



## Policy Goals

## Status

### 1. Establishing the Enabling Environment

The Chinese government has developed national policies, laws, and strategic plans to guide service delivery in each of the relevant Early Childhood Development (ECD) sectors: Maternal and Child Health, Nutritional Supplementation and Immunization, Labor Force Protection, Preschool Education, Child Protection Laws, and Social Protection Services. There is a well-established framework for intersectoral coordination and integration of services; however, coordination activities seem limited to planning stages and do not result in formal mechanisms for guiding and implementing a common or consensual plan of action and collaboration between state and nonstate stakeholders. Financing for health and education services has improved significantly, but expenditures are not planned and tracked for specific ECD targets. Overall increase in public expenditure on ECD is desired to meet the need.

Established  
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### 2. Implementing Widely

Since the 1990s, the Chinese government has dramatically increased the scope and coverage of essential health, nutrition, education, and protection services to its targeted population. The number of hospital births have increased from 50.5 percent in 1991 to 99.2 percent in 2011, leading to safer child birth and significantly reduced maternal and infant mortality rates. A range of national and provincial nutritional supplement programs are in place for women and children; however, such interventions are mostly need-based and short term. A commendable increase has been seen in the provision of ECE services, but subject to notable regional and rural-urban disparities in the access, quality, and budgetary allocation. Degree of success varies with regard to coverage of ECD services, and lack of data on important indicators segregated by population characteristics results in an incomplete picture of the state of equity for ECD policies and interventions in China.

Emerging  
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### 3. Monitoring and Assuring Quality

Data are collected through relevant administrative and survey procedures but are lacking for many indicators crucial to understanding and informing ECD policy initiatives. Data on child development prioritize physical and motor growth and lack measures for cognitive, linguistic, and socioemotional development of young children. A lack of data has been observed in tracking individual children's development outcomes. Policies are in place to establish clear learning and development standards for children, as well as training and qualification requirements of ECE and health professionals. Infrastructural development standards for preschools and health centers are clearly established. No publicly accessible data have been found to unfold the sector's compliance with existing quality standards.

Emerging  
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*This report presents the latest analysis of the Early Childhood Development (ECD) programs and policies that affect young children in the People's Republic of China and poses overall recommendations to move forward. Shanghai, being a model for several developmental issues in China, is used as an example to help elucidate viewpoints whenever necessary. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework<sup>1</sup> and includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in China, along with regional and international comparisons.*

## China and Early Childhood Development

The People's Republic of China (PRC) is the world's most populous country with a population of more than 1.37 billion, of which about 17 percent are under the age of 14. Just over half (56 percent) of the population lives in urban centers.<sup>2</sup> China currently ranks 90 out of 188 countries in the 2015 UNDP Human Development Index (HDI) ranking.<sup>3</sup> It maintained its annual GDP growth over 9 percent over the first decade of the twenty-first century, and by 2015 its GDP reached \$10.87 trillion, second only to the United States. China's large share in the world's economy enables it to play an influential role in global development, and yet, within the country, its huge and heavily rural population downsizes the dividend for each person: In 2015, China's GDP per capita was \$7,925, significantly lower than the average of the East Asia and Pacific region (US\$9,337) and far behind that of OECD countries (US\$35,783).<sup>4</sup>

A series of national policies and laws exist in China to protect children's right to access early childhood services in health, nutrition, education, and social integration. The primary law that protects the health of pregnant women and young children is the *PRC Law on Maternal and Infant Health Care*, which was promulgated by the National People's Congress Standing Committee, effective since 1995. According to *Working Standards for Vaccination*, at the national level all Chinese citizens including young children are required to receive a free course of immunizations. Although preschool education is neither free nor compulsory as mandated for basic education according to the *PRC Law on Compulsory Education* in China, it has been gaining increasing attention as more than 85 percent of the Chinese population has completed the mandatory nine years of education.<sup>5</sup> The *National Outline for Medium- and Long-Term Education Reform and Development (2010–2020)* has set targets of achieving preschool enrollment for 95 percent of five-year-olds, 80 percent for four-year-olds, and 70 percent for three-year-olds by 2020. Essential ECD programs and policies are established to target all beneficiary groups, while prioritizing the most disadvantaged localities and populations, such as orphans and vulnerable children.

Table 1 provides a snapshot of ECD indicators in China in comparison with other countries in different parts of the world. Compared to the listed countries, China measures relatively low rates of moderate and severe stunting, infant mortality, and under-five mortality. The gross enrollment rate (GER) in preschool education is relatively lower; however, a significant expansion of preschool education in China has taken place over the last decade, reflected by the accelerating increase in the national GER average in preschool education, from 38 percent in 2002 to more than 67.5 percent in 2013,<sup>6</sup> which is almost on par with the level of preschool GER in many developed countries, including the United States.

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<sup>1</sup> SABER-ECD is one domain within the World Bank initiative, Systems Approach for Better Education Results (SABER), which is designed to provide comparable and comprehensive assessment of country policies.

<sup>2</sup> World Bank (2016), "World Bank Data," <http://data.worldbank.org/>.

<sup>3</sup> UNDP (2015), "Human Development Report 2015: Work for Human Development," [http://hdr.undp.org/sites/default/files/2015\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf).

<sup>4</sup> World Bank (2016), "World Bank Data," <http://data.worldbank.org/>.

<sup>5</sup> Liang et al., *Challenges and Opportunities: Early Childhood Education in Yunnan* (Washington, DC: World Bank, 2013), 53.

<sup>6</sup> More recent figures are available, but they pertain to only one-year provision of ECE rather than a complete three-year kindergarten enrollment (explained later).

**Table 1: Snapshot of ECD Indicators in China and Other Countries**

ECD indicators	China	Jamaica	Bulgaria	Nepal	Tajikistan
Infant mortality rate (deaths per 1,000 live births, 2013)	11	14	10	32	41
Under-five mortality rate (deaths per 1,000 live births, 2013)	13	17	12	40	48
Under-five mortality rank (2013)	122	100	127	61	56
Moderate and severe stunting rate (2009–13)	9.4%	4.8%	8.8%	40.5%	26.8%
Gross Enrollment Ratio, preschool education (2009–12) (male/female)	69.8% (m) 70.0% (f)	74.4% (m) 75% (f)	86% (m) 85.3% (f)	82.6% (m) 80.7% (f)	9.6% (m) 8% (f)

Source: UNICEF 2014.<sup>7</sup>

## Systems Approach for Better Education Results—Early Childhood Development (SABER–ECD)

SABER-ECD collects, analyzes, and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multisectoral information is collected on ECD policies and programs through a desk review of available government documents, data, and literature and via interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners, and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children’s development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

**Table 2: Initial Checklist to Consider How Well ECD Is Promoted at the Country Level**

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?	
<b>Health care</b>	
<ul style="list-style-type: none"> <li>Standard health screenings for pregnant women</li> <li>Skilled attendants at delivery</li> </ul>	<ul style="list-style-type: none"> <li>Childhood immunizations</li> <li>Well-child visits</li> </ul>
<b>Nutrition</b>	
<ul style="list-style-type: none"> <li>Breastfeeding promotion</li> <li>Salt iodization</li> </ul>	<ul style="list-style-type: none"> <li>Iron fortification</li> </ul>
<b>Early learning</b>	
<ul style="list-style-type: none"> <li>Parenting programs (during pregnancy, after delivery, and throughout early childhood)</li> <li>High-quality child care for working parents</li> <li>Free preschool school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)</li> </ul>	
<b>Social protection</b>	
<ul style="list-style-type: none"> <li>Services for orphans and vulnerable children</li> <li>Policies to protect rights of children with special needs and promote their access to ECD services</li> <li>Appropriate housing conditions for quality ECD provision</li> <li>Financial transfer mechanism for income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)</li> </ul>	
<b>Child protection</b>	
<ul style="list-style-type: none"> <li>Mandated birth registration</li> <li>Job protection and breastfeeding breaks for new mothers</li> <li>Special provisions in judicial system for children</li> <li>Guaranteed paid parental leave, at least six months</li> </ul>	<ul style="list-style-type: none"> <li>Domestic violence laws and enforcement</li> <li>Tracking of child abuse (especially for young children)</li> <li>Training for law enforcement officers in regard to the particular needs of young children</li> </ul>

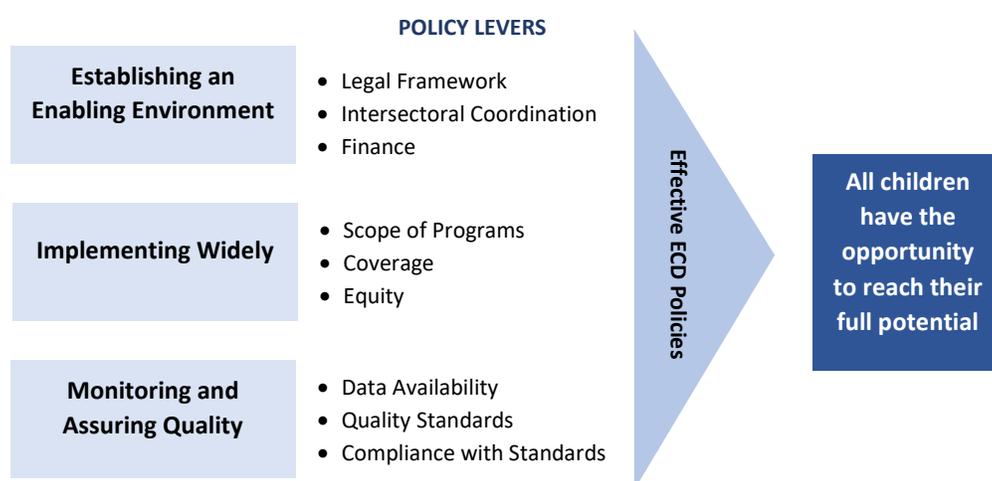
<sup>7</sup> UNICEF (2014), “The State of the World’s Children Report 2015 Statistical Tables. UNICEF Data: Monitoring the Situation of Children and Women,” <http://www.data.unicef.org/resources/the-state-of-the-world-s-children-report-2015-statistical-tables.html>.

Table 2 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

### Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: (1) *Establishing an Enabling Environment*, (2) *Implementing Widely*, and (3) *Monitoring and Assuring Quality*. Improving ECD requires an integrated approach to address all three goals. As described in figure 1, for each policy goal, a series of policy levers are identified through which decision makers can strengthen ECD.

**Figure 1: Three Core ECD Policy Goals**



Strengthening ECD policies can be viewed as a continuum; as described in table 3, countries can range from a latent to advanced level of development within the different policy levers and goals.

**Table 3: ECD Policy Goals and Levels of Development**

ECD policy goals	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●
<b>Establishing an Enabling Environment</b>	Nonexistent legal framework; ad-hoc financing; low intersectoral coordination	Minimal legal framework; some programs with sustained financing; some intersectoral coordination	Regulations in some sectors; functioning intersectoral coordination; sustained financing	Developed legal framework; robust interinstitutional coordination; sustained financing
<b>Implementing Widely</b>	Low coverage; pilot programs in some sectors; high inequality in access and outcomes	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes	Near universal coverage in some sectors; established programs in most sectors; low inequality in access	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted
<b>Monitoring and Assuring Quality</b>	Minimal survey data available; limited standards for provision of ECD services; no enforcement	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance	Information on outcomes at national, regional, and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance

## Policy Goal 1: Establishing an Enabling Environment

### Established ●●●○

*An enabling environment is the foundation for the design and implementation of effective ECD policies.<sup>8</sup> An enabling environment consists of the following: (1) the existence of an adequate legal and regulatory framework to support ECD; (2) coordination within sectors and across institutions to deliver services effectively; and (3) sufficient fiscal resources with transparent and efficient allocation mechanisms.*

### Policy Lever 1.1: Legal Framework

#### Established ●●●○

*The legal framework comprises all of the laws and regulations that can affect the development of young children in a country. The laws and regulations that impact ECD are diverse because of the array of sectors that influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers.*

**A fairly complete set of policy and legal framework is in place to support ECD in all relevant sectors.** The *Law on Maternal and Infant Health Care* and the *Outline for Chinese Children Development (2011–2020)* are the two core policy frameworks that guide services for care and development of young children in China. However, several of the services provided for women and infant health care, as well as early childhood education (ECE) services, are not free or mandatory.

A package of services and subsidies have been introduced to support prenatal care and ensure safe childbirth. The regulation *Implementation Methods for PRC Law on Maternal and Infant Health Care*,

<sup>8</sup> Pia Britto, Hirokazu Yoshikawa, and Kimberly Boller, "Quality of Early Childhood Development Programs: Rationale for Investment, Conceptual Framework and Implications for Equity," *Social Policy Report* 25, no. 2 (2011); Cesar Victoria et al., "Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital," *The Lancet* 371, no. 9609 (2008).

issued in 2001,<sup>9</sup> claims that both prenatal visits and skilled delivery must be guaranteed abiding by the national medical standards. Employees in urban areas who have joined the maternity insurance can enjoy the prenatal visits for free. Subsidies are available for urban residents with maternity insurance and rural population in poverty. Although the delivery services can be covered by health insurance for both rural and urban residents, the reimbursement rate varies. Standard health screenings for HIV and STDs are provided, and such screenings are encouraged by national laws and regulations for pregnant women; however, they are not mandatory.<sup>10</sup>

**National laws and policies outline a clear program for immunization and well-child visits.** According to *Working Standards for Vaccination*, at the national level all Chinese citizens including young children are required to receive a free course of immunizations.<sup>11</sup> In 2007 the *Implementation Plan of Expanding National EPI Program* was announced, which increased types of vaccines, strengthened surveillance of EPI quality, and improved immunization effectiveness. Fourteen vaccines were provided to individuals free of charge: BCG, poliomyelitis, DTaP, measles, hepatitis A, hepatitis B, tetanus diphtheria (Td), Japanese encephalitis vaccine, A+C meningococcal polysaccharide vaccine, measles and mumps, measles and rubella, hemorrhagic fever vaccine, anthrax vaccine, and leptospirosis vaccine against 15 diseases.<sup>12</sup> According to the *National Working Standards for Health Care on Children*, young children are also required to regularly have well-child visits, which are conducted by hospital staff at least four times per year for newborns below one year of age, twice per year for infants aged one to two, and once per year for infants aged three years and above.<sup>13</sup>

**Programs are in place to prevent and treat common nutritional deficiencies among pregnant and nursing women; however, greater attention is required to promote breastfeeding practices across the country.** According to the *Policy on Salt Iodization to Eliminate Iodine Deficiency*, salt iodization is mandatory at the national level to eliminate iodine deficiency.<sup>14</sup> However, no law or regulation mandates iron fortification of staples such as wheat, maize, or rice. Breastfeeding rates in China happen to be one of the lowest in the world.<sup>15</sup> To address this situation, the national policy *Outline for Chinese Children Development (2011–2020)* has set the target to achieve a more than 50 percent breastfeeding rate for children from birth to six months of age.<sup>16</sup> However, coordinated efforts need to be made to come up with a relevant action plan to achieve this goal. Reportedly, in Shanghai, the *Shanghai 12th Five-Year Plan for Children's Development* has set the goal to achieve a more than 80 percent breastfeeding rate for children from birth to 6 months of age, but without details on how to manage and regulate the process

<sup>9</sup> “Zhonghua Renmin Gongheguo Muying Baojianfa Shishi Banfa” [Implementation Methods for PRC Law on Maternal and Infant Health Care], National Health and Family Planning Commission, <http://www.nhfpc.gov.cn/fys/s7899/200804/662d6c63b6684cf6bd8922c4d3d7c0d1.shtml>.

<sup>10</sup> “Aizhibing Fangzhi Tiaoli” [Regulations on AIDS Prevention and Treatment], PRC State Council, <http://www.nhfpc.gov.cn/zhuzhan/wsisfg/200804/9e6209d60aa4457faec5e3728b50c4a3.shtml>; “Yufang Aizhibing, Meidu He Yigan Muying Chuanbo Gongzuo Shishi Fang'an” [Implementation Methods to Prevent the Vertically Transmitted Infection of AIDS, Syphilis and Hepatitis B], National Health and Family Planning Commission, <http://www.nhfpc.gov.cn/zhuzhan/wsbmgz/201304/1957feaad9524cdd89c3bf68ab086fb7.shtml>.

<sup>11</sup> “Yimiao Liutong He Yufang Jiezhong Guanli Tiaoli” [Policy for Managing Circulation of Vaccines and Vaccination], PRC State Council, [http://www.gov.cn/zwqk/2005-05/23/content\\_275.htm](http://www.gov.cn/zwqk/2005-05/23/content_275.htm); “Yufang Jiezhong Gongzuo Guifan” [Working Standards for Vaccination], National Health and Family Planning Commission, <http://www.nhfpc.gov.cn/ikj/s3581/201402/e57a708a6b724a5e8297bab40b1083f3.shtml>.

<sup>12</sup> GHSP (2015), “Health System Strengthening in China: Experiences and Implications. Fully Implementing Expanded Program on Immunization and Improving People’s Health,” [http://cps.nhfpc.gov.cn/ghsp/c/fs/web\\_edit\\_file/20160719163508.pdf](http://cps.nhfpc.gov.cn/ghsp/c/fs/web_edit_file/20160719163508.pdf).

<sup>13</sup> “Quanguo Ertong Baojian Gongzuo Guifan (Shixing)” [National Working Standards for Health Care on Children], National Health and Family Planning Commission, <http://www.moh.gov.cn/zhuzhan/wsbmgz/201304/47d4d047540246fb8ec759c402e556ec.shtml>.

<sup>14</sup> “Shiyan Jiadian Xiaochu Dianquefa Weihai Guanli Tiaoli” [Policy on Salt Iodization to Eliminate Iodine Deficiency], PRC State Council, [http://www.gov.cn/banshi/2005-08/01/content\\_19114.htm](http://www.gov.cn/banshi/2005-08/01/content_19114.htm).

<sup>15</sup> “Exclusive Breastfeeding under Six Months,” World Health Organization, <http://apps.who.int/gho/data/view.main.NUT1730>.

<sup>16</sup> “Zhongguo Ertong Fazhan Gangyao (2011–2020)” [Outline for Chinese Children Development (2011–2020)], PRC State Council, [http://www.gov.cn/zhengce/content/2011-08/05/content\\_6549.htm](http://www.gov.cn/zhengce/content/2011-08/05/content_6549.htm).

to achieve this goal.<sup>17</sup> More research is warranted to understand the extent to which laws and policies in China regarding breastfeeding fully comply with World Health Organization's *International Code of Marketing of Breast Milk Substitutes*.

**Recent reforms in labor protection laws aim to enhance the health care and basic monetary needs of its pregnant and nursing female employees; however, paternity needs and benefits are yet to be covered.** China has a relatively high level of female labor force participation. Approximately 64 percent of female population in the 15–64 age group participated in the national labor force in 2013 (see figure 2).<sup>18</sup> Labor laws pertaining to female workers are hence crucial in determining the health and risk factors for pregnant and lactating women. According to the 2012 amendments to the *Special Provisions on Labor Protection of Female Employees*, female employees became entitled to eight additional days of maternity leave for childbirth, making a total of 98 days, of which 15 may be taken before giving birth. In cases of dystocia (difficult delivery), the maternity leave is extended by 15 days; in cases of multiple births, the maternity leave is extended by 15 days for each additional newborn.<sup>19</sup> Additionally, the *Social Insurance Law*, which took effect on July 1, 2011, requires employers to contribute to the maternity insurance fund so that their employees can be covered by the maternity insurance in the absence of which employers will have to pay the insurance benefits to their uninsured employees. The *Provisions* recommend that employers adjust the scope and nature of work for female employees when they are pregnant or lactating. Most specifically, it mandates a one-hour breastfeeding period for female workers during their regular working period, and this should be extended to one hour more for each additional infant they give birth to; breastfeeding facilities should be established in workplaces with a significant number of female workers; female workers' employment should not be terminated; and their wages should not be reduced during their pregnancy or absence on maternity leave.<sup>20</sup>

**However, China's existing laws and policies do not cover all job protection measures required in the *ILO Maternity Protection Convention*,** such as cash benefits that are comparable to no less than two-thirds of the mother's previous earnings in maternity leave, or leave in the case of illness or complications. Better enforcement mechanisms are required to guarantee right to return to the same or equivalent position paid at the same rate at the end of maternity leave<sup>21</sup> and to ensure that maternity does not lead to discrimination in employment.

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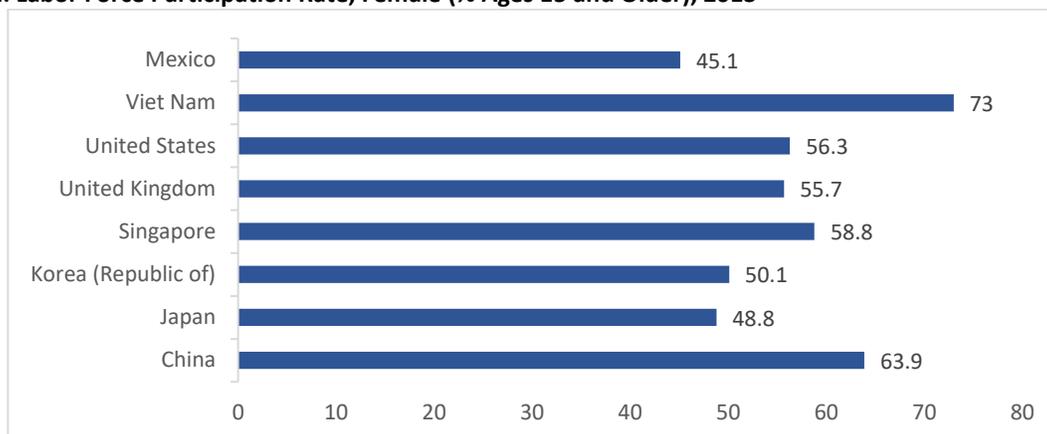
<sup>17</sup> "Shanghai Ertong Fazhan 'Shi'erwu Guihua'" [Shanghai's 12th Five-Year Plan for Children Development], Shanghai Municipality, <http://www.shanghai.gov.cn/nw2/nw2314/nw2319/nw2404/nw28701/nw28702/u26aw30094.html>.

<sup>18</sup> UNDP (2015), "Human Development Data (1980–2015)," <http://hdr.undp.org/en/data#>.

<sup>19</sup> Laney Zhang, "China: Maternity Leave Extended from 90 Days to 98 Days," *Global Legal Monitor*, June 18, 2012, [http://www.loc.gov/lawweb/servlet/lloc\\_news?disp3\\_l205403200\\_text](http://www.loc.gov/lawweb/servlet/lloc_news?disp3_l205403200_text).

<sup>20</sup> "Nvzhigong Laodong Baohu Tebie Guiding" [Special Regulation on Job Protection for Female Workers], PRC State Council, 2015, [http://www.gov.cn/gongbao/content/2012/content\\_2136749.htm](http://www.gov.cn/gongbao/content/2012/content_2136749.htm).

<sup>21</sup> "C183–Maternity Protection Convention, 2000 (No. 183)," International Labor Organization, [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C183](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183).

**Figure 2: Labor Force Participation Rate, Female (% Ages 15 and Older), 2013**

Source: UNDP 2015.

**Table 4: How China's Standards Meet ILO Standards for Protecting Pregnant Women and Breastfeeding Mothers**

<b>Health protection</b>	
Not to demand them to perform work determined to be prejudicial/harmful to the health of the mother/child	✓
<b>Maternity leave</b>	
Entitle them to a period of maternity leave no less than 14 weeks, which includes a period compulsory leave of six weeks after childbirth, unless otherwise agreed at the national level	✓
Extend their prenatal portion of maternity leave when any period elapses between the presumed date and the actual date of childbirth, with no reduction in the compulsory portion of postnatal leave	✓
<b>Leave in case of illness/complications</b>	
Provide them with leave before or after the maternity leave in case of illness, complications, or risk of complications from pregnancy/childbirth	✗ <sup>22</sup>
<b>Benefits</b>	
Provide them with cash benefits in maternity leave or leave in case of illness/complications, which can maintain the mother and the child in proper conditions of health in a suitable living standard (comparable to no less than two-thirds of the mother's previous earnings)	✗
Provide them with medical benefits that include prenatal, childbirth, postnatal care, and hospitalization care when necessary for the mother and the child	✓
<b>Employment protection and nondiscrimination</b>	
Not to terminate their employment during pregnancy, absence on leave as mentioned above, or a period following their return to work	✓
Guarantee them the right to return to the same/equivalent position paid at the same rate at the end of maternity leave	✗
Ensure maternity does not constitute discrimination in employment, including access to employment, with measures to prohibit requiring a test for pregnancy, except for particular types of work	✗ <sup>23</sup>
<b>Breastfeeding mothers</b>	
Provide them with one or more daily breaks or a reduction of daily working hours to let them do breastfeeding	✓
Count these breaks or the reduction of daily working hours as working time and remunerate them accordingly	✓

Sources: ILO 2000; PRC State Council 2012.

<sup>22</sup> The 2012 amended Special Provisions offer 15 additional days of leave in case of *difficult delivery*. However, there are limitations in practical definitions of "illness" and "complications" before and during pregnancy.

<sup>23</sup> Enforcement mechanisms are weak.

For example, although Shanghai's *Implementation Methods for "Law on the Protection of Women's Rights and Interests"* more progressively mandates that employers should arrange appropriate working positions for female workers back from their maternity leave,<sup>24</sup> it does not comply with the ILO standard that requires the same position or an equivalent position to be guaranteed on the return of these female workers.<sup>25</sup>

**The massive expansion of preschool education in China over the past decade has been impressive, even though the education law does not mandate its free and compulsory provision.** The Chinese government passed the *PRC Law on Compulsory Education* in 1986, which mandated nine years of compulsory and free education from primary education to lower secondary education, not covering preschool education. This law was revised in 2006, but the range of the free compulsory education remains the same.<sup>26</sup> However, as the country attained more than 85 percent completion rates through nine-year schooling, the preschool level began gaining attention. The gross enrollment ratio for preschool education increased from 38 percent in 2002, to 50 percent in 2007, to 67.5 percent in 2013. According to UNESCO's Institute of Statistics, preprimary GER in China in 2014 was as high as 81.6 percent.<sup>27</sup> More recent data from the World Bank indicate 117 percent GER for the preprimary level in China.

**This variation in reporting of GER is due to the parallel existence of multiple arrangements for ECE across the region.** In China, ECE for three- to six-year-olds consists mainly of a three-year regular kindergarten program and a one-year preprimary class. Although the regular three-year kindergarten program is often financially independent, and features a development-oriented curriculum, the one-year preprimary school class bears a close resemblance to grade 1 elementary school education. This type of provision started to appear in urban cities in the 1980s to alleviate the rapidly growing demand for preschool education. As a result, the one-year preprimary class has a more rigid focus on management and course structure. Other community-based ECE arrangements are found, mostly prevalent in rural areas.<sup>28</sup>

**Overall, in China four categories of ECE provisions are found in China:** (a) three-year kindergartens or *Youer Yuan*, (b) one-year preprimary class or *Xueqian Ban*, (c) three-year kindergartens attached to rural primary schools or *Cunxiaofu you*, and (d) rural community ECE centers or *Zaojiao Dian*. While China has been considerably successful in expanding its provision of at least one-year ECE program to all children, its three-year provision is relatively behind, particularly in rural areas (see table 5). For the purpose of this report we choose to focus on its three-year provision of ECE through kindergartens, which is also the goal the Chinese government is working toward.

<sup>24</sup> "Shanghaishi Shishi 'Zhonghua Renmin Gongheguo Funv Quanyi Baozhangfa'" [Shanghai's Implementation Methods for PRC Law on the Protection of Women's Rights and Interests], Shanghai Municipal People's Congress, <http://www.spsc.sh.cn/shrdgzw/node4/node22/node36/n116/userobject1ai26199.html>.

<sup>25</sup> "C183-Maternity Protection Convention, 2000 (No. 183)."

<sup>26</sup> "Zhonghua Renmin Gongheguo Yiwu Jiaoyufa" [PRC Law on Compulsory Education], Standing Committee of National People's Congress, [http://www.gov.cn/flfg/2006-06/30/content\\_323302.htm](http://www.gov.cn/flfg/2006-06/30/content_323302.htm).

<sup>27</sup> UNESCO-UIS (2016), "Gross Enrollment Ratio, Preprimary, Both Sexes (%)," <http://data.uis.unesco.org/?queryid=142>.

<sup>28</sup> Liang et al. (2013).

**Table 5: Rural and Urban Preprimary GER, China, 2006–12, percent**

Year	One			One-year GER		
	Urban	Rural	Disparity	Urban	Rural	Disparity
2006	58.05	29.63	28.42	72.08	50.14	21.94
2007	62.11	29.86	32.25	74.85	49.51	25.34
2008	65.63	31.73	33.9	78.96	50.78	28.18
2009	67.72	33.13	34.59	77.05	49.03	28.02
2010	69.76	34.95	34.81	75.68	48.12	27.56
2011	87.72	28.59	59.13	76.37	29.64	46.73
2012	89.10	29.69	59.41	81.24	31.70	49.54

Source: China Population & Employment Statistical Yearbook and China Education Statistical Yearbook, in Hong et al. 2015.

Although China does not yet have a specific ECE law and ECE is not part of the compulsory education, it has established an elaborate set of guidelines and regulations pertaining to ECE. The most prominent one is the *Medium- and Long-Term Education Development Plan Outline (2010–2020)*, which establishes year 2020 targets for achieving kindergarten enrollment for 95 percent of five-year-olds, 80 percent of four-year-olds, and 70 percent of three-year-olds. In 2012 the Ministry of Education issued Learning and Development Guidelines for three- to six-year-old children, which describes children’s development stages with measurable indicators and suggests for the first time *developmentally appropriate* education interventions in health, language, social studies, science, and art. Efforts are now underway to develop a specific ECE law in China. Provinces and local governments are called on to increase financing for ECE and are required to develop a series of three-year ECE action plans toward achieving at least the national average goals of ECE enrollments by 2020. The Chinese provinces and local governments are currently implementing the second three-year ECE Action Plan, which covers 2015 to 2017.

**Child protection laws and policies are in place to protect children from different forms of violence, in various settings.** The *PRC Regulation on Household Registration*, established in 1958, mandates parents/caregivers to get children registered within one month after the children’s birth.<sup>29</sup> In addition, as stated in the *Opinions on Preventing and Terminating Family Violence*, the government promotes the reduction of family violence by means of home visits, training provision for early childhood care and education (ECCE) teachers and health workers to help identify child abuse and neglect, and the establishment of task forces on domestic violence prevention.<sup>30</sup> The national judicial system provides specific protection interventions to young children, including the adoption of specialized courts and training for judges, lawyers, and law enforcement officers.

**Social protection laws, policies, and services for children with special needs have been established.** The *PRC Law on Protection of the Disabled*, passed in 1990 and revised in 2008, asserts that regular preschool education sectors should involve children with minor disability, who can adapt well with regular students, while the special education sectors are accountable for providing preschool education to those who need specific and separate attention.<sup>31</sup> The *Opinions on Accelerating the Special Education Development*, issued in 2009, encourages urban cities and rural areas to fulfill disabled children’s need for preschool education when it is possible, and many agencies across different governmental sectors should cooperate to adopt

<sup>29</sup> “Zhonghua Renmin Gongheguo Hukou Dengji Tiaoli” [PRC Policy on Household Registration], National People’s Congress of PRC, [http://www.npc.gov.cn/wxzl/gongbao/2000-12/10/content\\_5004332.htm](http://www.npc.gov.cn/wxzl/gongbao/2000-12/10/content_5004332.htm).

<sup>30</sup> “Guanyu Yufang He Zhizhi Jiating Baoli De Ruogan Yijian” [Opinions on Preventing and Terminating Family Violence], ChinaLawInfo, <http://vip.chinalawinfo.com/newlaw2002/slc/slc.asp?db=chl&gid=113037>.

<sup>31</sup> “Zhonghua Renmin Gongheguo Canjiren Baozhangfa” [PRC Law on Protection of the Disabled], *ChinaNews*, April 24, 2008, <http://www.chinanews.com/gj/kong/news/2008/04-24/1231112.shtml>.

early prevention, education, and rehabilitation strategies for disabled children from birth to age three. Regarding vulnerable children, such as orphans, the *Opinions on Protection of Orphans* asserts that basic living standards be guaranteed for orphans across all aspects of their life: Orphans should receive a certain amount of allowance, local insurance, education subsidies, and support for employment and housing after they graduate from school and enter society.

More progressively, in Shanghai, according to the recently revised draft of *Shanghai's Implementation Methods for PRC Law on Protection of the Disabled* in 2013, health and family planning sectors should adopt a filing system that would report the first appearance of any disabled children, education sectors should include sex education in the curriculum for children with disabilities, and all disabled children should be able to receive preprimary education for free.<sup>32</sup> In terms of the policies for vulnerable children like orphans, the *Shanghai Municipality's Opinions on Further Strengthening the Protection of Orphans* gives very specific regulations on the work to support orphans, putting this group in a highly prioritized position in terms of medical, educational, and social services.<sup>33</sup>

## Policy Lever 1.2: Intersectoral Coordination

### Established ●●●○

*Development in early childhood is a multidimensional process.<sup>34</sup> To meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, nonstate actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with nonstate actors are also essential.*

**The government is currently enacting a comprehensive multisectoral ECD strategy.** The *Outline for Chinese Children Development (2011–2020)*, endorsed by the State Council in 2011, covers a 10-year development period for children in China.<sup>35</sup> It applies to governmental agencies across national, subnational, and local levels, involving sectors in education, health, nutrition, social protection, and child protection. There is, however, no resource mobilization plan for implementation. The same is true for the *Shanghai 12th Five-Year Plan for Children Development*, effective from 2011 to 2015, and endorsed by the Shanghai Women and Children Committee.<sup>36</sup> It applies to governmental agencies at municipal and district levels, covering sectors in education, health, and child protection. This five-year plan has an implementation plan detailed and budgeted; however, it does not specify a resource mobilization plan.

**An institutional anchor has been established to coordinate ECD across sectors.** To establish a cross-sectoral ECD institutional anchor at the national level, the *China National Committee for the Well-being of the Youth* was established within government ministries in 1990, the Ministry of Education was assigned to lead all ECD efforts, and in 1993 a multisectoral government ECD institution called the *National Working*

<sup>32</sup> "Shanghai Shishi Zhonghua Renmin Gongheguo Canjiren Baozhangfa (Xiuding Cao'an)" [Shanghai's Implementation Methods for PRC Law on Protection of the Disabled (Revised Draft)], *EastDay*, July 24, 2013, <http://shzw.eastday.com/shzw/G/20130724/u1ai110378.html>.

<sup>33</sup> "Shanghaishi Renmin Zhengfu Bangongting Guanyu Jinyibu Jiaqiang Benshi Gu'er Baozhang Gongzuo De Yijian" [Shanghai Municipality's Opinions on Further Strengthening the Protection of Orphans], Shanghai Municipality, <http://www.shanghai.gov.cn/nw2/nw2314/nw2319/nw2404/nw26256/nw26258/u26aw27898.html>.

<sup>34</sup> Sophie Naudeau et al., *Investing in Young Children: An Early Childhood Development Guide for Policy Dialogue and Project Preparation* (Washington, DC: World Bank, 2011); Mami Umayahara, *Inter-Sectoral Co-Ordination in Early Childhood Policies and Programmes: A Synthesis of Experiences in Latin America* (Santiago: OREALC/UNESCO, Regional Office of Education for Latin America and the Caribbean); Michelle J. Neuman, "Good Governance of Early Childhood Care and Education: Lessons from the 2007 Education for All Global Monitoring Report," *UNESCO Policy Briefs on Early Childhood* 40 (2007), <http://unesdoc.unesco.org/images/0015/001529/152965e.pdf>.

<sup>35</sup> "Zhongguo Ertong Fazhan Gangyao (2011–2020)."

<sup>36</sup> "Shanghai Ertong Fazhan 'Shi'erwu Guihua'."

*Committee on Children and Women under the State Council* was established. Both the institutional anchors established at the national level and the Shanghai municipal level have officially appointed staff members dedicated to ECD. They operate across national, subnational, and local levels, setting policies related to ECD, contributing to ECD services in one or more sectors, monitoring quality of ECD services, and coordinating across various agencies that are responsible for ECD provision. In each city or district, a coordinating committee called the Women and Children Committee coordinates implementation of policies at the national and the local levels. It is, however, not directly involved in ECD service delivery, which is usually done by the governmental agencies in charge of policy implementation at the local level. At the county or city level, coordination appears to take place at the service delivery level among health, education, and other child-related agencies since these functions tend to be consolidated at local levels to essentially one position because of limited budgets and convenience, ironically.

All the involved agencies at different governmental levels meet annually and together produce periodic progress reports. At the national level, a *Midterm Evaluation Report on the Implementation of the National Program of Action for Child Development* is published every five years, and a statistical report on the implementation of the *National Program of Action for Child Development* is published every three years. At the Shanghai municipal level, a work summary is published annually, a report on the accomplishment on main indicators for the ongoing five-year plan for child development is published every three years, and an evaluation report on this five-year plan every three to six years. There is an annual budget for the involved governmental agencies, normally set by the executive branch, and yet no data about this budget have been made available for public access.

**Interventions seem coordinated at the point of planning to ensure that children receive integrated services. However, an organized plan of action for integrated service delivery seems to be lacking.** Annual coordination meetings are held between different implementing actors at the national level to facilitate the process in service delivery. In terms of ECD goals, there are integrated service delivery guidelines like the *Outline for Chinese Children Development (2011–2020)* at the national level, specifying goals across various ECD components: education (GER is to reach over 70 percent by 2020 for three-year preschool education and over 95 percent for one-year preschool education), health (U5MR to be lower than 13 percent, infant mortality to be lower than 10 percent, and the health care rate for newborns to children seven years of age to be above 80 percent), nutrition (low birth weight rate to be under 4 percent, and delayed growth rate for under-five-year-old children to be under 7 percent), and child protection (criminal acts that infringe on children's rights are to be prevented and prohibited).<sup>37</sup>

In the case of Shanghai, although no regular coordination meetings occur at the municipal level, meetings are held among ECD implementers at the district level from time to time. ECD goals are established by *Shanghai's 12th Five-Year Plan for Children Development*, almost all of which tend to be more progressive than the national goals: (1) In education, GER in preschool education is to be above 98 percent; (2) in health, mortality rate of under-five-year-old children is to be below 8 percent, infant mortality to be below 7 percent, and the health care rate for newborns to children six years of age to be above 85 percent; and (3) in child protection, the total number of violence cases against children is to be reduced, and children with special needs are to be subsidized comprehensively.<sup>38</sup>

**Mechanisms for collaboration between state and nonstate stakeholders are emerging; however, their coverage across all provinces seems unclear.** Province- and national-level alliances of nongovernment

<sup>37</sup> "Zhongguo Ertong Fazhan Gangyao (2011–2020)."

<sup>38</sup> "Shanghai Ertong Fazhan 'Shi'erwu Guihua'."

providers of education are found, such as the *China Association for Non-Government Education*,<sup>39</sup> which was established in 2008 with the consent of PRC State Council, Ministry of Education, and the Ministry of Civil Affairs. The association works closely with the government through participation in policy meetings, research conferences, and summits, as well as through advocacy campaigns. At the provincial and district levels, governments are reaching out to the private sector to make up for the shortage in public supply of ECE services. For example, in 2014 the Pudong New Area published a regulation<sup>40</sup> under which the government purchased services of private kindergartens to fulfill the entrance needs of local children. They provided the facilities with allowances toward rent expenses. Similar examples are noted in other districts of Shanghai. However, it is unclear how different provinces coordinate their mechanisms for public-private partnerships for ECD provision, especially in areas of health and nutrition. To strengthen the linkage between the planning and execution of integrated and intersectoral coordinated services, a comprehensive plan of action is warranted at the point of service delivery to ensure that children receive integrated services. Furthermore, although there is evident participation of multiple stakeholders, such as the government, civil society, international development organization, and university scholars and research community, in influencing ECD laws and policies,<sup>41</sup> a formal, state-recommended mechanism must be in place to facilitate collaborative interactions between state and nonstate stakeholders, as well as to ensure their representation in national coordination meetings for ECD.

### Policy Lever 1.3: Finance

#### Established ●●●○

*Although legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high returns but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits.<sup>42</sup> Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.*

**Significant efforts are being made to increase the level of transparency in fiscal planning. The process, however, seems to lack coordination across ministries.** The government of PRC is currently making explicit attempts to increase the level of transparency in its budget planning and allocation processes. In 2010 the government introduced two directives to standardize government information disclosure and to make government affairs more open to public: (1) the *Opinion on Improving Open Government Information (OGI) Request* issued by the State Council, and (2) *Guidance on Improving Open Budgetary Information*, by the Ministry of Finance. In August 2011, the Party Central Committee and the State Council jointly issued the *Opinion on Further Opening Government Affairs and Improving Government Services*. They demanded that government agencies at all levels strictly observe the regulations on OGI and take the initiative to promptly make fiscal information public, and that the information made public should be comprehensive. Also in August 2011, the Chinese Supreme Court issued a ruling in administrative cases on OGI, providing more legal protection for the public's right to know. However,

<sup>39</sup> China Association for Non-Government Education (2016), <http://www.canedu.org.cn/index.php?m=content&c=index&a=lists&catid=2>.

<sup>40</sup> Pudong Education (2016), "Government Procurement Implementation Opinions and Services to Private Kindergarten," <http://www.pudong-edu.sh.cn/Web/PD/45300-450000175660.htm>.

<sup>41</sup> National Health and Family Planning Commission, 21.

<sup>42</sup> Eric Hanushek and Dennis Kimko, "Schooling, Labor-Force Quality, and the Growth of Nations," *American Economic Review* 90, no. 5 (2000); Eric Hanushek, "The Failure of Input-Based Schooling Policies," *Economic Journal* 113, no. 485 (2003).

further clarifications are required on standards of fiscal transparency required of provincial governments.<sup>43</sup>

Evidence from evaluations of budgetary transparency (Public Policy Research Center of Shanghai University of Finance and Economics, 2009 and 2012) across 31 provincial governments in China reveals that (a) the level of transparency is improving slowly but steadily given the central government's effort to reform the system, but (b) transparency in overall fiscal planning is low, and (c) there is significant interprovince variation in transparency scores. It has been argued that the lack of standardized understanding and practice of transparency in fiscal planning is reflective of the conflict between the central government's stated desire to increase transparency and the existing legal and institutional barriers (particularly, China's Secrecy Law) to any significant improvement in transparency.<sup>44</sup> In terms of the allocation for education funding in early childhood, according to the *China Educational Finance Statistical Yearbook*, explicit criteria are used at the central and subnational levels, including number of enrolled children, number of staff positions, performance of early childhood program, and budget for construction and research.<sup>45</sup> Similarly, for health funding in early childhood, clear criteria are utilized, such as the number of children in the subnational level, children's characteristics, need, and ability to raise revenue at the service level. Designated formulas are used across national, subnational, and local governmental agencies in calculating fund allocation. However, an explicit and consistent set of criteria for allocating early childhood funding in nutrition, child protection, and social protection seems to be lacking.

Additionally, although expenditures on ECD are reported in three or more sectors, they are not completely reported across all these sectors; no specific figures are found to be reported on the total ECD expenditure within health, nutrition, social protection, and child protection. The total expenditure in ECD was approximately 16.03 billion RMB (US\$2.54 billion) at the national level in 2013,<sup>46</sup> and 26.48 million RMB (US\$4.20 million) in Shanghai in 2015.<sup>47</sup> Historically, interactions between different line ministries over budget planning have been limited.<sup>48</sup> Even at present, very little information is available on the existence of a formal and operational mechanism of collaborative and coordinated budget planning between the Ministry of Education and the National Health and Family Planning Commission, and the Ministry of Human Resources and Social Security.

**Public financing in ECD has been improving but is still inadequate to meet the needs of the population.**

The *National Outline for Medium- and Long-Term Education Reform and Development (2010–2020)*<sup>49</sup> has emphasized ECE, and since 2011, the Chinese government has mandated governmental agencies at all levels to design and implement a three-year action plan for ECE, based on the policy document *State Council's Opinions on Developing Preschool Education*.<sup>50</sup> However, the budgetary allocations are yet to reflect this new policy focus. Based on 2011 Ministry of Education statistics, preschool education accounts for 13 percent of total educational enrollment, but commands no more than 2 percent of the national educational budget.<sup>51</sup> More than 59 percent of total educational funds come from nongovernmental

<sup>43</sup> Shulian Deng, Jun Peng, and Cong Wang, "Fiscal Transparency at the Chinese Provincial Level," *Public Administration* (2013), <http://onlinelibrary.wiley.com/doi/10.1111/padm.12031/pdf>

<sup>44</sup> Ibid.

<sup>45</sup> National Bureau of Statistics of China and Social and Technological Department (2012).

<sup>46</sup> Central People's Government of PRC (2013).

<sup>47</sup> Shanghai Municipal Education Commission (2015).

<sup>48</sup> Ran et al., *Family Based Health Care in Rural China* (Hong Kong: Hong Kong University Press, 2005).

<sup>49</sup> "Guojia Zhongchangqi Jiaoyu Gaige He Fazhan Guihua Gangyao (2010–2020)."

<sup>50</sup> "Guowuyuan Guanyu Dangqian Fazhan Xueqian Jiaoyu De Ruogan Yijian" [State Council's Opinions on Developing Preschool Education], PRC State Council, [http://www.gov.cn/zwqk/2010-11/24/content\\_1752377.htm](http://www.gov.cn/zwqk/2010-11/24/content_1752377.htm).

<sup>51</sup> Liang et al. (2013), 6.

sources, which implies a much heavier financial reliance on private investment. On immunization the government has made significant progress, and since 2007 it has been offering routine EPI vaccines free of charge.

**Efforts are being made to reduce the individual burden of financing ECD, especially for the poor population.** The Ministry of Education currently offers numerous subsidies to preschool programs, with a special consideration for low-income families. Based on the *Temporary Policy on Managing the Charge in Kindergartens*, basic fees are levied for tuition, matriculation, uniform, transportation costs, collected fees, and teachers' salaries.<sup>52</sup> The percentage health expenditure of GDP increased from 4 percent in 1990 to 5.36 percent in 2012. Consequently, the public health expenditure per capita has increased at an annual rate of more than 13 percent, from US\$53 in 1995 to US\$480 in 2012.<sup>53</sup>

The Basic Medical Insurance System for Urban Employees, Basic Medical Insurance System for Urban Residents, and New Rural Cooperative Medical System constitute China's basic medical insurance system, covering both urban and rural and employed and unemployed populations. Presently, some form of health insurance covers approximately 95 percent of the population. The basic medical insurance system provides important social security to mothers and children in China. National health insurance schemes have reduced out-of-pocket costs and have been associated with increases in institutional deliveries. By 2011, out-of-pocket expenditure on health as a proportion of the total health expenditure had fallen to 35 percent, down from 46 percent in 1995.<sup>54</sup>

**Remuneration for ECE service personnel varies by location and is relatively more competitive and attractive in urban centers than rural areas.** In China, the payment of teachers, including preschool school teachers, has been closely connected with location, academic credentials, and professional qualifications. In Shanghai, for example, the monthly salary for preschool administrators and educators ranges from 1,200 RMB (US\$190.48) to 7,000 RMB (US\$1,111.11). However, national averages in the *China Labor Statistical Yearbook* reveal that the remuneration for preschool school teachers is not as competitive; in 2010, the average of the annual salary for preschool school teachers was 18,533 RMB (US\$2,941.75). In comparison with other educational levels, this rate is significantly lower than that for high school teachers at 47,693 RMB (US\$7,570.32), middle school teachers at 34,169 RMB (US\$5,423.65), and primary school teachers at 31,037 RMB (US\$4,926.51).<sup>55</sup> Little is known about the pay scale of community-based child care center professionals, and although extension health service professionals are all compensated, it is not clear whether they are paid by the government, civil society groups, or private enterprises.

**The urban-rural gap is also reflected in the quantity and qualification of kindergarten teachers in China.** Currently the urban teacher-student ratio and the average number of teachers per class are up to two, and sometimes three, times higher than those in rural areas.<sup>56</sup> In 2012 the average student-teacher ratio in kindergartens was 21:1 in urban areas and 45:1 in rural areas (see table 6).<sup>57</sup>

<sup>52</sup> "You'eryuan Shoufei Guanli Zanzheng Banfa" [Temporary Policy on Managing the Charge in Kindergartens], Ministry of Education, [http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe\\_1779/201201/129509.html](http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe_1779/201201/129509.html).

<sup>53</sup> National Health and Family Planning Commission, 4.

<sup>54</sup> *Ibid.*, 8.

<sup>55</sup> Department of Population and Employment Statistics of the State Statistics Bureau and Department of Planning and Finance of the Ministry of Human Resources and Social Security, *Zhongguo Laodong Tongji Nianjian* [China Labor Statistical Yearbook] (Beijing: China Statistics Press, 2010).

<sup>56</sup> B. Y. Hu, Y. Zhou, K. Li, and S. K. Roberts (2014), "Examining Program Quality Disparities between Urban and Rural Kindergartens in China: Evidence from Zhejiang," *Journal of Research in Childhood Education* 28(4): 461–83, doi:10.1080/02568543.2014.944720.

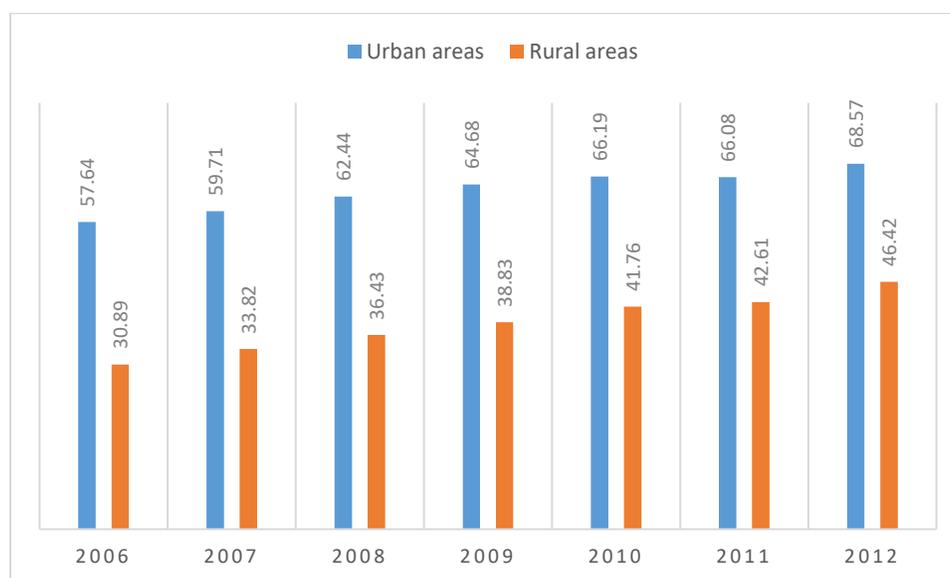
<sup>57</sup> X. Hong et al., "The Way to Early Childhood Education Equity—Policies to Tackle the Urban-Rural Disparities in China," *International Journal of Child Care and Education Policy* 9 (2015): 5.

**Table 6: Urban and Rural Kindergarten Teachers Allocation, 2006–12**

Year	Kindergarten teachers		Student-teacher ratio		Avg. no. of teachers per class	
	Urban areas	Rural areas	Urban areas	Rural areas	Urban areas	Rural areas
2006	586,558	189,933	21:1	55:1	1.49	0.48
2007	636,716	190,049	21:1	54:1	1.51	0.50
2008	689,954	208,598	21:1	51:1	1.55	0.55
2009	753,456	232,433	20:1	49:1	1.57	0.60
2010	868,379	275,846	20:1	44:1	1.57	0.66
2011	1,113,913	201,721	22:1	49:1	1.34	0.48
2012	1,249,674	229,563	21:1	45:1	1.44	0.58

Source: Hong et al. 2015.

Similarly, the average number of teachers per class is 1.44 in urban areas and 0.58 in rural areas. In addition, the overall level of qualifications of rural kindergarten teachers is lower than that of urban kindergarten teachers. In 2012 more than 68 percent of urban kindergarten teachers had education qualifications above an associate bachelor degree, and only 46.4 percent of rural kindergarten teachers qualified at this level (see figure 3).<sup>58</sup> Evidently the distribution of qualified teachers is skewed toward urban areas.

**Figure 3: The Urban-Rural Distribution of Teachers' Qualification above an Associate Bachelor Degree, 2006–12 (%)**

Source : Hong et al. 2015.

<sup>58</sup> Hong et al. (2015).

## Policy Options to Strengthen the Enabling Environment for ECD in China

### Legal Framework

- **The government may consider revising current legislation as well as establishing new laws and policies to make more health services free and mandatory for pregnant and nursing mothers.** Despite the subsidies offered by the government as well as provisions of laws to hold employers accountable for their female employees' maternity expenses, many pregnant women remain outside the purview of institutional health care for lack of financial means.
- **Further provisions may be instituted to improve and promote the required dietary consumption by pregnant women and young children.** China may consider mandatory iron fortification of staple foods such as wheat, maize, or rice, in the same way as it has promoted consumption of iodized salt.
- **Special efforts need to be made to increase the rate of exclusive breastfeeding of children from birth to age six months.** A thorough plan of action is warranted to address severely low rates of breastfeeding in the country, particularly in urban centers. It must be acknowledged, however, that the government is currently making efforts by setting up more baby-friendly hospitals as centers to promote breastfeeding practices,<sup>59</sup> imposing media restrictions on promotion of milk formula,<sup>60</sup> as well as setting policy targets to achieve a more than 50 percent breastfeeding rate for children to age six months.<sup>61</sup> Further research into sociocultural and economic factors associated with breastfeeding practices in China might be helpful to better understand the situation.
- **The government may explore potential ways of empowering employed new mothers and fathers with greater job protection laws.** China's existing laws and policies do not yet cover all job protection measures outlined in the *ILO Maternity Protection Convention*. There is an evident lack of policies and laws to support paternity needs and obligations. Box 1 describes an exemplar social protection system in New Zealand ensuring that all deserving individuals and families are serviced in ECD.

#### Box 1: Lessons from New Zealand: Working for Families

**Summary:** The extensive social protection system in New Zealand supports ECD through a targeted support model to ensure that deserving individuals and families are serviced. An important component of this system is the *Working for Families* package introduced in 2004. This package includes a Family Tax Credit, In-Work Tax Credit, Minimum Family Tax Credit, and Parental Tax Credit components, with the last two components tailored to support low-income families.

Although New Zealand has a small population, the country is diverse, and as such an integrated ECD system that provides both universal and targeted interventions is required. The country has a collection of interventions that aim to provide children and their families with the services and tools necessary to excel in life. As a consequence, New Zealand boasts near universal rates of literacy and performs well in important human development indicators, such as infant mortality rate and life expectancy at birth.

**Key considerations for China:** Construct an extensive social protection system that offers a collection of policy options to provide children and their families with services and tools necessary to excel in life.

- **The government may consider addressing equity issues regarding access to ECE services by providing free preschool education for disadvantaged poor children.** Given the rapid increase in the size of the preschool sector in China, special attention must be given to prospective and emerging

<sup>59</sup> National Health and Family Planning Commission, 15.

<sup>60</sup> Michelle FlorCruz, "China's Milk Formula Advertising Restrictions Aim to Promote Breastfeeding," *ibTimes*, May 2, 2015, <http://www.ibtimes.com/chinas-milk-formula-advertising-restrictions-aim-promote-breastfeeding-1904909>.

<sup>61</sup> "Zhongguo Ertong Fazhan Gangyao (2011–2020)."

social and educational inequities arising from differential access to quality preschool education. The poor, especially in the rural areas, have so far been at a disadvantage.

### Intersectoral Coordination

- **The government may consider bringing together the different ministries related to ECD in China by proposing detailed action plans based on an integrated and comprehensive ECD framework.** Consequently, the government may introduce laws and policies that integrate various components of ECD services to facilitate coordination of ECD policy and service delivery across sectors. Joint projects and missions across the Ministry of Education, the Ministry of Labor, and the Ministry of Health may be encouraged. Box 2 presents an exemplar system in Chile known for its intersectoral policy design and implementation.

#### Box 2: Lesson from Chile: *Chile Crece Contigo*

**Summary:** Chile is the only South American country to be a member of the OECD. In the past several decades, the policy aimed at early childhood, *Chile Crece Contigo* (Chile Grows with You), has been composed of a diverse set of interventions that have positively impacted young children in Chile.

CCC provides coordination among sectoral initiatives and programs at each stage of a child's life from gestation to age four. Exact levels of support and services provided are determined by the child's specific needs. Services provided through CCC include the following: prenatal and birth services, day care and preschool centers, subsidies for children in the poorest 40 percent of families, and monitoring of children's ECD trajectory. The Ministry of Planning (MIDEPLAN), specifically its Executive Secretariat for Social Protection, is held accountable for coordination of CCC. Important strategic partners include the Ministries of Health, Education, and Labor. The health sector plays a central role in CCC, which mainly targets health services. The World Bank is working together with MIDEPLAN to design an integrated system of monitoring and evaluation for CCC.

#### **Key considerations for China:**

- Establish a mechanism for coordination between different ministries and agencies
  - Build an integrated monitoring and evaluation system in development.
- **Efforts may be made to ensure that intersectoral coordination activities span all stages of program planning, budgeting, implementation, monitoring and evaluation, public dissemination, and program revisions.** Stage-limited and interrupted coordination across different ministries and public-private stakeholder groups is possibly leading to inefficiencies within the ECD sector.
  - **The government may formalize a formal mechanism for collaboration between state and nonstate stakeholders.** Currently, one-off examples are found of mechanisms through which state stakeholders collaborate with nonstate stakeholders in ECD services; however, these initiatives are limited to few and mostly high-performing urban districts.

### Finance

- **The government may consider setting up accessible systems of retrieving and tracking budget allocation and expenditure for ECD services.** The sector can benefit from a comprehensive picture of how budgets are planned across ministries, how different stakeholder groups coordinate in the planning process, and the guiding criteria for targeted plans relevant for ECD. Lack of segregation of data, especially for health and nutrition, by relevant ECD indicators is a limitation for effective program planning.
- **By integrating various departments relevant to ECD, the government may explore ways of stabilizing ECD funding.** The level of ECD finance is still inadequate to meet the demand and is irregular and often limited to projects, and integrated national-level laws or acts to establish a

minimum funding standard for ECD services in education, health, nutrition, or social and child protection are lacking.

- **The government may further consider greater financial priority for ECD services than currently afforded separately for maternal and child health, protective services, and preschool education.** China lags many other countries in the region on its public expenditure share for education and health. China's health expenditure is 5.6 percent of the total GDP, significantly lower than Korea (7.2 percent), Japan (10.3 percent), the United States (17.1 percent), and the United Kingdom (9.1 percent). Its public education expenditure on preschool (at 2.1 percent) is currently inadequate to meet the needs of the early age population. Inadequate share of public expenses to meet ECD needs is leading to disparate access to services and a rise in subquality health and educational services for young children.
- **More equitable public financing of ECE services for three-to-six-year-olds:** (1) introduce standard per student public subsidy to all public ECE centers, (2) consider additional subsidies or fee waiver for children of disadvantaged background, and (3) pilot vouchers to encourage choices and PPP.
- **The government may consider revising the remuneration package for ECD service personnel, in both the education and health sectors.** It has been well established that immense disparity in pay packages of preschool teachers exists. Additionally, preschool teachers are paid significantly less than teachers from higher levels of education.

## Policy Goal 2: Implementing Widely

### Emerging ●●○○

*"Implementing Widely" refers to (1) the scope of ECD programs available, (2) the extent of coverage (as a share of the eligible population), and (3) the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children, and their parents and caregivers. A robust ECD policy should include programs in all essential sectors, while providing comparable coverage and equitable access across regions and socioeconomic groups—especially for the most disadvantaged young children and their families.*

### Policy Lever 2.1: Scope of Programs

#### Established ●●●○

*Effective ECD systems have programs established in all essential sectors and ensure that every child and expectant mother have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 4 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.*

**The scope of essential health programs directed at pregnant and lactating women and the number of young children in China has increased dramatically since the 1990s.** Effective interventions including prenatal care, hospital delivery, neonatal visits, and management of pregnant women and children younger than three years have greatly improved. Notably, in 1991, the rate of hospital births in China was only 50.6 percent but increased to 99.2 percent by 2011.<sup>62</sup> Several publicly supported early childhood health interventions are accessible for free across 34 subnational divisions in China: insecticide-treated

<sup>62</sup> "2012 nian woguo weisheng he jihua shengyu shiye fazhan tongji gongbao" [The 2012 Statistical Bulletin on Development of China Health and Family Planning Career], China National Health and Family Planning Commission, <http://www.moh.gov.cn/mohwsbwstjxxzx/s7967/201306/fe0b764da4f74b858eb55264572eab92.shtml>.

bed net for pregnant women and for children who are below 83 months of age,<sup>63</sup> prenatal health care for expecting mothers,<sup>64</sup> comprehensive immunizations for infants, childhood wellness, and growth monitoring and promotion.<sup>65</sup> Additionally, parenting programs are found at health or community centers,<sup>66</sup> and home visiting programs are made available to provide parents with health information.<sup>67</sup> However, significant quality-based variations can be observed in the national provision of community-based early child services. There is further scope for programs addressing psychological well-being of pregnant and lactating mothers.

**Several national and provincial level essential nutrition programs exist in China, mostly targeting women and children from disadvantaged groups. Most nutrition supplement programs are need-based, province specific, and short-term in nature.** The Ministry of Civil Administration is carrying out programs in 2012–2017 to provide micronutrient supplements to children aged six months to 18 years at social welfare institutions.<sup>68</sup> Since 2009 the nationwide *Micronutrient Supplement Program for Children in Four Subnational Divisions in West China* has targeted the micronutrient support for children who are 16–36 months of age in Inner Mongolia Autonomous Region, Guangxi Autonomous Region, Qinghai Province, and Guizhou Province.<sup>69</sup> Additionally, to echo the *Outline for Chinese Children Development (2011—2020)*, a nationwide micronutrient support plan guarantees the coverage of more than 80 percent of children aged six to 24 months in poverty-stricken areas, with measures to develop the knowledge and skills of caregivers and health care staff through training.<sup>70</sup>

**Essential education programs exist in China to target all beneficiary groups, but they are not enough to meet the current demand.** The gross enrollment ratio in preschool education in the country is rapidly growing, and in 2013 it stood at 67.5 percent according to the MoE database. In China, despite the government-funded ECE programs, very few education intervention programs are accessible to all given the comparatively high price of some programs for the poor. China’s ECE system is characterized by a high percentage of privatization.<sup>71</sup> In 2012, 41 percent of kindergartens were privately owned, and this portion represents 34 percent of the total student enrollment and 40 percent of the total number of teachers at the preschool education level nationwide.<sup>72</sup>

<sup>63</sup> “Zhongguo Xiaochu Nueji Xingdong Jihua (2010-2020)” [China’s Action Plan to Eliminate Malaria (2010—2020)], National Health and Family Planning Commission, <http://www.moh.gov.cn/mohbgt/s10788/201005/47529.shtml>.

<sup>64</sup> Ibid.

<sup>65</sup> “Quanguo Ertong Baojian Gongzuo Guifan (Shixing)” ; “Guojia Jiben Gonggong Weisheng Fuwu Guifan (2011 Nian Ban)” [National Standards for Public Health Services (2011 Version)], Ministry of Health, 2015, [http://www.gov.cn/zwqk/2011-05/24/content\\_1870181.htm](http://www.gov.cn/zwqk/2011-05/24/content_1870181.htm); “Zhonghua Renmin Gongheguo Muying Baojian Fa Shishi Banfa” [Implementation Methods for “PRC Law on Maternal Care and Infant Care”], PRC State Council, <http://www.nhfpc.gov.cn/fys/s7899/200804/662d6c63b6684cf6bd8922c4d3d7c0d1.shtml>.

<sup>66</sup> “Guowuyuan Bangongting Zhuanfa Jiaoyubu Deng Bumen Guanyu You’er Jiaoyu Gaige Yu Fazhan Zhidao Yijian De Tongzhi” [State Council’s Announcement on Forwarding “Guiding Opinions on Early Childhood Education Reform and Development” Issued by Ministries in Education and Some Other Sectors], PRC State Council, <http://www.chinabaike.com/law/zy/xz/bgt/1336707.html>; “Guanyu Tuijin 0—3 Sui Sanju Ertong Zaoqi Jiaoyang Gongzuo De Yijian” [Opinions on Furthering the Work on Early Education and Nurture of the Children Aged 0–3 at Home], Shanghai Municipal Education Commission, [http://www.360doc.com/content/08/0729/11/47553\\_1484695.shtml](http://www.360doc.com/content/08/0729/11/47553_1484695.shtml).

<sup>67</sup> “Zhonghua Renmin Gongheguo Muying Baojian Fa Shishi Banfa.”

<sup>68</sup> “Guanyu Kaizhan Ertong Fuli Jigou ‘Weiliang Yingyangsu Buchong Xiangmu’ De Tongzhi” [Announcement on Implementing “Micronutrient Supplement Program” in Child Welfare Organizations], China Center for Children’s Welfare and Adoption, <http://svzx.mca.gov.cn/article/tzgg/201303/20130300431992.shtml>.

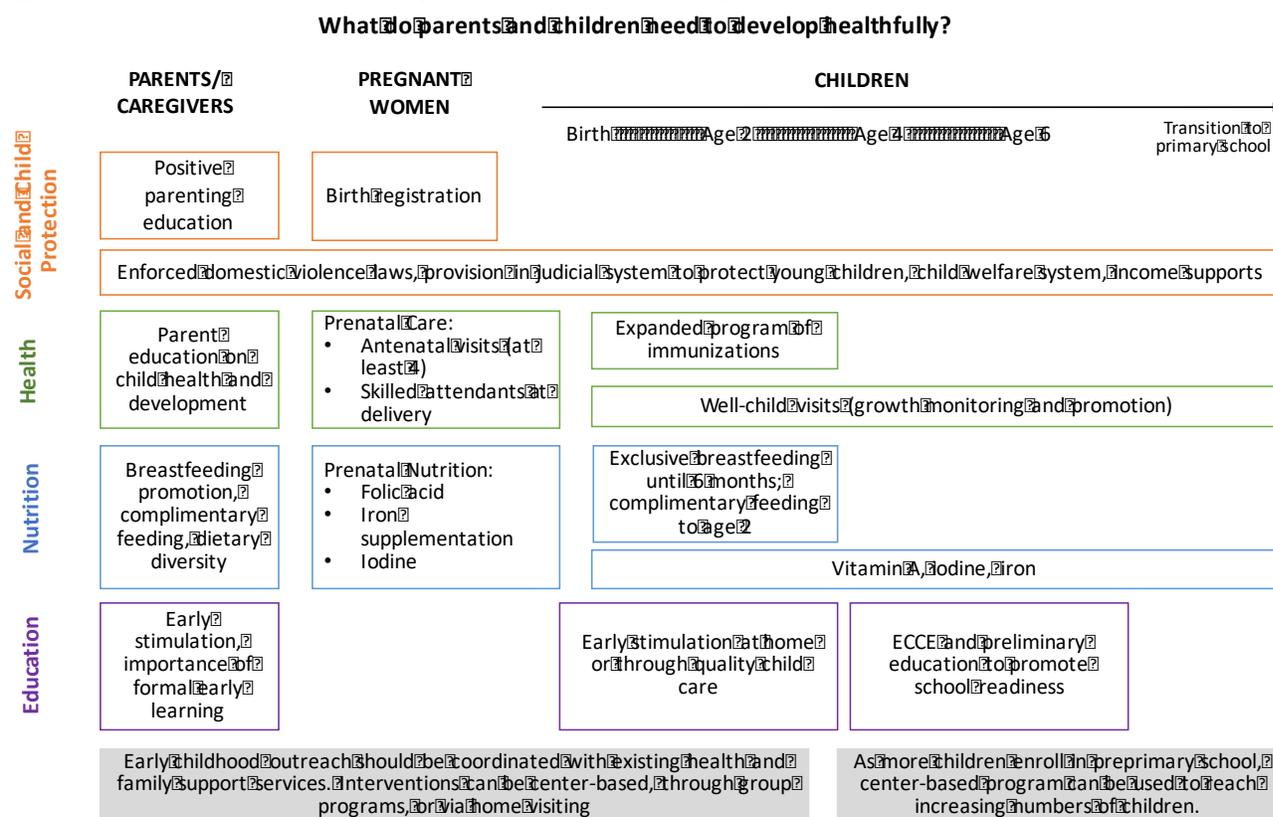
<sup>69</sup> “Xibu Sisheng Ertong Weiliang Yingyangsu Buchong Xiangmu” [Micronutrient Supplement Program for Children in Four Subnational Divisions in West China], *Sina*, October 26, 2009, <http://baby.sina.com.cn/news/2009-10-26/085240612.shtml>.

<sup>70</sup> “Guanyu Yinfa 2014 Nian Pinkun Diqu Ertong Yingyang Gaishan Xiangmu Fang’an De Tongzhi” [Announcement on Issuing the Programming Plan to Improve Children’s Nutrition in Poverty-Stricken Areas], PRC National Health and Family Planning Committee & National Working Committee on Children and Women, <http://etyygs.chinawch.org.cn/uploads/soft/150107/2-15010G41026.pdf>.

<sup>71</sup> Liang et al. (2013), 67.

<sup>72</sup> National Bureau of Statistics, *Zhongguo Tongji Zhaiyao* [China Statistical Abstract] (Beijing: China Statistics Press, 2013).

Figure 4: Essential Interventions during Different Periods of Young Children’s Development



**Essential child and social protection programs exist in China to target all beneficiary groups.** Publicly supported intervention programs across all the 34 subnational divisions in China to guarantee the welfare of orphans and vulnerable children,<sup>73</sup> to facilitate the settlement and treatment of children affected by HIV/AIDS,<sup>74</sup> and to support the rehabilitation of children with special needs.<sup>75</sup> In addition, the government is currently in the process of legalizing an *Anti-Domestic Violence Law*.<sup>76</sup> The government currently has mechanisms to check and curtail the prevalence of violence against mothers and children by means of home visits, training provision for ECCE teachers and health workers to help identify child abuse and neglect, and the establishment of task forces on domestic violence prevention.<sup>77</sup>

**However, a general lack of support programs is seen for parents across different stages of ECD** (see figure 5). Some of the commonly observed areas of policy gaps include a lack of parenting programs focusing on issues of child health, protection, and early education. Similarly, no major programs have been observed for psychological health and nutritional supplementation of mothers during pregnancy and postdelivery.

<sup>73</sup> “Guowuyuan Bangongting Guanyu Jiaqiang Gu’er Baozhang Gongzuo De Yijian” [State Council’s Opinions on Strengthening the Work to Guarantee the Welfare for Orphans], PRC State Council, [http://www.gov.cn/gongbao/content/2010/content\\_1754115.htm](http://www.gov.cn/gongbao/content/2010/content_1754115.htm).

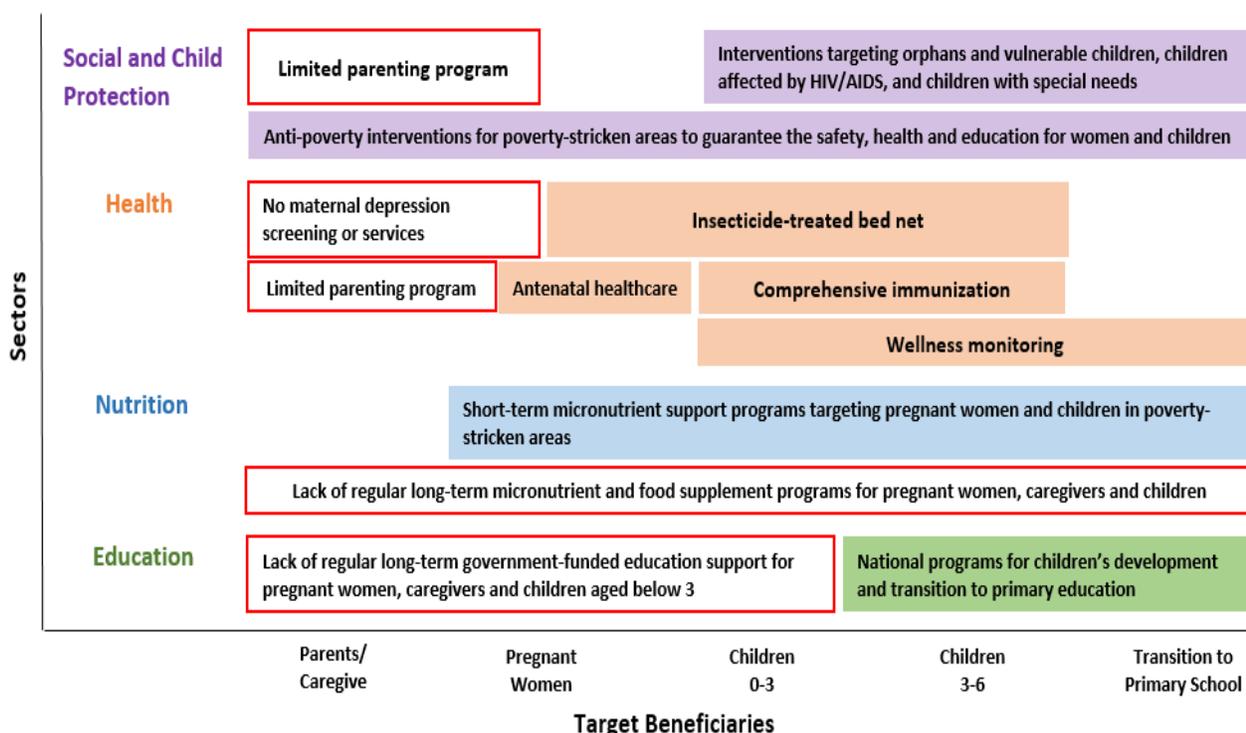
<sup>74</sup> “Guanyu Jinyibu Luoshi Shou Aizibing Yingxiang Ertong Yiliao Jiaoyu He Shenghuo Baozhang Deng Zhengce Cuoshi De Tongzhi” [Announcement on Further Implementing the Policies Supporting the Education and Life of HIV-Affected Children], PRC National Health and Family Planning Committee, <http://www.moh.gov.cn/jki/s3585/201412/a65140b1b0374598a30a696ddd03718.shtml>.

<sup>75</sup> Ministry of Civil Affairs (2013), “Zhongguo Canjiren Shiye ‘Shi’erwu’ Fazhan Gangyao” [Outline for the 12th Five-Year Plan for Developing the Handicapped Chinese’s Life and Career], <http://www.mca.gov.cn/article/zwgk/fvfg/shflhshsw/201303/20130300431180.shtml>.

<sup>76</sup> Zhang Jiamin, “China’s First Anti-Domestic Violence Law Expected to Pass in 2015,” *Women of China*, March 5, 2015, <http://www.womenofchina.cn/womenofchina/html1/features/1503/519-1.htm>.

<sup>77</sup> “Guanyu Yufang He Zhizhi Jiating Baoli De Ruogan Yijian.”

Figure 5: Scope of ECD Interventions in China by Target Beneficiary and Sector



## Policy Lever 2.2: Coverage

### Established ●●●○

A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage, and reach the entire population equitably—especially the most disadvantaged young children—so that every child and expectant mother have guaranteed access to essential ECD services.

There is a varying degree of success and deficiency with regard to ECD coverage for health, nutritional, and educational needs of the targeted population. Table 7 demonstrates some of the common health and nutrition indicator-level performance in China: In 2014, 99.7 percent of childbirths were attended by skilled attendants, and 96.8 percent of the Chinese population consumed iodized salt, whereas only 27.6 percent of children aged below six months received exclusive breastfeeding.<sup>78</sup> According to the World Health Organization, in 2013 the percentage of pregnant women living with HIV who received antiretroviral treatment for preventing mother-to-child transmission was estimated to be 55 percent on average, ranging from 32 to 90 percent.<sup>79</sup> Approximately 22 percent of pregnant women were reported with anemia in 2011.<sup>80</sup>

**Immunization rates have persisted and improved.** Reported immunization rates for children at the township level were more than 90 percent for major vaccines, and reported immunization rates for newly

<sup>78</sup> UNICEF (2014).

<sup>79</sup> World Health Organization, “Global Health Observatory Data Repository,” <http://apps.who.int/gho/data/node.country.country-CHN?lang=en>.

<sup>80</sup> World Bank, “Prevalence of Anemia among Pregnant Women (%)” <http://data.worldbank.org/indicator/SH.PRG.ANEM>.

added vaccines were more than 70 percent.<sup>81</sup> Approximately, 99 percent of one-year-old children were immunized against DPT in 2013.<sup>82</sup> Although trends seem to be on a rise, lack of data on many important indicators limits us in completely understanding the coverage pattern of health, nutrition, and educational indicators relevant to ECD.

**Table 7: Comparison of Access Level to Essential Health and Nutrition Interventions for Pregnant Women and Young Children**

Indicators	China	Jamaica	Bulgaria	Nepal	Tajikistan
<b>For pregnant women</b>					
Birth attended by skilled attendants (2012)	99.7%	98.3%	99.5%	36%	87.4%
HIV + women receiving ARVs for mother-to-child transmission (2013)	55	60	92	27	39
Pregnant women who have anemia (2011)	22	30	26	44	28
<b>For young children</b>					
One-year-old children immunized against DPT (2013)	99	94	94	88	92
Children aged below six months who are exclusively breastfed (2012)	27.6	15	NA	69.6	25
Iodized salt consumption rate (2012)	96.8	NA	100	80	61.9

Sources: UNICEF 2014; World Bank 2015a; World Health Organization 2015b.

**The gross enrollment ratio in preschool education in the country is rapidly growing.** According to the Ministry of Education data, China's GER in preschool education level has grown from 38 percent in 2002, to 50 percent in 2007, to 67.5 percent in 2013.<sup>83</sup> According to UNESCO's Institute of Statistics, preprimary GER in China in 2014 was as high as 81.6 percent.<sup>84</sup>

**The birth registration rate is unclear in China.** Estimates from numerous sources, mostly from almost decade-old literature, indicates that birth registration in China is in the range of 60–90 percent.<sup>85</sup> Considering the size of the population, such a range is considered fairly low. The rates are significantly lower in rural and remote areas of the country. Imperfections in *hukou* laws and the historical impositions of family planning policies have resulted in a large number of "out-of-plan" children.<sup>86</sup>

### Policy Lever 2.3: Equity

#### Emerging ●●○○

*Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services.<sup>87</sup> One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.*

<sup>81</sup> GHSP (2015), "Health System Strengthening in China: Experiences and Implications. Fully Implementing Expanded Program on Immunization and Improving People's Health," [http://cps.nhfpc.gov.cn/ghsp/c/fs/web\\_edit\\_file/20160719163508.pdf](http://cps.nhfpc.gov.cn/ghsp/c/fs/web_edit_file/20160719163508.pdf).

<sup>82</sup> World Bank, "Immunization, DPT (% of Children Ages 12–23 Months)," <http://data.worldbank.org/indicator/SH.IMM.IDPT>.

<sup>83</sup> World Bank (2016), "World Bank Data," <http://data.worldbank.org/>.

<sup>84</sup> UNESCO-UIS (2016), "Gross Enrollment Ration, Preprimary, Both Sexes (%)," <http://data.uis.unesco.org/?queryid=142>.

<sup>85</sup> There are references in literature indicating that in 2001 BR was approximately 90 percent in the country. L. Huawen (n.d.), "The Child's Right to Birth Registration," Institute of Law, China Academy of Social Sciences, <http://www.iolaw.org.cn/showNews.aspx?id=24562>.

<sup>86</sup> S. Li, Y. Zhang, and M. W. Feldman (2010), "Birth Registration in China: Practices, Problems and Policies," *Population Research and Policy Review* 29, no. 3, 297–317, <http://doi.org/10.1007/s11113-009-9141-x>.

<sup>87</sup> Patrice Engle et al., "Strategies for Reducing Inequalities and Improving Developmental Outcomes for Young Children in Low-Income and Middle-Income Countries," *The Lancet* 378, no. 9799 (2011); Naudeau et al. (2011).

**Access to ECD services by the national population has increased incredibly in absolute terms; however, significant regional disparity is seen in access and quality of ECD services across all sectors.** Preschool enrollment varies across subnational divisions in China, with a clear indication of urban-rural disparity (see box 3). By 2010, preschool enrollment in economically developed urban centers such as Shanghai, Beijing, and Tianjin exceeded 90 percent, whereas it remained under 50 percent in predominantly rural provinces such as Henan and Xinjiang.<sup>88</sup> Lack of information on region-segregated data on health indicators limits our understanding of this essential aspect of ECD. Regarding the state of sanitation, the ratio of urban to rural access to improved sanitation facilities is 1.3, which shows that access to improved sanitation facilities is comparatively higher in urban areas than in rural areas.<sup>89</sup>

**Access to ECE services is inequitable by gender.** According to the administrative data, more specifically of children to 83 months of age, across the nation more than 2.7 million more boys were enrolled in preschool education than girls<sup>90</sup> in 2012, and consequently the ratio of preschool enrollment for boys and girls is calculated to be 1.2. In Shanghai, similarly, the number of boys enrolled in preschool education is found to be 28.9 thousand more than that of enrolled girls,<sup>91</sup> and the ratio for boys and girls enrolled in preschool education is thus calculated to be 1.1. This ratio for both the nation and Shanghai shows that the opportunity to access ECE services is comparatively higher for boys than girls.

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<sup>88</sup> Jiang, Wenfei, Yang, Huansong and Xu, Lihua, "The Study of the Development of Urban and Rural Preschool Education in Justice—Orientation," paper presented at 2014 International Conference on Education Reform and Modern Management, Phuket, January 2014, <http://www.atlantis-press.com/php/pub.php?publication=ermm-14&frame=http%3A//www.atlantis-press.com/php/paper-details.php%3Fid%3D11226>.

<sup>89</sup> "The State of the World's Children 2015 Country Statistics."

<sup>90</sup> Ministry of Education, *Zhongguo Jiaoyu Tongji Nianjian* [Education Statistics Yearbook of China] (Beijing: People's Education Press, 2012).

<sup>91</sup> Ibid.

**Box 3: ECE Provision in Yunnan Province**

Yunnan, being one of the poorest provinces, faces more acute challenges in improving ECE access and quality. In 2013 Yunnan's GER for three- to six-year-old children was about 54 percent, more than 13 percentage points lower than the national average, and the average student-teacher ratio was 30:1 compared to the national average of 26:1. Within Yunnan, rural prefectures such as Zhaotong achieved only 33 percent GER in 2011 compared to 95 percent in the capital city of Kunming.

According to the 2013 World Bank study<sup>92</sup> of the state of ECE in Yunnan, a sample of 24 kindergartens across urban and rural parts of Kunming rated significantly low on most attributes (including program structure, activities, personal care, language, and interactions) on the Early Childhood Environment Rating Scale-Revisited (ECERS-R). Moreover, in many rural areas, children have access to only one year of kindergarten classes, which are attached to the local public primary schools. These schools tend to have large class sizes, lack of teaching-learning materials, and developmentally inappropriate teaching practices.

**Selected ECE Indicators of Kindergarten Provision in Yunnan and China, 2013**

Key indicators	Yunnan	National average
Three-year GER (%)	54.2	67.5
One-year GER (%)	88.9	Not available
Number of public kindergartens	1,485 (28%)	65,100 (33%)
Number of private kindergartens	3,841 (72%)	133,500 (67%)
Percentage of children enrolled in private kindergartens	48.9	51.1
Government expenditure on kindergartens	RMB 2.1 b	RMB 74.8 b (2012)
Percentage of public education expenditure on kindergartens	3.1	3.5
Student teacher ratio	30:1	26:1 (2010)

In 2013, the World Bank conducted a rural household survey in Yunnan that confirmed that children living in poor rural areas are particularly disadvantaged. The survey showed that approximately one-quarter of rural three- to six-year-old children in Yunnan are "left-behind" children and being cared for by their grandparents with, at most, primary education. "Left-behind" children refer to children who are being cared for by family members other than their own parents since their parent(s) left the location of household registration to seek employment elsewhere.

The survey also showed that little stimulation was provided for children in the household: approximately 72 percent of households in poor counties reported rarely playing with their children, and 47 percent reportedly did not read to their children. Rural children from poor counties are also less likely to enroll in any kindergartens than those not living in poor areas. Kindergarten tuition and fees present an additional barrier to enrollment considering that annual fees for a tier-three kindergarten (the lowest level of quality) can account for approximately 20 percent of a rural household's per-capita annual income. When rural poor children do enroll in kindergartens, they are more likely to enroll in one-year only preprimary classes attached to local public schools or low-quality rural private kindergartens. Overall, they scored lower in the cognitive and social development index compared to their peers that do not live in poor areas.

**Policies are in place to address the educational needs of children with disabilities.** In 1994 the first legal document relating to school children with disabilities—*Proposed Methods for Working on the Handicapped Children's Learning in Regular Classrooms*—was issued to encourage inclusion of children with disabilities in regular classrooms.<sup>93</sup> In 2013, 32.5 thousand students with special needs were enrolled in public kindergartens across the country. The data, however, are not categorized by type of disability or

<sup>92</sup> Liang et al. (2013).

<sup>93</sup> "Guanyu Kaizhan Canji Ertong Shaonian Suibanjiudu De Shixing Banfa" [The Proposed Methods for Working on the Handicapped Children's Learning in Regular Classrooms], *ChinaLawEdu*, July 21, 1994, <http://www.chinalawedu.com/news/1200/22598/22615/22802/2006/3/ma62951357371213600222154-0.htm>.

by the socioeconomic background of students.<sup>94</sup> At the basic education level, in 2011, there were 269.9 thousand students with disabilities learning with regular students in regular classes, higher than the number of students with disabilities enrolled in special schools (110.2 thousand) or in special classes in regular schools (6.3 thousand).<sup>95</sup> Overall, the enrollment ratio for children with disabilities at the basic education level was reported to be 71.9 percent at the end of 2012, which has been recognized as a low level, and the newly issued policy document *Plan to Improve the Special Education (2014–2016)* just established the goal to raise this ratio to over 90 percent in 2016.<sup>96</sup>

**National laws, policies, and government expenditures strongly support bilingual and multilingual education.** The *Policy for Managing Kindergartens*, issued in 1989, supports the use of mother tongue as the medium of instruction where the majority of students belong to ethnic minorities,<sup>97</sup> and the ensuing *PRC Education Law*, issued in 1995, reasserted the use of mother tongue.<sup>98</sup> The recent *National Outline for Medium- and Long-Term Education Reform and Development (2010–2020)* supports bilingual education in preschool education to protect the cultural and linguistic rights of ethnic minorities.<sup>99</sup> The outcomes are significant in areas where there is a significant presence of ethnic minorities such as Xinjiang Autonomous Region where the Uygur is the major language group: 1.4 billion RMB (US\$222.2 million) in 2010 and 4.0 billion RMB (US\$634.9 million) in 2012 were distributed by the central government to support bilingual education in preschool education in Xinjiang, which reportedly accelerated the development of teaching materials and improved the quality of bilingual teachers in preschool education.<sup>100</sup>

It must be noted that although the Ministry of Education regularly collects data on kindergarten enrollment by ethnicities, it does not disaggregate it by mother tongue. In 2013 more than 3,156 thousand children in early childhood centers across the country belonged to ethnic minorities, presumably speaking a non-Han Chinese language.<sup>101</sup>

**Policies are in place to promote parental engagement in ECE, but it is unclear how their standard, vitality, and continuity may be assessed.** In 2012 the Ministry of Education issued the *Instructions on the Establishment of Parents Committee in Kindergarten, Primary, and Middle Schools*.<sup>102</sup> It explicitly required all kindergartens, whether one-year or three-year, to establish a parent committee. However, it is unclear how the government ensures the standard and continuity of these committees, especially in rural and remote areas. Additionally, it is unclear as to what rights parents have in this engagement.

<sup>94</sup> *Education Statistics Yearbook of China* (2013).

<sup>95</sup> Ministry of Education, *Zhongguo Jiaoyu Tongji Nianjian* [Education Statistics Yearbook of China] (Beijing: People's Education Press, 2012).

<sup>96</sup> "Woguo Lizheng 3 Nian Nei Jiang Canji Ertong Yiwu Jiaoyu Ruxuelv Tigao Dao 90% Yishang" [China Will Try to Raise the GER of Compulsory Education for the Handicapped Children to Over 90%], *XinhuaNet*, accessed [http://education.news.cn/2014-01/20/c\\_119049765.htm](http://education.news.cn/2014-01/20/c_119049765.htm).

<sup>97</sup> "You'eryuan Guanli Tiaoli" [Policy for Managing Kindergartens], PRC State Education Commission, [http://www.gov.cn/fwxx/bw/yjb/content\\_2267003.htm](http://www.gov.cn/fwxx/bw/yjb/content_2267003.htm).

<sup>98</sup> "Zhonghua Renmin Gongheguo Jiaoyufa" [PRC Education Law], Ministry of Education, [http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe\\_619/200407/1316.html](http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe_619/200407/1316.html).

<sup>99</sup> "Guojia Zhongchangqi Jiaoyu Gaige He Fazhan Guihua Gangyao (2010–2020)."

<sup>100</sup> Yanjun Zhao and Zhengting Lu, "Woguo Fazhan Shaoshu Minzu Xueqian Jiaoyu De Chengjiu, Wenti Yu Jianyi: Jiyi Zhengce De Shijiao" [Achievements, Problems and Suggestions of Ethnic Preschool Education Development in China: In the Perspective of Policy], *Journal of Research on Education for Ethnic Minorities* 1 (2015).

<sup>101</sup> *Education Statistics Yearbook of China* (2013).

<sup>102</sup> L. Yongjian (2014), "Exploration of Building Parents Committee in Primary and Middle Schools in Shandong Province," in D. Yang. (ed.), *Chinese Research Perspectives on Education Development*, vol. 2 (Amsterdam: Koninklijke).

## Policy Options to Implement ECD Widely in China

### Scope of Programs

- **The government may consider greater attention to the psychological health of pregnant and lactating mothers.** As a coordinated effort between the departments addressing maternal health and those offering social protection services, the government may support maternal depression programs. At present no such services are offered under public provisions.
- **The government could introduce programs to support long-term nutrition programs for and health-seeking behaviors among children beyond the age of three.** At present, no large-scale or national-level program exists for micronutrient support targeting children aged three or four years. Integration with ECE services, through guided meal plans and school health programs, could be beneficial in dealing with childhood nutritional deficiencies, common diseases, and childhood obesity.
- **The government may establish early stimulation and prevention programs for children up to age three years.** Early detection, prevention, and stimulation are crucial to check and curtail minor and major disabilities among children. By providing needs-based and individualized ECD services from an early age the government may reduce dependency needs of individuals with disabilities and help them integrate in regular institutions of learning and work. Box 4 presents findings from Australia that can benefit China.

#### Box 4: Lesson from Australia: Investing in the Early Years

**Summary:** Australia has a strong track record of ECD, with an early childhood infrastructure that already includes numerous services, interventions, and an effective social safety net. The development of *Investing in the Early Years*, a national ECD strategy, was a joint effort of the governments at the national, state, and territorial levels, with a goal to ensure all children are given the best opportunities to excel in life. The strategy is a comprehensive approach to ECD focusing on the whole child from the prenatal period to the age of eight across multiple dimensions, and acknowledging the vital roles that families, community, organizations, workplace, and government all play in shaping children's ECD. The strategy outlines seven elements needed to deliver a comprehensive ECD system with the child placed at the nexus, including support for children, parents, caregivers, and communities; responsive ECD services; quality and regulation; knowledge management and innovation; workforce and leadership development; infrastructure; and governance and funding.

Seven outcomes have been identified to realize the strategy's vision: children are born and remain healthy; children's environments are nurturing, culturally appropriate, and safe; children have the knowledge and skills for life and learning; children benefit from better social inclusion and reduced disadvantage, especially Indigenous children; children are engaged in and benefiting from educational opportunities; families are confident and have the capabilities to support their children's development; and quality ECD services that support the workforce participation choices of families are provided.

#### **Key considerations for China:**

Establish a comprehensive ECD system that places children at the center and that provides a wide range of ECD programs and services to children to fulfill their demands.

### Coverage

- **The government needs to boost its nationwide interventions to increase the rate of exclusive breastfeeding in the country.** China is among the low-performing nations on this maternal health indicator. The country may consider revitalizing its breastfeeding campaign and research into local sociocultural and economic barriers to breastfeeding practice.

- **The government and multiple other stakeholder groups can benefit from improvements in data collection and dissemination on indicators relevant to ECD.** SABER has identified several essential ECD indicators (see the Appendix) for which data are not available. The government may consider developing an organized process of regular data collection, entry, and reporting to better inform planning and implementation processes.
- **Regularizing and promoting birth registration could be a significant process in improving the scope of data collection to completely reflect the size and need of its young population.** The government needs to address the complications arising from the existence of multiple registration departments and procedures and weak coordination among registration departments to improve birth registration rates in the country.<sup>103</sup>
- **The government must continue and further strengthen its efforts toward improving ECE enrollments.** Although significant improvements have been made over the last two decades, targeted efforts are warranted to bridge the urban rural gap in enrollments and improve access to services by rural and minority communities.

### Equity

- **The government may consider strategies to address the regional disparity in access and quality of ECE services in China.** Within regions, urban-rural disparities need to be addressed not only in terms of leveling the access to ECE services, but also in terms of leveling the allocation of public resources across city, suburban, and rural settings.
- **Similar efforts need to be made to protect the rights of all genders and differently abled populations.** Data reveal disparities in access to ECE services by gender and disability, especially in rural parts of the country. Directed efforts by the government can improve equity ratings across ECD services. Box 5 draws lessons that can be learned from England.

#### Box 5: Lesson from England: Every Child Matters

**Summary:** In 2003 under the Labor Party's administration, *Every Child Matters* was published. It is a report that detailed the fragmented state of ECD system at that time, with inadequate communication and a lack of accountability for outcomes. It called for a radical system through a nationwide reform, with a wider provision of early intervention services and outcome measures for progress monitoring.

In May 2010 the Conservative Party replaced the Labor Party in government. Amid the austerity measures the country has recently undertaken, it has been discussed that the country is poised to move away from some of the policies and interventions initiated under the Labor Party's governance, and this change may have a negative impact on ECD.

Study of this England's case demonstrates that, with a focused and concise effort, substantial progress can be made in relatively short periods of time. This case also underlines the importance of a consistent policy approach and or a policy change with intervals to limit inconsistencies in policy development and service provision to enable the ECD system to be developed in a steadily progressive way.

#### **Key Considerations for China:**

- Make a change with focused and concise efforts to care for every child
- Maintain a consistent policy approach
- Leave intervals for policy change to limit inconsistencies in policy development and service provision

<sup>103</sup> Shuzhuo Li, Yexia Zhang, and Marcus Feldman, "Birth Registration in China: Practices, Problems and Policies," *Population Research and Policy Review* 29, no. 3 (2010).

- **The government could also consider increasing its data collection on key indicators segregated by various population characteristics.** Several key indicators necessary to track ECD services provided across different population groups remain unavailable. By gathering data on these variables the government would be able to target service delivery to underserved groups.

### Policy Goal 3: Monitoring and Assuring Quality

#### Emerging ●●○○

*Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services, and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.*

#### Policy Lever 3.1: Data Availability

##### Emerging ●●○○

*Accurate, comprehensive, and timely data collection can promote more effective policy making. Well-developed information systems can improve decision making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards, and efforts to target children most in need.*

**Data are collected through relevant administrative and survey mechanisms; however, data are lacking on many indicators that could help inform ECD policy and budget allocation.** In terms of administrative data, numbers on enrollment or usage of ECD services, training of service providers, and child outcomes have been specified by the government across various ECD areas. The enrollment data of children in preschool education are further specified by public and private ownership of the institutions as well as by a range of beneficiary characteristics. Additional data are required on various indicators, including the number of young children under welfare programs, number of women who benefit from prenatal nutrition interventions, and level of financial commitment to ECD by sector. Table 8 further elaborates on areas where more administrative and survey data are required.

**Data are available on measuring children’s physical development, but not for measuring young children’s cognitive, linguistic, or socioemotional development.** Data on different aspects of children’s physical development are collected separately by Working Committee on Women and Children, National Bureau of Statistics, and local governmental agencies. However, data to help evaluate children’s development on cognitive, language, social, and emotional aspects are lacking.

**Table 8: Status of Data Availability on ECD Indicators in China**

Administrative data—indicators	Tracked
Number of young children involved in child welfare system	X
Number of children with special needs who can access ECD services	✓
Number of children who benefit from well-child visits	✓
Number of children who benefit from Vitamin A supplementation <sup>104</sup>	✓
Number of women who benefit from prenatal nutrition interventions	X
Demographics of children who are enrolled in preschool school (by region and mother tongue) <sup>105</sup>	✓
The average number of students per teacher	✓
Level of financial commitment to ECD in any sector	X
Survey data— Indicator	Tracked
Percentage of children who consume iodized salt	✓
Vitamin A supplementation rate among ECD-aged children	✓
Anemia prevalence among pregnant women	✓
Anemia prevalence among ECD-aged children	X
Percentage of children with birth registration	X
Percentage of one-year-old children immunized against DPT	✓
Percentage of pregnant mothers who receive four prenatal visits	✓
Percentage of children who benefit from early learning activities by socioeconomic status	X

Sources: Ministry of Education 2012a; National Bureau of Statistics 2013; UNICEF 2014; World Bank 2015a, 2015b.

## Policy Lever 3.2: Quality Standards

### Established ●●●○

*Ensuring quality ECD service provision is essential. A focus on access—without a commensurate focus on ensuring quality—jeopardizes the very benefits that policy makers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.*<sup>106</sup>

**Clear learning and development standards are established for ECE.** The *Learning and Development Guidelines for Children Aged 3–6*, issued in 2012, specify age-appropriate learning and development goals for children in aspects including (a) health (i.e., physical and psychological status, physical development, and habits and capabilities), (b) language (i.e., listening and communicating, and reading and writing), (c) society (i.e., interpersonal relationships and social adaptation), (d) science (i.e., exploration in science, and numerical knowledge), and (e) art (i.e., sensing and appreciating, and presenting and innovating).<sup>107</sup> To ensure the coherence and continuum of the curricula into primary education, two national policy documents—*Working Standards for Kindergartens*<sup>108</sup> and *Guidelines for Education in Kindergartens*<sup>109</sup>—emphasize that kindergartens and primary schools should work closely to guarantee smooth transition for children from preschool to primary education. *Guidelines for Education in Kindergartens* is also treated

<sup>104</sup> Vitamin A supplementation programs in China are limited to targeted provinces. Data are hence available on those provinces only.

<sup>105</sup> Data on preschool enrollment is segregated by ethnic minorities and not specifically by mother tongue.

<sup>106</sup> Naudeau et al. (2011); Victoria et al. (2008).

<sup>107</sup> “3–6 Sui Ertong Xuexi Yu Fazhan Zhinan” [Learning and Development Guidelines for Children Aged 3-6], Ministry of Education, <http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/s3327/201210/143254.html>.

<sup>108</sup> “You’eryuan Gongzuo Guicheng” [Working Standards for Kindergartens], PRC State Education Commission, [http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe\\_621/201001/81893.html](http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe_621/201001/81893.html).

<sup>109</sup> “You’eryuan Jiaoyu Zhidao Gangyao (Shixing)” [Guidelines for Education in Kindergartens (Pilot)], Ministry of Education, [http://www.gov.cn/gongbao/content/2002/content\\_61459.htm](http://www.gov.cn/gongbao/content/2002/content_61459.htm).

as kindergarten curriculum guideline. The actual development of curriculum is in the hands of provincial education committees.

More progressively and more specifically at a local level such as in Shanghai, standards are established to cover children beyond and under the age of three to six years. Shanghai has already issued *Methods for Educating and Nurturing Children Aged 0–3 in Shanghai* in 2008 to take special care of infants. This legal document specifies separate standards for physical and cognitive development for newborns and infants aged 1–3 months, 4–6 months, 7–12 months, 13–18 months, 19–24 months, and 25–36 months.<sup>110</sup> *Guidelines to Ensure the Transition from Kindergartens to Primary Schools in Shanghai City (Draft)* was also published in 2008 to provide specific instructions on ways to guarantee successful transition.<sup>111</sup> In terms of preschool curricula, the *Catalog for Teaching Materials to Be Selected by Kindergartens in Shanghai City*, issued in 2014, lists a series of approved books that are supposed to assist teachers in teaching and children in learning at the preschool education level.<sup>112</sup>

**National standards are in place for the qualifications to be met by ECE professionals.** The minimum education background to be met for preschool teachers working with children up to age three is the completion of upper-secondary education, and lower-secondary or vocational ECD training for those teaching children between ages three and seven years. In terms of minimum professional qualifications, many types of preschool teachers are required to obtain a certificate in ECD-specialized courses, participate in ECD-specialized training, and perform well in an ECD-centered internship under supervision. Unlike the international standards that focus on the frequency of in-service training (e.g., once every two years), the recent national policy documents specify the total amount of time devoted to training: (1) for teachers called “Backbone Teachers” (Chinese: 骨干教师), they are required to finish at least 15 days of face-to-face training and at least 80 hours of online training every year in two years; (2) for teachers known as “Outstanding Young Teachers” (Chinese: 优秀青年教师), they are required to complete the same amount of training every year in three years; and (3) for teachers with exceptional conditions, such as specializing in particular subjects or with a particular background, the training time for them varies from 10 days to three months.<sup>113</sup> Administrative branches for education across central and local levels are accountable for regulating preservice training provision to ECCE professionals.

Differently in Shanghai, standards for in-service teacher training, as specified in the *Opinions on the 12th Five-Year Plan for the Work on Training of Preschool, Primary and High School*, issued in 2011, require a certain number of credits to be received across different subjects and levels. Every teacher is required to complete within five years a total of 36 credits across three subjects, four to seven credits from shared courses at the municipal level, 11–14 credits at the district level, and 18 credits at the school level.<sup>114</sup> This

<sup>110</sup> “Shanghai Shi 0–3 Sui You’er Jiaoyang Fang’an” [Methods for Educating and Nurturing Children Aged 0–3 in Shanghai], Shanghai Municipal Education Commission, <http://www.age06.com/Age06.Web/Detail.aspx?CategoryID=e4b37c4b-499b-4cdc-bb5e-e76d24ba0701&InfoGuid=4bf7a591-305c-4eaa-9f48-5f24c9808bd6>.

<sup>111</sup> “Shanghai Shi You’eryuan Youxiao Xianjie Huodong De Zhidao Yijian” [Guidelines to Ensure the Transition from Kindergartens to Primary Schools in Shanghai City (Draft)], Shanghai Municipal Education Commission, <http://www.age06.com/Age06.Web/Detail.aspx?CategoryID=2347552b-1bba-4c57-9faf-8d9a624e4eb6&InfoGuid=eac93726-92ca-4e03-8642-a51aa557998b>.

<sup>112</sup> “Gong Benshi Tuo You’eryuan Suo Xuanyong De Jiaoxue Ziliao Mulu” [Catalog for Teaching Materials to be Selected by Kindergartens in Shanghai City], Shanghai Municipal Education Commission, <http://www.shmec.gov.cn/html/xxgk/201404/402052014005.php>.

<sup>113</sup> “2014 Nian Zhongxiaoxue You’eryuan Jiaoshi Guojiaji Peixun Jihua Shishi Gongzuo De Tongzhi” [Announcement on Implementation of the National-Level Training Agenda for Teachers in Preschool, Primary and High School], Ministry of Education, <http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/s5972/201404/167126.html>.

<sup>114</sup> “Shanghai Shi ‘Shi’erwu’ Zhongxiaoxue Youeryuan Jiaoshi Peixun Gongzuo Shishi Yijian (Shixing)” [Opinions on the 12th Five-Year Plan for the Work on Training of Preschool, Primary and High School (Pilot)], Shanghai Municipal Education Commission, <http://www.shmec.gov.cn/html/xxgk/201106/406112011008.php>.

policy has a wider coverage, because such training is required for every teacher, not just for teachers with special entitlements or under particular conditions.

**Nearly all types of ECD health workers are required to complete training.** The ECD health workers required to complete training include doctors and nurses, midwives, and psychologists, not including extension health service workers.

**Infrastructure and service delivery standards for ECE facilities are well established.** The child-to-teacher ratio requirement ranges from 7:1 to 17:1 for ECE institutions targeting children of different age groups.<sup>115</sup> The required minimum number of operational hours for these institutions is more than 15 hours per week.<sup>116</sup> Most necessary standards for infrastructural components of ECE institutions are well established, except for access to hygienic facilities and potable water.<sup>117</sup>

**Although a consolidated quality framework for preschools has not been established,** registration and accreditation procedures for preschools are in place and apply to both state and nonstate ECE facilities.

**Specific policy guided norms are in place for construction of health facilities.** The Ministry of Health and the National Development and Reform Commission have released construction standards for five different kinds of local health care facilities including county hospitals.<sup>118</sup>

### Policy Lever 3.3: Compliance with Standards

Latent ●○○○

*Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.*

**Although most provinces adopt a nine-grade quality classification, in reality, many public schools and most private ones have not yet been assigned any grade.** Under this province-level quality grading system, kindergartens may be graded on a scale of one to nine in the decreasing order of excellence based on a set of quality standards. Presumably they do not meet the standards for the lowest of the nine grades. In Shanghai, it is reported that about 28 percent of the city's 1,400 preschools are classified as grade 1. In Yunnan on the other hand, only 5 percent of the province's 6,129 preschools are classified as grade 1. Provinces have different quality grading instruments and varying levels of achievement. A ECERS-R study done in randomly selected 24 Yunnan Kunming preschools in 2012 revealed that 79 percent of the centers did not reach the minimum score of three, out of seven points on the scale.

**There is a lack of adherence to existing norms and a shortage of data on many crucial indicators.** Generally, adherence is low to norms on the student-teacher ratio, which tends to average 27 students per teacher, against the norm of 15 students per teacher. Because of a lack of data, very little can be said

<sup>115</sup> "You'eryuan Jiaozhigong Peibei Biaozhun (Zanxing)" [Standards for Displacing Teachers and Staff for Kindergartens (Temporary)], Ministry of Education, <http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/s7027/201301/147148.html>.

<sup>116</sup> "You'eryuan Guanli Tiaoli" [Policy for Managing Kindergartens], PRC State Education Commission, [http://www.gov.cn/fwxx/bw/jyb/content\\_2267003.htm](http://www.gov.cn/fwxx/bw/jyb/content_2267003.htm).

<sup>117</sup> "Tuo'ersuo You'eryuan Jianzhu Sheji Guifan" [Standards for Architecture Design for Nurseries and Kindergartens], PRC State Education Commission & Ministry of Urban and Rural Construction and Environment Protection, [http://www.ydij.com/art/2010/8/4/art\\_8407\\_197786.html](http://www.ydij.com/art/2010/8/4/art_8407_197786.html).

<sup>118</sup> Charles Freeman and Xiaoqing Boynton, ed., *Implementing Health Care Reform Policies in China* (Washington, DC: Center for Strategic and International Studies, 2011), 8.

about compliance on infrastructure standards and operational hours norms for both public and private preschools in China.

## Policy Options to Monitor and Ensure ECD Quality in China

### Data Availability

- **The government may consider investing in and streamlining administrative processes for collecting and reporting ECD data.** The current publicly accessible administrative and survey data cannot fully meet the requirements of the SABER standards. Some data are not specific enough to differentiate between access to ECCE and its developmental outcomes segregated by various beneficiary characteristics.
- **The government may consider the use of information communication technology to institute a centralized child-tracking system to consolidate a life span worth of health and education data for all children, along with their background information.** Centralization of data systems on each individual's health and education records would be beneficial to both the people of China as well as the administrative and policy research purposes of the relevant government ministries.
- **Data collection may be organized and targeted to reflect children's holistic development, including cognitive, linguistic, and socioemotional development.** Data are lacking on nonacademic developmental indicators. No data have been collected to track individual development outcomes over the years. A 2012 policy document for young children—*Learning and Development Guidelines for Children Aged 3–6*—advocates directing programs for social, linguistic, emotional, and cognitive development of young children, and thus to start collecting the data on these areas of children's development would contribute to the government's monitoring of this policy initiative.

### Quality Standards

- **The government may consider standardizing and raising the national standards for preservice and in-service training of preschool teachers.** Considering China's rapid expansion in preschool education, it is already an impressive achievement for China to have established the current national standards for in-service teacher training. To further improve, the government may consider setting standardized and mandatory training for all preschool teachers. It would also help if a frequency could be specified over the course of teaching career track rather than a total duration of time to be completed within two or three years.
- **More information is needed for registration and accreditation standards of different types of preschools and rural health centers**

### Compliance with Standards

- **The government may consider instituting a formal and voluntary system of accreditation and evaluation for both state and nonstate providers of preschool education. The system should be developed to generate data from regular monitoring and evaluation of preschool provisions, and encourage compliance with minimum standards.** Currently, no publicly accessible data have been found to determine how many ECE professionals comply with the established educational and professional qualifications, to what extent ECE facilities comply with established standards of service delivery, and whether these facilities complete the mandatory procedures for registration and accreditation. Such missing data make it extremely challenging for both domestic and international scholars and policy makers to study decision making in China. To address the need, lessons can be drawn from Singapore as shown in box 6.

**Box 6: Lessons from Singapore: Preschool Accreditation and Evaluation Program**

In an attempt to regulate private early learning experiences as well as to ensure consistent quality, in 2011 Singapore’s Early Childhood Development Agency (ECDA) developed the Singapore Preschool Accreditation Framework (SPARK), a voluntary quality assurance accreditation framework that offers accreditation for public and private preschools in exchange for meeting certain standards. It aims to “provide recognition and support for preschool leaders in their efforts to improve teaching and learning, administration and management processes to enhance the holistic development and well-being of young children” (Early Childhood Development Agency, 2015, para 2).<sup>119</sup>

Preschools can earn four “tiers” by self-assessing according to the framework and participating in voluntary external evaluations:

- Tier 1—Registration and Regulation/Licensing: begins with the mandatory registration of preschools. At this stage, registration and regulation/licensing measures are put in place to ensure minimum standards of operation.
- Tier 2—Self-appraisal: After registration, preschools are strongly encouraged to practice self-appraisal annually.
- Tier 3—Quality Rating: Once preschools have a better understanding of their own quality and are ready to have their self-evaluations validated, they can proceed to the third tier of the framework. This tier involves an assessment of preschool quality by external assessors.
- Tier 4—Accreditation: The assessment results will determine the quality ratings. Preschools that have attained high-quality ratings may then apply for accreditation.

Overall, these evaluations assess preschools based on their leadership, their administration and planning processes, effective management of their staff, extent of budget and resources, curriculum and pedagogy, and healthy and hygienic facilities, as well as their success in realizing goals for students’ well-being, eagerness to learn, and holistic development. ECDA introduced a new Commendation Category for SPARK certification to recognize centers with strong teaching and learning practices and to provide parents with better information in the identification and selection of preschools having key traits that stimulate children’s development.

## Comparing Official Policies with Outcomes

The existence of national laws and policies alone does not always guarantee a positive correlation with desired ECD outcomes. In many countries, documented policies and plans, and the reality of access and implementation, are often not aligned with each other. Table 7 compares ECD policy conditions in China with the outcomes. The correlation can be strong for policies relating to health. For instance, the iodized salt consumption rate across the nation and the immunization rate for one-year-olds against DPT are both near 100 percent, when there are national laws and policies that promote and even mandate doing so. However, the correlation for ECD policies in child and social protection may not appear to translate into expected results, which can be seen by the lack of data for birth registration rate even when there is national legislation mandating birth registration; although no policy mandates free preschool education in China, because of high demand and growing purchasing power, GER in preschool education is high across the nation.

<sup>119</sup> “About SPARK,” Early Childhood Development Agency, <https://www.ecda.gov.sg/sparkinfo/Pages/Home.aspx>.

**Table 9: Comparing ECD Policies with Outcomes in China**

ECD policies	Outcomes
Lack of laws pertaining breastfeeding practices	Exclusive breastfeeding (<six months): 27.6% (2012)
Policy on salt iodization to eliminate iodine deficiency (1994)	Iodized salt consumption: 96.8% (2012)
Working standards for vaccination (2005)	Immunized against DPT (one-year-olds): 99% (2013)
Preschool education is not covered by the government	GER in preschool education: 67.5% (2013)
PRC policy on household registration	Birth registration rate: not available

## Preliminary Benchmarking and International Comparison of ECD

The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges. Table 9 presents the classification of ECD policy in China in each of nine policy levers and three policy goals using the SABER method. Overall, China's work on its environment, implementation, and monitoring on ECD can be ranked between "Emerging" and "Established." More specifically, China needs to focus on strengthening its policy focus on "Equity," "Data Availability," and "Compliance with Standards." Scoring on these three policy levers could have been potentially higher if data were available on relevant indicators.

Table 11 presents the status of ECD policy development in China on par with a selection of other countries in the world.

**Table 10: Benchmarking Early Childhood Development Policy in China, SABER**

ECD policy goal	Level of development	Policy lever	Level of development
Establishing an Enabling Environment	●●●○	Legal Framework	●●●○
		Intersectoral Coordination	●●●○
		Finance	●●●○
Implementing Widely	●●○○	Scope of Programs	●●●○
		Coverage	●●●○
		Equity	●●○○
Monitoring and Assuring Quality	●●○○	Data Availability	●●○○
		Quality Standards	●●●○
		Compliance with Standards	●○○○
Legend: Latent (●○○○), Emerging (●●○○), Established (●●●○), Advanced (●●●●)			

**Table 11: International Classification and Comparison of ECD Systems, SABER**

ECD policy goal	Policy lever	China	Jamaica	Bulgaria	Chile	Colombia	Sweden	Australia	Indonesia
Establishing an Enabling Environment	OVERALL	●●●○	●●●○	●●○○	●●●○	●●●○	●●●●	●●●●	●●●○
	Legal Framework	●●●○	●●●○	●●●○	●●●○	●●●○	●●●●	●●●●	●●●○
	Intersectoral Coordination	●●●○	●●●○	●○○○	●●●○	●●●○	●●●●	●●●●	●●●○
	Finance	●●●○	●●○○	●●●○	●●●○	●●●○	●●●●	●●●●	●●●○
Implementing Widely	OVERALL	●●○○	●●●○	●●○○	●●●○	●●○○	●●●●	●●●○	●●○○
	Scope of Programs	●●●○	●●●○	●●○○	●●●●	●●●○	●●●●	●●●●	●●●○
	Coverage	●●●○	●●●○	●●●○	●●●○	●●●○	●●●●	●●●○	●●○○
	Equity	●●○○	●●●○	●●○○	●●○○	●●○○	●●●●	●●○○	●●○○
Monitoring and Assuring Quality	OVERALL	●●○○	●●●○	●●○○	●●○○	●●○○	●●●●	●●○○	●●○○
	Data Availability	●●○○	●●●●	●●○○	●●●○	●●●○	●●●●	●●●○	●●●○
	Quality Standards	●●●○	●●●○	●●●○	●●○○	●●○○	●●●●	●●○○	●●●○
	Compliance with Standards	●○○○	●●○○	●●○○	●●○○	●●○○	●●●●	●●○○	●○○○
Legend: Latent (●○○○), Emerging (●●○○), Established (●●●○), Advanced (●●●●)									

The selection of these countries for comparison is based on the availability of data from relatively comparable countries that participated in SABER-ECD analysis. Sweden is home to one of the world’s most comprehensive and developed ECD policies, and it achieves a benchmarking of “Advanced” on all nine policy levers. It is important, however, to note that the existence of laws and policies alone do not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned.<sup>120</sup> This comparison highlights China’s weaknesses in “equity,” “data availability,” and “compliance with standards,” particularly when compared with Jamaica. However, the SABER team doing this analysis strongly asserts that China would compare significantly better than is shown in the following table if the data were available to inform several ratings questions in the tool on which the team had no option but to give a score of 1—latent.

Table 12 presents examples of best practices from select countries that can be considered for policy strengthening in China. It must be noted that the SABER-ECD tool has not been applied to most of these countries; however, they are well regarded globally for various aspects of their ECD program that are worth emulating.

<sup>120</sup> A. Denboba, A. Hasan, and Q. Wodon (2015), “Early Childhood Education and Development in Indonesia,” [http://wbfiles.worldbank.org/documents/hdn/ed/saber/supporting\\_doc/CountryReports/ECD/SABER\\_ECD\\_Indonesia.pdf](http://wbfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/CountryReports/ECD/SABER_ECD_Indonesia.pdf).

**Table 12: Examples of International Best Practice<sup>121</sup>**

SABER-ECD policy goal	Country example 1	Country example 2
<p><b>Establishing an Enabling Environment</b></p>	<p><b>Chile:</b></p> <ul style="list-style-type: none"> <li>• A holistic ECD system is embedded in the law, guaranteeing differentiated support for the poorest 40 percent of children.</li> <li>• Chile Crece Contigo (CCC, Chile Grows with you) Law, 2009: an intersectoral and multidisciplinary approach to achieve high-quality ECD by protecting children from conception onward with relevant and timely services that provide opportunities for early stimulation and development.</li> <li>• Free access to preprimary school, and mandatory provision of services for orphans and vulnerable children and children with special needs.</li> <li>• At the central level, the Presidential Council responsible for the development, planning, and budgeting of the program.</li> <li>• At each of the national, regional, provincial, and local levels, institutional bodies tasked with supervision, support, and operative action, as well as development, planning, and budgeting for each respective level.</li> <li>• 18 weeks of paid maternity leave and additional four days of paid leave for fathers.</li> <li>• Mandatory iron fortification of food staples and salt iodization and promotion of the International Code of Marketing of Break Milk Substitute.</li> </ul>	<p><b>Jamaica:</b></p> <ul style="list-style-type: none"> <li>• In 2003 the government established the Early Childhood Commission (ECC) as an official agency to govern the administration of ECD in Jamaica (Early Childhood Commission Act). ECC advises the Ministry of Education on ECD policy matters, assists in the preparation as well as monitoring and evaluation of ECD plans and programs, acts as a coordinating agency to streamline ECD activities, manages the national ECD budget, and supervises and regulates ECD institutions.</li> <li>• The ECC is designed with representation from all relevant ministries (as subcommittees) sectors, including education, health, local government and community development, labor, finance, protection, and planning. The seven subcommittees that provide technical support to the ECC board comprise 50 governmental and nongovernmental agencies.</li> <li>• The National Parenting Support Commission creates links between Jamaican parents and the government of Jamaica. In 2012 the Ministry of Education introduced the National Parenting Support Policy, in recognizing that parents should serve an important role to promote and coordinate organizational efforts and resources for positive parenting practices.</li> </ul>
<p><b>Implementing Widely</b></p>	<p><b>Sweden:</b></p> <ul style="list-style-type: none"> <li>• A package of ECD services provided from birth to age six, and parents provided with multiple options to choose from.</li> <li>• Quality ECE is a right for all children.</li> <li>• ECE services include three differentiated interventions: preschool, family day care homes, and open preschools.</li> <li>• <i>Preschools</i> operate year-round and provide a minimum of 525 hours of schooling, accommodate 15–20 students per class, and account for the majority of children enrolled in ECE, including 92.7 percent of four-year-olds, 93 percent of five-year-olds, and 95.1 percent of six-year-olds.</li> <li>• <i>Family day care homes</i> are registered providers. They are available to children ages 1–12 years. Approximately 4.3 percent of one- to five-year-olds attend, the larger portion of whom are located in rural areas.</li> <li>• <i>Open preschools</i> service children ages one to seven years and actively involve the parent in the classroom.</li> <li>• Health care services are free of charge for all pregnant mothers and children ages five years and younger. Services are mostly provided through maternal</li> </ul>	<p><b>France:</b></p> <ul style="list-style-type: none"> <li>• Preschool education is a legal right, and ECE services are under the Ministry of Education.</li> <li>• <i>Ecole maternelle</i>, the dominant institutional form of ECE provision for children ages three years to school entry age, provides a full-day service throughout the school year.</li> <li>• Highest levels of publicly funded universal ECE provision among the EU countries for children ages three to five years.</li> <li>• For children under age three, services are administered under the joint responsibility of the Ministry of Employment, Social Cohesion, and Housing, and the Ministry of Health and Solidarity.</li> <li>• Publicly subsidized center-based services include child care centers (<i>établissements d'accueil régulier</i>), parent cooperatives (<i>établissements à gestion parentale</i>), multicare (<i>multi-acceuil</i>), and “kindergartens” (<i>jardins d'enfants</i>) providing flexible child care services.</li> </ul>

<sup>121</sup> Ibid.

	<p>care centers and child care centers and include pre- and postnatal care, routine health check-ups, hearing, sight, and other developmental screening.</p> <ul style="list-style-type: none"> <li>• Immunizations and dental health services are free for children, and coverage levels are near universal.</li> <li>• High equity levels, and full integration of children with disabilities and special needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Family day care (<i>assistance maternelle</i>) and family crèche (<i>service d'accueil familial</i>) are other forms of child care provision for children under three years of age.</li> <li>• Preschool educators (<i>professeurs des écoles</i>) are generally trained at the same level and in the same training institutions as primary teachers, and caregivers within the social welfare system are primarily trained in the paramedical and health care domain.</li> <li>• The Prestation d'Accueil du Jeune Enfant was introduced as a unified early childhood benefit system, and it includes monthly benefits from the seventh month of pregnancy until the child reaches age three.</li> </ul>
<p>Monitoring and Assuring Quality</p>	<p><b>New Zealand:</b></p> <ul style="list-style-type: none"> <li>• The government recognizes the need for extensive information on both the current state of child development in the country, as well as the establishment of standard measures for a child's development.</li> <li>• The government is investing heavily in the development of quality assurance frameworks, and mechanisms to ensure ECD services effectively contribute to the development of children.</li> <li>• It is one of the first countries to develop an innovative national ECE curriculum, in both English and Maori media, covering the entire age range from birth to five years.</li> <li>• Innovative approaches have been developed to assess children's experiences and for teachers' self-evaluation.</li> <li>• The Education Regulations 2008 set out a range of requirements to which all ECE must adhere, such as health and safety issues, staffing (ratios and qualifications), resources, facilities, and program delivery.</li> <li>• Numerous internal and external reviews of the ECE sector have been undertaken to inform policy.</li> <li>• Throughout the life of Well Child Services, the government and the Ministry of Health have undertaken numerous reviews as part of their ongoing commitment to child health.</li> <li>• A National Immunization Register records immunization events.</li> <li>• Led by the University of Auckland, and with financial contributions from multiple government agencies, <i>Growing Up in New Zealand</i> is a longitudinal study of children and families that follows a group of 7,000 children birth to adulthood.</li> <li>• The Ministry of Social Development consults with social agencies within the health, care and support, education, economic security, safety, civil and political rights, justice, cultural identity, social connectedness, and environment domains to publish <i>Indicators of Wellbeing in New Zealand</i>.</li> <li>• All providers are required to meet the professional, ethical, and legal standards set by the National Policy and Quality Standards.</li> </ul>	<p><b>Sweden:</b></p> <ul style="list-style-type: none"> <li>• ECD policies, objectives, and overall framework are set at the central level. Local governments are empowered to operate interventions in response to local demands and characteristics, thus providing services that are more context specific.</li> <li>• Depending on the intervention, quality assurance mechanisms can take different forms, and, in some instances, a multipronged approach is suitable. At preschools, the Swedish Schools Inspectorate ensures compliance by conducting inspections of facilities to oversee and examine the quality of schools, while the National Agency for Education is responsible for facilitating and ensuring proper use of state funding and grants.</li> <li>• In July 2011, Sweden adopted a revised curriculum. The main enhancement is the better articulation of the pedagogical tasks of the preschool system by clarifying the goals for language and communication, mathematics, natural science, and technology.</li> <li>• The centers are autonomous to evolve their own local curricula and pedagogical methods from the principles outlined in the state curriculum. The National Agency for Education publishes supporting material and general guidelines with comments for guidance and supervision.</li> <li>• The Universal Health Care System schedule presents a systematic approach to checkups, child evaluations, and interventions to ensure the needs of all young children are monitored and met across the four interrelated dimensions of ECD.</li> </ul>

## Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. This Country Report presents a framework to compare China's ECD system with other countries internationally. Each of the nine policy levers are examined in detail, and some policy options are identified to strengthen ECD.

Overall, China is rated between "Established" and "Emerging." **On goal 1, Establishing an Enabling Environment, it is rated "established" with a score of 2.68.** The Chinese government has developed national policies, laws, and strategic plans to guide service delivery in each of the relevant ECD sectors: Maternal and Child Health, Nutritional Supplementation and Immunization, Labor Force Protection, Preschool Education, Child Protection Laws, and Social Protection Services. A framework is well established for intersectoral coordination and integration of services; however, coordination activities seem limited to planning stages and do not result in formal mechanisms for guiding and implementing a common or consensual plan of action and collaboration between state and nonstate stakeholders. Financing for health and education services has improved significantly, but expenditures are not planned and tracked for specific ECD targets. Overall increase in public expenditure on ECD is desired to meet the need.

**On goal 2, Implementing Widely, China is rated as "emerging" with a score of 2.49.** Since the 1990s, the Chinese government has dramatically increased the scope and coverage of essential health, nutrition, education, and protection services to its targeted population. The number of hospital births have increased from 50.5 percent in 1991 to 99.2 percent in 2011, leading to safer child birth and significantly reduced maternal and infant mortality rates. A range of national and provincial nutritional supplement programs are in place for women and children; however, such interventions are mostly need-based and short term in nature. There has been a commendable increase in the provision of ECE services, however, subject to notable regional and rural-urban disparities in access, quality, and budgetary allocation. Success varies with regard to coverage of ECD services, and the lack of data for important indicators segregated by population characteristics provides an incomplete picture of the state of equity for ECD policies and interventions. However, it was noted that lack of available data on a number of indicators, particularly on *coverage* and *scope of programs*, left the team with no option but to give a score of 1—latent—on several items on the SABER-ECD tool (see the Appendix). It is believed, based on the team's knowledge of the sector in the country, that China should have scored within the "established" range of scores on Goal 2 had there been access to official data and relevant policy documentation. Equity in access and quality, however, is commonly acknowledged as an area of major concern.

**On goal 3, Monitoring and Assuring Quality, China is rated as "emerging" with a low score of 2.31.** It was found that although data are collected through relevant administrative and survey procedures, data are lacking for many indicators crucial to understanding and informing ECD policy initiatives in the country. Data on child development prioritize physical and motor growth and lack measures for cognitive, linguistic, and socioemotional development of young children. A lack of data has been observed in tracking individual children's development outcomes. Policies are in place to establish clear learning and development standards for children, as well as training and qualification requirements of ECE and health professionals. Infrastructural development standards for preschools and health centers are clearly established. No publicly accessible data have been found to determine the sector's compliance with existing quality standards.

Table 12 summarizes the key policy options identified to inform policy dialogue and improve the provision of essential ECD services in China.

**Table 12: Summary of Policy Options to Improve ECD in China**

Policy Considerations for Goal 1: Establishing an Enabling Environment	
Legal framework	<ul style="list-style-type: none"> <li>Free and universal access to basic maternal health care facilities</li> <li>Iron fortification of staples such as rice, wheat, and maize</li> <li>Policy emphasis on exclusive breastfeeding</li> <li>Favorable labor laws on maternity and paternity job protection and benefits; conform with ILO Maternity Protection Convention</li> <li>Free or subsidized preschool education for the poor</li> </ul>
Intersectoral coordination	<ul style="list-style-type: none"> <li>Detailed action plan for integration and coordination across ministries and sectors</li> <li>Coordination efforts spanning all stages program operations: program planning, budgeting, implementation, monitoring and evaluations, and reporting</li> <li>Formal mechanism for collaboration between state and nonstate stakeholders</li> </ul>
Finance	<ul style="list-style-type: none"> <li>Accessible systems of retrieving and tracking budget allocation and expenditure</li> <li>Regular and sustainable ECD financing in relevant line ministry budgets</li> <li>Greater financial priority to ECD across all sectors, particularly health and education</li> <li>Innovative financing including public-private partnerships</li> <li>More attractive and competitive remuneration packages for ECD personnel</li> <li>Equitable financing to reduce urban-rural disparity in ECE resources</li> <li>OECD recommends a 1 percent of GDP allocation for all ECD expenditures</li> </ul>
Policy Considerations for Goal 2: Implementing Widely	
Scope of programs	<ul style="list-style-type: none"> <li>Programs to address maternal depression and other psychological needs</li> <li>Joint nutrition and education programs to promote long-term health-seeking behavior among children beyond the age of three</li> <li>Early stimulation and prevention programs for children up to age three</li> <li>Family and parenting education programs</li> </ul>
Coverage	<ul style="list-style-type: none"> <li>Nationwide programs to boost exclusive breastfeeding for first six months</li> <li>The government and multiple other stakeholder groups can benefit from improvements in data collection and dissemination on indicators relevant to ECD</li> <li>Regularizing and promoting birth registration; reducing procedural hurdles</li> </ul>
Equity	<ul style="list-style-type: none"> <li>Targeted resources to address disparity by region, urban-rural, and economic class</li> <li>Strategies to protect rights for all genders and differently abled populations</li> <li>Data collection disaggregated by demographic characteristics for effective identification of problems</li> <li>Clearer strategy for parent engagement for all modalities of ECD</li> </ul>
Policy Considerations for Goal 3: Monitoring and Assuring Quality	
Data availability	<ul style="list-style-type: none"> <li>Streamlined administrative processes for collecting and reporting and ECD data</li> <li>Use of information communication technology to devise a centralized child tracking system to consolidate a centrally accessible ECD database for each child in the country</li> <li>Holistic development approach to data collection and paying equal attention to all aspects of a child's development</li> </ul>
Quality standards	<ul style="list-style-type: none"> <li>Standardized national and/or provincial requirements for pre-/in-service training of preprimary teachers</li> <li>National or provincial accreditation standards for all preschools</li> </ul>
Compliance with standards	<ul style="list-style-type: none"> <li>A formal system of minimum accreditation standards for evaluating preschool quality</li> <li>Follow-up mechanisms to ensure that teachers meet minimum qualifications, preschools meet minimum grading standards, and preschool and health centers meet minimum construction standards</li> <li>Organized data collection and management system on systems compliance</li> </ul>

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## Acronyms

ARV	Antiretroviral
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education
EPI	Extended Program on Immunization
GDP	Gross Domestic Product
GER	Gross Enrollment Rate
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ILO	International Labor Organization
PRC	People's Republic of China
SABER	Systems Approach for Better Education Results
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund

## Appendix

### SABER-ECD Policy Classification Rubric Findings

Policy Goal → Policy Lever → Indicator → Subindicator	Score	Level of Development
<b>1. Establishing an Enabling Environment</b>	<b>2.68</b>	●●●○
<b>1.1 Legal framework</b>	<b>2.62</b>	●●●○
1.1.1 Do national laws and regulations promote health care for pregnant women?	2	●●○○
1.1.1.1 Is there a policy that guarantees pregnant women free prenatal visits and skilled delivery?	1	●○○○
1.1.1.2 Are standard health screenings provided for HIV and STDs for pregnant women?	3	●●●○
1.1.2 Do national laws and regulations promote health care of young children?	3.5	●●●●
1.1.2.1 Are young children required to receive a complete course of childhood immunizations?	3	●●●○
1.1.2.2 Are young children required to have well-child visits?	4	●●●●
1.1.3 Do national laws and regulations promote appropriate dietary consumption by pregnant women and young children?	2.3	●●○○
1.1.3.1 Do national laws comply with the International Code of Marketing of Breast Milk Substitutes?	2	●●○○
1.1.3.2 Does a national policy to encourage salt iodization exist (or has it ever existed)?	3	●●●○
1.1.3.3 Does a national policy to promote the fortification of cereals/staples with iron exist (or has it ever existed)?	2	●●○○
1.1.4 To what extent do policies protect pregnant women and new mothers, and promote opportunities for parents/caregivers to provide care to newborns and infants in their first year of life?	2.5	●●○○
1.1.4.1 Are parents/caregivers guaranteed paid parental leave following child birth	3	●●●○
1.1.4.2 Are women guaranteed job protection and nondiscrimination, breastfeeding breaks, and breastfeeding facilities in accordance with the ILO Maternity Protection Convention?	2	●●○○
1.1.5 Does the education law mandate the provision of free preschool education before primary school entry?	1	●○○○
1.1.6 To what extent have child protection policies and services been established?	3	●●●○
1.1.6.1 Is there a policy mandating the registration of children at birth	3	●●●○
1.1.6.2 Does the government promote the reduction of family violence?	3	●●●○
1.1.6.3 Does the national judicial system provide the following specific protection interventions to young children: provision of training for judges, lawyers, and law enforcement officers, and establishment of specialized courts and child advocacy body?	3	●●●○
1.1.7 To what extent have social protection policies and services been established?	4	●●●●
1.1.7.1 Is there a policy to provide orphans and vulnerable children with a range of ECD services?	4	●●●●
1.1.7.2 Are there laws in place to protect the rights of children with disabilities and promote their participation and access to ECD services, including health care and ECCE?	4	●●●●
<b>1.2 Intersectoral coordination</b>	<b>2.75</b>	●●●○

1.2.1	Does the government have an explicitly stated multisectoral ECD strategy?	4	●●●●
1.2.2	Has an institutional anchor been established to coordinate ECD across sectors?	3	●●●○
1.2.3	To what extent are interventions coordinated at the point of service delivery to ensure that children receive integrated services?	2	●●○○
1.2.3.1	Are there any regular coordination meetings between the different implementing actors at the subnational level?	3	●●●○
1.2.3.2	Is there any integrated service delivery manual/guideline (i.e., any sort of common plan of action)?	1	●○○○
1.2.4	Is there a mechanism for collaboration between state and nonstate stakeholders?	2	●●○○
<b>1.3 Finance</b>		<b>2.67</b>	<b>●●●○</b>
1.3.1	Is there a transparent budget process?	2.67	●●●○
1.3.1.1	To what extent does the budget use explicit criteria at the national or subnational level to decide ECD spending (i.e., number of students or teaching positions, student characteristics, such as gender, socioeconomic status or special needs, geographical location, ability to raise revenue at the subnational level, performance of school, attendance, or historical precedent)?	3	●●●○
1.3.1.2	To what extent is determining the budget a coordinated effort across ministries?	1	●○○○
1.3.1.3	Can the government accurately report public ECD expenditures?	4	●●●●
1.3.2	Is the level of ECD finance adequate to meet the needs of the population?	3	●●●○
1.3.2.1	What percentage of the annual education budget is allocated toward preschool education?	2	●●○○
1.3.2.2	What percentage of routine EPI vaccines is financed by government?	4	●●●●
1.3.3	Is the burden of finance equitably distributed across various segments of society?	3	●●●○
1.3.3.1	According to policy, what types of fees are levied for ECD services? (ECCE tuition, ECCE matriculation, labor and delivery, immunization, well-child visits, diarrhea treatment, tuberculosis, prenatal care, ITN, and malaria treatment)	4	●●●●
1.3.3.2	What is the level of out-of-pocket expenditures as a percentage of total health expenditures?	2	●●○○
1.3.4	What is the level of remuneration for ECD service personnel?	2	●●○○
1.3.4.1	Is the remuneration for preschool teachers entering the field competitive?	4	●●●●
1.3.4.2	Are community-based child care center professionals paid by the government?	1 <sup>a</sup>	●○○○
1.3.4.3	Are extension health service professionals paid by the government?	1 <sup>a</sup>	●○○○
<b>2. Implementing Widely</b>		<b>2.49</b>	<b>●●○○</b>
<b>2.1 Scope of programs</b>		<b>3</b>	<b>●●●○</b>
2.1.1	Do essential health programs exist in the country to target all beneficiary groups? (prenatal care; parent education on child health and development; expanded program of immunization; growth monitoring and promotion programs; mosquito bed net distribution programs)	3	●●●○
2.1.2	Do essential nutrition programs exist in the country to target all beneficiary groups? (breastfeeding promotion; micronutrient support/food supplementation for pregnant women; complementary feeding for children; feeding in preschool schools; healthy eating and exercise programs)	3	●●●○

2.1.3	Do essential education programs exist in the country to target all beneficiary groups? (home visiting to provide parenting messages; early stimulation/care for children below three; preschool education for children below six years of age; teacher training programs)	3	●●●○
2.1.4	Do essential child and social protection programs exist in the country to target all beneficiary groups? (positive parenting education/domestic abuse prevention; programs for orphans and vulnerable children, interventions targeted at children affected by HIV/AIDS; antipoverty [conditional cash transfer] programs; child welfare system)	3	●●●○
<b>2.2 Coverage</b>		<b>2.66</b>	<b>●●●○</b>
2.2.1	What is the level of access to essential ECD health interventions for pregnant women?	3.33	●●●○
2.2.1.1	What is the rate of births attended by skilled attendants?	4	●●●●
2.2.1.2	What percentage of pregnant women benefit from at least four prenatal visits?	3	●●●○
2.2.1.3	What percentage of HIV+ pregnant women and HIV-exposed infants receive ARVs for prevention of mother-to-child transmission?	3	●●●○
2.2.2	What is the level of access to essential ECD health interventions for young children?	1.75	●○○○
2.2.2.1	What percentage of children under five years of age with diarrhea receive oral rehydration and continued feeding?	1 <sup>a</sup>	●○○○
2.2.2.2	What percentage of one-year-old children are immunized against DPT? (corresponding vaccines: DPT3β)	4	●●●●
2.2.2.3	What percentage of children below five years of age with suspected pneumonia receive antibiotics?	1 <sup>a</sup>	●○○○
2.2.2.4	What percentage of children below five years of age (in at-risk areas) sleep under insecticide-treated netting?	1 <sup>a</sup>	●○○○
2.2.3	What is the level of access to essential ECD nutrition interventions for young children and pregnant women?	2.25	●●○○
2.2.3.1	What is the Vitamin A supplementation coverage rate for children six to 59 months of age?	1 <sup>a</sup>	●○○○
2.2.3.2	What percentage of children are exclusively breastfed below the age of six months?	2	●●○○
2.2.3.3	What percentage of the population consume iodized salt?	4	●●●●
2.2.3.4	What percentage of pregnant women have anemia?	2	●●○○
2.2.4	What is the gross enrollment rate in preschool education?	3	●●●○
2.2.5	What is the birth registration rate? (children below five years)	3	●○○○
<b>2.3 Equity</b>		<b>1.8</b>	<b>●●○○</b>
2.3.1	Is there equity in access to ECCE services at the subnational level?	1	●○○○
2.3.1.1	What is the ratio of preschool enrollment at the subnational level for the regions with the highest and lowest enrollment?	1	●○○○
2.3.2	Is there equity in access to ECCE services by gender?	2	●●○○
2.3.2.1	Is there equitable access to preschool school for boys and girls?	2	●●○○
2.3.3	Are ECCE services provided in a way that accommodates children's special needs and promotes access for all children?	3	●●●○
2.3.3.1	Is there an inclusive education policy to cater to the needs of special needs children within regular ECCE services?	3	●●●○
2.3.3.2	Is curriculum or teaching materials translated into major language groups?	3	●●●○
2.3.4	Is there equitable access to ECD services between socioeconomic levels?	1	●○○○
2.3.4.1	What is the ratio of birth registration comparing richest to poorest?	1 <sup>a</sup>	●○○○

2.3.4.2	What is the ratio of skilled attendants at birth comparing richest to poorest?	1 <sup>a</sup>	●○○○
2.3.4.3	What is the underweight prevalence in children comparing richest to poorest?	1 <sup>a</sup>	●○○○
2.3.5	Is there equitable access to ECD services in rural and urban areas?	2	●●○○
2.3.5.1	What is the ratio of birth registration for urban regions to rural regions?	1 <sup>a</sup>	●○○○
2.3.5.2	What is the ratio of urban to rural access to improved sanitation facilities?	3	●●●○
<b>3. Monitoring and Assuring Quality</b>		<b>2.31</b>	<b>●●○○</b>
<b>3.1 Data availability</b>		<b>2.13</b>	<b>●●○○</b>
3.1.1	Are relevant administrative and survey data collected on access to ECD?	2.5	●●○○
3.1.1.1	To what extent are administrative data collected on access to ECD (i.e., number of young children in child welfare system; number of children with special needs who have access to ECD services; number of children who benefit from well-child visits; number of children benefitting from Vitamin A supplementation; number of women benefiting from prenatal nutrition interventions; number of children enrolled in preschool school by subnational region, by mother tongue language, or by rural and urban; average number of students per teacher; and level of financial commitment to ECD in any sector)?	3	●●●○
3.1.1.2	To what extent are survey data collected on access to ECD and outcomes (i.e., percentage of children who consume iodized salt; level of Vitamin A supplementation among ECD aged children; prevalence of anemia among ECD-aged children and pregnant women; percentage of children with birth registration; percentage of one-year-old children immunized against DPT; percentage of pregnant mothers who receive four prenatal visits; and percentage of children who benefit from early learning activities by socioeconomic status)?	2	●●○○
3.1.2	Are data available to differentiate ECCE access and outcomes for special groups (gender, mother tongue, rural/urban, socioeconomic status, special needs)?	3	●●●○
3.1.3	Are data collected to measure child development (cognitive, linguistic, physical, and socioemotional)?	2	●●○○
3.1.4	Are individual children's development outcomes tracked?	1	●○○○
<b>3.2 Quality standards</b>		<b>3.13</b>	<b>●●●○</b>
3.2.1	Are clear learning standards established for ECCE?	2	●●○○
3.2.1.1	Do standards for what students should know and learn exist?	3	●●●○
3.2.1.2	Is there one or more preschool curricula that have been approved or are available for teachers to use?	1	●○○○
3.2.1.3	Is the preschool curriculum coherent and continuous with the curriculum for primary education?	2	●●○○
3.2.2	What are the requirements for ECCE professionals and are opportunities for professional development available?	2.75	●●●○
3.2.2.1	What are the entry requirements to become a preschool teacher?	3	●●●○
3.2.2.2	Is there regular in-service training for ECCE professionals to develop pedagogical and teaching skills?	2	●●○○
3.2.2.3	Is there a public authority in charge of regulating preservice training for ECCE professionals?	3	●●●○
3.2.2.4	Is some form of preservice practicum or fieldwork required?	3	●●●○
3.2.3	Are health workers required to receive training in delivering ECD messages (developmental milestones, child care, parenting, early stimulation, etc.)?	4	●●●●
3.2.4	Are there established infrastructure and service delivery standards for ECCE facilities?	3	●●●○
3.2.4.1	What is the required child-to-teacher ratio?	3	●●●○

3.2.4.2 What is the required minimum number of hours of preschool education per week?	3	●●●○
3.2.4.3 Do infrastructure standards exist?	3	●●●○
3.2.5 Are there established registration and accreditation procedures for both state and nonstate ECCE facilities?	3	●●●○
3.2.6 Are there rigorous registration procedures for health facilities?	4	●●●●
3.2.6.1 Do construction standards exist for all health facilities?	4	●●●●
<b>3.3 Compliance with standards</b>	<b>1.67</b>	●○○○
3.3.1 Do ECCE professionals comply with established preservice training standards/professional qualifications?	3	●●●○
3.3.2 Are state ECCE facilities required to comply with established service delivery and infrastructure standards and registration and accreditation procedures?	1	●○○○
3.3.2.1 Do average child-to-teacher ratios comply with established standard?	1	●○○○
3.3.2.2 Do preschool schools comply with the established minimum number of opening hours of preschool education per week?	1 <sup>a</sup>	●○○○
3.3.2.3 What percentage of preschool facilities comply with infrastructure standards?	1 <sup>a</sup>	●○○○
3.3.3 Are nonstate ECCE facilities required to comply with established service delivery and infrastructure standards and registration and accreditation procedures?	1	●○○○
3.3.3.1 Do average child-to-teacher ratios comply with established standard?	1 <sup>a</sup>	●○○○
3.3.3.2 Do preschool schools comply with the established minimum number of opening hours of preschool education per week?	1 <sup>a</sup>	●○○○
3.3.3.3 What percentage of preschool facilities comply with infrastructure standards?	1 <sup>a</sup>	●○○○

Legend: Latent (●○○○), Emerging (●●○○), Established (●●●○), Advanced (●●●●).

Score range: Latent (0–1.75), Emerging (1.76–2.5), Established (2.51–3.25), Advanced (3.26–4).

<sup>a</sup>Data not available.

The **Systems Approach for Better Education Results (SABER)** initiative collects data on the policies and institutions of education systems around the world and benchmarks them against practices associated with student learning. SABER aims to give all parties with a stake in educational results—from students, administrators, teachers, and parents to policy makers and business people—an accessible, detailed, objective snapshot of how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of Early Childhood Development.

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