

# Improving nutrition and food safety for China's most vulnerable women and children

## Semester: 2-10

Country: China  
 Thematic Window: Children, Food Security and Nutrition  
 MDGF Atlas Project: 67235  
 Program title: Improving nutrition and food safety for China's most vulnerable women and children

Report Number:  
 Reporting Period: 2-10  
 Programme Duration:  
 Official Starting Date: 2009-12-04

### Participating UN Organizations:

- FAO
- ILO
- UNDP
- UNESCO
- UNICEF
- UNIDO
- WFP
- WHO

### Implementing Partners:

- Asociación de Organizaciones de Productores Ecológicos de Bolivia (AOPEB)
- All-China Federation of Trade Unions (ACFTU)
- All-China Women's Federation (ACWF)
- Capital Institute for Paediatrics (CIP)
- Central South University (SPHCSU)
- China CDC (INFS)
- China International Center for Economic and Technical Exchanges (CICETE)
- China Law Society (CLS)
- China National Institute of Standardization (CNIS)
- Chinese Academy of Agricultural Sciences(CAAS)
- Chinese Academy of Agricultural Sciences(CAAS)
- Foreign Economic Cooperation Center
- General Administration of Quality Supervision
- Inspection and Quarantine (AQSIQ)
- Institute of Nutrition and Food Safety
- Ministry Agriculture
- Ministry of Commerce (MOFCOM)
- Ministry of Education
- Ministry of Health (MOH)
- National Bureau of Statistics (NBS)
- National Center for Health Inspection and Supervision (NCHIS)
- National Center for International Cooperation in Work Safety(NCICS)
- School of Public Health
- State Administration of Radio
- State Administration of Work Safety (SAWS)
- Training Center of State Administration of Radio, Film, and Television (TC-SARFT)

## Budget Summary

	FAO	1048500.0
	ILO	481500.0
	UNDP	567100.0
Total Approved Budget	UNESCO	418880.0
	UNICEF	957650.0
	UNIDO	581010.0
	WFP	209720.0
	WHO	1735540.0
	FAO	235400.0
	ILO	149800.0
	UNDP	256800.0
Total Amount of Transferred To Date	UNESCO	146590.0
	UNICEF	414170.0
	UNIDO	288900.0
	WFP	123050.0
	WHO	588500.0
	FAO	175032.0
	ILO	87012.0
	UNDP	200000.0
Total Budget Committed To Date	UNESCO	109251.0
	UNICEF	414170.0
	UNIDO	192433.0
	WFP	100362.88
	WHO	508340.0
	FAO	105765.0
	ILO	73000.0
	UNDP	99898.0
Total Budget Disbursed To Date	UNESCO	97489.0
	UNICEF	414170.0
	UNIDO	60483.0
	WFP	82607.88
	WHO	304466.0

## Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided in 2010 for each programme as per following example:

Amount in thousands of US\$

Type Donor Total For 2010 For 2011 For 2012  
 Parallel  
 Cost Share  
 Counterpart

DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through Un agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot village water treatment plant. The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

Direct Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	1260	300	2100	800	26470	17679	7	37
Reached Number	340	100	338	120	50	50	7	35
Targeted Reached % difference	26.98	33.33	16.1	15.0	0.19	0.28	100.0	94.59

Indirect Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number			864197	108506	543266	434947		
Reached Number								
Targeted - Reached	0	0	864197	108506	543266	434947	0	0
% difference	0	0	0.0	0.0	0.0	0.0	0	0

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (250 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

Progress in outcomes

During the first year implementation, the provincial government of Shaanxi, Yunnan and Guizhou have acquired the updated information on the current situation of undernutrition and food insecurity in the women and children living in the 6 selected country level poverty counties through a series of baseline survey. This will support the relevant government agencies in the development of policy and action plan to correct the situation. The majority of the young children under age 2 in the rural area of six counties have been supplied with Ying Yang Bao (Micronutrients package) to quickly improve their nutritional status and reduce the local mortality rate of children under 5. The government agencies in charge of child food quality and safety have also accumulated useful experiences by applying new practices in the child food manufacture enterprises in the pilot sites. Social awareness of maternal and child undernutrition and food insecurity issues was raised through establishment of special website on Food Safety Law and training of the journalist in the local counties.

Progress in outputs

Output 1.1.1 Comprehensive food security indicators. The data collection, cleaning and analysis is complete. The report will be completed by 31 January; Output 1.1.2 Nutritional status information on women and children in 3 intervention counties become available; Output 1.2 Nutrition and child feeding data available for the three control pilot counties and incorporated into national surveillance systems; Output 2.1.1 Procurement of micro nutrients supplements finished, training materials developed; Output 2.1.2 Survey on infant food availability and on infant feeding preferences was conducted; Output 2.1.3 National Code of marketing of breast milk substitutes is revised; Output 2.2 The baseline survey on household locally available micronutrient rich foods finished; Output 3.1 Training programme has been conducted to make food production for children safer in pilot areas; Output 3.2 Survey on knowledge and need assessment related to properly handling food for children was conducted, training materials were developed. Output 3.3 A special website on enforcement of new National Food Safety Law was set up and function well; Output 4.1 Advocacy package for food fortification was developed and distributed; Output 4.2 64 journalists have been trained in child nutrition improvement.

Measures taken for the sustainability of the joint programme

Multi-sector meetings at national, provincial and county level about the malnutrition of children in poor rural areas and efficacy of YYB for children will be organized to advocate government priority child nutrition. This is one of several pilots of YYB in China, and will inform massive expansion in poor rural areas if funded by MoF. To develop National Food fortification Guidelines in China. To revise National Code of marketing of breast milk substitutes. To strengthen ownership and participation of local governments, communities, residents and target beneficiaries. A few examples observed below 1. Ten government ministries and administrations participate in this joint programme and they will coordinate and supervise the programme implementation; 2. The senior representatives from central government agencies and provincial health authorities and pilot counties government attended the launching ceremony of this joint programme to be convened on June 11 in Beijing.

Are there difficulties in the implementation?

UN agency Coordination  
 Coordination within the Government (s)  
 Administrative / Financial

What are the causes of these difficulties?

External to the Joint Programme

Briefly describe the current difficulties the Joint Programme is facing

- High number of UN agencies involved in the programme requires a great effort in coordination and information exchange, increasing the transaction costs of the programme. - Administrative/Financial: The differing administrative procedures of UN Agencies occasionally impede joint implementation. Partners usually need to sign a contract with each Agency, each with different budgeting and reporting requirements. In addition, different budgeting systems and requirements of UN Agencies and the MDG Achievement Fund overburden UN staff in budget reporting exercises. - Government institutions involved in the programme have different reporting lines and do not possess mechanisms for cross ministerial communication. MOH, as the lead national coordinating agency has no formal authority to coordinate other government agencies. coordination is based on willingness and commitment of the programme partners, rather than institutional mechanisms

Briefly describe the current external difficulties that delay implementation

- Severe drought. Due to the serious drought taking place in the pilot counties this spring, the season for growing of modified grains were missed and has to be postponed to next year. - Rapid change of the government policies has significant impact on the environment of programme implementation, the local implementing agencies may overwork to conduct the JP programme. - The economic inflation and the rise of the price of food have negative impact on the programme implementation as it decreases the family purchasing capacity and access to quality food

Explain the actions that are or will be taken to eliminate or mitigate the difficulties

During the first year, a number of coordination mechanisms have been set in place. JPMC meetings will be organized more frequently to raise the awareness of high level staff on the coordination and effectiveness of the joint programmes. Coordination meetings among UN agencies and national partners have been organized at the output level to increase efficiency of the coordination efforts. Information of local points of all the programme activities has been collected and shared and Ministry of Health will encourage local health authority to play a leading role of coordination. As it is decided at the meeting of the Joint Programme Management Committee (PMC), the MoH's Department International Cooperation (DIC) has informed the provincial health authorities to coordinate the programme activities in the area of health and the local implementing agencies were encouraged to actively communicate with partners in other working areas. Output 3.1 There will be more communications with other participating UN agencies and implementing partners to foster synergies toward the joint outcome. We will also work closely with local government in the pilot sites to make references from the local practice and try to establish cross-sectoral food safety supervision

mechanism in local level. The specific website for programme implementation will be established and provide platform of information sharing.

## 2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

If not, does the joint programme fit the national strategies?

### What types of coordination mechanisms

Regular PMC meetings for information sharing and collective decision making among partners. PMC Co-Chairs meeting for discussions on issues concerning joint programme coordination and implementation. More flexible and precise than PMC meeting. Regular UN inter-agencies meeting (UNRCO and PMC Co-Chair involved). Good opportunity to share information and seek synergies across agencies and outputs. PMO based in leading government office building and regular PMO staff meetings allow communication and information sharing at any time. The leading government Ministry, the Ministry of Health has internal joint programme leading group meeting which allows mobilizing expertise of different functional departments to support the joint programme implementation. Output working group meetings allow frequent communication and decision making across agencies related to each individual outcome. UNRCO provides continuous support to JPs so that good experiences and lessons can be shared among different JPs. PMO will actively participate and coordinate the working meeting of participating UN agencies related to individual outcome. It has been expected that lead agency of each outcome should play more active roles, examples as below: Output 1.1 and 1.2 Several technical meetings took place between UNICEF, WHO and WFP and between WHO and UNICEF and their implementing partners CDC and CIP to ensure the development of survey plan can be comprehensive and supplementary to each other.

Please provide the values for each category of the indicator table below

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs	0	13	Special reports, pilot brochure, joint conference, meeting documents,	Review special reports, pilot brochure Review contracts, meeting minutes
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	1	Baseline reports, training materials	Review baseline reports, training materials
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	3	Mission reports	Review the mission reports

## 3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

In what kind of decisions and activities is the government involved?

Policy/decision making  
Management: budget  
Management: procurement  
Management: service provision

Who leads and/or chair the PMC?

Dr. Michael O'Leary, WHO representative in China and Dr. Minghui Ren, Director General, Department of International Cooperation, Ministry of Health serve as the Co-Chairs of the PMC

Number of meetings with PMC chair

13

Is civil society involved in the implementation of activities and the delivery of outputs?

In what kind of decisions and activities is the civil society involved?

Policy/decision making  
Management: budget  
Management: service provision

Are the citizens involved in the implementation of activities and the delivery of outputs?

In what kind of decisions and activities are the citizens involved?

Management: service provision

Where is the joint programme management unit seated?

National Government

The joint programme management office is located in the National Center for Health Inspection and Supervision, Ministry of Health. The joint programme management office of CFSN is functioning smoothly, the UN coordinator and national coordinator can work closely to conduct the routine work of the office and provide needed support to the joint programme implementation.

### Current situation

The joint programme was designed in close consultation with the Government of China; as a result all activities under the CFSN align with recent government policy and country priorities. In January 2010, the No. 1 Central Document jointly was issued by the Central Committee of the Communist Party of China and the State Council. This Policy still focuses on rural issues and outlines concrete measures to reduce the vulnerability and protect the rights of rural residents, such as accessibility to safe food, health service for children and women. At management and coordination level, MoCom as the overall coordinator for all the Spanish JPs in China and the MoH as the leading JP coordinating and implementing ministry have been very supportive and showed strong ownership and initiative. PMC meetings also show active participation on national side. At implementation level, work plans are usually formulated and implemented jointly by UN and national partners. The joint programme adopts participatory approach. The joint programme values the participatory approach. The involvement and participation of local working staff and women federation and schools are integrated into most activities, i.e. baseline research activities, policy dialogue and advocacy campaigns, developing, pilot testing and validation of interventions, training materials and other services initiated by the project to identify the special needs of women and children in poor rural area to ensure that the JP responds to their needs. Some examples as below: Output 2.2 The MoH/MCH/CH is aware of the MDG-F workplan and gave the authority for its implementation to the Capital Institute of Paediatrics supported by WHO. Output 2.1.4 The government, institutions and civil societies are fully supportive to the project and helpful for coordination of the activities. For example, the baseline research proposal was smoothly drafted due to the support of ACFTU, Wuding TU and other local governmental agencies including women's federations and bureaus of health, and other local Yunnan stakeholders etc. Output 3.1.4 The government, institutions and civil societies are supportive to the project and helpful for coordination of the activities. For example, under the communication and cooperation of SAWS and AQSJQ, as well as local stakeholders such as inspection bureaus and work-safety bureaus at city and provincial levels, pilot companies were selected out and the AWP was designed successfully.

## 4 Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?

Please provide a brief explanation of the objectives, key elements and target audience of this strategy

Coordinated with the other Spanish JPs in China, the joint programme Communication Guidelines was developed for the following objectives: •Ensure the uniformity of documents and publications •Brand the joint programme with uniformed and distinctive image; •Facilitate the promotion of MDG-F and its programmes; •Facilitate the documentation of results achieved and managing publications under CFSN. The Guidelines covers key elements in JP communication, including: •Naming of the JP, including full name and name in short of the JP both in English and Chinese; •Use of unified MDG-F in China logo; •Communication management principles; •Editing and formatting guidelines; •Unified product cover page; •Template of product recording page. The target audience of this strategy covers the public, women and children in the poor rural area, mass media at national and local level, national and local government and other stakeholder, such as technical agencies, research institutions, academic bodies, etc.

What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?

Increased awareness on MDG related issues amongst citizens and governments

Increased dialogue among citizens, civil society, local national government in relation to development policy and practice  
 New/adopted policy and legislation that advance MDGs and related goals  
 Establishment and/or liaison with social networks to advance MDGs and related goals  
 Key moments/events of social mobilization that highlight issues  
 Media outreach and advocacy

**What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?**

Faith-based organizations  
 Social networks/coalitions 2  
 Local citizen groups N/A  
 Private sector  
 Academic institutions more than 10  
 Media groups and journalist more than 10  
 Other

**What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?**

Focus groups discussions  
 Household surveys  
 Use of local communication mediums such radio, theatre groups, newspapers  
 Open forum meetings  
 Capacity building/trainings

## Millenium Development Goals

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome	Beneficiaries	JP Indicator	Value
JP Outcome 1 Policy decisions and targeting are informed by reliable and up-to-date evidence on the magnitude, distribution and causes of undernutrition in China	0	1.1 Existence of accurate data on food security, vulnerability and undernutrition in the six pilot counties available for use in policy making 1.2 Nutrition and child feeding data available for the six pilot counties and incorporated into national surveillance systems	3.0

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome	Beneficiaries	JP Indicator	Value
JP outcome 2. Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties;	9360	2.1 Reduction of anaemia in children of 6-24 months. 2.2 Reduction of underweight as measured by low birth weight and stunting among children in the pilot counties during the 2009-2011 period. 2.3 Increase in six months exclusive breastfeeding in pilot counties. 2.4 Increase in the number of businesses facilitating breastfeeding in the pilot counties. 2.5 Proportion of diet made up by locally available micronutrient rich foods in pilot areas. Target: increase 30% by Year 3. Baseline: to be determined by survey 2.6 A nation food fortification plan available and being implemented.	6.0

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome	Beneficiaries	JP Indicator	Value
JP Outcome 1 Policy decisions and targeting are informed by reliable and up-to-date evidence on the magnitude, distribution and causes of undernutrition in China	0	1.1 Existence of accurate data on food security, vulnerability and undernutrition in the six pilot counties available for use in policy making 1.2 Nutrition and child feeding data available for the six pilot counties and incorporated into national surveillance systems	2.0

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value
JP outcome 2. Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties	9360	2.1 Reduction of anaemia in children of 6-24 months. 2.2 Reduction of underweight as measured by low birth weight and stunting among children in the pilot counties during the 2009-2011 period. 2.3 Increase in six months exclusive breastfeeding in pilot counties. 2.4 Increase in the number of businesses facilitating breastfeeding in the pilot counties. 2.5 Proportion of diet made up by locally available micronutrient rich foods in pilot areas. Target: increase 30% by Year 3. Baseline: to be determined by survey 2.6 A nation food fortification plan available and being implemented.	6.0

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value
JP Outcome 3. Food-related illnesses reduced through safer food production and preparation for children;	0	3.1 Industries producing food for infants and young children are applying HACCP principles. 3.2 Strengthen laboratories' standardization and management capacity as support tool for the monitoring, verification and inspection system. 3.3 Quality inspectors certified as lead auditors for food safety-quality in child nutrition. 3.4 Work safety inspectors trained to provide quality services to child nutrition companies. 3.5 OSH guidelines on chemical safety in child nutrition available and applied. 3.6 Schools, hospitals and women's association groups trained in WHO's Five Keys to Safer Food. 3.7 Health education teaching improved. 3.8 Regulators, legal personnel and other key stakeholders including women and local communities become familiar with the details of the new food safety law. 3.9 Food emergency and food complaints systems operational and complementing the food safety law in enhancement of food safety. 3.10 Training of trainers targeting government regulators and food producers and traders on the new food safety law.	10.0

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

JP Outcome	Beneficiaries	JP Indicator	Value
JP outcome 2. Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties;	9360	2.1 Proportion of diet made up by locally available micronutrient rich foods in pilot areas. 2.2 A nation food fortification plan available and being implemented.	2.0

## Additional Narrative Comments

Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level  
 q

Please provide other comments you would like to communicate to the MDG-F Secretariat  
 q

**1 Integrated approaches for reducing child hunger and under-nutrition promoted**

**1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention**

**Children under 2**

Total No. 8060  
No. Urban  
No. Rural 8060  
No. Girls 3707  
No. boys 4352

**Children from 2 to 5**

Total No.  
No. Urban  
No. Rural  
No. Girls  
No. Boys

**Children older than 5**

Total  
No. Urban  
No. Rural  
No. Girls  
No. boys

**Women**

Total  
No. Urban  
No. Rural  
No. Pregnant

**1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention****Children under 2**

Total 9000  
No. Urban  
No. Rural 9000  
No. Girls  
No. Boys

**Children from 2 to 5**

Total  
No. Urban  
No. Rural  
No. Girls  
No. Boys

**Children older than 5**

Total  
No. Urban  
No. Rural  
No. Girls  
No. Boys

**Women**

Total  
No. Urban  
No. Rural  
No. pregnant

**Men**

Total  
No. Urban  
No. Rural

**1.3 Prevalence of underweight children under-five years of age**

National % 6.9  
Targeted Area % 8.8

**Proportion of population below minimum level of dietary energy consumption**

% National  
% Targeted Area

**Stunting prevalence**

% National 10.5  
% Targeted Area 18.2

**Anemia prevalence**

% National 16.9  
% Targeted Area 19.2

**Comments**

1. The data quoted above on national prevalence is from national nutrition surveillance (2005) 2. Due to the late start of the programme implementation in the first year, the data of the baseline survey is still in the process of analysis and report writing. The final results can be released early 2011.

**1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected****Homestead food production and diversification**

National  
Local 360

Urban  
Rural 360  
Girls 108  
Pregnant Women  
Boys 72

**Food fortification**

National  
Local 9000  
Urban  
Rural 9000  
Girls  
Pregnant Women  
Boys

**School feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant women  
Boys

**Behavioural change communication**

National  
Local 4500  
Urban  
Rural 4500  
Girls  
Pregnant women  
Boys

**Gender specific approaches**

National  
Local  
Urban  
Local  
Girls  
Pregnant Women  
Boys

**Interventions targeting population living with HIV**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Promotion of exclusive breastfeeding**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Therapeutic feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Vaccinations**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Other, specify**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

During the first year programme implementation, most of the activities focused on baseline survey and collection of background information. As a result, not too much data on intervention is available.

**2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies**

**2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme**

**Policies**

National

Local

**Laws**

National

Local

**Plans**

National

Local

**3 Assessment, monitoring and evaluation**

**3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition**

National 4

Local

Total 4