



Chapter 4

China



Contents

Executive Summary 5

1. Recommendations for donors 9

1.1. Adequate Nutrition 10

1.1.1. What do we know?	10
-------------------------	----

1.1.2. What are the gaps?	11
---------------------------	----

1.1.3. What can donors do?	11
----------------------------	----

1.2. Good Health 12

1.2.1. What do we know?	12
-------------------------	----

1.2.2. What are the gaps?	12
---------------------------	----

1.2.3. What can donors do?	13
----------------------------	----

1.3. Opportunities for Early Learning 13

1.3.1. What do we know?	13
-------------------------	----

1.3.2. What are the gaps?	14
---------------------------	----

1.3.3. What can donors do?	14
----------------------------	----

1.4. Responsive Caregiving 15

1.4.1. What do we know?	15
-------------------------	----

1.4.2. What are the gaps?	16
---------------------------	----

1.4.3. What can donors do?	16
----------------------------	----

1.5. Security and Safety 17

1.5.1. What do we know?	17
-------------------------	----

1.5.2. What are the gaps?	17
1.5.3. What can donors do?	17
1.6. Cross-cutting topics	18
1.6.1. Retention and Quality of the Workforce	18
1.6.2. Coordination across Sectors	19
1.6.3. Strengthening Data & Monitoring Systems	19
2. Introduction to China	21
2.1. Government commitments	22
2.2. What provinces did we study?	23
2.2.1. Selection of Provinces	23
2.3. Who did we interview?	23
Table 2-2. List of Stakeholders Interviewed	24
3. What ECD policies and programmes are currently being implemented in China?	27
3.1. Identifying programmes and policies	27
3.1.1. Programmes	27
3.1.2. Policies	29
3.2. Findings on Nurturing Care Policies and Programmes in China	31
3.2.1. Adequate Nutrition	31
3.2.2. Good Health	38
Table 3-3. Good Health programmes	40
3.2.3. Opportunities for Early Learning	46
3.2.4. Responsive Caregiving	59

3.2.5. Security and Safety	65
3.2.6. Cross-cutting Topics	70
3.3. Conclusion	73
4. What programmes have been evaluated?	74
4.1. Overview of evaluations	74
Abbreviations	88
References	89

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List of tables

Table 1-1. Overview of Adequate Nutrition	10
Table 1-2. Overview of Good Health	12
Table 1-3. Overview of Opportunities for Early Learning	14
Table 1-4. Overview of Responsive Caregiving	16
Table 1-5. Overview of Security and Safety	17
Table 2-1. Key Country Information	21
Table 2-2. List of Stakeholders Interviewed	24
Table 3-1. Adequate Nutrition programmes	33
Table 3-2. Health-related indicators.....	38
Table 3-3. Good Health programmes	40
Table 3-4. Opportunity for Early Learning programmes.....	48
Table 3-5. Responsive Caregiving programmes.....	61
Table 3-6. Security and Safety programmes.....	67
Table 4-1. List of programmes with evaluations.....	75

List of figures

Figure 1–1. Nurturing Care Framework Components	10
Figure 3–1. Programme inclusion flow diagram.....	28
Figure 3–2. Breakdown of National and Provincial Programmes	28
Figure 3–3. Overview of Programme Operators	29
Figure 3–4. Programmes mapped to NCF Components	29
Figure 3–5. Policies mapped to NCF Components	30

Executive Summary

In recent years, China has increased its commitment to making progress in the early childhood landscape, through a comprehensive policy foundation. The challenge now lies in ensuring that these national policies are implemented well through programme delivery to support young children, families and the ECD workforce.

The People's Republic of China is a sovereign state in East Asia, the largest country in Asia, and has a population exceeding 1.4 billion. It has a politically centralised system with extensive economic and administrative decentralisation to its 34 provincial-level administrative units. Through its policy framework, China has demonstrated a commitment to improving the lives of mothers, infants, and young children.

China's population growth is in decline, despite moving away from the one-child policy in 2016 to a three-child policy that is backed by tax deductions together with other financial and systemic incentives. This includes additional maternity and paternity leave, stronger childcare support, and reductions to the cost of births.

A total of 63 programmes relating to ECD were examined for this study. Of the 63 programmes, 55 are delivered by non-governmental organisations, while the remaining eight are delivered by the government. The study also found 29 national ECD policies. The policy structure of China is such that each national policy is then adapted for regional implementation, based on specific population needs or priorities. Thus, in addition to the

29 national ECD policies, China also has 48 provincial level sub-policies within the select provinces.

When mapped to the Nurturing Care Framework (NCF), the majority of the programmes (38) are in the component of Opportunities for Early Learning. There is an even distribution of programmes across the other four components. There is a relatively even distribution of policies across the NCF, with a slightly higher proportion of policies relating to Opportunities for Early Learning. Four provinces were also studied to provide additional insight, and to account for the large geographical and economic diversity in China. These provinces were Guangdong, Qinghai, Yunnan, and Gansu. While the assessment of four geographies is by its nature limited in scope, it helps to illustrate some of the realities of service availability and implementation at a local level. Most provinces benefited from both national programmes alongside those that were specifically designed and delivered for the local population.

The analysis of programmes and policies in China revealed several gaps in each of the five NCF components. The gaps are listed below for each of the five NCF components:

Adequate Nutrition

Despite policies and programmes aimed at reducing stunting, encouraging breastfeeding, and equipping parents with accurate nutritional information and knowledge, these issues continue to be problematic in parts of China. Furthermore, most programmes are implemented through a top-down approach. While local initiatives can still be implemented, this top-down approach limits capacity-building at the community level, which is critical for programmes to have long-term impact at the local or village level. China is also experiencing an increasing prevalence of overweight and obesity in young children, in tandem with continuing issues of malnutrition in certain areas of the country.

Good Health

The two key gaps in the NCF component of Good Health relate to maternal mental health, and the urban-rural divide in health service provision. Few of the policies or programmes identified in this study referred to the mental health of mothers or caregivers or provided support to mothers. Although China has implemented safeguards to ensure adequate health provision for mothers and children, there is uneven service provision in some rural and hard-to-reach areas. This is exacerbated by a lack of training and capacity of the healthcare workforce in these communities. The policies and programmes identified did not address this issue and there is insufficient information available about the training and retention of the workforce.

Opportunities for Early Learning

Crucial gaps within early learning in China include an urban-rural divide, a lack of educator training and retention, and a lack of understanding of the home learning environment. Given that preschool education in China is not compulsory and has a range of public and private providers, quality varies due to inadequately trained educators and poorly set-up centres. Furthermore, the decentralised nature of childcare and preschool education has created gaps in the availability of training, resources, and funding between more affluent urban areas and considerably poorer rural areas. This is further exacerbated by the lack of local government funding in rural areas. Little is known about the home learning environment provided to young children; as a consequence, there is a low level of support provided for caregivers in line with the lack of awareness of the importance of a stimulating environment.

Responsive Caregiving

The key issue in Responsive Caregiving is the poor implementation of maternity leave benefits across employers in China. While provisions are generous in government policy, the cost of leave is borne by the employer, who is often reluctant to implement the policy. There is little enforcement of the policy, and women who wish to challenge an employer's reluctance to provide these benefits often face prohibitive barriers. This extends to leave benefits for fathers, provided by national policy. Second, there is a need to further improve caregiving skills for parents and other primary caregivers. Families often receive little support after delivery and have a lack of access to quality evidence-based information on responsive and sensitive parenting. Support for responsive caregiving is also required by non-parent caregivers of children who are left behind when their parents move to urban areas for employment. The number of 'left-behind' children is substantial, and expert interviews conducted for this study suggest that their caregivers do not have the skills or support to provide appropriate responsive caregiving.

Safety and Security

There are three main gaps in this NCF component. First, despite the policies related to Security and Safety, all programmes are led by NGOs. This disconnect between government policies and NGO service provision needs to be addressed to ensure that programmes are sustainable and support the government's effort to protect children and families. Second, there are large differences in the participation and coverage of the national health insurance scheme across urban and rural populations. Finally, more needs to be done to ensure the protection of migrant and left-behind children.

The study also examined all available evaluations of the 63 shortlisted programmes. Only 14 of these programmes have publicly available evaluations, either in peer-reviewed scientific journals or grey literature. Of the 14 evaluations, 11 are of programmes delivered by NGOs and three are government-delivered programmes. None of the evaluations included information about cost-effectiveness or offered cost-benefit analyses of programme delivery. Sharing of evaluation findings is a key factor in understanding what is working, for whom, and in what contexts. More evaluations are needed of ECD programmes in China in order to improve evidence-informed decision making about sustainability and scaling of existing programmes, and the need to implement new programmes.

Although only 14 programmes were evaluated, some common themes emerged when examining the findings. First, most of the evaluations focused on either child outcomes or parent or educator knowledge gained. None of the evaluations examined changes in parental attitudes, or the long-term impact on children's outcomes of equipping parents with new knowledge. Second, very few of the evaluations examined the barriers or facilitators to programme implementation. Examining implementation factors is a necessary step in knowing how to refine a programme for sustainment and scale up.

Much more needs to be done in the ECD sector in China to build on the knowledge of what is working for young children and how this can be scaled to areas that are most in need. Private philanthropists, institutional foundations, and donors can play an important part in improving lives of young children and families in China. In addition to the gaps discussed above in each of the five NCF components, donors can play a role in addressing the cross-cutting issues that affect the entire ECD sector. The recommendations below focus on the cross-cutting issues. More detailed recommendations for each of the five NCF components are provided in the first section of this report.

1. Retain and train the ECD workforce

With inconsistent training, low pay, and a lack of professionalisation across the workforce, China faces an urgent issue with retaining and improving the quality of the ECD workforce. Donors may consider working with local service providers to develop evidence-based training content and ensure that this content is delivered through effective training approaches.

2. Improve coordination across sectors

Donors can consider ways to work with community-based service providers, families, and the local government to identify ways to improve service coordination, and to streamline support for families.

3. Strengthen data-driven decision making across the ECD sector

The lack of reliable and current data affects all areas of ECD. High quality data and monitoring is an essential part of the evidence-based decision-making process, for both policymakers and programme providers. This would also help policymakers understand shifts within families and communities. These shifts can impact ECD in significant ways and having reliable data would aid in evidence-informed policy making.

Donors can ensure that any programmes they fund have embedded mechanisms for evaluation and data monitoring. This information should be shared publicly in order to influence decision-making at both the programme and policy levels. Donors can also provide support to the programmes they fund to use data and evidence in decision making for programme sustainment or scale-up.

In the chapter that follows, we provide key recommendations and potential areas for donor involvement based on the findings of our study. The report will then provide details about China, the programmes and policies shortlisted for the landscape study, and an in-depth analysis of the gaps that exist in ECD policy and programmes. Details about available programme evaluations are provided. Information about the methods used for this landscape study are provided in Chapter 1. Appendices at the end of the chapter provide details about programmes and policies included in the study.

1. Recommendations for donors

In the following section, we explore where donors and philanthropists may consider focusing their efforts.

The landscape study has identified that the government of China has established a comprehensive set of policies related to ECD across the five NCF components. This is at both the national and provincial levels. The programmes that support young children, pregnant women and families are distributed across the five NCF components. However, there are persistent and systemic gaps in the ECD landscape that donors may consider addressing to strengthen the sector.

In the section that follows, we provide recommendations in each of the five areas of the NCF (Figure 1–1). For each area, we provide a brief summary of what programmes and policies are currently being provided across the country, the key gaps in service and/or policy provision, and finally what donors can do to have an impact in the NCF component. This section concludes with a set of recommendations for cross-cutting issues that affect the ECD sector.

Recommendations are directional and not exhaustive. They can apply to national-level programmes or those delivered in specific provinces or districts. Recommendations are also not provided in a way that is immediately ‘implementable.’ Rather, donors should tailor potential actions to their priorities, capacity, and key interest areas.



Figure 1–1. Nurturing Care Framework Components

1.1. Adequate Nutrition

1.1.1. What do we know?

Over the last 30 years, China has established policies and programmes to ensure adequate nutrition of infants, young children, and mothers. Specifically, they have focused on micronutrients, iron, and folic acid supplementation (for pregnant women).

Despite the strong progress in stunting reduction across the country, there remains persistent undernutrition and stunting among children in rural areas. Furthermore, China now faces the double burden of malnutrition and obesity. With only a quarter of children between 6-24 months receiving a minimum acceptable diet, as highlighted in data from 2013, a proportion of children are either malnourished or overweight/obese in urban areas, but particularly pronounced in rural locations. More current data about this issue is not available; updated statistics would provide a more accurate understanding of the number of children in urban and rural areas who require additional nutritional support. Furthermore, many mothers in China still do not breastfeed their infants, choosing instead to use formula milk.

Across the Adequate Nutrition programmes identified in this landscape study, there is a strong focus on the provision of nutritional supplements and micronutrients to young children, women, and families. Some programmes also focus on equipping families and caregivers with evidence-based knowledge on adequate nutrition and healthy eating habits.

Table 1-1 provides an overview of policies and programmes that address Adequate Nutrition. Please see Section 3.2.1 Overview for more detailed information.

Table 1-1. Overview of Adequate Nutrition

Number of policies	Number of programmes	Number of programmes evaluated

1.1.2. What are the gaps?

Despite policies and programmes aimed at reducing stunting, encouraging breastfeeding, and equipping parents with accurate nutritional information and knowledge, these issues continue to be problematic across China. Furthermore, most programmes are implemented through a top-down approach. While there are some local initiatives, this hinders the crucial aspect of building the capacity of the community, such that programmes can have long-term impact on the village.

For more detailed information, see Section 3.2.1

Gaps.

1.1.3. What can donors do?

Support the promotion of breastfeeding

The World Health Assembly (WHA) made a commitment to increase the rate of exclusive breastfeeding in the first six months to at least 50% by 2025.¹ This was adopted by the Chinese government in their most recent policies on breastfeeding. A small-scale survey in 2017 showed that the rate of exclusive breastfeeding is 29%, falling short of the target. Despite the small sample size, it suggests that more needs to be done in China to promote the initiation and continuation of breastfeeding for the first six months.

Examine ways to reduce the double burden of overnutrition and undernutrition

The landscape study also revealed that young children in China are affected by both stunting (undernutrition) and rising rates of overweight and obesity. Donors can look to programmes that currently implement interventions for stunting to see how they can concurrently provide interventions to foster healthy eating habits. This can include:

- Providing adequate and nutritious diets
- Supporting caregivers to access and prepare healthy food
- Promoting physical activity in children – e.g., physical games like soccer or basketball, ways to spend more time outdoors
- Increasing the deliberate inclusion of outdoor physical activities in early childhood settings (e.g., kindergarten and childcare)

Recommendations

- ⇒ Donors can support large scale research efforts to understand the state of breastfeeding in China, together with exploring the barriers and facilitators to breastfeeding. This includes understanding the issues faced by families and women in the workplace. In addition, donors can explore the activities conducted by existing service providers to identify gaps and opportunities for service strengthening.

- ⇒ Donors can support community efforts¹ to promote extended breastfeeding and address misconceptions around it.
- ⇒ Donors can work with community partners to increase access to physical activity opportunities for young children who may be at risk for being overweight or obese. This includes working with early childhood care and education providers to identify innovative ways to foster healthy eating and physical activity habits.
- ⇒ Donors can work with maternal and child health services within rural areas to understand the reasons behind malnutrition and stunting, and work together to address this gap. This includes ensuring parents and caregivers have accurate information on breastfeeding and adequate diets.

1.2. Good Health

1.2.1. What do we know?

The government has implemented policies to safeguard and improve the health outcomes of children, mothers, and families. Unfortunately, there is a clear urban-rural divide in terms of access to services, quality, and training of healthcare practitioners. This is especially evident for minority ethnic groups in rural areas.

The country has a comprehensive set of policies to promote maternal and child health, with particular attention to overall basic provision, and support for children with disabilities. The programmes identified in the landscape study are largely national level programmes led by the government. These programmes provided broad-based immunisation coverage and health screening. Programmes led by NGOs target specific health issues.

Table 1-2 provides an overview of policies and programmes. Please see Section 3.2.2 Overview for more detailed information.

Table 1-2. Overview of Good Health

Number of policies	Number of programmes	Number of programmes evaluated
11	18	4

1.2.2. What are the gaps?

The main gap identified in the NCF component of Good Health relates to maternal mental health. Few of the policies or programmes identified in this study referred to the mental health of mothers or caregivers, or provided support to mothers. Another gap is the lack of training and capacity-building of the healthcare workforce, extending beyond doctors, particularly in rural, hard-to-reach communities. The policies and programmes identified did not address this issue and there is insufficient information available about the training and retention of the workforce.

For more detailed information, see Section 3.2.2 Gaps.

1.2.3. What can donors do?

Support programmes that address caregiver mental health

Caregiver mental health has an impact on child development, starting before the child is born. Maternal distress can reduce the placenta's ability to protect the foetus from elevated levels of stress hormones.² Anxiety, depression, and stress also reduce positive interactions between caregivers and infants.

Reducing caregiver stress and supporting caregiver well-being – including through home visiting interventions – is particularly valuable during pregnancy and early infancy.³ Parental mental health care should be integrated into early childhood health and development services.⁴

Support workforce training and capacity building

None of the shortlisted programmes in this study addresses capacity building in the healthcare workforce. While there are some programmes, outside of this shortlist, that address the overall capacity building of doctors, there is a need for additional ECD-specific workforce training and capacity building in public health systems in China. Proper planning, supportive supervision, and suitable allocation of resources are required to make these programmes work.⁵ Donors can examine ways in which they can support existing programmes that provide training, or work with community partners to identify new avenues for increasing workforce training.

Recommendations

- ⇒ Donors can support large scale research efforts to understand the state of caregiver mental health and wellbeing in China.
- ⇒ Donors can focus advocacy efforts at the national level and work with educational institutions to expand (or introduce) training for mental health professionals or paraprofessionals. Expanding the trained workforce sufficiently to meet needs across the country is a long-term goal and can be addressed in parallel with more short-term solutions.
- ⇒ Donors can work with existing early childhood health service providers to add components addressing caregiver mental health, particularly maternal mental health.
- ⇒ Donors can identify workforce training organisations and work with them to increase training and capacity of the public health workforce. This may also be supported by efforts to support the national government to establish training standards that may be implemented across the country in order to ensure that all families and young children benefit from a trained health workforce.

1.3. Opportunities for Early Learning

1.3.1. What do we know?

China has 14 policies related to the NCF component of Opportunities for Early Learning. While preschool education is not compulsory or free, there is some government support

for infant care, particularly within the workplace, or within community care facilities. The majority of programmes shortlisted in this study are led by NGOs and focus on the provision of care and education for young children.

Table 1-3 provides an overview of policies and programmes. Please see Section 3.2.3 Overview for more detailed information.

Table 1-3. Overview of Opportunities for Early Learning

Number of policies	Number of programmes	Number of programmes evaluated
14	38	9

1.3.2. What are the gaps?

Crucial gaps within early learning in China include an urban-rural divide, a lack of sufficient educator training and retention, and a lack of understanding of the home learning environment. Given that preschool education in China is not compulsory and there is equal provision of public and private centres, quality varies due to inadequately trained educators and poorly set-up centres. Furthermore, the decentralised nature of childcare and preschool education has created gaps in the availability of training, resources, and funding between more affluent urban areas and considerably poorer rural areas. This is further exacerbated by the lack of local government funding in rural areas.

For more detailed information, see Section 3.2.3 Gaps.

1.3.3. What can donors do?

Work with local government to improve quality of childcare

Given the size of China, it would be meaningful to first work with local government, at the village or town level, to identify key gaps in the provision of quality childcare for families. This could include ensuring ongoing educator training and professional development, ensuring fair remuneration, and establishing standards for childcare centres.

Enhance the home environment

Little is currently known about the home environment for babies and young children in China. Global evidence demonstrates that a stimulating home environment has a positive impact on child development, especially for very young infants and children who are more likely to be cared for in the home and not at formal childcare centres. Enhancing home-care practices, ensuring access to developmentally appropriate playthings, books, and quality interactions, facilitates each child's early social and emotional development, promoting secure emotional attachments and building the foundation for learning.⁶

Recommendations

- ⇒ Donors can bring together NGOs who provide childcare in villages and towns, to build a set of common standards. This can then be scaled to other local areas, with the support of donors and buy-in from local government officials.
- ⇒ Donors can work with local government to develop regulatory guidelines for childcare centres within local districts, to begin to improve the overall quality of childcare and to understand the breadth of childcare available in the region.
- ⇒ **Donors can support local research to understand the role, skills, and knowledge of non-parent caregivers in the home environment.**
- ⇒ **Donors can support programmes that equip all caregivers to provide a nurturing home environment that supports learning and development. This includes working with existing organisations to identify how to support caregivers to build knowledge and skills, and to facilitate peer-to-peer learning opportunities.**
- ⇒ Advocate for and support population-level data collection that includes common indicators to understand the home environment – this is currently missing from data sets within China. One example would be the UNICEF Multiple Indicator Cluster Survey (MICS), in particular the Questionnaire for Children Under Five. Data collected from these tools would provide evidence for decision-makers on what is required and by whom. Given the current lack of data, it is not possible to know if families in specific regions or provinces require more support than those in other areas. Enhancing quality of data on the home environment has the potential to have strong impact in China because programmes can then be provided in a more targeted manner and are more likely to have a positive outcome.

1.4. Responsive Caregiving

1.4.1. What do we know?

While there are seven policies within the component of Responsive Caregiving, there is little evidence of strong policy implementation or enforcement. For example, China has generous maternity leave provision, with additional leave from provincial governments. However, many companies do not adhere to the regulations. The programmes in this component are primarily focused on ensuring that children receive adequate care from their parents and family.

Table 1-4 provides an overview of policies and programmes. Please see Section 3.2.4 Overview for more detailed information.

Table 1-4. Overview of Responsive Caregiving

Number of policies	Number of programmes	Number of programmes evaluated
7	17	5

1.4.2. What are the gaps?

There has been poor implementation of maternity leave benefits across China. While provisions are generous, the cost of leave is borne by the employer, who are often reluctant to implement the policy. Additionally, there is a need to further improve caregiving skills for parents and other primary caregivers. Families often receive insufficient support after delivery and have a lack of access to quality evidence-based information on responsive and sensitive parenting.

For more detailed information, see Section 3.2.4 Gaps.

1.4.3. What can donors do?

Promote positive and responsive caregiving practices

From the expert interviews and desktop search, it is clear that more support is needed to critically review and consider how to shift parenting practices to support an authentic move toward responsive caregiving. This would include not just parents, but grandparents and other primary caregivers, particularly in the case of left-behind children¹.

Encourage maternity and paternity leave utilisation

Paid parental leave positively impacts the involvement of new parents with their young children, enabling them to take on more childcare responsibilities and engage with their child. Paid paternity leave, in particular, may also reduce maternal stress and provide additional support for mother and child.

Recommendations

- ⇒ Donors can support the work of local researchers and behavioural scientists to understand the barriers and facilitators to positive parenting. Findings can then be used to modify approaches within existing programmes to further improve and refine programme content. It is clear from the current study that parents and caregivers require more than just training or information about responsive or positive parenting.
- ⇒ Develop new initiatives in provinces where support to caregivers is most needed. This would require donors to support or conduct a needs analysis to determine the focus of new initiatives and where these new initiatives would best be located. This would enable donors to not only expand the scope of parenting activities in new

¹ Left-behind children refer to children raised in their hometowns, who have been left behind by one or both parents, migrating to find work or seek a better life. About 1 in 5 children in China are left-behind children. (Stanford REAP, 2023, <https://scei.fsi.stanford.edu/reap/docs/left-behind-children-intern-introduction>)

regions but to also ensure that the activities are meeting actual needs of parents and thus are more likely to be acceptable to the target population.

- ⇒ Donors can engage employers to increase awareness and understanding of the benefits of paid parental leave, especially for low-income families. Donors can work with employers to encourage new fathers to fully utilise the paid paternity leave provision. Shifting employer culture and ensuring comprehensive implementation is a crucial step to increasing leave utilisation.

1.5. Security and Safety

1.5.1. What do we know?

China has made strong progress in ensuring that young children and families have access to proper sanitation and clean drinking water. The country also has 12 policies to ensure that children are adequately protected. Birth registration is a crucial first step of ensuring access to services in China. However, it is unclear how many children are not registered. The programmes identified in this study are generally focused on vulnerable children, and families with specific needs, such as left-behind children, those who have suffered injuries, or those in less developed areas.

Table 1-5 provides an overview of policies and programmes. Please see Section 3.2.5 Overview for more detailed information.

Table 1-5. Overview of Security and Safety

Number of policies	Number of programmes	Number of programmes evaluated
12	19	1

1.5.2. What are the gaps?

There are three main gaps in this NCF component. First, despite the policies related to Security and Safety, all programmes are led by NGOs, with the government taking on the role of the sector coordinator. This dichotomy between government and NGOs needs further research and exploration to ensure that programmes are sustainable and support the government's effort to protect children and families. Second, there are differences in the participation and coverage of the national health insurance scheme across the urban and rural populations. Finally, more needs to be done to ensure the protection of migrant and left-behind children.

For more detailed information, see Section 3.2.5 Gaps.

1.5.3. What can donors do?

Birth registration

Birth registration is a crucial human right that ensures access to basics services and the ability to uphold rights and freedoms. Birth registration facilitates the ability for a person to access valid identification (e.g., passports, identity cards). UNICEF strongly promotes birth registration as a protective mechanism against violations of rights, including human

trafficking. The number of unregistered children in China remains unclear. It is possible that these unregistered children are vulnerable to exploitation and abuse and are not receiving important services.

Improve support of vulnerable children

With the large number of both migrant and left-behind children, there is much that can be done to ensure that these children and their families are provided the adequate support, and that they have access to healthcare, education, and stable housing.

Recommendations

- ⇒ Donors can increase efforts to understand why children are not being registered at birth. Insights will enable donors to work with the local community to increase awareness of the importance of birth registration, and work with local organisations to create the needed supports to allow all families to complete birth registration.
- ⇒ Donors can work with local governments to identify the needs of migrant and left-behind children, and to coordinate the provision of additional support (financial or material).

1.6. Cross-cutting topics

1.6.1. Retention and Quality of the Workforce

The research reveals that a key gap for China is in the quality and training of the ECD workforce, across areas including early learning, community health, and social protection. As observed across the shortlisted programmes, few programmes consider the essential steps needed to equip and train the necessary workforce. A number of programmes do train their staff, but primarily to roll out a set curriculum or service. There is also little support to upskill and retain the current workforce, especially in rural areas.

Recommendations

- ⇒ Donors can work with local service providers to understand the barriers and facilitators to workforce retention in ECD.
- ⇒ Donors can work with local partners to develop evidence-based training content that is appropriate for the Chinese workforce. This should include systems for sustained engagement and mentoring such that new knowledge and skills are applied in the workplace and workforce turnover is minimised.
- ⇒ Foster collaboration across organisations that currently deliver training to develop innovative methods to increase the scale of training. This can include examining the elements of training that have been shown to be effective and applying these

elements for the training of a different workforce (e.g., using effective training approaches for educators and applying these to provide training for new or existing community health workers).

1.6.2. Coordination across Sectors

A critical observation in the expert interviews was on the need for better coordination across sectors, even at the local level. The absence of coordination has led to overlaps in service provision, creating excess in some areas and gaps in others.

With the end goal of ensuring comprehensive and high-quality service and support for young children and families, such coordination will go a long way in ensuring streamlined efforts, increased efficiency of the already scarce material and financial resources, and reduced confusion for families.

Recommendations

- ⇒ Donors can work with community-based service providers and families to identify ways in which to improve service coordination and streamline support for families.
- ⇒ Donors can work with local government to identify areas of gaps and overlaps in order to make more efficient use of resources across the ECD sector, including the engagement of service providers in the distribution of resources.

1.6.3. Strengthening Data & Monitoring Systems

Another cross-cutting topic is the lack of specific and up-to-date ECD data at both a national and programmatic level. Crucially, it is unclear whether the government is routinely conducting periodic national surveys to collect household data. Such surveys would aid in the understanding of shifts within families and communities. Missing critical data, such as data about initiation and sustainment of breastfeeding, or on birth registration, impedes informed decision making about the need to refine existing programmes or introduce new services or policies.

Recommendations

- ⇒ Donors can ensure that all programmes they fund include strong monitoring and evaluation frameworks. This includes supporting meaningful data collection and progress monitoring. Additionally, donors should ensure that all programme evaluations that they fund are publicly available. This includes both peer-reviewed publications in academic journals or providing access to full reports on their organisation or programme website. Access to evaluation findings, whether

positive or negative, is essential for other organisations to be able to learn from both successes and failures.

- ⇒ **Donors can work with researchers to identify priority areas for further data collection and monitoring, particularly in areas identified in this study. Rigorous and reliable data can be used to improve programme provision and more accurately identify areas for further policy expansion.**
- ⇒ Donors can work with local governments to encourage and support increased efforts to collect locally relevant data consistently and rigorously. This will enable the understanding of local needs within the larger national landscape and provide additional insights that are necessary to understanding how a programme needs to be contextualised to best meet the needs of the target population. Donors can also work collaboratively with government and programme providers to build a set of common indicators to strengthen this local-national conversation.

2. Introduction to China

The People's Republic of China is the largest of all Asian countries, with the largest population of any country in the world. China has 34 provincial-level administrative units, consisting of 23 provinces, 5 autonomous regions, 4 municipalities and 2 special administrative regions.⁷ The State Council, which oversees China's government, sits at the top of a complex bureaucracy of ministries and commissions.⁸ The State Council also monitors policy implementation at the local level.⁸

Table 2-1. Key Country Information

Data	Detail (Year)
Population Size ⁹	1.41 billion* (2021)
GDP Per Capita ¹⁰	US\$ 12,556 (2021)
Registered Life Births ¹¹	10.62 million (2021)
Fertility Rate ¹²	1.15 (2021)
Infant Mortality Rate ¹³	6 per 1,000 live births (2020)
Under-5 Mortality Rate ¹⁴	7 per 1,000 live births (2020)

*Note. The national population refers to the population of the 31 provinces, autonomous regions and municipalities under the central government and servicemen of the Chinese mainland, excluding residents of Hong Kong, Macao and Taiwan and foreigners living in the 31 provinces, autonomous regions, and municipalities directly under the central government.

A large part of China's cultural development has been accomplished with relatively little outside influence and is unique among nations in its longevity and resilience as a discrete politico-cultural unit.¹⁵ China blends political centralization with economic and administrative decentralization.¹⁶

China is facing a negative growth rate, with a declining birth rate.¹⁷ This has occurred despite China abandoning its one-child policy in 2016 and introducing a three-child policy in 2021, backed by tax and other incentives. This is a critical issue as the population is

rapidly aging and will soon have 30% of the population, more than 400 million people, over the age of 60.¹⁸

2.1. Government commitments

China's 14th Five-Year Plan (covering the years 2021-2025) includes some plans of relevance to ECD.¹⁹ This includes strategic plans for the following:

- an inclusive childcare service system together with improvements to the policy system.
- strengthening support and guidance for family care and community services, while equipping parents with the relevant evidence and information.
- implement policies to complement kindergartens in urban communities, actively develop infant and childcare service provision, encourage employers to provide infant care services, and encourage kindergartens to develop integrated childcare services.
- promote professional, standardized development of infant care services and improve the quality of childcare.

The Government has also committed to support the construction of child-friendly cities. They seek to carry out 100 child-friendly city demonstrations and improve public facilities for children. Additionally, the Government will support 150 cities to develop comprehensive nursery service institutions and community childcare service facilities and add more than 500,000 demonstrative inclusive nursery facilities.

The Government has also committed to improve the construction of national paediatric centres and strengthen policies for childcare, care for the disabled and the maternity leave system. This would include the further exploration of the consistent and rigorous implementation of parental leave. The Government will improve end-to-end prenatal and early education services, strengthen health services during pregnancy and childbirth, and establish and improve a comprehensive support and assurance system for vulnerable families. Additionally, they will reform and improve the population statistics and monitoring system to closely monitor the birth rate and deepen research on population development strategies and improve the comprehensive decision-making mechanisms for population growth.

The National Health Commission (NHC) had published a new action plan for improving child health from 2021 to 2025.²⁰ Over the next five years, the action plan aims to increase the percentage of infants who are exclusively breastfed and reduce growth retardation rate among children under five. The plan targets seven key areas. These include new-born safety, birth defects prevention, healthcare, and early childhood development services. Eye and vision care and examination services for children under 6 will cover over 90 percent of the age group. It further underlined early detection and treatment of child health risks such as anaemia, obesity, autism, and hearing impairment.

The Outline for Women's Development in China (2021-2030) proposed 75 main goals and 93 supportive measures, covering eight areas including health, education and the economy.²¹ The Outline on the Development of Chinese Children (2021-2030) specified 70 major objectives and 89 measures, focusing on children's health, safety, education and four other aspects.²¹

2.2. What provinces did we study?

China is a multi-ethnic country with a vast territory and a large population. In terms of ECD for children from birth to six years old, national-level policies provide the basis for local governments' decisions, while local governments also introduce relevant policies to promote ECD according to the actual situation in their jurisdictions. Therefore, policies and programmes at the national level can reflect the overall picture of ECD in China, while policies and programmes at the provincial level can show local diversity. In order to better reflect inter-provincial differences, four provinces in China (excluding autonomous regions and special administrative regions) were selected for this study: Guangdong Province, Qinghai Province, Yunnan Province, and Gansu Province. The relevant selection criteria are shown below.

2.2.1. Selection of Provinces

Most populous: Guangdong

Guangdong is the southernmost of the mainland provinces and constitutes the region through which South China's trade is primarily channelled.²² Guangdong has one of the longest coastlines of any province and is the most populous province in the country with a population of approximately 126 million in 2021.²³

Largest land area: Qinghai

Qinghai is in the north-western China and is the fourth largest province in terms of land area. Most of the province consists of mountains and high plateau.²⁴ Qinghai had a population of 5.94 million in 2021.²³

Largest agricultural population: Yunnan

Yunnan is a mountain and plateau region on the country's southwestern frontier and is the fifth largest province in China.²⁵ Yunnan has a population of 46.9 million in 2021.²³ With over 7.3 million hectares of arable land, Yunnan produces a large array of agricultural products.

Lowest GRP: Gansu

Gansu has a population of 24.9 million in 2021. It has the lowest gross regional product (GRP) among the provinces in China, at just above US \$6,000 per capita.²³ This is less than half of the national average (US \$12,500) and close to 5 times less than Beijing (US \$28,500), which has the highest GRP per capita.²⁶ Notably, even within the province, there is a large urban-rural divide.²⁷ This is partly due to the low amount of arable land in the region.

2.3. Who did we interview?

To provide further insights into the findings of the desktop research, we interviewed a group of experts. These individuals were identified through the desktop search and consultation with CEI's networks and the Advisory Group's networks. The desktop research and interviews were conducted by Nanjing Normal University.

Through the desktop research, we identified seven academics, three foundation directors, and three government officials. However, two interviewees declined our interview. The full list of interviewees is provided in Table 2-2, together with the rationale for their selection. Notably, the team faced difficulties in scheduling interviews within the provinces of Qinghai and Gansu, due to the prioritisation of COVID-19 management, despite efforts to reach experts numerous times. However, the national experts interviewed were able to

speak to the situation in both provinces, hence mitigating the lack of province-specific interviews.

Table 2-2. List of Stakeholders Interviewed

Name	Role	Organisation	Rationale
NATIONAL			
Anonymous	Associate Researcher	A Research Institute affiliated with the Ministry of Education	The researcher's work involves providing reference for policymaking, guiding educational practice, conducting theoretical research and leading the research work of provincial and municipal research institutes
Anonymous	Associate Researcher	A Policy Research Centre of a Normal university	The researcher focuses on preschool education policy and management, kindergarten labour education, preschool education quality evaluation
Anonymous	Professor	A Normal University	The professor focuses on the policy and practice of child development for 0-6 years old in China and has researched both 0–3-year-old childcare services and 3–6-year-old early childhood education. She also serves as an academic member of the China National Society of Early Childhood Education.
Anonymous	Professor	A Normal University in Western China	The professor focuses on teacher education, rural preschool education, and early childhood safety, and has participated in the compilation of a series of picture books on early childhood safety, kindergarten principals' safety education textbooks.
Chen Xuefeng	Doctor	UNICEF	Ms. Chen is a senior expert in child development with over 20 years of experience and extensive technical knowledge in the fields of child development, child education and child protection. She has participated in the development of the Guidelines for Children's Learning and Development for 3-6 years old, as well as the Early Childhood Integrated Services Demonstration Site Project, and the Child Rights Intervention Project in collaboration with UNICEF and the Chinese government.
Anonymous	Deputy Secretary-general	A foundation	This person focuses on early childhood development for 0-3 year olds in rural areas and is responsible for training teachers in the field. Her organization runs

Name	Role	Organisation	Rationale
			early childhood development programs for 0–3-year-olds in rural areas in several regions of China.
Anonymous	Deputy director General	A government department	This person has worked in the government for many years and is concerned about early childhood development and is very knowledgeable about China's policies related to early childhood development.
Scott Rozelle	Director	Stanford Rural Education Action Programme	Prof. Rozelle is a developmental economist who has worked for many years within China. He has contributed greatly to research and implementation in early childhood development and education within the country.
GUANGDONG			
Anonymous	Director	Research Centre for Reform and Development of Preschool Education at a university in Guangdong Province	This person has participated in the evaluation of the Guangdong Provincial Action Plan, in the development of the Guangzhou 14th Five-Year Education Enhancement Plan, and in the curriculum resource evaluation project of the Guangdong Provincial Education Department, and has a deep understanding of early childhood development in Guangdong Province.
QINGHAI			
N/A			
YUNNAN			
Anonymous	Professor	A Normal University in Yunnan	This professor has been engaged in research work in Yunnan for many years, focusing on preschool education and comparative education, and has a good understanding of the early childhood development business in Yunnan Province
Anonymous	Dean	College of preschool education and special education in a university in Yunnan	This person is concerned about the development of preschool education and special education in Yunnan Province, and has deep cooperation with local education bureau, health Commission, civil affairs department, women's federation and other government and non-governmental organizations.
Li Jiancai	Project Leader	Shanghai Huji Foundation	Mr. Li is very concerned about the early development of disadvantaged children in rural areas. He has been deeply involved in

Name	Role	Organisation	Rationale
			Yunnan Province for many years, bringing preschool education services to children in remote areas. He has an in-depth understanding of the actual situation of early childhood development in Yunnan Province.
GANSU			
N/A			

3. What ECD policies and programmes are currently being implemented in China?

The following section will focus on the research question: “What parenting and ECD policies, programmes and services are currently being implemented in China aimed at families with children between the ages of 0 to 6 years?” We begin with an overview of programmes and policies, providing details using the Nurturing Care Framework to structure the findings, followed by an analysis of the gaps.

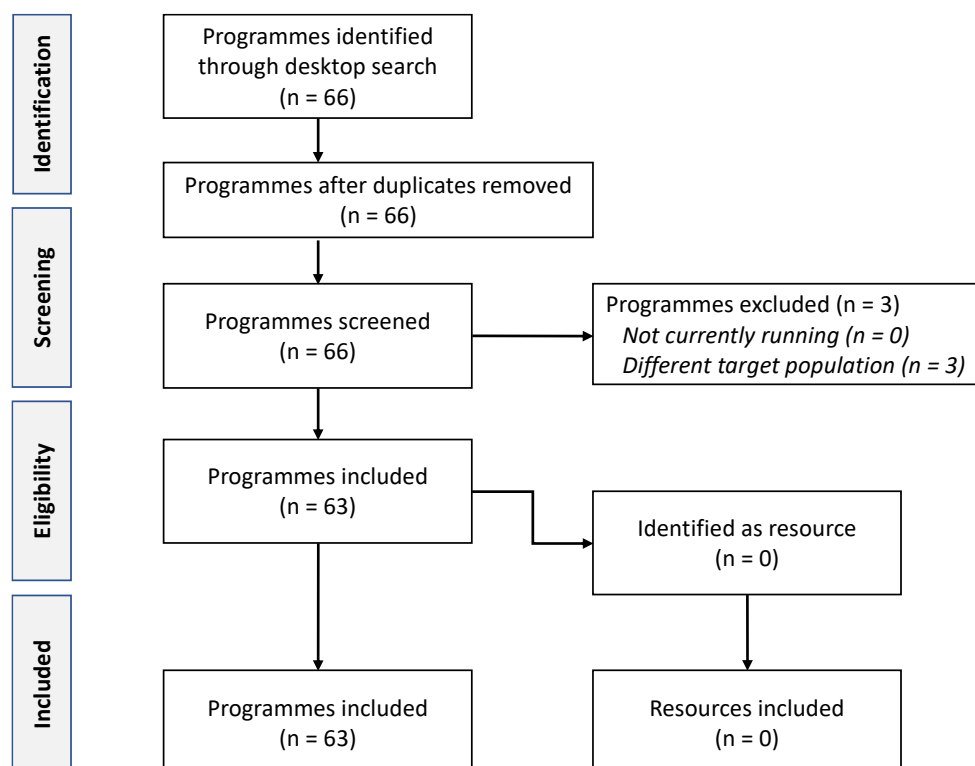
3.1. Identifying programmes and policies

3.1.1. Programmes

Through the desktop research conducted between September and December 2022, we identified 66 programmes that address ECD. The programmes and services available to young children and families are comprehensive in their scope and reach. Figure 3–1 below

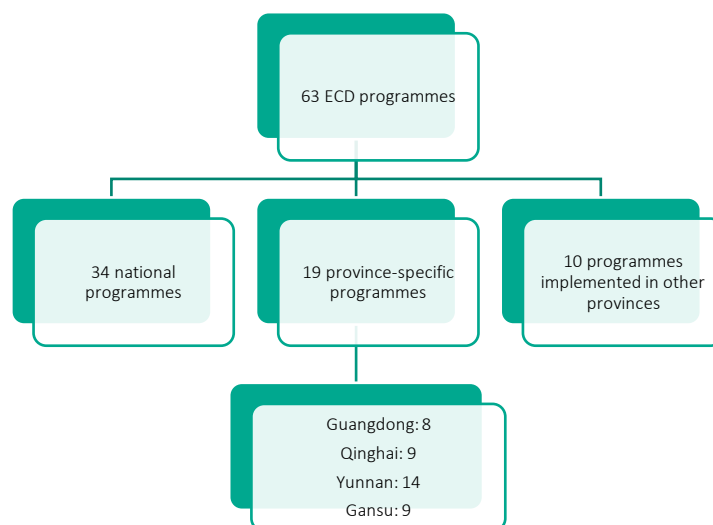
illustrates the screening process using the inclusion and exclusion criteria (described in Chapter 1), with a final shortlist of 63 programmes included for this analysis.

Figure 3–1. Programme inclusion flow diagram



Thirty-four of the 63 programmes are national-level programmes while 29 are delivered only in one or more of the comparator provinces. Of these provincial programmes, many were implemented in more than one province. The figure below provides an overview of the shortlisted programmes by location of delivery. Because of the study scope, an exhaustive search for all available programmes and services at the provincial level (beyond the four selected provinces) was not feasible.

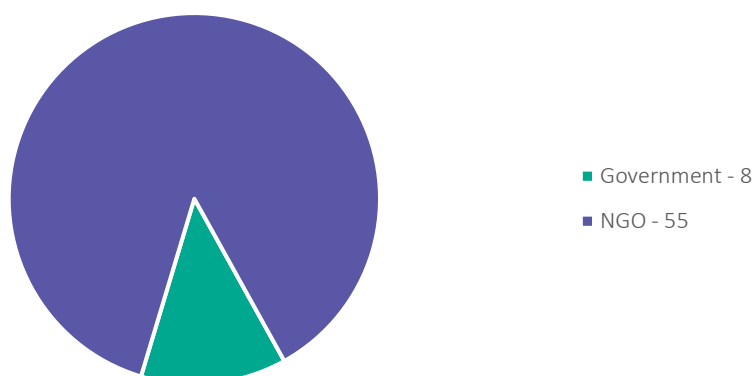
Figure 3–2. Breakdown of National and Provincial Programmes



**Note that most province-specific programmes are delivered in more than one province.*

Of the 63 programmes and services identified in the research, eight are delivered or run by the government, and the remaining 55 programmes are operated by non-governmental organisations (NGOs) (see Figure 3–3). Almost all programmes are supported by the government.

Figure 3–3. Overview of Programme Operators

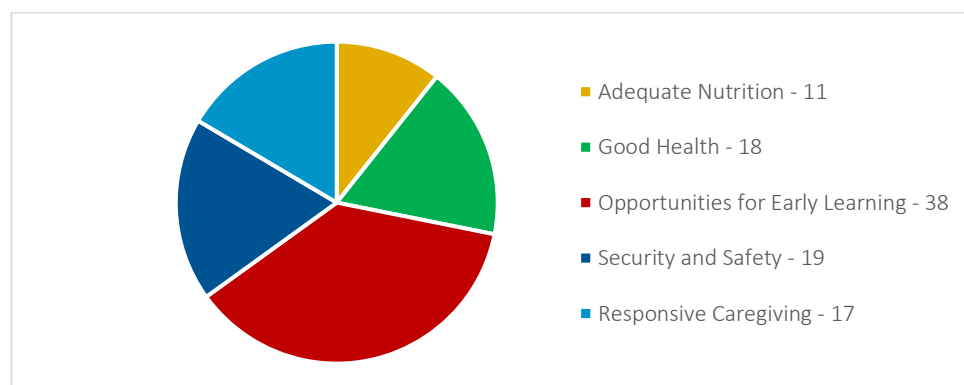


The eight programmes provided by the government are also government-funded. Among them, one programme is financed by local finance and seven programmes are financed by both central and local finance.

In contrast, of the programmes provided by NGOs, six programmes were jointly funded by the government and the foundation delivering the programme, while 49 programmes were financed entirely by the delivery organisation.

The 63 shortlisted programmes were then mapped to the components of the NCF. As some programmes can be mapped to multiple components of the NCF, the total number in this chart is more than 63. The chart below illustrates that the shortlisted programmes are generally evenly distributed across the five NCF components, with the largest number of programmes in the component of Opportunities for Early Learning.

Figure 3–4. Programmes mapped to NCF Components



3.1.2. Policies

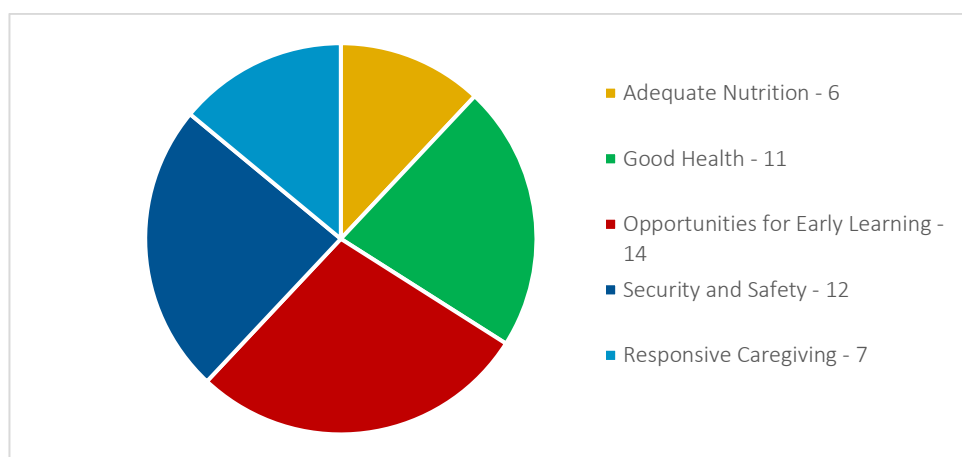
In recent years, China has increased its breadth of policies related to ECD. The clear support of the government is critical for individual provinces to begin prioritising young

children and families. All components of the NCF are addressed across the 26 national policies related to ECD and children from birth to 6 years old. These are further supported by 48 provincial level sub-policies. As mentioned earlier, national policies guide the related provincial policies, that are then refined to reflect the local situation. The central and local governments maintain strong consistency in policy formulation for ECD.

The Chinese government has long been concerned with ECD. In terms of content, China's ECD policy comprehensively covers the five NCF components. In terms of organisation and management, the policies emphasise multi-sectoral coordination and cooperation. For example, a series of recent 14th Five-Year Plans have been jointly issued by multiple government departments, covering multiple areas of ECD.

All 26 national level ECD-related policies identified in this study have been mapped to the Nurturing Care Framework, illustrated in Figure 3–5, below. The total number in the figure below is greater than 26 as some policies map to more than one component.

Figure 3–5. Policies mapped to NCF Components



The majority of policies are related to Opportunities for Early Learning, with Good Health and Safety and Security also well represented. In recent years, the Chinese government has been increasing investment in preschool education, optimizing the supply of preschool education resources, effectively guaranteeing children's early learning opportunities, and striving to ensure access to childcare and education.

Although a total of 26 policies have been identified in the desktop search, 11 policies map to more than one NCF component. Below, the team provides three key examples.

- Family Education Promotion Law of the People's Republic of China: Opportunities for Early Learning, Security and Safety, and Responsive Caregiving.
- Law of the People's Republic of China on Maternal and Infant Health Care: Good Health, Opportunities for Early Learning, and Responsive Caregiving.
- the Outline for Women's Development in China (2021-2030): Adequate Nutrition and Good Health.

3.2. Findings on Nurturing Care Policies and Programmes in China

The section that follows is organised by the components of the NCF and intended as a thorough map of the landscape for ECD provision in China. Appendix A provides details about the 63 shortlisted programmes, including the programme name, provider, a brief description of the programme and how it maps to both the NCF and the World Bank 25 ECD Interventions. Appendix B provides information about the 26 policies, including the policy name, the year it was implemented or amended, the government ministry in charge of the policy and a brief description of what the policy entails.

3.2.1. Adequate Nutrition

Key Messages

- ⇒ This is an area where the Government has made considerable progress over the last 30 years to reduce stunting but has had new challenges arise with the double burden of undernutrition and overnutrition.
- ⇒ While the Government is keen to promote breastfeeding, with policies in place, there are few programmes in place and a lack of levers to promote sustained breastfeeding after women return to work.
- ⇒ Together with a set of national level programmes, all four provinces have programmes in this area. There is further work needed to understand the reach and quality of these programmes.

Overview

Adequate nutrition, as a component of the NCF, includes maternal and child nutrition. Good maternal nutrition during pregnancy has a positive impact on both the mother's and the unborn child's health. Good nutrition after delivery affects the mother's ability to breastfeed and provide adequate care to her young child.²⁸

Currently, China is facing the double burden of malnutrition and obesity.²⁹ With rapid economic development and government interventions targeting undernutrition, the prevalence of underweight and wasting has decreased significantly. Yet, stunting continues to be a problem, especially in poor rural areas. The reported prevalence of stunting nationally among children under five has decreased from 33% in 1990 to 1% in 2020.³⁰ However, in impoverished, rural areas, the stunting prevalence for children under six was 6% in 2020.³¹ The percentage of 6-23 months old infants who received a minimum acceptable diet² was 26% in 2013³² while the minimum diet diversity³ was at 37% in 2013.³²

² Minimum acceptable diet (MAD) is a core indicator developed by WHO to assess infant and young child feeding practices, specifically for children aged 6 – 24 months. MAD is a composite indicator that is calculated based on the dietary diversity for both breastfed and non-breastfed children.

³ Minimum diet diversity (MDD) is a core indicator developed by WHO to assess infant and young child feeding practices, especially for children aged 6 – 24 months. MDD is a composite indicator that is

At the same time, in 2020 it was reported that one out of every 10 children are overweight or obese.^{31 33} While this was more prevalent in urban centres, it was still observed in rural locations. Overweight and obesity generally occur when the energy intake from food and beverages surpass children's energy requirements over a prolonged period.³⁴ The prevalence of overweight children under the age of 6 has increased from 6% in 2002 to 8% in 2012, while the combined percentage of overweight and obese children under the age of 6 had increased to 10% in 2020.³¹

In 2009, China approved general standards on a complementary food supplement (Ying Yang Bao, YYB)⁴ to be used in nutrition interventions to prevent and control the deficiency of iron and other micronutrients among infants and young children.²⁹ Since 2012, the Government of China began to implement its Nutrition Improvement for Children in Poverty Areas programme through the free distribution of YYB for infants and young children aged 6-23 months.³⁵ The prevalence of anaemia among children under 5 has subsequently decreased from 12.6% in 2010 to 4.5% in 2020.^{29 30}

In 2012, the prevalence of anaemia among pregnant women was 17.2%. The Government of China has actively promoted the First 1,000 Days campaign on nutrition and health since 2017. It has supported pre-pregnancy and maternal nutrition assessments and issuance of dietary guidance, implemented nutrition intervention programmes for women and children, and advised women during the periconceptional period to increase their intake of multiple micronutrient supplements including folate and iron, all to reduce the prevalence of anaemia among pregnant women and prevent nutrition deficiency among children.³⁶

Despite the profound benefits of breastfeeding on infants and young children, breastfeeding in China is undermined by a lack of proper knowledge and guidance on breastfeeding, insufficient social support, and interference from the promotion of breastmilk substitutes.²⁹ China accounted for a third of the world's formula milk sales in 2018.³⁷ Early initiation of breastfeeding was 29% in 2013³⁸ while 34% infants were exclusively breastfed until 6 months in 2017.³⁹ In comparison, 54% of infants are exclusively breastfed at 6 months after birth across low- and middle-income countries in the APAC region.⁴⁰ China has made continuous efforts to promote breastfeeding, such as the re-assessment of baby-friendly hospitals to ensure sustainable development, and the promotion and implementation of the International Code of Marketing of Breastmilk Substitutes in China.²⁹

Policies

Six policies mapped to the component of Adequate Nutrition. These national policies serve as a guideline for provinces to modify and adapt according to their own situation and needs. Four of the policies are cross cutting with other NCF components while two policies are specific to Adequate Nutrition only.

The *Healthy China 2030* blueprint is a national strategy that sets the goal of enabling everyone to be involved and responsible for health, pivoting the shift from medical care to nutrition and health promotion.^{41,42} It has five specific goals: improve the level of health nationwide, control major risk factors, increase health service capacity, expand health industry scale, and perfect the health service system.⁴¹ In tandem with Healthy China 2030,

calculated based on the percentage of children who consumed foods and beverages from at least five out of eight defined food groups over the previous day.

⁴ Ying Yang Bao (YYB) – This is a complementary food supplement developed by Chinese scientists that is suitable for the growth and developmental needs of children in China, based on infants and young children's dietary intake and habits. A pack of YYB contains 12 grams of soybean powder supplemented with calcium, iron, zinc, and vitamin A and B. It can be made into semi-solid food for children to eat.

China's national health strategy guidelines, also known as the 'Healthy China Movement' aims to reduce salt, oil and sugar consumption.⁴³ This is through a two-pronged approach of improving food safety regulations and standards, and through increasing individual awareness of healthy consumption habits.⁴³

The *National Nutrition Plan (2017 – 2030)* outlines the plan to improve national nutrition and health over the next decade.⁴⁴ The plan specifies goals such as reducing anaemia rates among pregnant women and children below 5 years old, reducing the prevalence of stunting among children under 5 years old, and increasing breastfeeding rates among infants under 6 months old.⁴⁴ The plan also seeks to improve regulations and standards on national nutrition, including nutritional management and monitoring, standards of dietary nutrition intake, nutrition surveys and food safety, and to promote the legislation, policy and scientific research in this field.⁴⁴ The plan will also seek to enhance the training of nutrition professionals and the promotion of healthy and nutritional diets.⁴⁴ Currently, all four provinces studied have developed their own provincial nutrition plans that are aligned with the national policy objectives.

China introduced the *Breastfeeding Promotion Action Plan* in 2021 to encourage mothers to exclusively breastfeed new-borns in the first six months of life and to continue with complementary breastfeeding until the infants are 24 months of age.⁴⁵ It will promote breastfeeding over the next five years by improving hospitals' consultancy services, public support facilities, and protecting women's working rights during lactation. It will also endeavour to improve policy support, such as mandatory maternity leave and flexible working arrangements for mothers who are breastfeeding, and prevention of women being laid off due to breastfeeding.⁴⁵ Additionally, public facilities will be improved, such as offering mothers a private and clean environment for breastfeeding in major traffic hubs, attractions, and shopping malls.⁴⁵ This is aligned with the *Healthy Children Action Enhancement Plan (2021-2025)*, which focuses on increasing the rate of exclusive breastfeeding in the first six months to 50% by 2025.⁴⁶ The action plan also aims to improve health service system for children in both urban and rural areas by 2025, strengthening the health service network and capacity of healthcare services. Currently, all four provinces studied are on track or slightly above the national target rates of exclusive breastfeeding for infants up to 6 months of age.

The *Outline of Women's Development in China (2021 – 2030)* proposes to improve the nutritional status of women and the prevention and reduction of maternal anaemia.⁴⁷ The *Outline of Children's Development in China (2021 – 2030)* states that attention should be paid to nutrition in the first 1000 days of a child's life, and provides guidance on nutrition and dietary assessment during pre-conception and pregnancy and childbirth.⁴⁸ All four provinces have since considered the top-down implementation of the *Outline for Children's Development in China* and the *Outline of Women's Development in China* and issued corresponding child and women's development plans adapted to the needs and situation of their individual provinces.

Programmes

Eleven programmes were identified in the component of Adequate Nutrition. Seven programmes are at the national level while four are at the local level. Only one programme, the Nutrition Improvement Project for Children in Poor Areas, is provided by the government. The remaining 10 programmes are delivered by NGOs, with financial support from foundations or members of the society.

Table 3-1. Adequate Nutrition programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Breastfeeding Promotion Initiative	Based on a comprehensive analysis of the current situation of breastfeeding and its influencing factors in China, this initiative is designed to promote multi-sector cooperation, put breastfeeding on the agenda of policymakers for policy improvement, advocate for optimal breastfeeding practices, and shape supportive social environment for a healthier development of mother and children.	Other Province, Yunnan	✓	
Children's Nutrition Improvement Project Program for Poverty-stricken Areas (After 2020, changed to Child Nutrition Improvement Project in areas out of poverty)	With the support of the central government, the National Health Commission has launched a project to improve the nutrition of children in poor areas since 2012, providing infants and children aged 6 to 24 months in the country's concentrated areas of special difficulties with a daily nutrition pack, which is rich in protein, vitamins, and minerals as a nutritional supplement. At the same time, the project provides information and advice to caregivers on feeding children. The project relies on the three-tier network of the maternal and child health system at the county and village levels to distribute nutrition packs and promote scientific knowledge and education activities.	National		✗
Children's Safe and Healthy Growth Guardian Action	The Children's Safe and Healthy Growth Guardian Action aims to increase health awareness education and the formation of good hygiene habits through the cooperative efforts of urban and rural children. This is achieved through interactive exchanges between urban and rural children, so that food and personal hygiene, as well as useful general knowledge can be naturally disseminated through interactions between children. Eventually, the goal is for children to be in charge of their own health.	National		✗
China Rural Education and Child Health (REACH): Early Childhood Parenting Pilot Project	In 2015, the China Development Research Foundation (CDRF) launched the Early Childhood Parenting Intervention Project - "China REACH: Household Early Education Programme in Mountain Villages" - to provide weekly in-home parenting guidance to families with children in the project counties in less developed rural areas. The project promotes the cognitive, language, social and health development of children by improving the quality of interaction between	Other Province, Gansu, Qinghai	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	young children and their caregivers in rural areas.			
Chun Hui Infant and Toddler Project	Chun Hui employs local women with a caring or professional background to become full-time early childhood teachers, who are trained in responsive nurturing and building stable emotional attachments with children. Each Chun Hui Mum regularly cares for a few children aged 0-3 years old (up to 4 years old for children with special needs), pays close attention to their needs and small changes, and responds appropriately and consistently to provide the children with brain stimulation, care and developmentally appropriate play experiences that are vital to their early healthy development. They also provide early intervention for special needs children in the form of rehabilitation and special needs education.	National		x
Fuel for 5 - Nutrition Improvement Programme for Pre-school Children	Through the free distribution of nutritional chewable tablets containing 17 types of vitamins and trace elements required for children's growth, as well as a nutrition and healthy food education programme for pre-school children, the project aims to help children aged 3-5 years in poor areas to improve their health problems such as stunted growth, anaemia, vitamin and mineral deficiencies caused by malnutrition, and to eventually stop the inter-generational cycle of hidden hunger and poverty.	National	✓	
Healthy Kids Paradise - Early Childhood Development Programme	The project provides early development kits for families with children aged 0-6 years old in rural areas of China and establishes small family playgrounds (family play corners) to improve the family's parenting environment. A secondary objective is developing and providing nutritional health and parenting courses suitable for rural families, in order to improve the health awareness and parenting skills of rural foster carers. Regular group parenting activities are also organised to promote a supportive and supportive parenting atmosphere in the community.	National		x
Hello Kids	HELLO Kids is a charity project initiated by the China Children and Teenagers'	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	Foundation to distribute daily student packages and post-disaster emergency packages to areas affected by sudden disasters and children in distress.			
Nutritious Children's Paradise	Through the usage of kindergarten class corners and the support of nutrition education courses, this project improves the teaching ability of preschool teachers, helps nursery classes create a beneficial environment, establish nutrition concepts for preschool children aged 3-6, and cultivate rural children's eating habits to ensure that they grow up healthy.	National		x
Rural Education Action Program (REAP)	<p>REAP partners with pioneering minds to bring the most effective solutions to China's rural interior. Every year, REAP trains thousands of students in field research and quantitative methods. In addition, parenting classes are given to parents through early intervention and parenting training, and parenting centres are opened for caregivers and their young children to read, play and explore together.</p> <p>There are several projects in nutrition to address rural nutrition for infants, such as the promotion of micronutrient powders. Micronutrient powders help support infants with nutrients to reduce anaemia.</p> <p>The project is currently working with community health workers who can be integrated into the villages and help provide reliable information on age-appropriate nutrition for new mothers and caregivers.</p>	National	✓	
Save the Children	<p>The project aims to improve and enhance children's development in the following aspects: child nutrition and health, child education and development, child protection, child poverty, child rights advocacy and disaster mitigation and relief.</p> <p>The project works by finding breakthrough solutions to issues regarding children's survival and development to bring about timely and lasting change in the lives of vulnerable children. For child health and nutrition, the project's main concern is the survival and impact of children under 5 years of age, ensuring equal access to quality nutrition and health services for the target</p>	Other Province, Guangdong, Yunnan	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>population. There is also a focus on areas such as common childhood illnesses, neonatal health and nutritional breastfeeding of children.</p> <p>Early development projects in the field of child education for children aged 0-6 years include strengthening the capacity of early childhood development service providers, improving their knowledge and skills, and promoting healthy child development in the aspects of nutrition, language, movement, cognition and social-emotional development. In the area of child protection, projects are committed to promoting the establishment of a comprehensive child protection mechanism to protect children from all kinds of harm.</p>			

Gaps

Targeted interventions on rising obesity

There is a narrowing urban-rural disparity between urban and rural areas in overweight and obesity, with prevalence in both urban and rural areas being higher in the eastern provinces but lower in the western provinces.⁴⁹ Yet, to the best of our knowledge, there is a lack of programmes targeting child overweight and obesity in rural areas, with the majority of the programmes in rural areas focusing on malnutrition.

Additionally, none of the programmes, regardless of urban or rural area, focuses specifically on child overweight and obesity. The top two reasons for the rising incidence of overweight and obesity in children are due to increasing consumption of fast food and physical inactivity.³⁶ Fast food chains use effective, targeted advertising, and children participate in less physical activity as they are focused on school academics and homework.⁵⁰ Hence, urgent region-specific policies and interventions should be implemented to curb rising child overweight and obesity. Regulation of advertisements of fast food should be regulated, and programmes focusing on increasing physical activity among children should be promoted.

Moreover, China is in a unique position as caregiving provided by grandparents is prevalent in China as family size trends downward and maternal employment increases.⁵¹ Previous research has found the influence of grandparents on child health and development.⁵² The latest data from 2011 found that among children six years old and below, the rate of urban children being taken care of by their grandparents was 56% while the rate for rural children was 49%. Studies have found a longitudinal causal relationship of grandparental care on childhood obesity.⁵³ This is due to grandparents' famine experience generating a long-term fear of hunger, which aggravates childhood obesity in China.⁵¹ To the best of our knowledge, currently none of the programmes that we have identified provide education to grandparents about how to provide a balanced and nutritious diet for their grandchildren.

Low rates of breastfeeding

In 2012, the World Health Assembly (WHA) issued the Global Nutrition Goal 2025, which includes improving breastfeeding as one of the six global nutrition goals and proposes to achieve at least 50% exclusive breastfeeding for infants aged 0-6 months by 2025.¹ The Chinese government has also set the same target in the *Breastfeeding Promotion Action Plan (2021-2025)*. However, the results of a sample survey conducted by the CDRF in 2017 showed that the exclusive breastfeeding rate for infants aged 0-6 months in China was only 29%, falling short of the target.⁵⁴ The survey also found that factors affecting breastfeeding include the promotion of breastmilk substitutes, lack of public awareness of breastfeeding, shorter maternity leave and workplace facilities that cannot meet the demand for breastfeeding. These are crucial factors that would demand further behavioural analysis to then support the development of targeted programmes to support women in their breastfeeding.

Lack of focus on community strengthening

Currently, majority of the programmes are implemented through a top-down approach. There is a lack of focus on community strengthening through capacity building of the community themselves, nor training of staff, teachers, or health workers. There are only two programmes that have been identified that targets mothers on education and awareness of nutrition and diet.

3.2.2. Good Health

Key Messages

- ⇒ Within this component, there are strong policies currently guiding the provision of maternal and child health services. The government provides basic health services to all members of the community through an opt-in health insurance scheme.
- ⇒ A critical point to note is that while overall indicators have improved across the health spectrum, there are persistent gaps in rural and hard-to-access areas. These communities often are not able to access adequate and timely healthcare, with the care received being of low quality.

Overview

Good health refers to the health and well-being of children and their caregivers, and it includes both physical and mental health.²⁸ China has made significant progress in maternal and child health (MCH) over the last few decades, and achieved the Millennium Development Goals (MDGs) of reducing under-5 mortality rate by two thirds and maternal mortality rates by three quarters by 2015.⁵⁵ The country has also surpassed the goals set out within the Sustainable Development Goals (SDGs).⁵⁶

Table 3-2. Health-related indicators

Data (Year)	National	2030 Goal ⁵⁷	SGD Goal
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Infant mortality rate (per 1,000 resident live-births) (2020) ⁵⁸	6	5	12
Maternal Mortality ratio (per 100,000 live births) (2020) ⁵⁹	17	12	70
Under-5 mortality rate (per 1,000 live births) (2020) ⁶⁰	7	6	25

As seen in

Table 3-2, China is currently on track to reach the 2030 national goals of reducing infant, under-5, and maternal mortality rate. This reduction has been largely supported by the nationwide subsidy of hospital delivery for pregnant women in rural areas since 2009.²⁹ This special subsidy has reduced out-of-pocket expenditure for families, so that an increased number of pregnant women in rural areas can seek safe delivery services at health institutions.²⁹ The policy has also played a pivotal role in narrowing the urban-rural gap in maternal mortality.²⁹

Better public awareness of antenatal care and improved transportation and infrastructure conditions have also contributed to the reduction in maternal mortality. Between 2009 and 2013, pregnant women had an average of 6.3 antenatal visits (7.4 visits for women in urban areas and 5.4 visits in rural areas), in relation to the five antenatal visits minimally required by China's systematic maternal care management.⁶¹ Timely hospital delivery for the majority of pregnant women has also helped to reduce the number and proportion of preventable deaths of mothers and new-borns.

Coverage of MCH services in China has increased gradually, with a MCH service system being well-developed in China.²⁹ MCH institutions are the core of the MCH service system, with community-level health centres as the foundation, while medium-sized health institutions and relevant research and teaching institutions are key technical supporters.⁶² MCH has also improved due to the provision of free pre-pregnancy health checks nationwide and the provision of free folic acid for women living in rural areas, as a vital measure to prevent birth defects.²⁹

Despite the significant progress in MCH, there are still disparities among different ethnic groups. In less developed areas, relevant indicators lag far behind the national averages, and major inequalities and disparities still exist, particularly between urban and rural areas, among eastern, central and western regions, and among different ethnic groups. Although major indicators have neared universal coverage at the national level, disparities remain when the indicator is disaggregated by smaller administrative units, such as at the district and county levels.²⁹

Policies

China has always attached great importance to the health of the population. The State Council and the National Health Commission have published numerous health-related policy documents in recent years, highlighting the country's determination to improve the health of its people. The national policies serve as a guide for provinces, which have reacted positively to the national call to develop their own provincial policies to suit the specific needs of their provinces.

Within the component of Good Health, there were 11 policies at the national level. Additionally, there are 28 province-specific policies in the four selected provinces

developed based on the national policies. Seven of the national policies cut across other NCF components while four national policies are specific to Good Health.

Various national laws specifically aim to promote maternal and child health, such as the *Law on Maternal and Infant Health Care*, *Mother and Child Safety Action Enhancement Plan (2021-2025)* and *Action Plan for Healthy Children (2021-2025)*. They aim to safeguard and promote high-quality healthcare services for mothers and children, reduce mortality rates, and improve the health of mothers and children. Other general national laws, such as *Healthy China 2030*, the *Outline for Children's Development in China (2021-2030)*, the *Outline for Women's Development in China (2021-2030)*, *National Health Plan for the Fourteenth Five Year Plan*, aim to improve the quality of life of people in China in various aspects, including health.

The revised *Law of the People's Republic of China on Prevention and Treatment of Infectious Diseases* in 2004, made routine immunization for children free of charge. In 2007, the Government of China expanded the types of vaccines covered by the National Immunization Programme (NIP) to protect children from 12 infectious diseases. In October 2017, the first National Immunization Advisory Committee (NIAC) was established to provide advice to the development and revision of major national immunization policies, the NIAC reviews and develops resolutions for adjusting the types of vaccines in the NIP, and revising the immunization schedules in the programme, based on a comprehensive assessment of evidence such as the burden of vaccine-preventable diseases, and the safety, effectiveness, health economic evaluation, production and supply capacity of vaccines.²⁹

Other national laws focus on specific groups of children and mothers, such as the *Guideline on Taking Better Care of Children in Difficulty*. This aims to accelerate a child protection system for children in difficulty, such as children living in adverse conditions or children with disabilities. Also, the *National Action Plan for Disability Prevention (2021-2025)* aims to strengthen disability prevention and effectively reduce and control the occurrence and development of disabilities. The policy also seeks to improve the coordination and management of support for children with disabilities, from screening, diagnosis and rehabilitation. Lastly, the *Decision on Optimising Fertility Policy for Long-term Balanced Population Development* aims to promote the long-term balanced development of the population, optimise the fertility policy, and complement the implementation of active fertility support measures, such as making fertility treatments more accessible, including the provision of targeted services to the masses through health education, psychological counselling, traditional Chinese medicine services, drug treatment, surgical treatment, assisted reproductive technology and other methods to improve the level of infertility prevention and treatment.⁶³

Programmes

There are 18 programmes related to Good Health. Eleven programmes are at the national level while the other seven are being implemented in some provinces and municipalities. Only three programmes, Expanded Programme on Immunisation, Newborn Disease Screening Program in Poverty-Stricken Areas, and the National Free Pre-pregnancy Health Examination Project, are provided by the government. The remaining programmes are run and funded by NGOs or foundations.

In terms of scope, three programmes are universal, targeting children and families nationwide. Four programmes are targeted, focusing on children in different regions, and family planning for couples. The remaining 10 programmes are indicated, focusing on children with congenital diseases or critically ill children.

Table 3-3. Good Health programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Aiyou Children's Heart	Aiyou Children's Heart is a project that has adopted a designated hospital cooperation model, selecting hospitals with high standards of treatment in various regions of the country. It has provided treatment for children with premature heart disease and took the initiative to build a medical aid network in collaboration with government departments. It has also designated hospitals and donors, and provides affordable, high-quality diagnosis and treatment for children from remote areas and families in need.	National		x
Aiyou Morning Star Project	The Aiyou Morning Star project is an attempt by the Aiyou Charity Foundation to provide relief support for more children with serious illnesses from families in need, and to continuously enhance cooperation between charities and public hospitals. It has also become one of the first projects on several Internet public fundraising platforms to access blockchain payments, realising public welfare on the chain and improving the efficiency and transparency of the use of donations. As of December 2021, the project has provided assistance to nearly 4,000 sick children.	National		x
Angel Journey campaign for children with prediabetes	Angel Journey is a screening activity for impoverished children with congenital heart disease in Gansu, and was successfully completed in Huining County People's Hospital. The project has subsidized 952 impoverished children under the age of 14 with congenital heart disease and leukemia to complete surgery and follow-up medical rehabilitation.	Other provinces		x
Blessed Angels Project	The Blessed Angels project was established in May 2011, with the aim of helping children with blood diseases and/or tumours and their families overcome the difficult process of receiving treatment, as well as reduce the incidence of treatment abandonment. The project has established cooperation with many top medical treatment institutions across the country, and has	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	also established a project expert committee, and via hospital teaching, improved the level of diagnosis and treatment of children's blood diseases and malignant tumours.			
Child-Friendly Communities in China	<p>Child-Friendly Communities in China (CFC) provides inclusive community services for early childhood development and strives to create a cross-border cooperation platform that is government-directed to promote the establishment of an inclusive community service ecosystem for children and families, the professionalisation of children's social workers, and the innovation of service-oriented community governance.</p> <p>This is currently being achieved through the creation of community spaces (outdoor play spaces, indoor public spaces, etc), the provision of supportive services (children's homes, family support services, etc), protective services, alternative services (childcare, short-term care, etc) and developmental services (family parenting guidance, early childhood development support, etc).</p>	National		x
Child Hygiene Kit	In response to the challenges of kindergarten hygiene and prevention, the Amway Foundation and the China Children's Charity Foundation (CCF) have partnered to launch the Hygiene Protection Kit project. The project aims to provide cost-effective basic hygiene materials and necessary incentives to improve the hygiene system, improve teachers' health awareness and literacy, as well as raise indoor and outdoor sanitation levels and in kindergartens with weak hygiene infrastructure.	National		x
Chun Hui Caring Home Project	The Chun Hui Care Home project works with a number of orphanages across China to provide a comprehensive service for orphaned children with serious illnesses to access medical treatment in Beijing, Shanghai and Guangzhou. They aim to provide full medical care for the children, including registration, accompanying examinations, professional	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	escorting during hospitalisation. and discharge procedures.			
Chun Hui Training Program	To meet the needs of children's welfare institutions in the area of childcare, the Chun Hui training programme provides a combination of online, offline and remote interactive training for orphanage managers, caregivers, teachers and foster parents in relation to the care of orphaned children.	National		x
Green Life Project	The Green Life project aims to integrate social resources for children's illness relief. The project aims to build a cross-border cooperation and innovation platform for social assistance, make use of the professional skills of financial institutions, innovate the assistance model, and promote the standardization and professional development of children's serious illness assistance, especially in poverty-stricken areas.	Other provinces		x
Happy Smile - Save Children with Cleft Lip and Palate Project	Since 2013, the Happy Smile sub-project has been set up to provide nutritional supplements for infants and toddlers with nutritional deficiencies or birth defects from rural families in remote areas. The programme aims to provide nutrition supplements for infants and toddlers who are undernourished or have birth defects, focusing especially on children with cleft lip and palate from low-income families in underdeveloped areas.	Other provinces		x
National Immunisation Programme	The National Immunisation Programme in China is provided at no cost to eligible-aged children. The programme currently protects children from 12 vaccine preventable diseases (VPDs): measles, polio, diphtheria, tetanus, pertussis, tuberculosis, hepatitis A, hepatitis B, rubella, mumps, Japanese encephalitis, and Meningococcal meningitis.	National	✓	
New Sunshine Ward School	The New Sunshine Ward School fills a gap in the educational and developmental services for children in long-term hospitalisation. By developing an interdisciplinary service model, the ward	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	school guarantees the right to education and the right to development of long-term hospitalised children and alleviates the social integration problems caused by major illnesses. However, there is no specific detailed report on the evaluation of this project and only a brief conclusion can be drawn from the summary of the 2021 work report.			
Newborn Disease Screening Program in Poverty-Stricken Areas	In order to detect newborns with genetic metabolic diseases and newborns with hearing impairment, so as to reduce the incidence of children with mental retardation and hearing disabilities, this project was implemented in 2014 to provide newborn disease-screening subsidies in poverty-stricken areas. Overall objectives include early detection of neonatal genetic metabolic diseases such as phenylketonuria (PKU), congenital hypothyroidism (CH) and neonatal hearing impairment, carrying out various health education activities, as well as quality control and evaluation.	National		x
No Trapped Future Project	In order to sow hope for children with birth defects, the programme provides a full chain of relief services for children aged 0-18 with birth defects and their families. This includes involving renowned hospitals, medical experts, public welfare organisations and caring enterprises, in order to improve the provision of family relief services.	Other provinces		x
Running Angels - Early Treatment and Rehabilitation Programme for Children with Cerebral Palsy in Poverty Relief Fund	Running Angels is a special relief fund to support children with cerebral palsy from poor families. A total investment of RMB 1 million was used to subsidize the medical expenses of 100 poor children with cerebral palsy in the province, so as to alleviate the financial burden of the families of poor children with cerebral palsy.	Other provinces		x
Save the children	See Table 3-1. Adequate Nutrition Programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Sunshine Fund	<p>The Sunshine Fund aims to support poor children in recovering their health, and effectively improve their quality of life and quality of living. The fund supports several programs, which include:</p> <p>(1) The Autism Rehabilitation Training Program, which subsidizes social organizations and institutions in implementing relevant rehabilitation training. A multimedia sensory room has been successfully established in Xingyu Children's Health Centre in Xuhui District.</p> <p>(2) Projects that fund social organizations and institutions to actively carry out psychological counseling with left-behind children as the main beneficiaries.</p> <p>(3) Sunshine Cabin, which subsidizes the establishment of a "sunshine hut" in Shanghai Children's Medical Centre, bringing joy to sick children while integrating entertainment and knowledge.</p> <p>(4) New Life - Jinbao Newborn Structural Defects Charitable Relief Project, which subsidizes children who have financial difficulties and suffer from neonatal structural defects such as esophageal atresia, abdominal fissure, huge umbilical bulge, congenital anorectal atresia, intestinal atresia, and biliary atresia.</p> <p>(5) New Life - Flower Blossom Charitable Relief Project, which funds the medical treatment and rehabilitation of children with serious diseases such as malignant tumours, nephrotic syndrome etc.</p>	Other provinces		x
The National Free Pre-pregnancy Health Examination Project	The project provides planned pregnant couples with free pre-pregnancy health examination services such as health education, medical history inquiry, physical examination, clinical laboratory examination, imaging examination, risk assessment, consultation session and guidance.	National	✓	

Gaps

Maternal Mental Health

Although maternal health in China has improved, the focus has mainly been on physical health. At present, no official statistics have been released on perinatal depression in China. Researchers have found that the incidence of perinatal depression in China is 17.4%

and rising over time, far exceeding the 5-10% incidence of depression in the normal population.⁶⁴ Furthermore, none of the programmes identified provides mental health support nor the promotion of maternal wellbeing.

This is concerning as poor mental health may lead to depression, suicide and greatly reduce a mother's response to their child's needs.³⁴ Evidence indicates that treating maternal depression leads to improved growth and development of the new born and reduces the likelihood of infant diarrhoea and malnutrition.⁶⁵ Mothers with postpartum depression may be unable to sufficiently feed, bathe or care for themselves. This may increase the risks of ill health and risks of suicide. Very young infants are highly sensitive to the environment and the quality of care provided and will be affected by mothers with untreated mood disorders. Prolonged or severe mental illness also hampers mother-infant attachment, breastfeeding and infant care.³⁴

Furthermore, this is exacerbated by external factors such as poverty and stress. Equal attention should be paid to both mothers living in rural and urban areas. Maternal mental health can be integrated into general health care or routine check-ups to ensure timely intervention. Training is also needed for healthcare workers on the identification and management of mood disorders in pregnant and postpartum mothers. The lack of awareness among mothers is also a problem, and programmes should target educating mothers on the importance of mental health both during and after pregnancy.

Maternal Health

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period.⁶⁶ Based on the programmes identified above, most of the programmes did not target maternal health. Only one programme, The National Free Pre-pregnancy Health Examination Project, provides free services and education for couples planning to have children. Notably, this is above and beyond the five free antenatal and two post-natal check-ups that women can access in primary healthcare institutions.

Despite China making vast reduction in maternal mortality, there are still many women who die from preventable causes related to pregnancy and childbirth, particularly in rural areas and among poorer communities.⁶⁷ There are still opportunities for further reduction of China's child and maternal mortality by increasing financial support for poor families in rural areas, and improving the health status of women and children in the western region, rural areas and among migrant populations.²⁹ Programmes are needed to increase accessibility for rural women to receive antenatal care and to give birth in hospitals or with skilled birth attendants, with a focus on strengthening overall maternal health care.⁶⁷ Programmes should also focus on capacity building among healthcare workers and educating mothers on the importance of maternal health and to go for timely check-ups

3.2.3. Opportunities for Early Learning

Key Messages

- ⇒ The Government is increasingly focusing on early education and its role in ensuring optimal growth and development of young children. Through various financing models, the government is working to ensure that both public and private kindergartens are affordable and of good quality.

⇒ While there are a large number of programmes in this component, there is high turnover of educators due to a lack of training, professional development and poor working conditions. Additionally, there is an increasing need for childcare, especially as more women enter the workforce. However, limited options mean women often have to turn to informal care options.

Overview

The component of Opportunities for Early Learning goes beyond the formal care and education of young children in kindergarten and includes the myriad ways in which young children can learn. For infants, this includes adult-child interactions and responsive caregiving, including the home learning environment.

In China, preschool education is not compulsory. The provision of early childhood education (ECE) is evenly spread between public and private institutions. Currently, ECE is classified according to the age of children: (i) nurseries (for 0–3-year-olds); (ii) kindergartens (for 3–6 year-olds) and (iii) preschools (for 5–6-year-olds).⁶⁸ There are four categories of ECE provisions found in China: (i) three-year kindergartens or *You Er Yuan*, (ii) one-year pre-primary class or *Xueqian Ban*, (iii) three-year kindergartens attached to rural primary schools or *Cunxiaofu You*, and (iv) rural community ECE centres or *Zaojiao Dian*.⁶⁹

ECE provision for 0–3-year-olds is provided in different settings. The two main types are nurseries that provide custodial care for children of working parents, and early development centres that provide activities aiming to enhance physical, language, social and cognitive development.⁷⁰ There are three different types of programs. Firstly, an independent ECE institute for children below the age of three years is an infant nursery. The operation of these nurseries is the same as that of kindergartens and may be partially funded by the government, work places or individuals.⁷¹ Another type of program for children 0-3 years old is the ECE centre, or *Zao Jiao Zhong Xin*. Financially supported by local governments or other resources, these centres usually provide free or hourly rate education programs such as teacher directed activities for infants and toddlers, or parent-child activities.⁷¹ Services are provided by the teachers in regular kindergartens and some centres may have some branches called ECE stations, which are located in local communities.⁷¹ Lastly, an informal childcare service for children under the age of 3 years is private home care, which is provided by individual families.⁷¹

Over the last decade, the gross enrolment rate of preschool education has increased from 57% in 2010 to 82% in 2018.⁷² This increase has been in tandem with the government's efforts to promote a universal, inclusive preschool education system. Various organising bodies provide kindergarten programmes: (1) education department; (2) other government departments; (3) local enterprises; (4) public social service organisations; (5) the army; (6) communities; (7) non-governmental organisations.^{68 73}

The government has worked to improve accessibility, affordability, and accountability of kindergartens through the conversation of inclusive private kindergartens. These are private kindergartens that receive significant government subsidies and adhere to a set of conditions, including placing a cap on school fees and following regulatory frameworks.

Policies

Within the component of Opportunities for Early Learning, there are 14 national policies and 26 province-specific policies within the four selected provinces. Seven of the national policies are cross cutting with other NCF components and seven are specific to Opportunities for Early Learning.

There have been concerted efforts to promote ECE in China. The *Education Law of the People's Republic of China* is the basis for the formulation of other individual laws on education. The law stipulates that pre-school education is an integral part of the national school education system, emphasises that all children have an equal right to education, and requires that "people's governments at all levels shall take measures to provide conditions and support for children of school age to receive pre-school education", highlighting the main role of the state in ensuring educational investment and conditions.

Several other laws, such as the *14th Five-Year Plan Action Plan for the Development and Improvement of Preschool Education* and *Guidance on Promoting the Development of Care Services for Infants and Toddlers Under the Age of 3*, aim to regulate and improve the system, and increase services. The laws aim to establish and improve the system of policies and regulations, standards, and regulations, increase service supply, and aims to promote all-round development and quality improvement. Policies like *Guidance on vigorously promoting the science interface between kindergarten and primary school* aims to comprehensively promote the implementation of school readiness and adaptation in kindergartens and primary schools, helping children make a smooth transition from kindergarten to primary school, covering four areas: physical and mental readiness, life readiness, social readiness, and learning readiness.

There are specific policies for children with special needs, such as *Guideline on Taking Better Care of Children in Difficulty*, the *14th Five-Year Plan Action Plan for the Development and Enhancement of Special Education* and *14th Five-Year Plan Action Plan for the Development and Improvement of Preschool Education*, which expands services and accelerates the improvement of the special education system for children with disabilities. Lastly, the *Decision on Optimising Fertility Policy for Long-term Balanced Population Development* includes provisions to promote equity in education and the supply of quality educational resources.

Programmes

There are 38 programmes related to the Opportunities for Early Learning component. Nineteen programmes are at the national level while the other 19 are being implemented in some provinces and municipalities. Only four programmes, (i) Good Parenting Project for Pre-school Children, (ii) National Training Plan for Primary and Secondary School Kindergarten Teachers, (iii) Same language, same sounds and (iv) Special Programme for Teachers under the "Three Regions" Talent Support Programme, is provided by the government. The remaining 34 programmes are delivered by primarily by foundations, NGOs and charities.

Table 3-4. Opportunity for Early Learning programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Angel+ Gansu Red Cross Society's project to care for children with serious illnesses	Since its inception, Angel+ Gansu Red Cross Society has carried out activities such as the Angel+ Wish Tour and New Year's Micro Wishes through both online and offline means. Nearly 200 children have participated in the offline activities, and wishes have been granted for nearly 130 children with pre-heart disease and leukaemia.	Other Provinces		x
Anji Play	Anji Play aims to implement current education policies by creatively exploring kindergarten curriculum systems with children's independent games as its core. This is done by creating a natural game learning environment by using local materials, designing flexible and independent game activities, and emphasising values of love and community.	Guangdong, Qianghai, Other provinces		x
Chen Xing Vibrant Parent-Child Project	The project focuses on empowering parents, growing from beneficiaries to providers of parenting services, and supporting the formation of parent support networks and the exchange of knowledge between parents. The project joins forces with peer organisations and individuals to provide them with professional training and guidance, as well as matching them with project materials and start-up funds to support them in carrying out similar services with migrant and left-behind children, so that more children and their families can benefit.	Other provinces	✓	
Child Friendly Communities in China	See Table 3-3. Good Health programmes for further details			
Child Mothers Project	The CRDF launched this programme in 2015 to nurture women in rural areas to carry out care and protection work for children, adopting the model of "one person, one home, one link", with a strong link between this programme and the Children's Homes, establishing a	Other provinces		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	village-level network for child supervision.			
Child+365 Project	Kids+365 Project is a public welfare project initiated by China Children's Centre and aims to provide educational services for the social integration of children with autism, cerebral palsy, are mentally handicapped, have hearing impairments or are left-behind migrant children.	Other provinces		x
Children's Empowerment Programme Project	In order to promote the holistic development of rural children, improve the current state of teaching, as well as the lack of adequate teaching resources in rural schools, the China Rural Development Foundation launched the Children's Empowerment Programme project in 2021 to carry out a series of arithmetic, cultural and reading lessons to improve their literacy levels and broaden horizons.	Other provinces		x
Children's Happy Home	This is a public welfare programme launched by the All-China Women's Federation and the China Children and Teenagers' Foundation in 2014 for village communities with a high concentration of left-behind children, mainly providing a variety of care and service activities for left-behind migrant children and children in vulnerable situations, including learning and living, family care, safety and protection, and mental health.	Other provinces		x
Chun Hui Infant and Toddler Project	See Table 3-1. Adequate Nutrition Programmes for further details.			
Chun Hui Spring Watch Project	The Chunhui Watch Project is a charity project initiated by Chunhui Boai to care for and protect children in distress. The project serves children who are at medium to high risk due to family difficulties under the district and county minor protection model. By recruiting, training and empowering local children's workers and applying the concept of child-centred integrated development,	Other Provinces		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>the project provides emotional support to children through intensive casework, family empowerment, resilience support networks and reintegration of families into society.</p> <p>The project has been implemented in 57 villages and has directly served over 21,600 children and their families, with more than 75,000 home visits, 5,000 public parenting training sessions and an average of 70 community activities per village per quarter.</p>			
Chun Hui Training Program	See Table 3-2. Good Health Programmes for further details.			
Countryside Kindergarten Development Plan (CKDP)	<p>Since May 2014, CKDP aims to provide quality public welfare training for rural kindergarten teachers, as well as support the development of rural kindergarten education by setting up various training and assessment programmes.</p> <p>In addition to the development programmes, CKDP also provided development kits, each containing a laptop, a projector, a large-sized curtain and a set of speakers. CKDP Little Bookshelf was an initiative that provided classic picture books for 160 rural kindergartens, while CKDP Online Public Welfare Classes invited education experts to organise 50 online public welfare classes for rural kindergarten teachers and parents.</p>	Other provinces		✗
Early education mobile programme	The programme funds family education experts and volunteers to send educational materials to rural areas, to facilitate early education guidance for infants and toddlers for families in suburban towns and villages, so that rural children can share educational resources.	Other provinces		✗
Flower Development Programme - Early Childhood	Based on the problems that exist in child welfare and minor protection institutions, the project focuses on the early education development needs of orphaned children. By focusing on the staff of the institutions as an entry point,	Other provinces		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Education Project	this helps them build a small internal learning system at a low cost by training the staff of the institutions to become teaching tutors for orphaned children and providing a standardised systematic learning curriculum.			
Good Parenting Project for Pre-school Children	The project aims to ensure that children are enrolled in kindergartens, and to provide widespread coverage of kindergartens in streets and towns. It also aims to provide preschool education and childcare services that are of an acceptable standard, so as to take care of the healthy growth of infants and children. The project is aimed at families with infants and toddlers aged 0 to 6 years old who are in need of childcare guidance. The project will be implemented through four work initiatives: ensuring the supply of preschool education resources, improving the internal quality of preschool education, increasing the resources of inclusive childcare services, and enriching scientific childcare guidance for families.	Other provinces		x
Harnessing Opportunities through Parenting Education (HOPE) Project (CFRD-TF China)	In response to the lack of early intervention for infants and toddlers in less developed rural areas, the China Foundation for Rural Development (CFRD) and Tanoto Foundation China (TF China) launched the Harnessing Opportunities through Parenting Education Project (HOPE Project) in 2022 to help infants and toddlers in less developed rural areas realize their developmental potential by founding a team of local facilitators, establishing early childhood development activity centres, carrying out early childhood development services and enhancing parents' scientific parenting concepts and skills. An evaluation will be conducted for this programme.	Other provinces		x
Harnessing Opportunity through	In order to help more infants and toddlers in rural areas realise their developmental potential and get better	Other provinces		✓

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Parenting and Education (HOPE) Project (TF China)	development, Tanoto Foundation (China) launched the Harnessing Opportunities through Parenting Education Project (HOPE Project) in 2019. The project draws on the successful experience of Shaanxi Normal University and their project model to establish early childhood development activity centres in rural areas, providing free activity space for infants and toddlers aged 0-3. Parents are provided with professional guidance on early development.			
Healthy Kids Paradise - Early Childhood Development Programme	See Table 3-1. Adequate Nutrition Programmes for further details.			
Hello Kids	See Table 3-1. Adequate Nutrition Programmes for further details.			
Home Tour Mum's Early Learning Empowerment Camp	The project focuses on rural areas and aims to achieve sustainable community early childhood education through public welfare empowerment, such as through the use of online parenting classes to provide online parenting guidance services for families with infants and toddlers from 0-3 years old. In addition, through the provision of small financial support and professional capacity building, it aims to support the growth of grassroots social organisations and volunteer teams with the ability to integrate resources, so that they can more efficiently provide public welfare early childhood education services in the community.	Other provinces		x
Love for the Future	The project mainly relies on women's federations and social organisations to provide early education interventions for families with preschool children aged 0-6 years old, carry out public welfare services for early family education, explore the development model of early family education, and reaching rural communities that have previously not	Other provinces		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	received early childhood development programmes. The hope is that through this project, families' awareness of early education and parenting skills can be improved, and empirical early education can be brought to every family.			
Love Starts From The Beginning	The project aims to promote scientific parenting concepts and skills, enhance community family education guidance services, strengthen advocacy for scientific childcare, and promote family building and healthy child development.	Other provinces		x
Magical Parent-Child Garden - Mobile Early Childhood Development Project	The Magical Parent-Child Garden Early Childhood Development Project is a community education project dedicated to providing early childhood development and parenting classes for migrant children aged 0-3 and their parents, aiming to address the most urgent needs of the migrant population regarding early childhood education. Through such education, the objectives are to enhance educational equity, reduce the intergenerational transmission of poverty, and enable every migrant child to develop sufficiently at an early age, so that life is given the quality it deserves from the beginning.	Other provinces, Guangdong, Yunnan	✓	
National Training Plan for Primary and Secondary School Kindergarten Teachers	The project includes five types of training: advanced training for trainer teams, the master teacher and principal pilot project, demonstration training for primary and secondary school leaders, demonstration training for key teachers in shortage areas, and comprehensive reform of teacher training. It focuses on rural areas with to enhance the capacity of key teachers. The aim is to promote teacher development, while providing professional support to teachers.	National	✓	
New Sunshine Ward School	See Table 3-2. Good Health Programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Nurturing the Future	<p>The Nurturing the Future project aims to further research and explore the effectiveness of early development interventions for children aged 0-3 years in rural areas.</p> <p>The current focus is on exploring whole-county models, identifying innovative ways to promote early childhood development services in poor rural areas, exploring long-term mechanisms for local governments to interrupt the intergenerational transmission of poverty, and promoting the use of effective "Parenting the Future" programmes.</p>	Other provinces	✓	
Nutritious Children's Paradise	See Table 3-1. Adequate Nutrition Programmes for further details.			
Playground for Rural Children	The Playground for Rural Children project was jointly launched by Meituan Public Welfare and One Foundation in September 2020, aiming to build multi-functional sports fields for public kindergartens in remote mountainous areas and villages, equip kindergartens with comprehensive equipment kits for physical play, and provide teacher training to support kindergarten teachers to carry out corresponding physical education and outdoor play activities. This is to help children to obtain a safer and more complete sports environment, and better promote a healthier growth of preschool children in mountainous areas.	Other provinces		✗
Preschools of Future (POF)	The Preschools of Future (POF) is a charity project run by the Shanghai Mutual Aid Foundation, with two primary aims: The first is to efficiently utilise existing community resources, such as unused classrooms or activity rooms. In addition, through the recruitment young people with junior high school education or above in the local area, the goal is for qualified early childhood teachers to be trained. The	Other provinces	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	second aim is that, by providing funding for teacher training, project management and teacher incentive subsidies, a teacher and child evaluation system for the kindergarten classes can eventually be developed.			
Rural Education Action Program (REAP)	See Table 3-1. Adequate Nutrition Programmes for further details.			
Same language, same sounds	The project, initiated by the Ministry of Education, aims to create a good environment for the education of young children in Mandarin, the common language in China. This is done by requiring all kindergartens teachers in ethnic and rural areas that do not use the national common language script to undergo training in batches so that eventually, a good language foundation is laid for these preschool children.	National		x
Save the children	See Table 3-1. Adequate Nutrition Programmes for further details.			
Special Programme for Teachers under the "Three Regions" Talent Support Programme	This project includes the holistic training of a new generation of teachers, improving the quality of rural education, consolidating and expanding the achievements of poverty alleviation, and effectively linking up the strategy of rural revitalization. The revitalization of key aided counties and the former "three districts and three prefectures" and other deeply impoverished areas are given priority in this project.	National		x
Starting Point Project (Preschool Education)	The project has the following objectives: (1) Improve the environmental quality of kindergartens, create a diversified and healthy environment, and promote the sustainable development of rural kindergartens;	National		x

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	<p>(2) Promote the harmonious and healthy development of children's body and mind, and enable rural children to obtain a holistic development in morality, intelligence, and labour, to lay a good foundation for children's lifelong development;</p> <p>(3) Improve the quality and professional level of preschool teachers, enhance their understanding of their profession;</p> <p>(4) Build a platform for preschool children's education and development, and advocate common pointers that will benefit children's survival, health and educational development.</p>			
Sunshine Kindergarten	The project provides high-quality education and care services for children aged 3-6 years old, exploring a "4+1" model that is low-cost, easily replicable and sustainable for the operation and management of micro kindergartens at the village level. The model includes training, teaching materials, teaching and research, and assessment + hardware as its components.	Other provinces, Qinghai, Yunnan, Gansu		✗
Tongmeng Garden	Based in the community, Tongmeng Garden provides systematic, scientific, and comprehensive parenting guidance services for young parents of the post-80s and post-90s generation and for intergenerational child carers. As a pioneer in community-based early childhood education, Tongmeng Garden had the original intention of making early childhood education easy, convenient, and enjoyable for every family, and focused on the research and promotion of community-based early childhood education courses, providing babies and caregivers with rich early education content and laying the foundation for babies' lifelong development. Classes cost only RMB30 per session and can be paid as little as per month.	Other provinces, Guangdong, Qinghai, Yunnan		✗
Village Early Education Centre	The One Village, One Preschool Project is a poverty alleviation project initiated by the China Development Research Foundation. The programme was started	Other provinces	✓	

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Programme (VEEC Project)	in 2009, combining governmental and social resources to provide full coverage of early education to children aged 3-6 in rural areas, in order to improve the quality of early education opportunities in poor and remote central and western China. Preschool education activities were implemented by having teachers attending multiple schools in a single area. Qualified early education volunteers were recruited, and unused housing in villages was used as venues for teaching.			
Wingless Angel Home Project	Since the summer of 2014, volunteers from the Red Cross have been going to the Lanzhou Deaf Children's Language Training Centre on a regular basis to practice "hearing" with these children through the "Wingless Angel Home" project. This includes gestures such as energetic dances, funny and interesting sitcoms, as well as various toys and picture books.	Other provinces, Gansu		x

Gaps

Urban-rural disparity

One of the key challenges is the urban-rural divide. It has been found that in rural areas headteachers and teachers lack effective training and essential resources that might have an impact on the wellbeing among certain students, especially the ones from minority communities and children affected by migration.⁶⁸ This was highlighted during the interviews, where several experts noted that there is still a large gap in the development of preschool education in the east, middle and west of China, and between urban and rural areas. Not all children are receiving the same quality of education. Access to high-quality education is especially lacking for children in rural areas. There are inequities based on location, wealth and migration status, and these disparities increase with age.⁷⁴ Research has also found that there have been significant improvements in urban areas, and while the conditions in central and western China have improved considerably, both hardware and software resources are still significantly lagging behind compared to those in the east.⁷⁵

Furthermore, decentralized financing for education means that investments depend largely on local government.⁷⁴ Central government funding does not always make up for lower local investment in poorer and rural areas.⁷⁴ There should be a focus on supporting the infrastructure and education system through the building of school facilities and training of professional teachers.

Home environment

There is a lack of programmes focusing on improving and promoting learning in the home environment. In China, not all children are growing up in a stimulating environment.⁷⁴ Not all parents and caregivers have the support they need to provide a caring, playful, and nurturing environment.⁷⁴ This is more often seen among children from rural, remote areas and migrant families.⁷⁴

There should be programmes that provide education to parents and caregivers on the importance of play and learning in the home environment. Additionally, programmes can provide support and capacity building among parents and caregivers to allow them to provide a nurturing home environment for their children.

Insufficient educator training and retention

ECE teachers are underpaid and have limited opportunities for development.⁶⁹ Some teachers also struggle with the curriculum as it conflicts with their personal beliefs and values.⁶⁹ Assessment and career progression based upon performance has led to the evaluation of ECE teachers being more focused upon hierarchical status than the developmental outcomes of children.⁶⁹ Leadership practices are underpinned by societal norms, as per traditional approaches.⁶⁹ This has led to challenges in developing shared leadership in schools.⁶⁹

There needs to be clear communication of regulations and standards set for ECE. Progress should also be made to develop and train high qualified teachers for ECE, and to increase awareness of the importance of adaptability and acceptability of new practices and teachings to ensure the advancement of ECE in China.

Furthermore, the low pay of educators is a critical factor that has led to high turnover rates among rural educators in both public and private kindergarten. As noted by various expert interviewees, the protection and provision of equal pay is an area that the government needs to review urgently.

3.2.4. Responsive Caregiving

Key Messages

- ⇒ While policies have been enacted for parental leave, there are no strong enforcement mechanisms and there is no data on leave uptake. Furthermore, women in the informal work sector are not able to tap on these provisions.
- ⇒ The programmes shortlisted in this component generally seek to equip parents with some knowledge. However, this does not include content on sensitive and responsive caregiving, and there are no specific programmes for fathers.

Overview

The NCF component of Responsive Caregiving refers primarily to interactions between caregivers and young children. For infants, this includes responsive feeding. The interactions within responsive caregiving include observing and responding to children's

movements, sounds and gestures, should be mutually enjoyable and build an emotional bond to help young children understand the world around them. Provisions for parental leave after the birth of a child is included in Responsive Caregiving.

Across China, there have been few large-scale research studies to understand the depth and quality of parent-child interactions, particularly within the earliest years. Two distinct large-scale studies in rural China in 2015⁷⁶ and 2017⁷⁷ showed that the majority of rural caregivers do not engage in sensitive and responsive caregiving behaviours, such as telling stories, singing, or playing with toys with the child. This is further compounded by other factors, such as children being left in the care of grandparents due to the economic opportunities in cities for their parents, also known as left-behind children.

While there has been increased government expenditure in the rural public health system, much of it has been focused on the provision of healthcare. With regards to parenting, the knowledge disseminated has been more related to evidence-based content on child development. However, there is little understanding on how this information has been received by caregivers and whether it has led to more responsive caregiving practices.⁷⁸

In recent years, the Chinese government has made shifts in policy to further support families. However, most of the policies are focused on mothers and the overall system. Little attention has been provided to supporting fathers in their role as caregivers. While there are programmes supporting parents in caregiving, these are mainly local, village, or city-based programmes.

Policies

Within the component of Responsive Caregiving, there are seven relevant policies. Six policies are cross cutting with other NCF components, while one is solely related to this NCF component.

In 2012, the Chinese government issued a nationwide policy, *Special Provisions on the Labour Protection of Female Employees*, on the protection of new mothers and the provision of maternity leave up to 98 days (slightly under 20 weeks). This was further bolstered in 2019 and 2020, when the State Council issued detailed guidance to encourage the full uptake of maternity leave, adding workplace supports such as flexible working arrangements, employment guidance, training, and career development.^{79,80}

Across the country, various provinces have granted between 30 and 90 days of additional maternity leave to encourage women to have children.⁸¹ This is in addition to the national provision of 98 days. The four provinces in this study also issued corresponding and complementary policies. Yunnan province emphasises the need to strictly enforce maternity leave, but also to implement additional provisions such as nursing leave.⁸² Guangdong⁸³ and Gansu⁸⁴ provinces have issued policies on exploring the introduction of a system of parental leave and maternity leave that is compatible with infant and childcare services, with Guangdong Province in particular not only implementing a paid maternity leave system, but also proposing a policy of paternity leave for spouses. In addition, Qinghai province encourages employers to adopt more flexible methods and measures to create convenient conditions for families who are raising and caring for infants and young children.⁸⁵ They have also implemented employment support policies and provided information, employment guidance, and vocational skills training for parents returning to work who have taken time off to care for their infants and young children.

In considering the provision of affordable childcare services, the State Council issued the *Guidance on Promoting the Development of Infant and Toddler Care Services for Children*

under the Age of 3 in 2019. The policy states that support for infant and toddler care services in rural and poor areas should be increased and early infant and toddler development programmes promoted.⁷⁹ This includes guidance to local governments to encourage the strategic planning of childcare across the region, ensuring a mix of private and public service provision, and to set up adequate local government subsidies. The guidance to local governments was adhered to across the four provinces in this study, and all four have developed provincial child development plans based on the China Child Development Plan (2021-2030) issued by the State Council.^{86,87,88,89}

China does not have specific regulations related to child-friendly urban design. However, within the 2021 *Outline of China’s Child Development (2021-2030)* policy, the creation of child-friendly cities and communities have been included.⁸⁰ Within the document, there was broad guidance related to the development of spaces that encourage child development, social policy, and the protection of child rights, with recognisable Chinese characteristics. There is also an emphasis on ensuring spaces are safe for children and free from pollution and harmful substances. Each of the four provinces included in the study address the creation of child-friendly cities to varying degrees. While all four noted the importance of considering children when planning and constructing public facilities, only Guangdong outlined specific targets about the planning and development of child-friendly streets and parks.⁸⁶

Programmes

An independent report on the Healthy Childhood Project in 2022 revealed that ECD in rural China is at risk and that interventions through public service projects are socially important.⁹⁰ A total of 17 programmes in China included elements of responsive caregiving. All 17 projects include educational guidance for caregivers to enhance parenting skills and improve the family environment to create a warm, safe, and equitable environment for children. One project is aimed at foster carers, one is for staff of child welfare agencies, and the remaining 15 projects are directed toward children. Evaluations have been conducted on four of the 17 projects.

Table 3-5. Responsive Caregiving programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Angel+ Gansu	See			

[Table 3-4. Opportunity for Early Learning programmes](#) for further details.

Child Friendly Communities in China	See Table 3-3. Good Health programmes for further details.
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Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Child Mothers Project	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Children's Happy Home	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Chun Hui Infant and Toddler Project	See Table 3-1. Adequate Nutrition programmes for further details.			
Chun Hui Pre-School Project	From the setting of the environment to the personalised teaching arrangements, the orphaned children's developmental patterns and interests are at the centre of the programme, with trained pre-school teachers applying the concept of responsive education to the echoing project curriculum and the integrated education programme.	National		✗
Chun Hui Spring Watch Project	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Early Education Mobile Vehicles	See			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Table 3-4. Opportunity for Early Learning programmes for further details.				
Good Parenting Project for Pre-school Children	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Healthy Kids Paradise - ECD Programme	See Table 3-1. Adequate Nutrition programmes for further details.			
Harnessing Opportunities through Parenting Education (HOPE) Project (CFRD-TF China)	See Table 3-4. Opportunity for Early Learning programmes for further details.			
Huiyu China: Early Childhood Parenting Pilot	See Table 3-1. Adequate Nutrition programmes for further details.			
Love for the Future	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Love in the Beginning: Community-based Family Support	See			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N

Table 3-4. Opportunity for Early Learning programmes for further details.

Magical Parent-Child Garden	See			
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Table 3-4. Opportunity for Early Learning programmes for further details.

Parenting the Future	See			
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Table 3-4. Opportunity for Early Learning programmes for further details.

Rural Education Action Programme (REAP)	See			
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Table 3-1. Adequate Nutrition programmes for further details.

Gaps

In recent years, China has placed increasing emphasis on responsive caregiving in early childhood, enhancing parenting skills by guaranteeing parental leave and providing parent-child classes. In addition to parent-child interactions in the home, responsive caregiving may also include interactions between practitioners and children for children in institutional or residential care. The Chinese government, together with society, is taking active steps to ensure the provision of diverse and quality childcare services for young children. Responsive caregiving also needs to be supported by adequate childcare facilities, and the number of children's centres has increased significantly across China due to the vigorous promotion of child-friendly cities and community children's homes in both urban and rural areas. At present, the main issues with responsive caregiving include the poor implementation of universal access to maternity leave, the need to improve the ability of caregivers to raise children with responsive and sensitive caregiving practices, and the need to increase the construction of care facilities.

Poor implementation of universal access to parental leave benefits

China is one of the leaders in Asia in terms of the length and benefits of maternity leave.⁹¹ Maternity leave provision from the state and province, combined, is generally around 130 to 160 days (average of 20 weeks), and paternity leave is generally between 10 to 15

days.⁹² In practice, however, these benefits do not reach all parents. As the cost of parental leave is largely borne by the employer, companies are often reluctant to implement the policy. Consequently, some companies intentionally avoid hiring women of childbearing age, or request for new hires to sign pledges that they would not get pregnant.^{93,94} In addition, women who are engaged in flexible employment, self-employment or agricultural work are not eligible for maternity leave.⁹⁵ This disproportionately affects women in rural provinces and areas.

Despite having legal standards for unfair dismissal, women still face overwhelming bureaucratic requirements for evidence of their unfair dismissal and do not receive consistent labour protection. Furthermore, companies who are found guilty are generally requested to make marginal compensation.

Improving caregiver skills

Responsive caregiving involves the parents' appropriate responses to a child's movements, voice, gestures, and verbal communication. Targeted parenting education aims to strengthen or change parents' understanding of caregiving practices, so that they can acquire the knowledge and ability to raise and educate their children, establishing a good parent-child relationship.⁹⁶ Currently, parenting education in China is lacking in terms of quantity and form. This was highlighted as a critical gap in the expert interviews.

"When parents return home from hospital, they receive little support in terms of breastfeeding and parenting knowledge. But the biggest problem ... is the lack of parenting knowledge among rural parents. They don't know how to create a developmentally appropriate environment for their children, they don't know how to tell stories or sing to their children, and they don't know what nutrition and food to provide for their children." — Prof. Scott Rozelle, Stanford REAP

Although there are few studies on parenting education, these studies generally find a high demand for programmes from parents, but a low level of satisfaction with the education provided.^{97,98} There have been a number of programmes that have addressed parenting education. They have provided programmes in less developed areas that focused on improving parenting behaviours through various methods such as in-home mentoring and parenting activities. However, due to funding and other factors, programmes have experienced barriers to sustainability, and scalability to less developed areas is difficult.⁹⁹ Overall, parenting education still needs to be strengthened and parenting skills need to be improved. Furthermore, for left-behind children, parenting education will need to extend to grandparents and extended family members who take over the primary care of the child.

Care facilities need to be strengthened

Responsive caregiving cannot be achieved without the support of relevant venues and facilities. Children's centres are places that provide integrated services such as play, recreation, education, health, psychosocial support, and referral for children and their families. In recent years, the construction of children's centres in urban and rural communities has been vigorously promoted across the country, and the number of children's centres has increased significantly. By the end of 2020, 321,000 children's centres had been built nationwide, but the target of the *Outline for Children's Development in China* (2011-2020) had not been achieved. Furthermore, the spread of children's centres is not even across the country, with less than 10% reach in the central and western regions of China.¹⁰⁰

Additionally, aside from the construction of facilities, attention will need to be cast on the breadth and quality of service provision at these facilities, together with the training and retention of practitioners.

3.2.5. Security and Safety

Key Messages

- ⇒ The Chinese government has made progress in ensuring access to clean drinking water and proper sanitation across the country. It has also made some progress to ensuring minimum wage, social protection and protection from abuse and violence. However, more can be done to ensure that the most vulnerable groups are protected and supported. This includes migrant and left-behind children.
- ⇒ The programmes in this component primarily work to ensure protection for vulnerable groups, particularly children with disabilities, left-behind children, or impoverished families.

Overview

The NCF component of Security and Safety focuses on addressing the needs of the most vulnerable children and families, particularly related to extreme poverty, low income, environmental risks, and child maltreatment. Security and Safety refer to provision of safe and secure environments for children and their families. This includes reduction of physical dangers, emotional stress, environmental risks, ensuring recognition by the state (e.g., birth registration), and having access to clean and safe food and water.²⁸

Promoting the safe and healthy development of children can provide valuable resources for the sustainable development of the country. China has always attached great importance to the safe development of children and has introduced relevant policies to ensure the survival, development, protection, and participation of children. There are also numerous public welfare organisations that provide services and assistance to children in vulnerable situations, so that they can grow up in a safe and healthy environment.

With the shift away from the One Child Policy, birth registration has increased across China. Birth registration is especially crucial in China, where the city in which the child is registered has consequences on the services he or she can receive.¹⁰¹ Also known as *Hukou* registration, it is a key component of population and household management in China. While there are no official statistics on the number of unregistered children in China, numerous studies dating back to 2010 have shown that the rate of birth registration is low in rural areas, particularly for marginalised children, such as female children, those with disabilities, or children of ethnic minorities.¹⁰¹

Aside from birth registration, the *Hukou* system and related service provision has made it difficult for children to access public education, healthcare, and social services outside of their designated *hukou*. This has led to 69 million 'left-behind children' – those who are unable to move when their parents migrate to other cities for economic and employment reasons. Of this, around 27%, or 18.6 million are children under the age of six.¹⁰² While the

government has taken steps to address and increase birth registration, the *hukou* system is another issue that requires attention in order to ensure the safety, protection, and well-being of left-behind children. Furthermore, a number of parents delay birth registration in hopes of being able to register their child to an urban *hukou*.¹⁰⁰

Providing a safe environment for young children includes ensuring that families have access to proper sanitation and clean drinking water. Due to the efforts of both the government and private organisations, China has increased access to clean water from 55% of households to over 95% of households in 25 years.¹⁰³ However, there is still an urban-rural divide, where only 64% of the rural population has access to improved sanitation facilities, compared to an average of 76% for both the urban and rural population across the country in 2015.¹⁰³

Policies

China has 12 national policies in relation to the security and safety of young children and families. Seven of these policies cut across multiple NCF components; only five policies are singularly related to security and the safety.

The *Law of the People's Republic of China against Domestic Violence*, implemented in 2015, proposes that additional protection should be offered to minors. The policy seeks to ensure adequate preventive measures and punishment are in place to protect young children. For children with disabilities, the Chinese government, through the General Office of the State, sought to establish a rehabilitation assistance system in 2018. The *Opinions of the State Council on Establishing a Rehabilitation Assistance System for Children with Disabilities* includes provisions for assistance to children with disabilities from birth to the age of 6 years. The provinces of Yunnan and Guangdong have also issued opinions and implementation guidelines specific to their provincial needs. Third, the *Action Plan against Human Trafficking (2021-2030)* has emphasized the care and protection of special groups such as left-behind children and children in difficulty. The policy outlines the role of rescue and protection agencies for minors and children's welfare institutions and strengthens the organisational structures around the protection of young children to reduce the prevalence of trafficking.

China's labour laws require local governments and provinces to set a minimum wage and to make periodic adjustments every two years, based primarily on cost of living.¹⁰⁴ This policy has been rigorously enforced across the country and led to increased wages. However, research has shown that minimum wage regulations have had a negative effect on the employment of young adults, particularly young women, and low-skilled workers.¹⁰⁵ Specifically, the implementation of minimum wage had significantly decreased employment opportunities for both groups.

It is unclear what percentage of children are registered within China.¹⁰⁰ In China, birth registration is especially crucial and is closely tied to the *Hukou* registration system. This system allows the child to access his or her rights and services within the municipality. In 2021, the General Office of the Health Commission released a set of guiding opinions to improve the birth registration system across the country.¹⁰⁶ This policy seeks to streamline the registration process and strengthen data sharing across government platforms.

In addition to the five policies outlined above, China has seven cross-cutting policies that contribute to the security and safety of young children and families. Across these policies, the government has taken steps to ensure the vulnerable groups such as left-behind children, children with disabilities, and children in impoverished settings are actively cared for and protected, with services being made available to them. Some of these policies are

further extended within specific provinces. For example, Gansu Province is concerned about children left behind in rural areas, and the *Implementation Opinions of the Gansu Provincial People's Government on Further Strengthening the Care and Protection of Children Left Behind in Rural Areas* aims to create a positive environment for the healthy growth of children, and safeguards the rights of these children to survive, develop and be protected. Additionally, Qinghai Province is concerned about children from birth to 6 years old with autism, and the *Specification for Autism Screening and Intervention Services for Children Aged 0-6* regulates the implementation of autism screening, diagnosis, and intervention services to promote children's health.

Notably, the *Outline for Children's Development in China (2021-2030)* includes provisions to ensure that children are brought up in a safe environment, with clean water and sanitation. All four provinces in this study have further provincial plans to increase the provision of clean running tap water and toilets in rural areas.

Programmes

Within the component of Security and Safety, the study team identified 19 programmes. All programmes are provided by NGOs. In terms of scope, four of the programmes are universal, aimed at all families and children, while eight are aimed at disadvantaged families and children, such as left-behind children, those who have suffered injuries, or those in less developed areas. There are seven programmes for families and young children with additional needs or disabilities.

Table 3-6. Security and Safety programmes

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Aiyou children's heart	See Table 3-3. Good Health programmes for further details.			
Aiyou Morning Star Project	See Table 3-3. Good Health programmes for further details.			
Angel Journey campaign for children with prediabetes	See Table 3-3. Good Health programmes for further details.			
Blessed Angels Project	See Table 3-3. Good Health programmes for further details.			
Child Friendly Communities in China	See Table 3-3. Good Health programmes for further details.			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Child Mothers Project	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Child Safety Education Project	The programme was launched and implemented with the aim of rallying the community, bringing the communities' attention to safety and emergency situations through education, equipping children and teenagers with the relevant skills, and improving the safety management procedures of relevant venues through a series of publicity, education and training activities.	National		✗
Child+365 Project	See			
Table 3-4. Opportunity for Early Learning programmes for further details.				
Children's Director Project	Village Child Officers are established as frontline staff to implement community child welfare and protection intervention services to ensure that children, especially those in distress, can be protected, enjoy well-being and thrive in a supportive environment. These interventions include identifying and serving children in need, raising awareness of child welfare and child protection in the community, providing parenting skills training and needed services to families, providing comprehensive psychosocial support to children and assisting in the development of supportive local policies. The programme has been adopted by the Chinese government and is being implemented in villages across China, covering 31 provincial administrative units.	National		✗
Children's Happy Home	See			

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
Table 3-4. Opportunity for Early Learning programmes for further details.				
Children's Safe and Healthy Growth Guardian Action	See Table 3-1. Adequate Nutrition programmes for further details.			
Chun Hui Caring Home Project	See Table 3-3. Good Health programmes for further details.			
Go Baby - Children's Health Protection Programme	To help improve the health of children in less developed areas, the CFRD provides comprehensive public welfare insurance for children from low-income families to reduce the incidence of poverty due to illness and accidents and builds pilot children's centres in local primary care institutions to help build a child-friendly environment for medical care. The programme combines children's charity insurance with the establishment of children's centres in local primary healthcare institutions. Additionally, through an online platform, the programme provides children from low-income families in less developed areas with comprehensive children's insurance coverage of approximately RMB 85 per person per year.	National		✗
Hello Kids	See Table 3-1. Adequate Nutrition programmes for further details.			
Life Green Project	See Table 3-3. Good Health programmes for further details.			
Safe Childhood Rides - Walk with Heart Charity Project	Child road traffic injuries are the leading cause of injury and death among children in China. To reduce the occurrence of child injuries in China, especially road traffic injuries, Global Child Safety (China) and GM China launched the programme in 2014. Through traffic injury research, safety education, social awareness,	Other provinces; Guangdong		✗

Intervention Name	Brief Programme Description	Location	Evaluation Available	
			Y	N
	regulation promotion and capacity building, as well as multi-sectoral cooperation, the programme aims to help more children and families stay safe from traffic injuries and promote the long-term development of child passenger safety in China.			
Save the children	See Table 3-1. Adequate Nutrition programmes for further details.			
Small Grants Project	The programme is run by judges, prosecutors, lawyers, staff of the Youth League and Women's Union who handle minors' cases and apply on behalf of the children. After examination by the programme team, financial assistance is granted to children who meet the eligibility criteria. The programme aims to provide small amounts of financial assistance to minors whose rights have been violated in cases and whose families are poor but cannot receive compensation. The programme aims to give confidence and strength to children whose rights have been violated, so that they can grow up in a safe and healthy environment.	National		x
Sunshine Fund	See Table 3-3. Good Health programmes for further details.			

Gaps

Unequal service provision

The government has shown increasing concern in recent years about the welfare, safety, and protection of young children and families. However, all the programmes shortlisted in this study are led and operated by NGOs with private funding. Currently, the government is developing an integrated assistance system to ensure that children can access healthcare and has added support for children with disabilities.¹⁰⁷ It is crucial that this planned system works in tandem with the numerous local programmes led by NGOs, to ensure engagement of all key stakeholders and coordination of services.

Uneven insurance coverage between urban and rural areas

Since 2007, children in China's urban and rural areas have been covered by the basic medical insurance for urban residents and the new rural cooperative medical system. In 2016, the State proposed to integrate the two systems of medical insurance to gradually establish a unified basic medical insurance system for residents nationwide, so that urban and rural children would have equal access to basic medical insurance treatment. In addition, to further protect the rights and interests of children, the State introduced major medical insurance for urban and rural residents in 2012, incorporating serious childhood illnesses into the national medical insurance system to reduce the burden faced by families when their children experience major illness. Although children are covered by basic medical insurance for urban and rural residents in all parts of China, the non-compulsory nature of participation has led to a lower rate of participation in remote and rural areas.

Enrolment is based on families having previously completed the birth registration for their child, and then registering their child for the basic medical insurance scheme. In addition, some regions also restrict the participation of migrant children, leaving some children unable to access basic medical coverage.¹⁰⁸

Protection for migrant and left-behind children

With continuing urbanisation, the issue of protecting the rights and interests of migrant and left-behind children - a result of population movement - has become a growing societal concern. In recent years, several departments, including health, education and civil affairs have made comprehensive efforts to assist migrant and left-behind children with family guardianship and eligibility for schooling. At present, China has relatively good medical and schooling protection for migrant children in urban areas, but these children are often less prepared for schooling and have difficulty forming peer relationships compared to local children. For left-behind children whose parents are often absent, their upbringing and care issues need more attention.

A critical point to note here is that policies and programmes to support left-behind children are primarily focused on the provision of services and support, not reunification of the child with their parents. This would be an important aspect to consider, through conversations with employers and other stakeholders, such that children can be with their parents.

3.2.6. Cross-cutting Topics

Gaps

Urban-rural divide across and within provinces

China is a vast country with huge regional differences in economic level, population size, geography, and human environment. Despite strong central government co-ordination, ECD is still uneven across regions. In general, the development of the central and western regions falls behind that of the eastern regions. In addition, there are also relatively large differences in development within specific provinces. In Guangdong Province, for example, the ECD programme in the Greater Bay Area has adequate financial and human resources and is gaining momentum, but children in northwest Guangdong are unable to enjoy the same opportunities due to financial and material constraints. Therefore, the uneven development within the province is also a matter of concern.

During the period of planned economy, China separated urban and rural areas in terms of system and management, forming a socio-economic "urban-rural dichotomy". Since the reform and opening up, with the establishment and improvement of the market economy system, the division between urban and rural areas has gradually been broken down, but in reality, the phenomenon of the "urban-rural dual structure" still exists.¹⁰⁹ Rural areas generally lag behind urban areas in terms of economic development and social security, resulting in an imbalance in the development opportunities of rural children and urban children.

Quality and quantity of trained ECD practitioners

Quality ECD for children under six years of age needs to be supported by an adequate and stable supply of trained professionals. However, in China, the current mobility and shortage of relevant practitioners is a prominent problem. This has been a major constraint on the quality of preschool education. While there is a growing emphasis on the training of practitioners in infant and childcare services for children under three years of age, and the qualification requirements for educators are reflected in some policy documents, both entry requirements and training need to be further systematised.

In terms of quality, although the education and certification rates of preschool teachers have increased substantially over the last decade, the overall quality of the kindergarten workforce is still low. In 2017, the minimum education requirement for full-time kindergarten teachers in China was technical secondary school, which is equivalent to the senior secondary education level, while most OECD member countries require a bachelor's degree. In addition, a survey in 2019 on the professional foundation and certification of kindergarten teachers found that 61% of kindergarten teachers majored in preschool education, 25% majored in education-related subjects, and 14% majored in non-education subjects.¹¹⁰ Furthermore, over 20% of teachers are not certified at all.¹¹² This situation is further exacerbated by the constraints faced by educators in rural locations, as noted by an expert interviewed for this study.

“Many villages have only one teacher in the kindergarten... He [or she] has no opportunity to receive [additional] training, hence leading to a lack of quality in ECD settings.” — Expert interview from School of Preschool and Special Education in a university in Yunnan

Additionally, the ratio of paediatric practitioners to the number of doctors is relatively low and paediatric resources are very constrained. While the government had taken steps to train and increase the number of licensed doctors in rural locations, there are still persistent gaps in training and continuing professional development.¹¹¹ This is one of the major factors affecting the development of children from birth to six years in China at present.

Need for increased, targeted investment in ECD

In the interviews, many of the experts mentioned "investing more". Children are the future of the country and the hope of the nation. Although the Chinese government has made considerable investment and efforts in various areas of ECD, there is still a considerable gap compared to other OECD countries. As noted by an expert interviewee, this increase in investment is even more crucial now.

“Especially in this recent period of economic downturn, it is even more necessary to institutionalise investments [in early childhood development].” — Expert interview with researcher in a local preschool education policy research centre

In the consideration of where investments should be focused, within early childhood education, previous investments have been poured into infrastructure and facilities such as school buildings. However, this has been at the expense of “software” investments, such as human capital, including the salaries of educators, pre-service training, and continual professional development structures. Currently, these are critical gaps that require not just financial investment, but also consideration toward its structure and quality.

Resource needs do not end there. Particularly in remote and underdeveloped areas, such as rural kindergartens in Yunnan, basic supplies such as textbooks, storybooks and toys are still in short supply and could be the focus of future investment. These needs vary from province to province, and further investigation would be necessary to ensure investments are targeted at the more urgent needs.

Coordination across sectors

Early childhood development covers a wide range of aspects such as nutrition, health, education, and safety, and requires the collaboration of multiple departments. Currently, early childhood development in the majority area of China is divided into two different departments, with children under three years old under the management of the National Health Commission and children aged three to six years old under the management of the Ministry of Education. This division makes it difficult for the holistic nature of ECD to be considered.

In addition, experts interviewed also pointed out that various aspects of ECD would require the collaboration and coordination across local departments.

“For example, improving the working conditions for teachers ... requires the joint efforts of multiple departments such as the Development and Reform Commission, the editorial office and the finance department. This coordination mechanism between the various departments is not yet sound.” — Expert interview with researcher in a local preschool education policy research centre

Furthermore, the lack of interdepartmental coordination and cooperation has also led to a disconnect across services. As noted in the interview excerpt below, the lack of coordination has led to gaps in service provision, wasted resources and confusion among parents on which entity to approach.

“Institutions such as childcare centres and child-friendly community centres have separate identities, leading to a lack of consistent connection across services.” — Expert interview with the deputy director from a government department

Particularly in rural, low-resourced settings, stronger coordination would be crucial to streamlining efforts so that parents and families have access to the services they require. This is a gap that can be addressed both on the local village level, and at the provincial or national government level.

3.3. Conclusion

China has a comprehensive set of policies and programmes supporting ECD, with a mix of government and foundation-led and funded programmes. While the national government has set out strong policies to support young children and their families, the responsibility falls on the local provincial government to ensure that policies are implemented. This decentralised model extends to the funding available for policy and programme implementation. As such, poorer provinces are less able to ensure high quality and comprehensive support and services for young children and families. Although the country has made some gains in specific ECD areas, more can be done for vulnerable children, specifically migrant and left-behind children, and for women. This will require significant investment to understand the needs and barriers to implementation, together with time to understand specific needs on the ground.

4. What programmes have been evaluated?

This section will address the research question: “What evaluations have been undertaken of ECD programmes and services in China?”

4.1. Overview of evaluations

Of the 63 programmes, only 14 have been evaluated. Six of these evaluations were conducted internally (available in the grey literature), seven were published in academic journals and one evaluation was conducted externally. Three of the evaluated programmes are operated by the government and the remaining 11 are NGO-led. This is reflective of the breakdown of shortlisted programmes, where over 80% of programmes are led by the NGOs. The majority of the 14 evaluations are publicly available in Mandarin, although some full reports were not available.

Notably, none of the published evaluations included a cost-effectiveness evaluation or analysis. Given the breadth of programmatic work occurring within China, this is a crucial gap. Including a cost effectiveness component to evaluations would provide insights into if, and how, current levels of investments are impacting ECD outcomes.

Below is the list of programmes and their respective evaluation details

Table 4-1. List of programmes with evaluations

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
Breastfeeding Promotion Initiative China Development Research Foundation. (2020). "Mu ru wei yang ti sheng ji hua" nan ning shi dian xiang mu jie duan zong jie hui yi zai nan ning zhao kai. ["Breastfeeding Promotion Program" Nanning pilot project phase summary meeting held in Nanning]. https://www.cdrf.org.cn/mrxmdt/5536.htm .	Internal report	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration. Data collected through a survey developed by the programme team.	These omissions in information about study methods make it difficult to interpret the validity of the findings.
Study Findings				
		The evaluation was mainly conducted by a third-party evaluation agency. In the first year of implementation, the pilot project of the Breastfeeding Promotion Programme has been very effective. The external evaluation showed that the establishment of the breastfeeding counsellor system has significantly improved the local breastfeeding situation. According to preliminary monitoring data, several breastfeeding indicators in the pilot area of Nanning have improved significantly since the project began: the rate of exclusive breastfeeding at 6 months in the pilot area increased from 36.9% before the project to 47.1%; the number of mothers of infants (0-5 months) in the four pilot hospitals who had the correct definition of exclusive breastfeeding increased from 39.4% to 51.7%; the breastfeeding rate during hospitalisation in the pilot hospitals reached 91.7% and the breastfeeding rate within the first hour after delivery reached 96.3%.		
Chen Xing Vibrant Parent-Child Project Huo li qin zi yuan xiang mu ping gu bao gao. (2017). [Evaluation report on	External evaluation report	The purpose of the evaluation of the project was to reveal the social effects and to summarise the operational model.	The study used qualitative methods, primarily through interviews, supplemented by a quantitative survey and further statistical analysis. The evaluation surveyed 3 project sites in 2 districts and within each site, the site manager, the parenting class teacher and the parents involved in the project	N/A

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
the Lively Community Lively Parent-child Garden Project].			were interviewed. The interviews included 3 project supervisors, 4 project site managers, 5 parenting class teachers and 12 parents. Additionally, 162 parent questionnaires were collected. Finally, the heads of 2 partner organisations were interviewed.	
		Study Findings <p>The evaluation was conducted by the Beijing Qi Yue Social Welfare Service Centre. After a series of evaluations, the main findings include the following: Firstly, in terms of child development, the most obvious change was the increase in the child's cognitive level. In terms of parental influence, parents have learnt new approaches to education and have changed previously incorrect ways of teaching. Secondly, in terms of social significance, it makes up for the lack of early childhood education in mobile communities and improves the concept and action of early childhood education in this segment of mobile families. In the course of its operation, it focuses on parental participation through the delivery of the curriculum, activates the endogenous action of the community and forms a community in this way, which in turn partially changes the state of life of these parents and the state of life of the family. Thirdly, at the public good level, it meets a social need at the public level and brings support to the mobile population, while providing a purely public good and benefiting all the families in the community who have a claim to it. Fourthly, in terms of professionalism, it involves two levels of professionalism, namely the professionalism of community-based subject-driven activation and the professionalism of early childhood education. Fifthly, in terms of extended social impact, the project makes a positive social contribution to children, parents and families and communities as a whole.</p>		
Fuel for 5 - Nutrition Improvement Programme	Internal Report	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration.	These omissions in information about study methods make it difficult to interpret the validity of the findings.
Amway Charity Foundation. (2019). Wei 5 jia you xiang mu cheng xiao ping gu wan cheng. [Fuel for 5 project effectiveness evaluation completed]. https://www.amwayfo		Study Findings <p>The Amway Community Foundation, in conjunction with the Institute of Nutrition and Health of the Chinese Centre for Disease Control and Prevention and the Institute of Psychology of the Chinese Academy of Sciences, conducted two evaluations of the programme's effectiveness in 2017 and 2019. The evaluations showed the following results:</p>		
			Data collected through a survey developed by the programme team.	

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
undation.org/zh/latest-news/project-progress/for5/20191230.html		<p>1. The anaemia rate of children dropped by 22% from 2016 to 2017, one year after programme implementation. In 2019, after three consecutive years, the anaemia rate of children dropped further by another 60.7% from the 2017 rate. Overall, the anaemia rate reduced from 37.6% to 11.4%. Children within the programme reached the National Nutrition Plan (2020) target of 12%.</p> <p>2. The stunting rate for children decreased by 44% between 2016 and 2017, one year into the programme, and in 2019, after three consecutive years, the stunting rate decreased by 76.5% from the 2017 rate. Overall, stunting reduced from 17.6% to 1.9%.</p> <p>3. In 2016, after pre-testing, the average cognitive level of children in poor areas was 2 years behind the national norm, but in 2019, after three consecutive years of the project, tested children in the project sites of Guzhang in Hunan and Xingxian in Shanxi, and the cognitive level of children was comparable to the national norm.</p> <p>4. The programme distributed multi-vitamins to children. The children's consumption rate is consistently over 92% since the start of the programme, which is much higher than the national nutrition package consumption rate of 70% for the Fuel for 5 project. Over the course of the programme, it has covered 833 kindergartens in 24 counties in 11 provinces, including Qinghai, Xinjiang, Gansu, Shanxi, Hunan and Guangxi, and has cumulatively distributed more than 40 million chewable tablets and conducted 25,000 nutrition education sessions, bringing nutrition benefits to 93,000 children.</p>		
Harnessing Opportunity through Parenting and Education (HOPE) Project (TF China)	Internal report	A new attempt to explore a feasible model of early childhood development intervention in underdeveloped rural areas and promote the comprehensive development of infants and young children has been made through the creation of education centres.	<p>HOPE Project conducted the evaluation on its impacts on the beneficiaries. The "experimental group-control group pre-test and post-test design" is adopted in the evaluation study. Both quantitative (questionnaire, surveys) and qualitative (interviews) methods are utilised in the research.</p> <p>Quantitative survey on children and primary caregivers: one-on-one face-to-face surveys with primary caregivers using a paperless questionnaire; quantitative survey on facilitators completed online; interviews on various beneficiaries of HOPE project conducted face-to-face.</p>	These omissions in information about study methods make it difficult to interpret the validity of the findings.
Study Findings				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
		The project has promoted the early childhood development of local children between 0-3 years old and has improved the current situation of early parenting. It improved the professional ability of centre facilitators, and centre facilitators adapted well to their work. The project had a positive impact on local early childhood education, and these impacts will continue to contribute to the future development of children. Finally, the project has received praise from the local government, community or village officers, kindergarten heads, and families.		
Harnessing Opportunity through Parenting and Education (HOPE) Programme (TF China) China Development Research Foundation. (2017). "Hui yu zhong guo" hua chi xian shi dian shi xian quan fu gai. ["Hui Yu China" Huachi County achieved full coverage]. https://www.cdrf.org.cn/jjhd/4373.htm	Internal report	n/a	HOPE Project conducted an evaluation of its impact on the beneficiaries. An experimental group-control group pre-test and post-test design was adopted in the evaluation study. Both quantitative (questionnaire surveys) and qualitative (interviews) methods were utilised in the research. Quantitative survey of children and primary caregivers consisted of: one-on-one, face-to-face surveys with primary caregivers using a paperless questionnaire; quantitative surveys with facilitators completed online; interviews with various beneficiaries on HOPE project conducted face-to-face.	
		Study Findings As of July 2017, analysis of the baseline, mid-term and end-term evaluations showed that the HOPE programme was able to effectively promote the development of infants' language, gross motor and health, significantly increase the normal rate of children's cognitive development screening, and significantly improve parenting behaviour and the parenting environment of families. The home visit intervention was also able to increase the height for age of the children, reduce the rate of wasting of children who underwent the programme and increase the rate of adherence to the nutrition package programme.		
Magical Parent-Child Garden - Mobile Early Childhood Development Project	Internal report	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration.	The evaluation of the project mainly came from its internal evaluation and did not involve an independent evaluation.

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
FAZE Community Well-being Foundation (Guangzhou). (n.d.) Shen qi qin zi yuan liu dong er tong zao qi fa zhan: yong ai shou hu sheng ming kai shi de1000tian [Early development of mobile children in Magical Parent-child Garden: guarding the first 1000 days of life with love]. http://www.fazecwf.cn/home/project/intro/id/3.html		Study Findings Changes were evident in three areas. Firstly, changes in the growth of young children were apparent. According to pre- and post-intervention measurements, the children who participated in the training had different degrees of development in the five major areas of movement, language, cognition, social and art. Secondly, changes in parents were also observed. Many parents have learned a lot about parenting and communication skills through attending morning classes and parent (micro) classes with their children, and have learned how to respect their children, and their parent-child and couple relationships have improved. Thirdly, in terms of teacher training, up to now, a total of 22 online and offline professional teacher training sessions have been conducted for community mothers recruited by the partner organisations, including theoretical training, drop-in training, practical training and management training, and the concept of participatory training has been incorporated into the training process, nurturing 290 community mothers to enter the early development industry.		These omissions in information about study methods make it difficult to interpret the validity of the findings.
National Training Plan for Primary and Secondary School Kindergarten Teachers Li, F. (2021). Pei yu da guo liang shi zhi cheng jiao yu gao zhi liang fa zhan. [Nurturing great teachers to support the high-quality	Published journal article	The UNESCO Centre for Teacher Education had conducted a comprehensive independent evaluation of the ten-year performance of the National Training Programme. The National Training Programme has been implemented in 31 provinces, municipalities, and autonomous regions over the past 10 years, of which 15.74 million (94%) have participated in the National Training Programme for Central and Western China and the National Training Programme for Early Childhood Teachers. The National Training Programme covered all deep-poverty	This study takes 2010 to 2020 as its designated time period and retrieved 1409 documents from the China National Knowledge Infrastructure (CNKI) with the “National Training Plan” as its relevant keyword. The selected documents were then screened, classified, and analysed into 2 categories – theoretical research versus empirical research.	n/a

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
development of education]. <i>Future Educationalists Magazine</i> , (Z1)23-25.		counties and rural teachers in poor areas. The programme stands out for its high degree of government attention, strong financial investment, large number of participants and long duration of development.		
Cheng, Y., Wang, J., & Liang, Q. (2021). Jin shi nian zhong guo "guo pei ji hua" yan jiu hui mou. [A review of the research on China's "National Training Program" in the past decade]. <i>Journal of Pingdingshan University</i> . 36(01), 115-118.		<p>Study Findings</p> <p>The evaluation showed that over the past ten years, a total of 16.6 million teachers from 31 provinces, municipalities and autonomous regions have participated in the National Training Programme. The National Training Programme has been implemented in 31 provinces, municipalities and autonomous regions over the past 10 years, of which 15.74 million (94%) have participated in the National Training Programme for Central and Western China and the National Training Programme for Early Childhood Teachers.</p> <p>In terms of effectiveness, studies have found that the National Training Programme has had a positive impact on the professionalism of trainee teachers. Participant teachers have improved their concepts, knowledge and competencies, and have been able to adapt their teaching behaviours to the content of the training. On the other hand, some studies have also found that the professional concepts and teacher ethics learned in the training are difficult to implement, the application of the training theory to post-training teaching practice shows mediocre results, and the trainee teachers are not effective in solving practical problems.</p>		
Nurturing the Future Centre for Experimental Economics in Education. (2020). "Yang yu wei lai" xiang mu jie shao. ["Nurturing the	Published journal article	Since the implementation of the project in 2012, more than 28,000 people have benefited from the project, including 9,565 children and 18,452 parents. Since the end of 2017, under the guidance and support of the Department of Population and Family of the National Health Commission, the project has been implemented in Ning Shaanxi and Qing Jian counties in Shaanxi Province and Xun Wu	The main measure used across the different collection groups was the Bayley Scales of Infant and Toddler Development-III.	

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
Future" project introduction]. http://ceee.snnu.edu.cn/info/1329/1021.htm		County in Jiangxi Province, with 30 new parenting centres and 3 service points.		
		Study Findings The study found that the programme effectively reduced the rate of anemia in infants and young children in the short term and improved their cognitive development. After 6 months of intervention, the programme displayed effectiveness in reducing anemia (increased hemoglobin level by 1.77g/l) and improving cognitive ability (increased cognitive score by 0.13 standard deviations) in infants aged 12-18 months. In the follow-up survey of Phase 2 (every 6 months), it was found that the intervention had no significant effect on infants' anemia and cognition in the long term. This result was consistent with the compliance rate of taking nutrition packs and the statistical power of the project.		
National Immunisation Programme Chen, S., Yao, L., Wang, W., & Tang, S. (2022). Developing an effective and sustainable national immunisation programme in China: Issues and challenges. <i>The Lancet Public Health</i> , 7(12). https://doi.org/10.1016/s2468-2667(22)00171-2	Peer-reviewed published paper	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration.	
		Study findings The burden of vaccine-preventable diseases in China has decreased dramatically since the establishment of the National Immunization Program (table). High vaccine coverage is facilitated by strong implementation of the National Immunization Program and important factors, including the hukou and immunisation certificate system, which is the household registration system used in mainland China that grants residency-based access to education, health care, pension, and other social services and benefits. In addition, fast economic development, better nutrition, maternal and child health programmes, a strengthened health system, and advances in medical technique have all contributed to reduce deaths from vaccine-preventable diseases. There is evidence showing that the incidence of 11 monitored vaccine-preventable diseases was 1723 per 100000 population in 1959, and has decreased markedly since 1978, remaining at low incidence since 1990. For example, pertussis decreased by 98% from 1978 to 2018, and measles decreased by 99% during the same time. Annual vaccine-preventable disease mortality peaked at 49.96 per 100000 population in 1959, with the total number of vaccine-preventable disease deaths exceeding 0.3 million. By 2017, mortality decreased by more than 99% to less than 1 (0.038) per 100000 population. Nonetheless, some barriers remain. Key challenges include inclusion of all WHO-recommended vaccines into the routine programme, improving the function and support of the National Immunization Advisory Committee, increasing and sustaining reliable vaccination financing, ensuring uninterrupted vaccine supplies, overcoming regional disparities in immunisation practices and cold chain processes, strengthening the workforce, and integrating immunisation information systems into all aspects of the programme.		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
<p>Preschools of Future (POF)</p> <p>Zhang, M. (2019). Zhong guo jiao yu cai zheng. [Chinese Education Policy]. <i>China Academic Journal Electronic Publishing House</i>.</p> <p>Zhang, X. (2021). Zhong guo jiao yu cai zheng. [Chinese Education Policy]. <i>China Academic Journal Electronic Publishing House</i>.</p>	Published journal article	Based on management data and follow-up survey data, the research team analysed the impact of intervention programmes in kindergartens. The main objectives of this evaluation include: 1) The project's impact on children's development, 2) Process quality (mainly inspecting teacher-child interaction), 3) The impact of the project on kindergarten teachers and 4) Cost-effectiveness of the project model.	<p>Through sampling, the research group selected 133 kindergartens from Funing County Education Bureau. A total of 1,338 children were selected for the baseline survey, including 487 children from the project kindergartens. A total of 1,315 children's information was collected in the first follow-up survey. Among them, 1,125 children who participated in the baseline survey were successfully tracked. The second follow-up survey was successful, as 955 young children who participated in the baseline survey and the first follow-up survey were tracked.</p> <p>Information on the kindergartens, principals, teachers and children's family backgrounds was collected. Specific tools and measures include: 1) Early childhood development assessment tools (Tai Child Development Scale), 2) Kindergarten Learning Environment Evaluation Scale (Children's Comprehensive Evaluation Tool for Children's School Preparation), 3) Kindergarten Learning Environment Evaluation Scale, 4) Kindergarten Development Situation Questionnaire, and 5) Kindergarten Teacher Basic Information Form. Field visits and focus interviews were also conducted.</p>	n/a
Study Findings				
Based on three consecutive follow-up studies that were conducted in October 2018, May 2019 and July 2020 through field measurements, collection of administrative data and interviews, the results found that the children who took part in the programme showed an overall increase in cognitive development, compared to children located in rural kindergartens. However, there was no difference in non-cognitive development (i.e., physical, social and emotional).				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
		Additionally, kindergartens within the programme had a better learning environment, higher quality curriculum and facilities. However, the programme kindergarten educators showed lower amounts of prior teaching experience, lower income and higher turnover of staff.		
Rural Education Action Program (REAP)	Peer-reviewed published article	The results of a randomised experiment evaluating the effects of a home-based parenting programme delivered by cadres in China's Family Planning Commission (FPC)—the former enforcers of the one-child policy—were evaluated.	The main measure used across the different collection groups was the Bayley Scales of Infant and Toddler Development-III.	n/a
Sylvia, S., Luo, R., Zhong, J., Dill, S.-E., Medina, A., & Rozelle, S. (2022). Passive versus active service delivery: Comparing the effects of two parenting interventions on early cognitive development in rural China. <i>World Development</i> , 149, 105686. https://doi.org/10.1016/j.worlddev.2021.105686		Study Findings Research has found that fostering centres can significantly improve the physical commitment, mental commitment, and parenting skills of carers. Parenting programmes delivered in the home were more effective than those delivered through a parenting centre. The programme significantly increased infant skill development after six months and that increased investments by caregivers alongside improvements in parenting skills were a major mechanism through which this occurred. Children who lagged behind in their cognitive development and received little parental investment at the onset of the intervention benefited most from the programme.		
Sylvia, S., Warrinnier, N., Luo, R., Yue, A., Attanasio, O., Medina, A., & Rozelle, S. (2021). From Quantity				

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
to Quality: Delivering a Home-Based Parenting Intervention Through China's Family Planning Cadres. The Economic Journal, 131(635), 1365–1400. https://doi.org/10.1093/ej/ueaa114				
Save the Children Save the Children. (2021). <i>2021 annual review</i> . http://savethechildren.org.cn/upload/file/20220801/1659326467769752.pdf	Evaluation report	n/a	No information provided on methods, including the sampling approach, total number of surveys distributed, response rate, or method of survey administration.	These omissions in information about study methods make it difficult to interpret the validity of the findings.
		Study Findings In terms of child nutrition, in 2019, the sub-project targeting Canyuan County in Yunnan provided breastfeeding support to around 2,000 mothers in two hospitals. An evaluation after six months showed that the rate of exclusive breastfeeding of newborns at hospital discharge increased from 3.13% (baseline survey data from 2017) to 64.29%. In July and August 2020, with technical support from the Institute of Experimental Economics in Education of Shaanxi Normal University, a final evaluation of the project was conducted in Longshu and Lehong towns in Lutian County. The evaluation report showed that twice-monthly home visits combined with monthly family group activities were effective in promoting the development of infants and toddlers aged 0-3 years in the four domains of language, motor, cognitive and socio-emotional development. The intervention significantly improved infants' Bailey test scores and standard scores; significantly reduced rates of early developmental delays and cognitive, language and socio-emotional delays; and improved caregiver mental health and reduced primary caregiver depression, anxiety and stress tendencies, which had a very positive impact on primary caregiver parenting behaviours and the development of a positive home parenting environment. Very positive impact on primary caregivers' parenting behaviour and the development of a positive family parenting environment. In December 2020, Save the Children, in collaboration with Peking University School of Medicine, conducted an external end-of-career evaluation in two county hospitals and eight administrative villages. The evaluation showed that the three-year project intervention led to significant improvements in early mother-infant contact, early maternal initiation, and exclusive breastfeeding behaviour during hospitalisation. There was also a significant increase in breastfeeding awareness among mothers and caregivers. The evaluation showed significant improvements in exclusive breastfeeding rates from 0-5 months and in the performance of the		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
		<p>'minimum meal frequency' and 'minimum acceptable diet' from 6-24 months as a result of the project intervention. In addition, an evaluation conducted by Peking University Medical Department showed that the exclusive breastfeeding rate within 6 months in the project intervention area increased from 8.7% to 83.3%. In terms of child education and development, from July to August 2020, with technical support from the Institute of Experimental Economics in Education of Shaanxi Normal University, we conducted a final evaluation of the project in Longshu and Lehong towns in Ludian County. The results showed that the "family group activity" intervention model designed by our project effectively promoted the development of infants and toddlers aged 0-3 years in four domains: language, motor, cognitive and socio-emotional. The intervention significantly improved infants' Bailey test scores and standard scores, and significantly reduced early developmental delays by 11%, 5% and 8% in cognitive, language and social-emotional development respectively. The evaluation also showed that the intervention improved caregiver mental health, reduced primary caregiver depression, anxiety and stress tendencies, and significantly improved primary caregiver parenting behaviours and the home parenting environment.</p>		
<p>The National Free Pre-Pregnancy Health Examination Project</p> <p>Zhang, L. (2022). Study on the preventive effect of pregnancy eugenic health checkups on neonatal birth defects. <i>China Practical Medicine</i>. 17(12), 38-40. DOI:10.14163/j.cnki.11-5547/r.2022.12.009.</p> <p>Song, W, Qian, Y. (2021). Analysis of the effectiveness of the implementation of the premarital health</p>	Published journal article	<p>The occurrence of adverse pregnancy outcomes and neonatal defects were compared between the conventional group and the observational group, and the causes of neonatal defects in the two groups were analysed.</p> <p>Study Findings</p> <p>The study on investigating the preventive effect of pre-pregnancy health check-ups on neonatal birth defects founds that pre-pregnancy health check-ups effectively lowered the birth rate of defective new-borns. From the research, the incidence of adverse pregnancy outcomes in the observation group was 1.37%, which was significantly lower than 6.73% in the conventional group, and the difference was statistically significant. The neonatal defect rate in the observation group was 0.62%, which was significantly lower than 6.28% in the conventional group, and the difference was statistically significant.</p> <p>Another study from Song Wangzhen on the analysis of the effectiveness of the implementation of premarital health screening and preconception eugenic health screening programmes founds the premarital health screening and preconception eugenic health screening were effective in reducing the incidence of adverse pregnancy outcomes and play an important role in birth selections and were more effective when combined.</p>	<p>A total of 1026 couples of childbearing age who underwent pregnancy check-ups were the subjects of this study and were divided into conventional group (223 couples) and observation group (803 couples) based on the random numerical table.</p>	n/a

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
screening and preconception eugenics health screening programmes. <i>Maternal and Child Health Care of China</i> . 36(13), 3115-3118. DOI:10.19829/j.zgfybj.issn.1001-4411.2021.13.060.				
Village Early Education Centre Programme (VEEC Project) Chen, S., Chen, Z., Shi, J., Chen, C., Snow, C. E., & Lu, M. (2019). Long-term effects of China's one village one preschool program on Elementary Academic Achievement. <i>Early Childhood Research Quarterly</i> , 49, 218–228. https://doi.org/10.101	Peer-reviewed journal article	This study implies that the village-level ECE settings with public financial support may be a vital next step of the education policy reform in China to help most disadvantaged children.	The county-wide elementary test scores of 1962 students from 70 elementary schools was collected. The longitudinal data included the first, third, and fifth grade test scores of every student.	
	Study Findings	Results from OLS regression models showed that compared to those children who never attended any ECE settings before elementary school, all three ECE auspices had a positive association with children's academic achievement in the first, third, and fifth grades. These results suggested that academic achievement was positively associated with children's early experiences of ECE settings. The public centre group consistently ranked the highest in our sample during the three waves of data collection, while the no-ECE children were the lowest. In Grades 1 and 3, OVOP children and private centre children did not differ, but in Grade 5 OVOP children showed a significantly higher achievement level than private centre children.		
		The most surprising finding was that OVOP students attained higher achievement than township private ECE children and caught up the township public ECE children by 5th grade, considering that township ECE enjoyed richer educational and economic resources than the poverty-stricken village centres. This finding suggested that for children in remote and poor villages in western China, the lack of resources, curriculum, or experienced teachers in their ECE environment could be offset by propinquity, easy access, affordability, and low student-teacher ratio.		

Name of Programme	Source of Evaluation	Evaluation summary	Study design and methods	Additional comments (from ECD Landscape Study team)
6/j.ecresq.2019.06.010				

Abbreviations

APAC -----	Asia Pacific
CCF -----	China Children's Charity Foundation
CDRF -----	China Development Research Foundation
CFC -----	Child-Friendly Communities
CFRD -----	China Foundation for Rural Development
CH -----	Congenital hypothyroidism
CKDP -----	Countryside Kindergarten Development Plan
ECD -----	Early Childhood Development
ED -----	Education Department
ECE -----	Early Childhood Education
IDD -----	Iodine deficiency disorders
MAD -----	Minimum Acceptable Diet
MCH -----	Maternal and Child Health
MDD -----	Minimum Diet Diversity
MDG -----	Millennium Development Goals
NCF -----	Nurturing Care Framework
NGO -----	Non-Governmental Organisation
NIAC -----	National Immunisation Advisory Committee
NIP -----	National Immunisation Programme
OECD -----	Organisation for Economic Co-operation and Development
PKU -----	Phenylketonuria
SDG -----	Sustainable Development Goals
TF -----	Tanoto Foundation
UNICEF -----	United Nations Children's Fund
USI -----	Universal Salt Iodization
WHA -----	World Health Assembly
YYB -----	Ying Yang Bao

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