



REPUBLIC OF GHANA

MINISTRY OF GENDER,  
CHILDREN AND SOCIAL  
PROTECTION

# EARLY CHILDHOOD CARE & DEVELOPMENT (ECCD) POLICY



2025

This Policy was developed by the Government of Ghana – Ministry of Gender, Children and Social Protection, supported by UNICEF and other local and international organisations and civil society.

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**EARLY CHILDHOOD CARE AND  
DEVELOPMENT (ECCD) POLICY**

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2025



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## FOREWORD

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The early years of life, from conception to age eight, represent a critical window of opportunity for laying the foundation for lifelong well-being, learning, behaviour and health. Scientific evidence shows the most profound physical, cognitive, social and emotional developmental outcomes of a child are realised during this period. The period is also characterised by rapid brain development and experiences that set the trajectory for the holistic development of children with lasting impact on their future successes.

Recognising this, the Government of Ghana remains steadfast in its commitment to ensuring that all children (0-8 years) survive, thrive and achieve their full potential. This Early Childhood Care and Development (ECCD) Policy represents a significant milestone in ensuring that the national framework for children (0-8 years) remains effective, responsive and capable of building a brighter and equitable future for all children in Ghana. It reaffirms our commitment to the rights of young children in alignment with national and international instruments.

The Policy builds on the 2004 ECCD Policy by providing a comprehensive framework for promoting the holistic development of young children. The Policy was developed through a highly participatory approach. It reflects the collective efforts of all partners with a strong link to the policies and plans of key sector institutions. It emphasises the integrated and evidence-based approach of ECCD as specified in the Nurturing Care Framework (NCF). Hence, it encompasses the five components of the NCF namely health, nutrition, early learning, responsive caregiving, safety and security, with inclusion added as a sixth component. In addition, the policy provides a framework for coordinated implementation, service delivery and investments in ECCD underscoring the importance of multi-sectoral

collaboration and strong partnerships between Government, Non-Governmental and Civil Society Organisations, Development Partners, the Private Sector, Academia, Religious Bodies, Traditional Authorities, communities and families in advancing ECCD.

Investing in early childhood is not only a moral and legal imperative but a smart investment in Ghana's human capital and future prosperity. We therefore call on duty bearers and all stakeholders to take up their roles assigned in the policy for its full implementation. We need to work together in a collaborative manner to improve efficiency in service delivery and resource management for our children.

Together, let us ensure that every child in Ghana regardless of gender, ability, location, or socio-economic status receives the best possible start in life.



**Hon. Dr. Agnes Naa Momo Lartey (MP)**

Minister for Gender, Children and Social Protection



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## EXECUTIVE SUMMARY

Early Childhood Care and Development (ECCD) forms the bedrock of human capital development and national progress. ECCD is a comprehensive framework encompassing policies, programmes and services aimed at promoting the holistic development of children (0-8 years) and support for their parents and caregivers. Components of the ECCD framework include health, nutrition, early childhood education and care, child protection, social protection, inclusion and other essential services to ensure the total wellbeing of all young children. Hence, ECCD is cross-cutting and requires integrated and multisectoral approaches to its implementation.

The ECCD Policy, 2025 reinforces Ghana's commitment to the optimal development of children aged 0 to 8 years. This period is recognized as essential for establishing the foundation for lifelong learning, wellbeing and productivity. It is grounded in scientific evidence that early childhood investment yields the highest economic dividend and disrupts cycles of poverty.

The Policy emerges from an evaluation of the 2004 ECCD Policy which revealed that the Policy led to significant outcome and system level changes that advanced ECCD. However, the findings revealed constraining factors such as fragmented sectoral implementation, weak coordination at the local level, financing challenges, inequitable service delivery and limited breadth of implementation, weak intersectoral accountability mechanism and absence of a common evidence-based model. To address these, this Policy is designed to strengthen coordinated implementation and investments in ECCD and address inequitable service delivery to support the most vulnerable.

The development of the Policy employed a multisectoral and participatory approach. By actively engaging the broad network of stakeholders and organisations responsible for the well-being of children (0-8 years), the Policy fosters a strong sense of ownership and essentially addresses salient ECCD issues holistically.

The rationale for the Policy is to provide a framework for all contributing role players, including Ministries, Departments and Agencies (MDAs), District Assemblies and decentralised government entities, communities, families, the private sector, Non-Governmental Organisations, and Development Partners, to guide coordinated investments in and implementation of ECCD programmes and services. The goal of the Policy is to promote the survival, growth, and development of all young children (0–8 years) so that they can thrive and achieve their full potential.

The Policy translates broad national aspirations into domain-specific goals and actionable objectives, aligning strategies with clear domain outcomes to improve the well-being of young children in Ghana. The Policy is modelled around the Nurturing Care Framework highlighting six domains, namely Health, Nutrition, Early Learning, Responsive Caregiving, Safety and Security and Inclusion. Each domain has concise goals with objectives and strategies to achieve desired outcomes. The health domain aims to ensure that all children and their families receive essential health services, with improved quality of services delivered, expanded service delivery points and enhanced care for those requiring special services. The nutrition domain targets optimal nutrition and Water, Sanitation and Hygiene (WASH), expressing the need for comprehensive maternal and child nutrition services, enhanced school health programmes, and promotion of WASH and food safety. The early learning domain seeks to ensure young children’s acquisition of requisite foundational skills for lifelong learning by empowering families and communities to support early learning and improving the quality of daycare programmes and kindergarten education, including support for children with special needs. The responsive caregiving

domain focuses on equipping parents and caregivers with information, skills, and support to promote the optimal development of young children, ensuring accessible, affordable and quality childcare services, and providing specialized services for at-risk children and caregivers. The safety and security domain emphasizes birth registration, expansion of social protection programs to benefit more young children and ensuring safe, supportive environment for them with maximum protection from violence, abuse, neglect and exploitation. The inclusion domain centers on improving the quality of life of young children with disabilities and their families through inclusive participation, addressing the critical needs of these children and their caregivers, and ensuring equitable access to early childhood programmes and services.

The Policy establishes a clear framework for coordinated implementation across four priority areas: integrating ECCD priorities into the national development agenda; aligning ECCD service delivery roles with the mandates of contributing Ministries, Departments, and Agencies (MDAs); enhancing coordination and integrated service delivery and ensuring accountability by adopting mutual accountability mechanisms and independent oversight by statutory bodies.

The Ministry of Gender, Children and Social Protection is the lead Ministry for the Policy and responsible for coordinating its implementation through its Department of Children with sector responsibilities in Policy interpretation, adoption and integration assigned to relevant MDAs in relation to their mandates. The participation of the Ministries of Gender, Children and Social Protection (MoGCSP), Health (MoH), Education (MoE), Local Government, Chieftaincy and Religious Affairs (MLGCRA), and Finance (MoF) are prioritized considering their mandates to ensure effective implementation of the Policy. The framework also establishes two bodies, the Inter-ministerial ECCD Committee and National Inter-sectoral ECCD Committee to facilitate cross-sectoral coordination in support of the MoGCSP's role. In addition, the framework leverages existing coordination structures at sub-national level to promote inter-

sectoral collaboration, ensure effective Policy implementation and accountability at decentralized level including mainstreaming ECCD priorities into medium-term development plans. Establishment of Regional and District Inter-sectoral ECCD Committees is stipulated to support sub-national level coordination of the Policy's implementation.

Apart from the Government institutions, the Policy emphasizes the roles of non-state actors in support of its implementation. These include Development Partners, Non-Governmental, Civil Society and Faith-Based Organisations, Traditional Authority, Private Sector, Academic and Research Institutions.

The Policy further outlines three accelerators to augment the implementation of its strategies to achieve set objectives and goals. The accelerators are broad strategies that are intended to achieve results across multiple domains, promoting integrated programming and service delivery for maximum impact. These include system strengthening, service delivery and communication, advocacy and engagement accelerators. The system strengthening accelerators aim at strengthening the capacity of frontline workers and provision of resources for integrated programmes and services as well as improving monitoring and evaluation systems across sectors. The service delivery accelerators focus on promoting integrated service delivery, strengthening referral systems, expanding access to social protection services and enhancing parenting skills. The communication, advocacy and engagement accelerators focus on increasing awareness on ECCD issues and promoting Social, Behavioural and Change interventions on ECCD using various platforms.

The Policy outlines delivery mechanisms in line with Financing and Budgeting, Accountability, Monitoring, Evaluation, Research, and Learning (MERL) and provisions for Policy review. Summary of estimated implementation cost of the Policy drawn from the Costed Implementation Plan (CIP) and MERL framework are presented in the policy with details



provided in the two complementary documents. The CIP indicates cost already absorbed by contributing MDAs through their existing mandates and additional cost for specific strategies of the Policy as well as coordination. The MERL framework focuses on tracking progress using specific indicators, assessing impact, and guiding adaptive management. The framework also outlines a research agenda to support the policy and advance ECCD programming and effective interventions.

In essence, Ghana's ECCD Policy 2025 renews a holistic, evidence-based, and equity-focused approach to ECCD as a foundational national priority for improving child development outcomes and advancing sustainable development. It is envisaged that the comprehensiveness of the policy will translate into its implementation for a transformative and impactful effect. An iterative review process is proposed to incorporate lessons and refine strategies over the policy's implementation period to ensure the achievement of its objectives.



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# LIST OF ACRONYMS AND ABBREVIATIONS

<b>ANC</b>	Antenatal Care
<b>CIP</b>	Costed Implementation Plan
<b>CSO</b>	Civil Society Organizations
<b>CWC</b>	Child Welfare Clinics
<b>DIEC</b>	District Inter-sectoral ECCD Committee
<b>DOC</b>	Department of Children
<b>DPCU</b>	District Planning Coordinating Unit
<b>ECCD</b>	Early Childhood Care and Development
<b>ECD</b>	Early Childhood Development
<b>ECE</b>	Early Childhood Education
<b>FCUBE</b>	Free Compulsory Universal Basic Education
<b>GHS</b>	Ghana Health Service
<b>IMEC</b>	Inter-Ministerial ECCD Committee
<b>INGO</b>	International Non-Government Organizations
<b>IYCF</b>	Infant and Young Child Feeding
<b>LEAP</b>	Livelihood Empowerment Against Poverty
<b>LGS</b>	Local Government Service
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDAs</b>	Ministries, Departments and Agencies
<b>MERL</b>	Monitoring, Evaluation, Research, and Learning
<b>MLGCRA</b>	Ministry of Local Government, Chieftaincy and Religious Affairs
<b>MMDAs</b>	Metropolitan, Municipal and District Assemblies
<b>MoE</b>	Ministry of Education
<b>MoF</b>	Ministry of Finance
<b>MoGCSP</b>	Ministry of Gender, Children and Social Protection
<b>MoH</b>	Ministry of Health
<b>NAC</b>	National Advisory Committee
<b>NCF</b>	Nurturing Care Framework
<b>NDPC</b>	National Development Planning Commission
<b>NGO</b>	Non-Governmental Organisation

<b>NIEC</b>	National Inter-Sectoral Early Childhood Care and Development Committee
<b>NNP</b>	National Nutrition Policy
<b>PNC</b>	Postnatal Care
<b>PSS</b>	Psychosocial Support Services
<b>RCCs</b>	Regional Coordinating Councils
<b>RECDMT</b>	Regional ECCD Monitoring Team
<b>RIEC</b>	Regional Inter-sectoral ECCD Committee
<b>RMNCAH&amp;N</b>	Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition
<b>RPCU</b>	Regional Planning Coordinating Unit
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water Sanitation and Hygiene



# 1.

# INTRODUCTION

## 1.1 Background

Early Childhood Development (ECD), specifically from conception to eight years of age, encompasses the crucial processes of physical, cognitive, socio-emotional, and motor development in young children. This period is characterized by rapid development and high sensitivity to nurturing care interventions, which are vital for optimal growth. Effective Early Childhood Care and Development (ECCD) policies and programmes empower primary caregivers with the necessary knowledge, skills, resources, and access to services to provide this nurturing care. For the Government of Ghana, establishing a robust

ECCD policy and service environment is not only a discharge of its duty of care to children but also an investment in human capital essential for the nation's development aspirations.

Scientific evidence consistently demonstrates that a child's early years (0-8) lay the foundation for future learning, health, behaviour, and economic outcomes. The rapid formation of neural connections during the first 1,000 days (conception to age two) builds basic brain networks critical for more complex functions. Early cognitive and social-emotional development are strong determinants of school progress, emphasizing that early childhood offers a "closing window of opportunity" to establish optimal human development. This evidence-based consensus highlights ECCD as one of the most cost-effective strategies to break cycles of inter-generational poverty and foster sustainable economic growth, with econometric studies indicating a high return on investment (e.g., \$6 to \$17 for every dollar invested in quality ECCD services, according to the World Bank).

Consequently, policymakers globally have recognized the potential of prioritizing ECCD investment for enhancing sustainable development outcomes. Reports such as the 2016 Lancet publication suggest that effective laws and policies can improve child development by increasing access to and quality of health, early learning, child protection, and social welfare services, and by boosting caregiver capacity. The Nurturing Care Framework (NCF), developed by the World Health Organization (WHO), UNICEF, and the World Bank, guides ECCD policy formulation by identifying five critical domains: Health, Nutrition, Security and Safety, Responsive Caregiving, and Early Learning. Multi-sectoral, integrated approaches, as promoted by the NCF, have proven more effective in achieving holistic ECCD goals than fragmented efforts.

Ghana's commitment to ECCD is long-standing. The 1992 Constitution mandates the government to ensure child survival and development, with Article 28 specifically tasking parliament with laws to protect children's rights and interests. An Early National Advisory Committee (NAC) on ECCD was established in 1990, advocating for a holistic approach to young children's development, which was reinforced over the subsequent decade. This culminated in Ghana's first ECCD policy in 2004, developed under the Ministry of Women and Children's Affairs, now Ministry of Gender, Children and Social Protection (MoGCSP). This policy established the ECCD Secretariat under the Department of Children, the coordinating body, and the National ECCD Coordinating Committee as its advisory body. Further complementing these efforts, sector specific policies, strategic plans, and interventions were developed. A decade later, Ghana adopted the Nurturing Care Framework, signaling a more definitive commitment to comprehensive early childhood development and well-being.

## Situational Analysis

Despite Ghana's foundational policies and progress in specific sectors, an evaluation of the 2004 ECCD policy and its implementation between 2004 and 2019 revealed significant challenges and risks to sustaining ECCD outcomes. While sector-specific advancements were noted in health, nutrition, and pre-primary education, the overall visibility and prioritization of ECCD as a dynamic and integrated approach diminished. The 2004 policy lost currency among stakeholders due to the absence of periodic reviews, and implementation gaps in coordinated service delivery widened. This deterioration was compounded by ineffective coordination bodies, which suffered from financial constraints and insufficient political capital to provide stewardship across stakeholders.

Newer, sectoral frameworks, such as the Nurturing Care Framework in Health and the Early Childhood Education policy, gained prominence, often overshadowing the holistic vision of the original ECCD policy.

The evaluation concluded that although ECCD trends in Ghana are promising, the gains are not irreversible, and sustainability remains at risk without a rejuvenated strategic multisectoral approach. The key risks identified are:

- **Inadequate Resourcing:** Both human and financial resources are insufficient, and there is no adopted costed implementation plan. Future revisions need to provide better guidance on resource estimation, mobilization, and coordinated allocation across sectors.
- **Absence of a Common Evidence-Based Model:** The lack of a unified model for comprehensive ECCD has led to incomplete assignment of responsibilities, fragmented implementation, and no systematic basis for tracking policy performance and intersectoral accountability. Adopting the Nurturing Care Framework as the organizing framework is crucial for a comprehensive approach.
- **Weak Coordination, Particularly at Local Level:** Institutional inefficiencies have prompted calls for reform of committee structures and better utilization of existing coordination mechanisms, such as those offered by the Ministry of Local Government and Rural Development and District Assemblies. The policy needs to provide for efficient and realistic coordination of service delivery across multiple government institutions.
- **Inequitable Service Delivery and Limited Breadth of Implementation:** There are specific gaps in services for children with disabilities and their caregivers, insufficient provisions to

mitigate the cost burdens on female caregivers, and persistent obstacles to access. The policy urgently needs to address severe deficits in facilitating access for those with special needs. Furthermore, significant **disparities in ECCD infrastructure and access persist at the district level, with marked differences between rural and urban areas**, where rural communities often face greater challenges in reaching services and facilities.

- **Lack of a Robust Intersectoral Accountability Mechanism:** This is exacerbated by a demand for more robust and synchronized information and data analysis to support ongoing monitoring, data aggregation across sectors, and integrated reporting. The policy must establish accountability mechanisms that respect existing mandates of contributing Ministries, Departments, and Agencies (MDAs) and offer credible performance data for mutual, collegial accountability.
- **Fragmentation of a Multisectoral Approach:** This critical finding led to the primary recommendation of the evaluation: that the MOGCSP and its key stakeholders revise the ECCD Policy to restore multisectoral momentum and achieve ECCD outcomes.

Addressing these identified policy deficits is a central priority for the revised ECCD policy, aiming to secure and sustain the positive trajectory of early childhood development in Ghana.

## 1.2 Rationale

The rationale for this policy is to provide a framework for all contributing role players, including Ministries, Departments and Agencies (MDAs), District Assemblies and decentralised government entities, communities, families, the private sector, Non-Governmental

Organisations, and Development Partners, to guide coordinated investments in and implementation of ECCD programmes and services. The formulation of this policy is motivated by the need to address persistent hindrances to achieving ECD outcomes inherent in previous policy and institutional arrangements, and is intended to support the attainment of those outcomes by rejuvenating inter-sectoral collaboration and make provision for the resourcing, equity, accountability and comprehensive, evidence-based programming and services, required to effectively discharge the duty of care its young children are entitled to, as well as lay the foundation for nurturing the human capital to meet its development aspirations.

### 1.3 Scope of Policy

The ECCD policy is directed at ensuring the optimal development of children from 0 to 8 years of age. In addition to programmes and services for young children, their optimal development requires providing support to pregnant women and women of child-bearing age, the caregivers of young children, and the communities in which these children reside. The policy further sets out to address the inequitable provision of support to the most vulnerable<sup>1</sup> young children, particularly those living with disabilities, and their caregivers.

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<sup>1</sup> For policy purposes, vulnerable children can be defined as those whose experience of multiple, adverse, overlapping factors in their lives makes them vulnerable to significant risk of poor outcomes – UK National Child Bureau. For programmatic purposes, see Measuring the Determinants of Childhood Vulnerability, UNICEF, March 2014.

## 1.4 Process of Developing the ECCD Policy

A highly participatory approach for developing the policy framework was adopted to ensure that policy provisions were grounded in the priorities and service delivery realities of Ghana, and that primacy was given to the existing mandates of contributing role players, especially the mandates of contributing MDAs.

A facilitation team consisting of international and Ghanaian experts was appointed to obtain inputs from a broad base of stakeholders and formulate a roadmap for developing a revised ECCD policy framework. Guided by the roadmap, the facilitation team designed a series of technical workshops in which technical experts produced the content for the policy and its complementary products. Four technical workshops were facilitated over several months between December 2021 and May 2022.

Additionally, three validation workshops were facilitated in the northern, central, and southern zones of Ghana, during which local government personnel and other regionally based stakeholders were presented with draft policy content for review. A draft policy was then prepared and disseminated to key national level stakeholders for further review, and a virtual validation workshop was facilitated.

A steering committee, constituted with representation from key MDAs, civil society, academia, the private sector, and development partners, oversaw the policy development process and nominated a technical working group to conduct in-depth reviews of draft outputs. A task team appointed by MOGCSP conducted final reviews of outputs, and consolidated additional stakeholder inputs to inform the final versions of the policy framework documents.

The policy framework development activities and time frames are summarised in Table 1.

**Table 1: ECCD Policy Development Process**

Phase	Activities
<b>1. Policy Roadmap</b>	Stakeholder engagement and policy roadmap development
<b>2. Technical Workshops</b>	<ul style="list-style-type: none"> <li>• Developing goals, domains, objectives, and strategies</li> <li>• Developing coordinated service delivery strategies</li> <li>• Developing Monitoring, Evaluation, Learning and Research (MERL) framework</li> <li>• Scoping a costing for policy implementation</li> </ul> <p>NB: This phase included consultation of children on the policy review</p>
<b>3. Policy Framework Production</b>	<ul style="list-style-type: none"> <li>• Drafting ECCD policy document</li> <li>• Drafting MERL framework</li> <li>• Developing costed implementation plan</li> </ul>
<b>4. Validation Workshops</b>	<ul style="list-style-type: none"> <li>• Northern, Central, and Southern Zone stakeholder workshops to validate goals, objectives, and strategies</li> <li>• Draft policy updated and disseminated to key national level stakeholders</li> <li>• National level validation workshop facilitated</li> </ul>

Phase	Activities
<b>5. Finalization</b>	<ul style="list-style-type: none"> <li>• Drafts integrating zonal validation workshop inputs submitted for review</li> <li>• Final virtual consultation</li> <li>• Final policy framework products submitted</li> </ul> <p>NB: This phase included technical review meetings and final validation workshop</p>

## 1.5 Content and Structure

The revised ECCD policy is presented in six chapters. This first chapter, in which the background to and rationale for the policy is described, is followed by a chapter situating the ECCD policy within Ghana's international commitments and prevailing policy regime. It also introduces two critical features of the policy, namely, the Nurturing Care Framework as its organizing principle and model of care, and the alignment of ECCD policy objectives and strategies with the existing mandates of MDAs. Chapter 3 sets out the principles adopted to guide the formulation of the ECCD policy before summarising the policy framework in terms of its vision, goal, and objectives, arranged by nurturing care domains. Additionally, a description is given of accelerator strategies, which offer opportunities for contributing role players to collaborate across sectors to strengthen holistic ECCD and amplify implementation performance.

In Chapter 4, strategies for realising specific policy objectives are detailed, together with an indication of the extent to which they align with the existing mandates of contributing MDAs. Chapter 5 describes the institutional arrangements and processes for role players

to coordinate policy implementation efforts. The final chapters, which offer guidance on financing, monitoring performance, and attending to ECCD related research and learning priorities, are supplemented by documents accompanying this policy, namely a high-level costed implementation plan and a MERL Framework. Several annexes are appended with detail that may be of interest to specific stakeholders.



## 2. POLICY CONTEXT

Ghana has signed onto international and human rights agreements relevant to the ECCD policy. These include the 1989 United Nations Convention on the Rights of the Child and the 1990 African Charter on the Rights and Welfare of the Child. The national commitment to securing child rights is domesticated through the Children’s Act (1998), which specifies the rights that every child in Ghana is entitled to, including the right to life, survival and development, quality education, non-discrimination, parental guidance, play, social security, and protection. The Act further describes the responsibility of the State to ensure compliance with, provide for, and protect children’s enjoyment of their rights.

Ghana's commitment to ECCD is evident in the gradual scaling up of ECCD initiatives, such as the adoption of the national ECCD Policy in 2004, the inclusion of two years of pre-primary education in Free and Compulsory Universal Basic Education in 2008, and the launch of the Nurturing Care Framework for early childhood development in 2018 as well as development of key sector-specific and national legislations, policies and strategies that complement ECCD. These include the Early Childhood Education Policy (2020), Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2020–2025), the Child and Family Welfare Policy (2015), the Registration of Births and Deaths Act, 2020 (Act 1027), among others. Over the years, Ghana has consistently promoted children's cognitive, emotional, social, and physical well-being, specifying and pursuing several national targets related to child and maternal health and nutrition, enrolment in pre-primary education, birth registration, and improving the availability of data for monitoring ECCD. Significant achievements have been made towards the realisation of these national targets despite persistent gaps which would require concerted efforts to advance progress and addressed. The revised ECCD policy represents another milestone in Ghana's journey towards securing the optimal development of all its children.

This ECCD policy is framed around the delivery of an adapted nurturing care framework that emphasizes the developmental priorities of Ghana. The policy defines six domains of nurturing care (Figure 1), stipulates a goal and objectives for each domain, and presents the strategies to be employed to achieve the domain specific policy objectives. As illustrated in the theory of change (Appendix 7), it is expected that through the implementation of strategies and achievement of related objectives, children and their caregivers will receive the support they

require to realise ECCD outcomes, which in turn will contribute to the realization of the ECCD policy goal.

### **The six domains of nurturing care in the ECCD policy are:**

The **health** domain, which focuses on promoting the physical and psychological wellbeing of all young children and their caregivers, ensuring universal access to quality newborn, child and maternal health services. This includes essential health promotion, prevention, and treatment services as well as mental health services. Promoting caregivers' wellbeing, especially that of pregnant women and mothers is crucial as it directly affect the wellbeing of young children in their care. Caregivers are also the immediate guardians of young children's wellbeing and need to be equipped to respond to and meet their daily health needs.

The **nutrition** domain, which focuses on ensuring the nutritional health of children and their caregivers as well as promoting access to essential nutrition and water, sanitation and hygiene (WASH) services. The policy thus, acknowledges that caregivers' nutrition, especially the nutrition of pregnant women is fundamental as it directly affects foetal development and developmental outcomes of young children. The domain also focuses on promoting food quality, security and safety as part of nutrition services.

The **early learning** domain, which focuses on ensuring equitable access to quality, inclusive and play-based early childhood education and care for all young children to promote their cognitive, emotional and social development. This includes equipping early childhood educators and caregivers, families and communities to support the early learning of young children and ensure stimulating and child-friendly learning environments at home, daycare centers and schools.

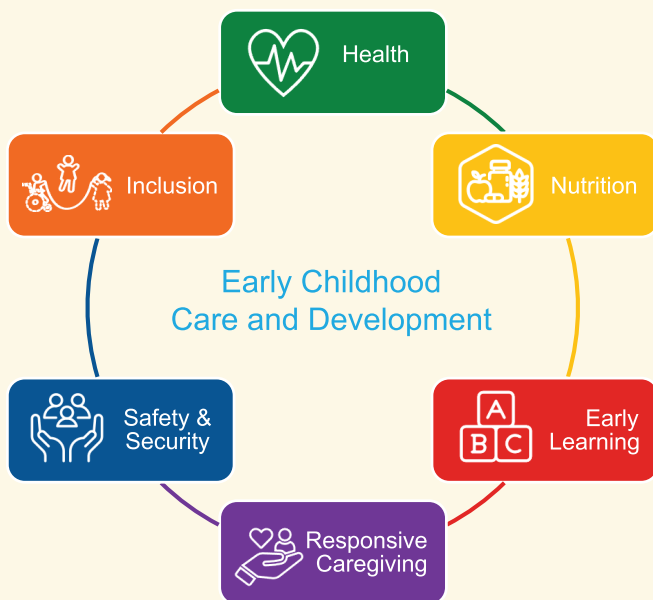
The **safety and security** domain, which focuses on ensuring safe and secure environments for children and families as well as their protection from harm. Ensuring safe and secure homes, schools and community spaces safeguarding children and families from violence, neglect, exploitation and abuse are emphasised as well as emergency response mechanisms to address their needs. This domain also prioritises birth registration of children in their first year of life which is a fundamental right of children and basis for their legal identity and nationality. In addition, expanding coverage of social protection programmes to address the needs of young children and their families are highlighted under this domain.

The **responsive caregiving** domain, which focuses on providing caregivers with the knowledge and support they need to enhance their caregiving practices ensuring that young children are provided with consistent, affectionate and stimulating care that fosters their social, emotional and cognitive development. This includes ensuring that caregivers are empowered respond to the needs of the young children in their care and can access services to address their own psychosocial needs that might otherwise compromise their ability to provide responsive care. The domain is also focused on ensuring that childcare providers outside the home are supported to cultivate responsive care and can access specialized services for young children in their care at risk of developmental delays.

The **inclusion** domain, which focuses on ensuring accelerate access to services and care for young children of all abilities and diversity. This includes promoting equitable access to all health, care and education and protection services to ensure that young children with disabilities and other vulnerable children benefit fully. The domain also ensures providing support to caregivers of young children with disabilities in recognition of the additional burden that caring for children with

special needs imposes. While inclusion is a cross-cutting obligation for all institutions and therefore of all ECCD domains, the slow pace of integrating young children with disabilities and their caregivers into the mainstream demands a devoted policy focus.

**Figure 1: Nurturing Care Domains of the ECCD Policy**



ECCD engages the whole-of-government and a whole-of-society approach to promote nurturing care for young children and it is therefore essential that the ECCD policy aligns with the existing policy environment, acknowledging and leveraging the existing mandates, services, and programmes of contributing role players, and explicitly presenting those responsibilities it allocates to those role players that are additional to existing mandates, services, and programmes. In

crafting the policy, the key legislation, policy, and strategy documents describing Ghana’s commitments and role player mandates were consulted to ensure alignment. These are presented in Table 2, while further details on alignment are presented in Appendix 1. An analysis of these legislations and policies to identify and address gaps in rolling out the policy is critical in advancing ECCD in Ghana.

**Table 2: Key legislation, policy, and strategy documents**

**Overarching Legislation and Integrated Policies**

Constitution of Ghana, 1992; Children’s Act, 1998 (Act 560) and LI.1705, 2002; Children’s (Amendment) Act, 2016 (Act 937); National Medium Term Development Policy Framework (2022 – 2025); Early Childhood and Development Policy, 2004; National Gender Policy, 2015; National Gender and Children Policy, 2001; .

Legislation		
Health and Nutrition	Early Learning and Inclusion	Safety and Security and Responsive Caregiving
<ul style="list-style-type: none"> <li>• The National Health Insurance Act, 2012 (Act 852)</li> <li>• Food and Drugs Act Amendment, 1996 (Act 523)</li> </ul>	<ul style="list-style-type: none"> <li>• Education Act, 2008 (Act 778)</li> <li>• The Persons with Disability Act, 2006 (Act 715)</li> </ul>	<ul style="list-style-type: none"> <li>• Registration of Births and Deaths, 2020 (Act 1027)</li> <li>• Registration of Births and Deaths, 1965 (Act 301)</li> <li>• The Juvenile Justice Act, 2003 (Act 653)</li> <li>• Labour Act, 2003 (Act 651)</li> <li>• Domestic Violence, 2007 (Act 732)</li> </ul>

Health and Nutrition	Early Learning and Inclusion	Safety and Security and Responsive Caregiving
		<ul style="list-style-type: none"> <li>• Human Trafficking, 2005 (Act 694)</li> <li>• Criminal and Other Offenses Act, 1960 (Act 29) as amended by Act 554</li> <li>• Cybersecurity Act, 2020 (Act 1038)</li> </ul>

### Policies

Health and Nutrition	Early Learning and Inclusion	Safety and Security and Responsive Caregiving
<ul style="list-style-type: none"> <li>• Nurturing Care Framework (2019)</li> <li>• Ghana Child Health Standards and Strategy (2017–2025)</li> <li>• Under 5 Child Health Policy (2007–2015)</li> <li>• National HIV &amp; AIDS, STI Policy (2013)</li> <li>• Ghana National Newborn Health Strategy and Action Plan (2019–2023)</li> <li>• Community-Based Health Planning and Services Policy (2016)</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusive Education Policy (2015)</li> <li>• Promotion and Extension of Pre-School Education (2007)</li> <li>• Early Learning Standards and Indicators for 4–5-years—Ghana Education Service (2016)</li> <li>• Early Childhood Care and Development Standards 0–3 in 2018</li> </ul>	<ul style="list-style-type: none"> <li>• The Child and Family Welfare Policy, 2015; and Operational Plan, 2017–2020 (2017)</li> <li>• Ghana National Social Protection Policy (2015)</li> <li>• Justice for Children Policy (2015)</li> <li>• National School Feeding Policy (2015)</li> <li>• Civil Registration and Vital Statistics (CRVS) Strategy</li> <li>• Foster Care and Adoption Regulations (2018)</li> </ul>

<b>Health and Nutrition</b>	<b>Early Learning and Inclusion</b>	<b>Safety and Security and Responsive Caregiving</b>
<ul style="list-style-type: none"> <li>• Adolescent Health Service Policy and Strategy (2016–2020)</li> <li>• Family Planning Costed Implementation Plan (2016–2020)</li> <li>• Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2020–2025)</li> <li>• National Reproductive Health Service and Standards, GHS (2014)</li> <li>• Infant and Young Child Feeding (IYCF) Strategy for Ghana (2007)</li> <li>• National Nutrition Policy for Ghana (2013–2017)</li> <li>• National School Feeding Policy (2015)</li> <li>• Ghana National Social Protection Policy (2015)</li> <li>• National Water Policy (2007)</li> <li>• Environmental Sanitation Policy (2009)</li> <li>• National Community Water and Sanitation Strategy (2014)</li> </ul>	<ul style="list-style-type: none"> <li>• National Social Protection Policy (2015)</li> <li>• Early Childhood Education Policy Framework (2020)</li> </ul>	<ul style="list-style-type: none"> <li>• National Action Plan for the Elimination of Human Trafficking in Ghana (2022 – 2026)</li> <li>• National Child Online Protection Framework</li> <li>• Accelerated Action Against the Worst Forms of Child Labour 2022-2026.</li> </ul>



## 3.

# POLICY FRAMEWORK

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### 3.1 OVERVIEW

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### 3.2 STRATEGIES TO ACHIEVE OBJECTIVES

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### 3.3 FRAMEWORK FOR COORDINATED IMPLEMENTATION

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## 3.1 OVERVIEW

### 3.1.1 Guiding Principles

Informed by national commitments, development priorities, the scientific and rights-based rationale for attending to early childhood care and development, and the lessons learned from the implementation of the previous iteration of the policy, the following principles were adopted to guide the formulation of the updated ECCD policy:

#### 1. Family-Centred Care

This Policy recognizes the prime place of the family in an infant and young child's healthy development. The policy concentrates

efforts and resources into strengthening the family's ability to provide for and nurture the young children in its care.

## **2. Inclusiveness**

The policy commits to increase service coverage to reach all potential beneficiaries, and to ensure equal access to services for those with disabilities, children in marginalised communities, children living with elderly caregivers or outside of family care, and any others with special needs.

## **3. Adequacy**

The policy strives to ensure that ECCD services provide sufficient support and resources through context-specific interventions to make a difference and achieve ECCD outcomes for all children, addressing risks and vulnerabilities specific to children's circumstances, and engendering greater equality despite those circumstances.

## **4. Gender Responsiveness**

Gender norms, roles, and relationships, as well as gender inequalities, are addressed through the policy's interventions. Gender-related concerns are mainstreamed in all ECCD interventions to ensure equality of opportunity while addressing the low income, unemployment, and significant family care responsibilities women often carry.

## **5. Fiscal Sustainability**

The policy addresses the government's fiscal sustainability goal by prioritising efficiency, establishing a coordinated system, gradual implementation of required reforms, and developing an

integrated management information system. These provisions will help to achieve value-for-money by eliminating waste and delays and reducing administrative expenditures.

## **6. Multi-sectoriality**

The policy is carefully crafted to ensure that its provisions, including goals, objectives, and strategies, align with the existing mandates, as well as the services and programmes of contributing role players.

## **7. Participation and Ownership**

The policy development process was deliberately designed to maximise the participation of stakeholders, leveraging their technical expertise and knowledge of the policy implementation context. This approach contributes to the appropriateness of the ECCD policy and lays the foundation for coordinated implementation.

## **8. Coordination and Integration**

The policy seeks to improve coordination amongst all MDAs and stakeholders for improved performance in the delivery of ECCD services and in pursuit of common policy goals. The policy aims to strengthen the reach of ECCD by identifying and exploiting opportunities for integration, including the integration of fragmented ECCD services and programmes, and management information systems to improve interoperability and safeguard data integrity. The policy also provides for the adoption of strategies that accelerate coordinated policy implementation (accelerators).

## 9. Transparency and Accountability

The policy recognises the independence of contributing role players and their obligations under their existing mandates, and specifies mechanisms that favour supportive, collegial accountability through transparent monitoring of performance and contribution to common objectives.

## 10. Equity

The policy is committed to ensuring that all Ghanaians have access to ECCD services on an equitable basis. Implementing quality ECCD interventions will likely reduce the inequalities in opportunities for children to develop their full potential. When interventions are delivered to high-risk populations, e.g., children at risk of violence or abuse or developmental delays, they tend to increase equity.

## 11. Child Participation

The policy recognises that children have the right to participate in matters affecting their lives and provides for enabling their participation in the setting policy priorities, as well as devising and monitoring ECCD strategy, activities and quality monitoring.

## 12. Human Dignity

Regardless of colour, sex, cultural, religious, socioeconomic status, or differing ability, all beneficiaries of ECCD interventions shall be treated with respect and dignity.

## 13. Rights-Based and Evidence-Informed Programming

The policy is underpinned by child and human rights frameworks, recognising the fundamental rights of children. Hence, it is

committed to ensuring that ECCD Programming promotes the rights of young children, emphasising the best interest of the child and “Do No Harm” Approach. Complementarily, the policy seeks to ensure that ECCD programmes and interventions are guided by reliable data, scientific research and proven best practices to achieve maximum impact.

### 3.1.2 Vision, Goals, and Objectives

**The vision** of this policy is for all contributing stakeholders—including line MDAs; communities and families; and non-state actors such as private ECCD service providers, Non-Governmental Organisations (NGOs), and development partners—to design, implement, and scale up quality ECCD services and interventions in a coordinated manner, that will secure the rights of young children (0-8 years) and foster their optimal development, and contribute significantly to the sustainable achievement of national development goals.

**The goal** of this policy is to promote the survival, growth, development and protection of all young children (0–8 years) so that they can thrive and achieve their full potential.

This policy goal will be achieved by providing holistic care in six domains, each with its own domain goal and objectives.

**Health:** All young children (0-8 years) in Ghana and their families receive the health services they need for their survival, growth, and development.

**Objective 1:** Improve the quality of services delivered at all levels for ante-natal (ANC), intrapartum, and post-natal (PNC) care, and Child Welfare Clinics (CWCs).

**Objective 2:** Ensure that all young children (0–8 years) and pregnant women receive a standard, comprehensive package of healthcare services.

**Objective 3:** Ensure that there are adequate number of service delivery points in every community for comprehensive coverage of healthcare services to young children (0-8 years) and pregnant women.

**Objective 4:** Improve care for sick newborn babies, children, and families as well as those requiring special services.

**Nutrition:** All young children (0–8 years) in Ghana have optimal nutrition and water, sanitation, and hygiene (WASH) to promote child survival, optimal growth and development.

**Objective 1:** Ensure comprehensive coverage of maternal and child nutrition services.

**Objective 2:** Improve school health and nutrition services.

**Objective 3:** Promote WASH, food security, food quality, and food safety.

**Early Learning:** All young children (0-8 years) in Ghana have requisite fundamental skills and are developmental on track to benefit from primary, secondary, and further education and lifelong learning opportunities.

**Objective 1:** Inform and equip all families and communities to support early learning for young children (0–8 years).

**Objective 2:** Ensure that all day-care and early learning centres catering for infants and very young children (0–3 years) have appropriate facilities, resources, guidelines, and qualified personnel to deliver quality programmes.

**Objective 3:** Ensure that all kindergartens have the expertise and resources to deliver quality early learning programmes for all young children (4-5 years), including young children with special needs.

**Responsive Caregiving:** Parents and caregivers have the information, skills, knowledge, capacity and support to practice nurturing care and positive parenting to achieve the optimal and holistic development of their children.

**Objective 1:** Ensure that parents and caregivers have the information, skills, and understanding necessary to support the optimal development of their infants and young children in safe, healthy, and stimulating home environments.

**Objective 2:** Provide accessible, affordable and quality childcare services.

**Objective 3:** Provide specialized services for at-risk young children and their caregivers.

**Safety and Security:** All young children (0-8 years) and their families live in a safe environment and supported through adequate care, social and child protection programmes and services.

**Objective 1:** Ensure that all children have their birth registered and receive a free birth certificate within 12 months from birth through integrated and effective birth registration services.

**Objective 2:** Expand social protection programmes to reach more young children (0-8 years) and their families.

**Objective 3:** Ensure that all programmes and activities that prevent and protect young children from all forms of violence, abuse, neglect, trafficking, exploitation, and environmental threats, effectively address the needs of young children and their families.

**Objective 4:** Establish and maintain a safe and supportive environment for all young children (0-8 years).

**Inclusion:** The quality of life of all young children (0–8 years) with disabilities in Ghana and their families is improved through reasonable accommodations, differentiated management and supportive services.

**Objective 1:** Facilitate and ensure the inclusion of all young children (0–8 years) with disabilities and other vulnerable children in all aspects of life.

**Objective 2:** Identify and provide for the critical needs of young children (0-8 years) with disabilities and other vulnerable children and their primary caregivers.

**Objective 3:** Ensure early childhood programmes and services are accessible and friendly to all children with disabilities and other vulnerable children and are implemented equitably.

### 3.1.3 Accelerators

Although the policy outlines strategies according to the domains of the adapted Nurturing Care Framework, implementation need not be siloed into domains, and it is expected that multiple objectives across several domains can be met through the same activity. Activities that can be planned and implemented by contributing role players in collaboration with one another will (i) extend the reach of services to caregivers and children by offering them as integrated packages at service delivery points; or (ii) strengthen the ECCD system that is currently distributed across sectors and contributing role players, introducing efficiencies, and mitigating fragmentation of service delivery. These accelerators have the potential to augment the rate at which policy objectives are achieved and should be prioritized in coordinated planning, particularly by MDAs.

**Systems Strengthening Accelerators:** MDAs and other contributing role players jointly prioritise, integrate, and coordinate services and collaborate to strengthen data and information systems.

- Increase the capacity of frontline workers (e.g., social workers, health workers, teachers, childcare workers) to integrate and deliver quality services and interventions for ECCD.
- Ensure accurately budgeted allocations and provision of human and infrastructural resources to support multisectoral and integrated ECCD interventions.
- Improve data collection and management through strengthened monitoring and evaluation systems across all sectors that contribute to ECCD.

**Service Delivery Accelerators:** Expand access to social protection and strengthen community ECCD service and referral platforms.

- Jointly plan across sectors at the local level to integrate delivery of ECCD services at routine service delivery points across all domains, such as health facilities or in joint outreach campaigns, beginning with a focus on birth registration.
- Develop shared referrals and linkages systems to ensure comprehensive access to services for eligible children and caregivers.
- Apply an early childhood lens when prioritizing recipients of social protection activities.
- Nationally roll-out of parenting skills programs that include knowledge, skills, and support on positive parenting, nutrition, early stimulation, and positive discipline.

## **Communication, Advocacy, and Engagement Accelerators: Increase recognition of the importance of ECCD at all levels and promote Social and Behavioural Change interventions on ECCD**

- Develop key messages about ECCD consultatively and communicate widely through multiple channels.
- Generate demand for ECCD services and promote positive behaviours across the nurturing care domains among parents and caregivers through appropriate platforms and in preferred languages
- Engage all stakeholders, including media, to raise awareness of caregiver roles, practices, and available resources for supporting the holistic development of young children.
- Mainstream ECCD messages and the importance of the first 1,000 days into pre-service training for health and education and social cadres.
- Engage relevant stakeholders, including media, to raise awareness of children with special needs, as well as caregiver roles, practices, and available resources to support their holistic development.
- Use community meetings and other engagements with parents to deliver ECCD messages.



## 3.2

# STRATEGIES TO ACHIEVE OBJECTIVES

Each of the objectives in Section 3.2 are to be achieved by implementing several related strategies, many of which are closely aligned to existing mandates of contributing role players. An overview of the recommended program of work, and anticipated capacity requirements for policy implementation can be found in the appendix. The strategies are detailed in the sections that follow and describe each of the domains. The logic (i.e., theory of change) underlying the link between the policy goal, domain goals, objectives, and strategies, is presented in the theory of change detailed in Table 7.

## 3.2.1 Health

**Health Domain Goal:** All young children (0–8 years) in Ghana and their families receive the health services they need for their survival, growth, and development.

### 3.2.1.1 Alignment of the Health Domain with Existing Policies and Mandates

The Ministry of Health (MOH) is mandated to provide health services through the Ghana Health Service (GHS), while regulating the supplementary provision of health services through private sector providers and issuing strategic guidance to development partners and civil society organisations (CSOs) active in the health domain. The Ministry of Health’s key documents applicable to ECCD are:

1. Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2020–2025).
2. Ghana National Newborn Health Strategy and Action Plan (2019–2023).
3. Ghana Child Health Standards and Strategy (2017–2025).

The service delivery strategies provided for in this ECCD policy reflect strategies in the aforementioned national plans and standards documents of the lead ministry and its implementation agency. Additional strategies that are specific to the ECCD policy are also included—based on input from technical experts participating in the policy formulation process. The health service strategies stipulated in this ECCD policy constitute a continuum of care known to optimise

health outcomes for mothers, newborns, and children, during the antenatal, birth, postnatal, and early childhood stages of children's development.

### **3.2.1.2 Health Domain Objectives and Strategies**

#### **Objective 1:**

Improve the quality of services delivered at all levels for ante-natal (ANC), intrapartum, and post-natal (PNC) care, and Child Welfare Clinics (CWCs).

#### **Strategies:**

- Build capacity of health workers to engage communities, partners, and families to support women to deliver in health facilities with skilled attendant.
- Build capacity of midwives to provide minimum, comprehensive package of pre-conception and maternal health services to women attending ANC and at delivery.
- Strengthen capacity of service providers to screen for high-risk pregnancies and provide appropriate care, including psychosocial support and appropriate referral services.
- Promote early initiation and exclusive breastfeeding in all interactions with pregnant women, starting at ANC.
- Strengthen facility and supply chain capacity to ensure mothers and newborns receive the minimum package of PNC and CWC services.

## **Objective 2:**

Ensure that all young children (0–8 years) and pregnant women receive a standard, comprehensive package of healthcare services.

### **Strategies:**

- Strengthen referral systems from community to health service points for quality ANC, intrapartum, PNC, birth notification, and early childhood care.
- Provide mothers and newborns with the minimum package of PNC and CWC at service delivery points (health facilities/ community).
- Provide infants, young children, and caregivers with the minimum package of health services.

## **Objective 3:**

Ensure that there are an adequate number of service delivery points in every community for comprehensive coverage of healthcare services to young children (0-8 years) and pregnant mothers.

### **Strategies:**

- Equip facilities with the requisite infrastructure, personnel, equipment, and essential medicines to provide the standard of care prescribed for their level.
- Expand implementation of PNC and CWC in health facilities and strengthen the quality of service in accordance with standard protocols.
- Support the provision of outreach services, immunization campaigns, and birth notification ensuring integration of

services in standard packages offered to newborns, infants, young children, and caregivers.

- Strengthen routine school health services and continue to refine guidelines to emphasise a developmental perspective for preschool medical screening.

#### **Objective 4:**

Improve care for sick newborn babies, children, and families as well as those requiring special services.

#### **Strategies:**

- Strengthen capacity of service providers to screen for common disorders and developmental delays and provide appropriate care, including psychosocial support services.
- Strengthen the capacity of service providers to screen for and identify risks and early warning signs of disabilities, and to refer children and caregivers to appropriate preventive and early treatment services.
- Strengthen referral systems from health to community service points, including development referral directories for young children and families requiring special services and recording of completed referrals.
- Sensitize communities on available services within the facility or locality and the referral network.<sup>13</sup>

### **Accelerators:**

- Use health infrastructure and services as a hub for coordination of all contributing role players to ensure the comprehensive delivery of ECCD services.
- Continuously increase the number of skilled personnel and ECCD expertise within communities to ensure the demand for services is met.
- Strengthen the capacity of service providers to screen for common disorders and developmental delays and provide or refer to appropriate care, including psychosocial support services.

## **3.2.2 Nutrition**

**Nutrition Domain Goal:** All young children (0–8 years) in Ghana have optimal nutrition and water, sanitation, and hygiene (WASH) to promote child survival, optimal growth and development

### **3.2.2.1 Alignment of the Nutrition Domain with Existing Policies and Mandates**

In Ghana, the provision of nutrition and WASH services for children and their caregivers is a multi-sectoral effort, with mandates distributed across several MDAs. Adequate nutrition is linked to determinants

such as food security and food safety, which fall within the mandate of the Ministry of Food and Agriculture; while WASH outcomes are dependent on water and sanitation infrastructure and services, which fall within the mandates of the Ministry of Water Resources, Works and Housing (MWRWH) and the Ministry of Local Government, Chieftancy and Religious Affairs. In terms of nutrition and WASH services and interventions, relevant to ECCD, the lead MDAs are the Ministry of Health and the Ghana Health Service, as well as the MoGCSP. Additionally, close collaboration with the Ministry of Education (MOE) and the Ghana Education Service is essential to ensure that nutrition and WASH services are integrated into education services for optimal accessibility. The key documents relevant to ECCD in the Nutrition domain are:

1. National Nutrition Policy for Ghana (2013–2017)
2. Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2020–2025)
3. National School Feeding Policy (2015)
4. Ghana National Social Protection Policy (2015)
5. National Water Policy (2024)
6. Environmental Sanitation Policy (2009)
7. National Community Water and Sanitation Strategy (2014)
8. National Guidelines Package for WASH in Schools, including Technical Guidelines and Implementation Model (2015)

### 3.2.2.2 Nutrition Objectives and Strategies

#### **Objective 1:**

Ensure comprehensive coverage of maternal and child nutrition services.

#### **Strategies:**

- Increase coverage and quality of health nutrition services, ensuring all health facilities, outreach programmes, and communities are equipped to support optimal maternal and child nutrition, optimal IYCF practices and treat nutrition disorders.
- Increase and equitably deploy the number of professionals qualified to design, oversee, and deliver nutrition programmes and services.
- Establish an accountability and feedback mechanism for monitoring and strengthening the provision of nutrition services to pregnant women, newborns, and in the first 1,000 days.

#### **Objective 2:**

Improve school health and nutrition services.

#### **Strategies:**

- Expand school feeding and other nutrition supplementation programmes (e.g., nutrition-friendly school initiative), ensuring equitable, consistent coverage of all primary, kindergarten, and ECD facilities.
- Establish safe and resilient WASH services at creches,

nurseries, early learning centers and ECCD facilities.

- Increase coverage and quality of school-based nutrition services, ensuring the effective implementation of updated guidelines, improved nutrition programming, and strengthened screening and referral of eligible children to health services and livelihood programmes.
- Implement programmes to establish affordable WASH services at creches, nurseries, and ECCD facilities that comply with sanitary standards enforceable by the Health Department of local district assemblies.
- Build capacity of all stakeholders on responsive feeding (parents, nannies, teachers, etc.).

### **Objective 3:**

Promote WASH, food security, food quality, and food safety.

#### **Strategies:**

- Promote breastfeeding corners at workplaces and in informal settings for working lactating mothers to promote exclusive breastfeeding.
- Implement comprehensive social and behaviour change interventions and programmes, targeting especially teachers, ECD practitioners, and caregivers, to strengthen optimal WASH and nutrition practices and demand for WASH and nutrition services.
- Ensure all children and caregivers have access to adequate nutrition, regardless of social and vulnerability status, by strengthening livelihood and food security programmes and systems linking eligible beneficiaries to those programmes.

- Establish guidelines for the establishment of safe water and sanitation in schools, kindergartens, ECD facilities, and informal care venues (e.g., workplace) OR Expansion of Water Safety Plan across the country including household water treatment and safe storage.
- Expansion of WASH social behaviour change actions (implementation of updated Rural Sanitation Model Strategy) to eliminate open defecation.
- Roll out operational guidelines to integrate hand hygiene and safe hygiene practices, including safe handling of food, into caregivers' training package.

### **Accelerators:**

- Strengthen capacity of service providers to screen for common nutrition disorders and refer eligible children and caregivers to services.
- Prioritize, coordinate, and integrate nutrition interventions across multiple sectors and their service delivery points.

## **3.2.3 Early Learning**

**Early Learning Domain Goal:** All young children (0-8 years) in Ghana have requisite foundational skills and are developmentally on track to benefit from primary, secondary, and further education and lifelong learning opportunities.

### 3.2.3.1 Alignment of the Early Learning Domain with Existing Policies and Mandates

The Ministry of Education is mandated to provide, through the Ghana Education Service pre- and early primary schooling for children aged 4 to 8 years, while regulating the supplementary provision of education services to this age group through private sector providers and issuing strategic guidance to development partners and CSOs active in the education domain. The MoE's key documents applicable to ECCD are:

1. Early Childhood Education Policy (2020)
2. Guidelines for the Early Childhood Education Policy Implementation (2020)
3. National Minimum Guidelines for the Establishment of Kindergartens (2016)
4. Early Childhood Education Framework for Development of Supplementary Readers (2020)
5. National KG Teaching and Learning Resource Package (2020)

The service delivery strategies provided for in this ECCD policy reflect strategies in the aforementioned national plans and standards documents. They are necessarily supplemented; however, with strategies to strengthen early learning at home, in communities and in daycare centers for children aged 0 to 3 years, which falls within the mandate of the MoGCSP. The key documents pertinent to early learning are:

1. Early Childhood Care and Development Standards 0–3 (2018)
2. Family and Community Engagement Guideline (2022)

Coordinated implementation between both lead ministries and the Departments of Social Welfare and Community Development at the

Metropolitan, Municipal and District level will be required to achieve the policy objectives in this domain.

### **3.2.3.2 Early Learning Domain Objectives and Strategies**

#### **Objective 1:**

Inform and equip all families and communities to support early learning for young children (0–8 years).

#### **Strategies:**

- Engage all stakeholders, including media, to raise awareness of caregiver roles, practices, and available resources for supporting early learning.
- Engage relevant stakeholders, including media, to raise awareness of children with special needs, as well as caregiver roles, practices, and available resources to support the early learning of these children.
- Establish virtual and actual ECCD resource centres to equip caregivers with information, training, resources, and networks to support the early learning of young children in their care.
- Design a programme to develop caregiver competencies to support early learning and implement the programme at ECCD resource centres and other community facilities.
- Promote the development and use of community-based learning resources and establishment of childcare centers at workplaces and informal settings to support families and early learning.

## **Objective 2:**

Ensure that all day-care and early learning centres catering for infants and very young children (0-3 years) have appropriate facilities, resources, guidelines, and qualified personnel to deliver quality programmes.

### **Strategies:**

- Design developmentally appropriate curricula and implementation standards to nurture the holistic development of 0–3-year-olds.
- Expand the training and qualification of ECCD practitioners staffing ECD centres serving 0–3-year-olds.
- Develop standards for and support the provision of age-appropriate facilities and resources at all daycare and early learning centres, including play-based equipment and pre-reading materials and WASH services.
- Strengthen capacity and sufficiently resource Department of Social Welfare to provide oversight and ensure effective monitoring and support of institutions and facilities serving the 0–3 age group.

## **Objective 3:**

Ensure that all kindergartens have the expertise and resources to deliver quality early learning programmes for all young children (4-5 years), including young children with special needs.

### **Strategies:**

- Ensure that all primary schools have kindergarten facilities attached and are equitably staffed with kindergarten trained and qualified teachers.

- Ensure that all kindergartens are adequately and equitably resourced with classroom and play equipment and learning materials and meet standards for child-friendly safe spaces.
- Promote equitable access to kindergarten, emphasizing right age enrolment, as well as the enrolment and provision of appropriate early learning and supplementary support to children with special educational needs.
- Strengthen and harmonize kindergarten curricula and play-based pedagogy and monitor kindergartens to ensure that kindergarten education complies with quality standards.
- Improve quality parent participation in kindergarten activities at school and their adoption of early childhood education (ECE) supportive practices at home.

### **Accelerators:**

- Engage all stakeholders, including media, to raise awareness of caregiver roles, practices, and available resources for supporting early learning.
- Engage relevant stakeholders, including media, to raise awareness of children with special needs, as well as caregiver roles, practices, and available resources to support the early learning of these children.

## 3.2.4 Responsive Caregiving

**Responsive Caregiving Domain Goal:** Parents and caregivers have the information, skills, knowledge, capacity and support to practice nurturing care and positive parenting to achieve the optimal and holistic development of their children.

### 3.2.4.1 Alignment of the Responsive Caregiving Domain with Existing Policies and Mandates

ECCD is based on the premise that early intervention is the best and most cost-effective intervention. A child's first interaction is with its mother and in the home. Responsive Caregiving acknowledges this and aims to support parents and caregivers to do the very best for their infants and young children.

The previous ECCD Policy review identified a gap in strategies focused on the role of parents and families in early childhood development. The Responsive Caregiving Domain corrects this, highlighting not only the role of parents, but also the need to support and bolster family care of infants and young children as the foundation of physical, mental, and socio-emotional development.

Variations of many of the strategies listed below can be found in policy documents across the health, education, and social sectors, including the Child and Family Welfare Policy and the Early Childhood Education Policy.

This Domain is led by the MoGCSP in collaboration with Metropolitan, Municipal and District Assemblies (MMDAs) and other role players.

### **3.2.4.2 Responsive Caregiving Domain Objectives and Strategies**

#### **Objective 1:**

Ensure that parents and caregivers have the information, skills, and understanding necessary to support the optimal development of their infants and young children in safe, healthy, and stimulating home environments.

#### **Strategies:**

- Ensure community dialogues and engagement include information on relevant aspects of parenting and understanding of children’s physical, emotional, social, cognitive, moral, and spiritual development.
- Organize skill-building sessions for education, health, and child protection cadres on responsive caregiving and early detection of developmental delays.
- Integrate responsive parenting messages into service providers’ routine contacts with parents.
- Build caregivers’ and parents’ capacities in interactional competencies with children.
- Develop diverse media messages on responsive caregiving.

#### **Objective 2:**

Provide accessible, affordable and quality childcare services

### **Strategies:**

- MMDAs should assess the demand for childcare services and support the establishment of daycare centers to promote access for young children.
- MMDAs should formulate a plan and budget for subsidising daycare services within their communities to address demand.
- MMDAs should provide resources for identifying and monitoring existing daycare centers and services for young children within their MMDA.s
- MMDAs should ensure quality childcare service delivery and support daycare providers to develop comprehensive service packages that promote age appropriate early learning and referrals to other needed services.

### **Objective 3:**

Provide specialized services for at-risk young children and their caregivers.

### **Strategies:**

- Screen, counsel, support, and make timely referrals for children with developmental delays and mothers or fathers with mental health, substance abuse, and disability issues.
- Integrate psychosocial support interventions for maternal mental health into early childhood development services.
- Expand mentor–mother model and other home-visiting models for vulnerable families.

**Accelerators:**

- Implement parenting programmes to equip parents and caregivers with knowledge, skills, and support and motivate them to practice positive parenting and nurturing care, good nutrition, early stimulation, and positive discipline.
- Build capacity of service providers to deliver services in a responsive manner, screen for and align eligible children and caregivers to appropriate services and care.

### 3.2.5 Safety and Security

**Safety and Security Domain Goal:** All young children (0–8 years) and their families live in a safe environment and supported through adequate care, social and child protection programmes and services.

#### 3.2.5.1 Alignment of the Safety and Security Domain with Existing Policies and Mandates

Caregivers are most able to provide their children with nurturing care when they are secure—emotionally, financially, and socially. Poverty, violence in the family, social isolation, and discrimination impact negatively on young children. If parents’ ability to provide a safe and secure environment is compromised, children suffer, and infants

and young children's suffering is often hidden, often with long-term consequences.

This Domain considers how to strengthen family capacity as well as prevent and protect young children from harm using existing social protection and child protection programmes as outlined in the Social Protection Policy and the Child and Family Welfare Policy. Economic empowerment through improved links to social protection programmes, such as Livelihood Empowerment Against Poverty (LEAP), capitation grants, the National Health Insurance Scheme and free maternal care, school uniform provision or school feeding programmes, should be targeted at eligible families with young children.

The ECCD Policy evaluation (2019), identified three major gaps in the previous Policy. Two of these are relevant for this Domain: (i) absence of provisions to mitigate inequitable demands imposed on female caregivers; and (ii) not adequately addressing the obstacles households with limited means face in accessing services.

Variations of many of the strategies listed below can be found in other policy documents, especially the Child and Family Welfare Policy (2015) and the Social Protection Policy (2015), the Elimination of Trafficking in Persons National Plan of Action 2022–2026, and the Accelerated Action Against the Worst Forms of Child Labour 2022-2026.

This Domain is led by the MoGCSP and actualized through the Department of Social Welfare and Community Development at the MMDA level.

### 3.2.5.2 Safety and Security Domain Objectives and Strategies

#### Objective 1:

Ensure that all children have their birth registered and receive a free birth certificate within 12 months from birth through integrated and effective birth registration services.

#### Strategies:

- Ensure free birth registration services for children (from birth to 12 months) through various strategies including establishing birth registration at health facilities and mobile services.
- Improve birth registration by integrating and expanding birth registration services within daycare and early learning centers and schools.

#### Objective 2:

Expand social protection programmes to reach more young children (0–8 years) and their families.

#### Strategies:

- Increase National Health Insurance registration for young children and their families.
- Enhance and expand school feeding programme to reach more young children.
- Increase enrolment of eligible households with children (0–8 years) in LEAP.

### **Objective 3:**

Ensure that all programmes and activities that prevent and protect young children from all forms of violence, abuse, neglect, trafficking, exploitation, and environmental threats, effectively address the needs of young children and their families.

#### **Strategies:**

- Provide protection, reintegration, and psychosocial support services for children (0-8 years) and families (especially pregnant women and mothers) at risk of or experiencing violence, exploitation, abuse and neglect.
- Maintain the child within the family as much as possible, resorting to removal only in case of immediate danger or failure of rehabilitation.
- Strengthen and rehabilitate the family and the child, with the intent of avoiding removal and reuniting them as soon as possible.
- Strengthen systems that mobilise family-based care (e.g., kinship and foster care) where the removal of children from their biological families is required and continue to systematically reduce and eliminate the need for institutional care.
- Ensure the Integrated Social Services address ECCD issues and support increased coverage as well as capacity building of social service workforce to strengthen referral systems and recording of cases and referral information for effective case management.
- Maintain an up-to-date Social Services Directory at national and sub-national levels.

## **Objective 4:**

Establish and maintain a safe and supportive environment for all young children (0–8 years).

### **Strategies:**

- Support traditional leaders, faith leaders, and Assembly members and other opinion leaders to facilitate dialogues and engagement through organized community forums and debate on child and family welfare issues, including addressing domestic violence and environmental hazards.
- Augment and expand social and behavioural change as well as community engagement interventions to address negative and gender discriminatory norms and practices and reduce corporal punishment, inappropriate discipline, and emotional abuse of children at home, in institutions, and other settings.
- Promote safeguarding of young children in all settings including the home, workplaces and daycare centers to ensure they are cared for in a safe environment while family members are engaged in other activities, with special focus on children of women working in the informal sector.
- Expand provision of play, recreational, and cultural amenities, including community centres and libraries, and ensure these facilities remain safe for young children.

### **Accelerators:**

- Engage all stakeholders, including media, to raise awareness of safety and security issues in early childhood, including birth registration and environmental issues such as indoor air pollution and toxicity of sites where children are provided services and care.
- Strengthen child protection systems and capacity of service providers to screen for and address violence, exploitation, neglect, abuse, and other safety and security issues, and refer children and caregivers for appropriate services and care.
- Implement parenting programmes to equip parents and caregivers with knowledge, skills, and support and motivate them to practice positive parenting, environmental safety, and positive discipline.

## **3.2.6 Inclusion**

**Inclusion Domain Goal:** The quality of life of all young children (0–8 years) with disabilities in Ghana and their families is improved through reasonable accommodations, differentiated management, and supportive services.

### **3.2.6.1 Alignment of the Inclusion Domain with Existing Policies and Mandates**

Child disabilities have effects on children, their caregivers, and their families. In some cases, stigma can have negative effects on caregiver mental health, quality of life, social isolation, and even infanticide, in severe cases.

Compounding these challenges are barriers in accessing health, education, and social services. These challenges include transportation, lack of assistive technology, poverty, high cost of healthcare, fractured services, and the inadequate number of professionals and services to care for children with disabilities. Moreover, while Ghana has made substantial progress in providing social initiatives and programs to protect families, such as the national health insurance scheme, LEAP, they are not always sensitive to the needs of families of children with disabilities.

Current policies and laws, specifically the Inclusive Education Policy and the Persons with Disability Act, 2006 (Act 715), recognize these challenges. They prescribe a range of services to address them, including establishing rehabilitation-recreational centres, training key service providers and caregivers, providing resources and facilities, managing stigma and discrimination, adapting the national health insurance scheme, and increasing access to poverty alleviation efforts such as LEAP.

This domain draws on these policies and stakeholder inputs during consultative meetings and workshops. The goal is to improve the quality of life of children with disabilities/special needs and their families by providing adequate services, reasonable accommodations, and tailored management of childhood disability by age and disability. It broadly

focuses on the child and primary caregiver. However, one gap in these policies is the needs of other children, particularly siblings of children with a disability, who may participate in their care and socialization.

The strategies listed below can be found in the Inclusive Education Policy and the Persons with Disability Act, 2006 (Act 715), albeit with variations in their wording. The National Council on Persons with Disability is well suited to implement the strategies of these domains.

### 3.2.6.2 Inclusion Domain Objectives and Strategies

#### **Objective 1:**

Facilitate and ensure the inclusion of all young children (0–8 years) with disabilities and other vulnerable children in all aspects of life.

#### **Strategies:**

- Develop and implement national- and institutional-level advocacy and communication strategies to reduce stigma and discrimination toward children with disabilities and their families.
- Sensitize communities and institutions on childhood disability-related issues.
- Build capacity of families of children with disabilities and other special needs to provide adequate and appropriate care for them, including their siblings.
- Establish and sustain community-based rehabilitation and recreational programs to ensure that children with disabilities are included and integrated into mainstream social life.

- Promote peer-based interventions, social support groups, or home visits for families of children with disabilities.

## **Objective 2:**

Identify and provide for the critical needs of young children with disabilities and other vulnerable children and their primary caregivers.

### **Strategies:**

- Adapt and increase access to social protection services to benefit families of children with disabilities, especially the National Health Insurance Scheme, LEAP, Disability Fund.
- Provide periodic screening of all children 0–8 years through the national and regional assessment centres or other key service delivery points to prevent, diagnose, and manage childhood disabilities.
- Define and provide a package of specialized services for families of children with disabilities (e.g., respite services, counselling, information and advice services, community support) differentiated by need and age.
- Promote the development of well-informed and trained human resources for delivery of quality ECCD programs for children with disabilities and other special needs, including training more sign language interpreters.
- Establish child development and rehabilitation units within health care service delivery points with trained multidisciplinary staff and resources, particularly at district-level facilities.
- Ensure inclusive education is part of the curriculum at universities and training colleges.

### **Objective 3:**

Ensure early childhood programmes and services are accessible and friendly to all children with disabilities and other vulnerable children and are implemented equitably.

#### **Strategies:**

- Provide age-appropriate assistive technology to children with disabilities across all ECCD services and ensure facilities are accessible to varying abilities.
- Ensure that all ECCD centres and programmes have facilities and equipment to accommodate children with disabilities.
- Strengthen National-, Regional-, and District-level assessment centres to reach and serve more children with disabilities and other vulnerable children.

#### **Accelerators:**

At their core, the strategies rest on these three interrelated pillars:

- Eliminate barriers preventing people with disabilities from accessing health, education, technological, and social services, particularly the National Health Insurance Scheme and LEAP.
- Build capacity of key professionals and provide needed equipment, facilities, and technologies to support service delivery to people with disabilities.
- Implement a campaign across all sectors to eliminate stigma and discrimination and its negative effects.



## 3.3

# FRAMEWORK FOR COORDINATED IMPLEMENTATION

### **Priorities of the Framework for Coordinated Implementation:**

- 1. Integration of ECD priorities into the national development agenda**, by assigning responsibility for integrating ECD priorities to those entities tasked with setting the national development agenda.

2. **ECCD service delivery**, by assigning service delivery roles and responsibilities that align with the existing mandates of contributing MDAs.
3. **Coordination and integration of service delivery**, by adopting structures and processes that facilitate engagement and collaboration between contributing role players, from national through sub-national to service delivery point levels.
4. **Accountability of contributing role players**, by adopting structures and processes that facilitate mutual accountability, as well as assigning the responsibility for independent oversight to entities with authority across all role players.

### 3.3.1 Overview

The ECCD policy requires multi-sectoral partnerships and the effective coordination of contributing role players for successful implementation. The primary responsibility for coordinated policy implementation is assigned to the relevant Ministries, Departments, and Agencies (MDAs) and aligned to the decentralization agenda; however, the policy also provides for the meaningful participation of families, communities, civil society, and the private sector. Coordinated implementation of the Policy seeks to reinforce accountability arrangements that acknowledge the mandated authority of the various MDAs contributing to ECCD outcomes, while including role players outside of government in coordination structures that encourage mutual accountability between sectors.

This section outlines the responsibilities of the key contributing role players, as well as the institutional arrangements to coordinate their contributions and encourage mutual accountability. The following points highlight what is discussed in more detail in the subsequent sub-sections:

1. Overall **technical and operational coordination** for policy implementation is assigned to MoGCSP and the Department of Children (DoC), which will provide technical support to all contributing role players by developing operating guidance and standards; mobilising, collating, and disseminating current ECCD science, evidence, and information; identify and communicate Ghana's ECCD priorities and trends; and lead the aggregated monitoring, evaluation and reporting of policy implementation and progress.
2. The **delivery of ECCD services** is assigned to contributing MDAs in accordance with their existing mandates, as reflected in section 4. In addition to acknowledging existing mandates and assigning sector relevant ECCD responsibilities to contributing MDAs, the policy further requires that:
  - a. MDAs continue to undertake policy interpretation, programme identification, technical coordination, research, monitoring, and evaluation within their sectors to further ECCD policy goals.
  - b. Sub-national actors, including Regional Coordinating Councils (RCCs), MMDAs and decentralised MDAs, are responsible for implementing the ECCD policy in response to conditions within their contexts, in collaboration with private and civil society entities, communities, and families.
3. The policy prioritises efficiency in its provisions for **coordinating implementation**, avoiding a proliferation of new committees and

structures in favour of utilising existing arrangements wherever possible.

- a. At national level, coordinated policy implementation will be facilitated through structures instituted and stewarded by the MoGCSP and Department of Children.
  - b. At the local level, the policy promotes coordinated and integrated delivery of services by requiring existing structures with appropriate legislated mandates to fulfil coordination roles. Functioning committees at community level are to be identified and utilised for coordination purposes.
  - c. The policy encourages integrating services at typical service delivery points, such as health facilities, day-care centres, and schools, to extend reach, improve efficiency, and accelerate achievement of ECD outcomes. Every encounter with pregnant women, caregivers of infants and young children, and young children themselves, should be maximised to communicate on ECCD matters, screen for service needs and eligibility, and either provide or refer young children to care.
4. In addition to operationalizing policy implementation, the institutional arrangements specified in the policy affirm the role of **oversight** institutions to ensure **accountability** and constitutionally mandated structures to ensure that **ECCD priorities are integrated** throughout the government machinery.

## 3.3.2 Roles and Responsibilities

### 3.3.2.1 Independent Oversight

#### 3.3.2.1.1 Cabinet

The Cabinet, as the primary executive decision-making body, plays a crucial role in translating national development agendas into actionable policies and programs. Its collective responsibility is fundamental to driving the effective implementation and sustained progress of ECCD initiatives across all relevant government sectors.

Cabinet will undertake the following:

- Consider and approve the ECCD policy
- Ensure the alignment of the ECCD policy with national development goals and international commitments.
- Provide executive oversight to ensure that MDAs and MMDAs effectively implement the ECCD policy.
- Monitor the overall performance of ECCD programs and initiatives across all sectors
- Serve as high-level advocate for ECCD and engender public discussions on ECCD issues

### 3.3.2.2 System-wide Integration of ECCD Priorities

#### 3.3.2.2.1 The National Development Planning Commission

The Commission will:

- Ensure mainstreaming of ECCD priorities into national policies and programmes and the national long-term development plan.

- Ensure the integration of ECCD concerns in sector and district medium-term development and annual operational plans.
- Ensure the consideration of ECCD issues and impacts in national, regional, and district developmental planning and review processes.
- Monitor and evaluate implementation of ECCD priorities in development plans at all levels.

The Commission shall be represented on the ECCD Inter-Ministerial Committee and National ECCD Inter-sectoral Committee

### **3.3.2.3 Operational Coordination and Management**

#### **3.3.2.3.1 The MoGCSP and the Department of Children**

MoGCSP is the lead Ministry for this Policy. As the technical lead ministry for ECCD, the MoGCSP, through its DoC, will lead and coordinate implementation of the policy and will:

- Through continuous analysis of evidence, identify and communicate Ghana's ECCD priorities and trends.
- Advocate for increased investment in ECCD at all levels and mainstreaming of the policy into relevant sector policies and plans by providing technical support to sector-specific contributing role players.
- Ensure ECCD service delivery by providing technical advisory services to other contributing role players.
- Coordinate policy implementation between contributing role players and partners across relevant sectors.
- Collect, collate, and disseminate current ECCD science, evidence, and information.

- Facilitate the documentation and dissemination of key ECCD activities and best practices being implemented in the country at national, regional, and local levels.
- Support accountability, performance improvement, and consistent progress towards achieving ECCD policy goals by monitoring policy implementation and producing aggregated annual ECCD reports for submission to statutory bodies.
- Promote implementation and scale up of ECCD programmes and support capacity strengthening on ECCD.
- Maintain a functional database of ECCD programmes, services and interventions and implementing institutions.
- Develop and manage a data and information management system for ECCD.
- Coordinate the development and implementation of a National Parenting Strategy and Programme.
- Oversee the operationalization and periodic review of the ECCD policy and institutional framework.

It shall be supported in its responsibilities by two bodies facilitating cross-sectoral coordination:

- The Inter-Ministerial ECCD Committee.
- The National Inter-sectoral ECCD Committee.

MoGCSP's DoC will act as secretariate of the two cross-sectoral committees and (i) coordinate agenda-setting and committee business, collecting and collating inputs from participating organizations; (ii) manage and circulate committee documents including minutes, working papers, and reports.

### 3.3.2.3.2 The Inter-Ministerial Early Childhood Care and Development Committee (IMEC)

The Inter-Ministerial Early Childhood Care and Development Committee (IMEC) will be chaired by the Minister for Gender, Children, and Social Protection. It will comprise representation from Ministries, development partners, and other relevant bodies engaged in contributing to ECCD outcomes. Amongst other functions, the Committee will:

- Ensure overall policy coherence on ECCD matters by reviewing and advising on ECCD related plans and budgets across sectors before their onward transmission to relevant statutory bodies.
- Ensure that ECCD relevant policies and strategies are aligned to National Development Plans and Ghana's overarching policy agenda.
- Review and contribute to coordinating and rationalising ECCD related plans across sectors.
- Review and contribute to coordinating and rationalising ECCD expenditure proposals across sectors.
- Oversee the inter-sectoral operationalization and periodic review of the ECCD policy and institutional framework.
- Support MoGCSP in identifying and advocating for the integration of ECCD priorities into relevant policies and legislation.
- Promote information dissemination between all contributing role players, including MDAs, other entities, and MoGCSP, on ECCD matters.
- Oversee and support the MoGCSP and DoC in operationalising a coherent nationwide monitoring and evaluation framework for ECCD on harmonized methodologies and data collection, analysis, and reporting systems.

### **3.3.2.3.3 The National Inter-Sectoral Early Childhood Care and Development Committee**

The National Inter-Sectoral Early Childhood Care and Development Committee (NIEC) will convene technical staff of MDAs, development partners, the private sector and non-governmental actors engaged in contributing to ECCD outcomes, to facilitate coordinated implementation of ECCD. This body will be chaired by the Chief Director of MoGCSP and will report to the IMEC and its Chair. The primary responsibility of the NIEC is to support IMEC functions and operationalize its decisions as necessary. Amongst other activities, the NIEC will:

- Generate working documents to support and track the review and harmonisation of ECCD related work plans, budgets, and expenditures across sectors.
- Support the DoC to ensure effective M&E by operationalise the MERL framework within the organisations and sectors its members represent.
- Undertake periodic technical review of ECCD services and programmes, in alignment with provisions made in the ECCD MERL framework, and act on review findings to improve ECCD policy implementation.
- Through representatives on the committee, report proceedings to and work to implement its decisions within the respective organisations of contributing role players.
- Establish sub-committees, including a MERL sub-committee, and working groups to address specialized issues and priorities as necessary.

### 3.3.2.4 Sector Responsibilities in Policy Interpretation, Adoption, and Integration

Sector responsibilities for policy interpretation, review, and integration are vested in the MDAs. The policy expects that all MDAs and MMDAs will:

- Review and interpret the implications of the ECCD policy for the execution of their respective mandates.
- Develop sector specific policies to interpret and implement the ECCD Policy.
- Engage with MoGCSP's DoC on the guidance they issue to integrate relevant ECCD activities into their planning, budgeting, and service delivery.
- Include ECCD activities in their Sector Medium Term Development Plans.
- Promote awareness of ECCD priorities, services and programmes through relevant forums and communication channels to which MDAs and MMDAs have access.

Because their mandates make them substantially responsible for delivering, facilitating the delivery, and/or financing the delivery of ECCD services within the Nurturing Care Framework (NCF) domains, the policy prioritizes the participation of the Ministries of Gender, Children and Social Protection (MoGCSP), Health (MoH), Education (MoE), Local Government, Chieftaincy and Religious Affairs (MLGCRA), and Finance (MoF). Generally, these bodies will be required to participate in the agreed coordination arrangements including the IMEC and NIEC meetings. They will ensure implementation of sector-specific responsibilities in the agreed work-plans and manage their assigned budgets and resources in a manner that demonstrates appropriate

prioritization of ECCD issues. They will adhere to agreed reporting and information-sharing commitments and leverage resources through linkages with private sector and civil society partners from within their sectors. More specific obligations are indicated below.

The policy further recognises the critical contributions that other key Ministries will make to achieving ECCD policy goals by executing their respective mandates, including the Ministry of Food and Agriculture (MoFA), the Ministry of Water Resources, Works and Housing (MWRWH), and the Ministry of Labour, Jobs and Employment (MLJE).

### **3.3.2.4.1 Ministry of Gender, Children and Social Protection**

The MoGCSP should:

- Fulfil the roles and responsibilities assigned to it as the technical lead Ministry for the implementation of the ECCD policy through its Department of Children.
- Through its respective Departments and in line with its existing mandate, play a lead role in achieving ECCD safety and security related outcomes by:
  - Carrying out its statutory functions in Children’s Right promotion and protection.
  - Facilitating fosterage and adoptions for young children without caregivers.
  - Ensuring income security among the disadvantaged, vulnerable and excluded through the Livelihood Empowerment Against Poverty programme (LEAP).
  - Promoting social, economic, and emotional stability in families.

- Enhancing the capacity of the social service workforce and providing support services for children at risk of or experiencing violence, abuse, exploitation and neglect.
- Through its Department of Social Welfare and National Council for Persons with Disability, and in line with its existing mandate, play a lead role in achieving ECCD inclusion outcomes by promoting rehabilitation programmes and access to services for young children with disabilities and their caregivers.
- Strengthen daycare management and enhance the capacity of caregivers to ensure quality service delivery.
- In line with its existing mandate, contribute to ECCD nutrition outcomes by expanding and effectively implementing the National School Feeding Programme.
- Ensure regular collection and analysis of data and trends relevant to ECCD priorities.
- Continue to interpret policy and integrate implications into planning, budgeting, and service delivery, in accordance with its mandate.

#### **3.3.2.4.2 Ministry of Health**

The MoH and GHS should:

- Develop sector specific policies to interpret and implement the ECCD Policy.
- Participate in the agreed coordination arrangements including the IMEC and NIEC meetings.
- Provide preventative and responsive medical services for pregnant women and young children 0–8 in accordance with its existing legislative and policy mandates.

- Mainstream ECCD by integrating awareness, training, referrals, and linkages, equipping and resourcing of service delivery points.
- Ensure free medical care and services for victims of child maltreatment, neglect, and exploitation.
- Screen for special needs and provide young children and caregivers with appropriate care or referrals to care.
- Ensure regular collection and analysis of data and trends relevant to ECCD priorities.
- Continue to interpret policy and integrate implications into planning, budgeting, and service delivery, in accordance with their mandate.

### **3.3.2.4.3 Ministry of Education**

The MoE and the Ghana Education Services should:

- Develop sector specific policies to interpret and implement the ECCD Policy.
- Participate in the agreed coordination arrangements including the IMEC and NIEC meetings.
- Provide universal, quality pre-primary education, especially for vulnerable children, in accordance with its existing legislative and policy mandates.
- Ensure that universal, quality pre-primary education is inclusive for children with disabilities.
- Build the capacity of pre-primary teachers and provide curriculum standards and guidelines.
- Mainstream ECCD further by integrating awareness, training, referrals, and linkages among stakeholders and staff and in its operations.

- Ensure regular collection and analysis of data and trends relevant to ECCD priorities.
- Continue to interpret policy and integrate implications into planning, budgeting, and service delivery, in accordance with their mandate.

### **3.3.2.4.4 Ministry of Local Government, Chieftaincy and Religious Affairs**

The MLGCRA should:

- Develop sector specific policies to interpret and implement the ECCD Policy.
- Participate in the agreed coordination arrangements including the IMEC and NIEC meetings.
- Through the Births and Deaths Registry, and in line with its existing mandate, contribute to achieving ECCD outcomes by ensuring the civil registration of all children at birth and facilitate access to services.
- Provide resources for the Department of Social Welfare and Community Development and facilitate the mobilization of resources through budget allocations for ECCD.
- Facilitate the mainstreaming of ECCD into Medium Term Development Plans of RCCs and MMDAs.
- Supervise and monitor Regional Coordinating Councils (RCCs), MMDAs and Departments of and Social Welfare and Community Development and other partners in the implementation of the policy at decentralised levels.
- Create awareness among RCC's and MMDA's substructures and communities on ECCD.

- Build the institutional and staff capacity of the Departments of Social Welfare and Community Development to effectively implement and monitor ECCD-related activities.
- Plan for and over time ensure deployment of adequate numbers of skilled staff to MMDAs to facilitate the effective implementation of the ECCD policy.
- Coordinate, monitor, and adequately resource the National House of Chiefs in their role of supporting the implementation of the policy.
- Mainstream ECCD by integrating awareness, training, referrals, and linkages, equipping and resourcing of service delivery points.
- Support Queen Mother’s Associations and other traditional authorities as well as religious bodies to promote ECCD.
- Facilitate the involvement of traditional authorities in ECCD issues at the community level.
- Ensure regular collection and analysis of data and trends relevant to ECCD priorities.
- Continue to interpret policy and integrate implications into planning, budgeting, and service delivery, in accordance with their mandate.

### **3.3.2.4.5 Ministry of Finance**

The MoF should:

- Ensure adequate budget allocation for the implementation of the ECCD Policy, in accordance with its existing legislative and policy mandates.
- Ensure timely release of the government’s funding to meet its

financial commitments towards the implementation of the policy.

- Formulate and implement strategies to subsidise private sector daycare and Early Childhood Education (ECE) service providers.
- Continue to interpret policy and integrate implications into planning, budgeting, and service delivery, in accordance with their mandate.

### 3.3.2.4.6 Other Key Ministries

- The Ministry of Food and Agriculture will contribute to achieving ECCD nutrition related outcomes, by ensuring food security, safety, and quality in accordance with its mandate.
- The Ministry of Water Resources, Works and Housing will contribute to achieving ECCD WASH related outcomes, by ensuring the equitable supply of water and delivery of services in accordance with its mandate.
- The Ministry of Labour, Jobs and Employment will contribute to achieving:
  - ECCD responsive caregiving outcomes by requiring employers to comply with regulations regarding maternity leave, incorporating meaningful provisions to support childcare for young children in employment policies, including arrangements that accommodate exclusive breastfeeding.
  - ECCD safety and security outcomes by ensuring employer compliance with laws prohibiting child labour.
- Additionally, each of the key Ministries will:
  - Ensure regular collection and analysis of data and trends relevant to ECCD priorities.

- Continue to interpret policy and integrate implications into planning, budgeting, and service delivery, in accordance with their mandate.

### **3.3.2.5 Implementation Responsibilities through Decentralized Structures**

The ECCD policy recognises the critical role of decentralized structures and their oversight bodies in ensuring coordinated implementation to achieve national ECCD goals and objectives. The policy is therefore concerned with mobilising local government structures in support of coordinated policy implementation, as well as establishing linkages among complementary interventions implemented by various agencies, the RCCs and the MMDAs at the sub-national level. This section outlines the roles and responsibilities of the MLGCRA, Inter-Ministerial Coordinating Committee on Decentralization (IMCC), the Local Government Service (LGS), RCCs, and MMDAs in contributing to coordinated policy implementation in a decentralised governance environment.

#### **3.3.2.5.1 MLGCRA and the Inter-Ministerial Coordinating Committee on Decentralization (IMCC)**

The MLGCRA and IMCC in line with their oversight role will

- Ensure commitment to ECCD policy goals and objectives at the decentralised levels.
- Ensure mainstreaming of ECCD priorities into development plans at decentralised levels.
- Harmonize ECCD priorities and ensure consistent implementation throughout the decentralized local governance system.

### 3.3.2.5.2 The Local Government Service

The LGS has responsibility for ensuring effective and capable human resources at the subnational level. Its representation on the EIMC and NIEC therefore, will be critical in the implementation of the policy. The insights gained at these sectoral operational levels shall enhance effective advocacy on ECCD by the LGS at the IMCC level, as well as strengthen its ability to orient local government staff to implement ECCD-related services in a coordinated manner. The Service, overseeing performance standards of RCCs and MMDAs shall be essential in ensuring that the delivery of ECCD services is supported with the critical human resources required. The LGS will:

- Ensure the establishment, resourcing, and effective functioning of social development offices.
- Undertake the requisite organizational and job analysis and ensure appropriate recruitment and skills-building.
- Promote effective collaboration on ECCD service delivery between various actors, departments, and agencies at the sub-national level.

### 3.3.2.5.3 Regional Level Structures

At the sub-national level, RCCs are responsible for regional oversight, coordination, harmonization of development interventions and technical backstopping. Through the Regional Offices of the Department of Children, The RCCs will be responsible for coordinated policy delivery at the regional level. The Department will be responsible for:

- Coordinating and monitoring ECCD policy implementation across the different sectors at the regional level and producing annual reports.

- Advocate for the mainstreaming of ECCD into medium-term development plans of RCCs and other contributing role players at the regional level.
- Ensure quality ECCD service delivery by providing technical advisory services to other contributing role players at the regional level.
- Collect, collate, and disseminate relevant information and communicate ECCD priorities and trends at the regional level.
- Facilitate the documentation and dissemination of key ECCD activities and best practices being implemented at the regional level.
- Promote implementation and scale up of ECCD programmes and capacity strengthening at the regional level.
- Fostering collaboration amongst regional level departments and agencies on ECCD.

The RCC through the Regional Planning Coordinating Units (RPCUs), will ensure consistent attention is paid to ECCD priorities. The RPCUs are charged with development plan coordination, harmonisation of priorities, monitoring and evaluation of implementation and regional performance. RPCUs will be responsible for:

- Identifying ECCD issues in the regional context and mainstreaming these into the RCC's medium-term and annual workplans and budgets.
- Undertaking relevant data-collection to support, evaluate, monitor, and review ECCD delivery in the region.
- Developing an annual monitoring and evaluation workplan in line with the National Monitoring and Evaluation Framework for ECCD.
- Ensuring strengthened capacities of MMDAs to utilize the

relevant data collection, planning, implementation, monitoring, and evaluation tools for ECCD delivery.

- Organizing annual review meetings on ECCD in collaboration with the Department of Children Regional Office.

#### **3.3.2.5.4 Regional Inter-sectoral ECCD Committees (RIEC) and Monitoring Teams**

The RCCs will establish RIECs to promote coordinated policy implementation and inter-sectoral collaboration at the regional level. The committee will be chaired by the Regional Minister or Chief Director of the RCC. The Department of Children will serve as the Secretariat of the Regional Inter-sectoral ECCD Committee and (i) set agenda and coordinate committee meetings, collecting and collating inputs from participating organizations; (ii) manage and circulate committee documents including minutes, working papers, and reports.

Monitoring teams will also be established within the RPCU to monitor implementation of ECCD in the respective MMDAs and prepare and submit quarterly and annual ECCD monitoring reports to the RCC for onward submission to MoGCSP and NDPC

Membership of the RIEC shall comprise:

- The Chair, Regional Minister or Chief Director
- The Regional Director, Department of Children
- The Regional Director, Department of Social Welfare
- The Regional Director, Department of Gender
- The Regional Director, Department of Community Development
- The Regional Economic Planning Officer
- The Regional Information Services Officer
- The Regional Director of Health

- The Regional Director of Education
- The Regional Registrar of Births and Deaths
- The Regional Statistics Officer
- The Regional School Feeding Coordinator
- Representative from Civil Society
- Other relevant institutions

### **3.3.2.5.5 Metropolitan, Municipal and District Assemblies**

Assemblies are by law responsible for ensuring equitable access to social services and public resources to address development needs and inclusiveness in decision-making. Assemblies will be responsible for:

- Appointing desk officers for children to coordinate ECCD implementation and service delivery at the MMDA level.
- Ensuring the mainstreaming ECCD in medium-term development plans and budgets.
- Implementing complementary ECCD services and programmes in their localities as per existing mandates and with assigned resources.

Assemblies will be supported in this role by the Social Services Sub-Committee.

- All ex-officio members of the Social Services Sub-Committee representing the various social services sector will be required to attend the sub-committee meetings at which ECCD planning is on the agenda.
- The Social Services Sub-Committee will propose a programme of work for consideration by the Executive Committee, adoption by the General Assembly, and inclusion into the medium-term

development plan, as per the statutory procedures stipulated in the legislation authorizing decentralized government services.

- All technical members of the Social Services Committee will work together to:
  - Collect and prepare data from the service delivery points (health facilities, schools, DOVVSUs, etc.), and community personnel and volunteers to inform the formulation of proposed programme of work for consideration by the Executive Committee.
  - Based on guidance from MoGSCP’s DoC, develop and implement a functional local referral system to link young children and caregivers to ECCD services.
  - Continuously monitor accessibility and quality of ECCD services and implement or support the implementation of service quality improvement efforts.
  - Support and participate in community engagement efforts to promote ECCD priorities and services in communities.

ECCD programmes and activities included in the development plans of the MMDA should have dedicated budget allocations and will be subjected to performance reviews.

### **3.3.2.5.6 District Planning Coordinating Units**

The District Planning Coordinating Units (DPCUs) will support the assemblies in the development and integration of ECCD-related activities into the medium-term development plan. DPCUs will coordinate District budgeting to ensure that planned ECCD activities are allocated with sufficient resources for implementation. In fulfilling their coordinating function, DPCUs will:

- Support needs identification in relation to ECCD.

- Integrate and mainstream ECCD in district medium-term plans.
- Collect data on all ECCD services in the locality including those by Members of Parliament, NGOs, CSOs, traditional authorities, private sector, social groups, and associations to generate a holistic picture of ECCD at the district level.
- Provide a platform for sharing experiences and identifying good practices on ECCD in the locality.
- Provide local level monitoring, evaluation, and performance reviews.

### **3.3.2.5.7 District Inter-sectoral ECCD Committees (DIEC)**

MMDAs will establish DIEC to promote coordinated policy implementation and inter-sectoral collaboration at the district level. The committee will be chaired by the Metropolitan, Municipal or District Chief Executive or MMD Coordinating Director. The Assembly through the Children’s Desk will (i) set agenda and coordinate committee meetings, collect and collate inputs from participating organizations; (ii) manage and circulate committee documents including minutes, working papers, and reports. Membership of the committee will be a replica of the RIEC with the Children’s Desk as the Secretariat.

### **3.3.2.6 Non-State Actors**

#### **3.3.2.6.1 Development Partners, International Non-Government Organizations (INGOs), NGOs, and CSOs**

The Government is responsible for determining the standards of work of CSOs and determining appropriate areas of interventions and support. It is the Government that has the responsibility to negotiate agreements with development partners and CSOs providing services

or supporting interventions under this Policy. Development partners, INGOs, NGOs, and CSOs will:

- Complement the efforts of government by supporting or providing preventive and responses services at all levels within the policy framework.
- Contribute to the development of research, monitoring and evaluation initiatives.
- Participate in national coordination and sub-national activities to minimize duplication and enhance the complementarity of programmes.
- Facilitate information sharing through formal or informal networks.
- Assist in resource mobilization for ECCD initiatives at all levels.
- Collaborate with other relevant service providers to avoid duplication of resources.

### **3.3.2.6.2 Traditional Authorities**

Community structures, including family elders, chiefs, queen mothers, and other service providers at local levels (e.g., community health workers, teachers) and community groups have important roles in addressing child and family welfare issues.

The policy advocates that chiefs and queen mothers, and traditional leaders, should have the responsibility to:

- Facilitate community fora to discuss and help increase a common understanding of ECCD, identify ECCD needs, consider service delivery challenges, and propose potential solutions.
- Ensure that young children and families are accessing ECCD services and mobilise support for young children and their caregivers when their needs are unmet or exacerbated.

### **3.3.2.6.3 Faith-Based Organizations**

Faith-based organizations will:

- Provide communication and education initiatives that promote positive family values.
- Provide direct help to vulnerable families and serve as their advocates.
- Provide care and support services to families and their young children.
- Participate in national coordination activities to minimize duplication and enhance the establishment of complementary programmes, projects, and activities.

### **3.3.2.6.4 The Private Sector**

Private providers of ECCD services will:

- Deliver services in compliance with standards.
- Develop or adopt ECCD programs in compliance with national standards.
- Ensure ECCD practitioners are trained and appropriately credentialed.
- Participate in government-led initiatives, including national coordination and subnational activities to minimize duplication and enhance the complementarity of programmes.
- Report to the government in compliance with requirements.
- Mainstream ECCD priorities into corporate policy, including provisions for maternity and paternity leave, in compliance with the law.

### **3.3.2.6.5 Institutions of Higher Learning and Research**

- Participate in government-led initiatives, including national coordination and subnational activities to enhance the relevance of research and training programmes for ECCD priorities, as appropriate.
- Integrate ECCD into training and education curricula to support the implementation of ECCD human resource requirements, service standards, and contribute to the achievement of ECCD policy goals and objectives.



## 4.

# MECHANISMS FOR POLICY DELIVERY

## 4.1 Financing and Budgeting

Ghana's ECCD policy is complemented by a Costed Implementation Plan (CIP), published as a separate product. Because a substantial proportion of the strategies proposed in this policy align directly with the existing mandates of the contributing MDAs, a fair proportion of the estimated costs will be provided for in the allocations of funds to those MDAs. The analysis for the CIP draws a distinction between those funds already provided for and the additional costs off integrating strategies that are

specific to ECCD policy. In this way, the CIP provides high-level guidance for MDAs to critically consider their funding requirements, planning, and submissions in the budget cycle as they integrate ECCD priorities and augment their capacity to meet their ECCD implementation roles and responsibilities. Additionally, the CIP estimates costs for funding activities that support the coordination of policy implementation, such as the operations of the IMEC and NIEC and Secretariat, the production and dissemination of the ECCD annual report, and dedicated funding for Monitoring, Evaluation, Research and Learning (MERL).

## 4.2 Implementation Costs by Domain

The table below summarizes the implementation costs by domain. For detailed costs per domain objective, please see the full costed implementation plan (CIP), published as a separate product.

**Table 3: Summary of Ghana ECCD implementation costs by domain (in USD)**

Domain	Policy Objective Description	Indicative Budget Covered under Existing Policies (USD) 2022–2027	Outstanding Costs (USD) 2022–2027	Totals (USD)
Health	OBJECTIVE 1: Improve the quality of services delivered at all levels for ante-natal (ANC), intrapartum, and post-natal (PNC) care, and Child Welfare Clinics (CWCs).	87,103,942	35,303	87,139,245
	OBJECTIVE 2: Ensure that all young children (0–8 years) and pregnant mothers receive a standard, comprehensive package of child healthcare services.	542,873,579	409,753	543,283,332
	OBJECTIVE 3: Ensure that there are an adequate number of service delivery points in every community for comprehensive coverage of healthcare services to young children (0-8 years) and pregnant mothers.	6,524,000	304,670	6,828,670
	OBJECTIVE 4: Improve care for sick newborn babies, children, and families as well as those requiring special services.	40,736	5,691,281	5,732,017
<b>Health Domain Subtotal</b>		<b>636,542,257</b>	<b>6,441,007</b>	<b>642,983,264</b>

Domain	Policy Objective Description	Indicative Budget Covered under Existing Policies (USD) 2022–2027	Outstanding Costs (USD) 2022–2027	Totals (USD)
Nutrition	OBJECTIVE 1: Ensure comprehensive coverage of maternal and child nutrition services.	13,620,801	229,433	13,850,234
	OBJECTIVE 2: Improve school health and nutrition services.	132,000	2,853,541	2,985,541
	OBJECTIVE 3: Promote WASH, food security, food quality, and food safety.	6,951,600	9,648,475	16,600,075
	<b>Nutrition Domain Subtotal</b>	<b>20,704,401</b>	<b>12,731,449</b>	<b>33,435,850</b>
Early Learning	OBJECTIVE 1: Inform and equip all families and communities to support early learning for young children (0–8 years).	2,327,034	5,217,209	7,544,243
	OBJECTIVE 2: Ensure that all day-care and early learning centres catering for infants and very young children (0–3 years) have appropriate, facilities, resources, guidelines, and qualified personnel to deliver quality programs.	-	5,819,600	5,819,600

Domain	Policy Objective Description	Indicative Budget Covered under Existing Policies (USD) 2022–2027	Outstanding Costs (USD) 2022–2027	Totals (USD)
	OBJECTIVE 3: Ensure that all kindergartens have the expertise and resources to deliver quality early learning for all young children (4-5 years), including young children with special needs.	62,300,636	3,750,000	66,050,636
	<b>Early Learning Domain Subtotal</b>	<b>64,627,670</b>	<b>14,786,809</b>	<b>79,414,479</b>
Responsive Caregiving	OBJECTIVE 1: Ensure that parents and caregivers have the information, skills, and understanding necessary to support the optimal development of their infants and young children in safe, healthy, and stimulating home environments.		1,433,783	1,433,783
	OBJECTIVE 2: Provide accessible and affordable quality childcare services.		28,930,530	28,930,530
	OBJECTIVE 3: Provide specialized services for at-risk young children and their caregivers.		24,831,053	24,831,053
	<b>Early Learning Domain Subtotal</b>	-	<b>55,195,366</b>	<b>55,195,366</b>

Domain	Policy Objective Description	Indicative Budget Covered under Existing Policies (USD) 2022–2027	Outstanding Costs (USD) 2022–2027	Totals (USD)
Safety & Security	OBJECTIVE 1: Ensure that all infants have their birth registered before their first birthday.		1,533,790	1,533,790
	OBJECTIVE 2: Expand social welfare programmes to reach more young children (0–8 years) and their families.	41,250,000	83,854,913	125,104,913
	OBJECTIVE 3: Ensure that all programmes and activities that prevent and protect young children from all forms of violence, abuse, neglect, trafficking, exploitation, and environmental threats, effectively address the needs of young children and their families.	-	16,634,158	16,634,158
	OBJECTIVE 4: Establish and maintain safe and supportive environments for all young children (0–8 years).	-	14,450,000	14,450,000
<b>Safety and Security Domain Subtotal</b>		<b>41,250,000</b>	<b>116,472,861</b>	<b>157,722,861</b>

Domain	Policy Objective Description	Indicative Budget Covered under Existing Policies (USD) 2022–2027	Outstanding Costs (USD) 2022–2027	Totals (USD)
Inclusion	OBJECTIVE 1: Facilitate and ensure the inclusion of all young children (0–8 years) with disabilities and other vulnerable children in all aspects of life.		19,077,847	19,077,847
	OBJECTIVE 2: Identify and provide for the critical needs of infants and young children (0-8 years) with disabilities and other vulnerable children and their primary caregivers.		27,396,003	27,396,003
	OBJECTIVE 3: Ensure early childhood programmes and services are accessible and friendly to all children with disabilities and other vulnerable children and are implemented equitably*		3,638,250,000	3,638,250,000
<b>Inclusion Subtotal</b>		-	<b>3,684,723,850</b>	<b>3,684,723,850</b>

Domain	Policy Objective Description	Indicative Budget Covered under Existing Policies (USD) 2022–2027	Outstanding Costs (USD) 2022–2027	Totals (USD)
Supporting Coordinated Implementation	Coordination		140,000	140,000
	MERL		332,000	332,000
	<b>Supporting Coordinated Implementation Subtotal</b>		<b>472,000</b>	<b>472,000</b>
Totals	<b>All Domains Subtotal</b>	<b>763,124,328</b>	<b>3,890,823,342</b>	<b>4,607,473,820</b>
	Remove Inclusion Objective 3*		(3,638,250,000)	(3,638,250,000)
	<b>Grand Total All Domains**</b>	<b>763,124,328</b>	<b>206,099,492</b>	<b>969,223,820</b>

### Table 3: Summary of Ghana ECCD implementation costs by domain (cont'd)

\*Not included in Grand Total All Domains

\*\*This excludes the estimated cost of the Inclusion Domain Objective 3. The estimated cost of Objective 3 (\$3.6 billion), for equipping programs and services with the technology and infrastructure to ensure inclusion of children with disabilities, is 369% greater the total of all other domains (\$ 0.99 billion USD). Including this line item almost quadruples the aggregate budget to (\$ 4.6 billion) and has therefore been omitted from the aggregate estimated cost (Table 1) of implementing the policy.

**Because the cost of this important objective (technology and infrastructure to ensure inclusion), is so substantial (\$ 3,638,250,000) it is large enough to be considered separately from the rest of the policy.** Including it into the aggregate ECCD policy cost risks distorting the overall budget and overwhelming the discussion of ECCD policy implementation costs.

## 4.3 Accountability Arrangements

At the national level, the annual ECCD progress report compiled by DoC will be submitted to statutory bodies. The report will be featured on the agendas of statutory bodies for discussion and to facilitate accountability.

At the local level, ECCD will be integrated into the standing accountability arrangements, including the forums for discussion on service delivery performance, the quarterly reporting to local legislatures, and the formal performance monitoring of medium-term development plan commitments.

National and local-level accountability will be facilitated at an annual event hosted by the Children's Department of MoGCSP, at which delegates from all levels of government critically assess ECCD policy implementation progress based on the annual report.

## 4.4 Provisions for Policy Review

The ECCD policy will be implemented over a 10-year period from 2025 to 2035. The Children's Department of MoGCSP will produce an annual report on policy implementation progress, which will provide material for critically assessing policy implementation performance. In several accountability fora, the analysis of performance will result in recommendations for improvement, including recommendations for policy content revisions. At the annual event hosted by the MoGCSP to discuss policy implementation progress, delegates representing national- and local-level stakeholders will also contribute to recommendations for improving implementation and for revising policy.

- During the fifth year of implementation, the IMEC, supported by the secretariat, will facilitate a policy review process based on the accumulated Monitoring and Evaluation (M&E) evidence, the aggregated findings and conclusions in the annual reports, and the proceedings and recommendations from the various accountability fora. Should the inputs from these fora indicate that a revision of the policy is required, the IMEC will

be responsible for preparing and disseminating revised policy content for stakeholder review and comment, compiling a revised policy, validating the revision with stakeholders, and finalizing an updated policy for adoption in year 6.

- In year 4, MoGCSP and IMEC should consider whether the routine M&E data being collected and aggregated into annual reports are sufficient for assessing policy implementation progress and determine whether a supplementary mid-term evaluation is required, as detailed in the MERL framework. Similarly, in year 9, MoGCSP and IMEC should review data and determine whether a final evaluation is required. Should these evaluations be commissioned, they would serve to inform the policy review and revision process, in addition to fulfilling other objectives, such as assessing impact.

## 4.5 Monitoring, Evaluation, Research and Learning (MERL)

Ghana's ECCD policy is complemented by a MERL framework, published as a separate product.

The MERL framework focuses on two overarching goals: developing an implementation tracking framework and capturing data to inform decision-making. The implementation tracking framework delineates the structures, processes, and indicators for tracking ECCD policy implementation and its effects. Analysis of the routinely captured data will inform decisions regarding the refinement or revision of policy, the adjustment of strategies to improve implementation and results, and taking additional actions to accelerate child development in Ghana.

The MERL framework includes four key elements:

- **Indicator Framework**, which outlines specific metrics for policy action areas and objectives.
- **Research Agenda**, which highlights priority research areas to improve ECCD in Ghana.
- **Learning Framework**, which guides evidence-based decision-making, program improvements, and stakeholder engagement during implementation.
- **MERL Implementation Structure**, which guides the achievement of objectives of the MERL agenda.

The Indicator Framework defines the core metrics used to capture progress towards the objectives specified in each policy domain. The framework has two main components.

**Proxy indicators that measure the overall results in each domain** (e.g., survival for health, enrolment in preschool for early learning), as well as additional crosscutting indicators pertaining to the overall policy implementation or factors that cross multiple domains, including indicators for nurturing care, early childhood development, M&E implementation, financial input, child poverty, and maternal mental health.

**Indicators for each domain goal and objectives**, as specified in the policy, focuses on indicators for each policy area's goal and objectives. In each component, the indicator type, data source, types of disaggregation, implementing organizations, and interpretation are provided. The indicators for specific strategies and their targets are captured in the policy document and thus are not in the MERL framework.

For each indicator, the MERL framework document includes the

indicator type, data source, types of disaggregation, implementing organizations, and interpretation.

The MERL framework also outlines a Research Agenda to support the ECCD policy and advance programming and effectiveness of interventions. These priorities are formulated as five research goals:

- **Research Goal 1:** Understand and address family needs, perceptions, and social-cultural practices that impact ECCD and children with disabilities.
- **Research Goal 2:** Determine the most effective, positive parenting skills, characteristics, training, and support systems to advance nurturing care and ECCD for all children.
- **Research Goal 3:** Determine how to operationalize multi-sectoral interventions, multi-component interventions, or integrated service interventions and assess their impact on ECCD.
- **Research Goal 4:** Identify and/or contextualize system-level practices (e.g., standards, strategies, curriculum), frameworks, tools, and resources to advance ECCD in Ghana.
- **Research Goal 5:** Develop models or approaches to build, expand, and/or sustain resources (e.g., human, financial, physical, technology) for ECCD.

Both the Indicator Framework and Research Agenda feed into the Learning Framework of the policy. The goal of the Learning Framework is to formulate policy responses, increase accountability, and communicate the policy's implementation progress to the public. The MERL framework document provides details on gathering, analysing, and reviewing information for learning purposes, and the learning framework mechanisms for dissemination, dialogue, and accountability.

The multisectoral nature of the MERL framework requires coordination, oversight, and accountability; therefore, the MERL implementation structure is governed through a dedicated sub-committee consisting of M&E experts across key MDAs (in particular, MoH, MoE, MoGCSP, MLGCRA), non-profit research organizations, and representatives of academic institutions. Their tasks are:

- Train M&E program managers to use the data collection tools designed for the policy.
- Support the MoGCSP to create memoranda of understanding with key MDAs and organizations tasked with data needs for the policy.
- Coordinate data collection from MDAs, organizations, and institutions.
- Support the analysis and interpretation of indicators.
- Oversee the dissemination of reports and results from M&E.
- Support or guide the creation of a dashboard to highlight critical metrics for the policy.
- Partner with appropriate organizations to organize stakeholder meetings, conferences, and forums to advance the policy's research agenda, progress, challenges, and innovations.
- Propose revisions to the MERL Framework as necessary.



## 5.

# COMMUNICATION STRATEGY

This communication strategy outlines strategies to disseminate and promote the Early Childhood Care and Development (ECCD) Policy, fostering understanding, buy-in, and coordinated implementation among all stakeholders.

## 5.1 Communication Objectives

- To ensure all relevant Ministries, Departments, and Agencies (MDAs), decentralized government entities, communities, families, private sector, Non-Governmental Organizations

(NGOs), and Development Partners understand their roles and responsibilities in implementing the ECCD Policy.

- To raise awareness on the importance of ECCD and the policy’s vision, goals, and objectives across the six nurturing care domains: Health, Nutrition, Early Learning, Responsive Caregiving, Safety and Security, and Inclusion.
- To promote inter-sectoral collaboration and integrated service delivery for holistic ECCD outcomes.
- To secure sustained commitment and resources for the effective implementation of the ECCD Policy.

## 5.2 Target Audiences

The communication plan will target a broad range of stakeholders at national, regional, district, and community levels, including:

- **Government Officials:**
  - Cabinet
  - National Development Planning Commission (NDPC)
  - Ministry of Gender, Children, and Social Protection (MoGCSP)
  - Ministry of Health (MoH) and Ghana Health Service (GHS)
  - Ministry of Education (MoE) and Ghana Education Service (GES)
  - Ministry of Local Government, Chieftaincy and Religious Affairs
  - Local Government Service
  - Ministry of Food and Agriculture
  - Other relevant MDAs
  - Regional Coordinating Councils (RCCs)
  - Metropolitan, Municipal and District Assemblies (MMDAs)

- **Implementers & Frontline Workers:** Social workers, health workers, teachers, childcare workers, and other service providers
- **Development Partners**
- **Private Sector**
- **Academia and Research Institutions**
- **Communities & Families:** Parents, caregivers, community leaders, and children (through age-appropriate channels)
- **Religious, Traditional and Opinion Leaders**
- **Religious and Civil Society Organisations and Groups**
- **Media:** Journalists, broadcasters, and social media users

## 5.3 Key Messages

The core messages will emphasize the following:

- **ECCD as an entry point:** ECCD is an effective pathway for promoting long-term social, economic and human capital development and critical for equitable service delivery, system strengthening, and empowering families. Investing in ECCD creates an opportunity to address inter-generational poverty, gender inequalities, and poor health and educational outcomes.
- **Holistic Approach:** ECCD encompasses a holistic approach to that integrates all components of nurturing care to ensure optimal physical, cognitive, social and -emotional development of children 0-8 years.
- **Multi-sectoral and Coordinated Approach:** ECCD provides a unique platform for delivering a range of services across multiple sectors in a coordinated manner. Successful

implementation requires collaboration among all stakeholders, integrating services and leveraging existing programmes across various sectors.

- **Family-Centred Care:** Strengthening the capacities of families to provide nurturing care is essential to achieve desirable outcomes
- **Inclusivity and Equity:** Ensuring equal access to services for all children, especially those with disabilities, in marginalized communities, or with special needs
- **Accountability and Transparency:** Strengthening mechanisms for monitoring progress and ensuring accountability at all levels of government.
- **Call to Action:** Encourage active participation, resource allocation, and integration of ECCD priorities into existing plans and programs.

## 5.4 Communication Channels and Activities

A comprehensive advocacy and communication strategy on ECCD will be developed to detail communication activities and channels. A multi-channel approach will be used to reach diverse audiences effectively. These include

- **High-Level Engagements:**
  - Cabinet Briefings: Presentations to Cabinet for policy approval and sustained attention to ECCD on the national development agenda.
  - Parliamentary Briefings: Briefings for critical parliamentary committees to ensure oversight, monitoring, and appropriation of financial resources.

- Inter-Ministerial Meetings: Regular meetings of the ECCD committees at all levels to ensure inter-sectoral commitment and harmonization of ECCD priorities.
- Development Partner Forums: Engage development partners to align support and mobilize resources for ECCD implementation.
- **Workshops and Training:**
  - National and Zonal Workshops: Continued engagement with stakeholders for dissemination and operationalisation of the policy.
  - Technical Workshops: For detailed discussions on policy content and implementation strategies with technical experts.
  - Capacity Building Sessions: For frontline workers on integrated service delivery and programming as well as key ECCD issues.
- **Public Awareness Campaigns:**
  - Media Engagement: Press conferences, media tours, radio and TV discussions, and public service announcements (PSAs) to widely distribute key messages on ECCD.
  - Community Engagements: Utilize community meetings, durbars, and other local platforms to deliver ECCD messages and foster community participation.
  - Social Media Campaign: Develop engaging content for platforms like Facebook, Twitter, and Instagram to reach a wider audience, especially youth and caregivers.
  - Informational Materials: Develop and distribute print and audio-visual materials including fact sheets in local languages summarizing key aspects of the policy and its benefits.

- **Digital Communication:**

- Official Policy Publication: Publish the final policy document and the costed implementation plan on relevant government websites (e.g., MoGCSP, MoH, MoE).
- Email Newsletters/Alerts: Regular updates to stakeholders on policy implementation progress and key activities.
- Online Resource Hub: Create a dedicated section on the MoGCSP website for ECCD policy documents, FAQs, success stories, and contact information.

- **Integration into Existing Programs:**

- Mainstream ECCD messages: Integrate ECCD messages into pre-service training for health, education, and social cadres.
- Parenting Skills Programmes: Roll out national parenting skills programmes that include knowledge and support on positive parenting, nutrition, early stimulation, and positive discipline, etc.

## 5.5 Timelines

This communication plan will be an ongoing effort, with phases adapted based on policy implementation progress and evaluation findings.

- **Phase 1: Initial Launch & Awareness (Ongoing - 6 months)**

- High-level briefings for Cabinet and Parliament.
- Official launch event with key ministers and development partners.
- Extensive media campaign (TV, radio, print, social media).
- Publication of policy document online.

- Initial workshops for national-level MDAs and key stakeholders.
- **Phase 2: Capacity Building & Regional/District Rollout (6-18 months)**
  - Cascading workshops and training for regional and district level implementers and frontline workers.
  - Development and dissemination of localized communication materials.
  - Community engagement activities in pilot districts.
  - Integration of ECCD into relevant curricula.
- **Phase 3: Sustained Engagement & Monitoring (Ongoing)**
  - Regular communication through newsletters and online platforms.
  - Annual reports on policy implementation progress disseminated to stakeholders.
  - Annual event hosted by MoGCSP to assess progress and gather recommendations.
  - Periodic reviews and evaluations (e.g., mid-term and final evaluations) to inform policy adjustments and communications.
  - Continuous media and community engagement to reinforce messages and address emerging issues.

## 5.6 Monitoring and Evaluation of Communication Efforts

The effectiveness of this communication plan will be monitored through:

- **Media Monitoring:** Tracking media coverage, mentions, and

sentiment related to ECCD.

- **Stakeholder Feedback:** Collecting feedback from workshops, meetings, and surveys to assess understanding and engagement.
- **Website Analytics:** Monitoring traffic to the ECCD policy documents and related resources.
- **Implementation Reports:** Assessing the inclusion of ECCD priorities in MDA and MMDA plans and activities.
- **Qualitative Assessments:** Conducting interviews and focus group discussions with target audiences to assess knowledge, attitudes, and behaviours related to ECCD.

By systematically communicating the ECCD Policy, the aim is to ensure broad understanding, foster collective responsibility, and accelerate the achievement of optimal development outcomes for all young children in Ghana.



## 6. APPENDIX

### 6.1 Appendix 1: Details on Alignment

#### 6.1.1 Alignment in the Health Domain

*Ten of the 15 Nutrition Domain strategies proposed are aligned with existing strategies in other policy documents.*

##### 6.1.1.1 Health Domain strategies are aligned with:

- Ghana Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition Strategic Plan (2020–2025)

- Ghana National Newborn Health Strategy and Action Plan (2019–2023)
- Ghana Child Health Standards and Strategy (2017–2025)

### **6.1.1.2 Five Health Domain strategies specific to ECCD**

#### **Policy:**

#### **Objective 3:**

- Equip facilities with the requisite infrastructure, personnel, equipment, and essential medicines to provide the standard of care prescribed for their level.
- Expand implementation of post-natal and child welfare clinics in health facilities and strengthen the quality of service in accordance with standard protocols.
- Update current guidelines for school health services and add a developmental component to the head-to-toe preschool medical screening.

#### **Objective 4:**

- Strengthen capacity of service providers to screen for common disorders and developmental delays and provide appropriate care, including psychosocial support services.
- Strengthen referral systems from health to community service points, including development referral directories for young children and families requiring special services and recording of completed referrals.

### **6.1.2 Alignment in the Nutrition Domain**

*Six of the fourteen Nutrition Domain strategies proposed are aligned with existing strategies in other policy documents.*

### **6.1.2.1 Nutrition Domain Strategies are aligned with:**

- National Nutrition Policy for Ghana (2013–2017).
- Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH&N) Strategic Plan (2020–2025).
- National School Feeding Policy (2015).
- Ghana National Social Protection Policy (2015).
- National Water Policy (2007).
- Environmental Sanitation Policy (2009).
- National Community Water and Sanitation Strategy (2014).

### **Eight Nutrition Domain strategies specific to ECCD Policy:**

#### **Objective 1:**

- Increase and equitably deploy the number of professionals qualified to design, oversee, and deliver a nutrition programme.
- Establish an accountability mechanism for monitoring and strengthening the provision of nutrition services to pregnant women, newborns, infants, and young children in the first 1,000 days.

#### **Objective 2:**

- Implement programmes to establish affordable WASH services at creches, nurseries, and ECCD facilities that comply with sanitary standards enforceable by the Health Department of local district assemblies.

#### **Objective 3:**

- Promote breastfeeding corners at workplaces and in informal

settings for working lactating mothers.

- Implement comprehensive social and behaviour change communication programmes, especially those targeting teachers, ECD practitioners, and caregivers, to strengthen optimal WASH and nutrition practices and demand for WASH and nutrition services.
- Establish guidelines for the establishment of safe water and sanitation in schools, kindergartens, ECD facilities, and informal care venues (e.g., workplace) OR Expansion of Water Safety Plan across the country including household water treatment and safe storage.
- Expansion of WASH social behaviour change actions (implementation of updated Rural Sanitation Model Strategy) to eliminate open defecation.
- Roll out operational guidelines to integrate hand hygiene and safe hygiene practices, including safe handling of food, into caregivers' training package.

### 6.1.3 Alignment in the Early Learning Domain

*Five (those proposed under Objective 2) of the 14 Early Learning Domain strategies are aligned with existing strategies, while the other nine strategies under Objectives 1 and 3 are specific to the ECCD policy.*

#### **Early Learning Domain strategies are aligned with:**

- Early Childhood Education Policy (2021).
- Guidelines for the Early Childhood Education Policy Implementation (2021).
- National Minimum Guidelines for the establishment of kindergarten (2016).

## Five Early Learning Domain strategies that are specific to ECCD Policy:

### Objective 1:

- Engage media to raise awareness of caregiver roles, practices, and available resources for supporting early learning.
- Engage media to raise awareness of children with special needs, as well as caregiver roles, practices, and available resources to support the early learning of these children.
- Establish virtual and actual ECCD resource centres to equip caregivers with information, training, resources, and material-sharing programmes to support the early learning of young children in their care.
- Design a programme to develop caregiver competencies to support early learning and implement the programme at ECD resource centres and other community facilities.
- Promote the development and use of community-based learning resources.

### Objective 3:

- Design developmentally appropriate curricula and implementation standards to nurture the holistic development of 0–3-year-olds.
- Expand the training and qualification of ECCD practitioners staffing ECD centres serving the 0–3-year.
- Develop standards for and support the provision of age-appropriate facilities and resources at all learning centres, including play-based equipment and pre-reading materials.
- Resource Social Welfare sufficiently to provide oversight to ensure effective monitoring and support of institutions and facilities serving the 0–3 age group.

## 6.1.4 Alignment in the Responsive Parenting Domain

*Three of the eight strategies in the Responsive Parenting Domain are aligned with the Child and Family Welfare Policy, 2015; and Operational Plan, 2017–2020 (2017).*

### **Five Responsive Parenting Domain strategies that are specific to the ECCD Policy**

#### **Objective 1:**

- Organize skills-building sessions for education, health, and child protection cadres on responsive caregiving and early detection of developmental delays.
- Integrate responsive parenting messages into service providers' routine contacts with parents.
- Build caregivers' and parents' capacities in interactional competencies with children.

#### **Objective 2:**

- Integrate PSS interventions for maternal mental health into early childhood development services.
- Expand mentor–mother model and other home-visiting models for vulnerable families.

## 6.1.5 Alignment in the Safety and Security Domain

*Eight of the 13 proposed Safety and Security Domain strategies are aligned with existing strategies in other documents.*

### **6.1.5.1 Safety and Security Domain strategies are aligned with:**

- Child and Family Welfare Policy (2015).
- Ghana National Social Protection Policy (2015).
- National School Feeding Policy (2015).

### **6.1.5.2 Five Safety and Security Domain strategies that are specific to ECCD Policy:**

#### **Objective 1:**

- Ensure birth registration at birth through various strategies including establishing birth registration at health facilities and mobile services.

#### **Objective 2:**

- Provide protection, reintegration, and psychosocial support services for recovery for pregnant women, children 0–8, and mothers and children who experience abuse and trafficking.
- Support increased coverage by strengthening referral systems between services, including development referral directories and recording of completed referrals.

#### **Objective 3:**

- Identify and support appropriate community daycare options for children 0–8 to ensure they are cared for in a safe environment while family members are engaged in other activities, with special focus on children of women working in the informal sector.
- Expand provision of play, recreational, and cultural amenities,

including community centres and libraries, and ensure that these remain safe for children.

### **6.1.6 Alignment in the Inclusion Domain**

All 14 strategies in the Inclusion Domain are aligned to existing policies and strategies found in the Inclusive Education Act and Persons with Disability Act, 2006 (Act 715), albeit with variations in their wording.

## **6.2 Appendix 2: Recommended Program of Work for Policy Implementation**

The following actions are recommended to ensure that the work of policy implementation can commence immediately following the approval and adoption of the policy by the government of Ghana. These actions do not constitute a comprehensive program of action but rather the minimum actions required to gather momentum for effective coordinated policy implementation.

### **Year 1**

- Establish the operational and management structures specified in the policy—the ECCD advisory committee, technical working committee, and secretariat—and develop the terms of reference for each.
- The above committees should formulate a multi-year program of work, including objectives, activities, and assigned roles and responsibilities.
- MOGSCP’s Department of Children and the ECCD technical working committee must embark on an advocacy and technical support program with contributing MDAs to assist the latter in

interpreting and integrating the ECCD Policy into their planning and budgeting processes.

- The ECCD advisory committee should embark on an advocacy effort with the national structures the policy specifies as responsible for oversight and governance to ensure that ECCD priorities are accommodated in national level planning, budgeting, and performance monitoring activities.
- The secretariat should produce the first annual MERL report from existing data and host the first national ECCD conference as provided for in the ECCD MERL framework.

## Year 2

- MOGCSP must initiate the process of developing safety and quality standards for ECD centres.
- MOGCSP must plan and advocate for the establishment of entities—potentially departments—that will be responsible for a) oversight and support of ECD centres, creches, day care and associated programmes for 0–3-year-olds; and b) ensuring that the strategies specified in the policy under the Inclusion domain are implemented.
- The secretariat and technical working committee should facilitate the development and dissemination of standard operating procedures for coordinated implementation.
- The secretariat and technical working committee should establish a community of practice that networks M&E personnel across contributing MDAs that will collaborate on the further implementation and improvement of the ECCD MERL framework.

- In collaboration with the aforementioned network, the secretariat should produce the second annual MERL report and host the second national ECCD conference as provided for in the ECCD MERL framework.

### Year 3

- The advisory committee should devise forums and processes for coordinated planning and joint budgeting for ECCD activities across contributing MDAs.
- The technical working committee and secretariat should develop and implement an integrated national parenting program.
- The advisory and technical working committees and the secretariat should lead the process for coordinating, integrating, and further developing robust systems for referrals and linkages of children and caregivers to ECCD services across sectors.

## 6.3 Appendix 3: Anticipated Capacity Requirements for Policy Implementation

The human resource capacity available in Ghana to implement the ECCD policy will have to be enhanced in terms of both numbers and expertise. The extent to which capacity will have to be developed to meet the implementation demand differs across sectors and functions. The following sections provide a summary indication of capacity demands and deficits. This overview highlights the ongoing need for staffing and training across sectors. This document is informed by the existing capacity assessments and the resulting capacity development strategies of contributing MDAs. The critical efforts to address capacity deficits in the ECCD domains are already underway under the auspices

of the contributing MDAs. The exception to this is the Inclusion domain, which demands substantial analytical work before the fundamental data required to inform a capacity assessment and strategy is available (see Service Delivery Capacity Requirements by Domain: **Inclusion**).

## 6.3.1 Service Delivery Capacity Requirements by Domain

### 6.3.1.1 Health

#### Key Points:

- Strategies are in place to address the deficit in human resources in the health sector, which has been quantified.
- The in-service training required to ensure that the existing workforce integrates and consistently provides ECD related services is acknowledged and provided for in existing strategies.

The Ministry of Health and its agencies in Ghana use the Workload Indicators of Staffing Needs (WISN) to develop staffing norms and standards for all health facilities. The norms and standards are used as an operational planning tool for equitable workforce distribution across the health system. According to the staffing norms and standards, as of May 2018 the Ghana Health Service (GHS) needed 105,440 health workers to meet its minimum staffing requirements while having only filled 61,756 posts, leaving unfilled vacancies of 47,758 (a vacancy rate of 41%). However, the vacancy rate varies significantly across levels of service, occupational groups, and geographical regions.

The estimated cost (comprising basic salaries, market premium and other allowances paid from central government) of meeting the minimum staffing requirements was estimated to be GH¢2,358,346,472 (US\$521,758,069) while the current cost of staff at post was GH¢1,424,331,400 (US\$315,117,566.37), resulting in a net budgetary deficit of 57% (~US\$295.4 million) to meet the minimum requirement of staffing for primary and secondary health services. However, the estimated budgetary deficit could be reduced by more equitable distribution of existing staff.

In addition to the persistent staffing deficit, deployed health workers need to be trained to integrate and systematically offer the full range of ECCD relevant health services as a matter of routine. This in-service training imperative is recognised by the GHS and provided for in their planning (e.g., in the RMNCAH&N Strategic Plan 2020 – 2025 and the Newborn Care budget for the 2021/2022 financial year).

### 6.3.1.2 Nutrition

#### Key Points:

- Although there are commitments to address the deficit in human resources for nutrition, its extent has yet to be accurately quantified.
- The extent to which the existing workforce integrates and consistently provides nutrition related services needs to be assessed to inform intervention strategies, including in-service training.

Unsurprisingly, the capacity challenges that apply in the health domain

are repeated in the nutrition domain. Despite the global consensus on actions essential to address undernutrition, the workforce needed to implement those actions is considered insufficient. Moreover, in addition to ensuring that there are enough professionals in the system, the capacity demand is to integrate nutrition services meaningfully into the work practices of those professionals.

Unfortunately, there is a dearth of data on nutrition workforce capacity, both in terms of the adequacy of nutrition workforce numbers, as well as the depth of nutrition expertise within the workforce. To obtain a more comprehensive understanding of the capacity development interventions required to strengthen delivery of nutrition services, a capacity assessment is required that will not only estimate the size of the workforce required to deliver on the demand for nutrition services, but also map the nutrition workforce within the health sector and document nutrition-specific actions performed by health workers at different levels with the health care service-delivery system.

Based on such an assessment a capacity development strategy can be formulated that includes innovative in-service training for health workers to integrate nutrition services into their routine practices. Importantly, the assessment and subsequent strategy should promote multisectoral systems thinking for the development of a nutrition workforce that is capable of acting and delivering services across health, agriculture, and other social sectors.

### 6.3.1.3 Early Learning

**Key Points:**

- The deficit in the supply of Kindergarten and Primary 1 and 2 teachers is largely attributable to the inequitable deployment of teachers across urban and rural areas.
- A large proportion of kindergarten teachers are not qualified, although targets are in place to ensure that this is fully corrected by 2023.
- The availability of creche and day-care services for 0–3-year-olds is limited, although the shortfall has yet to be accurately estimated.
- Standards for creche and day-care services are not comprehensive enough to cover updated early learning practices and practitioner qualifications, while the capacity of government authorities for monitoring standards is severely limited.

The capacity requirements for implementing early learning activities and achieving associated outcomes need to be considered in terms of formal education services that target children from 4 to 8 years of age, and early learning support for children 0-3 years who are at home or in ECD centres such as day-care programs and creches.

Ghana has substantially increased the supply of teachers and as of 2018 the national teacher-pupil ratio (PTR) was 1:29 (one teacher per 29 pupils). However, this ratio varies substantially across urban and rural

communities, with the inequitable distribution favouring urban areas. For example, a 2021 analysis of pupil to teacher ratios in the Sekyere Central District showed a PTR of 1:61, illustrating a pattern common across Ghana's rural regions. This observation applies to the entirety of Ghana's education system while its specific features with regards to kindergarten and Primary 1 and 2 teacher availability is not clear.

In addition to capacity issues related to the inequitable distribution of teachers, kindergarten education is hampered by a deficit in the expertise of teachers. In 2016/2017 only 65% of kindergarten teachers were qualified. However, the education strategic plan has incremental targets for ensuring that 10% of kindergarten teachers are qualified by 2030.

ECD centres providing creche and daycare services are in high demand but short supply, although the magnitude of the shortage has not yet been accurately assessed. Day Care Centres Regulations (1979) require that all centres be registered with Social Welfare and Metro, Municipal and District Assemblies before operating. The regulations cover basic infrastructure and equipment standards, while stipulating that Day Care Attendants should have a middle school qualification, that a proportion of those should have first aid training, and further number should be certified as Day Care Attendants by the Department of Social Welfare and Community Development. Day Care Centres that do not meet standards are subject to termination. Specialized training for ECD practitioners focussed on 0–3-year-olds is available, for example, through government's National Nursery Teachers' Training Centre where attendees are certified after three months of nursery teacher training. However, given the limited availability of such training courses it is likely that a large proportion of personnel staffing ECD centres are unqualified, although precise data on this capacity deficit is

unavailable. There is a need for updating and more routinely monitoring standards for ECD centres, including requirements for credentialing of centre staff, and assessing the capacity deficit in the provision of early education for 0–3-year-olds in terms of these standards. However, the capacity of Social Welfare and Community Development departments to routinely monitor and support these centres is also limited.

### 6.3.1.4 Safety and Security

#### **Key Points:**

- MOGCSPP and OHLGS have embarked upon an extensive effort to strengthen the social welfare services sector, based on recommendations from an extensive capacity assessment of the sector.
- Efforts to strengthen the sector include implementing a comprehensive social service workforce capacity development strategy, which has already been formulated.

The primary actors in the social welfare sector at the district level are social welfare officers (SWOs) and community development officers (CDOs), while chiefs and queen mothers make crucial contributions at the community level. The Social Welfare and Community Development manual specifies minimum and maximum staffing requirements per classification of district. In 2020, an analysis of the nationwide staff data for the DSWCD revealed that only 42% of the minimum number of staff positions have been filled nationally; out of 260 MMDAs, 253 do not meet minimum staffing requirements; and only three regions (Upper West, Upper East, and Greater Accra Regions) filled more than 50% of the minimum number of staff positions. Staffing deficits alone

however do not fairly reflect the human resource capacity challenges confronting the sector.

An extensive assessment of the capacity of social welfare service in Ghana confirmed that although a competent, adequately resourced and trained social service workforce is necessary to provide the services and support required by vulnerable populations, families, and children, capacity development interventions will serve little purpose if the institutional arrangements and structures for effective implementation of the social service system in Ghana are not also improved. Consequently, the MOGCSP and the Office of the Head of Local Government Service, with support from UNICEF and USAID, have embarked on comprehensive effort to reform and strengthen the social welfare services sector in Ghana, including the development and implementation of the Social Service Workforce capacity development strategy. To strengthen workforce capacity, stakeholders intend to:

1. Develop a clear and more inclusive definition of the Social Service Workforce in Ghana that encapsulates the range of social work professionals, paraprofessionals, and community level workers.
2. Modify the legislative framework to more inclusively define Social Service Workforce, including revising the Draft Social Work Bill and the Scheme of Services.
3. Ensure that only qualified social workers are hired to provide social work functions.
4. Clearly outline the role of the MoGCSP as the custodian of social services and develop an appropriate reporting and accountability system and communication structure that links national, regional and district level services, MoGCSP, the OHLGS, and the District Assemblies.

5. Ensure that all relevant policies and laws clearly articulate (1) a set of competencies required for a particular social service role, (2) national practice standards, including a Code of Ethical Conduct, (3) a licensing scheme and, (4) a means of self-regulation. 8. Provide support for the effective functioning of the Ghana National Association of Social

### 6.3.1.5 Responsive Caregiving

#### Key Points:

- The social service and health workforce capacity to support parents and communities to adopt responsive caregiving practices needs to be strengthened through in-service training.

The social welfare sector is responsible for educating and sensitizing the community on topics such as child protection, child rights, and government social interventions. Social service workers disseminate information through home visits, community engagements, and targeted programs for women. Health workers in turn are responsible for educating and sensitizing community members on maternal and child health issues. The capacity development imperatives already highlighted in the health and safety and security domains are pertinent to responsive caregiving, including the need to increase the size of the existing workforce and to improve their ECCD related knowledge and skills.

A 2022 USAID funded situational assessment of early childhood care and development services in Ghana found that responsive care, early

learning, and safety and security counselling and support services, were underemphasized by health and social welfare workers, compared with services for and information on nutrition and physical growth. These service providers received limited training on comprehensive ECCD and had significant gaps in their ECCD knowledge. It was further found that they were also not equipped to identify, support, or refer caregivers with mental health issues.

Social welfare and community health workforces will require in-service training to enable them to support parents and communities to develop responsive caregiving behaviours and practices and address caregiver mental health when it undermines responsive caregiving.

### 6.3.1.6 Inclusion

#### **Key Points:**

- The extent to which there is a shortage of professionals specialising in services for the disabled cannot be accurately estimated until the severe data deficit on disability in Ghana is reasonably addressed.
- Teachers, social welfare, and health workers require training to detect disabilities, refer affected children and caregivers to services, and engage communities and caregivers with appropriate messaging
- Consideration needs to be given to augmenting the capacity within the MOGCSP to provide technical support to implement the ambitious strategies in the inclusion domain.

Data on disability related issues in Ghana is quite limited. For example, data collection and reporting for inclusive and special education is limited, resulting in an over-reliance on national survey data and leading to an inability to effectively identify challenges confronting this sub-sector. Population census data indicate that prevalence of disabilities is 1.6% for the school-age population. However, school enrolment of children with disabilities is reportedly low (0.2% to 0.4% of total enrolment) but this is likely an underestimate in the EMIS system—only 16% of schools declare having at least one pupil with a disability. These puzzling figures may be explained as a function of late detection of disabilities and/or the lack of training for teachers to identify disabilities.

To strengthen the data on disability and improve community understanding and support for children with disabilities, teachers, social welfare, and health workers require not only training to detect disabilities and refer affected children and caregivers to services but also training to engage caregivers and communities and disseminate the appropriate messaging. The extent to which there is a shortage of professionals specialising in services for the disabled cannot be accurately estimated until the data deficit is reasonably addressed.

The National Council on Persons with Disability was established by the National Persons with Disability Act, 2006, Act 715. The Council is located within the MOGCSP and is tasked with proposing and evolving policies that would mainstream persons with disability in the national development process. Given the ambitious provisions of the revised ECCD policy however, consideration needs to be given to augmenting the capacity within the MOGCSP to provide technical support to the implementation of strategies in the inclusion domain.

## **6.3.2 Operational and Management Capacity Requirements for Coordinated Implementation**

In addition to addressing the human resource deficits for delivering services, the coordinated implementation of the policy requires enhancing organizational and human capital.

### **6.3.2.1 Developing the Capacity of the ECCD Secretariat and Department of Children**

The Department of Children, performing both its mandated functions and in its role as the ECCD Secretariat, is required by the policy to provide technical support to MDAs to integrate policy provisions into planning. The Department of Children is also responsible for compiling and disseminating the findings of the annual monitoring report tracking the implementation of the ECCD policy.

An internal assessment of the capacity of the Department of Children is required to identify the need for the professional development of the existing staff, as well as the possible addition of personnel that will enable it to successfully fulfil these functions.

### **6.3.2.2 Developing the Capacity of the MoGCSP to Address Early Learning and Inclusion**

The ECCD policy provides for an updating of standards applicable to ECD centres providing creche and day-care services for 0–3-year-olds, as well as improving the routine monitoring of ECCD centres for compliance. Given the anticipated escalation of activities to monitor, support and strengthen this sector, an assessment is required to determine the capacity requirements to successfully meet these

obligations, including the possibility of establishing a dedicated unit within the Department of Children to perform this function.

Given the ambitious provisions of the ECCD policy in the inclusion domain, consideration needs to be given to augmenting the capacity within the MoGCSP to provide technical support to the implementation of the relevant strategies. An assessment may indicate the need for augmenting the technical capabilities of the NCPD or even establishing a dedicated Department.

### **6.3.2.3 Developing the MERL Capacity of Contributing MDAs**

As the MERL framework for the ECCD policy is implemented, personnel in contributing MDAs responsible for monitoring and reporting will require training to implement the activities indicated. Additionally, the network of personnel supporting the MERL should be consolidated by establishing and maintaining a community of practice. An assessment detailing the training needs and community of practice requirements should be conducted in the near term to guide these capacity building efforts.

## **6.4 Appendix 4: Lessons Learned for Improving the Policy Development Process**

Developing the costed implementation plan proved the most challenging of the policy framework formulation activities. Developing cost estimates for a multi-sectoral policy that are aligned with the existing budgetary commitments of contributing MDAs requires the participation of representatives with particular technical roles in

government and the submission of pertinent, detailed budgeting data.

To more effectively facilitate such a process and complete it in a timely fashion, the following activities are recommended for future efforts:

1. Budget officers from contributing MDAs must be identified early and recruited for participation in the policy formulation and costing processes.
2. A roadmap specific to preparing a costed implementation plan needs to be developed early in consultation with these budget officers.
3. In anticipation of a costing technical workshop, the participating budget officers should obtain, clear for submission, and submit the complete budgets for the activities their MDAs will be implementing in the upcoming budget period and that are relevant to the policy being formulated. For example, MOH submitted the Newborn Care budget for the upcoming period as input into the ECCD CIP.
4. The submitted budgets should be subjected to a budget analysis by the team responsible for facilitating the development of the policy framework. Not only do these budgets offer directly that can be directly incorporated into the CIP, but they also provide a basis for estimating additional costs for new activities specific to the policy being developed. For example, although there may not be a budget line item for social behaviour change interventions focussed on ECCD messaging, the budgets allocated for other SBCC campaigns can be used as a guide for predicting costs.
5. The CIP technical workshop should be attended predominantly by budget officers and not program officers. This is a critical requirement.

6. The CIP technical workshop should be facilitated over at least 2 but preferably 3 days.
7. Budget templates for working groups for used during the technical workshop should be shared for update ahead of the workshop and more thoroughly informed by the budgetary analysis to which the budgetary data submitted by contributing MDAs was subjected to.
8. Steps for securing the buy-in and active participation of the budget officers need to be considered. Taking on these costing activities was seen as extra time an effort beyond their normal work roles and some participants expressed the need for compensation for the time and effort they were required to devote to these extra duties. Their expectations in this regard need to be considered and addressed.

## 6.5 Appendix 5: ECCD Policy Coordinating Committee and Participants

**Table 4: Members of National Early Childhood Care And Development Coordinating Committee (2018 – 2023) and Participants of Key Stakeholder Engagements**

NO.	NAME	INSTITUTION
1.	Peter Baffoe	UNICEF
2.	Agnes Arthur	UNICEF
3.	Theresa Bandoh	Ministry of Information
4.	Fred Sakyi Boafo	Department of Social Welfare
5.	Cynthia Mettle-Nunoo	Ministry of Employment and Labour Relations
6.	Rebecca Ampa-Korsah	Department of Community Development
7.	Comfort Martey	Ministry of Health
8.	Florence Akosua Beryl Esinam Hagan	National Population Council
9.	Palham Oyiye	Ghana National Association of Teachers
10.	Vida Barbara Ntow	ECE Coordinator, Ghana Education Service
11.	Naa Koshie Lamptey-Marquaye	National Council for Private Early Childhood Growth and Development
12.	Dr. Isabella Sagoe-Moses	Ghana Health Service
13.	Barima Akwasi Amankwaah	NGO Coalition on the Rights of the Child
14.	Bright Appiah	Child Rights International
15.	Florence Ayisi Quartey	Department of Children
16.	Salome Braimah	Births and Deaths Registry

NO.	NAME	INSTITUTION
17.	Joyce Nsiah Asante	University of Education, Winneba
18.	Dr. Afisah Zakariah	Ministry of Gender, Children and Social Protection (MoGCSP)
19.	Mawutor Ablo	Ministry of Gender, Children and Social Protection
20.	Dr. Comfort Asare	Department of Social Welfare, MoGCSP
21.	Fred Sakyi Boafo	Department of Social Welfare, MoGCSP
22.	Esther Gyamfi	National Council for Persons with Disability, MoGCSP
23.	Sabia Kpekata	Department of Gender, MoGCSP
24.	Samuel Boakye-Marfo	Social Protection Directorate, MoGCSP
25.	Hannah Awadzi	Special Mothers Project
26.	Emma-Joan Halm	WASH Section - UNICEF
27.	Ramesh Bhusal	WASH Section - UNICEF
28.	Priscilla Wobil	Health/Nutrition Section - UNICEF
29.	Ruth Situma	Health/Nutrition Section - UNICEF
30.	Madeez Adamu-Issah	Education Section - UNICEF
31.	Christopher Nkrumah	Education Section - UNICEF
32.	Timoah Kunchire	Education Section - UNICEF
33.	Emmanuel Nyarko-Tetteh	Child Protection Section - UNICEF
34.	Nii Doodo Doodoo	Lively Minds
35.	Braima Akwasi Amankwah	NGO Coalition on the Rights of the Child
36.	Dr. Faustina Essandoh	Department of Community Development
37.	Leonie Akofio Sowah	Centre for Learning and Childhood Development
38.	Mary Amoah	Ghana Federation of Disability Organizations

<b>NO.</b>	<b>NAME</b>	<b>INSTITUTION</b>
39.	Veronica Acquah	Christian Council of Ghana
40.	Richard Baffour-Awuah	Pre-tertiary Directorate, Ministry of Education
41.	Isaac Awua-Boateng	Ghana National Education Campaign Coalition (GNECC)
42.	Deborah Osei	Ministry of Finance
43.	Kwasi Akoto Gharbin	National Council for Private Early Childhood Growth and Development
44.	Rasheed Aulaah	Ghana Muslim Mission
45.	Dr. Charles Kesse	Office of the Head of Local Government Service
46.	Esenam Kavi De Souza	Children Believe
47.	Ruth Addison	Private Consultant
48.	Anthony Boateng	Ghana Education Service
49.	Dr. Edem Magdalene Tette	Paediatric Society of Ghana
50.	Dr. Marilyn Marbell	Paediatric Society of Ghana
51.	Zuleiha Aminu	Ministry of Health
52.	Mary Mpereh	National Development Planning Commission
53.	Dr. Kofi Issah	Ghana Health Service
54.	Freda Saah	Ministry of Local Government, Chieftaincy and Religious Affairs

## 6.6 Appendix 6: List of Documentary Evidence

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## 6.7 Appendix 7: Theory of Change

Table 5: The Theory of Change for the Policy is presented below

IMPACT					
Every child is able to develop to their full potential and no child is left behind. All children are developmentally on track.					
↑					
OUTCOMES – COMPONENTS OF NURTURING CARE					
Health	Nutrition	Early Learning	Responsive Caregiving	Safety & Security	Inclusion
All children (0–8 years) in Ghana and their families receive the health services they need for survival, growth, and development.	All children (0–8 years) in Ghana have optimal nutrition and WASH to promote child survival, optimal growth and development.	All children (0–8 years) in Ghana have requisite foundational skills and are developmentally on track to benefit from primary, secondary and lifelong learning opportunities.	Parents and caregivers have the information, skills, knowledge, capacity, practice and support to practice nurturing care and positive parenting to achieve the optimal and holistic development of their children.	All children (0–8 years) and their families live in a safe environment and supported through adequate care, social and child protection programmes and services.	The quality of life of for children (0–8 years) with disabilities and their families is improved through reasonable accommodations, differentiated management and supportive services.
↓					
OUTPUTS – STRATEGIC ACTIONS					
Health	Nutrition	Early Learning	Responsive Caregiving	Safety & Security	Inclusion Objectives
<ul style="list-style-type: none"> <li>Quality-of-service delivery improved at all levels – ANC, intrapartum, PNC, and newborn care.</li> <li>All children aged 0–8 receive a standard comprehensive package of child healthcare services.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive coverage of maternal and child nutrition services ensured.</li> <li>School health and nutrition services are improved.</li> </ul>	<ul style="list-style-type: none"> <li>All families and communities are informed and equipped to support early learning for children aged 0–3.</li> </ul>	<ul style="list-style-type: none"> <li>Parents and caregivers have the information, skills and knowledge to support the optimal development of young children (0–8 years) in safe, healthy and stimulating home environment.</li> </ul>	<ul style="list-style-type: none"> <li>Social protection programmes are expanded to reach more children (0–8 years) and their families.</li> </ul>	<ul style="list-style-type: none"> <li>Inclusion of children (0–8 years) with disabilities and other vulnerable children in all aspects of life is facilitated and ensured.</li> <li>Critical needs of children (0–8 years) with disabilities and vulnerable children and their primary caregivers are identified and addressed.</li> </ul>

OUTPUTS – STRATEGIC ACTIONS					
Health	Nutrition	Early Learning	Responsive Caregiving	Safety & Security	Inclusion Objectives
<ul style="list-style-type: none"> <li>Adequate service delivery points in every community ensured for comprehensive coverage of healthcare services to young children.</li> <li>Improved care for newborns, children and families requiring specialised services.</li> </ul>	<ul style="list-style-type: none"> <li>WASH, food safety, quality and security promoted.</li> </ul>	<ul style="list-style-type: none"> <li>All daycare and early learning centres for children (0-3 years) have appropriate curricula, facilities, and trained personnel to deliver quality programmes.</li> <li>All kindergartens have the expertise and resources to deliver quality early learning for all children including children with special needs.</li> </ul>	<ul style="list-style-type: none"> <li>Specialized services are provided for at-risk children and caregivers.</li> </ul>	<ul style="list-style-type: none"> <li>Programmes and activities that prevent and protect children from all forms of violence, abuse, neglect and exploitation effectively address the needs of young children and their families.</li> <li>Safe and supportive environment for children (0-8 years) is established and maintained.</li> </ul>	<ul style="list-style-type: none"> <li>Early childhood programmes are accessible and friendly to all young children with disabilities and other vulnerable children.</li> </ul>
↑					
INPUTS					
Oversight & Accountability	Operational Coordination & Management	Decentralised Implementation	Accelerators	Monitoring, Evaluation, Research and Learning	Adequate Resourcing
ENABLING ENVIRONMENT 5 FOR NURTURING CARE — CREATED BY POLICIES, PROGRAMMES, AND SERVICES					

## 6.8 Appendix 8: Endnotes

<sup>1</sup> World Health Organization (WHO), United Nations Children’s Fund (UNICEF), World Bank Group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential <https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>

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<sup>12</sup> Ministry of Gender, Children, and Social Protection and UNICEF Ghana. 2020. *Capacity Building Strategy for Strengthening the Social Welfare Services Workforce 2020–2024*. Accra: Republic of Ghana. Accra, Ghana: Ministry of Gender, Children and Social Protection, and UNICEF Ghana. <https://www.unicef.org/ghana/>

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