



**Country Programme
Action Plan
2011–2015**

between

**The Government of the
People's Republic of China**

and

**United Nations
Children's Fund (UNICEF)**

February 2011



女子学院 0146916

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中国政府和联合国儿童基金会

国别方案行动计划

2011–2015年

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Acronyms

ACWF	All-China Women's Federation
AIDS	Acquired Immunodeficiency Syndrome
AusAID	Australian Agency for International Development
BCA	Basic Cooperation Agreement
CCTV	China Central Television
COMBI	Communication for Behavioural Impact
CDC	Centre for Disease Control
CDPF	China Disabled Persons' Federation
CED	Climate, Environment and Disaster
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFS	Child-Friendly School
CIP	Child Injury Prevention
CNCCC	China National Committee for the Care of Children
CP	Country Programme
CPAP	Country Programme Action Plan
CRC	Convention on the Rights of the Child
DC&P	Disease Control and Prevention
DFID	Department for International Development (of the United Kingdom)
EAPRO	(UNICEF) East Asia and Pacific Regional Office
ECD	Early Childhood Development
ECE	Early Childhood Education
ELDGs	Early Learning and Development Guidelines
EMIS	Education Management Information System
EPI	Expanded Programme on Immunization
FACE	Fund Authorization and Certificate of Expenditures
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSR	Health System Reform
ICT	Information and Communication Technology
IDD	Iodine Deficiency Disorders
ILO	International Labour Organization
IMEP	Integrated Monitoring and Evaluation Plan
ISR	Inter-Sectoral Reserve
LGOP	State Council Leading Group Office of Poverty Alleviation and Development
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MTR	Mid-Term Review of the Country Programme of Cooperation
MTSP	Medium-Term Strategic Plan
NAO	National Audit Office
NDRC	National Development and Reform Commission
NHSS	National Health System Survey
NPA	National Plan of Action
NWCCW	National Working Committee on Children and Women
PMTCT	Prevention of Mother-to-Child Transmission (of HIV/AIDS)
RMB	Renminbi (official currency of China)
SCAWCO	State Council AIDS Working Committee Office
SIDA	Swedish International Development Agency
SITAN	Situation Analysis
SOP	Standard Operating Procedure
SPARC	Social Policy and Reform for Children programme

SRH	Sexual and Reproductive Health
STI	Sexually-Transmitted Infections
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

本文涉及的缩略语

ACWF	中华全国妇女联合会
AIDS	获得性免疫缺陷综合症（艾滋病）
AusAID	澳大利亚国际发展署
BCA	基本合作协议
CCTV	中央电视
COMBI	改变行为的交流
CDC	疾病控制与预防中心
CDPF	中国残疾人联合会
CED	气候、环境及灾害
CEDAW	消除对妇女一切形式歧视公约
CFS	爱生学校
CIP	儿童伤害预防
CNCCC	中国关心下一代工作委员会
CP	国别方案
CPAP	国别方案行动计划
CRC	儿童权利公约
DC&P	疾病控制与预防
DFID	英国国际发展部
EAPRO	（联合国儿童基金会）亚太地区办公室
ECD	早期儿童发展
ECE	早期儿童教育
ELDGs	早期学习与发展指南
EMIS	教育管理信息系统
EPI	计划免疫
FACE	资金授权及支出证明
GFATM	抗击艾滋病、结核病和疟疾全球基金
HIV	人类免疫缺陷病毒（艾滋病病毒）
HMIS	卫生管理信息系统
HSR	卫生体制改革
ICT	信息和通讯技术
IDD	碘缺乏病
ILO	国际劳工组织
IMEP	综合监测评估计划
ISR	部门间储备金
LGOP	国务院扶贫办
M&E	监测和评估
MCH	妇幼卫生
MDGs	千年发展目标
MTR	中期审评
MTSP	（联合国儿童基金会）中期战略方案
NAO	国家审计署
NDRC	国家发展和改革委员会
NHSS	国家卫生服务调查
NPA	发展纲要（行动计划）
NWCCW	国务院妇女儿童工作委员会
PMTCT	艾滋病母婴传播预防
RMB	人民币

SCAWCO	国务院防治艾滋病工作委员会办公室
SIDA	瑞典国际开发署
SITAN	现状分析
SOP	标准操作程序
SPARC	有益于儿童的社会政策与改革方案
SRH	性与生殖健康
STI	性传播传染病
UN	联合国
UNAIDS	联合国艾滋病规划署
UNDAF	联合国发展援助框架
UNESCO	联合国教科文组织
UNGASS	联合国大会艾滋病特别会议
WASH	水、环境卫生和个人卫生
WHO	世界卫生组织

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Country Programme Action Plan – China

Preamble

1. *The Government of the People's Republic of China, hereinafter referred to as the Government, and the United Nations Children's Fund, hereinafter referred to as UNICEF,*
 - **Furthering** their mutual agreement and cooperation for the fulfilment of the Convention on the Rights of the Child (CRC);
 - **Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;
 - **Entering** into a new period of cooperation from 1 January 2011 to 31 December 2015;
 - **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

Part I: Basis of Relationship

2. The Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF on 22 June 1981 provides the basis of the relationship between the Government and UNICEF. This Country Programme Action Plan (CPAP) is to be interpreted and implemented for the period 1 January 2011 to 31 December 2015 in conformity with the BCA. The programmes described herein have been agreed jointly by the Government and UNICEF.

Part II: The Situation of Children and Women in China

3. The Government of China has a long tradition of providing children and women with access to basic public services and achieving human development indicators that are higher than expected for a country at its level of economic development. In recent years, the Government has set for itself an overarching development objective to create a Harmonious Society, which emphasizes sustainability, equity and citizens' satisfaction. The Government has recognized that achieving this objective would be impossible without making essential public services work for the poor and for vulnerable children and women.
4. China has made impressive progress in alleviating poverty and improving the survival, development and protection of children. The 2010 report on China's progress towards the Millennium Development Goals (MDGs) stated that many MDG targets have already been met, with especially notable achievements in child health and education. The report notes that while "more attention must be paid to: promoting gender equality, reversing the spread of HIV/AIDS and stopping the loss of environmental resources," China is likely to meet all MDG targets by 2015. With 17 per cent of the developing world's children living in China, the country's progress towards the MDGs has in the process helped to propel the world towards these Goals.
5. However, public service delivery performance and improvements in human and social development over the past three decades have not kept pace with China's economic

growth, leading to widening internal inequalities between urban and rural areas and among the eastern, central and western regions of the country. Health outcomes in the poorest areas of the country are similar to those in low-income countries. Economic growth has also been uneven across China. China's huge population of 1.33 billion people means that it still has over 100 million children who are poor, as estimated by UNICEF using the World Bank's poverty measure of per capita consumption under US \$2 per day.

6. Poverty in urban areas is one of the major challenges that the Government of China faces after transitioning to a market economy. Urban residents who are unemployed or have lost the ability to work are vulnerable to poverty as they don't have the same security from land as rural residents. Although the government has developed a comprehensive Minimum Subsistence Allowance (*dibao*) system featuring supplementary cash subsidies for poverty-stricken urban residents, the minimum living standards are still lower than two dollars per person per day in many areas. Currently, around 5.8 million school students and other vulnerable adolescents in urban areas have been covered by the system of *dibao*, but may still lack sufficient security in nutrition, health care and education because of low income. The problem of intergenerational transmission of poverty has not been entirely solved.
7. Maternal and child health (MCH) have significantly improved, but China ranks fifth in the world for number of deaths of children under the age of five (347,000 in 2009). In 2009, the under-five mortality rate in rural areas was still around three times that in urban or 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 less populated western areas. Neonatal mortality 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. In China, injury has become the leading cause of death among children aged 1–18 years, and is increasingly becoming an important public health issue. Official vaccination coverage has risen since 2006, when the Government made routine immunization free of charge, but reaching poor rural populations continues to present challenges.
8. Underweight prevalence among under-five children has declined by nearly two-thirds from 1990, but stunting remains a problem in poor rural areas (stunting prevalence among under-five children was assessed as 18.9 per cent in 2008). In rural China, 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.
9. Access to improved water sources has increased. Nevertheless, water quality is of concern: the 2010 MDG report notes that 159 million people in rural areas lacked access to safe drinking water in 2009. Around 600 million lacked access to improved sanitation facilities in 2008 (UNICEF and World Health Organization Joint Monitoring Programme for Water Supply and Sanitation, 2010). Continued efforts are needed to achieve the sanitation target of MDG 7. Climate change, environment issues and natural disasters pose challenges in providing sustainable water and sanitation services to the most vulnerable groups, including children and women.
10. China has achieved MDG 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 challenges remain in enrolment and survival rates, quality of and access to education, and children out of school. Disparities exist between urban and rural areas and among different regions and social groups. In 2009, China allocated 3.59 per cent of its gross domestic product to education, still below the national target of 4 per cent.

11. In November 2010, the State Council released its “Opinions on the Development of Preschool Education,” which frames preschool education as a public service. The document calls for government at all levels to invest additional resources in early childhood education (ECE), with the central government ensuring financial support to rural areas to construct preschools, especially in western provinces. With the upcoming expansion of preschools, the challenge will be to ensure early education quality and the proficiency of existing and newly recruited early childhood education teachers. Models for family-focused and community-based Early Childhood Development (ECD) exist, but ensuring that all relevant sectors work together consistently to provide young children with age-appropriate nurture and stimulation remains a challenge.
12. 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. Cumulatively, 80 per cent of reported HIV cases are in six provinces. Females accounted for 30 per cent of reported cases in 2009 (15 per cent in 1998). Sexual transmission of HIV continues to rise among new infections, from 57 per cent in 2007 to 72 per cent in 2009. Mother-to-child transmission has risen steadily as a percentage of all cases.
13. An estimated 200 million internal migrants (National Population and Family Planning Commission, 2008) contribute significantly to the country’s development. Around 27 million children (2008) accompanying their migrant parents lack urban residence status and may lack access to basic social services. Some 55 million children (2008) have been left behind with their extended family in rural areas, often with inadequate care, which impacts their development.
14. A strong traditional preference for boys and the lack of an effective old-age security system has led to skewed sex ratios, with 121 boys born per 100 girls in 2008. 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.
15. A State Party 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.
16. China is prone to a range of natural disasters that affect the lives and livelihoods of its citizens and cause major damage to property, infrastructure and the environment. Each year, roughly 200 million people are affected, and the impact of these disasters, which include earthquakes, snowstorms, sandstorms, landslides, typhoons and drought, is greatest on the poorest and most vulnerable. On 12 May 2008, a devastating earthquake in Sichuan Province left more than 88,000 people dead or missing and 5 million homeless. The Government has demonstrated considerable capacity in responding to natural disasters and emergencies, but improved coordination among domestic and international partners, enhanced public education on disaster risk reduction and greater consideration of the special needs, capacities and rights of children, women and other vulnerable groups would further strengthen emergency preparedness, response and management. There is also a need for greater capacity-building to support local-level

initiatives on China's burgeoning environmental degradation and reduce the risk of impact on the population due to climate change.

17. China's Third and Fourth Combined Report on the implementation of the CRC was formally submitted to the United Nations Committee on the Rights of the Child in July 2010. It notes that "There still remains much work to be done in China, a developing country, for the all-round implementation of the Convention and the promotion and realization of child rights."

PART III: Past Cooperation and Lessons Learned

Key Results Achieved (2006–2010)

18. In the area of knowledge, advocacy and policy development for children, UNICEF's engagement at the upstream 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. Cooperation was established or strengthened with top government bodies, including the National Development and Reform Commission (NDRC), the Ministry of Finance, the Ministry of Civil Affairs, the State Council Leading Group of Poverty Alleviation and Development (LGOP), and the National Working Committee on Children and Women under the State Council (NWCCW).
19. In health, UNICEF contributed to several key results. The uptake and quality of care and hospital delivery were improved through an MCH 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 MCH care policies and guidelines were developed, notably on care for rural migrants and on integrating prevention of mother-to-child transmission (PMTCT) of HIV and paediatric AIDS into the MCH care system. UNICEF also contributed to China's health system reform, particularly the inclusion, costing and financing of the essential MCH care service package. Support to the introduction of vaccination against hepatitis B led to a 90 per cent decrease in infection rates among children under five years old. UNICEF advocacy, based on evidence from UNICEF-supported surveys, led to the inclusion of national child injury prevention among the main goals of the National Plan of Action (NPA) for Children (2011–2020).
20. In nutrition, UNICEF cooperation contributed to: the dramatic increases in the coverage of adequately iodized salt, from 30 to more than 80 per cent in Tibet and from 80 to 90 per cent in Xinjiang; and the issuing of the first-ever national standards on complementary food supplements. Consumer groups in 30 cities were mobilized to monitor violations of the marketing code of breastmilk substitutes and tougher legislative measures on advertising were passed.

21. Studies on disease and cost-benefit analyses of sanitation, conducted by the National Patriotic Health Campaign Committee Office, 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 each of the three years from 2009–2011. National standards for water supply and water quality testing were revised and adopted with UNICEF inputs. The Water, Sanitation and Hygiene in Schools approach supported by UNICEF was integrated into the national Child-Friendly School (CFS) standards by the Ministry of Education.
22. The adoption and promulgation of CFS standards by the Ministry of Education and the planned integration of CFS indicators in the national school monitoring and supervision guidelines were concrete outcomes of UNICEF cooperation. These results were achieved through 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 (ELDGs) were developed for nationwide use in monitoring preschool quality and measuring school readiness. Innovations and approaches for reaching vulnerable groups were introduced and adopted, such as: (a) the 'Parent-to-Child' early childhood education strategy for poor communities; (b) the use of information and communication technology (ICT) to improve education quality in rural schools, now being scaled up by local governments; and (c) non-formal education approaches for out-of-school adolescents, also replicated by local governments.
23. The Government's scale-up of the UNICEF-supported PMTCT model to make it a national PMTCT programme serving over 2 million women in counties and cities with high prevalence of HIV/AIDS is another example of leveraging pilots to scale. Pilots for the care of women and children affected by AIDS demonstrated measurable improvements in anti-retroviral therapy adherence, household income and psychosocial well-being, and led to policies on cash subsidies, on orphans and on children affected by AIDS. Most notably, in October 2010, the State Council approved an important policy on cash assistance for all orphans, and the allocation of significant funds (US \$374.8 million in 2010 from the central government) for the implementation of this policy. The 2010 policy was based on previous work on children and families affected by AIDS, to which UNICEF had contributed with pilot approaches and technical support. UNICEF supported policy research, which promoted the classification of, and social assistance provision for, children living in *dibao* households. UNICEF also 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 (SCAWCO), 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 (GFATM). China's 2006–2009 GFATM allocations totalled US \$193 million.
24. UNICEF cooperation also contributed to improving the policy and legislative framework on child protection: the revised Law on the Protection of Minors, the development of the NPA to Combat Trafficking in Women and Children (2008–2012) in 2007, 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 systems-based approach to child protection at the community level, successfully piloted in six cities,

led to improved coordination across sectors, helping to identify vulnerable children and enhance the quality of care and support provided to them.

25. The first-ever participation of children in the mid-term review of the NPA for Children (2001–2010) and preparation of the new NPA for Children (2010–2020) were supported by UNICEF. Other UNICEF-supported results were the registration system for migrant children under 16 years old in pilot areas 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 children left behind in rural areas, to help them cope with separation from their parents.
26. Following the 2008 Sichuan earthquake and the 2010 Yushu, Qinghai 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: (a) comprehensive obstetric and neonatal care systems in 14 counties covering 5 million people; (b) a new computerized child immunization registry information system, which the Government will expand nationwide; (c) a nutrition policy for emergencies; (d) new national standards for school construction and retrofitting; (e) school safety initiatives nationwide; (f) improved water supply and sanitation systems in 123 communities; (g) outreach services for children and families affected by HIV/AIDS; (h) national guidelines on separated and orphaned children and child adoption; and (i) 44 'Child Friendly Spaces' providing psychosocial support and developmental services to more than 100,000 children; (j) promotion of emergency social work services that delivered integrated and professional assistance for women and children in disaster-affected areas. UNICEF contributed child-focused policy inputs to the Government's reconstruction plans and supported the development of its monitoring system for reconstruction funds.
27. Public awareness of children's rights was raised by initiatives such as the high-level event for children affected by AIDS during the 2008 Olympics, and by partnerships with Xinhua News Agency, China Central Television (CCTV), 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

28. **Upstream policy engagement is essential to achieving significant and sustained improvements in child development.** A significant impact on the lives of children and women is only possible by leveraging resources through cooperation with government bodies at the upstream policy level. Additionally, integrating child rights and gender issues within UNICEF contributions to policy development and implementation mechanisms would further enhance support to the NPA for Children and to the follow-up of the CRC. Promoting the rights of children affected by migration necessitates 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.
29. **Pilots must be well designed to achieve policy 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 be affordable for local governments to replicate. Clear exit strategies and

timeframes 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 is therefore required.

30. **A systems-based approach to child welfare and protection is needed to reach all vulnerable children.** The challenges facing vulnerable children are complex and cut across many sectors. Accordingly, a comprehensive systems-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.
31. **Professional teams are needed to promote child welfare.** Support from professional service agencies and adequate human resources (such as professional social workers) are essential for implementing policies, improving quality of child protection services and establishing comprehensive child welfare and protection systems. Strengthened training for specialized personnel and support to development of professional service agencies is key to ensure the implementation of child policies and improvement of children's welfare.
32. **UNICEF programming strategies must be able to adapt to China's rapid economic development and growing imbalance between urban and rural areas and geographic regions.** There is a critical need to clearly define the changing role of UNICEF in the context of rapid but uneven economic growth. China has shifted from a country with endemic poverty to one with "poverty counties" and poor provinces, and UNICEF's programming strategy must evolve accordingly. UNICEF's work with government counterparts should draw attention to the most disadvantaged groups of children, and support initiatives that reduce inequities, applying the lessons learned globally from an equity-focused approach. Access to services for the most vulnerable populations must be accompanied by increased awareness, supportive policy and adequate financing.
33. **The country programme must make concerted efforts to contribute to the knowledge base, both nationally and internationally.** Contributing to the knowledge base on children and women is critical at all stages of programme development and implementation. The Country Programme should engage in data collection and evidence gathering initiatives, not only to support routine programmatic needs (such as identifying and reaching the most disadvantaged, identifying the strategies that work, and deciding which pilots should be scaled up), but also to provide evidence for advocacy on issues where the Country Programme does not make direct programmatic interventions. One important function for the Country Programme to play in building the domestic knowledge base is introducing international best practices. At the same time, as China's role and influence in the world continue to grow, China is poised to make a substantial contribution to the progress of other nations, and through South-South cooperation, China's experience should be shared with the world.
34. **Close cooperation is crucial to the success of the Country Programme.** In all of the strategies mentioned above, from upstream policy engagement and leverage, to systems-based child welfare approaches and reduction of inequities, strong partnerships are essential for success. None of the results achieved in the 2006–2010 cycle would be possible without the commitment and resources of key government partners. These include partners such as the Ministries of Commerce, Civil Affairs, Education, Finance, Foreign Affairs Health, Justice, Public Security and Water Resources; the All-China

Women's Federation (ACWF); the China Disabled Persons' Federation (CDPF); LGOP; NDRC; NWCCW; SCAWCO; National Patriotic Health Campaign Committee Office; the China National Committee for the Care of Children (CNCCC), and many others mentioned in the sections that follow.

Part IV: Proposed Programme

Country Programme Outcomes and Strategies

35. The Country Programme aims to support Government efforts in realizing the rights of all children in China. The following key Country Programme results are expected. First, children and women, particularly the poor and vulnerable, will see improvements in well-being from strengthened policy frameworks and implementation mechanisms consistent with the CRC, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the NPA for Children and the NPA for Women. Second, children and women, particularly the poor and vulnerable, will enjoy a better health and nutrition status, and protection from impoverishment due to ill health. Third, children aged 0–18 years, especially the poor and vulnerable, will benefit from improved access to and delivery of quality early learning, basic education, and non-formal education; and from supportive policies and systems. Fourth, vulnerable children will benefit from improved access to family and community-based child protection services and a supportive policy, legislative and institutional framework for child protection. Fifth, women, children and young people will be better protected against the spread and impact of HIV/AIDS. Sixth, children and women, especially in poor and rural areas, will benefit from improved drinking water quality, sanitation and hygiene, and from mitigation measures against climate change and environmental degradation.
36. The Country Programme will advocate for changes in public policy to focus on the most disadvantaged children and women, in accordance with an explicit focus on equity. It will target vulnerable groups in China, including migrant children and children left behind in rural areas by migrating parents; ethnic minorities; children living in poor, rural and remote communities; children living in poverty-stricken urban households; street children; unaccompanied children; children with disabilities; children affected by HIV/AIDS; and children affected by disasters.
37. The Country Programme will support pilots to test and adapt approaches and assess and document results. Experiences gained from innovative models and approaches that demonstrate impact on the most disadvantaged children and families will be shared, with a view to incorporation in national policies, programmes and budgets. Field-based innovations and pilots for protection of the rights of the most vulnerable children will primarily be funded by Other Resources, while Regular Resources will be used to fund other elements, notably support to advocacy and upstream policy development.
38. The Country Programme will support improved use of data for better-informed decisions and policies, with a view to disparity reduction. It will support the collection, in-depth analysis and dissemination of data to identify disparities in access to and utilization of quality essential social services by children across different socio-economic groups and geographic localities. It will also advocate for more purposive disaggregation of data.
39. The Country Programme will produce high-quality, analytical and evidence-based policy inputs to contribute to an improved legal, policy and institutional framework to promote the well-being of children and women in China in line with the CRC and the NPA for Children.