

## Section I: Identification and JP Status

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

#### Semester: 2-11

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	2-11
Programme Duration	
Official Starting Date	2009-12-04

Participating UN Organizations	* FAO * ILO * UNDP * UNESCO * UNICEF * UNIDO * WFP * WHO
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## 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 Paediaetrics (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

### Total Approved Budget

FAO	\$1,028,600.00
ILO	\$481,500.00
UNDP	\$587,100.00
UNESCO	\$418,880.00
UNICEF	\$957,650.00

UNIDO	\$581,010.00
WFP	\$209,720.00
WHO	\$1,735,540.00
<b>Total</b>	<b>\$6,000,000.00</b>

**Total Amount of Transferred To Date**

FAO	\$791,800.00
ILO	\$342,400.00
UNDP	\$438,700.00
UNESCO	\$328,490.00
UNICEF	\$742,740.00
UNIDO	\$460,100.00
WFP	\$123,050.00
WHO	\$1,157,740.00
<b>Total</b>	<b>\$4,385,020.00</b>

**Total Budget Committed To Date**

FAO	\$647,083.00
ILO	\$271,822.00
UNDP	\$414,974.00
UNESCO	\$303,283.00
UNICEF	\$952,273.00
UNIDO	\$338,449.00
WFP	\$123,050.00
WHO	\$912,735.00
<b>Total</b>	<b>\$3,963,669.00</b>

**Total Budget Disbursed To Date**

FAO	\$419,288.00
ILO	\$161,081.94

UNDP	\$333,596.57
UNESCO	\$272,574.00
UNICEF	\$694,150.00
UNIDO	\$299,070.00
WFP	\$123,050.00
WHO	\$690,000.00
<b>Total</b>	<b>\$2,992,810.51</b>

## 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 for each programme as per following example:

Please use the same format as in the previous section (budget summary) to report figures (example 50,000.11) for fifty thousand US dollars and eleven cents

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel		\$0.00	\$0.00	\$0.00	\$0.00
Cost Share		\$0.00	\$0.00	\$0.00	\$0.00
Counterpart		\$0.00	\$0.00	\$0.00	\$0.00

## 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.

## Beneficiaries

<b>Beneficiary type</b>	<b>Targetted</b>	<b>Reached</b>	<b>Category of beneficiary</b>	<b>Type of service or goods delivered</b>
Direct beneficiary	139,683	133,549	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Direct beneficiary	134,867	129,292	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Direct beneficiary	0	6,400	Children Under 3 Years/Male	Access to High Quality Nutrients
Direct beneficiary	0	5,600	Children Under 3 Years/Female	Access to High Quality Nutrients
Direct beneficiary	2,800	2,800	Children Older Than 6/Male	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Direct beneficiary	2,352	2,352	Children from 2 to 6 Years/Female	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Direct beneficiary	198	207	Food Producers	Capacity to Collect, Analyze Data and/or Peoduce Analysis
Direct beneficiary	42	42	Schools	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Direct beneficiary	100	100	Indigenous Organisations	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Direct beneficiary	0	3,795	Breast Feeding Women	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Direct beneficiary	0	269	Health Workers/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Direct beneficiary	0	630	Food Producers	Behaviour Change Communication Initiatives (Hand Washing, Etc)

## Section II: JP Progress

### 1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (1000 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

#### **Plases describe three main achievements that the joint programme has had in this reporting period (max 100 words)**

1. Based on the results of the baseline surveys and background collection, a joint policy recommendation paper was prepared and provided to the relevant government agencies;
2. UNICEF completed purchase of Yingyangbao (nutrition package) and distributed them with education materials to 12,000 children aged 6-23 months in three pilot counties;
3. Supported by UNDP, China Law Society set up the first legal research center on Food Safety in China which has organized a series of activities to enhance the enforcement of Food Safety Law, including training on food safety law and regulations for judges and other legal personnel, the 2011 national food safety law knowledge contest, Chinese food safety system innovation award, study on food safety law, policy recommendations for decision-makers in relevant departments at the central level, establishing pilot of food safety regulatory innovation mechanism and holding the Chinese Food Safety Law Summit Forum.

#### **Progress in outcomes**

1. Based on the findings of the baseline surveys, a joint policy recommendation paper was prepared and shared with the relevant government agencies;
2. Baby friendly hospital initiatives, distribution of micronutrients packages, maternal protection and promotion of household nutrients rich grains were all progressing smoothly;
3. Good manufacturing practices in children's food factories, integration of nutrition and food safety knowledge into the school curriculum, enhance women knowledge of food safety and enforcement of new food safety law were working together to ensure the children's food safer;
4. Training of media journalists facilitate the public mobilization and raising the awareness of the society and will directly support the scaling up of this joint programme.

#### **Progress in outputs**

- Output 1.1.1 Comprehensive food security situation of all six pilot counties have been surveyed and the results is officially released to the public.
- 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 Multi-nutrients package (Ying Yang Bao) has been supplied to 12,000 kids 7 months -24 months old in 3 pilot counties. Training materials developed and nutrition knowledge is disseminated;
- Output 2.1.2 Local infant food recipe was developed and staff were trained on integrated feeding guidelines and BFHI guidelines;
- Output 2.1.4 The baseline survey report finalized and available. Information sharing workshop organized to discuss measures to be adopted for improving maternity protection at workplaces in Wuding County
- Output 2.2 Training for different target groups continued in three pilot counties and seeds, fertilizers, tools and other agri-utilities provided;
- Output 2.3 The strategy for food fortification in China including in-home fortification were discussed and effectiveness and safety and quality control were monitored;
- Output 3.1 capacity building of the food factories, laboratories, and inspectors was completed and policy recommendation is being developed;
- Output 3.2.2 Teachers' manuals and students' handbooks on nutrition and food safety education with teaching aids developed for grade 1-6 and 7-9 respectively and training of 200 education officials, administrators and teachers organized in July and August 2011;
- Output 3.3.1 The Legal Research Centre on Food Safety has organized a series of activities to enhance the enforcement of Food Safety Law, including training on food safety

law and regulations for judges and other legal personnel, the 2011 national food safety law knowledge contest, Chinese food safety system innovation award, study on food safety law, policy recommendations for decision-makers in relevant departments at the central level, establishing pilot of food safety regulatory innovation mechanism and holding the Chinese Food Safety Law Summit Forum.;

Output 3.3.2 A training manual on provision of rights-based services for women to resolve food safety disputes was developed for local social workers and women's federation staff and trainings for 70 local staff was organized..

Output 4.2 100 journalists from the pilot provinces and counties trained and technical support to local media to improve coverage and quality of reporting was provided.

#### **Measures taken for the sustainability of the joint programme**

1. Strengthening the ownership of the Chinese government;
2. Translate the achievement of the joint programme into policy and action;
3. Improve the awareness of the whole society and public of the importance of maternal and child nutrition;

#### **Are there difficulties in the implementation?**

Coordination within the Government (s)

Administrative / Financial

Joint Programme design

#### **What are the causes of these difficulties?**

External to the Joint Programme

1. *MOH as the lead agency has no enough authority to coordinate other government agencies;*
2. *The government agencies tend to work independently;*
3. *There is not an efficient interagency coordination mechanism in the pilot provinces and counties;*
4. *There is not special funds for joint programme;*
5. *The administrative/financial system differs among the partners;*
6. *Some components have set up too ambitious objectives.*

#### **Briefly describe the current difficulties the Joint Programme is facing**

1. Lack of special funds for joint programme has prevented planning and implementation of joint activities;
2. Some UN agencies have difficulties working with their national counterparts to complete the planned activities on time;
3. Increased exchange rate of RMB against US\$ has reduced actual investment in the activities which has negative impact on the programme implementation.

#### **Briefly describe the current external difficulties that delay implementation**

A proposed study tour for representatives of pilot enterprises and selected food inspectors was delayed due to unforeseen difficulties in locating appropriate organizations which could be visited in the proposed destination country (New Zealand). The study tour has been postponed until April or May 2012 to allow sufficient time to organize all logistics.

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

1. Make prompt adjustment of the programme activities;

2. Encourage all partners to contribute to the joint activities;
3. Try to complete the planned activities as quickly as possible.
4. The study tour will now take place in a different location (most likely Italy or Austria) where there should not be any problems in locating appropriate organizations to visit.

## 2 Inter-Agency Coordination and Delivering as One

### Is the joint programme still in line with the UNDAF?

Yes true  
No false

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

Yes  
No

### 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 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 among UNICEF, WHO and WFP as well as their implementing partners China CDC and CIP to ensure the development of a single standardized survey and survey methodology, the MDG-F BIFNS.

Output 3.1 UNIDO and ILO have been working very closely to plan and implement the programme activities.

### 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	26	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	7	Baseline reports, training materials	Review baseline reports, training materials
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	9	Mission reports,	Review the mission reports

1. UN Members of JPMC had a joint meeting on Feb 1.
2. National members of JPMC had a joint meeting on Feb 10.
3. WFP organized two meeting on joint baseline survey on Feb 3 and April 16
4. UNRC and WHO and PMO had coordination meeting on Feb 26
5. UNICEF organized working meeting on Outcome 4 with involvement of UNESCO on March 10
6. WHO organised working meetings on Outcome 2 and 3 with involvement of UNICEF, FAO, UNIDO, UNESCO, ILO and UNDP on March 9
7. Launching meeting of CFSN was convened on June 11
8. UNIDO and ILO joint training to enterprises in May and Nov. 2010 and Apr. 2011.
9. Joint Programme Coordinator has attended many meetings with WHO, UNRC, FAO international experts.
10. Joint programme management meeting convened on November 2, 2010
11. Interagency coordination meetings among UN partners by outcomes and all partners meeting were convened in January of 2011
12. JPMC meeting was convened on May 4, 2011
13. JPMC meetings was convened on June 17, 2011 on preliminary findings of external evaluation
14. UN interagency meetings on improvement workplan after midterm evaluation;
15. National interagency consultation on improvement workplan;
16. JPMC meeting on Dec 2, 2011
17. WHO provide updated information on food safety and nutrition to UNESCO for development of training materials.

### 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?

Not involved        false  
 Slightly involved    false  
 Fairly involved     false  
 Fully involved       true

#### 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?**

WHO as the UN Co-Chair;  
MOH as the National Co-Chair;

**Number of meetings with PMC chair**

Five times

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

Not involved        false  
Slightly involved    false  
Fairly involved     false  
Fully involved       true

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

Policy/decision making  
Management: service provision

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

Not involved        false  
Slightly involved    false  
Fairly involved     true  
Fully involved       false

**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 national center for health inspection and supervision hosts the programme management office.*

**Current situation**

The programme management office is working properly to support the implementation of the programme activities.

## **4 Communication and Advocacy**

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

Yes true

No false

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

Coordinated with 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 12

Private sector

Academic institutions 9

Media groups and journalist 100  
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



## Section III: Millenium Development Goals 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 25000

JP outcome 2. Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties;

JP Outcome 4. National child nutrition and food safety policies, guidelines, regulations and standards are revised according to results of the pilots, and lessons are scaled up nationwide.

•Existence of accurate data on food security, vulnerability and undernutrition in the six pilot counties available for use in policy making – 10.0

•Nutrition and child feeding data available for the six pilot counties and incorporated into national surveillance systems

•Reduction of anaemia in children of 6-24 months.

•Reduction of underweight as measured by low birth weight and stunting among children in the pilot counties during the 2009-2011 period.

•Increase in six months exclusive breastfeeding in pilot counties.

•Increase in the number of businesses facilitating breastfeeding in the pilot counties.

•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

•A nation food fortification plan available and being implemented.

•Piloted approaches adopted by national, provincial and local levels as policies, guidelines, regulations and standards.

•Lessons learned are incorporated into media reporting with the media promoting food safety and healthy nutrition in pilot counties and in national media.



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 15000

JP outcome 2. Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties;

JP Outcome 3. Food-related illnesses reduced through safer food production and preparation for children;

JP Outcome 4. National child nutrition and food safety policies, guidelines, regulations and standards are revised according to results of the pilots, and lessons are scaled up nationwide.

•Existence of accurate data on food security, vulnerability and undernutrition in the six pilot counties available for use in policy making 20.0

•Nutrition and child feeding data available for the six pilot counties and incorporated into national surveillance systems

•Reduction of anaemia in children of 6-24 months. Target - Reduction of anaemia in children of 6-24 months in infants by at least 20% each in the six pilot counties

•Reduction of underweight as measured by low birth weight and stunting among children in the pilot counties during the 2009-2011 period.

•Increase in six months exclusive breastfeeding in pilot counties. Target: 30-50% increase over baseline

•Increase in the number of businesses facilitating breastfeeding in the pilot counties.

•Proportion of diet made up by locally available micronutrient rich foods in pilot areas.

•A nation food fortification plan available and being implemented. Target: Plan available and operational by Year 3. Baseline: No plan.

•Industries producing food for infants and young children are applying HACCP principles.

•Strengthen laboratories' standardization and management capacity as support tool for the monitoring, verification and inspection system.



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

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	129292	•Existence of accurate data on food security, vulnerability and undernutrition in the six pilot counties available for use in policy making;	5.0
JP outcome 2. Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties;		•Proportion of diet made up by locally available micronutrient rich foods in pilot areas. •A nation food fortification plan available and being implemented.	
JP Outcome 4.National child nutrition and food safety policies, guidelines, regulations and standards are revised according to results of the pilots, and lessons are scaled up nationwide.		•Piloted approaches adopted by national, provincial and local levels as policies, guidelines, regulations and standards. •Lessons learned are incorporated into media reporting with the media promoting food safety and healthy nutrition in pilot counties and in national media.	

## Additional Narrative Comments

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

On completing two years programme activities, the joint programme has provided the central and local government the updated situation of undernutrition and food insecurity in the poor counties selected which will also serve as reference for developing national policy and workplan (MDG 1,4,5). Besides, most of the young children in the rural area of 3 pilot counties have been given nutrients package to directly improve their nutrition status (MDG 4). The special website for enforcement of food safety law will advocate knowledge and tools to systemically ensure availability of safe food to all the Chinese people (MDG 4,5). Training of journalists in the pilot counties will help to disseminate knowledge on maternal and child health more widely (MDG 4,5). The current situation with improvement of child nutrition and food safety initiative have also been investigated which has laid solid basis for effective and specific interventions in future (MDG 4,5).

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

## Section IV: General Thematic Indicators

### 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	3708
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	12,000
No. Urban	
No. Rural	12,000
No. Girls	5550
No. Boys	6450

### 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**

**1.4 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  
Pregnant Women  
Boys

**Food fortification**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women

Boys

**School feeding programmes**

National

Local

Urban

Rural

Girls

Pregnant women

Boys

**Behavioural change communication**

National

Local 2550

Urban

Rural 2550

Girls 880

Pregnant women

Boys 880

**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 4500  
Urban  
Rural 4500  
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

**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 5  
Local

**Laws**  
National 6  
Local

**Plans**  
National 5  
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 2  
Local  
Total 2

## MDG-F Monitoring Report

### b. Joint Programme M&E framework

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<b>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</b>								
1.1 Food Security Situation in pilot counties understood by policymakers	1.1.1 Comprehensive food security indicators. Completed survey and a briefing workshop held	N/A	Report published	The activity is completed.	Publish of survey report and briefing workshop held	Report presented	WFP CAAS-MOA	None.  Completed finished
	1.1.2 Nutritional status information on women and children in 3 intervention counties reported to policy makers	information not available.	The information on micronutrients deficiency of women and children collected.	Samples randomly chosen. Information on Dietary intake and IYCF collected. Veins blood of women and children collected for laboratory test of micronutrients deficiency. The laboratory result is finished. The baseline survey report is finalized	Questionnaire interview and laboratory test results.	Nutrition status survey analysing anthropometric, micronutrients status and IYCF and basic child health indicators in August 2010 and August 2011 Questionnaires Vein blood collection to have laboratory	UNICEF Institute of Nutrition and Food Safety, China CDC	The laboratory tests have not good quality control



## MDG-F Monitoring Report

						tests of the nutrients,		
1.2.Targeting and monitoring improved through availability of improved national database on nutritional status of women and children	Nutrition and child feeding data available for the six pilot counties and incorporated into national surveillance systems.	No data available	Data available and incorporated	Baseline was survey conducted in November 2010. Baseline household survey data and report are available Discussion with Government planned.	Baseline coverage survey implemented . Indicators of national nutrition database compared with standard WHO indicators.	Baseline and endline household surveys (2010 and 2012)	WHO – support standardisation and conduct of survey in 3 control counties; support indicator comparison. UNICEF – support conduct of survey in 3 intervention counties.	<u>Assumption:</u> WHO and UNICEF, CIP and CDC, agree on a common survey instrument. INFS agrees to adjust national database <u>Risk:</u> Use of different survey instruments. Parallel systems keep existing.
<b>JP Outcome2 Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties</b>								
2.1 Exclusive breastfeeding increased and quality of complementary food and micronutrient supplementation improved	2.1.1 Complementary food supplements(CFS) in 3 counties reaching 9000 children aged 6-24 months by Year 3. The coverage of CFS The compliance of CFS. Quality of product	To be assessed	At least 95% of the target children receive CFS one time. At least 80% of children who received CFS consume CFS more than 3 times per week.	Project launched, Plans for assessment developed , Procurement of supplements finished, training materials developed. Ying Yang Bao and communication materials have been delivered to households with children aged 6-23 months. Around 12000 children benefiting. Communication	Regular report from provincial level	Report form and telephone interview the collected parents Every 6 months	UNICEF	Rumours on fortified complementary food will impact coverage and compliance of complementary food supplement

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				campaigns at county, township and village levels are conducted.				
	2.1.2 Data on infant food availability and on infant feeding preferences, knowledge and practice coverage available.	No data available	Data available	Baseline coverage survey conducted in November 2010. Feeding preference survey conducted in November 2010. Data on infant feeding preference available and analysis report developed	Baseline coverage survey implemented . Feeding preference studies conducted. Survey report developed	Baseline and endline household surveys (2010 and 2012) Feeding preference studies conducted by Q4 2010	WHO – support standardisation and conduct of survey in 3 control counties; support local food studies.	<u>Assumption:</u> Necessary tools and external technical support can be made available. <u>Risks:</u> Tools and support cannot be made available
	2.1.3 National Code of marketing of breast milk substitutes revised	No data available	National Code revised	The draft of the revised code available and sent to the relevant Ministries and WHO/CO and WPRO for comment	The final version will be available	By the end of 2011	WHO MOH, CIP	The revised code will be approved by the government
	2.1.4 Increase by 25% the number of businesses providing the right to and capacity for continuing breastfeeding upon return to work in the pilot counties by Year 3.	No data available	National policies and legislation, and enterprise practices on maternity protection reviewed and improved.	Baseline survey on maternity protection at enterprise level conducted in Wuding county and the survey report is available;  Training for county union and enterprise unions' representatives conducted respectively in Dec. 2010 and Sep. 2011.  Main findings of the survey report were shared with representatives from	The baseline report was shared with the WHO, ACFTU  The baseline survey information-sharing workshop was held in Sep. 2011 to share survey findings and discuss with the county	This research adopted a mixed research methods approach, involving both quantitative questionnaire surveys and qualitative interviews via on-site visits to the enterprises and public sector	ILO provided guidance and technical advice/inputs in the process of designing the questionnaire s, training for interviewers, and finalizing the survey report.  ACFTU selected the national	Assumption: Quality is ensured by the ILO through technical guidance and inputs, and close cooperation with the ACFTU and the local trade unions in all stages of the project.  Risks: Lack of strong

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				<p>Wuding government, employers, trade unions, and women's federations; follow-up measures to improve maternity protection at the enterprise level were also discussed in Sep. 2011.</p> <p>The survey report was also shared with Women Workers' Department, ACFTU for their references on revising the <i>Regulations Concerning the Labour Protection of Female Staff and Workers</i></p>	<p>stakeholders on the follow-up actions.</p> <p>The report was also shared with Women Workers' Department, ACFTU for their references on revising the <i>Regulations Concerning the Labour Protection of Female Staff and Workers</i>.</p>	<p>organisations in Wuding County</p>	<p>consultant, organised and conducted the baseline survey, and prepared the report together with national consultant.</p>	<p>commitments by policy makers and employers in improving the current situation of maternity protection.</p>
<p><b>2.2 Household dietary intake of micronutrient-rich, locally-available food increased in 3 pilot counties</b></p>	<p>Proportion of diet made up by locally available micronutrient rich foods in pilot areas.</p>	<p>To be set as per baseline survey report</p>	<p>Target: increase 30% by Year 3.</p>	<p>The baseline survey was completed.</p> <p>Supply of agri-inputs to local farmers in the project counties was completed.</p> <p>Nutrition education materials development and training in progress.</p> <p>Agri-techniques training</p>	<p>Survey; Progress reports; Secondary information;</p>	<p>Survey; Progress report; Training report;</p>	<p>Component 2.2 is coordinated by FAO at the international level FAO also provides technical and managerial support for the programme.</p>	<p>Farmers in areas of most need reached by supplies distribution and training approach. Farmers reached with supplies and training are willing and able to apply</p>

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				material refinement and training in progress.				processes proposed. The low awareness of participatory approach among government counterpart institutions and local communities, which will result in higher difficulty in implementation . It will be important to get local government support, which seems likely since food security is a government priority, especially in poor areas.
2.3 National plan for food fortification in place and implemented	2.3.1 In-home food fortification plan developed and approved. Plan developed	There is currently no plan on food fortification	A plan for addressing micronutrients in high risk groups developed and costed	The nutrition intervention technical guidelines developed.	Working group notes for record	As and when meetings are held	UNICEF	Agreement by key sectors to attend these meetings and develop the plan
JP Outcome 3 <b>Food-related illness reduced through safer food production and preparation for children</b>								

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3.1 Food production for children made safer in pilot areas	3.1.1 Pilot enterprises trained in HACCP process by Year 3.	0	5	<p>Training materials have been compiled</p> <p>75% training complete in coordination with ILO and SAWS</p>	Monitoring report and evaluations on the project site.	Monitoring reports/spot evaluations carried out by project team;	UNIDO CNIS-AQSIQ	<p>Must ensure businesses are able and willing to complete the training process in the prescribed timeframe. Personnel cost and production time will be increased with implementation of HACCP. Counterpart will be asked to identify willing partners to mitigate against the above risks.</p>
	3.1.2 Increase in the capacity of pilot laboratories to perform food safety monitoring by Year 3.	0	4	<p>Training materials have been compiled</p> <p>75% trainings completed</p>	Monitoring report and evaluations on the project site.	Monitoring reports/spot evaluations carried out by project team; list of training participants	UNIDO CNIS-AQSIQ	<p>Laboratories must be able and willing to complete the training process in the prescribed timeframe. It will thus be important to, working closely with the local counterparts, select suitable laboratories, work closely</p>

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								with them, and monitor progress. Information sharing and the translation of needed materials will also be important.
	3.1.3 Increase in the capacity of food safety/quality inspectors to carry out food safety monitoring by Year 2	0	30	<p>Training materials have been compiled</p> <p>75% trainings completed</p>	<p>Quality of monitoring or evaluation reports;</p> <p>Interviews with food safety/quality inspector.</p>	<p>Monitoring reports/spot evaluations carried out by project team after each training is completed.</p> <p>List of training participants.</p>	<p>UNIDO</p> <p>CNIS-AQSIQ</p>	<p>In order to overcome resistance to using the new manuals developed by this project, it will be important to develop materials in the context of existing guidelines and practices, and to conduct training on new materials highlighting the benefits and improvements of the new methodologies. Monitoring and evaluation will also be key to</p>

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								ensuring the new manuals are adopted.
	<p>3.1.4 Guidelines on safety and health at work including the safe use of chemicals in industries producing child nutrition products developed and 8 businesses applying them by Year 3.</p> <p>50 OSH inspectors trained to provide quality services to the businesses</p>	<p>0 businesses</p> <p>0 OSH inspectors</p>	<p>5 businesses</p> <p>75 OSH inspectors</p>	<p>The <i>Training Manual on OSH in Food Production Enterprises</i> has been developed and printed out;</p> <p>The <i>Guideline on OSH in Food Production Enterprises</i> has been developed;</p> <p>The Training Manual for OSH inspectors has been developed and printed out ;</p> <p>Two rounds of training for 5 pilot enterprises on OSH have been implemented;</p> <p>Trainings for OSH inspectors on work safety for Guizhou and Yunnan OSH inspectors at the provincial, prefecture and county levels have been conducted in early Nov. 2011</p>	<p>Published training materials and the guideline.</p> <p>Business reports demonstrating their application of the training knowledge.</p>	<p>Collection and maintenance of guidelines.</p> <p>Audits completed by Year 3</p>	<p>ILO</p> <p>SAWS</p>	<p>The enterprises are willing to cooperate on improvement of chemicals management and OSH management. SAWS will identify responsive enterprises.</p> <p>ILO and UNIDO have previous experience on implementing enterprise programmes together, so risks related to this are low.</p>
	3.1.5 Management plans developed for target sectors in	No such management plans	Management plans for two pilot provinces	First draft of management plan and policy advice completed for both pilot provinces	Management plans; government dialogue;	Research report; minutes of government	UNIDO CNIS-AQSIQ	Governments are willing and committed to developing

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	pilot areas in Year 3				expert dialogue	dialogues; management plans		management plans; management plans do not overlap with any other current policy developments. Good relations with counterparts will be key. Many organizations look at policy and standards, so we must be aware of policy developments and clearly focussed.
<b>3.2 Handling and preparation of food for infants and children made safer</b>	3.2.1 Selected primary and secondary schools, hospitals/departments of gynaecology obstetrics and paediatrics, and women's association in the six counties trained or made aware of WHO's Five Keys to Safer Food, by Year 3.	0	primary and secondary schools, hospitals and women's association groups in the six counties trained by Year 3.	IEC materials have been developed and printed. IEC activities conducted.	Various IEC product such as leaflet, computer mouse pad, apron, door curtain	Baseline survey, technical consultations, field visit	WHO	MOE, MOH, UNESCO and WHO coordinate closely by holding regular meetings. Revive Working Group on Food Safety and Schools. Make use of WHO's role coordinating



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								agency on food safety in China. The sample village are all accessible The local authority support the survey
	<p>3.2.2</p> <p>At least 15 schools in each selected target counties will integrate nutrition and food safety into school health education curriculum with 100% of their science and health education teachers as well as head teachers in pilot schools trained in the use of newly developed supplementary materials in classrooms by Year 3</p> <p>(This target is under revision)</p>	<p>Nutrition and food safety education not systematically planned and included in school teaching and learning activities.</p>	<p>1 To train principals and science/health teachers from 50 schools of each project counties in the use of supplementary materials in classroom;</p> <p>2 To support 15 schools of each county to pilot integration of nutrition and food safety education in school teaching and learning and activities</p>	<ul style="list-style-type: none"> <li>- Policy analysis and needs assessment on nutrition and food safety education conducted</li> <li>- Supplementary teaching and learning materials including teachers' manual and students' textbooks for grade 1-9 developed</li> <li>- Training of 200 education officials, school administrators and teachers on integrating nutrition and food safety education in classroom teaching and learning</li> <li>- Test use of teaching and learning materials conducted in 4 primary and middle schools</li> <li>- Piloting of integration of nutrition and food</li> </ul>	<p>Annual progress report, policy analysis and field study report, supplementary learning materials prepared and used, teacher training reports available, school piloting reports</p>	<p>Site visits, school data provided by pilot schools</p>	<p>UNESCO</p>	<p>The capacity of local practitioners might be a challenge for integrating nutrition and food safety education in school teaching and learning. Training workshops for teachers will help ensure they understand and adopt the materials.</p>

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				safety education in school in 30 primary and middles schools being conducted				
<b>3.3 New national food safety law successfully implemented</b>	3.3.1 300 government officials, 500 legal personnel and 500 employees will be trained in the new food safety law.	N.A.	1) To promote the improvement of China's food safety law and its supportive regulations, rules and judicial interpretations. 2) To strengthen legal awareness, legal knowledge and the ability of applying laws of the food safety law enforcement agencies, operators and consumers as well.	Research Center for China Food Safety Law was launched in Aug. 2010. Expert consultation seminar on food safety law was convened and suggestions of adding two crimes endangering food safety were incorporated to the 8 <sup>th</sup> Amendments to the Criminal Law; Training on food safety law is in process; China Food Safety Law website( <a href="http://www.foodlaw.cn">www.foodlaw.cn</a> ) was established; China's Food Safety Law magazine (bi-monthly) was launched and published 5 editions. New English table of contents and executive summary for each paper published have been added; the knowledge contest for Food Safety law was announced in June 2010 in major news media and is in process; establishment of experiment of food safety supervision mechanism is under preparation; Prize for food safety innovation	Annual progress report, on site visit, training evaluation. Tripartite program review of the progress and lessons learned. Monitoring mission	Progress reports and monitoring visits	UNDP NPC China Law Society	The government's willingness to accept policy recommendations is the key. The China Law Society intends to leverage its high standing and access to leaders to encourage adoption. High level officials will be engaged from the earliest research stages and in piloting and training to ensure their interest and acceptance.

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				Institution is in process; Field study on legal problems arising from food safety issues is under preparation; China Food Safety Law Summit will be held in August 2010.				
	3.3.2 New food safety law promoted and disseminated in partnership with civil society, especially to women's groups and local communities in pilot counties by Year 3	0	Women's groups (100 female cadres) will be trained and awareness on food safety raised among at least 1000 residents in the selected communities by year 3	Needs assessment conducted to examine women's awareness about the new food safety law, knowledge about nutrition and their need for food safety services/support ; A training manual on provision of rights-based services for women against food safety disputes developed; Trainings for local social workers and women's federation staff organized.	baseline reports , training manual	Training reports	UNESCO ACWF	National counterparts are able and have capacity to organize training in the geographical, cultural and societal contact of the pilot counties
	3.3.3 The establishment and testing of a documented food emergency response system and a food complaints system that are operational at county-level by Year 3	0	Target: Systems in place and operational at county-level by Year 3.	Conduct trainings to project personnel according to the FAO/WHO Food Safety Emergency Response System and Complaint System Guidelines and Food Safety Emergency Response System and Complaint System	Food Safety Emergency Response System and Complaint System Guidelines for China drafted .	Technical consultations, workshops and seminars.	WHO	All participating counties have the capacity to participate in the trial because their systems are adequately developed by the same time

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				Guidelines for China drafted  Food Safety Emergency Response System and Complaint System Guidelines				in Year 3. To ensure this, work with China CDC who have a food surveillance system. Local government support
	3.3.4 Training of trainers targeting regulators and food producers and traders on the new food safety law conducted at county-level by Year 3.	0	Training of trainers conducted at provincial-level by Year 1 and at county level by Year 3.	Baseline survey has been completed. Survey report submitted. Draft training material developed.  Training material targeting at food safety regulators and food producers completed	Training materials available.	baseline survey, seminars, pilot training	WHO	Ensure collaboration occurs between counterparts. Use Working group on food safety. The sample village are all accessible  The local authority support the survey
<b>JP Outcome 4 National child nutrition and food safety policies, guidelines, regulations and standards are revised according to results of the pilots and lessons learned are scaled up nation-wide</b>								
4.1 Development and printing of advocacy package for in-home food fortification	The advocacy package for in-home food fortification developed.	None	Advocacy package for food fortification especially covering high risk groups	advocacy package for in-home food fortification developed	Finalised versions of advocacy package	N/A	UNICEF	Continued interest by current working group

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<p>4.2 Media training of at least 100 journalists in pilot counties</p>	<p>At least 10% increase in articles on food security, safety and nutrition in target areas by Year 3 (Baseline: Media review through sampling in selected pilot counties)</p>	<p>Baseline assessment and training needs analysis conducted,</p>	<p>100 journalists from target areas trained and the impact assessed.</p>	<p>Baseline survey on media situation conducted, analysis of journalists' needs for training on reporting issues related to nutrition, food safety and security conducted, a journalist manual developed with information on nutrition, food safety and security as well as reporting skills. 100 journalists from six pilot counties and provincial capitals in Guizhou, Yunnan and Shaanxi provinces trained. News reports on food safety and nutrition has been collected and final assessment has been conducted.</p>	<p>Baseline survey report, needs assessment report, training manual and training reports</p>	<p>Site visits, media survey, training workshops, progress and assessment reports by national counterpart</p>	<p>UNESCO  Training centre of SARFT</p>	<p>Journalist professionalism to be improved  Ensure the sustainability of the training</p>
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### c. Joint Programme Results Framework with financial information

#### Definitions on financial categories

- **Total amount planned for the JP:** Complete allocated budget for the entire duration of the JP.
- **Estimated total amount committed:** This category includes all amount committed and disbursed to date.
- **Estimated total amount disbursed:** this category includes only funds disbursed, that have been spent to date.
- **Estimated % delivery rate:** Funds disbursed over funds transferred to date.

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	ESTIMATED IMPLEMENTATION PROGRESS			
		Y1	Y2	Y3			Total Amount Planned	Estimated Total Amount Committed	Estimated Total Amount Disbursed	Estimated % of Delivery Rate of Budget
<b>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</b>										
<b>1.1 Food security situation in pilot counties understood by policymakers</b>	1.1.1 Comprehensive food security and vulnerability analysis completed in each of the six counties by Year 1	X			WFP	MoA and CAAS	115,000	115,000	115,000	100
	1.1.2 Data on anaemia, iron, vitamin A, zinc, folic acid, vitamin B12 deficiencies for children and women available from a micronutrient survey of the six pilot counties documented and available by Year 1	X	X		UNICEF	MOH	192,000	96,000	147,057	153.2
<b>1.2 Targeting and monitoring improved through availability of an improved national database on nutritional status of women and</b>	1.2.1 Nutrition and child feeding data incorporated into maternal and child health information systems by Year 2	X	X		WHO	MOH	101,250	32,936	32,936	100

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children										
JP Outcome2 <b>Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties</b>										
<b>2.1 Exclusive breastfeeding increased and improved quality of complementary food with micronutrient supplements</b>	2.1.1 Complementary food supplements in 3 counties reaching 9000 children aged 6-24 months and prenatal supplements reach 9000 women of child bearing age respectively by Year 3	X	X		UNICEF	MOH	412,150	372,150	372,150	100
	2.1.2 (A) Community based breastfeeding support model available  (B) 30-50% increase in exclusive breastfeeding for six months (baseline to be determined by initial survey).  (C) 30% of women's groups begin campaigns (baseline is no groups currently campaigning)	X	X		WHO	MOH	281,250	94,415	62,069	65.7
	2.1.3 (A) A national plan on the Code on Marketing of Breast Milk Substitutes is documented by Year 3 (baseline is that it is not currently included in a national plan).  (B) The code has been the basis of training on breastfeeding in 100% of those hospitals taking up the Baby Friendly Hospital Initiative nation-wide.	X	X		WHO	MOH	75,000	53,795	27,868	51.8
	2.1.4 Increase by 25% the number of businesses providing the right to and capacity for continuing breastfeeding upon return to work	X	X	X	ILO	ACFTU	137,000	103,916.81	72,075.67	50

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	in the pilot counties by Year 3									
<b>2.2 Household dietary intake of micronutrient-rich, locally-available food increased in 3 pilot counties</b>	2.2.1 Increasing by 30% proportion of diet made up by locally-available, micronutrient-rich foods in pilot areas by Year 3 (Baseline will be determined from joint survey)	X	X		FAO	MOA	1,048,600	647,083	419,288	64.8
<b>2.3 National plan for food fortification in place and implemented</b>	2.3.1 Food fortification plan developed and approved. Baseline: there is currently no plan; Indicator: approved plan by Year 3	X	X	X	UNICEF	MOH	155,000	127,150	112,093	88.2
<b>JP Outcome 3 Food-related illness reduced through safer food production and preparation for children</b>										
<b>3.1 Food production for children made safer in pilot areas</b>	3.1.1 4-6 enterprises in 2 provinces trained in HACCP trained by year 3	X			UNIDO	CNIS-AQSIQ	543,000	338,,449	299,070	88
	3.1.2 Four laboratories trained in standardization and management capacity related to food safety and quality by Year 3	X								
	3.1.3 Thirty inspectors trained in standardization and management capacity related to food safety and quality by Year 3	X								
	3.1.5 Management plans and policies advise developed/ formulated for target sectors in pilot areas by Year 3	X								
	3.1.4 Guidelines on safe and healthy work processes including chemical safety in industries producing child nutrition products developed, applied in 8 businesses and used and enforced by 50 OSH inspectors by Year 3.	X			ILO	SAWS	313,000	167,904.81	164,221.27	91
<b>3.2 Handling and</b>	3.2.1 Selected primary and	X			WHO	MOH	360,000	120,000	64,000	26.7



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<b>preparation of food for infants and children made safer</b>	secondary schools, hospitals/departments of gynaecology obstetrics and paediatrics, and women's association in the six counties trained or made aware of WHO's Five Keys to Safer Food, by Year 3.									
	3.2.2 Collection of national policy documents and curriculum materials; needs analysis of rapid assessment of teaching and learning methods and materials in health and nutrition education in schools; consultation meetings with experts, teachers, parents and community members and development of outline for supplementary materials	X	X	X	UNESCO	MoE School of Public Health of China Central South University	209,993	152,000	132,000	81.5
<b>3.3 New national food safety law successfully implemented</b>	3.3.1 300 government officials, 500 legal personnel and 500 employees will be trained in the new food safety law. Formation of industry CSR association. Government implements suggested policy changes.	X	X	X	UNDP	CICETE	450,000	414,974	333,596.6	80.4
	3.3.2 Taking into account the results and findings from the survey, form expert teams, develop training materials, and organize training of trainers. Raising awareness through rights-based training for women's groups and local communities on the new food safety law.		X		UNESCO	ACWF	89,250	57,544	48,844	75.1
	3.3.3 The establishment and	X	X	X	WHO	MOH	200,000	130,000	65,000	40.6

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	testing of a documented food emergency response system and a food complaints system that are operational at county-level by Year 3									
	3.3.4 Training of trainers targeting regulators and food producers and traders on the new food safety law conducted at county-level by Year 3.	X	X	X	WHO	MOH	70,000	25,000	12,000	26.7
<b>JP Outcome 4 National child nutrition and food safety policies, guidelines, regulations and standards are revised according to results of the pilots and lessons learned are scaled up nation-wide</b>										
4.1 Advocacy package to convince of need to scale up to higher level	10,000 copies of an advocacy package produced and meetings held at national and participating provincial and county levels by Year 3	X	X	X	UNICEF	INFS, China CDC	135,850	98,850	62,850	63.6
4.2 Media training of at least 100 journalists in pilot counties.	Drawing on conclusions from other components of the program and in consultation with other agencies, develop media training curriculum. Survey existing media reports through sampling in selected pilot counties. Conduct a planning meeting, identify how to engage media in relation to those advocacy issues previously determined. In cooperation with UNICEF, conduct media trainings and assess the impact of training.	X	X		UNESCO	UNESCO SARFT Training Center	89,700	73,898	73,898	92.4
WFP management fee							13,720	8,050	8,050	100
FAO management fee							68,600	51,800	33,566	64.8
ILO management fee							31,500	22,400	8,020	35.8
UNDP management fee							29,439	19,626	15,779	80.4
UNICEF management fee							62,650	48,590	35,707	73.5
UNESCO management fee							27,226	19,841	17,832	89.9

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UNIDO management fee	38,010	23,946	19,390	80.9
WHO management fee	113,540	75,740	75,740	100
<b>Project preparation / formulation (funds administered by UNDP)</b>	20,000	20,000	20,000	100
<b>Programme Coordinator (funds administered by WHO)</b>	240,000	160,000	160,000	100
<b>PMO budget (funds administered by WHO)</b>	90,000	60,000	35,000	58.3
<b>RC Office (funds administered by UNDP)</b>	60,000	40,000	40,000	100
<b>Total Planned Budget without management fee</b>	<b>5,607,477</b>	<b>3,693,676</b>	<b>2,778,727</b>	<b>75.2</b>
<b>Management fee for MDGF (7%)</b>	<b>392,523</b>	<b>269,993</b>	<b>214,084</b>	<b>79.3</b>
<b>Total</b>	<b>6,000,000</b>	<b>3,963,669</b>	<b>2,992,811</b>	<b>75.5</b>