

# TECHNICAL ASSISTANCE COMPLETION REPORT

Division: PRCM

<b>TA No. and Name</b> TA 3992-PRC: Strengthening National Public Nutrition Planning			<b>Amount Approved:</b> \$500,000	
			<b>Revised Amount:</b> \$500,000	
<b>Executing Agency:</b> National Development and Reform Commission		<b>Source of Funding:</b> TASF	<b>Amount Undisbursed</b> \$150,072.62	<b>Amount Utilized</b> \$349,927.38
<b>Date</b>			<b>TA Completion Date</b>	
<b>Approval</b> 20 Nov. 2002	<b>Signing</b> 10 Jan. 2003	<b>Fielding of Consultants</b> 23 Jul. 2003	<b>Original</b> 30 Nov. 2005	<b>Actual</b> 30 Sept. 2006
			<b>Account Closing Date</b>	
			<b>Original</b> 31 March 2006	<b>Actual</b> 30 November 2006
<p><b>Description</b> The People's Republic of China (PRC) stands at a critical juncture in addressing both long-standing and emerging threats from three interlinked types of malnutrition, which cut across all segments of PRC society: (i) under-nutrition (inadequate intake of calories and protein) remains prevalent in poorer rural areas; (ii) particularly in urban areas, rapidly escalating over-nutrition is reflected in alarming rises in incidences of overweight, obesity, and diet-related chronic diseases; and (iii) micronutrient deficiencies pose a "hidden hunger" society-wide, with especially devastating and cross-generational effects in the case of pregnant women and infants. These jointly threaten to derail socioeconomic development. At the same time, in the PRC, nutrition had been viewed as principally a health issue (and ascribed low priority in health-led efforts), suggesting the need for mindset change, high-level recognition, and integration into national planning to ensure cross-cutting efforts linking multiple agencies, industry, and the public.</p> <p>The Asian Development Bank (ADB) and PRC Government agreed during country programming in June 2002 to include a nutrition technical assistance (TA) in the 2002 program. This was the first country-specific nutrition TA to the PRC, but built on cooperation under 3 regional TAs with the implementing and executing agencies (IA and EA)—the Public Nutrition and Development Center (PNDC) under the later renamed National Development and Reform Commission (NDRC)—and the United Nations Children's Fund (UNICEF). It was agreed that UNICEF would provide \$400,000 in parallel cofinancing to the TA and administer roughly \$205,000 of ADB TA funds, in view of their on-the-ground strength in PRC nutrition.</p> <p><b>Expected Impact, Outcome and Outputs</b> To promote the longer-term impact (formerly termed goal) of improved national nutrition as a key to equitable socioeconomic development in the PRC, the TA's central targeted outcome (formerly termed objective) was strengthened capacity for planning and implementing sound nutrition strategies and policies, with nutrition institutionalized as a key element within medium- and long-term development planning in the PRC. In advancing institutional capacities and mindset change, two secondary outcomes were (i) establishment of a broad national coalition for improving public nutrition; and (ii) a sound direction set for public-private partnerships to allow the PRC to achieve self-sufficiency and eventually export capacity in production of fortified foods.</p> <p>The originally stated core outputs can be paraphrased as:</p> <ul style="list-style-type: none"> <li>(i) compilation by PNDC of a comprehensive public nutrition chapter (PNC) for inclusion in the Eleventh Five-Year Plan (FYP) for National Economic and Social Development for 2006-2010;</li> <li>(ii) design and initiation by PNDC of a communications plan for public nutrition (CPPN), including (a) policy advocacy to key decision-makers, (b) a public education campaign aimed at shifting consumer demand, and (c) producer-targeted advocacy to expedite a complementary supply-side shift; and</li> <li>(iii) special studies and proposed strategies to (a) provide affordable, high-quality fortified foods to the PRC's poorer Western Region, to promote poverty reduction and regional development; and (b) enhance national food industry expertise and spur modernization and an increased private sector role in nutrition improvement.</li> </ul> <p>TA processing was turned over to the author fairly late in the TA's technical design. Following inception (delayed due to SARS), a minor change of scope was made in December 2003, reflecting mainly the emergence of clearer guidelines on the process for formulation of the 11<sup>th</sup> FYP and the need to respond to changes in the post-SARS context (see below). At the output-level, the principal change was to refocus the first output to securing the first-ever inclusion of nutrition in the 11<sup>th</sup> FYP and relevant sectoral planning, with the PNC providing a compilation of materials aimed at advocacy and technical back-stopping to turn the FYP into operationable action (rather than its inclusion in the 11<sup>th</sup> FYP as a formal "chapter"). The initial indicative breakdown of studies under output (iii) was also adjusted twice during the course of the TA, at the IA's request.</p> <p><b>Delivery of Inputs and Conduct of Activities</b> Implementation faced the need to respond to key contextual shifts. In particular, while SARS greatly enhanced government and public attention on health, it exacerbated an arguably excessive focus on high-profile infectious diseases, eclipsing emphasis on nutrition and related non-communicable diseases. The shifted context put a greater premium on in-country advocacy as well as cross-agency dialogue and other process-side elements, relative to the initial TA design's focus on technical but perhaps externally-driven research. ADB, UNICEF, and PNDC agreed on the need for responsiveness and flexibility in adjusting detailed workplans, consultant inputs (including a shift toward domestic consultants), and the ADB-UNICEF memorandum of agreement (MOA). Via flexible collaboration, good quality inputs included a joint ADB-UNICEF international seminar and 2 other major workshops, 12 Chinese-language studies spanning an array of PRC nutrition issues, a 3000 character policy note submitted to the State Council, a Special Research Report for the Eleventh Five-year Plan submitted to NDRC planners, and a series of 6 advocacy pamphlets targeting government planners,</p>				

the media (and eventually consumers), and stakeholders in the food industry, agriculture, health, and education sectors (see below). Key UNICEF-funded interventions included development of a policy framework for PRC nutrition and capacity building activities.

The performance of the consultants (all recruited as individuals) was generally very good to excellent. In contrast to a common PRC Government criticism, the international consultants were particularly responsive to the PRC context and requests by the IA. Significant contract savings reflected the overall shift to an in-country focus and more selective use of international expertise, and the fact that the strongly committed consultants likely under-claimed time inputs. In addition to formal consultants, the TA also involved substantial inputs from domestic resource persons (overseen by the IA)—while of varying technical quality, papers generated broadly spanned the multiple facets of public nutrition in the PRC, and (more importantly perhaps), this process helped promote cross-cutting dialogue and consensus building. While direct involvement and high-level backing by the EA were sometimes less than desired, the IA was highly committed. Coordination between the IA, ADB and the consultants, UNICEF, and multiple other parties (each with different procedural requirements) was at times complex, but frequent dialogue (including during 8 PRC missions prior to the author's transfer to PRCM) and other dialogue with project partners helped ensure overall smooth implementation. Hands-on inputs by the TA officer and higher-level participation by PRCM and UNICEF in workshops, etc. were also important. Despite early delays (due to finalization of the ADB-UNICEF MOA followed by the onset of SARS), the TA was substantively completed on-time, but extended principally to allow time for UNICEF certified financial reporting under its annual cycle (consistent with the MOA).

**Evaluation of Outputs and Achievement of Outcome** Under the revised first broad output noted above (the PNC), the TA's most fundamental achievement was contribution to two major breakthroughs: the first-ever inclusion of (i) the concept of nutrition improvement in the overall 11<sup>th</sup> FYP, and (ii) flour fortification and other aspects of nutrition improvement as a priority area in the 11<sup>th</sup> FYP for Food Industry Development (one of several sectoral FYPs), which provides a key new foundation for public-private partnerships.

Supporting this main thrust, the TA assisted PNDC in drafting and launching a CPPN aimed at key stakeholders. While the CPPN fell short of setting a unified plan for communications interventions by all key agencies, several PNDC-led efforts have already proven effective: e.g., dissemination of core messages via the noted six-pamphlet series to delegates of the 2005 National People's Congress and National People's Political Consultative Commission, media, and other stakeholders. Finally, the PNC was underpinned by the 12 studies, policy framework, and other inputs noted above. Synthesizing and distilling key findings from this, other work, and international experience, ADB published in English and Chinese a Focused Synopsis monograph that has been distributed broadly, including by request from 2 major external conferences.

In sum, minor refinements in scope notwithstanding, the TA successfully delivered intended outcomes and has had a major impact on the future path for nutrition improvement in the PRC.

**Overall Assessment and Rating** As noted above and reflected in recent/ongoing assessments by the Operations Evaluation Department (on regional work in nutrition and country assistance to the PRC), the TA achieved its core aims, building on and advancing ADB's prior contributions as a leading international partner in PRC nutrition. Most fundamentally, in contrast to TAs that generate limited influence outside of limited technical spheres, the TA directly supported the first-ever inclusion of nutrition improvement in the overall 11<sup>th</sup> FYP and of core industry-side recommendations in the 11<sup>th</sup> FYP for Food Industry Development. This represents a major rise in recognition of the growing toll of nutrition-related problems in the PRC and a mindset change regarding the need for cross-sectoral action. Delivery of the main outputs on time and well below budget suggests that the TA was effective and efficient. Finally, while much work lies ahead in operationalizing new directions, institutionalization of nutrition in national planning for the first time ever suggests that achievements will be sustainable. In view of these, the TA is rated as highly successful.

**Major Lessons** ADB's attempts to build and utilize partnerships (including with UNICEF) and to flexibly adapt to a more process-oriented approach (engaging a range of stakeholders) clearly added some administrative complexity and required hands-on management within a fairly long TA. However, this pragmatic approach allowed the tapping of each partners' diverse strengths and appears to have been critical to the TA's success and long-term impact.

**Recommendations and Follow-Up Actions** Experiences under the TA suggest that ADB's advisory TA operations should strategically consider formal/informal cooperation with other agencies/institutions. Ongoing analyses of PRC advisory TA suggest that such partnerships have underlay ADB's comparative advantage in health-related areas—ADB's relative strength regionally also rests on catalyzing partnerships (along with financing and cross-cutting policy dialogue). Second, for policy/reform-oriented TAs, the starting point should be the country context and clear identification of where key hurdles lie. TA design should then clearly consider the balance between technically-oriented research and a broader array of policy-targeted support directed at any or all of 3 key levels (i.e., the need for high-level recognition and mindset-change, formulation of new policies/strategies, and/or operationalization of existing policies), thereby merging research and technical best practice with local realities. Finally, although nutrition is not currently identified as a priority area for TA support, in view of this TA's success, the PRC's newly laid foundations for future progress, and ADB's relative position as a lead international agency in public nutrition in the PRC and regionally, ADB should consider the possibility of selective and strategic support in the future. At the minimum, ADB should seek to remain involved in policy dialogue—PRCM is currently considering drafting an "observations and suggestions" policy note on nutrition.

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