

Terms of Reference

Service:	Conducting a baseline survey in the project sites
Project name:	Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi, 2019-2021
Funding agency:	UNFPA, Danish Government
Implementing agency:	China Family Planning Association(CFPA)
Duration:	September-December 2019

Background

Supported by the National Health Commission (NHC) and UNFPA, CFPA is implementing a project in four sites in Qinghai (3 counties) and Shanxi (1 county) to improve sexual and reproductive health (SRH) status among vulnerable populations including ethnic minorities. The target population of the project includes women of reproductive age (15-49) and young people aged 15- 24 years.

This Terms of Reference invites a qualified research institution or team to conduct a baseline survey among the target population for their socio-economic status, barriers for accessing quality sexual and reproductive health information and services and needs for sexual and reproductive health services, and knowledge and attitudes towards sexual and reproductive health issues in the four counties in order to inform the design and implementation of interventions for the target population.

Project context

Achieving the Agenda 2030 for Sustainable Development and the SDGs will depend on the extent to which sexual and reproductive health and rights of women and young people are protected, and whether they have equal rights and access to opportunities for development.

Despite the economic growth and social progress achieved during the past decades, China is still the largest developing country and facing inequities among population groups and wide regional disparities. In western China, poor socio-economic conditions, poverty, discriminatory practices, geographical isolation, cultural norms, nomadic lifestyle and religious beliefs, and limited access to quality basic health services lead to poor health outcomes among ethnic minorities particularly among women and young people. The situation would be even much worse in Tibetan areas of Qinghai province and poverty areas of Shanxi province. Another challenge for people seeking quality SRH services is the existing services are fragmented. Besides the provision, the service monitoring and management is also under different vertical systems, which cause poor linkage between them and less integrated strategy planning and resources utilization.

In 2019, with the funding support from the Danish government and UNFPA, this pilot project is launched and will be implemented by CFPA under the guidance of

National Health Commission to explore an integrated model to improve SRH of women and young people in four selected counties, including Yushu, Nangqian, and Chengduo counties in Yushu Tibetan Autonomous Prefecture of Qinghai Province and Yonghe county in Linfen Prefecture of Shanxi Province. The project aims to provide integrated SRH services for the target population including ethnic minorities and to improve service providers' capacity in provision of client centered, culturally sensitive, quality and integrated SRH services, including maternal and child health, family planning, STIs/HIV prevention, breast cancer & cervical cancer prevention/screening, diagnosis and treatment services.

However, there is very limited information and data available and accessible for programming on sexual and reproductive health and rights of target populations. There is less systematic analysis of all the above services situation as well. Therefore, it will be critical for this project to collect and analyze local SRH information and data and to inform policy advocacy, program planning and strategy development for SRH services which can benefit local reproductive age women, young people and their families.

Objectives of the baseline survey

The overall objective of the survey is to assess the current situations of SRH services availability, accessibility and uptake by the local vulnerable reproductive age women and young populations, to assess their current knowledge and attitude towards sexual and reproductive health and rights, and to identify socio-economic and cultural factors affecting the access to reproductive health services among women and young people.

The project expects the following information and data to be collected and analyzed in this baseline survey.

- **Secondary data from the health statistics** at county level on **service uptake or utilization** on the following reproductive health services including maternal health, family planning, STIs/HIV and cervical cancer, for the reproductive age women and young people (15-24) in the selected counties. (suggestions: disaggregated data by facility, by ethnicity, by sex, by age group should be collected and analyzed);
- The information, **knowledge, behavior, attitude** toward sexual and reproductive health and rights among women of reproductive age (15-49) and young people (15-24) in and out of schools in the select counties;
- **Services quality** of the current local sexual and reproductive health services provided for the reproductive age women and young people (15-24) in the selected counties. (suggestions: disaggregated data by facility, by ethnic, by sex, by age should be collected);
- **Availability and accessibility to quality** sexual and reproductive health **services**, specifically in aspects of maternal and child health, family planning, STIs/HIV, breast cancer, cervical cancer for the reproductive age women and young people (15-24) in populations.
- Other relevant data and information might influence project implementation as the

baseline.

As a result of the baseline, the key indicators are collected, analyzed and reported. Baseline values for those indicators are estimated and provided in the report.

Main tasks

➤ **Conduct desk review**

- Review existing international (such as WHO, UNFPA) and national technical guidelines or SOPs for the above mentioned SRH services ;
- Review core national/local statistic data about the above-mentioned health services;
- Review the existing health statistics/indicators that are regularly collected and reported through health information system and collect the list of project baseline indicators (but not limited to) for the four counties and provincial level as well. Please refer to Table 2 for key indicators.

➤ **Develop survey design including sampling and data collection method based on basic data on the target population (table 1) and available data**

- Discuss with the UNFPA, CFPA and an expert team to determine the final survey plan.
- Determine a sound and feasible sampling method and sampling size based on the below existing population information in Table1 of the four counties.
- Determine analysis methods.
- Determine an operation plan.

Table 1: Basic population data and selected social indicators by proposed project site

Region (Province, Prefecture & County)	Total Population	Ethnic Minorities Proportion (%)	Proportion of population in agricultural sector	Average Years of Schooling			Proportion of Illiterate Population over 15 years old			Number of women aged 15-49 (%)	Number of young people aged 15-24	Maternal Mortality Ratio (MMR)
				M	F	Total	M	F	Total			
Qinghai Province	5626723	46.9	71.9	8.4	7.3	7.9	8.0	18.2	12.9	1643701	976185	31.5
Yushu Tibetan Autonomous Prefecture	378439	96.9	90.7	4.8	3.5	4.3	20.7	32.1	26.2	100283	69026	25.75
Yushu County	120447	94.8	85.6	5.3	4.1	4.7	23.9	36.3	29.9	32712	21,350	
Nangqian County	85825	98.9	95.8	3.8	3.2	3.5	10.1	18.1	14.0	22137	15991	
Chengduo County	55619	97.62	93.62	4.72	3.70	4.23	35.54	48.7	41.8	26.89	10110	
Shanxi province	35712101	0.26	69.3	9.74	9.28	9.52	1.48	3.72	2.57	10297594	6562753	
Linfen prefecture	4316610	0.17	76.2	9.68	9.31	9.49	0.89	2.54	1.7	1265969	812562	
Yonghe county	63649	0	87.4	9.04	8.57	8.82	1.76	3.59	2.65	19073	12979	23.2 ¹

¹ MMR is for Linfen prefecture, where Yonghe county is located, thus it is used for a proxy indicator for Yinghe county

Sources: China National Bureau of Statistics, 2010 Population Census; 2016 China Health and Family Planning Statistical Year Book, National Health and Family Planning Commission, 2017

➤ **Develop data collection tools in Chinese**

Data should cover but not limited to the following core indicators possible obtained from national reporting system or statistic database and the expected project baseline information listed below.

Table 2: Relevant project monitoring indicators to be collected

Baseline Data/information expected to be obtained	Core indicators (possible to be collected or obtained, but not limited to the below ones)	Expected outcome indicators
<p>Expected baseline information</p> <p>The knowledge, skills, behavior, and attitude toward sexual and reproductive health and rights among women and young people (15-24) in and out of schools in the select counties</p>	<p># Percentage of youth (15-24) have correct knowledge on prevention of HIV prevention methods</p> <p># Percentage of youth (15-24) use conceptive method during the last/the first sexual behavior.</p> <p># Abortion rate among young girls (15-24).</p> <p># percentage of young people(15-24) have correct knowledge on prevention of unwanted pregnancies and STIs/HIV</p> <p># Percentage of young people aged 15-24 who received any form of sexuality education</p> <p># of women 15-49 who received information on cervical cancer including prevention and screening</p> <p>Other indicators</p>	<p>Correct knowledge on use of contraceptive methods among young people aged (15-24)</p> <p>Abortion rate among women of reproductive age 15-49 and by 5 age group;</p>
<p>Services quality and service uptake of the current local sexual and reproductive health services provided for the reproductive age women and young people (15-24) in the selected counties. (suggestions:</p>	<p># Contraceptive prevalence rate among married women by contraceptive method (like pills, IUDs, etc) and by 5 age group .</p> <p># Unmet need for family planning among women of reproductive health 15-49</p> <p># Preferred contraceptive methods among women of reproductive age by age group</p> <p># Percentage of pregnant women</p>	<p>Proportion of women (15-49) and young people (15-24) who have their need for SRH services satisfied</p> <p>Cervical cancer screening rate among women according to national standards</p>

<p>disaggregated data by facility, by ethnic, by sex, by age should be collected);</p>	<p>receive at least 5 prenatal exams. # Percentage of pregnant women received HIV testing. # Percentage of pregnant and delivery women received syphilis testing. # Number of births at county level by age group (annual) # percentage of women who were screened for cervical cancer by age group # Maternal mortality ratio # Infant mortality rate Other indicators....</p>	
<p>Availability and accessibility to quality sexual and reproductive health services, specifically in aspects of maternal and child health, family planning, STIs/HIV, breast cancer, cervical cancer for the reproductive age women and young people (15-24) in populations.</p>	<p># Percentage of unmarried young women (15-24) who have unmet needs for family planning services. # Number of abortions among women of reproductive age by age group (preferably by 5 age group) # Availability of choices of contraceptives for women # Births attended by skilled health personnel Other indicators....</p>	<p>Proportion of young people (15-24) who have voluntary HIV test and receive result. Socio-economic and cultural factors affecting the access to reproductive health services among women (15-49) and young people (15-24).</p>
<p>Other relevant data and information might influence project implementation as the baseline.</p>		

- **Conduct on-spot survey**
 - Work with the local project implementation partner to conduct the survey and ensure the whole process of data collection in culture/language appropriate and confidentiality secured way.
- **Develop a baseline survey report**
 - Develop a report with clear analysis covered the SRH services quality and service gap (mainly from perspective of services seekers/up takers) among reproductive age women, SRHR knowledge, attitude and behaviors among

young people investigated, and socio-economic and cultural factors affecting the access to reproductive health services among women and young people.

Expected deliverables

1. A SRH indicators list/menu and a set of data collection tools, including core indicators with clear definitions, including numerator, denominator, reporting time period and reporting frequency, data resource, etc.
2. A completed baseline survey report (in English and Chinese), based on collection and analysis of the key indicators reflected in table 2, with executive summary, key findings, results and recommendations.

Timeline: (September - December 2019)

1. Draft technical proposal (by the bidding closing date);
2. Finalized the proposal by Oct. 7 Oct. 2019
3. Indicator list and data collection tools by 14 Oct.2019
4. On-spot survey by 31 Oct. 2019
5. The draft survey report by 15 November.2019
6. The final survey report by 20 Dec.2019

Requirements

We are looking of a professional institute/team with experts with following qualifications:

- Extensive academia experiences in quantitative research on sexual and reproductive health, in particular on maternal and child health, family planning, gynecology, STIs, HIV, breast cancer and cervical cancer, health education and communication;
- Extensive knowledge of the four particular services systems in China;
- Experience of working with the UN on relevant projects;
- Experience of working with minority populations;
- Well understanding of local ethnic culture/norms in project areas about sex issues and sexual and reproductive health rights and being gender sensitive.
- Proven ability to deliver high quality products on time.

How to apply

Eligible candidates should submit technical proposals elaborating investigation methods, sampling method (please refer the basic population data in the four counties the Annex 1), feasible strategy to access subjects (reproductive age women and young people in and out of schools), budget plan and team lead and team members' resumes to ai@unfpa.org and cc tli@unpfa.org. Only shortlisted applications will be conducted for further discussions. The closing date is 22 September 2019.

Annex:

1. Project summary – Improving Sexual and Reproductive Health among

Vulnerable Populations in Qinghai and Shanxi Provinces in China, 2019-2021
(Chinese version)

Annex 1.

Project “Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi Provinces in China, 2019- 2021”

I. Introduction and project objective

Achieving the Agenda 2030 for Sustainable Development and the SDGs will depend on the extent to which sexual and reproductive health and rights of women and young people are protected, and whether women and young people are healthy and have equal rights and access to opportunities for development.

Despite the economic growth and social progress achieved during the past decades, China is still the largest developing country and facing inequities among population groups and wide regional disparities.

China has a rich culture with 56 ethnic minority groups. Although at the national level, the socio-economic development progress is fast and tangible, inequality and inequity still exist and is widening among certain groups of population in disadvantaged areas. Income inequality has increased with a Gini coefficient of 0.473 in 2013², indicating a large gap in income distribution. Poor socio-economic conditions, poverty, discriminatory practices, geographical isolation, cultural norms, nomadic lifestyle and religious beliefs, and limited access to quality basic health services lead to poor health outcomes among ethnic minorities particularly among women and young people. The situation would be even much worse in Tibetan areas of Qinghai province.

The Tibetan communities live in the most remote and poorest areas in China, and limited evidence indicate that their socio-economic and health conditions are poor compared to the majority Han Chinese. However, it is important to note that very limited information and data is available and accessible for programming on sexual and reproductive health and rights of ethnic minorities. Therefore, collection and analysis of SRHR information and data for advocacy, policy and programming will be a critical intervention to support under this project.

Qinghai province, which is located in the west of China, is the region with a relatively high level of poverty with 8.1 percent of population living in poverty. The total population of Qinghai province is about 5.6 million, out of which ethnic minorities account for 46 percent (2.6 million). Qinghai province ranked at the 28th place in terms of the Gross Domestic Product (GDP)³ and Yushu prefecture is one of the least developed prefectures. In 2015, the total Tibetan population in the province was 1,482,500 accounting for 26 % of the provincial population. Educational attainment among ethnic minorities in the proposed counties lags far behind the provincial average (see table 1). For instance, the average years of schooling in Yushu Tibetan Autonomous prefecture was only 4.3 years among the prefecture population aged 6 and above compared to 7.9 years among the provincial population. Qinghai also lags behind the national average in terms of other social and health indicators. Sexual and reproductive health of women in Qinghai remains poor compared to the national average level, e.g. the maternal mortality ratio (MMR) was 31.5 (10.2 in urban and 35.5 in rural) per 100,000 live births in Qinghai in 2016, compared to 19.6/100,000 in China. Due to remoteness and other factors, skilled birth attendance among non-hospital delivery was 58.1%, which means if a pregnant woman delivers at home, her survival depends on unskilled birth attendants. A study of Tibetan nomadic herders in Qinghai showed that during pregnancy and delivery the most

² United Nations Development Assistance Framework (UNDAF) document, 2016-2020

³ www.phb123.com

common problems were related to swelling of legs (possible a sign of pre-eclampsia which is life-threatening pregnancy complication), miscarriage, obstructed labor and post-partum hemorrhage⁴.

Shanxi Province:

Shanxi is located in the north of China. Shanxi is still an under-developed province. Total population of Shanxi is 35.7 million, out of which 2.2 million population live under poverty⁵. The rural households of 16.12 million (43.79% of the total) rely on agriculture as a source of income. Yonghe county in Shanxi county is one of the counties with the highest level of poverty in rural areas, where the Government of China prioritizes for investment and targeted poverty eradication measures. The county's population is the majority Han ethnic group. The average per capita annual income of rural population in Yonghe was 3636 yuan which was 66.3% less than provincial average (provincial average was 10,788 yuan of rural population) in 2017⁶. Maternal mortality ratio (MMR) per 100,000 live birth was 23.2 in Linfen city in 2016, which is higher than the provincial average of 13.6/100,000.

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Sources: China National Bureau of Statistics, 2010 Population Census; 2016 China Health and Family Planning Statistical Year Book, National Health and Family Planning Commission, 2017

In line with the Government policies and programmes in the areas of sexual and reproductive health, UNFPA's priorities in China, and indicative needs of vulnerable population including the ethnic minorities in selected areas in Qinghai, and Shanxi provinces, **the overall objective of this project** is to contribute to poverty eradication and achieving universal access to sexual and reproductive health rights by all, particularly women and young people of ethnic minorities including Tibetans and vulnerable groups such as the poor, rural residents, and persons with disabilities (hereinafter referred to as the target population) in selected **four** counties of Qinghai and Shanxi provinces (refer to page 6, for the project areas).

⁴ Socioeconomic Status and Maternal Health in Rural Tibetan Villages; <https://scholarship.org/uc/item/04d8b3mv>

⁵ 2016 Yearbook of China's Poverty Alleviation and Development by the State Council Poverty Alleviation Leading Group Office

⁶ 2017 Yonghe County Annual Statistic Report by Yonghe County Statistics Bureau

⁷ MMR is for Linfen prefecture, where Yonghe county is located, thus it is used for a proxy indicator for Yinghe county

II. Project context and relevance

a. Priorities and key policies

UNFPA's Global Strategic Plan (2018-2021) aims at achieving three transformative results: end preventable maternal deaths, end unmet need for family planning, and end violence and harmful practices against women and girls. UNFPA's current country programme (2016-2020) in China aims at advancing universal access to integrated rights-based, gender-sensitive sexual and reproductive services for all, particularly for women and young people in disadvantaged areas.

China has favorable policy environment with national laws and sectoral policies that address various aspects of sexual and reproductive health, such as maternal health, family planning, and HIV/STIs, include the Law on Maternal and Children Healthcare, the Law on Population and Family Planning, National Programme on Women Development (2011-2020), 13th National Five-Year Plan for Health (2016-2020), 13th National Five-Year Action Plan for HIV Prevention and Control (2016-2020), National Population Development Plan (2016-2030) and the National Healthy China 2030 among others.

The 13th Development Plan includes deepening of health care reform, through the establishment of a sound basic healthcare system that provides access to all members of society. It aims to improve capacity for provision of maternal and infant healthcare and family planning services, support hospital based childbirths and encourage non-governmental actors to provide healthcare services. Indicators concerned include reduction of the maternal mortality ratio to 18 per 100,000 live births by 2020 and 12 by 2030. Moreover, China adopted the 90-90-90 related targets regarding HIV/AIDS. The primary goal of the Healthy China 2030 Plan is to enhance people's health through reform and innovation, and stresses the importance of China's engagement in global health governance, and implementation of its commitment to SDG 3 "Ensure healthy lives and promote well-being for all at all ages".

In some areas of sexual and reproductive health and rights (SRHR), China has made considerable progress. China is one the few countries that achieved the MDG 5 target on reduction of maternal deaths by 2015. The maternal mortality ratio decreased from 89 per 100,000 live births in 1990 to 19.6 per 100,000 live births in 2017⁸, and the average life expectancy for women has reached 79.4 years in 2015⁹. As a result of the prolonged one-child policy and the restrictive (extensive) family planning programmes, the contraceptive prevalence rate reached 83.9¹⁰ with the most commonly used methods being long acting ones, mainly intra-uterine devices and female sterilization. Some gaps still remain in key areas of sexual and reproductive health and rights (SRHR). An estimated 13 million abortions occur annually¹¹, about half of which are among unmarried youth. Reproductive cancers are frequent causes of mortality for women. Incidence of certain sexually transmitted infections (STIs), like syphilis, is high. Overall HIV prevalence is low, but it is increasing among young people and some key populations. While integration of family planning and other SRH services has started, progress at provincial and municipal levels has been uneven.

The government adopted a Youth Development Plan (2016-2025) that aims to develop a youth development policy system and working mechanism by 2025. The youth development plan seeks to promote among other priorities equity in basic education and healthy lifestyles among

⁸ National Health Commission, Department of Maternal and Child Health, Dr. Song Li

⁹ National Bureau of Statistics

¹⁰ China Fertility Survey 2017

¹¹ UNFPA Country Programme Action Plan, July 2016

young people, including prevention of drug abuse and HIV infection. However, young people's access to sexuality education and youth friendly SRHR services is limited. This affects particularly unmarried youth. Two in three unmarried youth endorse the view that sex before marriage is acceptable; 22 per cent of female youth reported having had sex, 21 per cent of whom had unplanned pregnancies, with 91 per cent ending in abortions¹². Young people's sexual and reproductive health and rights issues are not prioritized. It is important to equip young people with the knowledge, skills and attitudes which enable them to make informed decisions and have a positive view of their sexuality.

The project will contribute to achieving the goals of Healthy China 2030, the SDGs, and the ICPD PoA through reduction of maternal death and morbidities, reduction in unintended pregnancy among women, particularly unmarried young women, increase in voluntary HIV testing among young people, and increased knowledge and participation of young people for improved SRHR.

III. Project description

a. Component descriptions

Within the overall framework of the current UNFPA Country Programme (2016-2020) and the national and local priorities, the following outcome, outputs and key interventions are to be achieved with financial contributions made by the Danish Government and UNFPA.

Project outcome: Increased availability and utilization of integrated, rights based, gender sensitive reproductive health services among vulnerable population including ethnic minorities in the selected project counties of Qinghai and Shanxi provinces.

Output 1: Strengthened local capacity for implementation and monitoring of policies and programmes to address sexual and reproductive health and rights for women and young people of vulnerable population including ethnic minorities in the selected four project counties.

Key interventions will include

- Considering limited information about reproductive health status of the project target population for programming, conduct a baseline survey among the target population on their socio-economic status, barriers for accessing services and needs for SRH services, and knowledge and attitudes towards sexual and reproductive health issues in the project areas in order to inform the design and implementation of proposed interventions for the target population, including using the evidence for policy dialogues and advocacy. It will include a stakeholder mapping for the project implementation;
- Conduct rapid review of existing health administrative data and provide technical support for disaggregation of the data from the health information and management system (HMIS) by age, sex, ethnicity, location and other characteristics in order to improve evidence based programming;
- Support development and dissemination of a National Sexual and Reproductive Health Framework Strategy through consultations and technical assistance, which will be used for improving integrated and quality reproductive health services in the project counties.

¹² 2009 National Survey on Youth Access to Reproductive Health in China, Peking University, NWCCW and UNFPA

- Strengthen capacity of government officials and civil society representatives in existing multi-sectoral coordination mechanism for planning, supervision, and monitoring of SRHR programmes, and utilizing international and national standards, rights-based culturally sensitive approaches for addressing SRHR needs of vulnerable population including ethnic minorities;
- Facilitate experience-sharing amongst counties and provinces on best practices to improve sexual and reproductive health status of women and young people from vulnerable population including ethnic minorities in remote rural areas;
- Facilitate public-private sector partnerships in improving access to and quality of SRH services to meet the needs of the target population through various means including in-kind donations and financial contribution.

Output 2: Improved availability of rights based, gender sensitive and integrated sexual and reproductive health information and services¹³ for women and young people from vulnerable population including ethnic minority groups in the selected project counties.

Key interventions will include

- Conduct a rapid health facility assessment to review capacity to provide SRH services and quality of the services being offered at the primary health care level, which will provide information and recommendations for improving quality of SRH services. The rapid assessment will include interviews with services providers on their knowledge and skills for provision of SRHR services, attitudes towards vulnerable population, ethnic minorities and young people, and challenges for service provision for ethnic minorities.
- Improve capacity of service providers including midwives for rights-based, gender-sensitive and quality SRH services (including maternal health, voluntary family planning, diagnosis and treatment of STIs/HIV, safe abortion and post abortion care, and cervical cancer) through in-service trainings to improve health sector responsiveness to the needs of the target population living in remote areas;
- Enhance capacity of provincial midwifery training centers/schools for skills building and linkages between maternal care and other SRH services including family planning counseling skills which are currently lacking;
- Support mobile clinics for inclusion of essential SRH services including maternal, STI/HIV prevention, cervical cancer screening, and voluntary FP counseling to reach women and young people in remote areas in the project areas;
- Design and demonstrate an integrated SRHR services model at 2-3 selected facilities to improve the quality SRH services, which are currently fragmented, for cost-effectiveness and improved client-friendliness;
- Increase availability of SRH services for unmarried young people through training activities on youth friendly services guidelines for health service providers to cultivate non-judgmental attitudes, and support establishment of youth friendly centers or clinics through facilitation of public-private-partnerships;
- Support village health workers and local women's groups in providing correct information and education on sexual and reproductive health and rights for the target population using both traditional and innovative approaches.
- Mobilize social networks and local media for advocacy on universal access to sexual and reproductive health and rights and support evidence-informed media activities designed for the target population to create demands for rights-based and quality SRHR services;

Output 3: Improved skills, knowledge and positive attitudes towards sexual and reproductive health and rights among young people in the selected project counties.

¹³ In this project, sexual and reproductive health services include maternal health, family planning, STIs/HIV & cervical cancer prevention, diagnosis and treatment services

Key interventions will include

- Considering low level of education, nomadic lifestyle and cultural values, develop a life skills based Comprehensive Sexuality Education (CSE) curriculum for youth including ethnic minority groups;
- Deliver/implement life skills based CSE curriculum through innovative and culturally sensitive approaches in partnerships with local institutions, community based organizations and private sector. UNFPA will seek partnerships with private companies for increased support and investment in young people from ethnic minority groups;
- Institutionalize life skills based sexuality education curriculum (online or offline courses) in selected teachers' training institutions as a pilot demonstration to provide skills to teachers for effectively teaching sexuality education and create positive attitudes among teachers towards young people's sexual and reproductive health issues;
- Building on UNFPA's partnership with the China Family Planning Association, create and support active participation of youth groups and young people in the project areas in the development and implementation of peer education programs on sexuality education;
- Capacitate youth-led groups and youth networks inclusive of young people with diverse ethnic and social backgrounds for their leadership of youth development issues through training workshops, and create platforms for them to voice their needs, as well as provide small grants for innovative out-reach interventions designed and implemented by youth themselves which promote youth participation and engagement; and

b. Target areas and groups

The project will implement interventions at provincial, prefecture and county levels, and the project areas would include Qinghai and Shanxi provinces, within the provinces, 4 counties as follows:

- Yushu County, Chengduo County and Nangqian County of Yushu Tibetan Autonomic Prefecture of Qinghai.
- Yonghe county of Linfen Prefecture of Shanxi province

Primary target population will be women of reproductive age and young people aged 15-24 of vulnerable population including ethnic minorities, rural poor, women and young people with disabilities in the selected four counties of Qinghai and Shanxi provinces. **Secondary target groups** will be family members, communities, women's and youth groups, service providers, educators, health administrators and officials who have various roles and responsibilities for achieving positive reproductive health outcomes for women and young people among vulnerable population including ethnic minorities in the project areas.

c. Crosscutting themes/issues

Human rights, gender equality and women's empowerment will be cross cutting issues that will be mainstreamed through planning, implementation, monitoring and evaluation of the project. Data collection, monitoring and evaluation activities will make particular efforts to disaggregate data by gender, age, ethnic group and other characteristics.