



# Nutrition improvement as the top priority for child poverty reduction

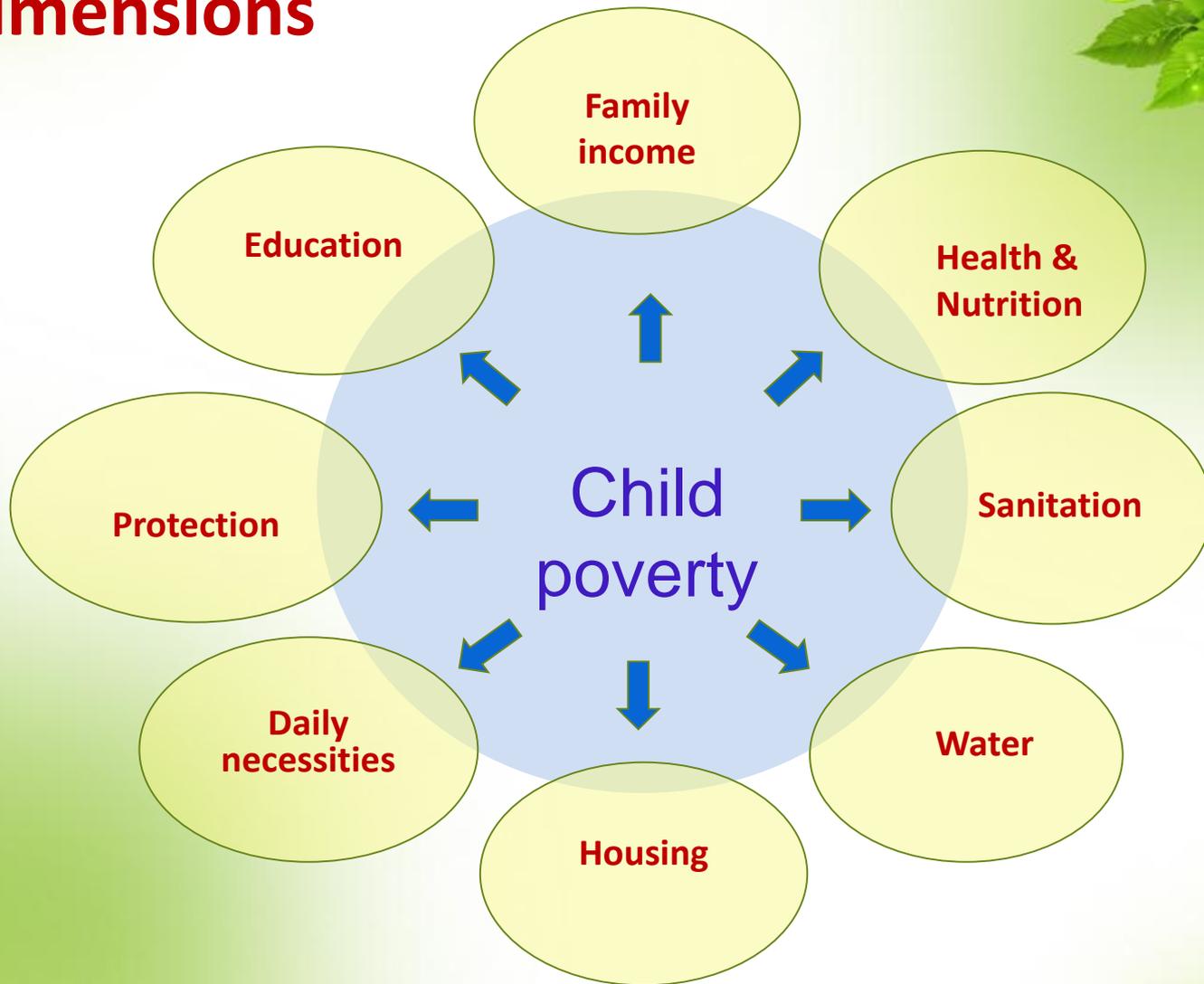
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**National Working Committee on Children and Women (NWCCW)**

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# Child poverty dimensions





# ► Poverty and malnutrition

## ■ 2016 Global Nutrition Report

- 1 in 3 proportion of people on the planet who are malnourished
- Malnutrition has become increasingly prevalent globally, with the co-existence of malnutrition, stunting, wasting, deficiency of micronutrients, obesity and overweight
- Nutrition is the biggest cause for the global disease burden
- Malnutrition has cost China a loss equal to 8.7% of its national GDP

# ► Malnutrition-hidden crisis



■ Malnutrition leads to increased risks for child mortality and morbidity

**30% of child deaths are related to malnutrition**

■ Malnutrition in early stages of life compromises brain and intellectual development and learning capacity

**Deficiency of protein and energy reduces 10-15 points for intelligence quotient**

**Deficiency of iron and iodine causes a drop of 5-8 points in intelligence quotient**

■ Malnutrition causes losses to the national socioeconomic development

**Childhood deficiency of energy and protein causes moderate stunting, which further results in a 2% to 6% loss of adulthood productivity and 2%-9% decrease in labour intensity.**

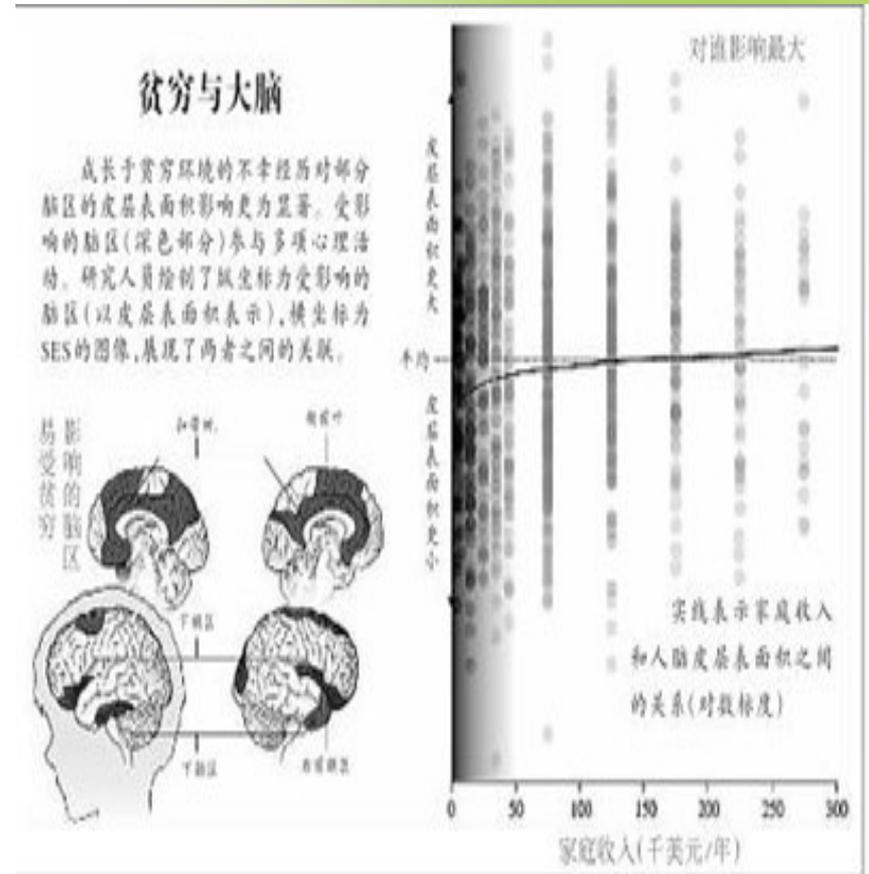
**Iron deficiency causes 5% to 17% loss of productivity**

■ Childhood nutrition weighs significantly upon the health status in adulthood

■ Maternal nutrition status is correlated to the health status of the posterity

# Poverty linked to suboptimal brain development

- Poverty not only deprives children of essential materials
- Sociological and neurological researches have shown that poverty impacts the size, morphology and functions of children's brains, which will further compromise the competitiveness in education and income generation.
- The surface area of the brain cortex for children from families with an annual income of less than 25,000 USD is 6% smaller than those from families with an annual income of over 150,000 USD.



Kimberly G. Noble from Columbia University

## Number of urban and rural children (0-17 years) on Minimal Subsistence Allowance/Dibao Scheme



Urban children on Dibao Rural children on Dibao

**2013 stunting rate for urban and rural U6 children in China  
(%)**

<b>Age (months)</b>	<b>National</b>	<b>Urban</b>	<b>Rural</b>	<b>Poor rural area</b>
<b>Total (0-71.9)</b>	<b>8.1</b>	<b>4.2</b>	<b>11.3</b>	<b>19.0</b>
<b>Boys</b>	<b>8.7</b>	<b>4.4</b>	<b>12.1</b>	<b>19.5</b>
<b>Girls</b>	<b>7.4</b>	<b>4.0</b>	<b>10.2</b>	<b>18.4</b>

**Note: data from 2013 National Nutrition and NCD Survey**

## 2013 anemia rate for urban and rural U6 children in China

Age (months)	National	Urban	Rural	Poor rural area
Total	11.6	10.6	12.4	16.6
Boys	12.0	11.3	12.6	16.1
Girls	11.1	9.7	12.2	17.2

Note: data from 2013 National Nutrition and NCD Survey



# 2012 Copenhagen Consensus



■ A Consensus Panel consisting of at least three Nobel laureates in Economics and other world-renowned economists convened to propose the list of issues with impacts on global development, and investment projects to address the issues and the ranking of such projects based on their costs and benefits, so as to inform the investment of decision makers and philanthropists. Updated every four years since 2004

■ **No. 1 investment** ranked by the Expert Panel: reduce the chronic malnutrition of U5 children

Investing to the nutrition improvements for pre-school children is the most cost-effective one.

# Actions and strategies to improve child nutrition



## ■ **2030 Sustainable Development Goals of United Nations**

■ **Goal 1: End poverty in all its forms everywhere**

■ **Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture**

■ **End all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children below 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons**

■ **At least 12 of the 17 SDG are highly related to nutrition**



## ■ **National Plan of Action for Children (2011-2020)**

### ■ **Improve child nutrition**

- **Control the incidence of low birth weight below 4%**
- **Increase the six-month exclusive breastfeeding coverage to over 50%**
- **Control the U5 child anaemia rate below 12%, and decrease the anaemia incidence among primary and secondary school students for 1/3 compared with the 2010 baseline**
- **Control the U5 child stunting rate below 7% and low weight rate below 5%**

## **■ National Plan of Action for Child Development in Rural Areas (2014-2020)**

- Reduce the U5 child stunting rate to below 10%, low weight rate to below 5%, and anaemia incidence to below 12%**
- Improve the nutrient supplementation for pregnant women: develop nutrition counselling for pregnant women during the antenatal, child birth and lactation period, develop standards to guide the maternal nutrient supplementation, prevent and treat diseases such as maternal anaemai, reduce the number of children with low birth weight**
- Improve the nutrition of infants and young child, advocate six-month exclusive breastfeeding, strengthen the advocacy on breastfeeding and training on other health messages**





## ■ **National Nutrition Plan (2017-2030)**

### ■ **Objective:**

■ **By 2020, control U5 child anaemia incidence to below 12%; control U5 child stunting rate below 7%**

■ **By 2020, the six-month exclusive breastfeeding coverage should reach over 50%; by 2030, the coverage should increase for another 10% on the basis of 2020**

### ■ **Actions**

■ **Nutrition and health actions for the first 1,000 days**

■ **Increase breastfeeding coverage, foster optimal feeding behaviours; improve the support mechanism for breastfeeding, improve the breastfeeding environment, establish breastfeeding rooms in public venues, and workplace**

■ **Enhance the quality and safety for infant and young child food, and promote the healthy development of the food industry**



## ■ **School Feeding Programme for the Rural Students in Compulsory Education Schools**

- **Ministry of Education started to provide living subsidies for poor boarding students in rural compulsory education schools from 2005**
  - **Subsidy level: 4 RMB/day for primary school students, 5 RMB/day for lower secondary school students. Based on a year of 250 days, each eligible primary school student can receive 1,000 RMB per year and the lower secondary school students 1,250 RMB/year**
- **Since 2011, school feeding subsidies have been provided for students in rural compulsory education schools in 699 counties/cities in core poverty blocks**
  - **Subsidy level: 4 RMB per student per day**
  - **Now covers 34 million students in 1,502 counties**



## ■ **Ying Yang Bao Project**

- **Yign Yang Bao project implemented by Ministry of Health and ACWF, which provided YYB (micronutrient sachets) for 2.67 million infants and young children from 6 to 24 months old in 341 poverty counties in 21 provinces between 2102 and 2015**
- **China Children and Teenagers' Fund (CCTF) implemented the Action to Eliminate Anaemia for Infants and Young Children, which benefited 1.5 million children.**

# Strategies to improve child nutrition



- **Child nutrition improvement incorporated as a vital strategy in the poverty alleviation programme**
  - **Put children in the centre of the poverty alleviation programme, invest to children and reap benefits in the future;**
  - **Eliminate poverty by breaking the intergeneration transmission of poverty;**
  - **Shift the approaches to nutrition improvement from “individual lifestyle” to “government action for health promotion”**

## ■ **Implement the child nutrition improvement strategy in a targeted manner**

### ■ **Two priorities**

■ **Priority areas: rural areas in particular poor ones**

■ **Priority groups: pregnant women and U6 children**

**First 1,00 days 270+360+360**

### **Expand coverage**

■ **School feeding programme: should be expanded beyond the compulsory education, non-boarding students and those outside the core poverty blocks**

■ **YYB project: should cover not only 341 poverty counties but all poverty areas**

■ **Implement YYB project for children from 3-5**





- **Implement the child nutrition improvement strategy in a targeted manner**

- **Targeted measures**

- **Beneficiary: eligibility based on equity and poverty**

**Boarding/non-boarding students (non-boarding students are ineligible)**

**Schools increase the number of boarding students for a greater share of subsidies**

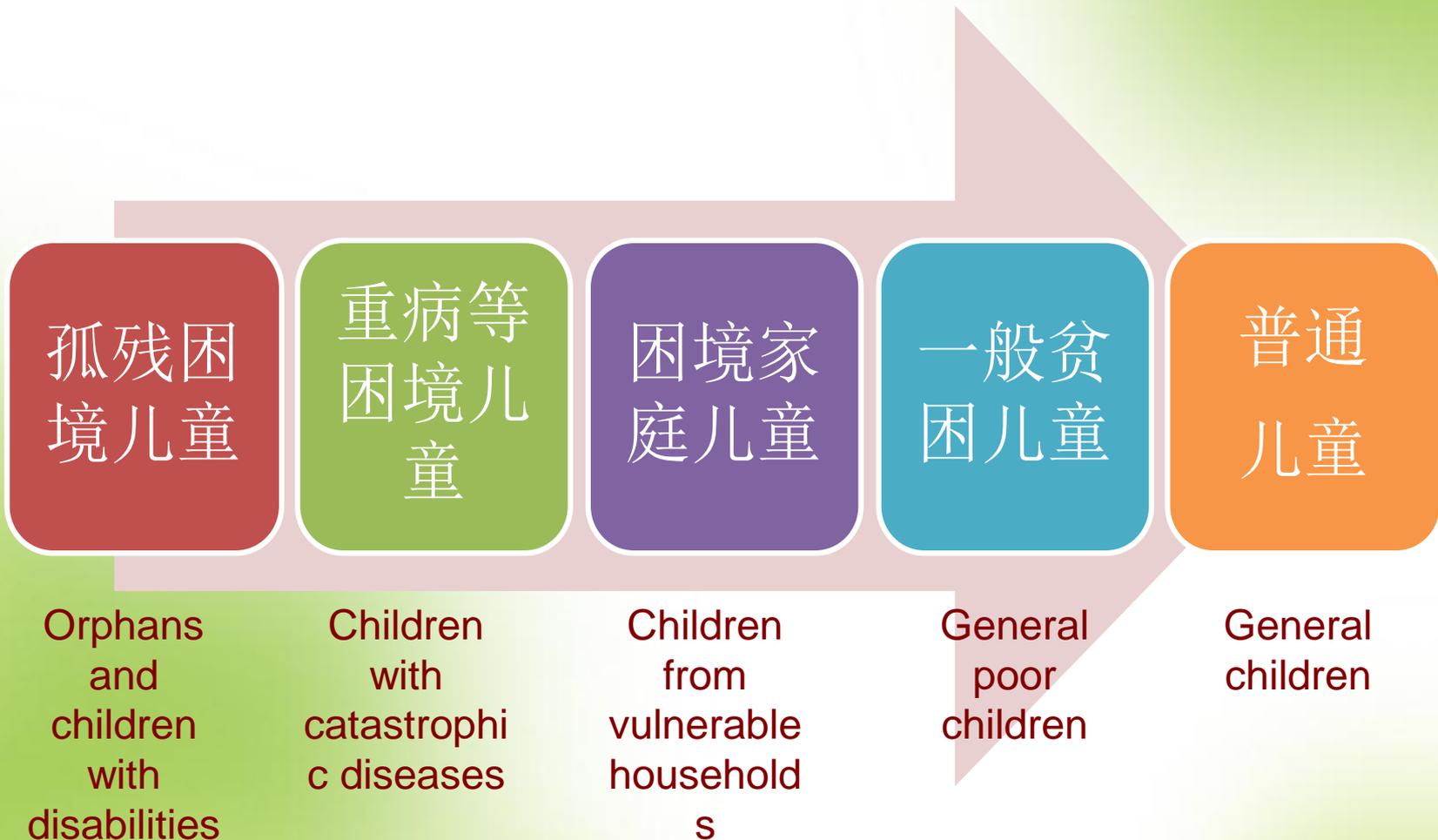
**Policy shifted to**

**Subsidies for poor boarding students and school feeding combined: 4/5**

**RMB+3RMB**

- **Nutrition advocacy and health promotion**

■ **A moderately universal child welfare system should be established**





- **Improve benefit level for basic subsistence subsidies for vulnerable children**

- **Orphans: 1,000 RMB for those on institutional care and 600 RMB for those on community care**

- **Low benefit level for Dibao Scheme**

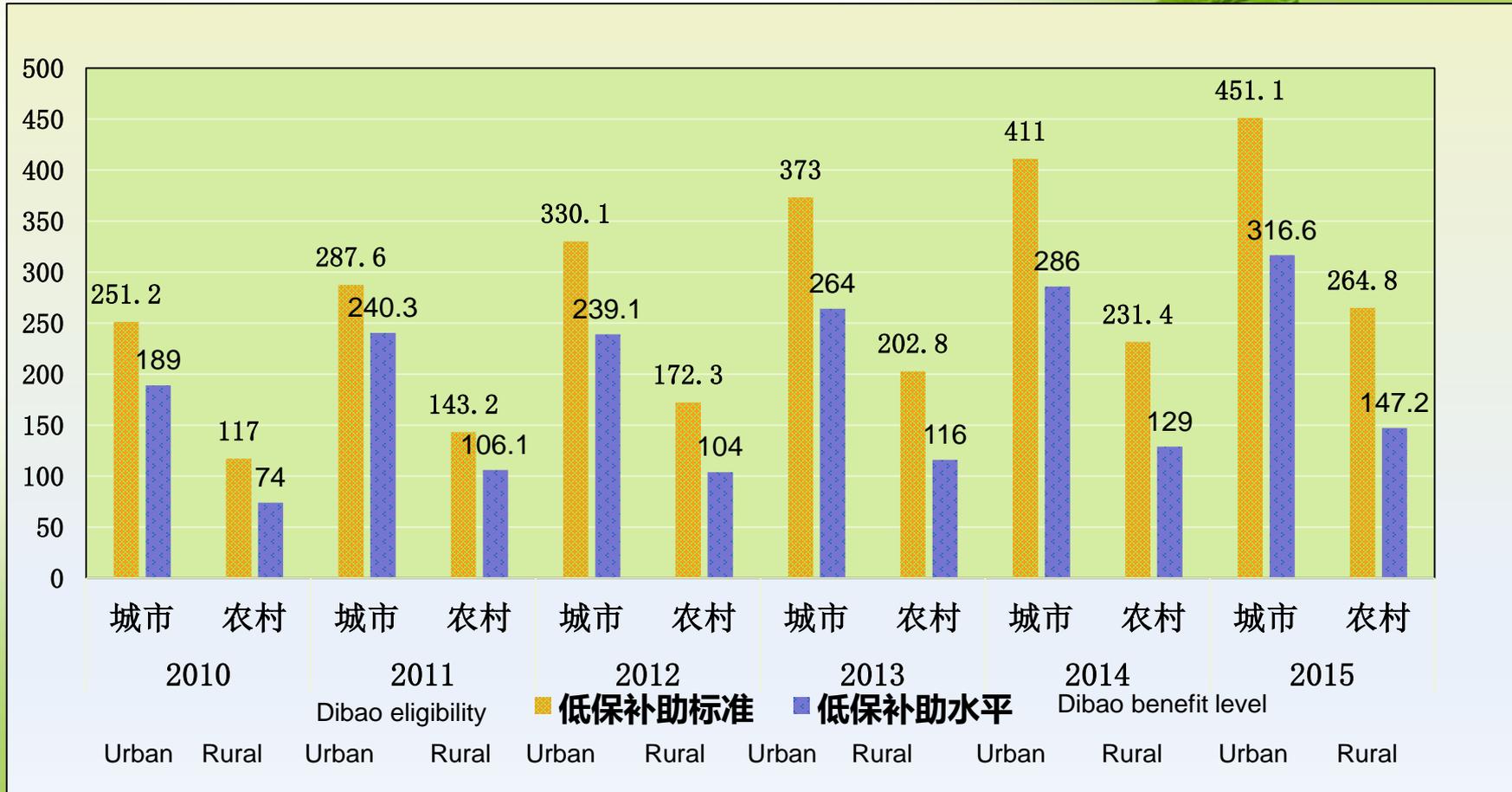
- **Low benefit level for the basic medical insurance for children, high reimbursable threshold and limited disease coverage. Low coverage for the medical financial assistance for children's catastrophic diseases**

- **Expand the coverage of child welfare subsidies and increase the subsidy items**

**Allowance for children with disabilities, Nutrition subsidies for U5 children, ECD allowance**

- **Child welfare account**

# Standard for the National Urban and Rural Scheme (RMB/month/head)





## **For instance:**

- **Allowance for children with disabilities: 2,000 RMB per person per year\*5m children with disabilities in China=10 billion RMB from the government**
- **Nutrition subsidies for U5 children: 4RMB per person per day/1,460RMB per year\*1.6 million U5 poor children=2.336 billion RMB from the government**
- **ECD allowance: 400 RMB per person per year\*90 million pre-school children=38.2 billion RMB from the government**



**Thank  
you !**

**Children** at the centre of poverty reduction