### CONSOLIDATED RESULTS REPORT

**Country: China**

**Programme Cycle: 2006 to 2010**

<table>
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<tr>
<th>Key CP results expected in this Focus Area (FA)</th>
<th>Key Progress Indicators</th>
<th>Description of Results Achieved</th>
<th>Constraints and facilitating factors</th>
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<tr>
<td><strong>UNICEF MTSP Focus Area 1: Young child survival and development</strong></td>
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<tr>
<td>1.1 Improved Children’s health and nutrition status in pilot areas</td>
<td>A. Indicator: Experience documented and disseminated for the Essential Package of Care (EPC), nutrition, routine immunization and measles elimination, child injury prevention, behaviour change and social marketing. Baseline: No documentation (2005); Most recent status: Experience has been documented and disseminated EPC, nutrition, routine immunization and measles elimination, CIP, behaviour change and social marketing (2009).</td>
<td>1.1.1 Results in MCH and iodine nutrition will be evaluated in 2010. 1.2.1 The programme has contributed to strengthening of EPC in: 50 core MCH project counties in 13 provinces (2006–2010); six PMTCT project counties in four provinces (2006–2010); three urban districts with high migrant populations (2006–2010) and 14 earthquake-affected counties (2009–2010). Local adaptation has been conducted in at least three provinces. 1.2.2 The total number of beneficiaries of UNICEF’s MCH project work is 4.6 million under-fives and 18.9 million women (2009). The actual percentage of families in project areas who have access to cost effective and high impact H&amp;N interventions needs to be evaluated. 1.2.3 Qualitative and indirect quantitative assessments suggest major improvements in access to antenatal care, hospital delivery, routine immunization coverage and birth-dosing with HepB vaccine and decreases in rates of child injury in relevant project areas. Independent project quantitative and qualitative evaluations to be conducted in 2010. Prevention of Mother to Child Transmission (PMTCT) coverage has increased from 9.5% in 2006 to 11.6% in 2009 and is scheduled to increase to 15.8% by the end of 2010. 1.2.4 Vitamin A coverage exceeded 90% in 50 MCH project counties and in certain townships (14 emergency counties). Micronutrient supplements were only piloted since 2009 in earthquake-afflicted counties, after CFS standards were approved. 1.2.5 The EPC was enthusiastically embraced by counterparts at all levels. The nutrition focus of the EPC was limited by policy and funding constraints. There are no existing national standards on micronutrients and a weak enforcement of existing national standards on micronutrients and a weak enforcement of national regulations on marketing of breastmilk substitutes. 1.2.6 Local funding was stimulated in seven provinces (three for MCH and four for EPI projects), underscoring the new priority given to UNICEF-supported programmes. Multisectoral approach has been adopted in migrant project areas, for MCH, EPI and particularly for injury prevention. This approach was supported by high-level attention to provision of care for urban migrants. 1.2.7 Tangible improvements have been made in key MCH indicators, especially mortality and hospital delivery rates and stimulated increases in national and local government investments in subsidized care. Improved health insurance schemes also provided a supportive foundation. 1.2.8 The lack of national and international codex standards, of policies and local manufacturers have resulted in limited progress in micronutrient supplementation and use of ORS. 1.3.1 Communication campaign and local government have facilitated the promotion of fortified flour. However, the absence of high-level and multisectoral support for flour fortification have limited the sustainability and scale up of successful pilots.</td>
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<td>1.2 80% of families in project areas have access to cost effective and high impact H&amp;N interventions (including Essential Package of Care and essential commodities)</td>
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<td>1.3 Family and community care practices in project areas improved through testing and scaling up of communication strategies</td>
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<td>1.4 Policies guidelines and standards developed and implemented for improved access and quality of EPC, adequate information, and essential commodities among rural, marginalised, ethnic minority populations, and children of migrants in urban settings</td>
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<td>In pilot areas: A. Indicator: Two-week incidence of ARI (I), diarrhoea (II), vaccination coverage (III), rate of anaemia (IV), and undernutrition (V). Baseline: In project areas (I) 27% of under-fives, (II) 25% of under-fives, (III) measles 75%; three doses of HepB vaccine 68%; timely first dose of HepB vaccine 61%; full and timely vaccination coverage amongst 12-23 month-olds 49%; (IV) 46% among children aged 6-36 months (highest at 58% at age 12 – 17 months), (V) 27% stunting and 9% underweight; either equals 29.2% (boys 31%, girls 27%) (2005); Most recent status: No follow-up data available yet; to be evaluated in 2010.</td>
<td>[C. Indicator: % Access to maternal (I), neonatal (II) and child care (III), nutrition interventions (IV) and routine immunization (V) Baseline: In project areas (I) 84% of mothers had received antenatal care, amongst whom 44% had at least 4 visits (quality of care varied widely); hospital delivery rate ~66%; (II) 60% newborns weighed at birth; 66% held immediately; 14% breast-fed within one-hour of delivery; (III) ~75% of children with ARI or diarrhoea saw a doctor (IV) 43% exclusively breast-fed for six months (according to China’s definition of exclusive breastfeeding).]</td>
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<tr>
<td>In project areas (I) 27% of under-fives, (II) 25% of under-fives, (III) measles 75%; three doses of HepB vaccine 68%; timely first dose of HepB vaccine 61%; full and timely vaccination coverage amongst 12-23 month-olds 49%; (IV) 46% among children aged 6-36 months (highest at 58% at age 12 – 17 months), (V) 27% stunting and 9% underweight; either equals 29.2% (boys 31%, girls 27%) (2005); Most recent status: No follow-up data available yet; to be evaluated in 2010.</td>
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which allows mothers to give other liquids to baby); 59% received complementary food from aged 6 – 9 months; average weaning was at 12 months, 75% by 15 months, only 7% received vitamin A and 20% another micronutrient supplement (V) vaccination coverage provided in B. above (2005); Most recent status: Vitamin A coverage exceeded 90%, other indicators to be evaluated in 2010 D. Indicator: % access to and utilization of essential health and nutrition commodities iodized Salt (I), Fortified Flour (II), Vitamin & Mineral supplements (III) I. Baseline: 90% of households consuming adequately iodized salt (20-50 ppm) (2005); Most recent status: 97 % of households consuming adequately iodized salt (20-50 ppm) 2009 - II. Baseline: 0% of households consuming fortified flour (pilot projects, 2005); Most recent status: 77% of households consuming fortified flour (pilot projects, 2008), but not felt likely to have been sustained since project completion- III. Baseline: No Vitamin A available (2005); Most recent status: Vitamin A coverage exceeded 90% in 50 MCH project counties and in certain towns (14 emergency counties, 2009); complementary food supplements (CFS) now introduced in pilot areas

1.5 Policies, guidelines and standards developed and adopted nationally for Water & Sanitation facilities in communities especially rural western and ethnic minority population

A. Indicator: Technical standard design and guidelines on cost effective technology for rural sanitation facilities. [Baseline: Existing guidelines (2005); Most recent status: Technical standard design and guidelines on cost effective technology for rural sanitation facilities revised (2009)]

B. Indicator: Best practices documented and disseminated for integrated water, sanitation and hygiene promotion. [Baseline: No documentation (2005); Most recent status: Best practices have been documented and disseminated for integrated water, sanitation and hygiene promotion (2009)]

C. Indicator: Policy recommendations, revised standards and guidelines on acceptable level of arsenic in drinking water. [Baseline: Standard on acceptable level of arsenic in drinking water (2005): 0.05 mg/L (GB 5749 - 1985); Most recent status: Standard on acceptable level of arsenic in drinking water, 2009.

1.5.1 National hygienic standards for rural household latrines (2008, National Patriotic Health Campaign Committee Office (NPHCCO)), public latrines (2009, NPHCCO) and guidelines for school latrines construction (2007, NPHCCO) have been developed; 1.5.2 National strategy on China’s development in rural sanitation (2007, NPHCCO), Rural-Urban Integrated Environmental Sanitation Improvement Action Plan (2009, NPHCCO), Draft legislation of rural water supply management (2008, Ministry of Water Resources), national strategy for handling wastewater with recommendation on appropriate technologies and methods for disposal and treatment in rural areas (2006, MWR), WASH standard for Child-Friendly Schools (CFS) (2009, Ministry of Education) have been developed. 1.5.3 The 3-in-1 approach was integrated into the design of the Western Provinces Rural Water Supply (2007, DFID, World Bank). UNICEF has

1.5.4 With the local government’s engagement, resources can be mobilized
### 1.6.3 By 2009, all 17 affected provinces have implemented a data collection system for arsenicosis cases (2009)

1.6.2 All 30 provinces in China have joined the National Rural Drinking Water Quality Monitoring Network, which is an ongoing surveillance system and includes arsenic monitoring.

1.6.3 By 2009, all 17 affected provinces have implemented a data collection system for arsenicosis cases (2009)

**1.6.1** The National Drinking Water Quality Standard (GB 5749-1985) was revised and replaced by a new one (GB 5749-2006). The limit for an acceptable level of arsenic in drinking water has been revised downwards by MOH from 0.05 mg/L to 0.01 mg/L of drinking water.

**1.6.2** All 30 provinces in China have joined the National Rural Drinking Water Quality Monitoring Network, which is an ongoing surveillance system and includes arsenic monitoring.

**1.6.3** By 2009, all 17 affected provinces have implemented a data collection system for arsenicosis cases (2009)

Government authorities to revise the standard on acceptable level of arsenic in drinking water, demonstrates commitment.

Funding allocation from the central level made it easy for agencies to organize their work. However, funding is still needed at sub-national level to implement the system and focus on quality results.

The 11th Five-Year Plan (2006-2010) requires the provision of safe drinking water to all affected areas identified before 2006 with arsenic level in drinking water higher than 0.05 mg/L. There is still a need to reinforce capacity for an efficient monitoring and ongoing surveillance. A new dataset for level of arsenic in drinking water higher than 0.01 mg/L is needed for a future planning.

### 1.7 Support to Emergency life saving interventions provided in selected areas

**A. Indicator:** Number of children affected by natural disasters for which life-saving support was provided as part of UNICEF support to emergency response.  

[**Baseline:** Zero (2005); **Most recent status:** About 1 million children affected by natural disaster.]

**1.7.1** In 2008, in response to Wenchuan earthquake, water purification tablets, water treatment units and hygiene kits were provided in the earthquake zone. Since 2008, UNICEF has been involved in the post-earthquake reconstruction and rehabilitation of water and sanitation facilities. Emergency health kits, equipment and supplies were provided to meet the needs of 1.4 million people for 3 months. 200 tons of calcium hypochlorite was provided to disinfect health facilities. 100 mobile toilets were provided, to be used by 10,000 people a day.

1.7.1 As a positive signal of cooperation, Government counterparts have requested UNICEF to provide assistance, in term of assessment and emergency response. The magnitude of the 2008 Wenchuan earthquake led the Government of China to officially request international assistance for just the second time in 30 years. UNICEF was among the first international agencies to respond. UNICEF engaged with counterparts at the upstream policy level, to develop post-earthquake reconstruction strategy with the policy note entitled Reconstructing Wellbeing, which had a strong policy impact. However, the offshore procurement process used for some supplies delayed their arrival in the and integrated. However, there is a lack of attention about communities’ hygienic behaviour; as the component related to hygiene communication remains weak.

1.5.5 Government and research institutions are keen to conduct studies and surveys. However, it is often difficult to obtain data and more work is needed to translate evidence into policies.

1.6.1 Government authorities to revise the standard on acceptable level of arsenic in drinking water, demonstrates commitment.

1.6.2 Funding allocation from the central level made it easy for agencies to organize their work. However, funding is still needed at sub-national level to implement the system and focus on quality results.

1.6.3 The 11th Five-Year Plan (2006-2010) requires the provision of safe drinking water to all affected areas identified before 2006 with arsenic level in drinking water higher than 0.05 mg/L. There is still a need to reinforce capacity for an efficient monitoring and ongoing surveillance. A new dataset for level of arsenic in drinking water higher than 0.01 mg/L is needed for a future planning.
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<tr>
<th>UNICEF MTSP Focus area 2: Basic education and gender equality</th>
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<tbody>
<tr>
<td><strong>2.1 Improved school readiness for children 3-6 years especially amongst girls, ethnic minority and children affected by migration in pilot areas; enhanced parenting skills for children 0-6 years and ECD policy revision</strong></td>
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<tr>
<td><strong>A. Indicator: ECD policy guidelines</strong></td>
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<td><strong>Baseline:</strong> Existing ECD guidelines (2005); Most recent status: Early Childhood Education (ECE) goals has been included into China’s Medium and long-term educational development plan; ECE legislation tabled at the Peoples’ Congress (2010); Early learning and development guidelines finalized and ready for release (2009)!</td>
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<tr>
<td><strong>B. Indicator:</strong> Pre-school enrolment rate, Number of families and time accessing to ECD services, Primary school enrolment rate of pre-school children, % parents having correct knowledge on development of children 0-6 years.</td>
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<td><strong>Baseline:</strong> 47% pre-school enrolment ratio (2006) No baseline available for other indicators (2005); Most recent status: 57% pre-school enrolment ratio (2008).</td>
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<td><strong>2.1.1 ECE goals have been included into China’s Medium and long-term educational development plan, with a focused strategy and finance plan for rural areas. The number of children in preschool (kindergarten) increased from 22.63 Million in 2006 to 24.75 Million in 2008, even though the population of 3-5 years old decreased by 940.000. The enrolment rate of 3 years preschool education increased from 42.5% in 2006 to 47.3% in 2008.</strong></td>
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<td><strong>2.1.1 The Government role in leading Early Childhood Development (ECD) under privatization needs to be clearly defined. The guideline of financing and governance for ECD need to be consolidated. The Government’ attention to the ECD serviced of 0–3 years old is to be enhanced and a policy framework to be developed.</strong></td>
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<tr>
<td><strong>2.2 Policies, regulations and sub-national plans improved and monitored for reduction of educational disparities and completion of quality 9 years’ compulsory education with focus on gender equity in disadvantaged areas of China</strong></td>
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<td><strong>A. Indicator:</strong> Policy recommendations and regulations, sub-national plans</td>
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<td><strong>Baseline:</strong> No recommendations or plans (2005); Most recent status: Norms for county planning based on the principals of “harmonious development and disparity reduction developed; software to help education planners identify regional education requirements in line with national standards; and sub-national plans being developed based on national principles (2009).**</td>
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<td><strong>2.2. Result-based planning and monitoring and Participatory Rural Appraisal (PRA) have been introduced to Government counterparts. 10 western provinces, with support from UNICEF, have completed the Mid-term Evaluation of Ministry of Education’s (MOE) educational development plans in western areas and the mid-term evaluation of provincial 11th Five-year Plans. The results of the evaluation of the 11th Five-year Plan have been submitted to the Education, Science, Culture and Public Health Committee of the National People’s Congress. In 2009, UNICEF/MOE supported 10 counties in the 10 western provinces to develop county school plans with a focus on equity, balanced development and quality.</strong></td>
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<td><strong>2.2.2 UNICEF supported studies, such as the “Intra regional equitable development of compulsory education”, which reviewed the disparities between urban and rural fund allocations and human resources in 12 provinces of Western China, and a “Special Report on Compulsory Education for Children Migrating with and Left-Behind by Migrant Workers”. The results of these studies are expected to provide reference data to the MoE while developing the 2020 vision paper and 12th Five-year</strong></td>
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<td><strong>2.2.1 China has a long history of top down policy, which poses a challenge for decentralization. Monitoring the education plan and its implementation is still weak.</strong></td>
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<td><strong>2.2.2 Data remains sensitive and can only be shared within certain levels. Some of the education data are not accurate, as they are population based. Therefore, intersectoral collaboration needs to be strengthened.</strong></td>
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Plan. The existing Education Management Information System (EMIS) of MOE have been enriched with indicators of migrant and left-behind students. DevInfo has been introduced to MOE, which helped the Government to better link data and policy analysis. MOE has used a website to publish the latest data and provide analysis.

| 2.3 School completion and learner quality including access to W&S facilities improved in schools, and life skills enhanced with focus on gender equity, ethnic minority children and children affected by migration in pilot areas. |
|-------------------|-------------------|
| **A. Indicator:** Existence of documented Child Friendly Schools (CFS) model, National Policies, guidelines and standards for Water & Sanitation facilities in schools, on CFS management, and children's safety | **B. Indicator:** Net attendance (I) survival rate to grade 5 (II); learner achievement rates (III); guidelines on CFQS management (IV). |
| **Baseline:** Documents don’t exist (2005); Most recent status: Various CFS models have been documented to demonstrate best practice and National Polices and Guidelines are available (2009)] | **[Baseline:** (I) 99.2% net enrolment ratio in primary schools (2005); (II) 98.4% transition rate from primary education to junior middle schools (2005), (III) baselines not available for pilot areas (2005), (IV) No guidelines available; Most recent status: (I) 99.54% net enrolment ratio in primary schools (2008), (II) data no currently (III) 99.71% Transition rate from primary education to junior middle schools (2008), (IV) 7% increase, (V) guidelines for school friendly quality standards issued (2009).] |

| 2.4 CFS model improved and documented for scaling up. | 2.3.1 Gross enrolment rate at junior middle school level was 98.5% in 2008 and 95% in 2005. There are only 23 poor and ethnic minority counties who didn’t achieve the free 9-year education in 2008 as against 278 in 2005. In Tibet, one of the most disadvantaged western provinces, basic education has been developed progressively with a net enrolment ratio in primary school level rising from 95.9% in 2005 to 99.87% in 2008. All 150 million rural primary and junior middle students received free basic education from 2008. |
| 2.4.1 Various CFS models have been documented to demonstrate best practice of improving equitable and quality basic education for children in different social, cultural and economic conditions. MOE commenced the development of National Standards on Child Friendly Schools in September 2006 with focus on school improvement in inclusiveness, effective teaching, safe, healthy and protective school environment, and participatory school management. The standards were released as ‘a guidance and practical tool for schools to implement the Compulsory Education Law and achieve the goal of equitable and quality basic education for children living in different regions of China. (nationwide seminar, December 2009) |
| 2.4.2 In addition, relevant Departments of MOE mainstreamed CFS into their administrative regulations, which included: Guidelines on Safety Education for Primary and Secondary Schools (MOE, July 2009); Guidelines on Participatory School Management for Child Friendly Schools (MOE, May 2008); Guideline and Monitoring Indicators on Interactive Teacher Support (MOE, August 2009); Guiding Programme on Health Education for Primary and Secondary Education (MOE, December 2008) |

2.3.1–2.4.1 There is a high compatibility of project priorities with governmental development goals in education, with strong partnerships forged between UNICEF, governmental partners and other relevant organization. UNICEF highly encouraged GOC to take ownership of projects and also awarded innovations initiated by local counterparts. Research/ studies were given high importance in developing rights-based programming. Awareness on quality data and modality of collecting quality data for project monitoring and reporting remain weak.
2.5 Out-of-school adolescents acquire knowledge, life and livelihood skills in project areas; policy guidelines for completion of 9 years compulsory education for over-aged, out-of-school children developed

A. Indicator: Policy recommendations on education of out-of-school children
[Baseline: No recommendations (2005); Most recent status: Based on project experiences in the last four years, three policy recommendations have been submitted (2009)]

In pilot areas:
B. Indicator: Usage of learning and information centres by adolescents and children of migrant communities % of out-of-school adolescents and equipped with life and livelihood skills.
[Baseline: Baselines not collected (2005); Most recent status: In pilot areas, 140 Knowledge and Information centres have been fully used by out-of-school children and learning centre model has been replicated in 3 counties in 2009. Data not currently available for other indicators (2009)]

2.6 Support to emergency rehabilitation provided in selected areas

A. Indicator: Number of Children affected by Natural disasters for which Education support was provided, as part of UNICEF support to emergency response.
[Baseline: Zero (2005); Most recent status: 56,000 children provided with 1,200 classroom tents, 5,000 children provided with 102 pre-fabricated classroom units, 250,000 children and teachers provided with teaching and learning materials, 21,000 principals and teachers in the earthquake zone and other emergency-prone areas have been trained.]

B. Indicator: Usage of learning and information centres by adolescents and children of migrant communities % of out-of-school adolescents and equipped with life and livelihood skills.
[Baseline: Baselines not collected (2005); Most recent status: In pilot areas, 140 Knowledge and Information centres have been fully used by out-of-school children and learning centre model has been replicated in 3 counties in 2009. Data not currently available for other indicators (2009)]

UNICEF MTSP Focus area 3: HIV/AIDS and children

3.1 In pilot areas, reduced No of paediatric HIV infections; 90% of HIV-positive pregnant women and their children receive PMTCT services; 90% of children living with HIV/AIDS receive treatment and community based care

A. Indicator: National guidelines and standards for integrated PMTCT and paediatric AIDS care in MCH services, and family/community care.
[Baseline: No guidelines or standards developed (2005); Most recent status: One communication guide and one national guideline have been developed (2009)]

In pilot areas:
B. Indicator: # of paediatric HIV infections; % of HIV-positive women receiving ARVs; % of children

3.1.1 USD 6 Million has been allocated by UNITAID for PMTCT activities. Communication materials on drug education have been produced and distributed to 3,000 children living with HIV

3.1.2 The percentage of ‘loss to follow up’ was 80% in 2006 and below 10% in 2009 (pilot projects). Drug adherence was 60% in 2007 and 95% in 2009 (pilot projects).

3.2 National guidelines and

3.2.1 Based on UNICEF’s demonstration project, national guidelines and best practices on community

3.1.1 Government is giving high priority to PMTCT and Paediatric Care.
3.2.1 The vertical management structure and lack of coordination among sectors remain a challenge. Quality of service is uneven.
### 3.3 80% of "children affected" receiving family and community based care, support and protection in designated project areas

**A. Indicator:** Relevant National guidelines  
**Baseline:** No guidelines (2005); **Most recent status:** One national policy on Children Affected by AIDS issued in 2009.  
**In pilot areas:**

**B. Indicator:** % of "children affected" receiving educational entitlement;  
**Baseline:** No baseline available (2005); **Most recent status:** 94% for all Children Affected by HIV/AIDS (CABA) in 2008 (In pilot projects).  
**C. Indicator:** % of children affected receiving family and community based care  
**Baseline:** No baseline available (2005); **Most recent status:** Over 90% for all CABA in 2009 (In pilot projects).  
**D. Indicator:** % of "children affected" receiving psychosocial care  
**Baseline:** No baseline available (2005); **Most recent status:** 90% of children affected by HIV/AIDS were receiving psychosocial care at end of 2009.

### 3.4 National guidelines developed on family & community support for children affected by AIDS, and teacher stigma/discrimination reduction

### 3.5 Children and AIDS issues integrated into national child protection policies

### 3.6 In project provinces, 90% of in & out of school adolescents have correct knowledge about HIV/AIDS including anti stigma and discrimination; 90% of community leaders express non-stigmatizing attitudes toward PLWHA

**A. Indicator:** Relevant policies, guidelines and assessments;  
**Baseline:** Zero (2005); **Most recent status:** Skills-based health education guideline issued by MOE in 2009.  
**In pilot areas:**

**B. Indicator:** % of males and females aged 10-24 (+10-19 year-olds) with comprehensive correct knowledge of HIV/AIDS; %of males and females aged 15-19 who had sex before the age of 15; % of condom use at last high-risk sex for males and females15 to 24 years of age; % of people expressing non-stigmatizing attitudes towards people living with HIV/AIDS; prevalence of drug use among 15-19 year olds.  
**Baseline:** 41% of male and female youth with comprehensive correct knowledge of HIV/AIDS in pilot

### 3.7 National guidelines developed to implement HIV/AIDS knowledge, skills and other vulnerability reduction interventions both in and out of school

**A. Indicator:** Relevant policies, guidelines and assessments;  
**Baseline:** Zero (2005); **Most recent status:** Skills-based health education guideline issued by MOE in 2009.  
**In pilot areas:**

**B. Indicator:** % of males and females aged 10-24 (+10-19 year-olds) with comprehensive correct knowledge of HIV/AIDS; %of males and females aged 15-19 who had sex before the age of 15; % of condom use at last high-risk sex for males and females15 to 24 years of age; % of people expressing non-stigmatizing attitudes towards people living with HIV/AIDS; prevalence of drug use among 15-19 year olds.  
**Baseline:** 41% of male and female youth with comprehensive correct knowledge of HIV/AIDS in pilot

### 3.8 93% of double orphans were receiving educational entitlement in 2006 and 90% of double orphans were receiving family and community based care in 2006 and over 90% for all CABA in 2009 (In pilot projects). 90% of children affected by HIV/AIDS were receiving psychosocial care at end of 2009. 18 out of 19 psychosocial indicators were same as control compared to 16 in 2006.

### 3.9 MOE Guideline on School Support of CABA was drafted and should be refined and released in 2010.

### 3.10 High level advocacy and community support demonstration has highlighted the issue nation-wide and led to the national policy for support of children affected by AIDS, released in 2009. The approach formed the basis for national child welfare policy to include all vulnerable children.

### 3.11 High awareness of the issue among partners and the society at large.

### 3.12 24% of condom use by out-of-school children in 2006 and 52% in 2008.

### 3.13 Curriculum under development. HIV/drug prevention education scaled up by Ministry Of Justice in 2009 from 11 pilots to 24 provinces. Youth Ambassadors participation reached over 500,000 vulnerable youth via interpersonal communication and 390 million hits via internet in 2009.

### 3.14 Achieving scale and sustainability to provide information and services to the most at risk migrants and out-of-school youth can be expensive and labour intensive.

### 3.15 Indicators are not consistent with the one used by UNGASS.
### UNICEF MTSP Focus area 4: Child protection from violence, exploitation and abuse

#### 4.1 Enhanced government and community's capacity to assess and analyze the situation of children from a right and gender perspective in relation to their Protection, and to monitor the implementation of policies for the realization of their related rights.

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<td>Baseline:</td>
<td>No situation analysis; Most recent status: A National Sample Survey on Disability was conducted in 2006 in 31 provinces, autonomous regions and municipalities across China. Annual follow-up household surveys are conducted since 2007.</td>
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#### 4.2 Enhanced enforcement systems and improved protection and response capacity to protect children from violence and exploitation, including trafficking

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<th>Indicator:</th>
<th>Law on Protection of Minors (I), New national policy on violence against children (II), NPA on anti-trafficking (III), # of MOUs with neighbouring countries, in line with international standards (IV), # of replication sites of pilot models (VI)</th>
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<tr>
<td>Baseline:</td>
<td>(I) Existing Law on Protection of Minors, (II) No NPA, (III) no MOUs and (IV) no replication sites (2005); Most recent status: (I and II) The Law on Protection Minors was revised with relevant content on child protection (violence against children, child labour and children in conflict with the law), (III) A NPA to Combat Trafficking in Women and Children (2008-2012) adopted, (IV and V) one MOU was signed with neighbouring countries (MOU signed on cross border trafficking between China and Myanmar), (VI) Four replication sites of anti-trafficking pilot model (Sichuan model of anti-trafficking) were replicated in four provinces.</td>
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In pilot areas:

### 4.3 National guidelines on emergency preparedness and safety improved and monitored in pilot CFS schools;

4.3.1 Guidelines on emergency preparedness for family tracing, temporary and long-term placement of children separated from their parents and other caregivers are being finalized and will be ready by the end of 2010.

4.4 National Capacity strengthened in psycho-social support in emergency situation, and support to emergency psycho-social rehabilitation provided in selected areas

4.4.1 From June 2008 to November 2009, 100,816 children and over 5,000 parents affected by the Wenchuan Earthquake (2008) have received psycho-social support and other services at 40 Child-Friendly Spaces, provided as part of UNICEF support to emergency response.

### 4.5 Child-friendly/rights-based justice systems developed and promoted; Policies and guidelines on restorative justice, diversion approaches, alternatives to detention, adopted

4.5.1 A situation analysis on children in conflict with law in China has started but has not yet been completed.

4.6 Capacity of government and community built and protection systems put in

4.6.1 Child protection services (prevention & response) and multi sectoral coordination mechanisms have been built in 12 urban
place for prevention of and responses to child abuse, neglect and exploitation in the pilot areas, and mechanisms and network improved

community-based child protection units established [2009]]

In pilot areas:

A. Indicator: % of vulnerable children demonstrating improved psychosocial well-being.

Baseline: No baseline available (2005); Most recent status: 60% of vulnerable children demonstrating improved psychosocial well-being. (2009)]

communities in six cities in China. This is a first for China. The identification and monitoring of children at risk have been improved. The referral to services and review of child protection cases has been improved. The coordination of different sectors to address risks of child protection has been improved.

actors difficult. Social work services are not yet well developed in China

4.7 Protection and care measures for prevention and rehabilitation of children without caregivers strengthened

A. Indicator: Legislation and policies on child Protection in line w/International Standards, # of Street Children Protection Centres replicating the model approach.

Baseline: No specific policy, one model in Zhengzhou (2005); Most recent status: Policy on protection and assistance to street children adopted by 19 Ministries (2009), Zhengzhou Model components on protection and assistance to street children replicated to 15 cities in China (2009).]

B. Indicator: % of street children successfully rehabilitated; % decrease of street children from sending pilot areas, # of abandoned children

Baseline: No baselines available (2005); Most recent status: Data not reported/available (2009).]

4.7.1 Policy on protection and assistance to street children was adopted by 19 Ministries. National Guidelines were developed on protection and assistance to street children. National standards were developed on management of street children protection centres. Zhengzhou Model on protection and assistance to street children was replicated to 15 cities in China.

4.7.1 Institutional care is still the main form of protection for children without caregivers.

UNICEF MTSP Focus area 5: Policy advocacy and partnerships for children’s rights

5.1 Situation of children monitored through the collection, management and dissemination of timely, reliable, disaggregated data

A. Indicator: NPAInfo data disaggregated to prefectural level and disseminated through annual statistical bulletins

Baseline: 10 provinces had NPAInfo data disaggregated to prefectural level and disseminated through annual statistical bulletins. (2005); Most recent status: 31 provinces have NPAInfo data disaggregated to prefectural level and disseminated through annual statistical bulletins since 2008.]

5.1.1 Through the project activities, National Bureau of Statistics (NBS) has been developing its own technical capacity in managing DevInfo database. Trainings at prefecture level have been conducted since 2006 and completed by 2009.

5.1.2 DevInfo databases are increasingly used by the Governments. Besides DevInfo’s core function for NPAs monitoring and evaluation, its application is explored to cover broader aspects of social development.

5.1.2 Data quality is a concern. The indicator frameworks need improvement for the databases.

5.2 Strengthened government’s reporting and follow-up on CRC

A. Indicator: All CRC protocols ratified, actions taken in response to observations of the Committee on the Rights of the Child

Baseline: Only one Optional Protocol had been ratified in 2002 (Optional Protocol to the CRC on the sale of children, child prostitution and child pornography) (2006) and In November 2005, the CRC Committee’s concluding observations outlined various follow up actions; Most recent status: By 2010, all two

5.2.1 Both CRC protocols have been signed and ratified by the Government of China. The Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution, and child pornography was ratified by the Government of China during the previous cycle, on 3 December 2002. The Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict was ratified by the Government of China on 20 Feb 2008. Ministry of

5.2.1 Follow up to the CRC Committee’s concluding observations will require strengthened intersectoral collaboration among government agencies, and the gender expertise of key national agencies (e.g., NWCCW) in the analysis of gender issues for the periodic reports.

5.2.2 A lengthy consultation process for China’s CRC Periodic State Party Report has

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Foreign Affairs as the focal point for CRC submission and follow-up has conveyed the Concluding Observations to related agencies for follow-up action. Major follow up actions taken include: revision of the Law on Protection of Minors; increasing the Government financial input on health and education and assistance to vulnerable groups. 5.2.2 A first draft of China’s combined 3rd and 4th periodic State Party Report on the implementation of the CRC has been prepared with UNICEF support after several consultations among Government ministries, coordinated by the Ministry of Foreign Affairs. However, this Report is still being developed and has not yet been submitted as scheduled. The Government expects to submit this in mid-2010.

5.3 Improved knowledge and methodologies for policy-making, legislation, regulations, planning and budgeting to achieve goals and targets for children

A. Indicator: Research agenda developed and implemented  
[Baseline: In 2005, no implementation guidelines for Family Education (FE) existed; Most recent status: By 2009, national FE implementation guidelines were produced integrating child rights and gender equality, and a Training Of Trainers (TOT) training manual on FE was developed and implemented, to support better achievement of targets for children.]

5.3.1 Main principles of child rights and gender equality incorporated in the newly developed National Guideline for Implementation of the 11th Five-Year Plan for Family Education in China. A TOT Training Manual on Family Education with special focus on CRC and CEDAW for family education professionals was developed and applied at local and national levels, enabling the provision of better services for families on parenting skills. By 2009, the TOT training manual on family education was produced and TOTs were carried out. The total number trained and the depth of knowledge acquired will be assessed during 2010, the final project year.

5.4 NPA incorporated into national development planning framework

A. Indicator: National Programme of Action (NPA) integrated into the five-year Social and Economic Development Plans at national and Provincial level  
[Baseline: No integration of plans (2005); Most recent status: For the first time a specific reference to the National Programme of Action for Children was integrated into the 11th Five-Year Plan for Social and Economic Development (2006-2010)]

5.4.1 The 11th Five-Year Plan for Social and Economic Development (2006-2010) includes for the first time a specific reference to the National Programme of Action for Children, referred in particular to three of its most important targets: the reduction of the IMR to 17 per thousand live births, the reduction of the MMR to 40 per 100,000 live births, and an increase in the vaccination coverage to over 90%. 90% of provinces and counties have integrated their Local Programmes of Action for Children into their local five-year Social and Economic Development Plans.

5.5 The NPA implemented at

A. Indicator: % of core NPA targets achieved at  

5.5.1 The official Mid-term Review Report published  

5.5.1 No updated information has been led to a delay in the submission of the report. Due to internal government procedures and restrictions on dissemination, the draft report has not yet been shared with UNICEF. UNICEF anticipates that it will work with the Government to provide technical comments on receipt of a more developed draft and to widen consultation on the draft to children and others.
national and local levels, and promoting child rights especially for the vulnerable groups including girls and children affected by migration

in 2007 on the implementation of the NPA for Children found that out of the 50 quantitative targets set for 2010: 30 have been achieved ahead of time (including rural hospital delivery rate, breast-feeding rate for 0-6 month old babies); two are on track (i.e., iron-deficiency anaemia rate of pregnant women and incident rate of moderate and severe malnutrition of children under five); 11 may not be met (including pre-marital medical check-up rate, gross enrolment rate of three years pre-school education); seven targets do not have available data (including criminal rate of minors, percentage of parents who have family education knowledge).

5.5.2 The knowledge of local officials on child rights and issues of migrant children and left behind children have been increased through publicity and training conducted by National Working committee on Children and Women (NWCCW) in 15 project sites. By 2009, local officials of 15 pilot cities had received training in child rights; a national seminar with over 300 studies also took place to discuss and knowledge on migrant children. Pilot sites carried out various community-based approaches including child friendly spaces to provide better support to the children of migrants. Pilot work in project cities assisted by UNICEF have led to improved policies and laws on migrant children at national and local levels and improved access to basic services (health, education) for migrant children. An effective model for registering migrant children has been developed and being used as a basis for allocating resources to meet their basic services needs by local government. The registration model is being replicated in other cities by local government, thus having a larger impact. 650,000 migrant children were registered using the new registration system model developed under this project in 3 pilot cities.

5.6 Provincial and County Officials’ awareness on Children issues raised and PWCCW capacity increased to address priority children's issues

A. Indicator: % Provincial and County Officials aware of Key Children issues
   [Baseline: No baseline available (2005); Most recent status: By 2009, local officials of 15 pilot cities had received training in child rights.]
B. Indicator: % of provinces with technical expert teams
   [Baseline: Expert teams (e.g., on health, education, provided by the Government.]

5.6.1 The knowledge of local officials on child rights and local capacity to implement the NPA have been strengthened through a series of advocacy and training activities in the 22 pilot counties focusing on child rights and child protection, data collection, and the use of the participatory rural working methodology in the planning, implementation and monitoring of activities in all 22 pilot counties of the
water and sanitation, HIV/AIDS) to support provision of local services did not exist (2006); Most recent status: 55% of provinces (12 out of 22 pilot provinces) have set up their technical expert teams, helping to improve provision of quality services for children (2009)]

5.6.2 Among 22 pilot provinces, 12 provinces have set up technical expert teams. As a result, government officials at all levels have improved knowledge on child rights and the NPA for Children, including improved skills for data collection, planning and monitoring. Please also see above on increased local knowledge on child rights/children affected by migration.

5.7 Strategic partnerships developed for and with children’s participation in project development, and to inform, educate and get inputs about critical issues they face

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<th>A. Indicator: Publications, reports, web-sites, radio &amp; TV programmes, information sharing tools [Baseline: No baseline (2005); Most recent status: By 2009, 12 major publications were produced and distributed to a total of 449,000 school students to support awareness-raising youth campaigns. Three 30-minute TV specials were produced for International Children’s Day of Broadcasting (ICDB).]</th>
<th>5.7.1 The knowledge of children and young people on HIV-AIDS, child injury prevention and children’s right to expression and participation were enhanced through UNICEF-supported youth advocacy campaigns with China Children’s Press and Publication Group (CCPPG), reaching millions of children and young people from more than 50,000 primary and middle schools in 30 provinces. Public awareness of child rights issues were raised through the TV specials for ICDB jointly produced by the Children’s Channel of China Central Television (CCTV) and UNICEF, promoting children’s right to participation in media.</th>
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<td>5.7.1 The CCPPG has a wide network to mobilize primary and middle schools for extracurricular activities addressing child rights issues. But, the most disadvantaged children who do not have access to school cannot be reached effectively through the existing network. CCTV Children’s Channel is the leading national TV Channel dedicated for children’s broadcasts with strong technical capacity for quality TV programming for and with children.</td>
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2. Key Results modified or added

| 1.4 Policies guidelines and standards developed and implemented for improved access and quality of EPC, adequate information, and essential commodities among rural, marginalised, ethnic minority populations, and children of migrants in urban settings | A. Indicator: Standards and policies for fortified complementary food supplements adopted by Ministry Of Health (MOH) for implementation in poor rural areas. [Baseline: No adopted standards (2005); Most recent status: Fortified flour was introduced successfully in several pilot projects but coverage was not sustained.(2009)] B. Indicator: Number of cities able to monitor breastfeeding and Code violations [Baseline: Zero cities (2005); Most recent status: Thirty provincial cities are monitoring breastmilk-substitute Code violations.] | Refer to information above for MTSP 1, result 4 | Refer to information above for MTSP 1, result 4 |