment-related emergencies; and (d) raising public awareness on these issues.

36. UNICEF support will include capacity building, communication for development, knowledge management, assessments, research, field-based pilots, advocacy and international networking. Key partners include the Ministries of Education and Health; the Ministries of Water Resources, Environmental Protection, Housing and Urban-Rural Development; the National Development and Reform Commission; other United Nations agencies (in a joint programme addressing climate change); and the World Bank.

37. **Communication and partnerships.** This component will coordinate all programmes in communication for development; raise awareness of children’s rights through partnerships with the media and others; and build corporate partnerships to share knowledge and expertise and to mobilize support for children’s rights.

38. **Cross-sectoral costs** encompass programme support and operational functions to ensure effective and efficient implementation of the country programme, including supply and logistics, communication and programme management.

39. **Major partnerships.** UNICEF will continue to work closely with government partners, promoting South-South cooperation to share China’s experience with other countries and to share international best practices with China. Partnerships with national organizations, civil society, the media and the private sector will be promoted in support of children’s rights. UNICEF will also work with other United Nations agencies in joint programmes and theme groups.

40. **Planning, monitoring, evaluation and programme management.** The Ministry of Commerce will coordinate line ministries in the planning, implementation and review of the country programme. Results monitoring and reporting will draw on programme reports, surveys, studies, reviews and evaluations. UNICEF will work closely with the National Working Committee for Children and Women under the State Council and the All China Women’s Federation as strategic partners in monitoring the situation of women and children, and with the National Bureau of Statistics in tracking key indicators with DevInfo. Evaluations and enhanced knowledge management will provide the evidence base for policy advocacy, national scale-up of pilots and South-South experience exchanges. The 2013 midterm review will assess the country programme’s progress and review its alignment with national priorities. Evaluative activities will be coordinated and tracked by an Integrated Monitoring and Evaluation Plan. UNICEF will work with relevant United Nations agencies and the Ministry of Commerce on strengthening the Harmonized Approach to Cash Transfers.