IMPROVE NUTRITION, FOOD SAFETY AND FOOD SECURITY FOR CHINA'S MOST VULNERABLE WOMEN AND CHILDREN

1. COVER PAGE

Country: China

UNDAF Outcomes

1. Social and economic policies are developed and improved to be more scientifically based and human centered for sustainable and equitable growth.
   - Focus Area 1: Growth with equity is integrated into national development policies and plans;
   - Focus Area 2: Agricultural and industrial sectors are more equitable and sustainable;
   - Focus Area 3: Policies and national planning are improved to ensure access to health, education and protection with focus on disparity reduction.
2. Enhanced capacities and mechanisms for participation, coordination, monitoring and evaluation for effective policy implementation in the social sectors.
   - Focus Area 1: More effective policy implementation in social development sectors;
   - Focus Area 2: Policy implementation is promoted in the area of social protection.

Joint Programme Outcomes

1. Policy decisions and targeting are informed by reliable and up-to-date evidence on the magnitude, distribution, types and causes of undernutrition in China;
2. Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties;
3. Food-related illnesses reduced through safer food production and preparation for children;
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.

MDGs Addressed:

MDG 1: Eradicate extreme poverty and hunger
MDG 4: Reduce child mortality
MDG 5: Improve maternal health

Programme Duration: 3 years

Anticipated start/end dates: 2009-2012

Fund Management Option: Pass Through

Managing or Administrative Agent: UNDP Multi Donor Trust Fund Office, New York

Total estimated budget: USD 7,000,000
Sources of funded budget:
- Government (in kind) USD 1,000,000
- MDG-Fund USD 6,000,000

Distribution by participating UN agencies:
- FAO USD 1,048,600
- ILO USD 481,500
- UNDP USD 567,100
- UNESCO USD 418,880
- UNICEF USD 957,650
- UNIDO USD 581,010
- WFP USD 209,720
- WHO USD 1,735,540

Signatures:

On behalf of the Government of China
Ministry of Commerce (MOFCOM) Name: Vice Minister Yi Xiaozhun Signature Yi Xiaozhun Date & Seal 20 Nov 2009
On behalf of the Government of Spain
Ambassador of Spain in China Name: H.E. Mr Carlos Blasco Villa Signature Date & Seal 6 Nov 2009 EMBAJADA DE ESPAÑA 西班牙大使馆 北京 PEKIN
On behalf of the United Nations
UN Resident Coordinator in China Name: Mr Khalid Malik Signature Date and Seal 5 Nov 2009

List of Partners (in Alphabetical Order)

All-China Federation of Trade Unions (ACFTU)

All-China Women's Federation (ACWF)

Capital Institute for Paediaetrics (CIP)

Chinese Center for Disease Control and Prevention (China CDC)

China Enterprise Confederation (CEC)

China International Center for Economic and Technical Exchanges (CICETE)

China National Institute of Standardization - General Administration of Quality Supervision, Inspection and Quarantine (CNIS-AQSIQ)

China Law Society (CLS)

Food and Agriculture Organization of the United Nations (FAO)

Global Alliance for Improved Nutrition (GAIN)

International Labour Organization (ILO)

Institute of Nutrition and Food Safety, China CDC (INFS)

Ministry of Agriculture (MOA)

Ministry of Commerce (MOFCOM)

Ministry of Education (MOE)

Ministry of Health (MOH)

National Bureau of Statistics (NBS)

National Institute of Nutrition and Food Safety (NINFS)

State Administration of Radio, Film and Television (SARFT)

State Administration of Work Safety (SAWS)

United Nations Development Programme (UNDP)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

United Nations Children's Fund (UNICEF)

United Nations Industrial Development Organization (UNIDO)

World Food Programme (WFP)

World Health Organization (WHO)

Abbreviations

ACFTU: All-China Federation of Trade Unions
ACWF: All China Women's Federation
CAAS: Chinese Academy of Agricultural Sciences
CDC: Chinese Center for Disease Control and Prevention
CDRF: China Development Research Foundation
CEC: China Enterprise Confederation
CFSVA: Comprehensive Food Security and Vulnerability Analysis
CICETE: China International Center for Economic and Technical Exchanges
CIP: Capital Institute for Paediatrics
CLS: China Law Society
CNIS-AQSIQ: China National Institute of Standardization -- General Administration of Quality Supervision, Inspection and Quarantine
CNNH: China National Nutrition and Health Survey
COMBI Communication for Behavioral Impact
CPAP: Country programme action plan
CSO: Civil Society Organization
FAO: Food and Agriculture Organization of the United Nations
FECC: Foreign Economic Cooperation Center, Ministry of Agriculture
FFI: Flour Fortification Initiative
FRESH: Focusing Resources on Effective School Health
GAIN: Global Alliance for Improved Nutrition
HACCP: Hazard Analysis and Critical Control Point
IEC: information, education and communication
IFAD: International Fund for Agricultural Development
ILO: International Labour Organization
INFOSAN: AO/WHO International Food Safety Authorities Network
INFS: Institute of Nutrition and Food Safety
IYCF: Infant and young child feeding
JPM: UN Joint Programme Manager
JPMC: Joint Programme Management Committee
MDG: Millennium Development Goals
MDTF: Multi Donor Trust Fund
MOA: Ministry of Agriculture
MOE: Ministry of Education
MOFCOM: Ministry of Commerce
MOH: Ministry of Health
MOHRSS: Ministry of Human Resources and Social Security
NBS: National Bureau of Statistics
NWCCW: National Working Committee on Children and Women
NPD: National Programme Director
NSC: National MDG Fund Steering Committee
NTD: Neural tube defects
NGO: Non-Governmental Organization
OSH: Occupational Safety and Health
PMO: Programme Management Office
SARFT: State Administration of Radio, Film and Television
SAWS: State Administration of Work Safety
UBW: Unified Budget and Workplan
UNDAF: United Nations Development Assistance Framework
UNDP: United Nations Development Programme
UNESCO: United Nations Educational, Scientific and Cultural Organization
UNRC: United Nations' Resident Coordinator
UNICEF: United Nations Children's Fund
UNIDO: United Nations Industrial Development Organization
VMD: Vitamin and mineral deficiencies
WFP: World Food Programme
WHO: World Health Organization

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2. EXECUTIVE SUMMARY

Worldwide evidence paints a clear picture that as a result of undernutrition and a poor dietary intake in the earliest months of life, many millions of children under five die, and millions more are permanently physically and mentally disabled. If undernourished by the age of 2 years, children can suffer irreversible physical and cognitive damage, affecting their future health, economic well-being, and welfare. The consequences of insufficient nourishment continue into adulthood and are passed on to the next generation as undernourished girls and women have children of their own. What is needed to better address this public health tragedy is a greater focus on those strategies that are most effective including exclusive breastfeeding for 6 months; fortification; and supplementation in association with making progress on eradication of poverty.

While China's progress on eradicating poverty and hunger is widely acknowledged to be among the world's best, FAO estimates that there are still approximately 120 million Chinese people undernourished and UNICEF reports that 7.2 million of the world's stunted children (4%) are located in China. In addition, national averages mask massive disparities. The prevalence of underweight children in rural areas (10%) in 2005 was five times that among children in urban areas (2%). Even within rural areas, the disparities are marked. Furthermore, micronutrient deficiencies have improved little in the last 10 years, and may even be worsening. Anaemia rates among children were 19.3% in 2005, but as high as 80% in the poorest counties. Almost half of all children in rural areas have marginal vitamin A deficiency.

There are no national surveys on breastfeeding using internationally accepted standards, but according to UNICEF, the rates of exclusive breastfeeding are extremely low. One study conducted in Zhejiang using UNICEF's standard definition for exclusive breastfeeding found rates as low as 1-10%. Most workplaces do not facilitate breastfeeding for working women. On top of this, the gains made in nutritional status due to general economic development may be thinning out. Thus the focus needs to be on those successful interventions with proven effectiveness in addressing undernutrition.

In addition to undernutrition, foodborne illnesses are estimated to affect 300 million people in China annually. The Chinese national foodstuffs survey found that nearly 15% of food for domestic consumption failed to meet acceptable standards in the first half of 2007. Recent events have shown that consumers in countries which import Chinese food products may also be affected. Inadequate food safety is especially worrying for poor undernourished children, whose resistance to disease and access to healthcare is limited. Despite efforts to promote breastfeeding, infant formula is still widely used for children under 6 months of age and beyond. A widely covered incident in late 2008 involved a nation-wide recall of infant formulas after many batches were found to be contaminated with the chemical melamine highlighted vulnerabilities in the system and in the population. China's Ministry of Health reported over 50,000 children were hospitalized and almost 300,000 suffered adverse consequences.

Despite ratification of ILO Chemicals Convention (No.170) in 1995, accidents related to poor chemicals management in food-processing industry are common. Outbreaks of food poisoning are regularly linked to food prepared in schools and kindergartens. Thus the joint programme will support the Government's efforts to improve food safety, focusing in particular on products aimed at children, and on safe food preparation in hospitals, schools and kindergartens. It will use a rights-based approach in engaging civil society, particularly women's groups, in training on the new food safety law and its complaints system.

The Joint Programme will focus on the at-risk population of approximately 1.8 million children and women of child-bearing age by piloting a comprehensive approach to food security, child and maternal nutrition in six of the poorest counties. The pilot counties selected have been identified through statistical analysis as scoring poorly on a composite of indicators such as food availability, physical and economic access to food, nutritional intake, access to water, health facilities and sanitation. They are located in mostly remote areas.

The Joint Programme will aim to do the following:

1. Improve the evidence of women and children's food security[1] and nutrition through a baseline study and mainstreaming of internationally recognized nutrition indicators in national maternal child health surveillance exercises.

2. Improve nutritional intake through the promotion of exclusive breastfeeding for six months; provision of nutritional supplements for women and children; and formulation of a national food fortification strategy.

3. Improve food safety, especially for child nutrition products, through introduction of international standards in production, processing, testing and preparation of food; awareness of food safety issues will be promoted through schools, consumer groups, women's groups and the media; and support to implementation of the new food safety law.

4. Gather the evidence gained through the demonstration projects in the pilot counties to build a advocacy package aimed at persuading policymakers to scale up interventions.

Decades of UN experience in China have shown that successful pilots are often adopted by the government and applied nationally using domestic resources. Hence, for a limited investment, the UN can help achieve a much wider impact.

In October 2008 the Central Committee of the Chinese Communist Party stated that it was "putting food security for its 1.3 billion people as the top priority" by strengthening agricultural development. However, 'food security' in China tends to be equated with adequate grain supply, while nutrition and food safety suffer from fragmented approaches and mandates. The comparative advantage of the UN Country Team is its ability to bring together multiple sectors including agriculture, health, education, poverty alleviation, media and the food and nutrition industry, in addition to bringing international expertise and best practice to the fore.

The partners in the Joint Programme all bring their extensive experience in China and the selected interventions that are required for effectively improving nutrition, food safety and food security for China's most vulnerable women and children. They have forged links with each other and the relevant national actors. WHO, FAO and UNICEF have collaborated extensively with the Ministry of Health and Chinese Center for Disease Control and Prevention on the formulation and promotion of dietary guidelines and food fortification; WHO, FAO and UNIDO have good partnerships on food safety; ILO has technical cooperation on safety in industries and good partnerships on women's employment practices; UNESCO has strong links to the Ministry of Education and education system as well as local media for promotion of nutrition messages; and UNDP has a long partnership with Government in the formulation of new laws, and advising on and supporting their implementation. WFP has worked closely with FAO and the Ministry of Agriculture on comprehensive food security and vulnerability analysis.

These relationships and programmes ideally place the UN team to address food security issues. Neither the international financial institutions, nor the bilateral donors currently have any programmes addressing child nutrition in China. The Joint Programme will, for a sustainable outcome, link effectively with existing national policies and programmes and partners. Food security, nutrition and food safety are all in line with the United Nations Development Assistance Framework for China, particularly Outcomes 1 and

[1] Note that for the purposes of this programme, the definition for "food security" will be the one endorsed at the World Food Summit in 1996: "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life." This encompasses food availability, access, utilization, nutrition, vulnerability to disasters and food safety.

2, which mesh with the government's goal to promote scientifically-based, people-centered, balanced development. For the first time, the government explicitly proposed action on nutrition in its 11th five year plan (2006-2010).

Lastly, one of the positive outcomes will be a stronger, unified UN voice on nutrition in China.

3. SITUATION ANALYSIS

The United Nations Development Program (UNDP) defines poverty not only as insufficient income, but as the exclusion of opportunities and the right to choose opportunities essential for human development. Such opportunities and human rights to choices lead people to prolonged, healthy, and creative lives, benefiting their dignity, freedom, self-esteem, and respect. The Government of the People's Republic of China (hereafter referred to as "China") has made great strides addressing poverty, hunger and communicable diseases. However, food insecurity and malnutrition in China remain an obstacle to alleviating poverty and well-being. The burdens of both malnutrition and unsafe food are areas of continued concern and priority action by the Government, industry and the people.

The 2002 National Health and Nutrition Survey showed the dietary pattern of rural Chinese residents had improved over previous years. The prevalence of underweight children under age five declined 57% between 1990 and 2002 to 7.8%, and stunting decreased from 33.4% to 14.3% during the same period. According to the 2008 MDG report, the proportion of people consuming less than the minimum recommended energy intake level declined from 17% in 1990 to 7% in 2002.

However, these improvements should not mask the continued problem of malnutrition in rural areas, which is two to three times greater than in urban areas. For example, more than 29% of children born in poor rural areas are mildly or moderately stunted. The average heights of male and female children (3-18 years) in rural areas are 4.9 and 4.2 centimeters lower than that of boys and girls in urban areas. This disparity can be principally attributed to differences in child nutrition. In rural areas, growth retardation at one year of age was found in 20.9% of children on average, and in poverty-stricken areas, it reached as much as 34.6%. Poor breastfeeding practices, particularly inadequate duration of exclusive breastfeeding, and lack of high quality complementary foods in rural areas could be the major causes for these problems.

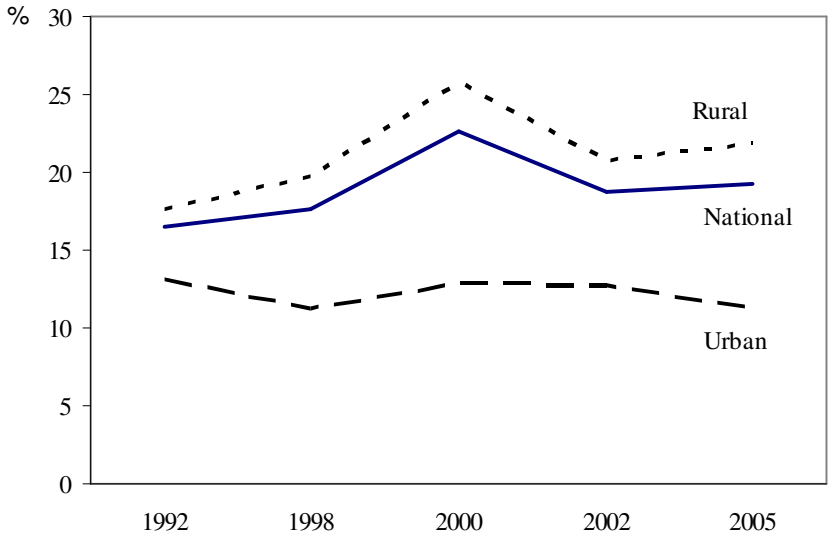
Government has set a national target of 85% breastfeeding up to four months by 2010. With current rates of non-exclusive breastfeeding during the first 6 months at 70% – far lower if you use the UNICEF/WHO definition of exclusive breastfeeding without supplementation with any other foods or fluids – active measures are needed to promote breastfeeding. As breastfeeding problems and mothers returning to work are often the main reason for discontinuing breastfeeding, providing support on breastfeeding management to mothers and promoting continued breastfeeding upon return to work are important strategies for meeting the national target.

The disparities across China are identified in China's 2008 MDG report, as well as in "A Report on the Status of China's Food Security" (2008) which noted that China still has more than 91 million people (7.3% of total national population) who are likely to experience food insecurity. This report was the first of its kind to look at food security in its broad sense – not just focusing on food supply at national level, but at food availability, access, consumption and utilization in the nationally-targeted poverty counties. It was based on the availability of statistical data at national, provincial and county level. Many of the 271

counties where most of these 91 million people live are associated with a poor and fragile ecological environment. Micronutrient[2] deficiencies continue to result in higher morbidity in such areas.

While China is moving towards elimination of iodine deficiency disorders, some provinces still have rates of iodized salt consumption well below the national level. Iron deficiency anaemia remains a pervasive problem, causing health problems and increased mortality among pregnant women and children. There is no indication of significant improvement in the rate of anaemia in children in recent years. Anaemia prevalence is highest in children aged between 6 and 12 months, affecting 34.3% in rural children and 22.4% in urban children, respectively. The anaemia picture for children aged under five years also remains poor with no significant improvements between 1992 and 2005 (see graph below).

Anaemia prevalence in children aged under 5 years (1992－2005)



Source: Nutrition Surveillance report 2006 – China CDC

In women, as in children, there has been no significant improvement in the rate of anaemia in recent years. The rate is 20% in women of childbearing age while it is 29% in pregnant women. In poor rural areas, the situation is even worse than the rural average. According to a UNICEF supported baseline survey conducted in 50 poor rural counties in 2006, anaemia rates, a proxy for iron deficiency, ranged from 30% to as high as 80% in children under five years old. Lack of improvement in anaemia rates is likely due to low bioavailability of iron sources in the diet, however, parasitic infections and other causes need to be investigated, as well as the contribution of other vitamin and mineral deficiencies. In China, at least 12 million children under five years old and over 80 million mothers are affected by iron deficiency and other vitamin and mineral deficiencies. In the 2002 China National Nutrition and Health Survey, 9.3% of children 3-12 years old (3% urban, 11% rural) had vitamin A deficiency while 45% (29% urban and 50% rural) had marginal vitamin A deficiency.

A study on folic acid status in China by researchers from Peking University published in 2002 showed deficiency in 30.1% of males and 12.5% of females, with much higher rates in northern compared to southern areas, especially during winter. The prevalence of neural tube defects (NTDs), which are linked

[2] Micronutrient-rich foods are foods that are rich in iodine, iron, and vitamin A.

to folate deficiency in the mother, varies from very low in the south, to one of the highest rates in the world in Shanxi province in the north, with 190 NTDs for every 100,000 live births. In a 2003 surveillance report by Peking University experts, a total of 160 NTD cases were identified among 11,534 births (meaning a prevalence of 138.7/10,000 births). Among 143 NTD mothers, only six had used folic acid supplements during the peri-conceptional period, corresponding to a rate of 4.2%. As a result of folate deficiency, 80,000-100,000 cases of NTDs are reported annually. China alone accounts for one third of global NTDs.

Supplementation and food fortification strategies can be important in meeting these acute micronutrient deficiencies. However, in poor rural areas these strategies need to be complemented by other food-based approaches such as home gardening, small-livestock raising and nutrition education at the community and household level to offer longer-term elimination of micronutrient deficiencies. At present, micronutrient supplementation is still the overriding approach to the control of micronutrient malnutrition, and multiple micronutrient supplements progressively supplant single micronutrients. There is a need for updated information on micronutrient deficiencies, demonstration of what would work in China in the short term, and increased advocacy for establishment of longer-term population based programmes such as food fortification.

It should also be noted that school is an important entry point to tackle the issue of malnutrition among children. China has one of the largest education systems, with nearly 300 million children and adolescents attending schools. In poor rural schools, there are concerns regarding inadequate diets which affect the growth and development of school age children.

Children, especially in rural areas, have insufficient intake of nutrient rich foods: their intake of vegetables, dairy and meat products is limited. In addition, urban children's energy share of crops is lower than the acceptable range of 55-65%, while rural children's energy share of protein remains lower than the acceptable range of 13-15%. The impact of unhealthy behaviors such as lack of exercise, missing breakfast, alcohol consumption and smoking is evident on children's health and learning ability. Diabetes, overweight and obesity and other such chronic diseases are affecting younger populations including children and adolescents. Malnutrition undermines school attendance and performance and is one of the major reasons for high school dropout and low retention rates, as well as poor academic performance in both rural and urban areas. Policy frameworks do exist and health education is a government priority. However, progress is hampered by the lack of strategic programming to put these policies into practice, in particular, lack of integration of nutrition and food safety education into systematic teaching and learning, the low priority given to health and nutrition topics, and the lack of teacher capacity. This programme will address these gaps and contribute to the reduction of food-related illness and undernutrition by developing children's awareness, healthy behavior and lifestyle through school education.

Recent food related health scares in China show that in addition to malnutrition, the safety of the food supply remains a major public concern. Foodborne illnesses can have far-reaching effects and are often traceable to the production process. The widely publicized milk contamination in 2008, in which the chemical melamine was found to contaminate milk powder and a variety of milk products, is one such example. This incident, which caused the death of six infants and compromised the health of over 300,000 children in China, highlights key problem areas in the national food production chain process. It was found that the contamination escalated at the production stage and was not identified through the current inspection system. Another incident related to milk powder occurred in 2004, when fake infant powder resulted in the fatal under-nourishment of babies in Anhui. This again points to the need for a more preventative approach, based upon the farm to table concept, good hygienic practices and businesses taking on more responsibility for the quality of their product, rather than relying on end-product testing regulatory control. These incidents indicate that more support is needed for food processing industries, and monitoring and inspection systems at the provincial as well as the national policy levels in China.

Therefore, the joint programme will, in addition to addressing food and nutrition security, also address food safety challenges throughout the production chain. Note that for the purposes of this programme, "food security" will encompass food availability, access, utilization, consumption and nutrition, and vulnerability (food safety) as well. At the industry level, according to the Chinese government, less than 1% of companies engaged in food processing have been awarded the Hazard Analysis and Critical Control Points (HACCP) certification. HACCP is an approach to assuring safe food production practices. Despite ratification of ILO Chemicals convention (No. 170) in 1995, accidents related to poor chemicals management in food-processing industry remain common. To ensure confidence and ensure quality of food producing enterprises to schools, orphanages and hospitals, the programme must build capacity of the industry on HACCP standards and on safe work processes, including chemical safety. According to the *White Paper on Food Quality and Safety* published by the State Council in 2007, "Large meat, dairy product, beverage and beer producers all have world first-class production and testing facilities, which guarantees the quality of their products". However, a study by the UN on food safety in China in 2008 noted that international support is still required to help coordinate food control management, and food safety testing and inspection at the laboratory and inspection level. The study also recommended that China unify food certification and qualification at the monitoring and inspection level, and establish a food safety standard system at the national level.

The impacts of food security, nutrition and food safety on health and social economic development lie in the notion that health is at the core of human development and nutrition, and access to safe and suitable food is a primary foundation for good health. Public health, safe food and nutrition are closely linked with China's economic development, its progress in terms of social civilization and its ability to compete internationally. China has made giant strides in improving the health of the urban and rural population. Ministry of Health statistics on 26 infectious diseases show the total prevalence rates have declined to less than 193 per 100,000 in 2003, and infant mortality had declined to 32 deaths per 1,000 live births by 2004. Thus, even as infectious diseases come under control, social and economic development continue to be placed at risk from the many preventable nutrition-related diseases which affect growth, development, and intellect in a permanent way with physiological and pathological impacts ranging from damage to the immune system and organ lesions, to disability, lost productivity, cognitive impairment, and a shortened life span. Much of the overall health status improvement in China is a result of improving living standards brought about by sustained social and economic development, especially since broad reforms and opening up to the outside world in the late 1970s. China is at a crucial stage of economic development. To tackle the remaining pockets of deep poverty and to slow growing disparity, the Government recognizes the need for better targeted, innovative approaches. By directly addressing food insecurity in the poorest of counties, the UN team in China can help to develop and test such approaches.

4. LESSONS LEARNED AND THE PROPOSED JOINT PROGRAMME

4.1 JOINT PROGRAMME AND RATIONALE

The UN agencies participating in this Joint Programme therefore propose a four-pronged approach to address information gaps, targeted interventions, safe food production and policy development. The approach is summarized by four broad output areas:

Outcome 1: Informing policy decisions so they can be better targeted for optimized effect by development of reliable and up-to-date evidence on the magnitude, distribution, types and causes of undernutrition in China.

Outcome 2: Development and application of an integrated and targeted approach for alleviating child hunger and undernutrition through a focus on increasing exclusive breastfeeding, safer and more nutritious complementary foods, school-based interventions and iron supplementation for women of reproductive age.

Outcome 3: Food produced, processed and prepared for infants and young children will be made safely through shared responsibility.

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.

Outcomes 1 and 2 from this programme address food security and malnutrition, and directly relate to two key outcomes of the UNDAF for China covering the period 2006-2010: (i) social and economic policies developed and improved to be more scientifically based and human centered for sustainable and equitable growth; and (ii) enhanced capacities and mechanisms for participation, coordination, monitoring and evaluation for effective policy implementation in the social sectors. The process is already underway to develop the UNDAF for China covering 2011 to 2015. It is likely the proposed programme will be at its mid-point once the next UNDAF is launched, but we would expect the key aims of the next framework would continue to be reducing poverty and improving health. We would hope that the work done and recommendations developed during the proposed Joint Programme could feed into and complement the development of the next UNDAF.

The link to national priorities is well illustrated by the fact that the goal to ensure national food security and main agricultural products supplies was prescribed in the 2020 blueprint of Chinese rural reform and development, which was formulated in October 2008 at the Third Plenary Session of the Communist Party of China Central Committee. It was further described in November 2008, when the Chinese Government issued the "National Food Security mid- and long-term Plan (2008-2020)". In January 2009, the Central Government's No. 1 document also focused on agriculture, rural areas and farmers, particularly on ensuring stable food production, increasing farmers' income, building agricultural infrastructure and enhancing people's livelihoods.

In addition, the National Plan of Action on Nutrition issued by the State Council in 1997 has several nutrition objectives to reduce undernutrition and specific vitamin and mineral deficiencies and related conditions. The plan aims to lower the prevalence of iron deficiency anaemia among children and pregnant women by one third of that in 1990, and reduce vitamin A deficiency. It is clearly aligned with the National Programme of Action for Child Development in China 2001-2010 which was developed by the National Working Committee for Children and Women (NWCCW) and includes nutrition objectives such as reducing anaemia in women by one third of 2000 levels and improving child feeding and nutrition. In addition, the right to breastfeeding breaks for women workers with an infant less than one year old is guaranteed in the "Regulation on Labour Protection for Women Workers" (1998). In 2006, a

WHO/UNICEF/UNFPA/MOH Maternal and Child health review identified micronutrient supplementation as one of the top 10 interventions for reducing infant mortality and maternal mortality in poor rural areas.

The Programme outputs will therefore contribute to MDG 1 target on reducing undernutrition, MDG 4 target on child mortality and MDG 5 on maternal mortality. The timeliness of this Programme is clear as the NWCCW is in the process of developing the next ten year Plan of Action for Children in China. This programme will facilitate involvement of key players and inclusion of specific strategies and realistic targets in the plan.

The Joint Programme's Outcome 3, focused on enhancing food safety for infants and young children, also directly addresses UNDAF's aims to achieve an increased emphasis on health sector issues in the 11th five year plan. Such outcomes align well with a Government commitment at the highest level to strengthening food safety control as an area of public health, economic and development significance. Highlighting this enhanced commitment to addressing the safety of the food supply, the Food Safety Law of the People's Republic of China, 2009, was adopted by the National People's Congress in February 2009. The legislation stipulates regulations and provision for the monitoring and assessment of food safety risks, food safety standards, and food production and business operations. This provides legislative backing for the implementation of activities under the Joint Programme. In addition, the Government's commitment to chemical safety in industries was marked by ratification of ILO Chemicals Convention (No. 170) in 1995.

The Joint Programme's fourth outcome also specifically involves scaling up – by using the evidence gathered and successful experiences from this and other similar programmes – to produce an advocacy package and orient key government officials and the media on what approaches are effective in children's food security, nutrition and food safety.

The overall outcomes of the Joint Programme are also in line with the National Human Rights Action Plan of China (2009-2010). Published in April, 2009, it has several references relevant to the Joint Programme. Under the section on economic, social and cultural rights, it highlights the right to basic living conditions and commits the government to "intensifying efforts in poverty alleviation work so as to smoothly solve the food and clothing problems of the target populations as soon as possible." The right to social security describes the system of Five Guarantees: food, clothing, housing, medical care, and burial expenses for elderly people, handicapped people and residents under the age of 16 living in the countryside…" Education expenses were added as an additional 'Guarantee' subsequently. Lastly, under the right to health, the National Human Rights Action Plan specifically addresses the need to "provide folic acid to rural women who are going to get pregnant and who are in their early pregnancy to prevent the birth of deformed babies." It also makes specific reference to the Food Safety Law, saying it will be enacted "and systems governing food and medicine production permits, compulsory test, market access, recall, and import and export inspection will be put in place, and examination and supervision will be strengthened over the implementation of the Law so as to ensure that the Law is enforced to the letter and our foodstuffs and medicines are safe."

4.2 LESSONS LEARNED

Over the years, the UN agencies involved have implemented numerous programmes, both in China and worldwide, which are relevant to the proposed programme. Key over-arching lessons that are particularly pertinent to this Joint Programme area as follows:

1. A multi-disciplinary approach, involving stakeholders from a range of institutions is the most effective way to deal with cross-sector problems, such as the primary production sector, the processing sector, private-public relationships, workplace relations, maternal and child health, hospitals, and consumers and consumer education, schools and education, etc.

2. A participatory approach is the most effective approach in policy-making and on-the-ground implementation. All relevant stakeholders have to be involved.
3. Sharing international experience is one of the key value-adds offered by UN programmes,
4. Capacity development and skill building is another of the key value-adds offered by UN programmes in China. Capacity building is the key to sustaining the results of the programme and will therefore be pursued with multiple institutions across multiple sectors and components.
5. Policies, plans and initiatives at the national-level often get stuck because of their multi-sectoral nature and difficulties in coordination at that level. Developing and trialling such policies, plans and initiatives at the local level enables both a more realistic and informed assessment of the local situation to be applied to their development, and enables local authorities, industries and consumer groups to apply a more easily coordinated approach that can better inform national approaches.
6. For policy formation, busy decision-makers in China need and welcome distilled policy briefs based on detailed analysis of the current situation by well-respected experts. Social dialogue and consultation are also important to policy formation. The multiplier effect of the media allows increasing significantly the advocacy outreach to both decision-makers and communities concerned.
7. The capacity for monitoring, analyzing, and reporting on progress towards established goals needs to be strengthened significantly.
8. Advocacy efforts should focus on areas with clear evidence of consequences and impact. Solutions should have simple operational mechanisms and low costs as much as possible.

More specific lessons learned as they apply to the particular foci of the Joint Programme are as follows:

4.2.1. Informing policy decisions on food security and nutrition through reliable and up-to-date evidence

Experience has shown the policy arena is one area where the UN can best leverage its support in China and where pilots using international standards can go on to influence nation-wide practice. In this context, the following expertise is of interest: WHO's global experience in developing indicators related to infant and young child nutrition, and growth and guides on their application; UNICEF's experience in working with nutrition surveys in a developing country context; WFP's experience in food security and vulnerability analysis; and the UN's capacity to introduce both participatory approaches to policy formulation and the distillation of key policy advice for decision makers. In addition, prior work on food security has also informed the UN that there is a clear need for all stakeholders to understand and apply the internationally-accepted concept of food security, when both obtaining evidence and informing policy decisions. This definition should consist of five aspects: food availability, access, utilization, consumption and nutrition, and vulnerability.

Because of China's large size, it would not be cost effective to carry out province-wide, let alone national, micronutrient surveys as done in other countries through MICS, DHS or other arrangements. Evidence-based policy recommendations can still be achieved by demonstrating that disparities exist through piloting and activities at the county/provincial level.

4.2.2 Evidence-based interventions reaching those in need to address food insecurity and undernutrition

Evidence-based interventions need to be the focus of activities to better address food security and undernutrition in mothers and children. Examples of successful programmes that should be part of such a Joint Programme in China include micronutrient supplementation during pregnancy, vitamin A supplementation for children 6 to 24 months of age, and breastfeeding promotion strategies including early initiation and exclusive breastfeeding for the first six months of life. The UN has significant experience in the promotion of these activities and recent efforts in Cambodia have shown that effective strategies to introduce exclusive breastfeeding can have a significant impact on behaviour change and on

health, if designed well for the local situation. While some interventions are the result of recent advances in research and technology, and their adoption is only beginning, others have been promoted for some time but are still not widely applied. Internationally WHO, UNICEF and ILO have shown leadership in developing policies and programmes to protect, promote and support breastfeeding. Lessons learned by UNICEF and WHO point to the importance of a multi-layered approach being taken to the introduction of successful strategies, including national advocacy campaigns, strengthening awareness, and commitment to the strategies by the health sector, targeted WHO Communication for Behavioral Impact (COMBI)-based approaches, and the need to apply community-based approaches to optimize the targeting and reaching of those in most need including the rural and urban poor. Such a multi-layered approach, including a COMBI component, has demonstrated that even the so called unreachable can be reached. In Cambodia, a UNICEF study showed that exclusive breastfeeding increased from 12% to 32% over a five year period, largely as the result of a multifaceted approach using mass media, health systems support, and community based programs.[3] ILO experience shows that improved maternity protection, including right to continued breastfeeding, has significant benefits for the health of both the child and the mother. ILO's and their partners' experience with workplace actions are essential to increase the private and public sectors commitment to facilitating exclusive breastfeeding.

Reaching the right populations – those in need – will mean reaching areas where farmers have low incomes and produce little more than enough for their own families, where land and water are scarce and disasters are common. They are far from markets and have poor health and sanitation facilities, poor diets, and low education background of labor forces, which constrains productivity and income growth. These will be issues addressed in both designing the activities of the Joint Programme and in ensuring the sustainability of outcomes. FAO's experience in building capacity to enhance local production of foods under such conditions will better inform the actions needed to increase the production of micronutrient rich food in the pilot counties. In the case of supplementation and food fortification policies, concerns for protecting those with high nutrient intakes are often considered more important than the risks faced by those with low intakes. There is a need to achieve a balance through careful analysis of risks associated with these interventions across different population groups, issuance of appropriate programme guidelines and through monitoring and evaluation systems.

The education sector also can be a great platform to ameliorate the current situation among the children by providing safer food at schools. Schools are an entry point to changing the children's dietary behavior to ensure long-lasting healthy diet for themselves and their families. UNESCO has learned, through its past cooperation with the Ministry of Education, that the Chinese Government is willing to implement an integrated approach to health and nutrition education to bring about awareness among children and community members. The necessary policy frameworks and various health promotion initiatives have been put in place. However, many challenges remain, especially among girls, ethnic minorities, migrant children and children coming from poor households.

4.2.3 Safer food for infants and young children

Lessons learned from recent food contamination incidents in China clearly indicate the need for international support to reorient national food control efforts through a revision of the regulatory framework. Also needed is a strengthening of the capacity of enforcement agencies, and ensuring due responsibility of the industry. Acceptable agricultural and safety practices and standards must be applied all along the supply chain. To achieve this, there is a need to build the capacity of businesses to implement

[3] UNICEF's report explained that a "Close to a fifty percentage point increase over five years in the Cambodia Demographic and Health Survey (CDHS) rate of exclusive breastfeeding is one of the most impressive documented improvements in infant and young child feeding. This prompted UNICEF to make an assessment of the change. While it is shown that more than half of the change is a result of inconsistencies in the CDHS, there is still a twenty percentage point improvement and this can be attributed to the use of a multi-faceted approach to promote exclusive breastfeeding."

systematic recognized standards and approaches to food safety through the adoption of HACCP principles and management systems to ensure safe production processes, including chemical safety. UNIDO's experience and expertise in supporting food safety improvements in developing countries, including China, indicates that targeted training can effectively build awareness and capacity of international standards among key stakeholders. UNIDO and WHO have significant international experience in working with regulators and industry to strengthen systems for the production and processing of safer food in this way, whereas ILO has longstanding experience in implementing enterprise level programmes for improved safety of both workers and the end product. ILO interventions build also on experiences gained through cooperation with WHO under the International Programme on Chemical Safety. These organizations will leverage the UN's experience in expanding public-private partnerships to ensure foodborne illnesses are reduced through safer food production and preparation.

These lessons learned have been one of the main guidelines followed by all UN Agencies and Government counterparts during the formulation process for this programme. More importantly, they present a valuable basis for the further work that will be initiated by the programme.

4.3 THE PROPOSED JOINT PROGRAMME

The Joint Programme approach was identified as the optimal approach to enhancing food security, nutrition and food safety given the integrally linked components that need to be addressed if efforts to reduce malnutrition in China are to be successful. The overarching objective of the programme is to reduce the number of undernourished children and women in China by generating evidence for policy development, improving dietary intake and food safety. It seeks to build on successful government initiatives to reach the remaining people who are at risk of food insecurity. Specifically, it will pilot a comprehensive approach to child and maternal nutrition in six of the poorest counties – representing a total of 1.2 million children and women of child-bearing age.

The WFP, jointly with FAO and the International Fund for Agricultural Development (IFAD), conducted a literature and secondary data review of China's food security situation at national and provincial levels, with particular focus on the nationally defined key poverty counties. The study considered five aspects of food security: food availability, access, utilization, consumption and nutrition, and vulnerability. It found that there are approximately 91 million people living in the 271 counties that scored poorest based on these criteria. The pilot counties for the programme have been selected from among this list.

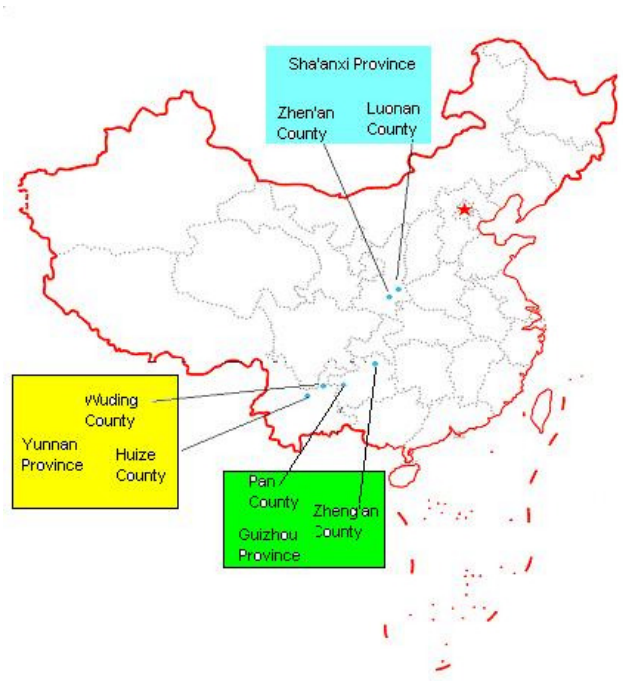
Counties selected

Counties were selected based on previously identified need. The following were the criteria proposed to the Ministry of Commerce, which then proposed the counties after consulting within Government. The UN agreed with the Government's proposed counties.

1. Counties should be among those identified by the FAO/IFAD/WFP Food Security Study as those with the most vulnerable food security conditions. There were a total 271 counties identified in 12 provinces.
2. Counties should, if possible, be among those being targeted for other MDG-Fund Joint Programmes.
3. County authorities should be willing and interested in being involved.

The selected counties are: Pan Xian and Zhen'an Xian (Guizhou Province); Huize Xian and Wuding Xian (Yunnan Province); Luonan Xian and Zhen'an Xian (Sha'anxi Province). The table below provides data on the population, development and food security status of the six pilot counties.

China: Pilot county locations



Pilot county data

	Guizhou		Yunnan		Sha'anxi		
	Pan Xian	Zhen'an Xian	Huize Xian	Wuding Xian	Luonan Xian	Zhen'an Xian	TOTAL
Children <1							
Male	8,696	4,494	7,947	2,052	1,997	1,278	**26,464**
Female	7,733	3,829	5,940	1,922	1,720	1,058	**22,202**
Children 1-4							
Male	52,211	20,920	31,294	7,809	10,393	5,963	**128,590**
Female	44,348	16,836	22,381	7,632	8,825	4,984	**105,006**
Children 5-14							
Male	130,104	58,601	92,240	24,469	51,255	31,543	**388,212**
Female	92,042	51,329	65,723	23,494	47,286	27,865	**307,739**
Women 15-49	263,640	121,199	221,438	71,690	119,540	66,690	**864,197**
Target population	***598,774***	***277,208***	***446,963***	***139,068***	***241,016***	***139,381***	***1,842,410***
Total population	1,070,802	504,832	844,485	262,601	455,183	276,488	3,414,391

	Guizhou		Yunnan		Sha'anxi	
	Pan Xian	Zhen'an Xian	Huize Xian	Wuding Xian	Luonan Xian	Zhen'an Xian
% ethnic minority	17.92	8.40	4.98	52.65	0.02	3.43
% urban population	15.85	6.67	7.33	6.48	8.16	8.00
Illiteracy rate (%)	11.10	25.69	18.04	13.49	6.93	22.10
Male	7.21	9.17	12.79	7.51	6.22	15.53
Female	15.35	43.09	23.88	19.81	16.90	29.98

Data from 2000 Census

Food output (kg per capita per year)							**Poverty county average**
Grain	297.2	436.45	329.38	330.34	259.74	305.77	**432.2**
Oilseeds	0.72	41.55	1.76	6.72	1.6	13	**23.6**
Meat	49.17	72.76	152.08	152.48	50.73	30.27	**64.8**
Eggs	1.75	5.51	6.62	3.22	13.42	16.28	**13.1**
Milk	0.07	0.02	0.84	0.02	0.16	0.45	**23.6**
Vegetables	79.35	258.29	169.92	232.92	271.91	161.25	**285.1**
Fruit	7.42	8.33	20.15	36.91	17.49	38.39	**67.4**
Fish	0.38	1.11	4.71	1.68	0.63	0.9	**10.4**
Per capita net income (RMB)	2382	2073	2325.6	2140.5	1844	1852	**2278**
Poor access to drinking water (%)	30.9	51.1	38.9	24.4	18.8	32.3	**10.7**
Households with toilets (%)	86.55	15.6	66.95	37.45	73.3	52.85	**90.3**
Villages with qualified medical staff (%)	65.2	87.5	72	95.2	91.1	92.7	**76.5**

Data from 2007 Rural household survey by National Bureau of Statistics

The results of these demonstration projects will be linked to policy recommendations on nutrition and food safety at national level. Decades of UN experience in China have shown that successful pilots are often adopted by the government and applied nationally using domestic resources. Hence, for a limited investment with coordinated action, the UN can help achieve a much wider impact.

The key strategies in the proposed programme are as follows:

Outcome 1: Informing policy decisions so they can be better targeted for optimized effect by development of reliable and up-to-date evidence on the magnitude, distribution, types and causes of undernutrition in China.

Activities associated with this strategy will determine a baseline for much of the rest of the programme. A Comprehensive Food Security and Vulnerability Analysis, including household surveys, will be conducted in the six pilot counties. This will help partners better understand the factors contributing to food insecurity in these counties, identify the number and location of food insecure populations, and allow the Joint Programme to recommend to policymakers the best interventions for addressing the causes of food insecurity and its linkage with undernutrition. Other data to be applied will be obtained through a micronutrient survey of the counties by UNICEF and health authorities and application of national

maternal and child health indicators to the selected area. To reduce the double burden of protein-energy malnutrition and vitamin and mineral deficiencies, the selected rural counties will provide a foundation for evidence and action demonstrating effective approaches for anaemia and neural tube defect reduction and increasing access to complementary food supplements for children in poor rural areas. The enhancement of nutrition surveillance and the application of WHO indicators related to maternal and child health will also allow international comparisons on growth and practices; research linkages to be made between interventions and outcomes; and evidence-based advocacy and programme-related monitoring and evaluation. All of which will generate better informed and more effective policies and interventions.

Through the household survey conducted in the first year, the UN team will not only obtain valuable solid local data, but also demonstrate the methodology for true random sampling. This is not insignificant, as it has the potential to vastly improve available data on nutrition in China.

Synergies: The surveying builds on work conducted by Chinese Academy of Agricultural Science & Chinese Academy of Agricultural Engineering and funded by FAO, IFAD and WFP, which identified those counties most at risk and recommended "more detailed field surveys" to better understand the reasons for and magnitude of food insecurity. The study was based on existing data from the National Bureau of Statistics. The advantage of the proposed survey is that it will be conducted using current best practice surveying techniques, and generate fresh, gender-disaggregated qualitative and quantitative data at household level that will be comparable to other international data. This dovetails with government plans to begin surveying at the provincial level in 2009. The proposed survey will be a supplement to this data, of interest in particular because of the detailed analysis that will be possible. UNICEF's focus on micronutrients will also be beneficial where analysis so far has focused only on the broader issue of macro-nutrition. Beyond the surveying, the intervention involving supplementation for children 6-24 months necessarily goes hand–in-hand with a food security program, to ensure that when the supplemented feeding ends, nutritious and safe food is available for the child.

Outcome 2: Development and application of an integrated and targeted approach for alleviating child hunger and undernutrition through a focus on increasing exclusive breastfeeding, safer and more nutritious complementary foods, school-based interventions and iron supplementation for women of reproductive age.

The activities will include training of health staff to revitalize their guidance on the public health significance of exclusive breastfeeding, establishment of hospitals committed to the Baby Friendly Hospitals[4] Initiative, the development of community-based exclusive breastfeeding programmes with outreach capacity to the ethnic minorities and rural poor, applying the WHO COMBI approach to behaviour change, applying UNICEF experience in the development and distribution of targeted health education materials, conducting a campaign for the promotion of the International Code on Marketing of Breastmilk Substitutes, and demonstrating simple ways to facilitate breastfeeding by working mothers through workplace interventions. The strategy to support breastfeeding builds on recognition that continuing breastfeeding upon return to work requires an enabling environment and support at the workplace level of maternity protection. In addition, activities will build the capacity for the local communities' production of locally-produced, micronutrient-rich foods as a complementary strategy to the home fortification of complementary foods, and in conjunction with a comprehensive national level plan for food fortification on a sustainable commercial basis[5].

[4] A maternity facility can be designated 'baby-friendly' when it does not accept free or low-cost breastmilk substitutes, feeding bottles or teats, and has implemented 10 specific steps to support successful breastfeeding as outlined by UNICEF and WHO in an initiative launched in 1991.

[5] The micronutrient deficiencies are in iron, vitamin A, zinc and B vitamins. Iron and vitamin A are available in dark green vegetables, particularly leafy vegetables, and also in yellow and orange vegetables and fruits. Foods of animal origin such as poultry, dairy and fish are better sources of micronutrients in terms of bioavailability.

In terms of supplementation, the operational effectiveness of different dosing schedules will be evaluated, with a cost-benefit analysis, with the aim of identifying the most effective at reasonable cost, and recommending the best option for scaling up. In addition, the Joint Programme will aim to bring about decisions for scaling up of food fortification for which UNICEF and GAIN have worked on trials of flour fortification and soy sauce fortification with Chinese government for about five years. Cost-benefit analyses will be conducted in order to make a clear investment case for the government, in line with the government's priorities of a harmonious society, and balanced and scientific development.

The activities also include review of existing policy and curriculum of health education, particularly the actual teaching and learning of health and nutrition education in schools, design of supplementary learning materials, training workshop for teachers and dissemination workshop for policymakers. These activities will be carried out in the selected pilot counties. It is expected that at least 50% of the total schools in the pilot sites will integrate nutrition education into their school health curriculum. The results from these activities will be used for policy dialogues with the educational planners so that the programme outcomes could be integrated into the national health education programmes and scaled up nationwide.

The consultative approach used by the UN team is also expected to have a lasting impact. Key will be demonstrating to officials how much more efficient this method is, and how it can help them in avoiding policies that are ineffective. It will also demonstrate a method for obtaining true buy in from the local population.

Synergies: WHO's work with the China Consumer Association on the Code builds on on-going work conducted by UNICEF with the association in the last three years. By explaining and encouraging the use of food fortification, the Joint Programme will be helping to create local demand, and thus encourage local companies to produce these supplements. GAIN is also working in this field, as are a number of food fortification partners such as the Food Fortification Office and the Institute of Nutrition and Food Safety at China CDC, Flour Fortification Initiative, DSM, Biomate, China Flour Association, China Condiment Association, and China Nutrition Association.

The ILO-led activities will be implemented using the 3+1 mechanism that ILO, its national tripartite partners and the All-China Women's Federation (ACWF) have successfully used for promoting gender equality since 2002. The lead implementing partner, the All-China Federation of Trade Unions (ACFTU), will cooperate with ACWF, the China Enterprise Confederation (CEC) and Ministry of Human Resources and Social Security (MOHRSS) to ensure relevance and wide access.

Outcome 3: Food produced, processed and prepared for infants and young children will be made safely through shared responsibility

The activities will focus on building the capacity of industry to take on its due responsibility of producing, processing and preparing safe food; on building the capacity of regulators and inspectors so that they are competent and effective in enforcing food safety standards and can respond quickly and appropriately to food safety risks, emergencies and complaints; empowering schools to introduce key education messages in the curriculum and to produce and provide nutritious and safe food for children; and on providing consumers the knowledge to make safe food choices and to handle food safely.

Building the capacity of industry will be achieved through building on lessons learned in other developing countries as well as consideration for the context in China, targeting key stakeholders throughout the production process. The programme will build the capacity of food producers to implement HACCP principles and safety guidelines. It will focus on building the capacity of regulators to ensure compliance with national and international food safety and OSH standards, also ensuring that they are competent and effective in enforcing food safety standards, and can respond quickly and appropriately to food safety emergencies and complaints. With UNIDO taking the lead, ILO will contribute to development of a

comprehensive workplace training programme on safe production processes. Training modules on safe production processes introduce the international standard set in ILO Chemicals Convention (No. 170) and ILO Guidelines on Occupational Safety and Health Management Systems. Schools and women's association will be used as a platform to increase knowledge of nutrition, health and hygiene. The government's new food safety law will be supported with advice and training for government, civil society and media.

Synergies: This part of the programme builds on UNDP work on post-legislative oversight, which is part of Governance and Equitable Development programme. The enterprise level intervention will be implemented jointly by ILO and UNIDO. The ILO/UNIDO cooperation will follow the pattern established in the joint "CSR in Chinese Textile Industry" project (2007-2009) and its second phase "Sustaining Competitive and Responsible Enterprises" project (2009-2010). ILO and UNIDO will develop tools and training materials in consultation with one another, and implement joint training activities and support services in selected enterprises. ILO training materials on chemical safety will build on experiences from working together with WHO since 1980 under the International Programme on Chemical Safety.

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

Scaling up of the strategies to address malnutrition will also be associated with the development of an advocacy package using information collected from the Joint Programme, packaging the information appropriately for policymakers, media groups, the standards committee, the general public, and the private sector and then holding orientation meetings for policymakers, and media at national, provincial and county levels.

China's laudable poverty-reduction record and policies could be enhanced with closer attention to the quality of the food people to which people have access. Enhancing nutrition cannot be done in a vacuum: the evidence provided by this Programme will enhance and support policymaking. For example, in the case of folic acid deficiency, the available food simply does not contain enough folic acid to prevent neural tube defects. There is need to demonstrate to the government that addressing malnutrition (including caloric and vitamin and mineral intake) requires social protection policies and measures, and that such investment will pay off in human development and productivity terms. While other areas such as maternal and child health concerns have special regulations, there are no regulations governing nutrition work in China and this is a major obstacle to implementation of measures that prevent malnutrition. Attention to this aspect will be an area for action in the Joint Programme.

Synergies: Advocacy will require sustained coordination amongst the UN partners, as well as government counterparts. Other country counterparts, such as the China Development Research Foundation (CDRF), linked to the State Council, have shown themselves very useful in policy development. Recently CDRF conducted policy research which demonstrated student nutrition disparities and workable solutions in poor rural areas. As a result of their advocacy, a national plan for improving student's meals in poor rural areas is being prepared by Ministry of Education. Linking advocacy efforts of the Joint Programme with other groups can help to coordinate and enhance nutrition advocacy efforts and achieve synergies among the groups. For instance CDRF's interest in nutrition is clearly in school age children. However, to comprehensively address stunting in this age group, measures need to be implemented from early childhood. This links directly to strategies promoted by the Joint Programme. UNICEF is discussing with CDRF along these lines.

4.4 PHASING

Given the three year nature of the Joint Programme,

the work undertaken to achieve each of the outcomes will be phased.

→ **Year 1:** The programme lays all groundwork to the extent possible during Year 1. In some components, the first six months' groundwork will focus on establishing project teams, development of work plans and getting all programme activities started, including the joint baseline survey and development of advocacy work plan. The groundwork will also include all background database studies, vulnerability assessments – though some of these may require a longer timeline – and international input for policy formulation. In supplementation aspects, the focus will be on completing the supplementation standard for women, and getting the trial underway for both women and children. In relation to food safety, industry capacity will be built to provide the foundation for it taking on its due responsibility for food safety. Some components will use the first year to trial approaches in a single county before assessing and revising approaches taken to ensure optimal adoption in the other pilot counties. During this year, a detailed work plan will be developed and the annual programme activities conducted.

→ **Year 2:** The programme will see greater emphasis given to on-the-ground implementation while capacity building will continue to be expanded such that the partners in the Programme are effective and efficient in its implementation. Policy documents and plans will be developed to the stage where advocacy regarding their adoption and application can be initiated. Monitoring surveys will be initiated, an exit strategy on supplementation will be under development and orientation meetings for media groups and advocacy meetings held. Components involving training will be in full force.

→ **Year 3:** All programs are operational and advanced to the stage where they can be evaluated and the focus will shift to evaluation, sharing lessons learned, and implementation of exit strategy and summary meetings. Industry is implementing a more systematic approach to food safety and schools in the pilot counties are effective models for enhanced nutrition. On the policy side, draft policies are completed and adopted. Policy/planning efforts and implementation are shared at all levels of government to increase the potential beneficiaries of the Programme. Media groups and advocacy groups will be actively engaged in accurate and constructive communication on food security, nutrition and food safety.

In order to achieve the greatest capacity building impact possible, and thus ensure the sustainability of results, efforts will be made to include all partners throughout the entire programme lifespan and ahead. UN agencies will be strongly involved throughout, bringing international experience and methodologies to bear on the successful implementation of all components. The work plan for the first year is included in the Annex I.

4.5 PARTNERS INVOLVED IN ACHIEVING PROGRAMME OUTCOMES

An important and unique strength of the Joint Programme is the number and diversity of UN, Chinese Government (central and local), and other public and private Chinese institutions involved in promoting China's efforts to address food security. The broad group of players on both the UN side and the Chinese side make it possible to leverage a full range of UN comparative advantages. Further, involving a wide range of Chinese government and other stakeholders will promote a broadening of China's response to the issue of malnutrition and provide the potential to integrate responses to this public health issue into a greater number of priority development and education areas. The Government ministries will provide leadership and guidance while the international technical organizations will provide technical support.

WFP has recognized expertise in food security analysis. In 2003 and 2008, WFP, IFAD and FAO reviewed China's food security literature and secondary data at national, provincial and county levels. Drawing on global expertise, WFP proposes to extend this to a qualitative and quantitative primary data survey in the six pilot counties to better understand the number of food insecure persons, their locations, the primary reasons for their food insecurity, and to recommend targeted interventions. As a global organization working on women and child rights, **UNICEF** brings to this Joint Programme technical

expertise in the field of nutrition and over 30 years' experience working on nutrition and related issues affecting women and children in China, such as elimination of iodine deficiency disorders through universal salt iodisation, breastfeeding promotion, and more recently, flour fortification and improving complementary food through the use of supplements. The Joint Programme will build on these experiences and partnerships and lessons learned. **WHO** has a strong technical commitment and capacity to support nutrition surveillance, food fortification, food supplementation, exclusive breastfeeding advocacy, food safety and is well placed to collaborate with its key counterpart, the Ministry of Health and its sub agencies, in all aspects of the Programme. **UNIDO** has experience working with the General Administration of Quality Supervision, Inspection and Quarantine (AQSIQ) on food safety improvements in China as well as extensive international experience on improving metrology and laboratory accreditation in developing countries. **FAO** helps developing countries boost agricultural production and access to a variety of safe nutritious foods. It develops locally appropriate dietary guidance and practical ways to encourage improvements in dietary intake. FAO has assisted China's Ministry of Health to formulate its National Plan of Action for Nutrition and is engaged in food safety issues. FAO can incorporate food-based approaches to strengthen county, provincial and national capacity. **ILO** will contribute from its extensive experience on maternity protection, chemical safety, OSH management, and workplace training and enterprise development programmes. Its effective partnership with the All China Federation of Trade Unions (ACFTU), the China Enterprise Confederation (CEC), the Ministry of Human Resources and Social Security (MOHRSS), the State Administration of Work Safety (SAWS) as well as the All-China Women's Federation (ACWF) will enable this Programme to build on prior activities with these organisations. **UNESCO** will bring its expertise and experience in all fields of education, including health and nutrition education, as well as media advocacy. As one of the major UN agencies promoting the Focusing Resources on Effective School Health (FRESH) Initiative, UNESCO has developed various technical guidelines and tools and provided technical support to member countries to address children's health and nutritional needs in schools. UNESCO will draw on its experience, expertise and the best practices it has accumulated over the years in education, media training and the empowerment of women, vulnerable groups and civil society to address the issues of food safety and nutrition in China. **UNDP** has an established long term partnership with the Ministry of Justice, the National People's Congress (NPC), the Supreme People's Court, the China Law Society and other relevant authorities in legal reform areas through projects on Governance for Equitable Development, rule of law umbrella, legal reforms, etc. The Joint Programme will contribute to promoting the democratization of legislature, the transparency and participatory nature of law making and increase the access to justice, especially for the vulnerable groups to protect the human rights and pursue sustainable development.

The **Ministry of Agriculture** (MOA) is responsible for, among other things, ensuring the production of agricultural products in sufficient quality and quantity to satisfy at least 95% of the grain needs of the country. It is also responsible for improving the economic returns to farmers, ensuring healthy competition and market conditions, and for the safety of agricultural food production. The Chinese Academy of Agricultural Science (CAAS), which is affiliated to MOA, is responsible for the research and development of agricultural techniques, crop varieties, economic and market analysis. MOA's Foreign Economic Cooperation Center (FECC is a professional organization which focuses on the projects from FAO, World Bank, Asian Development Bank and other multilateral organizations. FECC has accumulated much experience and rich human resources. The **Ministry of Health** (MOH) and its branches at sub-national level will be responsible for providing leadership and guidance for outputs related to the micronutrient survey, the nutrition surveillance system, supplementation, and the food fortification plan in collaboration with relevant sectors (especially on food fortification as it involves many players), as well as food safety. The Ministry will also coordinate advocacy efforts for improvement of child nutrition, while working closely with all other key players. The Institute of Nutrition and Food Safety at the **Chinese Center for Disease Control and Prevention** (China CDC) and its sub-national branches will provide technical support for the survey, strengthening of the nutrition surveillance system and monitoring and evaluation of the supplementation programme. Maternal and Child Health staff at the local level will manage the supplementation programme. The Food Fortification Office at China CDC will provide technical support on development of food fortification plan led by Ministry of Health.

The institutional context for enhancing food safety is quite complex as a result of the multiple agency strategic framework applied in China. A number of ministries and administrations are involved including MOH, the General Administration for Quality Supervision, Inspection and Quarantine, the State Administration for Industry and Commerce (SAIC) and MOA. Among its key responsibilities, the **General Administration for Quality Supervision, Inspection and Quarantine** (AQSIQ) works in food safety laws and regulations; quality management; product quality supervision and management; supervision and management of certification and accreditation; and management of standardization. The international cooperation department of AQSIQ works with bilateral agencies to build up capacity of Chinese organizations in, among other areas, food production and process safety. As the national authority responsible for chemicals administration, the **State Administration of Work Safety** (SAWS) will take the lead in improving chemicals safety in child nutrition product industry.

The **State Administration of Radio, Film and Television** (SARFT) is responsible for policy-making and policy-enforcement in audiovisual outlets across China as well as drafting rules/regulations/protocols for the audiovisual services of broadcasters and on the internet. The Training Center of SARFT is a subordinate department of SARFT, and it is the most important training undertaker in the broadcasting system. The Training Center of SARFT aims to improve media reports on women, children, food safety and security and nutrition by carrying out a series of training workshops. The **China Law Society** (CLS), as the governmental authority in charge of legal research in China, brings the Programme significant experience in legal research, a competent research team, a harmonious communication mechanism with related institutions, a rich experience in training, and can facilitate overcoming of obstacles in the forthcoming pilot work. The **All-China Women's Federation** (ACWF) is a mass group united by women from various ethnic backgrounds and circles for the further emancipation of women. It is the largest NGO for improving the status of women in China, and its basic function is to represent women, protect women's rights and interests, and promote gender equality. Founded in November 2001, the Developing and Training Center of the ACWF is a national training base delivering lifelong education for adult women. It aims to cultivate creative and talented female personnel, broaden the communication channel for international exchanges, and promote the development of Chinese women. The **Department of Physical Education, Health Education and Arts Education**, **Ministry of Education**, is responsible for formulating policies and guidelines on curriculum development and teacher preparation for health education. "Guidelines on Health Education for Schools" was promulgated in 1992 and revised in 2008, stipulating that five domains and five levels of health education for primary and secondary schools as well as nutrition and reduction of food-related disease are to be integrated into the related domains. The Department works closely with key schools and institutes of health education, and the People's Education Publishing House, and plans to develop a toolkit to support teachers to implement health education in classroom teaching and learning. The proposed program will feed directly into these ongoing efforts of the government. The **All-China Federation of Trade Unions (ACFTU)** is a mass organization responsible for protection workers rights, including women workers' rights. ACFTU will promote the right to continue breastfeeding upon return to work in partnership with the China Enterprise Confederation (CEC) and the ACWF through social dialogue, collective agreements and awareness raising campaigns at and above the workplace level. Directly under the Ministry of Commerce (MOFCOM), the **China International Center for Economic and Technical Exchanges' (CICETE)** main mandate is to coordinate, on behalf of the Ministry, the cooperation between China and UNDP, UNIDO, and United Nations Volunteers, and to undertake the execution of the assisted programmes.

Along with the organizations and linkages listed above, wherever possible, the participating organizations will look for practical ways to combine activities and share resources. For example, the micronutrient survey will be organized in collaboration with the household food security survey and will provide a baseline for the whole programme of work. Other components will be built into the survey based on other agency needs. The incorporation of nutrition indicators in the nutrition surveillance system will be coordinated with WHO and the mother and child health focus. The supplementation trial will be part of the overall improvement strategy for infant and young child feeding to be coordinated by WHO, and the

fortification work plan is a part of a long term Vitamin and Mineral Deficiencies (VMD) control strategy involving staple foods and large scale industries with capacity to fortify, while the supplementation strategy is a short term strategy for poor rural areas, but likely to be the main strategy in these areas until the diets and nutrient intakes improve. Efforts to promote food safety law awareness and application will be effectively coordinated along with the development of food safety education materials and curricula. The advocacy activities will be coordinated with all programme outputs from the outset, in order to identify advocacy issues, develop an advocacy work plan, gather advocacy-related data, develop an advocacy package and conduct advocacy meetings with policymakers.

Ensuring Equity: A number of cross cutting issues also had to be considered in the design of the Joint Programme. With respect to gender concerns in China, where there is a defined gender preference for male children, the Programme will ensure there is no gender bias in relation to addressing the significant issue of malnutrition and, to provide evidence for this aspect, survey data will be disaggregated by gender and programme interventions will be implemented with equity. While women of reproductive age will be targeted for supplementation, this will be undertaken on the basis that this will have an impact not only on maternal health but also on the reduction of the burden of malnutrition for both male and female children. The same holds true for the supplementation of complementary food. In terms of education related to food security, nutrition and food safety, the Joint Programme will ensure equity in the selection of classes and those having the opportunity to participate. In relation to the environmental impacts associated with the work of the Joint Programme, the international partners and national implementing agencies will ensure that at all times activities are environmentally friendly and that efforts to enhance food production will be environmentally sustainable.

The Programme will recognize the importance of civil society and consumers as partners in addressing the issues of food security, nutrition and food safety. In all aspects community participation will be integrated into its design, implementation and monitoring. Increased media coverage of food security issues will also allow for a better informed citizen approach to this important issue.

The planned impact of the Programme on food security will see the engagement of national counterparts in the food security, and the vulnerability analysis will provide data on the demographics, education levels, income, access to health, water, sanitation, agricultural practices, vulnerability to disasters, food consumption patterns and nutritional status of households surveyed. It will contribute to a better understanding of food insecurity and nutrition issues in the country and in this way will be a valuable tool for the Government in the programming of resources, allowing it to target the most vulnerable groups when it formulates policy. The Joint Programme will also reduce the prevalence of undernutrition among children in the selected areas, while also reducing the prevalence of anaemia among children and women in these areas. It will see the development of advocacy packages aimed at convincing government to do the following: approve and adopt an investment model on home fortification using a food based supplement in poor rural counties; adopt a supplement standard for women of child bearing age; establish a comprehensive plan on food fortification; and lead to the introduction of nutrition regulations for China. Food safety will be enhanced through better knowledge and through safe food production, processing, handling and preparation at all stages along the food production chain.

4.6 SUSTAINABILITY OF RESULTS

In the past, the Government has shown a willingness and capacity to mainstream pilots that prove effective into its own programming and budgeting cycles, and replicate them around the country. This Joint Programme has therefore been designed to closely match the Chinese Government's vision and to be in tune with Government programmes that aim to enhance the institutional and policy environment for achieving improved food security and nutrition among food-insecure households, with a view to reaching the MDGs.

For activities to be continued, replicated or mainstreamed after Joint Programme completion, ownership and local buy-in must be built up during the three-year period. The activities under this programme are founded on experience and existing partnerships between the UN Country Team and government counterparts. Moreover, most of these activities will begin with a participatory assessment from all relevant stakeholders to ensure that initiatives are demand-driven. As a result, the activities implemented will be integrated in the policies, strategies and programmes carried out by the national and local Joint Programme partners thereby ensuring a durable impact of the resources invested by the joint programme. During implementation, the Joint Programme places an emphasis on capacity building, coordination between stakeholders, and on monitoring and evaluation. Each agency will focus strongly on enhancing the capacity of government and non-government partners at national, provincial and local levels, and in the materials and models that have been developed in cooperation with partners. The programme will create effective synergies between the actions of the various partners, notably by developing partnerships between local NGOs, women's associations, the media and institutional partners, both at local and national level.

Outcome 1: The introduction by WHO of internationally-accepted indicators into the national Maternal and Child Health surveillance system will ensure that data across the country is more up-to-date and accurately defined after the programme concludes. The household survey will not only provide a statistical foundation to determine progress, it will also provide sound scientific evidence for the rest of the interventions, thus encouraging adoption of recommended policies. The conducting of the survey will also educate key institutions in techniques for proper random surveying. In particular, the likely partner is the Chinese Academy of Agricultural Science, which is responsible for much of the relevant surveying conducted. This direct linkage with the right institution has the potential to improve statistical collection for many other ongoing and future programmes.

Outcome 2: Local and provincial officials will have had firsthand experience of consulting the local population directly, which is not a model currently used for this type of work. Officials will not only have seen how the model works, but also its benefits and efficacy. FAO has seen the success of this type of model in a project on disaster prevention and mitigation in Shandong Province. The project focused on enhancing the capacity of farmer organizations to complement the government responsibilities in local disaster risk management. The participatory approach is increasingly recognized, whereas previous practice had been "leaders talk, farmers listen". ILO intervention will raise workers' and employers' representatives' capacity to conduct workplace dialogue on issues related to maternity protection, including facilitating breastfeeding.

Outcome 3: The policy changes advocated under Output 3 will be adopted if leaders have been involved from early stages and understand the goals. The approach chosen (based on research at the provincial and local level and training of key policymakers) ensures they are informed and consulted from the earliest stages. The goals of the programme mesh with current government goals to improve food safety nationwide and ensure adherence with the newly released food safety law. The proposed formation of an industry association focused on taking responsibility is notable in that responsible industry is a basic goal of a sound food safety system. Introduced management systems and enterprise level training programmes can be easily replicated in other sub-sectors. Those schools that have learned safe and nutritious food preparation techniques can easily continue them and pass along skills to new staff by using materials developed in this programme.

Outcome 4. Building on the experience of introducing nutritional supplements internationally, and the adoption of supplement standards in pilot areas in Sichuan, the Joint Programme will aim to have standards adopted for women. MOH approval is needed, and the Programme is an excellent way to demonstrate the effectiveness of supplements. Chinese government is willing to integrate lessons from joint pilot efforts with UN into policy making and updating. For example, the experience from UBW project of Strengthening the Formal Education Sector Capacity to Scale up HIV and AIDS Education in

China and Mongolia has been integrated into the recent revision of the Guidelines on Health Education for Schools.

The model established by the UN agencies working together is a parallel for how their country-counterparts could work together as well, engaging relevant bodies where programmes overlap. The Joint Programme's project committee acts as a platform for inter-sectoral dialogue and can be seen as another value added. The Programme will bring Chinese counterparts together in a holistic approach to tackle food security through its various aspects, be they social, educational, media, or production. We thus tackle the whole chain through application of our respective expertise, and enable counterparts to do the same.

Finally, all of the Joint Programme partners will participate in regular monitoring and thorough evaluation to ensure the documentation of lessons learned and good practices. Stakeholders will be engaged to consider how the results and processes established during the programme can continue to be delivered after completion of the Joint Programme. These measures systematically increase the feasibility and sustainability of outcomes and outputs of this Joint Programme.

5. RESULTS FRAMEWORK

Joint Programme 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

UNDAF Outcome 1, Focus Area 3: Policies and national planning are improved to ensure access to health, education and protection with focus on disparity reduction

JP Outputs	SMART Outputs	Agency or country programme priority	Implementing partner	Indicative activities for each Output	Resource allocation and indicative time frame			
Overview of Outcome 1: WFP and UNICEF will work together to gather data about the reasons for food insecurity, and to evaluate the magnitude of the problem and consequences on micronutrient indicators. The data will serve as a baseline, and will be repeated in Year 3 for evaluation of several aspects of the Joint Programme. The survey will focus on households, and will encompass different modules to reflect the various areas of data required by the other participating agencies and partners.					**Y1**	**Y2**	**Y3**	**Total**
1.1 Food security situation in pilot counties understood by policymakers	**Indicators for 1.1** Existence of accurate data on food security, vulnerability and undernutrition in the six pilot counties available for use in policy making – Baseline: 0; Target Year 1: Database available							

	1.1.1 Comprehensive food security and vulnerability analysis completed in each of the six counties by Year 1	WFP WFP: Strategic Plan 2008-11, Strategic Objective 5, Goal 3 National priority: National Human Rights Action Plan of China (2009-2010) I.2	MOA	Plan, build capacity for, and conduct a food security and vulnerability analysis. First, a consultation will be held with all agencies to ensure that the questionnaire reflects areas of query from all. Methodology will be selected, and the approach to sampling determined. Enumerators will be selected, hired, and trained. A pilot test will be conducted. Then the actual surveying will begin. Data collection will be monitored to ensure it is accurate and follows guidelines. Data will be analysed and a report written. Note: work has already begun on methodology and sampling. **Phasing**: Survey design and implementation will occur in Year 1, with some reporting. Reporting continues into Year 2. The survey will be repeated in Year 3 for comparison.	115,000	0	81,000	196,000
	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	UNICEF	CDC-MOH	Beyond the activity listed above which UNICEF will participate in, it will use its particular expertise to conduct a micronutrient survey in select households in all six counties. The focus will be on determining levels of deficiencies in iron, vitamin A, zinc, folic acid and vitamin B12, and also to identify parasites. The process will be repeated in Year 3 for comparison. Results will be measured against the government's nutrition guidelines. **Phasing (as above)**	96,000	0	96,000	192,000

1.2 Targeting and monitoring improved through availability of an improved national database on nutritional status of women and children	**Indicators for 1.2** Nutrition and child feeding data available for the six pilot counties and incorporated into national surveillance systems – Baseline: 0; Target Year 2: Data available and incorporated							
	1.2.1 Nutrition and child feeding data incorporated into maternal and child health information systems by Year 2	WHO Country Cooperation Strategy, Section B, 5 National Program of Action for Child Development in China, General Objective/ Child Health/Major activities	MOH	Review and assess the existing national and provincial nutritional databases and prepare tools to help enhance the accuracy and appropriateness of the data and trial their usefulness in the six pilot counties. In so doing, make use of WHO and partners' operational guide to facilitate data collection and the integration of the indicators into existing population-based surveys; and build capacity through training and advocacy. **Phasing:** Year 1: Review current databases and identify gaps; develop suitable indicators for local needs; develop tools for data collection, get government approval to implement pilot; pilot data collection tools in one selected county. Year 2: Modify and improve based on experience; implement in all six counties; integrate selected indicators and tools into national information system.	80,000	62,000	20,000	162,000

Joint Programme Outcome 2

Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties

JP Outputs	SMART Outputs	Agency and priority or country programme	Implementing partner	Indicative activities for each Output	Resource allocation and indicative time frame			
Overview of Outcome 2: The output covers the nutritional needs of infants from 0 to 24 months and beyond. WHO will focus on advocacy for exclusive breastfeeding in the first six months of life, with ILO support on demonstrating practical measures at workplaces to enable working mothers' right to continue breastfeeding after return to work. UNICEF will work to improve the quality of complementary foods for children 6 to 24 months, and improve the availability of adequate prenatal supplements. The target audiences are the same, which is why the agencies will work closely together. Working together is also key because of the possibility of confusing mothers with the different recommendations for use of supplements at different times of the child's development.					**Y1**	**Y2**	**Y3**	**Total**
2.1 Exclusive breastfeeding increased and improved quality of complementary food with micronutrient supplements	**Indicators for 2.1** (i) 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. Baseline: to be determined through data collection (ii) Reduction of underweight as measured by low birth weight and stunting among children in the pilot counties during the 2009-2011 period. Target - Reduction of underweight by 25%. Baseline: to be determined through data collection. (iii) Increase in six months exclusive breastfeeding in pilot counties. Target: 30-50% increase over baseline. Baseline: to be determined through data collection. (iv) Increase in the number of businesses facilitating breastfeeding in the pilot counties. Target: 25% increase over baseline. Baseline: to be determined through data collection.							

	2.1.1 Complementary food supplements in 3 counties reaching 5000 children aged 6-24 months and prenatal supplements reach 5000 women of child bearing age respectively by Year 3	UNICEF WHO/UNICEF Regional Child Survival Strategy, 2006 Global Strategy for Infant and Young Child Feeding, WHO/ UNICEF, 2003	MOH	Pilot complementary food supplements and prenatal supplements in 3 rural counties. Analyze costs and benefits and make clear investment cases. A soybean based micronutrient powder will be introduced. Mothers will receive monthly supplies (or bi-monthly in remote areas). The supplements will be provided through MCH facilities and village doctors, who will also monitor utilization and compliance. UNICEF will work closely with WHO to ensure that exclusive breastfeeding to six months is promoted and respected. The supplements are intended for infants and 6-24 months old children. Parents will be provided with information on why the supplements are important. Information will also be provided on how to enrich diets through locally available foods. It will be important to have an independent organization to test compliance. In view of current attitudes towards food supplements to children and the melamine incident, China CDC will be asked to test the product regularly to ensure it complies with standards. **Phasing:** Year 1: Analyse survey data, develop materials and begin introducing supplements. Year 2: Continued distribution of supplements. Year 3: Analyse results and advocate for scaling up.	105,000	170,000	170,000	445,000

	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)	WHO Country Cooperation Strategy, Section B, 5 National Program of Action for Child Development in China, General Objective/ Child Health/ Major activities WHO/UNICEF Regional Child Survival Strategy, 2006 Global Strategy for Infant and Young Child Feeding, WHO/UNICEF, 2003 Chinese Action Plan for Infant and Young Child Feeding, MOH, 2007	MOH	A multi-pronged approach to achieve increased rates of breastfeeding will be applied with (i) training of health staff on breastfeeding with updated WHO materials in the six counties' facilities (including a particular focus on all staff who work in delivery rooms, Maternal and Child Health care centers and paediatric clinics), (ii) assess county hospitals capacity for and application of the Baby Friendly Hospital Initiative and re-assess the initiative, (iii) introduce locally-adapted programme to achieve behavioural change through the WHO Communication for Behavioural Impact approach recently introduced in China (by introducing it into existing trainings) (iv) establish a community based model targeting access to the rural and urban poor in the pilot counties, and (v) focus advocacy on women's groups to increase their advocacy for exclusive breastfeeding. **Phasing**: Year 1: Conduct Baby Friendly Hospital assessment in six counties and establish a community-based model for breastfeeding promotion. Year 2: Health staff training on breastfeeding updated with WHO materials in the six counties' facilities. Focus will be on maternal and child health staff staff, but also general staff. Year 3: Continued training and advocate for wider adoption.	60,000	165,000	150,000	375,000

	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.	WHO	MOH	(i) Finalizing the revision of the Chinese national Code on Marketing of Breast Milk Substitutes; (ii) Development of national plan on the code implementation, (iii) Conducting national and local level training on Code and Code implementation for both health staff and other key stakeholders including consumer associations. **Phasing:** Year 1: Collect data for assessment of code. Year 2: Revise code and conduct training at national and local level on the code.	25,000	25,000	25,000	75,000

	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	ILO ILO DWCP 2006-2010, Priority 2, Outcome 3 and Priority 4, Outcome 3 output	ACFTU	Facilitate the right to continue breastfeeding upon return to work through advocacy, demonstrations, engagement and capacity building of trade union and businesses in each of the pilot counties. The ILO intervention will take full use of relevant materials developed by WHO and other partners, and welcome their technical inputs. **Phasing:** Year 1: Baseline survey in enterprises in pilot counties; collection of best practices; materials development; piloting approaches in one county. Year 2: Advocacy, demonstrations, engagement, capacity building in six pilot counties at company and community level; capacity building of trade union leaders, women's federation staff and other stakeholders. Year 3: Documentation and dissemination of lessons learned to drive national efforts	60,000	60,000	17,000	137,000
2.2 Household dietary intake of micronutrient-rich, locally-available food	**Indicators for 2.2** 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							

increased in 3 pilot counties	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)	FAO FAO Medium Term Plan 2006-2011 A.2 Access to safe, nutritionally adequate food	MOA	FAO will provide support through a multidisciplinary approach, promoting food security, nutrition and sustainable agricultural production, taking into account local production practices, dietary practices and customs, and food preservation and handling practices. Assessment through participatory approaches with village groups to determine current diets and consumption, locally available foods, to determine priority micronutrient foods to be made available to reduce prevalence of micronutrient deficiencies among the population in 3 counties. Make optimum use of available traditional foods. Maintaining biodiversity as appropriate. Assist in the planting, growing, production of the crops, through the provision of seeds, fertilizers, and tools. Train farmers and extension services in sustainable agriculture production and good agricultural practices, including harvesting stages. Train local communities in home food processing and preservation techniques. Consider the feasibility of scaling up to local production units within communities. Train relevant target groups, including women and food processors in safe production, food handling, storage and preparation practices. Develop key messages and training materials suitable to the target audience. Enhance capacity within the regulatory authorities to provide adequate support and control to food production and processing activities. Note: Some of the trainers from this activity will also provide the training in schools under 3.2. **Phasing:** Year 1 is when joint survey will be conducted, households selected, project office set up, training materials developed, and some	220,000	520,000	240,000	980,000

2.3 National plan for food fortification in place and implemented	**Indicators for 2.3** A nation food fortification plan available and being implemented. Target: Plan available and operational by Year 3. Baseline: No plan							
	2.3.1 Food fortification plan developed and approved. Baseline: there is currently no plan; Indicator: approved plan by Year 3	UNICEF	MOH	Develop a comprehensive food fortification plan involving government, industry, nutrition and consumer stakeholders and development of broader related policies initiated. **Phasing:** Year 1: Gather evidence, conduct a risk analysis, develop advocacy package. Year 2: Provide orientation of key players in provinces. Seek plan approval in Year 3.	20,000	75,000	60,000	155,000

Joint Programme Outcome 3

Food-related illness reduced through safer food production and preparation for children

UNDAF Outcome 1: Improve nutritional and food security status of poor women and children by 2011								
JP Outputs	**SMART Outputs**	**Agency and priority or country programme**	**Implementing partner**	**Indicative activities for each Output**	**Resource allocation and indicative time frame**			
Overview of Outcome 3: Through training of inspectors, regulators and lab workers and those who handle food for children and women, increase knowledge and improve systems in order to assure that food produced is safe and nutritious. An educational component focuses on schools and directly on the consumer to provide a better understanding of nutrition and food safety in the hands of the end user.								

3.1 Food production for children made safer in pilot areas	In close cooperation, UNIDO and ILO will develop training manuals and conduct pilot programmes in enterprises. The aim is to ensure correct standards on safety and quality control are in place, and people are trained to implement them. UNIDO will build capacity of enterprises and quality inspection officers, and ILO will focus on enterprises and occupational health and safety inspectors. UNIDO will also develop management plans and policy advice for target sectors. **Indicators for 3.1** (i) Industries producing food for infants and young children are applying HACCP principles. Target: 4-6 businesses will be trained towards having operational and effective HACCP plans by Year 3. Baseline: 0 of 4-6 pilot enterprises currently implementing HACCP principles (ii) Strengthen laboratories' standardization and management capacity as support tool for the monitoring, verification and inspection system. Target: 4 laboratories by Year 3. Baseline: 0. (iii) Quality inspectors certified as lead auditors for food safety-quality in child nutrition. Target: 30 inspectors trained by Year 3. Baseline: 0 (iv) Work safety inspectors trained to provide quality services to child nutrition companies. Target: 50 work safety inspectors trained by Year 3. Baseline: 0 (v) OSH guidelines on chemical safety in child nutrition available and applied. Target: They are available and applied by 8 businesses by Year 3. Baseline: 0. (vi) Management plans are developed and available. Target: Plans are developed by Year 3. Baseline: 0				**Y1**	**Y2**	**Y3**	**Total**
	3.1.1 4-6 enterprises in 2 provinces will be HACCP trained by year 3	UNIDO UNIDO Country Programme 2008-2010, Component 3: Agro-Industries and Food Safety	CNIS-AQSIQ	Implementation of HACCP and ISO 22000 in industries producing children's food and supplements. This will be a demonstration process to highlight competence requirements and impact on overall food quality and safety **Phasing:** In Year 1, set selection parameters and identify pilot children's food companies. Develop plan of action. Small equipment procurement if necessary. In Year 2, implement HACCP competence building and training in factories. Study tour for 5-10 to selected counties. In Year 3, replicate system in more enterprises.	100,000	60,000	40,000	200,000

	3.1.2 Four laboratories will be trained for standardization and management capacity related to food safety and quality by Year 3, leading to the ISO 17025 standard accreditation	UNIDO UNIDO Country Programme 2008-2010, Component three: Agro-Industries and Food Safety	CNIS-AQSIQ	Strengthen laboratories standardization and management capacity as support tool for the monitoring, verification and inspection system. Support activities will be developed in cooperation with ILO. **Phasing:** Year 1: Select pilot labs, assess their capacity, some procurement, GAP analysis to lead to accreditation (to ISO standards). Training begins. Year 2: Training continues. Support implementation of ISO 17025, support and monitor this process. Year 3: Training continues. Monitor and assessment.	70,000	40,000	30,000	140,000
	3.1.3 Thirty inspectors will be trained and certified by Year 3	UNIDO UNIDO Country Programme 2008-2010, Component three: Agro-Industries and Food Safety	CNIS-AQSIQ	Strengthen the management and operational capacity of the food safety/quality inspectors. **Phasing**: Year 1: Assessment of level and capacity of inspectors. Select those for training. Year 2: Study tour for 3-4 to selected countries. Monitor and assess results. Year 3: Continue monitoring and assessment.	50,000	30,000	23,000	103,000

	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.	ILO ILO DWCP 2006-2010, Priority 3, Outcome 2	SAWS	Review existing OSH management and inspection including the safe use of chemicals in the businesses producing child nutrition products. Draft new guidelines in collaboration with all key stakeholders. Prepare training materials and train the businesses in their application. Development and implementation of training programmes will be done in cooperation with UNIDO. Build the capacity of OSH inspectors to provide quality services to the businesses. **Phasing:** Year 1: Analysis of intervention points and main safety challenges in work processes; drafting of the guideline and developing the training materials for testing; pilot trainings with inspectors and at company level. Year 2: Capacity building of OSH inspectors; enterprise interventions in selected companies (outside the pilot counties); collection of good practice examples. Year 3: Issuing the safety guideline at national level; dissemination of good practice examples.	80,000	120,000	113,000	313,000
	3.1.5 Management plans and policies advise developed/formulated for target sectors in pilot areas by Year 3	UNIDO UNIDO Country Programme 2008-2010, Component 3: Agro-Industries and Food Safety	CNIS-AQSIQ	Develop management plan and policy advice for targeted sectors, both at production and inspection level, through implementation of internationally recognized schemes. **Phasing:** Year 1: Determine which aspects of changed guidelines involve seeking a change in policy. Year 2: Develop policy recommendations. Year 3: Advocacy work with UNDP.	50,000	30,000	20,000	100,000

3.2 Handling and preparation of food for infants and children made safer	Overview of 3.2: Based on joint needs assessment and comparative advantages, WHO and UNESCO will jointly coordinate materials and training on proper techniques in a variety of settings. **Indicators for 3.2** 3.2: (i) Schools, hospitals and women's association groups trained in WHO's Five Keys to Safer Food. Target: primary and secondary schools, hospitals and women's association groups in the six counties trained by Year 3. Baseline: 0 (ii) Health education teaching improved. Target: Supplementary learning materials on health education developed and introduced in at least 50 schools in the target counties .				**Y1**	**Y2**	**Y3**	**Total**
	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.	WHO Country Cooperation Strategy, 2008-2013, Section 2, D (iii) and Section 5.2	MOH/National Health Inspection Centre/local government	Review the existing food safety situation in relation to children and women and identify the needs for training, prepare training materials for and conduct training in selected primary and secondary schools, hospitals/departments of gynaecology obstetrics and paediatrics and women's associations on safe food preparation using WHO's Five Keys to Safer Food. Evaluate the impact. Initiate action in one county and then optimize materials and training procedures to cover other pilot counties. Note: UNESCO is also working with schools. WHO will work with them to ensure there is no overlap in target audiences, or when there is, to develop joint materials. **Phasing:** Year 1: Assessment of situation and needs. Adapt training materials to local situation and trial in 1 county. Year 2: Revise training materials based on trial. Conduct training in some pilot counties. Year 3: Continue to conduct training in the rest of the pilot counties. Summarize the experiences and lessons.	120,000	120,000	120,000	360,000

	3.2.2 At least 50% of the schools in target counties will integrate nutrition and food safety into school health education curricula with 100% of the science and health education teachers as well as head teachers trained in the use of newly developed supplementary materials in classrooms.	UNESCO 34 C/5 Approved, Major Programme I, Main line of action 4: Provide capacity development and technical support to assist national efforts in achieving the Dakar Goals	MOE	Needs assessment through review of existing interventions in health education will be undertaken followed by technical assistance to develop supplementary learning materials on health education. Training of government officials as well as teachers will be conducted in order to ensure effectiveness and sustainability of the activities **Phasing:** Year 1: Review of existing policies, guidelines, and curriculum materials on health education to identify the needs and gaps; preparation for the design of supplementary learning materials. Year 2: Develop, print the materials and prepare teachers. Year 3: Pilot the use of materials in classrooms; evaluate and summarize the lessons learned.	52,000	115,000	44,550	211,550
3.3 New national food safety law successfully implemented	UNDP, UNESCO and WHO will work together on different aspects of the food safety law to ensure it is understood, applied, and loopholes closed. **Indicators for 3.3** (i) Regulators, legal personnel and other key stakeholders including women and local communities become familiar with the details of the new food safety law. Target: More than 1000 regulators and legal personnel at national, provincial and county levels and at least 50% of women in the pilot counties trained in the new food safety law. Baseline : 0 (ii) Food emergency and food complaints systems operational and complementing the food safety law in enhancement of food safety. Target: Systems in place and operational at county-level by Year 3. Baseline: 0 (iii) Training of trainers targeting government regulators and food producers and traders on the new food safety law. Target: Training of trainers conducted at provincial-level by Year 1 and at county level by Year 3. Baseline: 0				**Y1**	**Y2**	**Y3**	**Total**

	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.	UNDP	CICETE	Local research to see how new food safety law is being enforced, loopholes that need to be fixed, questions and concerns from locals. A county with good track record in food safety will be identified and studied. Best practices adapted and disseminated. Study tours to two developed countries to gain knowledge from a comparative study of food laws. Policy report on the food safety legislation proposals will be submitted to the relevant department; and food safety supervisory reports will be formed and submitted to the central leadership and relevant departments. Seminars and workshops conducted on issues related to the food safety law and its enforcement for central and provincial government officials, judges, and lawyers dealing with women and children's rights, safety supervisors and managers of companies producing food for children. Pilot study on food safety supervision and administration in the participating counties to ensure different departments' coordination, to reduce supervisory costs, to improve the effectiveness of monitoring and to improve consumer protection and recourse. A contest held on food safety law. The Declaration of Food Safety issued by companies. Policy report on the food safety legislation and policy proposals will be submitted to the relevant departments, and food safety supervisory reports and pilot reports will be formed and submitted to the central leadership and relevant department. **Phasing**: Year 1: Basic research at the national, provincial and local level, together with study of international models to identify good policy implementation model. Training of officials at the central government level. Contest on food safety law organized for public awareness. Declaration made upon establishing the industry association. Year 2: Training of local government officials, judges, and lawyers. Transfer good implementation practices to pilot counties. Year 3: Training of food inspectors and plant managers. Advocacy work with government, in part by demonstrating best practices of model county and disseminating findings from the policy studies.	200,000	150,000	100,000	450,000

	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	UNESCO	ACWF	Survey on awareness of new food safety law, need for food safety services/support, through joint baseline study, questionnaires and in-depth interviews with women's groups and local communities. 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. Create space for dialogues among families, local communities, government and civil society organizations for facilitating effective implementation of the new food safety law. Produce report on the lessons learned from project interventions on the promotion of the new food safety law through community participation.	25,000	40,000	25,000	90,000

	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	WHO Country Cooperation Strategy, 2008-2013, Section 2, D (iii) and Section 5.2 National Food Safety Law, Chapter 1, Article 8, 9 and 10	MOH/National Health Inspection Centre/local government	Review the existing work in relation to food emergency and food complaints system in the pilot counties and identify the gaps and needs to improve or develop the system. WHO provides training on FAO/WHO guidance on a food emergency protocol and food complaints systems. Counterparts will trial the introduction of the food emergency protocol and food complaints system in the six participating counties. Conduct provincial level meeting to review the implementation of the systems in the pilot counties and to identify the steps and funding required to expand the application of the food emergency protocol and food complaints systems across the three provinces. Ministry of Health documents the food emergency response protocol and food complaints system guidance and prepares training materials on such. Conduct a national level meeting to review the implementation of the systems in the pilot counties and to identify the steps and funding required to expand the application of the food emergency protocol and food complaints systems across all provinces and municipalities. **Phasing**: Year 1: Review existing work, identify gaps and where there is need for improvement in the system. Adapt training for pilot counties and initiate in one county. Revise or construct the emergency and complaints system. Year 2: Analyze feedback from pilot county. Scale up training and system operation to remaining 5 pilot counties. Province documents the experience and identifies steps and funding requirement to expand to provincial level. Year 3: Continue training and system operation in the pilot counties, MOH documents the experience and identifies steps and funding requirement to expand to country level.	130,000	30,000	40,000	200,000

	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.	WHO Country Cooperation Strategy, 2008-2013, Section 2, D (iii) and Section 5.2 National Food Safety Law, Chapter 1, Article 8 ,9 and 10	MOH/National Health Inspection Centre/local government	Review the existing regulatory administration and food producers and traders in the pilot counties and identify the training needs. Develop training materials on the new food safety law. Conduct training at county level and provincial level. **Phasing**: Year 1: Research and review the existing regulatory bodies and food producers and traders to determine which authorities to work with. Adapt training material for local situation. Pilot training in one county. Year 2: Assess training, adapt and scale up to selected counties. Year 3: Continue training. Develop training plan for government to use to scale up.	25,000	20,000	25,000	70,000

Joint Programme 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

JP Outputs	SMART Outputs	Agency and priority or country programme	Implementing partner	Indicative activities for each Output	Resource allocation and indicative time frame			
4. Advocacy package to convince of need to scale up to higher level	UNICEF and UNESCO will work together to gather input from the other participating agencies and partners to develop materials and conduct advocacy activities to help disseminate the lessons learned, policy recommendations and best practises. Communication teams from other agencies will contribute to training to assure wider dissemination of the message. UNESCO will work with agencies involved in the Joint Programme to build media awareness of the food safety issues. **Indicators for 4** 4.1 Piloted approaches adopted by national, provincial and local levels as policies, guidelines, regulations and standards. Target: Approaches adopted by Year 3. Baseline: 0 4.2 Lessons learned are incorporated into media reporting with the media promoting food safety and healthy nutrition in pilot counties and in national media. Target 10% increase in relevant media reports in participating areas. Baseline: to be determined in initial survey.				**Y1**	**Y2**	**Y3**	**Total**

	4.1 10,000 copies of an advocacy package produced and meetings held at national and participating provincial and county levels by Year 3	UNICEF	MOH	Working with UNESCO, conduct a planning meeting, identify advocacy issues, gather advocacy data, develop advocacy materials, and conduct advocacy meetings with media and policymakers in key sectors. From early stages, work with communications teams from other agencies to determine key messages and how to highlight the needs being addressed. Rural areas will require special advocacy efforts with local and central government. **Phasing**: Issues will be identified and advocacy plan developed in Year 1. UNESCO will also convene other agencies to develop joint messaging on key issues. The plan will be implemented in Year 2 issue by issue. Year 3 will focus on policies.	20,000	46,000	37,000	103,000

	4.2 Media training of at least 100 journalists in pilot counties.	UNESCO 34 C/5 Approved, Major Programme V, Main line of action 3: Promoting the development of free, independent and pluralistic media and community participation in sustainable development through community media.	SARFT Training Center	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.	60,000	20,000	10,000	90,000
	Programme Preparation /Formulation (funds to be administered by UNDP)				20,000			**20,000**
	Programme Evaluation (funds to be administered by WHO)						50,000	**50,000**
	UN Programme Coordinator (Funds to be administered by WHO)				80,000	80,000	80,000	**240,000**
	PMO budget (to be administered by WHO)				30,000	30,000	30,000	**90,000**
	RC Office (to be administered by UNDP)				20,000	20,000	20,000	**60,000**
	Total without management fee							**5,607,477**
	Management fee for MDG-F (7%)							**392,523**
	Grand Total before Government Contribution							**6,000,000**
	Government contribution							**1,000,000**
	Grand Total							**7,000,000**

Budget allocation to Participating UN Organizations (including 7%)	Y 1	Y2	Y3	Total
FAO	235,400	556,400	256,800	1,048,600
ILO	149,800	192,600	139,100	481,500
UNDP (incl. $20,000 for programme formulation and $60,000 for UN RC office)	256,800	181,900	128,400	567,100
UNESCO	146,590	187,250	85,040	418,880
UNICEF	257,870	311,370	388,410	957,650
UNIDO	288,900	171,200	120,910	581,010
WFP	123,050	0	86,670	209,720
WHO (incl. $406,600 programme management & coordination)	588,500	569,240	577,800	1,735,540
Grand-Total	**2,046,910**	**2,169,960**	**1,783,130**	**6,000,000**

6. MANAGEMENT AND COORDINATION ARRANGEMENTS

6.1 Management and Coordination

This programme will be implemented jointly by participating UN agencies and participating national partners. MOFCOM, which serves as the national focal point of the UN System in China, is responsible for overall coordination of the Joint Programme and is ultimately responsible for achieving its objectives. MOFCOM has the authority to sign the Joint Programme document on behalf of all government partners.

MOH takes the lead role on the implementation of technical aspects of the programme.

The UN Resident Coordinator reports to UNDP/Spanish MDG Achievement Fund Office on behalf of the programme. The UN Resident Coordinator takes overall responsibility for facilitating collaboration between participating UN Organizations to ensure that the programme is on track, and that promised results are being delivered.

A **National MDG Fund Steering Committee (NSC)** has already been established in China to oversee this and other MDG Fund programmes. It comprises the UN Resident Coordinator, a senior representative from MOFCOM, and a representative of the Government of Spain. The NSC's co-chairs are the UN Resident Coordinator and the senior representative of the Government of China. MOH, a key implementing partner, will be invited as an observer to the NSC. Other representatives and observers will be invited by the co-chairs as appropriate. The NSC's role is to provide oversight and strategic guidance to the Joint Programme. The NSC will normally meet twice per year and make decisions by consensus. Its specific responsibilities include the following:

a. Reviewing and adopting the terms of reference and rules of procedures of the NSC and/or modifying them, as necessary (generic terms of reference are found on the MDGF website);
b. Approving the Joint Programme document before submission to the Fund Steering Committee, minutes of meeting to be sent to MDG-F Secretariat with final Joint Programme submission;
c. Approving the operational framework and strategic direction of the implementation of the Joint Programme;
d. Approving the documented arrangements for management and coordination;
e. Reviewing and approving the Programme baselines to enable sound monitoring and evaluation;
f. Approving the annual work plans and budgets as well as making necessary adjustments to attain the anticipated outcomes;
g. Reviewing the consolidated Joint Programme report of the administrative agent, providing strategic comments and decisions, and communicating this to the participating UN Organizations;
h. Suggesting corrective action to emerging strategic and implementation problems;
i. Creating synergies and seeking agreement on similar programmes and projects by other donors;
j. Approving the communication and public information plans prepared by the Joint Programme Management Committee.

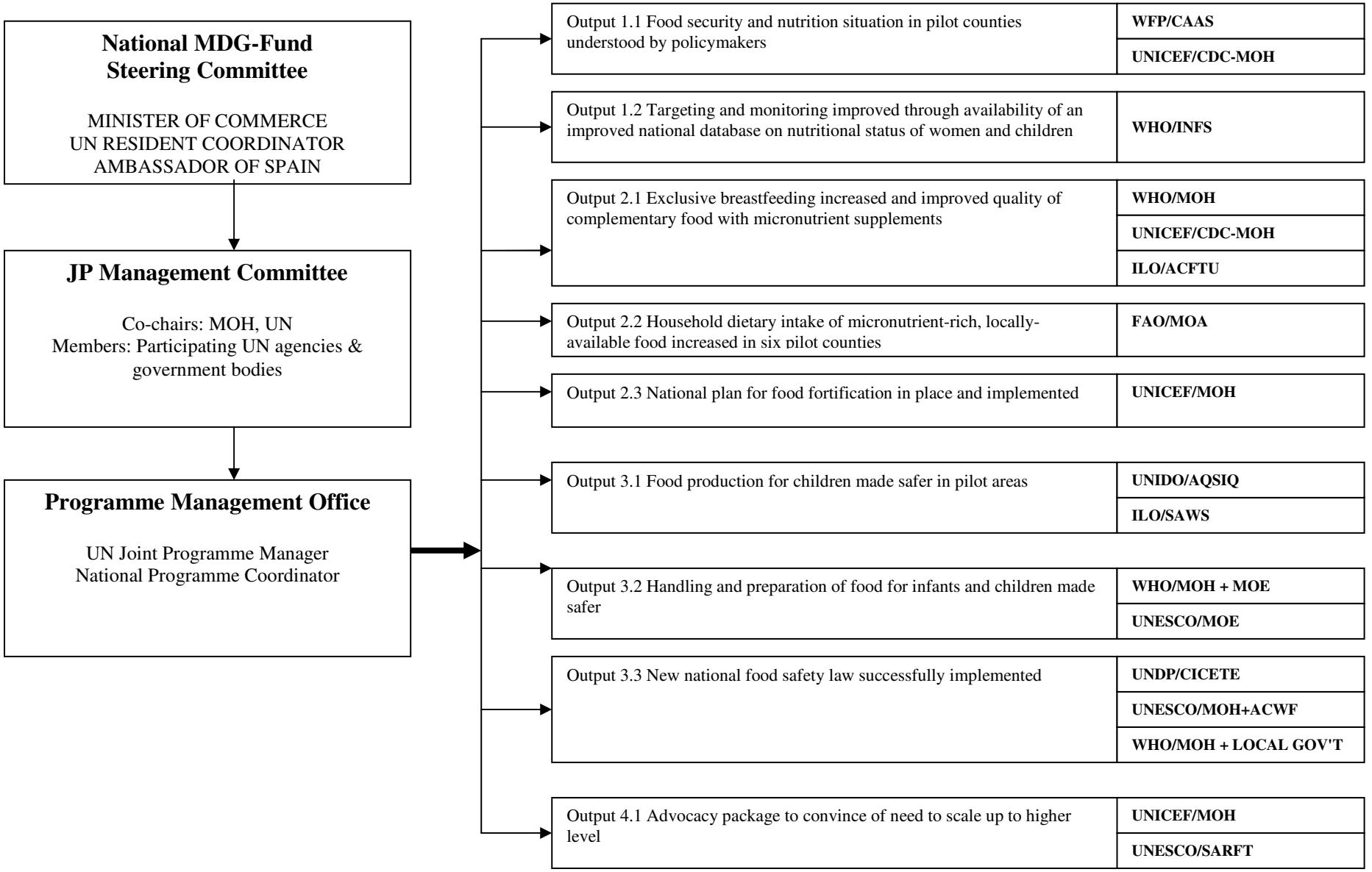
The national and international organizations directly involved in implementing this Joint Programme form the **Joint Programme Management Committee (JPMC)**, co-chaired by the UNCT member designated by the UNRC and a senior representative of the Ministry of Health. The UN co-chair is responsible for coordination amongst UN organizations; the Ministry of Health co-chair is responsible for coordination amongst national organizations. The JPMC co-chairs will work together closely to ensure sound operation of the programme. The JPMC will be an operational sub-entity of the existing UN Theme Group on Health, which has responsibility inter alia for overseeing the UN's broader work in the field of health. The Joint Programme Manager (cf. below) and experts will be invited to the JPMC meetings as needed. The JPMC will normally meet quarterly, but may meet more often depending on the need, to address issues related directly to management and implementation of the programme. The specific responsibilities of the JPMC will include the following:

a. Ensuring operational coordination;
b. Appointing the Joint Programme Manager;
c. Managing Joint Programme resources to achieve the outcomes and outputs defined in the programme;
d. Aligning MDG-F funded activities with the UN Strategic Framework or UNDAF approved strategic priorities[6];
e. Establishing adequate reporting mechanisms within the Joint Programme;
f. Integrating work plans, budgets, reports and other Joint Programme related documents; and ensuring that any budget overlaps or gaps are addressed;
g. Providing technical and substantive leadership regarding activities envisaged in the annual work plan;
h. Agreeing on re-allocations and budget revisions and making recommendations to the NSC as appropriate;
i. Addressing management and implementation problems;
j. Identifying emerging lessons learned; and
k. Establishing communication and public information plans.

The **Programme Management Office (PMO)** will be established in MOH and will be responsible for daily management of the Joint Programme. A **National Programme Director (NPD)**, a Director-General level official within MOH, will supervise a National Programme Coordinator (NPC), who will be responsible for overall programme supervision and coordination among ministries, agencies, provinces, municipalities and other programme implementing partners. Alongside the NPC, the UN will recruit a UN **Joint Programme Manager (JPM)**, to work in the PMO to manage and coordinate the UN Agencies' activities on a day-to-day basis. The JPM will report to the UN co-chair of the PMC. The PMO as a whole will prepare all the documentation required by the JPMC and will service its meetings. Its day-to-day running costs will be borne by MOH, whilst it will have a small budget from the Programme to cover specific Programme management and coordination costs, such as events, meetings and publications.

At implementing level, one participating national partner and the respective UN agency take joint overall responsibility and accountability for each output, as detailed below. They report to the PMO.

[6] China's current UNDAF runs from 2006 to 2010; the next UNDAF is under design, however it is expected to continue its focus on health and poverty alleviation.


National MDG-Fund Steering Committee
MINISTER OF COMMERCE
UN RESIDENT COORDINATOR
AMBASSADOR OF SPAIN
JP Management Committee
Co-chairs: MOH, UN
Members: Participating UN agencies & government bodies
Programme Management Office
UN Joint Programme Manager
National Programme Coordinator
Output 1.1 Food security and nutrition situation in pilot counties understood by policymakers
WFP/CAAS
UNICEF/CDC-MOH
Output 1.2 Targeting and monitoring improved through availability of an improved national database on nutritional status of women and children
WHO/INFS
Output 2.1 Exclusive breastfeeding increased and improved quality of complementary food with micronutrient supplements
WHO/MOH
UNICEF/CDC-MOH
ILO/ACFTU
Output 2.2 Household dietary intake of micronutrient-rich, locally-available food increased in six pilot counties
FAO/MOA
Output 2.3 National plan for food fortification in place and implemented
UNICEF/MOH
Output 3.1 Food production for children made safer in pilot areas
UNIDO/AQSIQ
ILO/SAWS
Output 3.2 Handling and preparation of food for infants and children made safer
WHO/MOH + MOE
UNESCO/MOE
Output 3.3 New national food safety law successfully implemented
UNDP/CICETE
UNESCO/MOH+ACWF
WHO/MOH + LOCAL GOV'T
Output 4.1 Advocacy package to convince of need to scale up to higher level
UNICEF/MOH
UNESCO/SARFT

6.2 Fund Management Arrangements

The administration of the programme follows the pass through fund management option, in accordance with the planning and financial procedures as explained in the UNDG guidance note on joint programming.

UNDP will act as Administrative Agent in accordance with the policy of 26 June, 2007 on "Accountability when UNDP is acting as administrative agent in UNDP Multi-Donor Trust Funds and/or UN Joint Programmes" (http://www.undp.org/mdtf/docs/UNDP-AA-guidelines.pdf). As per this policy, accountability for UNDP's administrative agent function rests with the Executive Coordinator of the Multi-Donor Trust Fund (MDTF) Office. However, specific tasks related to the administrative agent role may be performed by the UNRC with explicit delegation from the Executive Coordinator of the MDTF Office.

On receipt of a copy of the signed Joint Programme document, the MDTF Office will transfer the first annual installment to each participating UN organization. To request the fund transfer, the UNRC will submit the fund transfer request form to the MDTF Office. The transfer of funds will be made to the headquarters of each participating UN organization. Each organization assumes complete programmatic and financial responsibility for the funds disbursed to it by the administrative agent and can decide on the execution modality and method of fund transfer to its partners and counterparts following the organization's own regulations (as set out below).

Each participating UN organization establishes a separate ledger account for the receipt and administration of the funds disbursed to it by the administrative agent. Participating UN organizations are requested to provide certified financial reporting according to a budget template provided by the MDTF Office. Participating UN organizations are entitled to deduct their indirect costs on contributions received according to their own regulations and rules, taking into account the size and complexity of the particular programme. However, indirect costs cannot exceed 7% of Joint Programme expenditure.

Subsequent installments will be released in accordance with annual work plans approved by the NSC. The release of funds is subject to meeting a minimum commitment threshold of 70% of the previous fund release to the participating UN organizations combined. Commitments are defined as legally binding contracts signed, including multi-year commitments which may be disbursed in future years. If the 70% threshold is not met for the programme as a whole, funds will not be released to any organization, regardless of the individual organization's performance.

On the other hand, the following year's advance can be requested at any point after the combined disbursement against the current advance has exceeded 70% and the work plan requirements have been met. If the overall commitment of the programme reaches 70% before the end of the 12-month period, the participating UN organizations may upon endorsement by the NSC request the MDTF to release the next installment ahead of schedule. The RC will make the request to the MDTF Office on NSC's behalf.

Any fund transfer is subject to submission of an approved annual work plan and budget to the MDTF Office.

Below are the specific cash transfer modality arrangements of the UN agencies involved.

ILO: Funds will be managed according to ILO financial rules and regulations. The funds will be transferred to ILO headquarters in Geneva. The ILO Office for China and Mongolia will manage the funds, and will apply advancing and reimbursement modality to national partners.

UNDP: UNDP will direct cash transfers to CICETE according to the UN harmonized approach to cash transfers and from CICETE to cooperating agencies as noted above, in line with UNDP national execution modality.

UNESCO: Funds will be transferred to UNESCO headquarters and then to UNESCO Office Beijing. Funds are administrated as per the rules and regulations of UNESCO. UNESCO Office Beijing will transfer funds to the relevant national and local partners under contracts. The first advance payment will be released upon the submission of a work plan with budget estimate. Successive payments will be released upon the submission of progress reports, and the final payment upon the completion of the project activities covered under the contract and the submission of a final report with certified financial statement.

UNICEF: Funds will be transferred to UNICEF headquarters and then to UNICEF China. UNICEF China will transfer funds to the relevant national and local partners under contracts. Fund utilization will be according to the UN harmonized approach to cash transfers, and UNICEF's normal financial rules and regulations. Payments will take the form of direct cash transfer, direct payment or reimbursement.

WHO: The funds will be transferred to WHO headquarters, which will on-transfer the funds to WHO China. The reimbursement of expenditure will be managed according to WHO's financial rules and regulations for the Government Cooperative Programme, and payment on agreement for performance of work and direct financial cooperation in delivery of products.

FAO: FAO China will transfer funds to the relevant national partners on reimbursement basis.

UNIDO: For national contracts UNIDO normally does a sub-contract in which it issues one advance payment, and then afterwards, issues payments against progress reports.

WFP: Funds will be allocated to implementing partners in three tranches based on the work plan.

6.3 Management and Coordination Arrangements for Each Output

The programme is a cross-sector programme and covers a wide-range of components. To ensure the effective implementation, each component is linked to one UN Agency, which is technically and financially responsible for the implementation. To strengthen synergies and complementarities, each agency works in close cooperation with other key UN agencies and partners that have significant experience in the given or related components to ensure the maximum degree of results and information dissemination and usage. The key linkages are shown in the paragraphs below.

The JPMC will submit the joint annual narrative progress report and financial report to the Resident Coordinator, who will formally submit it to the MDTF Office in New York.

WFP (component 1.1): Component 1.1 will be led internationally by WFP and be implemented by MOA in relation to component 1.1.1 and MOH-NINFS, CDC and its sub-agencies at local level for component 1.1.2. For 1.1.1 WFP and MOA will designate a Chinese implementing

partner e.g. the Chinese Academy of Agricultural Sciences, to conduct the survey. The funds will be allocated to the partner in three tranches based on the work plan. To ensure effective coordination between the two sub-components WFP will also partner with UNICEF and WHO.

WHO (components 1.2, 2.1 3.2 and 3.3): Components 1.2, 2.1,3.2 and 3.3 will be coordinated by WHO at the country level. The Ministry of Health will be the key focal point for these components. The programme will involve active participation of MOH, NIHS, NINFS, Capital Institute for Paediatrics (CIP), maternal and child health facilities, National Health Inspection Centre and local government in activities identified in the proposal. The work on this area will also engage UNICEF (in relation to component 1.2 and 2.1), ILO (for component 2.1) and UNESCO and FAO (in relation to 3.2). Other partners in the implementation of these components will include the MOE and ACWF. WHO will also be guided by UNDP in its technical support to the national counterpart (MOH and its sub agencies) in implementing components 3.3.3 and 3.3.4.

UNICEF (components 1.1, 2.1, 2.3 and 4.1): In relation to components 2.3 and 4.1 UNICEF plays the lead role for the coordination of involved UN agencies (UNESCO and WHO), and works closely with MOH-NINFS, CDC, which will take the lead role for the implementation of component 2.3 in association with MOFCOM, SGA, millers groups and relevant NGOs. UNICEF will also work closely with the MOH that will take the lead role in implementation of component 4.1. For components 1.2 and 2.1, UNICEF will be guided by WHO as the lead agency and collaborate with China CDC and MOH and its sub agencies as well as with ILO and ACWF.

FAO (component 2.2): Component 2.2 is coordinated by FAO at the international level, and by MOA at country level. FECC is responsible for programme implementation. A national advisor is recruited to facilitate the programme implementation. Technical and managerial support for programme is provided by FAO at international level. FAO works in cooperation with UNDP, which is responsible for related components.

ILO (components 2.1.4 and 3.1.4): The components will be guided and supported by ILO and implemented respectively by ACFTU and SAWS. They form part of the overarching components 2.1 and 3.1 led by WHO and UNIDO respectively.

UNIDO (component 3.1): Component 3.1 is coordinated by UNIDO, at the international level, and by CNIS-AQSIQ at the country level and its sub-agencies at the local level. UNIDO will work closely with ILO and WHO in addressing chemical and food safety in selected enterprises and with MOH as the organisation responsible for coordinating food safety in China.

UNESCO (components 3.2.2, 3.3.2, 4.1.2): UNESCO works in cooperation with UNICEF, UNDP, WHO, and UNIDO in the specified components. From the side of the Government of China, the Ministry of Education, the All China Women's Federation and the Training Center of the SARFT play the leading role in implementation in relation to components 3.2.2, 3.3.2 and 4.1.2 respectively. In relation to the overall direction of components 3.2, 3.3, and 4.1 and how the work of UNESCO will contribute to the associated outcomes, leadership is provided by WHO, UNDP and UNICEF respectively.

UNDP (overall and component 3.3): All UNDP activities will be implemented in line with UNDP National Execution Rules. The overall Implementing Partner for UNDP is the China International Center for Economic and Technical Exchanges (CICETE), under Ministry of Commerce, with several cooperating agencies for different activities as outlined in the results

monitoring matrix. UNDP provides implementation support services as requested. Coordination with related UNDP programmes in China is ensured through the UNDP Country Office. Project offices are be established for each agency, under the supervision and guidance of CICETE.

7. MONITORING, EVALUATION AND REPORTING

On an annual basis, the lead UN organizations for each output are required to provide narrative reports on results achieved, lessons learned and the contributions made to the Joint Programme. The reporting mechanism will be anchored in the common results framework (in line with UNDG Guidance Note on Joint Programming). The agencies will channel their report contributions directly into an integrated reporting system. Budget provisions have been made to cover the operating costs of joint monitoring and reporting (within the PMO). The monitoring system will track the participating UN organizations' individual contributions to the programme outputs.

The MDTF Office is responsible for the annual consolidated Joint Programme progress report, which will consist of three parts:

1. **Management Brief.** The Management Brief consists of analysis of the certified financial report and the narrative report. It will identify key management and administrative issues, if any, to be considered by the NSC.
2. **Narrative Joint Programme Progress Report.** This report is produced through an integrated Joint Programme reporting arrangement. The report will be reviewed and endorsed by the PMC before it is submitted to the MDTF Office on 31 March of each year.
3. **Financial Progress Report.** Each participating UN organization will submit to the MDTF Office a financial report stating expenditures incurred by each programme during the reporting period. The deadline for this report is 30 April each year.

In addition to the required annual reports, participating UN organizations will provide quarterly updates to ensure a regular flow of information to the donor. The Joint Programme will have a final evaluation and mid-term review. The mid-term review will be organized by the MDG-F Secretariat.

The programme monitoring framework for the Joint Programme is given in the table below. It outlines expected results from the results framework, corresponding indicators (with baselines and indicative timeframes), methods of collecting indicators, responsibilities, and risks and assumptions.

Joint Programme Monitoring Framework (JPMF)

Expected Results (Outcomes & outputs)	*Indicators (with baselines & indicative timeframe)*	*Means of verification*	*Collection methods (with indicative time frame & frequency)*	*Responsibilities*	*Risks & assumptions*
1. Policy decisions and targeting are informed by reliable and up-to-date evidence on the magnitude, distribution, types and causes of undernutrition in China					
1.1 Food Security Situation in pilot counties understood by policymakers	1.1.1 Comprehensive food security and vulnerability analysis completed in each of the six counties by Year 1	Survey data is published and available for use in guiding the Joint Programme.	Household survey in pilot counties completed in first six months of programme. Survey repeated in Year 3.	WFP MOA	Adherence to methodology is key. Data must be collected in the way it is designed to be. In order to mitigate risk of obtaining poor data, training and monitoring will be key, as well as consistency checks and data cleaning. There will also be the need to assure enumerators are from a qualified independent institution with good supervision and training. Depending on the methodology chosen, there is a risk of higher cost for surveying, since true random surveying can be costly.
	1.1.2 Data on anaemia, iron, vitamin A, and zinc, folic acid and vitamin B12 deficiencies available from a micronutrient survey of the six pilot counties documented and available by Year 1	Survey data is published and available for use in guiding the Joint Programme.	Survey in pilot counties completed in first 12 months of programme Survey repeated in Year 3.	UNICEF CDC-MOH and its sub agencies	Data quality and availability is appropriate and accurate (as above).

1.2 Targeting and monitoring improved through availability of an improved national database on nutritional status of women and children	1.2.1 Nutrition and child feeding data available for the six pilot counties and incorporated into national surveillance systems – Baseline: 0; Target Year 2: Data available and incorporated China MCH and CDC staff trained in use of indicators for infant and young child feeding	Data is published and available for use in guiding the Joint Programme. Training materials; Training workshop agenda and minutes; Progress report	Collection and integration of the indicators into existing population-based surveys Questionnaires; Project management reporting system	WHO INFS	China CDC, maternal and child health, and other key staff are adequately aware of appropriate methodologies and have the capacity to implement. China CDC staff aware of the need for additional training and committed to upgrading their skills. In order to ensure this, it will be important to involve China CDC from the earliest stages
2. Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties					

2.1 Exclusive breastfeeding increased and safe complementary food and micronutrient supplementation provision expanded in pilot counties	2.1.1 Complementary food and supplements in 3 counties reaching 5000 children aged 6-24 months and 5000 women of child bearing age respectively by Year 3	Procurement and supply reports. Survey reports. Progress reports	Maintain supplies' reports and conduct household survey in Year 3	UNICEF CDC-MOH	With supplements, there is a risk of their being used too early, or not at all. On the one hand, some parents might decide to feed them to their infant before the child has reached six months of age, especially if they can access them from the market. On the other hand, parents might also be reluctant to use the supplements at all considering past incidents with fake and tainted infant powders. Education will be a particularly important aspect in this component, as will ensuring the quality of the product used. Systems will need to be available to facilitate the distribution of quality product. Furthermore, local producers will need to be brought up to international standards.

	2.1.2 (A) Exclusive breastfeeding of infants to six months will be an integral component of the way in which all health care facilities interact with pregnant women and new mothers in the six pilot counties both as part of their facility work and as part of community outreach by Year 3.	Assessment reports available and used in revising health care facility and outreach activities	Annual assessment of health care facilities (including assessment of Baby Friendly Hospitals) and outreach programmes	WHO MOH and its sub agencies	Health care facilities are impacted by private sector campaigns promoting alternatives to exclusive breastfeeding. Outreach programmes are not reaching the 'unreachable'.
	2.1.2 (B) 30%-50% increase over the baseline level in exclusive breastfeeding for six months by Year 3 (baseline to be determined by initial survey or based on national average).	Data available in national nutrition database	Household survey in pilot counties completed and data provided to national database.	WHO MOH and its sub agencies	Quality of data collection needs to be carefully monitored and ability of data to be disaggregated effectively to provide the information needed.
	2.1.2 (C) 30% of women's groups are advocates of exclusive breastfeeding through campaigns (baseline is no groups currently campaigning)	Women's group reports and campaign materials available	Questionnaires distributed to women's groups to monitor progress every 12 months	WHO MOH and its sub agencies	Women's groups are responsive to the need for participating in exclusive breastfeeding campaigns and willing to report on work undertaken.
	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)	National plan is published	Project management reporting system provides the published Code by 2011	WHO MOH and its sub agencies	The key national stakeholders are committed to producing a plan on the Code on Marketing of Breast Milk Substitutes and gaining support for its implementation.

	2.1.3 (B) The Code has been the basis of training on breastfeeding in 100% of those hospitals taking up the Baby Friendly Hospital Initiative nationwide.	Training materials; Training progress report	Questionnaire distributed to all Baby Friendly Hospitals by 2011	WHO MOH and its sub agencies	Hospitals are committed to all aspects of the Baby Friendly Hospital Initiative
	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.	Surveillance report published	Conduct surveillance through work-based questionnaires annually	ILO ACFTU	Enterprises are willing to cooperate on facilitating breastfeeding at workplace. Capacity to conduct social dialogue at enterprise level need to be enhanced. Due to strong support from ACFTU women's department and the established 3+1 cooperation mechanism risks to success of intervention are low.
2.2 Household dietary intake of micronutrient-rich, locally-available food increased in 3 pilot counties	2.2.1 Increasing 30% the proportion of diet made up by locally-available, micronutrient-rich foods in pilot areas by Year 3 (base line: to be determined by survey)	Survey results published. Nutrition education materials prepared and available. Training plan and report for village groups and institutions available. Supply input report (seeds, fertilizers, tools) available.	Conduct a survey on consumption status to confirm dietary intake in 3 pilot counties in Year 1 and Year 3. Progress reports to include training report component. Maintenance of supplies reports.	FAO MOA	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 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. If the counties selected are in or near areas where FAO has done projects, it will be easier to explain the approach to local officials, and gain their support.
2.3 National plan for food fortification in place and implemented	2.3.1 Food fortification plan developed and approved Baseline: None, Target: approved plan by Year 3	Food fortification plan published and reports available on its implementation	Project management reporting system	UNICEF MOH	Plan is produced but not adopted by government for implementation. MOH is the lead local agency, but has itself acknowledged the challenge of coordinating food-related activities when food is not the ministry's primary focus.

3. Food-related illness reduced through safer food production and preparation for children					
3.1 Food production for children made safer in pilot areas	3.1.1 Pilot enterprises trained in HACCP process by Year 3.	Evaluation on project site. Interviews with enterprise staff.	Monitoring reports/spot evaluations carried out by project team;	UNIDO CNIS-AQSIQ	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.

	3.1.2 Increase in the capacity of pilot laboratories to perform food safety monitoring by Year 3.	Monitoring report and evaluations on the project site.	Monitoring reports/spot evaluations carried out by project team; list of training participants	UNIDO CNIS-AQSIQ	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 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	Quality of monitoring or evaluation reports; Interviews with food safety/quality inspector.	Monitoring reports/spot evaluations carried out by project team after each training is completed. List of training participants.	UNIDO CNIS-AQSIQ	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 ensuring the new manuals are adopted.

	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. 50 OSH inspectors trained to provide quality services to the businesses	Guidelines are published and available. Businesses reports demonstrating their application. Auditing reports by certified inspectors	Collection and maintenance of guidelines. Audits completed by Year 3	ILO SAWS	The enterprises are willing to cooperate on improvement of chemicals management and OSH management. SAWS will identify responsive enterprises. ILO and UNIDO have previous experience on implementing enterprise programmes together, so risks related to this are low.
	3.1.5 Management plans developed for target sectors in pilot areas in Year 3	Management plans; government dialogue; expert dialogue	Research report; minutes of government dialogues; management plans	UNIDO CNIS-AQSIQ	Governments are willing and committed to developing 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.

3.2 Handling and preparation of food for infants and children made safer	3.2.1 Selected primary and secondary schools, hospitals and women's association groups in the six counties trained or introduced to WHO's Five Keys to Safer Food by Year 3. Advocacy work begun to have it adopted into standard curriculum.	Training reports available	Training reports submitted to national MOH authorities after each training is completed	WHO MOH MOE	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 agency on food safety in China.
	3.2.2 At least 50% of the schools in target counties will integrate nutrition and food safety into school health education curriculum with 100% of the 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	Annual progress report, supplementary learning materials prepared and used, improved test scores of students in health education	Site visits, tests, school data provided by pilot schools	UNESCO MOE	A challenge will be the capacity of those at the local level to integrate this material. Training workshops for teachers will help ensure they understand and adopt the materials.

3.3 New national food safety law successfully implemented	3.3.1 300 government officials, 500 legal personnel and 500 employees will be trained in the new food safety law.	Annual progress report, on site visit, training evaluation. Tripartite program review of the progress and lessons learned. Monitoring mission	On site visits	UNDP NPC China Law Society	The government's willingness to accept policy recommendations is 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.
	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	Training reports available	Training reports submitted to ACWF after each training is completed and training reports collated	UNESCO ACWF	National counterparts are able and have capacity to orgnanise 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.	Food complaints and food emergency response systems are documented and a trial of them has been conducted and a report of the trial in the six counties is available	Collection of available reports. Programme management reporting system	WHO MOH	All participating counties have the capacity to participate in the trial because their systems are adequately developed by the same time in Year 3. To ensure this, work with China CDC who have a food surveillance system.

	3.3.4 Training of trainers targeting government regulators and food producers and traders on the new food safety law conducted at provincial-level by Year 1 and county level by year 3	Training reports available	Regular Programme Management reporting system includes training reports.	WHO MOH	Ensure collaboration occurs between counterparts. Use Working group on food safety.
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 nationwide					
4 Advocacy package applied to orient key champions and media as to the need to scale up from the pilot scale	4.1 Nutrition problems and feasible options documented into an advocacy package. 10,000 copies produced and shared at meetings held at national and participating provincial and county levels by Year 3	Compilation of nutrition problems in China and feasible options for addressing them, and any related decisions taken during the course of the project.	Review of evidence gathered through the joint programme, policy documents and other information sources,	UNICEF MOH	Need to inform policymakers of the success of the Joint Programme and mitigate against lack of interest. Coordination among UN agencies and with government counterparts will be a particular challenge. The structure of the Joint Programme helps mitigate against this by regularly bringing parties together.

	4.2 Media training of at least 100 journalists in pilot counties by Year 3. At least 10% increase in articles on food security, safety and nutrition in target areas. (Baseline: Media review through sampling in selected pilot counties.)	Media training materials available in the SARFT training centers, reports in local media on food security	Site visits, media survey and progress reports by the national counterpart	UNESCO Training Center of SARFT	Journalists may not consider this a priority issue. There are also political sensitivities to consider. This is why we will work with SARFT to help reinforce why this is a priority.

8. LEGAL CONTEXT OR BASIS OF THE RELATIONSHIP

Table 3: Basis of Relationship

Participating UN organization	Agreement
UNDP	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the Government of the People's Republic of China and the United Nations Development Programme, signed by the parties on June 29, 1979.
UNICEF	The Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF on 22 June, 1981 provides the basis of the relationship between the Government and UNICEF. This Country Programme Action Plan (CPAP) referred to therein as the Plan of Operations, for the period January 1, 2006 to December 31, 2010 is to be interpreted and implemented in conformity with the BCA. The programmes and projects described herein have been agreed jointly by the Government and UNICEF.
UNIDO	UNIDO Office was established in accordance with the Agreement between the Government of the People's Republic of China and MOFCOM. The Office was established in 1979.
UNESCO	China has established a Permanent Delegation at UNESCO Headquarters in Paris, which undertakes liaison between UNESCO and the Chinese government. Broad consultations are held regularly with the Permanent Delegation regarding UNESCO's programming and activities. The Chinese National Commission for UNESCO, a national cooperating body set up by the Chinese government for the purpose of associating its governmental and non-governmental bodies with the work of UNESCO, works closely with UNESCO Office Beijing, which was established in 1984.
FAO	The Food and Agriculture Organization of the United Nations and the Government of the People's Republic of China signed an agreement for the establishment of the FAO Representation in China on 25 May, 1982.
ILO	The International Labour Organisation and the Government of the People's Republic of China signed an agreement for the establishment of the ILO Beijing Office in November 1984. The framework of ILO cooperation in China is the Decent Work Country Programme in the People's Republic of China (2006–2010) endorsed by tripartite constituents in August 2007.
WHO	The WHO China office was established in 1981 in accordance with an agreement between the People's Republic of China and the WHO.
WFP	The agreement between the Government of the People's Republic of China and the United Nations/FAO World Food Programme concerning assistance from the World Food Programme in Beijing on 4 October 1980

ANNEX 1: ANNUAL WORKPLAN

Work Plan for Year 1: Improving nutrition, food safety and food security for China's most vulnerable women and children

JP Outcome										
Annual targets	UN Agency	Key Activities	Time frame				Partner to Implement	Planned Budget		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description[7]	Total Amount
JP Output 1:										
Output 1.1 Food security situation in pilot counties understood by policymakers Targets: Existence of accurate data on food security, vulnerability and undernutrition in the six pilot counties available for use in policy making – Baseline: 0; Target	WFP	Food security and vulnerability analysis planning and preparation					MOA	MDG-F	Personnel ODC	28,000 8,500
		Food security and vulnerability analysis conducted in six counties							Contracts Training	51,500 27,000
	UNICEF	Plan and build capacity for the micronutrient survey in six counties					MOH-NINFS,	MDG-F	Contracts ODC	85,780 10,220

[7] SCET: Supplies, Commodities, Equipment and Transport; ODC: Other direct costs; Personnel: includes staff, consultants, travel and staff training; IDC: Indirect costs (7%)

Year 1: Database available		Conduct a micronutrient survey on anaemia, iron deficiency, vitamin A, zinc and parasites					CDC			
Output 1.2 Targeting and monitoring improved through availability of an improved national database on nutritional status of women and children Target: Nutritional databases reviewed and revised and trialed in six counties by Quarter 4, Year 1.	WHO	Review existing nutritional databases. Prepare tools to improve data and trial their usefulness in the six pilot counties. Build capacity through training.					INFS	MDG-F	Personnel Contracts Training ODC	15,000 53,000 10,000 2,000
JP Outcome 2:										
Output 2.1 2.1 Exclusive breastfeeding increased and safe complementary food and micronutrient supplementation provision expanded in pilot counties	UNICEF	Prepare training materials and conduct training for provincial and county-level health personnel on complementary food supplements preparation and use and purchase supplements.					MOH	MDG-F	Training Personnel SCET Contracts ODC	30,000 15,000 40,000 10,000 10,000

Targets: 1. All health personnel at county and province level trained in preparation and use of complementary food supplements and on breastfeeding 2. Baby Friendly Hospital Initiative implemented at all hospitals in the six pilot counties.	WHO	Training of health staff (including a particular focus on MCH personnel) on breastfeeding with updated WHO materials in the six counties' facilities, (ii) Assess county hospitals capacity for and application of the baby friendly hospital initiative and re-assess the initiative; (iii) establish a working group to initiate review of national Code of breastmilk substitutes					MOH	MDG-F	Training Personnel SCET Contracts ODC	30,000 6,000 10,000 30,000 9,000
	ILO	Survey businesses to determine the baseline of the proportion of businesses providing the right to breastfeed, and develop and trial advocacy, demonstration and other means of engaging businesses will be trialled in one of the pilot counties in year one					ACFTU	MDG-F	Personnel Contracts Training SCET ODC	19,000 20,000 14,000 3,000 4,000
Output 2.2 Baseline study of dietary intake conducted in 3 counties and training	FAO	Prepare for and conduct the baseline survey.					MOA	MDG-F	Personnel Contracts	60,000 80,000
		Laboratory analyses conducted.							Training	40,000

materials developed and applied in raising awareness of the importance of local production and consumption of micronutrient rich food and knowledge improved in 3 counties.		Training needs identified and training materials developed.						ODC SCET	10,000 20,000
Output 2.3	UNICEF	Gather evidence and conduct a risk analysis as a basis for a national food fortification plan					MOH		Contract ODC	18,600 1,400
JP Outcome 3									
Output 3.1 Food production for children made safer in pilot areas	UNIDO	Training in Hazard Analysis and Critical Point process (HACCP)					CNIS-AQSIQ	MDG-F	Personnel Contracts Training SCET ODC	45,000 10,000 30,000 5,000 10,000
	UNIDO	Training to strengthen laboratories' standardization and management capacity.					CNIS-AQSIQ	MDG-F	Personnel Contracts Training SCET ODC	20,000 5,000 15,000 5,000 5,000

	UNIDO	Training to strengthen the management and operational capacity of the food safety and quality inspectors.					CNIS-AQSIQ	MDG-F	Personnel Contracts Training SCET ODC	25,000 10,000 20,000 10,000 5,000
	ILO	Develop guidelines on safety and health at work including the safe use of chemicals in industries producing child nutrition products and pilot training for production workers and local work safety inspectors					SAWS	MDG-F	Personnel Contracts Training SCET ODC	35,000 15,000 20,000 3,000 7,000
	UNIDO	Develop a management plan for industry sectors, both at production and inspection levels.					CNIS-AQSIQ	MDG-F	Personnel Training Contracts ODC	12,000 10,000 25,000 3,000

Output 3.2 Documented food safety situation in relation to children and women. Training materials developed and pilot training in one county conducted	WHO	Review the existing food safety situation in relation to children and women and identify the needs for training, Prepare training materials based on WHO's Five Keys to Safer Food. Conduct training in selected primary and secondary schools, department of gynaecology obstetrics and paediatrics in general hospitals and hospitals for gynaecology obstetrics and paediatrics hospitals and women's associations on safe food preparation. Evaluate the training and training materials for improvement. Initiate action in one county					MOH National Health Inspection Centre local gov't	MDG-F	Personnel Contracts Training ODC	50,000 50,000 15,000 5,000
	UNESCO	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					UNESCO MOE	MDG-F	Personnel Contract ODC	23,000 27,000 2,000
Output 3.3 Reports on food security law and supporting regulations for central leadership as	UNDP	1. Seminars on issues related to the food safety law. 2. Investigation and study tours on food safety law and its					CICETE	MDG-F	Contracts Personnel Training	80,000 60,000 50,000

references. Different level trainings of law-related personnel. Pilot study to explore effective cooperative supervision.		enforcement. 3. Training of government officials, legal personnel and the citizens on food safety. 4. Pilot study on food safety supervision and administration in the areas with advanced experiences and the participating counties to be able to identify transferrable good practices. 5. A national knowledge contest for food safety law covered by media to raise wider awareness on the law and its enforcement. 6. The Declaration of Food Safety issued by an association of enterprises producing women and children products.							SCET ODC	3,000 7,000
Documented assessment of community awareness of food safety law and related needs of key women's groups in the six counties and of the broader community through a survey in the six pilot counties.	UNESCO	Survey on awareness of new food safety law, needs for food safety services/support, through baseline study, questionnaire and in-depth interviews in women's groups and local communities.					ACWF	MDG-F	Personnel Contract Training ODC	5,500 10,000 9,000 500
Food safety emergency and complaints system introduced or improved	WHO	Review the existing work in relation to food emergency and food complaints system in the pilot counties and identify the gap and needs to improve or construct the system.					MOH/National Health Inspection Centre/local government	MDG-F	Personnel Contract Training ODC	50,000 50,000 25,000 5,000

		WHO provides training based on FAO/WHO guidance on a food emergency protocol and food complaints systems. Counterparts will trial the introduction or improvement of the food emergency protocol and food complaints system in 1 county.								
Training materials on food safety law for government regulators and food producers and traders developed. Training conducted at provincial level.	WHO	Review the existing regulatory administration and food producers and traders in the pilot counties and identify the training needs. Develop training materials on the new food safety law. Conduct training at provincial level.					MOH/National Health Inspection Centre/local government	MDG-F	Personnel Contract Training ODC	5,000 10,000 7,000 3,000
Outcome 4: National child nutrition and food safety policies, guidelines, regulations and standards are revised according to results of the pilots and lessons are shared nationwide										
Output 4 Results incorporated in an advocacy package and used to orient key government officials and the media on nutrition, and child food safety	UNICEF	Develop advocacy strategy and plan for key bottlenecks to improving nutrition of women and children in China					MOH	MDG-F	Personnel	20,000

	UNESCO	Media package prepared and training conducted in two locations							Contracts Personnel ODC	48,000 11,000 1,000
Project preparation / formulation (funds administered by UNDP)			20,000							
Programme Coordinator (funds administered by WHO)			80,000							
PMO budget (funds administered by WHO)			30,000							
RC Office (funds administered by UNDP)			20,000							
Total Planned Budget without management fee			1,913,000							
Management fee for MDGF (7%)			133,910							
Grand total			2,046,910							

Budget allocation to Participating UN Organizations (POs) for the First Year of Implementation broken down by budget lines		
Participating UN Organizations (POs)	**Budget line**	**Amount**
WFP	Personnel	28,000
	Training	27,000
	Contracts	51,500
	ODC	8,500
WFP Total Planned Budget (without 7% management fee):		**115,000**
WFP 7% management fee:		**8,050**
FAO	SCET	20,000
	Personnel	60,000
	Training	40,000
	Contracts	80,000
	ODC	10,000
FAO Total Planned Budget (without 7% management fee):		**220,000**
FAO 7% management fee:		**15,400**
UNICEF	SCET	40,000
	Personnel	35,000
	Training	30,000
	Contracts	114,380
	ODC	21,620
UNICEF Total Planned Budget (without 7% management fee):		**241,000**
UNICEF 7% management fee:		**16,870**
UNDP	SCET	3,000
	Personnel	60,000
	Training	50,000
	Contracts	100,000
	ODC	27,000
UNDP Total Planned Budget (without 7% management fee):		**240,000**
UNDP 7% management fee:		**16,800**

UNIDO	SCET	20,000
	Personnel	102,000
	Training	75,000
	Contracts	50,000
	ODC	23,000
UNIDO Total Planned Budget (without 7% management fee):		**270,000**
UNIDO 7% management fee:		**18,900**
WHO	SCET	13,000
	Personnel	206,000
	Training	87,000
	Contracts	193,000
	ODC	51,000
WHO Total Planned Budget (without 7% management fee):		**550,000**
WHO 7% management fee:		**38,500**
UNESCO	Personnel	39,500
	Training	9,000
	Contracts	85,000
	ODC	3,500
UNESCO Total Planned Budget (without 7% management fee):		**137,000**
UNESCO 7% management fee:		**9,590**
ILO	SCET	6,000
	Personnel	54,000
	Training	34,000
	Contracts	35,000
	ODC	11,000
ILO Total Planned Budget (without 7% management fee):		**140,000**
ILO 7% management fee:		**9,800**
Total Planned Budget (without 7% management fee):		**1,913,000**
Management Fee for MDG-F (7%)		**133,910**
Grand Total		**2,046,910**

Signatures[8]:

UN organizations
Subinay Nandy *Signature* *United Nations Development Programme* *Date & Seal*
Dr Hans Troedsson *Signature* World Health Organization *Date & Seal*

[8] When CSOs/NGOs are designated Implementing Partners, they do not sign this Work Plan. Each participating UN Organization will follow its own procedures in signing Work Plans with CSOs/NGOs.

Yin Yin Nwe *Signature* *UNICEF* *Date& Seal*
Victoria Sekitoleko *Signature* Food and Agriculture Organization of the United Nations *Date & Seal*

Constance Thomas *Signature* *International Labour Organization* *Date & Seal*
Mr. Sajjad Ajmal *Signature* United Nations Industrial Development Organization *Date & Seal*

Abhimanyu Singh *Signature* *UNESCO* *Date & Seal*
Anthea Webb *Signature* WFP *Date & Seal*