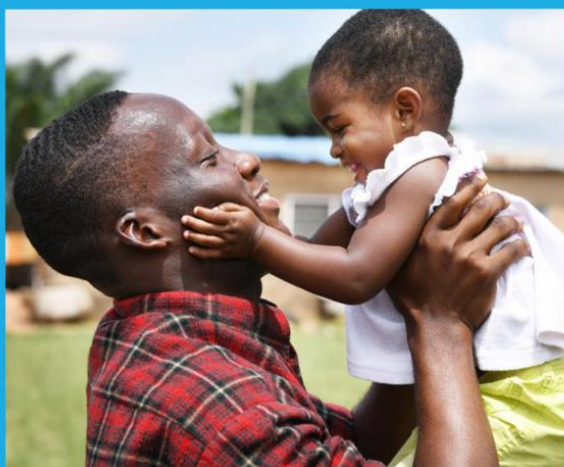


EVALUATION REPORT

Summative Evaluation of Ghana Early Childhood Care and Development (ECCD) Policy (2004–2019)

Final Report



December 2020

Evaluation carried out by: Clear Outcomes
Evaluation commissioned by UNICEF, Ghana and The Ministry of Gender,
Children and Social Protection, Ghana

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List of acronyms

AIDS	Acquired Immunodeficiency Syndrome
BDR	Births and Deaths Registration
CBO	Community Based Organisation
COVID-19	The 2019 novel coronavirus SARS-CoV2
CRC	Convention on the Rights of the Child
ECCD	Early Childhood Care and Development
FBO	Faith Based Organizations
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GER	gross enrolment ratio
GES	Ghana Education Service
GHS	Ghana Health Service
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
LEAP	Livelihood Empowerment Against Poverty
LGS	Local Government Service
LIPW	Labour Intensive Public Works
M&E	Monitoring and Evaluation
MDA	Ministries, Departments, Agencies
MICS	Multiple Indicator Cluster Survey
MLGRD	Ministry of Local Government and Rural Development
MMDE	Ministry of Manpower Development and Employment
MOE	Ministry of Education
MOEYS	Ministry of Education, Youth, and Sports
MoGCSP	Ministry of Gender Children and Social Protection, formerly MOWAC
MOH	Ministry of Health
MOWAC	Ministry of Women and Children
NECC	National Early Childhood Coordinating Committee
NGO	Non-Governmental Organization
OECD- DAC	Organisation for Economic Co-operation and Development- Development Assistance Committee
SABER- ECD	Systems Approach for Better Education Results – Early Childhood Development
TOC	Theory of Change
UN	United Nations
UNICEF	United Nations Children’s Fund
WHO	World Health Organisation

1 EXECUTIVE SUMMARY

1.1 Introduction

Ghana's Ministry of Gender, Children and Social Protection (MoGCSP) and UNICEF Ghana commissioned a summative evaluation of Ghana's Early Childhood Care and Development (ECCD) Policy, enacted in 2004. The MoGCSP and its partners saw value in documenting the learning from 15 years of implementation experience and plans to use the evaluation recommendations to work with its partners and revise the Policy, refine their respective roles and contributions, build upon sector-specific achievements, and incorporate the latest evidence on early child development.

1.2 Purpose and Objectives

The evaluation purpose was to guide Policy revision by understanding how to make the ECCD Policy more current, aligned with the national aspirations, and addressing implementation gaps. The primary objectives were:

1. To determine the relevance, coherence, effectiveness, efficiency and sustainability of the ECCD Policy;
2. To document lessons learned about what did and did not work in Policy implementation, including unexpected outcomes both positive and negative, and identify factors enabling or constraining efficacy;
3. To assess the extent to which the Policy integrated gender and equity considerations into its design and implementation provisions;
4. To ensure broad validity of findings, conclusions and recommendations through engagement with key ECCD stakeholders.

1.3 Evaluation Scope

The Policy evaluation was national in its scope and focussed on Policy content and implementation, with reference to a) ECCD service coverage and delivery; b) horizontal coordination across sector specific ECCD services; c) vertical coordination across national, subnational, and local levels of government, especially within the context of decentralization in Ghana. Data collection took place in Kumbungu, Tamale, Berkum West, Sunyani, Accra Metro, and Shai Osu Doku Districts. The evaluation covers the period from the ECCD Policy's launch in August 2004 to November 2019.

1.4 Evaluation Criteria and Questions

The evaluation's purpose and objectives were operationalized in five succinct evaluation questions (EQs) that map to the Organisation for Economic Co-operation and Development-Development Assistance Committee (OECD-DAC) criteria:

1. To what extent is the Early Childhood Care and Development (ECCD) Policy valid? (Relevance)
2. To what extent did the ECCD Policy lead to change? (Effectiveness)
3. To what extent does the ECCD Policy accurately identify and provide for the mobilization, coordination and appropriate allocation of the resources required for effective implementation? (Efficiency)
4. To what extent does the ECCD Policy maximize existing processes, structures and services for efficient implementation? (Efficiency)
5. To what extent does the ECCD Policy provide for sustainable change in the institutional and financing arrangements for ECCD and in ECCD outcomes? (Sustainability)

1.5 Evaluation Users

The users of this Policy evaluation will participate substantially in the envisaged reformulation of the ECCD Policy, and include a range of Ministries, UNICEF, other development partners, and academics. The main developers and implementers of the ECCD related national programmes, and who are also tasked to monitor progress in Ghana include the MoGCSP, Ministry of Health (MOH), Ministry of Education (MOE), and Ministry of Local Government and Rural Development (MLGRD), can use the finding and recommendations to help inform ECCD Policy revision, strengthen coordination, and assist in planning. Other entities are expected to benefit from and use this evaluation findings. They include UNICEF (both in Ghana and globally), planning bodies like the National Development Planning Commission (NDPC), academia, and both private and civil society organisations—in their contributions to Policy formulation and the implementation of ECCD programmes. The evaluation is expected to further stakeholders knowledge and improve advocacy and practical actions in implementation of ECCD policies and programmes.

1.6 Methods

This evaluation used a mixed-methods strategy to combine data from both primary and secondary sources. The team conducted literature review, secondary analysis of quantitative data, key informant interviews (KIIs) and focus group discussions (FGDs). KIIs and FGDs used semi-structured guides, including different, tailored interview guides for each stakeholder type. Literature and secondary data review were purposively sampled based on MoGCSP and UNICEF’s identification of the most relevant sources. The team conducted 43 KIIs and FGDs at the national level with representatives of key government Ministries and agencies, development partners, as well as representatives for NGOs, faith-based organizations and the private sector. At the Regional and District level, the team conducted 82 KIIs and FGDs with male and female caregivers, government officials, and those working in social welfare and protection, health and education. The evaluation used a purposive sampling strategy for qualitative data collection to target key informants and FGD participants with the most relevant information for the evaluation, ensure representation of different regions and stakeholder types, and ensure diversity of perspectives.

The team analysed primary data from interviews and FGDs using two-stage structured coding approach in Dedoose, a computer-assisted qualitative data analysis software platform. All findings from each evaluation question were triangulated with findings from the literature and secondary data review to check for validity and mitigate limitations from the subjectivity of qualitative data. Additional mitigation efforts were made to address other limitations of the evaluation—recall and selection bias, purposive sampling, and the use of remote interviews during the 2020 novel coronavirus SARS-CoV2 (COVID-19) pandemic.

1.7 Main Findings and Conclusions

1.7.1 EQ1–Relevance: To what extent is the Early Childhood Care and Development (ECCD) Policy valid?

Meeting Ghana’s Needs: When the Policy was enacted in 2004, the Policy environment was ready for a mechanism to bring together disparate initiatives with shared expected childhood care and development outcomes. While not informed by an assessment that quantified early childhood care and development needs in Ghana, the needs the Policy prioritized were identifiable in its objectives and targets. In addition to developmental needs of children, the Policy identified the capacity strengthening required to deliver on those needs. However,

there were gaps in the Policy, including: (i) absence of meaningful services for children with disabilities and their caregivers; (ii) absence of provisions to mitigate inequitable demands imposed on female caregivers; and (iii) not adequately addressing the obstacles households with limited means faced in accessing services.

Alignment with the ECCD Policy Environment: While the Policy acknowledged the MLGRD and local government's role in decentralised service delivery, their role in Policy implementation was not fully conceptualized. Further, most recent ECCD related policies, laws and, guidelines, such as the Nurturing Care Framework, which has been widely adopted, do not reference the ECCD Policy.

Currency with Stakeholders: Although the 2004 ECCD Policy enjoyed currency with stakeholders initially, several key informants indicated they no longer used the Policy as a guide for their work, while others were not aware of the Policy or familiar with its content.

1.7.2 EQ2—Effectiveness: To what extent did the ECCD Policy lead to change?

Theory of Change: The 2004 ECCD Policy accounted for all the necessary elements of Policy design based on a sound theory of change. The Policy also included the elements provided for in later guidance, such as the World Bank's 2013 Systems Approach for Better Education Results – Early Childhood Development (SABER-ECD) framework. However, the necessary level of detail for a robust theory of change was absent for each element in the Policy.

Providing Guidance: The Policy intended coordination through establishing ECCD committees at national, regional, district, sub-district and community levels but gave no further guidance on coordinating across the responsible committees or Ministries, Departments and Agencies (MDAs). The Policy made commitments to improving quality standards, availability of differentiated services, routine monitoring and evaluation (M&E), and the need for MDAs to create budgets, but did not offer detailed guidance on implementation for each of these domains.

Contributing to System Level Changes: The Policy allowed each MDA to promote effective ECCD within their technical purview. Policymakers responded with Policy initiatives and strategic frameworks such as the introduction of mandatory pre-school, a pre-primary curriculum, early learning standards, and training specialization for Kindergarten teachers. However, the intended cross-sector coordinating body, dependent on development partner funding, met inconsistently after the funding ceased (2012) and senior delegates with decision making authority attended infrequently.

Contributing to Changes in Outcomes: Of the 17 targets set in the 2004 Policy, 8 were achieved, 4 partially achieved, and 5 were not yet achieved.

Factors Enabling or Constraining Effectiveness: National ECCD related policies and guidelines operationalizing aspects of the ECCD Policy and global commitments to ECCD facilitated the Policy's achievement of many of its goals. Programmes such as Kindergarten and ECCD teacher training also supported achievement. Constraints included inadequate resourcing and coordination, the limited breadth of implementation which reflected and exacerbated the inequities in Ghanaian society, and the inadequate monitoring and data aggregation.

1.7.3 EQ3—Efficiency: To what extent does the ECCD Policy accurately identify and provide for the mobilization, coordination and appropriate allocation of the resources required for effective implementation?

Estimating Resource Requirements: The Policy contained no concrete implementation approaches—such as strategies or packages of services—linked to priorities, targets, and institutional arrangements to inform cost analysis.

Providing Guidance on Resource Mobilization and Allocation: The Policy did not establish a minimum level of public funding for ECCD services nor make a funding commitment on behalf of government. However, MOE, MOH and their related agencies have developed ECCD mandates and allocated funding. Budgeting practices for decentralized agencies' Policy implementation, such as MLGRD, were still being developed at the time of this evaluation; therefore, decentralized Ministries were not able to fund implementation through local government.

The Policy assumed that NGOs, development partners, and “philanthropic personalities” would supplement ECCD spending. However, international financing has declined and currently represents only 7% of the educational sector budget.

There was an intentional reliance on the development of private sector ECCD services to meet Ghana's needs, but this has meant that the private sector facilities now dwarf public sector ECCD facilities and were limited to people with the ability to pay, aggravating inequities in ECCD service delivery. Though the Policy calls for government subsidies to the ECCD private sector, respondents suggested that not enough was being done to ensure equity.

Providing Guidance on Coordinating Resource Mobilization and Allocation: The Policy did not mandate any authority to coordinate resource mobilization or monitor spending across sectors, contributing to inefficiencies including (i) competing for limited finances; (ii) perpetuating access and equity deficits; (iii) the inability to test the comparative effectiveness of interventions; (iv) failure to finance cross-cutting functions such as coordination and M&E.

1.7.4 EQ4—Efficiency: To what extent does the ECCD Policy maximize existing processes, structures and services for efficient implementation?

Providing Guidance to Leverage Existing Processes: The Policy did not give adequate guidance for resourcing responsibilities in a complex service environment where District Assemblies sit at the junction of decentralised and centralised services.

Assigning Roles and Responsibilities: The 2004 ECCD Policy clarified roles and responsibilities for centralised Ministries (MOH and MOE) and guided the way they relate to other MDAs. Respondents delivering services at the local level reported persistent uncertainties around roles and responsibilities such as the lack of explicit, age specific descriptions of services and who should lead.

Efficient and Changing Implementation Structures: The most efficient implementation structures over the life of the Policy were the centralised Ministries and their associated services— Ghana Health Service and Ghana Education Service (GHS and GES). The

originally envisaged coordination structures and were not sustained over time, though it was not clear that the original structure would have increased efficiency.

1.7.5 EQ5—Sustainability: To what extent does the ECCD Policy provide for sustainable change in the institutional and financing arrangements for ECCD and in ECCD outcomes?

Changes to the ECCD Policy, Institutional and Service Environments: MDAs generated policies, strategies and other guidance that directed their ECCD related work, which will be an enduring legacy of the Policy itself. These policies also established the obligation to finance related activities despite the difficult financing environment described above. The Policy boosted the momentum of several initiatives, including introducing two compulsory years of kindergarten and investments in human resource development. The Policy’s recognition of the role of the private sector was credited with bolstering private investment in ECCD.

Prospects for Persistence of the Policy’s Outcomes: Although progress towards targets (see EQ2) was promising, risks to sustainability included inadequate human and financial resources, poor coordination (especially at the local level), and inequitable service delivery.

1.8 Gender, Equity and Human Rights

The Policy assigned the MOH responsibility for identifying children with disabilities but gave no equivalent responsibility to Ministry of Education, to provide them with services. The Policy included equitable and affordable access to services as a Policy objective, but substantial inequities in ECCD access persist and the lack of detailed guidance in the ECCD Policy on achieving equitable access to services may have unintentionally exacerbated inequities.

1.9 Lessons Learned

Strong cross-sector Policy frameworks require a strong coordination body, costed implementation plans, and sustainable funding plans. Decentralization had a major impact on the Policy’s relevance and implementation. There has been substantial change in Ghana since 2004 and an earlier revision of the policy may have led to more strategic and targeted interventions in ECCD.

1.10 Final Conclusions

EQ1: Although the 2004 ECCD Policy initially met articulated needs, its relevance has diminished over time due to government restructuring and gaps in the Policy.

EQ2: The ECCD Policy was successful in meeting many of its targets, facilitated by active work under each MDA towards these goals. The ECCD Policy did not however effectively coordinate work across MDAs, leading to limitations in implementation, resourcing, and monitoring results.

EQ3: The Policy lacked adequate resource provisions and appropriate allocation of resources.

EQ4: Due to government restructuring and the lack of use of the initial coordination structures, the ECCD Policy’s use of current processes, services, and structures was no longer maximized.

EQ5: Many of the ECCD Policy achievements are likely to be sustainable, though resourcing

and coordination remain major risks to sustainability.

1.11 Recommendations

The six priority recommendations, which are all **strategic recommendations for the MoGCSP and its collaborating partners**, are outlined below. A full list of recommendations is included in the main body of the report.

1. MoGCSP should continue the process to revise and update the 2004 ECCD Policy, informed by the products resulting from this evaluation process.
2. MoGCSP and its partners should ensure that the Policy development process results in four complementary products: (i) a summary of evidence on the state of ECCD in Ghana; (ii) the Policy document; (iii) an action plan operationalizing the implementation of the Policy; and (iv) an analysis that costs the implementation plan and specifies funding sources.
3. MoGCSP and partners should adopt the Nurturing Care framework domains, together with a life cycle approach that groups children into developmentally appropriate age groups, to frame priority Policy provisions.
4. The MoGCSP and collaborating partners must define packages of differentiated services based on the adopted domains and life cycle framework, as well as levels of vulnerability, including poverty and disability and ensure wide implementation of the new Policy to improve the equity of outcomes.
5. Led by MoGCSP, collaborating partners should commit funding in the Policy, based on international benchmarks and the policy should be endorsed by the highest appropriate national authority.
6. MoGCSP and collaborating partners must ensure that the Policy provides for a mechanism that facilitates accountability of MDAs and District Assemblies for their contribution to national ECCD objectives, and consider a cabinet level coordination mechanism.

2 CONTEXT

2.1 ECCD in Ghana

Early childhood refers to the period from conception to eight years of age, when the most profound developmental outcomes on an individual's future health, wellbeing, cognitive abilities, interpersonal capabilities, and even productivity, are realized.¹ Consequently, early childhood care and development programmes are potent approaches in combating inequalities that correlate with geography, gender and ethnicity, and that are rooted in poverty.² Quality programmes need to cumulatively address the multi-dimensional nature of early childhood development and ensure that care is enabled across sectors delivering health, education and protective services. Programmes also need to address the actors that impact early childhood development outcomes, from parents and families, through community and faith-based structures, to government agencies and institutions, to development partners and investors.

The multi-dimensional nature of early childhood care and development requires that attention be paid to coordination and integration of services across numerous sectors to realize efficiencies and ensure impact. While a number of policies have been developed, the efficacy of ECCD depends on both the availability and accessibility of essential services (such as parental education classes, healthcare, adequate nutrition, and early education), as well as the extent to which they are appropriately sequenced and integrated.³

Since Ghana's adoption of the United Nations Convention on the Rights of the Child in 1989, ECCD has been a Policy priority that resulted in gradually scaled initiatives. In 1990, a National Advisory Committee on ECCD was established. The committee was mandated to examine laws affecting children, to formulate guidelines for ECCD services, and to propose a law on the organisational structure of pre-school institutions. In September 1991, the National Advisory Committee submitted a memorandum of recommendations to the government on preschool services and the need for a designated coordinating agency for all ECCD activities in the country. In 1992 all regions and districts were directed to establish committees for ECCD programmes. The 1992 Constitution of Ghana incorporated ECCD, enjoining the government to ensure the survival and development of the child and, in Article 28, tasking Parliament to put in place laws that protect the child, promote their interests and fulfil their rights.

While the early history of ECCD in Ghana does reveal a tendency to emphasize early learning, the grounding of National Advisory Committee's work in a rights-based perspective, echoed in the provisions for ECCD in the 1992 constitution, demonstrated an early understanding the ECCD applied to multiple domains impacting on the survival and flourishing of a child. In 2004 this broad perspective was reflected in Ghana's enactment of the ECCD Policy, precipitating a surge in initiatives to address ECCD imperatives. The

¹ Richter, L.M., Daelmans, B., Lombardi, J., et al. (2017). Investing in the foundation of sustainable development: Pathways to scale up for early childhood development. *Lancet*. 2017;389(10064):103–118.

² Richter, L., Black, M., Britto, P., et al. (2019). Early childhood development: an imperative for action and measurement at scale. *BMJ Glob Health*. 2019;4(Suppl 4):e001302.

³ Naudeau, S., Kataoka, N., Valerio, A., Neuman, M., & Elder, L. (2011). Investing in Young Children : An Early Childhood Development Guide for Policy Dialogue and Project Preparation. Africa regional educational publications, Directions in development; human development. World Bank. Accessed at <https://openknowledge.worldbank.org/handle/10986/2525>

ECCD Policy was complemented in 2008 with the enactment of Free and Compulsory Universal Basic Education, to address access deficits and bridge inclusion gaps to pre-primary education.⁴ Ghana's national commitment was again demonstrated a decade later with the adoption of the Nurturing Care Framework⁵ as a guide for Policy and programming, promoting a more definitive commitment to children's overall early development and wellbeing.⁶

The 2004 ECCD Policy aims to provide a framework for “the guidance of government and relevant sector ministries, District Assemblies, communities, families, the private sector, non-governmental organizations and development partners for investment in and effective implementation of ECCD programmes.”⁷ Three main factors contributed to the need for an ECCD policy in Ghana, they were the need to address the poor situation of children, the need to streamline the activities of all stakeholders in ECCD and the third was the need to support from stakeholders who had resources for the sector.⁸ At the time, the Ministry of Women and Children (MOWAC) as the Policy owner, assumed the central role in coordinating ECCD in Ghana. It was expected that the implementation of the ECCD Policy would ensure the survival, growth and development of all children in Ghana by assigning roles, responsibilities and performance targets to ministries and district assemblies in key sectors.

In 2005, the National Early Childhood Coordinating Committee (NECC) was constituted according to the Policy's directive and given priority leadership over all ECCD related service delivery mechanisms. This leadership function was replicated across regional and district government with the forming of ECCD committees at those levels. Under the Policy various sectoral plans were put in place and numerous initiatives for ECCD have been implemented. A number of the Policy's goals have also been achieved, including major achievements such as two years of preschool kindergarten education integrated within the school system, a national health insurance scheme, school feeding programmes, and capitation grants.

In January 2013, pursuant to Executive Instrument 1, the Ministry of Gender, Children and Social Protection (MoGCSP) was created to replace MOWAC and became the owner of the 2004 ECCD Policy. The sequence of Policy initiatives described above were complemented by several additional policies and programmes that directly or indirectly have impact on the welfare of children. The comprehensive list of legislation, policies and standards related to ECCD in Ghana is presented in

Table 1.

⁴ Akyeampong, K. (2009) Revisiting Free Compulsory Universal Basic Education (FCUBE) in Ghana. *Comparative Education*, 45:2, 175-195

⁵ World Health Organization, United Nations Children's Fund, World Bank Group (2018) Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization. License: CC BY-NC-SA 3.0 IGO

⁶ Ghana Ministry of Health (2018) Ghana launches Framework for Early Childhood Development, Accessed from <http://www.moh.gov.gh/ghana-launches-framework-for-early-childhood-development> on 10 February 2020.

⁷ Government of Ghana. (2004). Early Childhood Care and Development Policy, 2004. Accra, Ghana

⁸ Amadu, M., Etse, S. & Madeez, A.I. (2004) Process of ECD Policy Development—Ghana's Experience, an unpublished paper revised from a paper presented at the 2nd International Conference on ECD in Asmara, Eritrea in October 2002.

Table 1: Legislation, policies and standards applying to ECCD

Health/Nutrition	Education	Child and Social Protection
Overarching Legislation and Integrated Policies Constitution of Ghana, 1992; National Gender and Children Policy, 2001; Early Childhood and Development Policy (2004); Children's Act, 1998 LI.1705, 2002; National Gender Policy, 2015.		
Legislation		
• The National Health Insurance Act, 2012 (Act 852) • Food and Drugs Act Amendment (Act, 523), 1996	• Education Act, 2008 (Act 778)	• Registration of Births and Deaths, 1965 (Act 301) • The Juvenile Justice Act, 2003 (Act 653) • Labour Act, 2003 (Act 651) • The Persons with Disability Act, 2006 (Act 715) • Domestic Violence Act 732 (2007) • Human Trafficking Act 694 (2005)6; • Criminal Code (Amendment) Act 554 (198) [12]
Policies		
• Nurturing Care Framework (2019) • Child Health Policy, 2008-2015 • Under 5 Child Health Policy, 2007-2015 • National HIV & AIDS, STI Policy, 2013 • National Newborn Strategy and Action Plan, 2014-2018 • Community-based Health Planning and Services Policy, 2016 • Adolescent Health Service Policy and Strategy, 2016-2020 • Family Planning Costed Implementation Plan, 2016-2020 • National Reproductive Health Service and Standards, GHS (2014) • Infant and Young Child Feeding Strategy for Ghana, 2007 • National Nutrition Policy, 2016	• Inclusive Education Policy, 2015 • Promotion and Extension of Pre- School Education, (2007) • Early Learning Standards and Indicators for 4-5years old – Ghana Education Service (2016). • Early Childhood Care and Development Standards 0-3 in 2018 • National Social Protection Policy 2015 • Early Childhood Education Policy Framework (being finalized)	• The Child and Family Welfare Policy, 2015; and Operational Plan, 2017-2020 (2017) • National Social Protection Policy, 2015 • Justice for Children Policy (2015)

However, a fair proportion of the policies listed in Table 1, were not attributable to the influence of the 2004 Policy. The terms of reference for this evaluation acknowledges that the Policy has been overtaken by important developments such as the adoption of the Nurturing Care Framework:

“... over the last decade, the priority and visibility given to ECCD as a dynamic and integrated approach to children’s well-being seems to have diminished while sectoral achievements in health, nutrition and pre-primary education have progressed in Ghana. Further, the ECCD coordination body also appears to be weak due to constrained access to finance or sufficient political capital to provide stewardship across stakeholders.”⁹

According to this evaluation’s terms of reference, the aspirational intent for the Policy—to provide a basis for actors across sectors to harness the evidence, generate political commitment, raise wide-ranging community awareness and social mobilization, leverage opportunities and adopt best practices in ECCD coordination, integration, and implementation—has not been fully realized. Not unexpectedly, as the Policy aged and more specific content on pre-primary education, child protection, water and sanitation and social protection emerged, it ceded relevance to emerging priorities.¹⁰

⁹ UNICEF. (2019). Terms of Reference and Evaluation Criteria for the Recruitment of an Evaluation Firm to Conduct the Evaluation of the ECCD Policy in Ghana, 2004. See Appendix 10.1. pg.2

¹⁰ UNICEF. Terms of Reference, op.cit. pp. 2-5 pgs.2-5

3 OBJECT OF THE EVALUATION

Table 2: Brief presentation of the object of the evaluation

Title of the Policy	Ghana Early Childhood Care and Development (ECCD) Policy (2004)
Country	Ghana
Sources of implementation funding	Multiple, including Government of Ghana, development partners, private sector and private citizens
Total Budget	No explicit budget for implementation was allocated
Policy duration	2004-2019
Main Objective	To promote the survival, growth, and development of all children (0-8 years) in Ghana
Expected beneficiaries	All Ghanaians who were born after 1996 (and were <8yrs at the launch of the Policy) and their caregivers.
Partners (institutional, implementing agencies)	Government of Ghana Ministries, Departments and Agencies, development partners and private sector

3.1 Introduction

Ghana's MoGCSP and UNICEF Ghana commissioned Clear Outcomes to conduct a summative evaluation of Ghana's ECCD Policy, which was enacted in 2004. This independent external evaluation was jointly managed by the Ghana MoGCSP and UNICEF Ghana. This report reviews how well the Policy was designed and implemented and reflects its cumulative effect over a 15-year period, within the context of other Ghanaian Policy initiatives.

3.2 Object of the Evaluation

The object of this summative evaluation was Ghana's 2004 Early Childhood Care and Development Policy, its effects, and its outcomes. The 2004 ECCD Policy aimed to provide a framework for "the guidance of government and relevant sector Ministries, District Assemblies, communities, families, the private sector, non-governmental organizations and development partners for investment in and effective implementation of ECCD programmes."¹¹ In addition to the expected front matter (Title Page, Table of Contents, Acronyms, Foreword and Acknowledgement) the Policy consists of the following sections:

1.0 Introduction, which includes a description of Early Childhood Care and Development; a brief history of ECCD in Ghana and the shift intended by the 2004 Policy from a focus on basic maternal and child health and cognitive development to holistic ECCD; a brief situating of the holistic approach within the existing legal and institutional framework, with a specific reference to the importance of decentralized governance; the purpose of the ECCD Policy.

¹¹ Government of Ghana. (2004). Early Childhood Care and Development Policy, 2004.

- 2.0 **Rationale**, which includes a restatement of the Policy’s purpose; a statement on the obligation of the government of Ghana to ensure ECCD and how this obligation was articulated in supporting legislation; a list of current (at the time) related policies; factors motivating the formulation of the ECCD Policy, with a focus on Ghana’s commitments as a signatory to various international agreements; and the view that ECCD offers an important poverty reduction strategy.
- 3.0 **Goal, Objectives and Targets**, which includes a statement of the Policy’s goal; a list of 21 Policy objectives, arranged in no particular order, that includes four focussed on early learning, two each on health and safety and security, one each on nutrition and responsive caregiving, three on integrating ECCD into Policy and planning, three on institutional strengthening and service delivery coordination, two each in financing and monitoring & research, and one on assuring service quality; and 17 quantified targets for ECCD efforts to achieve at various future dates, including six focussed on health, five on early learning, two on nutrition, one on safety and security, and one each on financing and monitoring & research. Equity was explicitly addressed in one Policy objective and one Policy target on early learning, as well as a Policy objective on financing.
- 4.0 **Institutional Arrangements**, which in section 4.1 sets out an institutional coordination framework that includes a National ECCD Coordinating Committee at national level, and a novel committee structure at regional, district, district sub-structure and community level. Representation on the national and district committees was multi-sectoral and required participation by specific MDAs, as well as representation from traditional authorities, civil society, and the private sector. Committee representation reflected the expectation in the Policy of which stakeholders were responsible for implementation. Section 4.2 then continues by assigning roles and responsibilities to specific Ministries and Services (Ministry of Women and Children’s Affairs, Ministry of Education, Youth and Sport and the Ghana Education Service, Ministry of Health and the Ghana Health Service, Ministry of Manpower, Development and Employment, and Ministry of Local Government and Rural Development), the National ECCD Coordinating Committee, Regional Co-ordinating Councils, District, Municipal and Metropolitan Assemblies, Communities, Families, Faith-based and Non-governmental Organizations, and Private Proprietors and Providers (of ECCD services). The section concludes with a generic statement requiring all government departments “whose work impact on ECCD” to incorporate ECCD programming into their activities “at all levels.”
- 5.0 **Implementation Strategies** sets out eight strategic commitments for the Policy but includes little concrete guidance on how to go about meeting these strategic commitments. These strategic commitments include creating a conducive environment for ECCD, promoting integrated services, encouraging innovation in the provision of services, developing institutional and practitioner capacity, broadening parent participation, ensuring service quality, implementing monitoring, evaluation and learning systems, and mobilizing resources.
- 6.0 **Costs and Financial Implications** begins with nominal but not exhaustive lists of anticipated cost items at national (four items), regional (four items), district (five items), and community (eight items) levels. No cost estimates are included. The section then presents two key principles for financing ECCD: cost obligations are to be distributed across all stakeholders, including government, the private sector, communities, families and parents, and development partners; and MDAs will set aside a proportion of their

budget allocations to meet the cost of their ECCD responsibilities, as assigned by the Policy. The section also commits government to introducing tax and other incentives to encourage private sector participation in ECCD service provision.

7.0 **Conclusion** presents a succinct overview of the Policy content and calls on stakeholders to rise to the challenge and seize the opportunity to “continue to develop the country’s human resource base for the present and the future.”

The evaluation team conducted a theory of change (TOC) analysis (see discussion of EQ2 in the Findings section for more details). Unlike a programme, a Policy is not required to present an explicit and evidence based logical framework that links activities to the achievement of results. Instead, a Policy’s theory of change is implicit, and must be explicated to be assessed. The evaluation team derived a theory of change logic statement from the assumptions implied by the Policy structure and its content to clarify the object of the evaluation further. For the purposes of this evaluation, the derived TOC logic statement can be stated as follows:

*If the institutional arrangements are made that set up structures for coordinated implementation of the Policy at national, regional, district, sub-district and community level (Section 4); **and if** the key role players in the delivery of ECCD services within and outside of government are identified and their roles and responsibilities described (Section 4); **and if** implementation strategies are offered (Section 5); **and if** the cost implications for implementation at national, regional, district and community level are listed (Section 6); **and if** the financing obligations of national, regional and district government, communities, families and caregivers, the private sector, development partners and civil society are outlined (Section 6); **THEN** role players will have a framework for investing in and effectively implementing ECCD programmes (Section 2) and the Policy objectives and goal (Section 3) will be achieved.*

See Appendix 10.4 for more details on the TOC Analysis.

No data were available on the cost of implementing the Policy as its implementation involved multiple Ministries and levels of government and the period of the evaluation encompassed more than 15 years. The Policy was implemented nationally, so the effect of the Policy could reasonably include the entire population of Ghana, all Ghanaians who were born after 1996 (and were <8yrs at the launch of the Policy) and their caregivers.

3.3 Policy Stakeholders and UNICEF’s Role

In Ghana, UNICEF promoted and supported the implementation of early childhood education and has been instrumental in institutionalizing two years of kindergarten. UNICEF also contributed to kindergarten programming and to a 2017 evaluation of the outcomes from kindergarten programmes. UNICEF supported the development of the Policy and functioning of ECCD Policy oversight structures in terms of constituting, funding and participating in the National ECCD Committee. UNICEF Ghana funded this Policy evaluation, which, along with the ECCD Policy, aligns with multi-sectoral UNICEF focus areas, namely young child survival and development; basic education and gender equality; and Policy advocacy and partnerships for children’s rights. As such, UNICEF is a key stakeholder and will use the results in their continued work in Ghana.

3.4 Implementation Status

The Policy was implemented throughout Ghana over the past 15 years. Despite progress towards achieving Policy targets and objectives, coordinated action on the Policy's multi-sectoral collaboration for early childhood development and care activities has diminished. This assertion from the terms of reference is confirmed in the findings that follow, the Policy has diminishing currency with stakeholders, due to advancements in the science of ECCD and the incorporation of up-to-date knowledge in sources of Policy guidance that offer alternatives to Ghana's ECCD Policy. Consequently, the ECCD Policy has also been overtaken by important developments such as the adoption of the Nurturing Care Framework in 2018, which has strengthened ECCD implementation in Ghana's health sector.

The Policy was envisioned to provide a basis for actors across sectors to harness the evidence, generate political commitment, raise wide-ranging community awareness and social mobilization, leverage opportunities and adopt good practices in ECCD coordination, integration, and implementation. This evaluation will assess the extent to which the Policy has been effectively implemented to fulfil its initial objectives/goals.

4 EVALUATION PURPOSE, OBJECTIVES AND SCOPE

4.1 Evaluation Purpose

The purpose of this evaluation was to make the ECCD Policy more current and “aligned with the national aspirations”¹² and to address existing Policy implementation gaps, especially related to integrated and coordinated service delivery mechanisms. The MoGCSP and its partners saw value in collating the learning from 15 years of implementation experience to revise the ECCD Policy to amplify its effectiveness. Informed by recommendations from this evaluation, the MoGCSP plans to work with its partners to revise the Policy, refine their respective roles and contributions, build upon sector-specific achievements, and incorporate the latest evidence on early childhood care and development.

4.2 Evaluation Objectives

In support of the evaluation purpose, the primary evaluation objectives were:

1. To determine the relevance, coherence, effectiveness, efficiency and sustainability of the ECCD Policy;
2. To document lessons learned about what did and did not work in Policy implementation, including unexpected outcomes both positive and negative, and identify factors enabling or constraining efficacy;
3. To assess the extent to which the Policy integrated gender and equity considerations into its design and implementation provisions;
4. To ensure broad validity of findings, conclusions and recommendations through engagement with key ECCD stakeholders.

This evaluation’s strategic recommendations are intended to:

1. Guide the revision of Policy content, paying attention to gaps such as the omission of provisions for inclusion of marginalized children;
2. Provide direction for aligning the revised Policy with the medium-term national development planning cycle; and
3. Inform a costed strategic plan.

4.3 Scope of the Evaluation

4.3.1 Thematic Scope

The Policy evaluation was national in its scope and focussed on Policy content and implementation with reference to a) ECCD service coverage and delivery; b) horizontal coordination across sector specific ECCD services; c) vertical coordination across national, subnational, and local levels of government, especially within the context of decentralization in Ghana. The evaluation covered programmes and activities implemented by the wide range of Ministries, Departments, and Agencies (MDAs) involved in ECCD, particularly the key line Ministries for Gender, Children and Social Protection, Health and Education and their associated departments and agencies, including the Department of Children, Ghana Education Service and Ghana Health Services. The programmes and activities of additional Ministries crucial to ECCD service delivery, such as the Ministry of Local Government and Rural Development (MLGRD) were also included. Perspectives from Development Partners and Civil Society Organizations on the ECCD Policy were also captured. Different aspects of

¹² UNICEF. Terms of Reference, op.cit. pp. 2-5

ECCD programming were implemented by all of these MDAs and to understand their perspective, a wide range of participants were included.

4.3.2 Geographical scope

The terms of reference limited primary data collection to three regions and six districts, listed below and shown in Figure 1. They are representative of the northern, central, and southern zones in Ghana and illustrative of differing progress on ECCD indicators.

Figure 1: Map of Data Collection Districts

Data Collection Areas

1. Northern Region
 - a. Kumbungu District
 - b. Tamale District
2. Bono Region
 - a. Berkum West District
 - b. Sunyani District
3. Greater Accra Region
 - a. Accra Metro District
 - b. Shai Osu Doku District

The specific regions and districts selected, as well as the purposive criteria considered during their selection, are discussed further under Methodology.

4.3.3 Chronological scope

The evaluation covers the period from the ECCD Policy's launch in August 2004 to November 2019 to investigate both the current and historical relevance, coherence, efficiency, effectiveness, and sustainability of the Policy. The emphasis on the Policy's historical and present performance against these criteria was appropriate, given the interest in learning about the outcomes of the Policy and the intention to document lessons learned.

4.4 Evaluation Criteria

The evaluation criteria applied were the standard Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) criteria¹³ covering **relevance [EQ1], effectiveness [EQ2], efficiency [EQ3 & EQ4] and sustainability [EQ5]**. The terms of reference did not include the criteria "impact" and therefore it was not covered in the evaluation team's response. In discussion with the MoGCSP and UNICEF Ghana, it became apparent that the approach to assessing impact demanded caution, due to several limitations. The budget for the evaluation, the initial assessment of available data and the poor probability of devising an evaluation design that could attribute impact to the Policy in a credible manner were the key considerations for excluding impact. However, by adopting a



¹³ Organisation for Economic Co-operation and Development. (December 2019). OECD-DAC Revised Evaluation Criteria. Accessed from <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

contribution over attribution lens, an assessment of impact is offered in response to two sub-questions included under effectiveness, namely sub-EQs 2.3 and 2.4. The terms of reference were published and responded to before the adoption of the revised OECD-DAC, which now includes coherence. However, EQ1.2 under relevance addresses coherence as described in the revised criteria.

4.5 Evaluation Questions

The evaluation's purpose and objectives were operationalized in five evaluation questions that map to four OECD-DAC criteria; relevance, effectiveness, efficiency, and sustainability. The criteria for impact and coherence were not included in the terms of reference for this evaluation.

RELEVANCE

EQ1. To what extent is the ECCD Policy valid?

EQ1.1. Does it accurately identify and address Ghana's ECCD needs, including the needs of the most vulnerable?

EQ1.2. Does it fit within the parameters of the international and national Policy and institutional environment?

EQ1.3. Does it enjoy wide currency among its key intended stakeholders?

EFFECTIVENESS

EQ2. To what extent did the ECCD Policy lead to change?

EQ2.1. Is the ECCD Policy based on a sound theory of change?

EQ2.2. Does it provide sufficient guidance for effective coordination, financing, implementation, differentiated interventions, standards of service delivery and measuring progress?

EQ2.3. To what extent have system level changes relating to ECCD governance, institutional arrangements and strategies been realized?

EQ2.4. Has the Policy contributed to change in ECCD outcomes across sectors?

EQ2.5. What explains any lack of effectiveness in achieving the Policy's intended results?

EQ2.6. What were the unintended effects of the Policy (positive and negative)?

EFFICIENCY

EQ3. To what extent does the ECCD Policy accurately identify and provide for the mobilization, coordination and appropriate allocation of the resources required for effective implementation?

EQ3.1. To what extent does the Policy accurately estimate and link stated priorities, performance directives, institutional arrangements and implementation strategies to associated resource requirements?

EQ3.2. To what extent does the Policy provide feasible guidance on how resources might be obtained? How were resources for the Policy mobilized and to which Ministries?

EQ3.3. To what extent does the Policy provide guidance on how resources should be allocated? Where were resources allocated and what this the most effective use of resources?

EQ3.4. To what extent does the Policy provide feasible guidance on how resource mobilization and allocation should be coordinated? How effective were coordination mechanisms?

EFFICIENCY

EQ4. To what extent does the Policy maximize existing processes, structures and services for efficient implementation?

EQ4.1. To what extent does the Policy provide the necessary guidance to leverage the existing resources and resource mobilization processes?

EQ4.2. To what extent does the Policy assign roles and responsibilities in alignment with existing mandates and legal frameworks?

EQ4.3. What are the key structures and processes used to implement the Policy, how did these change over time and were they optimally efficient?

SUSTAINABILITY

EQ5. To what extent does the ECCD Policy provide for sustainable change in the institutional and financing arrangements for ECCD and in ECCD outcomes?

EQ5.1. What elements of the ECCD Policy contributed to sustained changes to Policy, procedural and institutional arrangements in the Ghanaian governance and service delivery environment?

EQ5.2.b. What elements of the ECCD Policy contributed to sustained changes ECCD interventions across sector?

EQ5.3. To what extent will ECCD outcomes persist independent of the current Policy and into the future?

In addition to addressing the OECD-DAC in terms of relevance, efficiency, effectiveness, and sustainability, as well as less overtly in terms of coherence and impact, the evaluation addressed the gender equality and human rights criterion in order to assess coverage, coordination, inclusion, appropriateness, quality and protection.¹⁴ These criterion were integrated within the sub-EQs 1.1 and 3.3, as well as in the disaggregation and discussion of findings for sub-EQs 2.3, 2.4, 2.5 and 2.6 in particular. See Appendix 10.2 for the Evaluation Matrix and more detail on each question.

4.6 Evaluation Users

The expected audience and users of this Policy evaluation (Table 3) include the MoGCSP, MOH, MOE, MLGRD as the main developers and implementers of the ECCD related national programmes, and who are also tasked to monitor progress in Ghana. In addition, other entities are expected to benefit from and use this evaluation findings, including planning bodies like the National Development Planning Commission (NDPC), academia, private, and civil society organisations including UN agencies both nationally and globally, all of which contribute to Policy formulation and the implementation of consequent ECCD programmes. The evaluation is expected to further all stakeholders' knowledge and improve their advocacy and practical actions in implementation of ECCD policies and programmes.

¹⁴ UNEG. (2014). Integrating Human Rights and Gender Equality in Evaluations. Accessed from <http://www.uneval.org/document/detail/1616>.

Table 3: Users and use of the evaluation

Evaluation Users	Uses of the evaluation (how the findings and recommendations will be used)
Ministries responsible for developing and implementing ECCD related national programmes and for monitoring progress: • Ministry of Gender, Children and Social Protection • Ministry of Health • Ministry of Education • Ministry of Local Government and Rural Development	To use findings and recommendations to inform: • Revision of the ECCD Policy • Strengthening the intra/inter-sectoral coordination • Making decisions for day-to-day operations • Making decisions for future ECCD programming
National Development Planning Commission	• To increase knowledge to feed into Government's short/mid/long term planning, for ECCD in particular
UNICEF Ghana Country Office	• To use findings and recommendations to inform participation in ECCD Policy revision process • To mainstream lessons learned to strengthen coordination mechanisms, planning, advocacy/Policy efforts • Justify existence of positive programming practices to leverage funding • Make decisions for day-to-day operations and future ECCD programming
UN and other development partners	• To inform, triangulate lessons learned with own evaluations • To strengthen common areas of interest, ECCD in particular • To inform collaboration
NGOs/CSOs, Academia	• To inform advocacy work; community mobilization of various interventions and research work

5 METHODOLOGY

5.1 Approach of the Evaluation

The scope of the evaluation required a retrospective evaluation design. This evaluation used a mixed-methods strategy to combine data from both primary and secondary sources, mitigating the reliability risk associated with retrospective designs. Secondary sources included quantitative data and analyses, while primary qualitative data were generated through individual key informant and group interviews and focus group discussions.

Prior to finalizing the evaluation design, the evaluation team conducted a scoping mission. The purpose of this trip was to better understand the ECCD context in Ghana, the current role of the ECCD Policy, its institutional arrangements, the performance of ECCD in the light of the Policy's objectives, factors enabling or constraining achievements, and emerging ECCD priorities. The evaluation team also held a consultation workshop with ECCD stakeholders to validate the evaluation approach.

5.2 Literature Review

In the first stage of this evaluation, the team conducted an exhaustive literature review and analysis of secondary data, with the objectives of (i) a review of the current status of early childhood care and development in Ghana; (ii) obtaining an overview of the relevant Policy and services environment in Ghana; and (iii) investigating exemplary multi-sectoral and Early Childhood Care and Development (ECCD) Policy design, as described in the key review studies covering the topic. Scrutinising the current status of ECCD in Ghana contributed to answering the evaluation questions on relevance and effectiveness in particular, while further refining the evaluation scope as key data gaps were identified. Describing the prevailing Policy and services environment provided the necessary context to propose relevant Policy revisions. Considering exemplary policies was necessary because coordinating multi-sectoral action is a challenge that demands innovative Policy design practices.

For the literature review, the MoGCSP and UNICEF assisted the evaluation team in identifying the initial sources for the literature and secondary data review, while the evaluation team identified additional sources utilising the reference lists from the initial sources and online searches. Sources for the content on exemplary Policy design were identified through online searches for peer reviewed articles. Google Scholar and the reference list in the World Bank's framework paper on What Matters Most for Early Childhood Development¹⁵ served as starting points for the online search. During fieldwork the evaluation team also routinely asked key informants whether they could indicate any key documents and data sources to review as part of the evaluation and included these documents in the final review.

For the secondary data review, the MoGCSP and UNICEF identified the most relevant datasets for the team to review. These included the Demographic Health Survey, the Multiple Indicators Cluster Survey, published data from the Ministry of Education, the Ghana Statistical Service, and the Ghana Health Service.

¹⁵ Neuman, M., & Devercelli, A. (January 2013). What Matters Most for Early Childhood Development: A Framework Paper. SABER Working Paper Series, Paper 5. The World Bank.

5.3 Sampling for primary qualitative data collection

The evaluation used a purposive sampling strategy for qualitative data collection, in order to target key informants with the most relevant information for the evaluation, ensure representation of different regions and stakeholder types, and ensure diversity of perspectives. Purposive sampling for national level interviews was directed by MoGCSP, in consultation with UNICEF and the technical working group. Key informants were considered for inclusion if they were informed authorities representing entities crucial to the provision of ECCD that exercise a significant influence on the efficacy of ECCD efforts. See Table 4 for a listing of interviewees by entity type and gender. See Appendix 10.5 for a list of stakeholders and Appendix 10.6 for more details about sampling.

Table 4: Overview of sample at national level

Area	Female	Male	Grand Total
Civil Society	10	9	19
Development Partners	2	2	4
Government of Ghana	8	4	12
Private Sector	1	0	1
Religious Institutions	3	4	7
Grand Total	24	19	43

At the sub-national level, the team determined that the district sample should reflect variety in geographic region and urban/rural status, identifying six districts in three regions through a purposive sampling approach. The terms of reference limited primary data collection to three regions and six districts, listed below and shown earlier in Figure 1. The selected districts were representative of the northern, central, and southern zones in Ghana and illustrative of differing progress on ECCD indicators.

Data Collection Areas

1. Northern Region
 - a. Kumbungu District
 - b. Tamale District
2. Bono Region
 - a. Berkum West District
 - b. Sunyani District
3. Greater Accra Region
 - a. Accra Metro District
 - b. Shai Osu Doku District

Purposive sampling of key informants at the district level was based on identifying the critical roles of interest in the provision of ECCD services and prioritizing the inclusion of a selection of key informants in those districts. Due to the fieldwork taking place during the COVID-19 pandemic, the team found it difficult to identify beneficiaries for focus group discussions (FGDs) at the District level to interview and interviewed a smaller number in this category. Overall, the sampling reflected a gender balance despite the challenges with recruiting respondents during a pandemic (Table 5).

Table 5: Overview of sample at regional and district levels

Location	District officials: service delivery	District officials: oversight and accountability	Regional officials	Service Beneficiary	Service delivery point personnel	Grand Total
Bono/Ahafo	7	1	5	5	7	25
Berekum West	5	0	0	5	6	16
Female	4	0	0	4	3	11
Male	1	0	0	1	3	5
Sunyani	2	1	5	0	1	9
Female	2	0	2	0	1	5
Male	0	1	3	0	0	4
Greater Accra	11	1	9	1	2	24
Accra Metro	6	0	9	0	0	15
Female	5	0	6	0	0	11
Male	1	0	3	0	0	4
Shai Osu Doku	5	1	0	1	2	9
Female	4	0	0	1	1	6
Male	1	1	0	0	1	3
Northern	8	2	4	9	10	33
Kumbungu	4	0	0	5	7	16
Female	2	0	0	5	3	10
Male	2	0	0	0	4	6
Tamale	4	2	4	4	3	17
Female	2	0	2	4	3	11
Male	2	2	2	0	0	6
Grand Total	26	4	18	15	19	82

5.4 Collecting the qualitative data

Primary data were collected through individual (KIIs) or group interviews (GIs) with key informants representing service providers in the public, private and civil society sectors, and FGDs with service point personnel or adult service beneficiaries. The data collection instruments are included in Appendix 10.7. At the national level, the team conducted 43 interviews (24 female and 19 male respondents) with representatives of key government Ministries and agencies, development partners, as well as representatives for NGOs, faith-based organizations and the private sector (Table 6). The complete list of organizational interviewees is included in Appendix 10.8.

Table 6: National level interviews by data collection instrument

Instrument	Male	Female	Total
GI/KII Guide for Government of Ghana at National Level Count	4	8	12
GI/KII Guide for Key Informants: NGOs, Faith Based Organizations (FBOs) and Private Sector Providers at National/District Level Count	13	14	27
GI/KII Guide for National Level Key Informants: Development Partners Count	2	2	4
Grand Total	19	24	43

At the Regional and District levels, a total of 82 interviews (52 women and 30 men) were conducted across the three regions (Table 7). Out of the 82 interviews, 18 interviews were conducted with regional level stakeholders and 51 interviews with district service officials responsible for coordination, service provision, and oversight and accountability. There were 13 total interviews with district beneficiaries. Geographically, 25 interviews were conducted in Bono region, 24 interviews in Greater Accra and 33 interviews in the Northern region.

Table 7: Regional and district level data collection by instruments

Level	Bono Region		Greater Accra Region		Northern Region		Total
	Male	Female	Male	Female	Male	Female	
GI/KII Guide for Government of Ghana at Regional Level	3	2	3	6	2	2	18
GI/KII Guide for Government of Ghana at District Level	5	12	4	10	10	10	51
FGD Instrument for Data Collection in Districts: Parents	0	0	0	0	0	9	13
FGD Instrument for Data Collection in Districts: Community Level Providers of Education, Health and Social Welfare Services	1	2	0	1	0	0	3
Sub-Total	9	16	7	17	12	21	
Total	25		24		33		82

5.5 Data analysis and quality assurance

Primary data from interviews and FGDs was coded using Dedoose, a comprehensive computer-assisted qualitative data analysis software platform that allows for collaborative analysis. Preliminary analysis included structural coding for each evaluation question and followed by thematic coding for each evaluation question in a second round of coding.

All findings from each evaluation question were triangulated with findings from the literature and secondary data review to check for validity. For example, the literature and secondary data review primed the team to expect challenges with service access, quality and equity, as

well as emerging issues with nutrition. This background data served as a check on the plausibility of data obtained through focus group discussions with service beneficiaries and service delivery point personnel. The perspectives of service beneficiaries and service delivery point personnel illuminated the service experience and provided insights on access, quality and equity that enrich analysis and inform recommendations. Interviews with national respondents provided data that offered strategic insights into emerging ECCD needs, programming and implementation issues, resourcing and sustainability. Secondary data and literature review quantified progress towards outcomes and rooted respondents' observations of systemic change in more rigorous sources of evidence. This triangulated analysis of data compensated to some extent for the moderate impact of COVID-19 on the volume of data collection.

Finally, as an additional check on the quality of data analysis, findings from each evaluation question were also assessed as per the evaluation rubric to understand the strength of the evidence for each question.

5.6 Ethical Considerations and Evaluation Principles

While no sensitive or personal questions were asked and the risk to participants was minimal, the team took every care to ensure the privacy of each respondent and the confidentiality of their data. All respondents were provided with informed consent forms before data collection events began. At the request of the MoGCSP, all participants signed an informed consent form that was stored separately from their data and will be destroyed one year after acceptance of the final report. All personally identifiable information was stored separately from field notes produced for the analysis. All field notes are stored in a password protected file system with limited access.

The primary data collection took place between April and July 2020. In order to protect the health and safety of respondents and the data collection team, all data were collected through remote means, namely video conference call or telephone, with the exception of focus group discussions and some interviews at district level, conducted once COVID-19 restrictions had been eased.

The evaluation team acknowledges their ethical obligations in the conduct of this evaluation. The team affirms their independence, confirms that there exist no conflicts of interest that may undermine their impartiality, and that no reputational or credential related risks exist that may undermine the credibility of the evaluation. These ethical parameters will have been considered by the appointing party and the evaluation team remains open to continued accountability in this regard. Accountability for meeting the professional obligations committed to in the proposal and inception report will be mediated through the reviews of product quality built into the work and communication plans. Information about the evaluation team is included in Appendix 10.9.1.

5.7 Gender Equity and Human Rights

Issues of gender, equity and human rights were integrated as a cross-cutting concern and surfaced in a gender-responsive evaluation methodology, data collection tools, and data analysis techniques. In the analysis, pre-defined codes helped capture perspectives on gender and other equity disparities. On the issue of gender, all data presented are sex disaggregated. In all interviews, care was taken to ensure gender representativeness.

In terms of equity, the evaluation team aimed to include both those who benefitted from ECCD interventions and those who have not in order to gain contrasting perspectives that expose inequities needing redress. Further, the evaluation team sought a range of ages of respondents, especially for focus group discussions, in acknowledgement of the differentiated service experiences of older and younger mothers (especially adolescent girls and young women) and their experiences of discrimination in accessing those services. It is possible that some potential respondents were excluded, because a sub-national evaluation cannot sample from all regions and districts.

The evaluation team assessed the extent to which the implementation of the ECCD Policy addressed gender, equity, and child rights, especially as part of EQ2.

5.8 Limitations and mitigations measures of the evaluation

The 2004 ECCD Policy subscribed to “research, monitoring and evaluation to improve all aspects of ECCD systems” as an implementation strategy, and assigned the responsibility to “establish and operationalize a national programme for research, monitoring and evaluation of ECCD Policy programme” to key Ministries. The Policy also required the National Coordinating Committee to “establish and operationalize a national programme for research, monitoring and evaluation of ECCD Policy programme for the country.” However, this national aggregation platform was never established. Secondary data reflecting the status of ECCD in Ghana and progress towards targets were obtained from numerous sources, all of which have been referenced. However, these disparate sources cannot be said to constitute elements of the monitoring system the Policy envisaged. In addition to this key limitation, further limitations and mitigation strategies used for this evaluation are detailed in Table 8, below.

Table 8: Limitations and mitigation measures of the evaluation

Limitation	Mitigation Measure
Subjectivity of qualitative data	A thorough secondary data and literature review provided empirical quantitative data to triangulate with stakeholder opinions. Interviews were conducted with respondents across different stakeholder types and levels. A rubric for each evaluation sub-question (see Appendix 10.3) was developed and validated with selected members of the National ECCD Committee.
Policy implemented over an extended period (since 2004) may lead to recency/recall bias	The Policy evaluation was primarily focussed on learning that can be integrated into the next Policy. Precise recall was less important than current experiences and perceptions. Framing the Policy in terms of current implementation and recent events was important to understanding what is needed in for the future Policy.
Selection bias	The evaluation team worked with the National ECCD Committee to generate a comprehensive and balanced list of stakeholders to interview that represented different sectors of society with different experiences of ECCD.

Limitation	Mitigation Measure
Purposive sampling not representative of entire country and inadequate data volumes	The district sample was selected to reflect the range of differentiating variables significant in the Ghanaian ECCD context, namely • Urban versus rural contexts • A range of differences in childhood vulnerability as documented in the results of the multi-indicator cluster survey • Sampling of exemplars of phenomena, in this instance combinations of ECCD interventions of particular interest Quantitative data from the Multiple Indicator Cluster Survey (MICS) provided a counterpoint to further examine issues of equity.
Remote interviews due to COVID-19	With all interviews conducted remotely there was a risk that the evaluation team may have missed subtle non-verbal cues that might have caused more in-depth inquiry had an in-person interview been conducted. Generally, this was addressed by interviewing to saturation and triangulating with secondary data. Video conferencing was used when possible.

6 FINDINGS AND CONCLUSIONS

6.1 Relevance—EQ1: To what extent is the ECCD Policy valid

This evaluation question considered the extent to which the ECCD Policy was based on an accurate assessment of Ghana's ECCD needs, whether it was optimally situated in the national and international ECCD Policy environment and whether it enjoyed currency among its key stakeholders. The scope of the question was delineated by three sub-questions, outlined below.

EQ 1.1. Does the ECCD Policy accurately identify and address Ghana's ECCD needs, including the needs of the most vulnerable

EQ 1.2. Does the ECCD Policy fit within the parameters of the international and national Policy and institutional environment?

EQ 1.3. Does it enjoy wide currency among its key intended stakeholders?



Photo 1: Lamnatu Amadu with her daughter, Alma Abass, at a clinic for children suffering from acute malnutrition at a Nutrition Rehabilitation Centre at Tamale in the Northern region of Ghana on 14 July, 2015
Photo Credit: UNICEF/UN712533/QUARMYN <https://www.unicef.org/ghana/nurturing-care>

6.1.1 Does the ECCD Policy accurately identify and address Ghana's ECCD needs, including the needs of the most vulnerable?

1. For the purposes of this evaluation, early childhood care and development needs are considered in two broad categories:
 - a) Developmental Needs: Those health, nutrition, responsive caregiving, safety and security and early learning interventions required for children to survive, grow and develop to their full potential. These domains are

based on the World Health Organization’s Nurturing Care Framework, adopted as a framework for this evaluation because (i) Ghana’s Health Service has been using it since 2018 to guide provision of services to children; and (ii) the evaluation team’s scoping mission established that there is a broad consensus among ECCD stakeholders regarding the utility of the framework. The literature review produced in support of this evaluation¹⁶ presents a thorough discussion on the status of ECCD in Ghana, highlighting current and quantifiable deficits in each of these domains.

b) Implementation Needs: Those interventions needed to strengthen the capacity to deliver ECCD services in Ghana.

2. As the history of early childhood care and development and the prevailing Policy environment of 2004 indicated (see section on Context above), when Ghana promulgated the ECCD Policy in 2004 it was leveraging a Policy environment that was favourable towards children’s development. However, implementation efforts lacked a mechanism for converging disparate initiatives on common childhood care and development outcomes. The Policy sought to act as such a mechanism by adopting “the new approach to ECCD,” which it described as formulating “comprehensive policies and programmes for children (from birth to age eight), their parents and caregivers,”¹⁷ coordinating efforts, and ensuring a holistic approach to ECCD.
3. Implementation Needs: While the 2004 Policy was not informed by a specific assessment that quantified early childhood care and development needs in Ghana, the needs it prioritized were identifiable in its Policy objectives and targets. The Policy objectives address:
 - Community norms change, compliance with law and law enforcement
 - Institutional capacity development, including the assigning of ECCD roles and responsibilities, mainstreaming ECCD into planning processes, establishing mechanisms for collaboration, and providing guidelines and standards for ECCD service provision
 - The professional capacity development of ECCD service providers
 - Financing and ensuring the affordability of ECCD services
 - Generating data to monitor the effectiveness of ECCD services
 - Supporting parents with information, parenting skills, and economic strengthening
4. In a statement accompanying the Policy goal, achieving ECCD outcomes was dependent on the broader Policy environment and its efficacy in ensuring the increasing well-being of the Ghanaian population,

“In furtherance of the goal, the government will continue to take measures to improve the standard of living and quality of life of families in order to enhance the welfare of children. To this end, Government will continue to pursue policies

¹⁶ UNICEF. Ghana ECCD Policy Evaluation, Literature and Secondary Data Review. (April 2020). Unpublished paper. UNICEF Ghana.

¹⁷ Government of Ghana. (2004). Early Childhood Care and Development Policy.

and programmes to reduce poverty in the country in order to enhance, among other things, the welfare of children.”¹⁸

5. Developmental Needs: The Policy set 17 targets in the domains of health (6), nutrition (3), safety and security (1), early learning (5) and cross-cutting (2). In the absence of a comprehensive assessment quantifying needs in the 2004 Policy, it was difficult to ascertain the appropriateness of the number and distribution of targets. Further, no targets were set for responsive caregiving in the 2004 ECCD Policy. An example from the literature review illustrates how consequential this could prove. The single target set for safety and security—the achievement of universal birth registration—while important, is inadequate given the limited reach of social protection¹⁹ and the formidable challenges with child protection confronting Ghana.^{20, 21, 22}

“One particular challenge has to do with the unavailability of services for children with disabilities. Autism, cerebral palsy, visual and hearing impairment, they are left behind.”

“Addressing children with special needs and their caregivers (is a major challenge). There is a lack of recognition of this need, even by Ghana Health Service. Mental health authorities were only working with adults until recently we developed a draft Policy for children.”
6. Respondents interviewed for the evaluation identified several needs that, from their perspective, were not adequately addressed by the 2004 ECCD Policy. A persistent theme in this regard, prevalent among both government officials and civil society respondents, was the omission of any meaningful provisions to address children with disabilities.
7. The lack of provision for children with disabilities was ubiquitous, rather than sector specific, and was raised as an issue relevant to child protection, responsive care, and education, as well as health services. Government officials and civil society leaders interviewed indicated that future Policy needs to accommodate prevention, the provision of disability specific services and care, and importantly, support for caregivers of children with disability.
8. A further omission, one that was forcefully presented by several respondents and seen as largely an unintended consequence of the Policy, were the inequities experienced by female caregivers. Providing care falls disproportionately on the shoulders of female caregivers and disadvantages them because they forego economic opportunities to attend to caregiving responsibilities. Respondents contended that the magnitude of the cost associated with unpaid care, not least in terms of the cost in foregone economic opportunities, was significant, and that children suffered the consequences. A prominent gender rights activist also suggested that the situation was exacerbated as a result of the success of the Policy, in that as the importance of ECCD

¹⁸ Government of Ghana. (2004). Early Childhood Care and Development Policy.

¹⁹ World Bank (2019) A Case for Strategic and Integrated Investment in Early Childhood.

²⁰ Pollett J, Gurr S. (2015). Child Abuse Investment: Investing in children earns huge dividends. Report on investment, budgeting, and economic burden of child protection violations in Ghana.

²¹ Ampong, G.O., Donbesuur, F., & Samannhyia, S. (2016). A study on violence against children with special focus on sexual exploitation and child sex tourism in Ghana, Kumasi Metropolis.

²² Ministry of Health. (2018). Capacity and Gaps in Ghana Health Sector’s Response to Child Abuse.

gains traction in Ghanaian society, the burden for responsive caregiving falls disproportionately on women, as do the associated costs.

9. A related theme which emerged from interviews was the disconnect between the ECCD Policy, nutrition policies and, the maternity leave provisions in labour policies. While nutrition policies encourage exclusive breast-feeding for 6 months, labour policies allow for only 3 months maternity leave.²³ At times, the failure to address ECCD needs was not simply an ECCD Policy issue but was attributable to misalignments in the overall Policy environment. Identifying and addressing misalignments in the Policy environment is a potential task that may occupy ECCD institutions (such as the NECC) subsequent to Policy revisions.

“The revised Policy should adopt a model that would prioritize early childhood care as a way of recognizing, reducing and redistributing unpaid care work towards gender equality.”
10. Another theme which emerged from interviews was the need for the Policy to pointedly address caregivers’ inability to access services because they lack the material means to do so. Faith based programme leaders communicated this situation keenly. Poverty as an obstacle to access not only pertained to service fees, but also to the cost of getting to service points, and unequal access to information across socio-economic groups. While the 2004 Policy does repeatedly acknowledge this, and requires that programming address inequitable access, respondents maintained that Policy provisions were not equal to the need. For example, although Policy objectives include providing free tuition in pre-schools, improving the income earning capacity of parents and providing accessible and affordable ECCD services, only the latter Policy objective can be directly linked to a Policy target—expansion of ECCD programmes in rural and urban poor communities to cover 80% of all 0 to 8-year olds by 2010. Moreover, none of the example objectives are linked to specific roles and responsibilities assigned to MDAs, and there are no programming directives for addressing these objectives in the Policy.

“For financial reasons it is difficult for parents to attend to the needs of child... Economic reasons are a big hinderance. They cannot even afford to bring ‘comfort to the home.’”

6.1.2 Does the ECCD Policy fit within the parameters of the international and national Policy and institutional environment?

11. The 2004 ECCD Policy lists 13 national policies, laws and strategies that “directly or indirectly impact on the issue of children’s welfare.”²⁴ Fifteen years later, the literature and secondary data review identified 35 policies, laws and strategies relevant to the ECCD Policy, most of which were produced subsequent to the promulgation of the ECCD Policy. However, many of these more recent Policy documents do not reference the ECCD Policy, suggesting that the Policy has become dated and was no longer optimally positioned in the Policy environment. Further, due to restructuring within the Government of Ghana, there were changes to the mandates

²³ It should be noted that some parts of the government do allow up to 9 months of part time work to facilitate breast feeding, but this provision is not available to all Ghanaians.

²⁴ Government of Ghana. (2004). Early Childhood Care and Development Policy.

of different MDAs over time and the ECCD Policy references were no longer relevant. Some of the key developments in this regard were the restructuring of MOWAC, the Policy owner, which subsequently became the MoGCSP, and was assigned the mandate for addressing child protection issues, originally a mandate of the Ministry of Manpower Development and Employment.

12. During the interviews, one interviewee noted that while some provisions of the Policy would be implemented by Ministries at the central level, key aspects of the Policy would require implementation by District level government representatives. While the Policy acknowledges that the MLGRD and local government structures had a role, it assigned Policy leadership to the MOWAC and responsibility for funding and implementing ECCD programmes generally to all MDAs named, with some specificity according to the technical sector of each. The incomplete description of the role of the MLGRD in the ECCD Policy, according to respondents in national government, was a misconception of institutional arrangements and service delivery under decentralization. While the Local Government Service had only just been instituted in the Local Government Service Act (2003) and would proceed through several iterations before attaining some institutional stability with the Local Governance Act (2016), the remarks indicated a legitimate view that successful implementation of ECCD services requires a thoroughly considered conceptualisation of local government's role in decentralized service delivery.
13. Interview respondents considered the ECCD Policy pioneering for its time, in that it elevated the cause of ECCD in the public sphere and provided a basis for coordinated, multi-sectoral service delivery. However, it did not meet the current criteria for exemplary Policy design in ECCD. The literature on ECCD policies identifies three aspects necessary for successful Policy implementation:
 - A costed implementation plan that clearly spells out the needs and mechanisms for government action
 - An institutional anchor with an adequate number of dedicated staff focused on ECCD, specific financing allocated for the institutional anchor to coordinate ECCD at the national level, ability to monitor coverage and quality levels of ECCD, regular meetings and/or reports and communications to coordinate across different Government agencies
 - Support for local implementation that includes mechanisms for collaboration between state and non-state stakeholders—such as special task force, regular

“All programmes should be implemented within existing decentralized structures rather than building new structures. That is not helpful or cost-effective. There should be a proper accounting of collaboration and resource sharing, involvement of all stakeholders in programmatic decisions. There should be no parallel structures. The Policy does not mention local government service though it does mention district assemblies and the like.”

“When we first devised the program, we looked at the Policy and used it as a point of reference.”

“Various stakeholders pick whatever is relevant to them and implement, so for Ghana Health Service, we are doing the nurturing care.”

“We are aware of the ECCD Policy according to what our services seek to provide but not in totality.”

“Honestly, I am not aware of Policy. I focus on core stakeholders more. ECCD is in gender and social protection, it needs to move out to other sectors.”

consultation meetings, and/or national coordinating committee that include non-state stakeholders.²⁵

14. The 2004 ECCD Policy did not include a costed implementation plan. The Policy did have an institutional anchor in the MoGCSP and the ECCD unit situated within the Ministry, though several respondents within and outside of government held that it lacked the financial resources and personnel to fulfil a quality monitoring and coordination function for ECCD services. And while coordination structures were established for implementation at local level, many of these have ceased to function. Two reasons for the failure of structures at local level were frequently cited by interview respondents, namely the unwieldy proliferation of these structures for each Policy and initiative, making unreasonable demands on participants time, and the reliance on donor support to fund coordination structures.

6.1.3 Does it enjoy wide currency among its key intended stakeholders?

15. There was clear evidence that the 2004 ECCD Policy enjoyed currency with stakeholders initially but that currency has diminished over time. At the height of its influence the Policy was a driving force for numerous other policies, planning and programming initiatives. For example, Ministry of Education officials looked at ECCD Policy for guidance on targets and actions and referenced the Policy when developing the recent Early Childhood Education Policy. Birth registration officials were motivated by the Policy targets to expand their service provision. The Ghana Health Service referenced the ECCD Policy when developing their ECCD focused policies and service strategies. Many interviewees, including government officials and development partners, suggested that the Policy was only partially or nominally referenced in their work. Reasons for this included the fact that its content was dated, the preference for more up to date guidance (e.g. the Nurturing Care Framework), its limited practical value as guidance (e.g. officials at district level responsible for reviewing compliance of daycares and creches with quality standards) and the more immediate relevance of other policies (e.g. development partners supporting cash grant activities regarded the national social protection Policy as more pertinent to their work).
16. Key informants that adopted the Nurturing Care Framework as the foundational guide for their work noted its utility for programming because it framed ECCD in terms of developmental domains. The domain-based model allows for formulating holistic programmes (developing activities to address each domain) and devising monitoring systems for tracking results (developing indicators for each domain).
17. A number of interviewees were not aware of the Policy and were not familiar with its content. While the majority of these respondents were officials at district level, this was not exclusively the case. A number of national level interviews admitted to not knowing the Policy's content and one national official was not aware of the Policy at all before being appointed to represent one of the MDAs on the NECC.

²⁵ Neuman, M.J., Devercelli, A.E. (2012). Early Childhood Policies in Sub-Saharan Africa: Challenges and Opportunities. ICEP 6, 21–34.

18. The MoGCSP's National Social Protection Policy (2015)²⁶ makes no reference to the ECCD Policy. In the Ghanaian Policy environment, it was common practice to list within a Policy the constellation of other policies and legislation with direct relevance to it. In interviews with informants who were key contributors to the National Social Protection Policy, the omission of the ECCD Policy was acknowledged as an oversight and that, in principle, an ECCD Policy was a relevant and necessary inclusion to the social protection Policy text. Interviewees explained the oversight by observing that the ECCD Policy was dated. They further emphasized that the Policy had neither a prominent institutional steward nor any effective champions in government.
19. Without exception, interviewees agreed to the idea of a revised Policy ECCD Policy and acknowledged that such a Policy could perform a vital function for the ECCD sector in Ghana.

EQ1 Conclusions

REL 1: The Policy was able to identify many of Ghana's ECCD needs, both in developmental and implementation terms. However, without a domain-based analysis of quantifiable needs, the Policy proposed an unbalanced set of targets and interview respondents noted several issues not adequately addressed in the Policy, including equitable access for children with disabilities and impoverished households, and the costly, disproportionate burden of care assumed by female caregivers. (Par: 1–10)

REL 2: While the 2004 ECCD Policy situated itself in the national Policy environment at the time and was responsive to international developments, the findings demonstrate that it is no longer current on either account. More importantly, the Policy's deficits in terms of institutional fit and the implications for implementation have become increasingly apparent over time, though this was due in part to an institutional environment that continues to evolve while the Policy itself remains static. Additional shortcomings in Policy design, particularly the absence of a costed implementation plan, also undermine its relevance in its implementation environment. (Par: 11–14)

REL 3: In the early days of the Policy's implementation, it enjoyed high currency and attention from stakeholders but this currency has diminished over time. Service providers reference it less when grounding their work in appropriate guidance, due in no small part to the fact that the Policy was perceived as dated. Without exception, interviewees confirmed the need for Policy revision, agreed to the idea of a revised ECCD Policy, and acknowledged that such a Policy could perform a vital function for the ECCD sector in Ghana. (Par: 15–19)

²⁶ Ministry of Gender, Children and Social Protection. (2015). National Social Protection Policy. Accessed from <http://www.mogcsp.gov.gh/mdocs-posts/ghana-national-social-protection-Policy/> on 15 August 2020.

6.2 Effectiveness—EQ2: To what extent did the ECCD Policy lead to change?

The second evaluation question considered the Policy's contribution to positive changes in ECCD outcomes, as well as systemic change relevant to ECCD. Reasons for a lack of change were also investigated and whether the Policy was optimally designed to promote the intended changes. The scope of the question was delineated by six sub-questions as listed below:



Photo 2: Obed, holding his 1-year-old baby Emmanuella, in Accra on 27 August 2018

Photo Source: UNICEF/UN554331/QUARMYNE <https://www.unicef.org/ghana/stories/7-ways-employers-can-support-working-parents-during-coronavirus-disease-covid-19-outbreak>

- | | |
|-------|--|
| EQ2.1 | Is the ECCD Policy based on a sound theory of change? |
| EQ2.2 | Does it provide sufficient guidance for effective coordination, financing, implementation, differentiated interventions, standards of service delivery and measuring progress? |
| EQ2.3 | To what extent have system level changes relating to ECCD governance, institutional arrangements and strategies been realized? |
| EQ2.4 | Has the Policy contributed to change in ECCD outcomes across sectors? |
| EQ2.5 | What explains the effectiveness or any lack of effectiveness in achieving the Policy's intended results? |
| EQ2.6 | What were the unintended effects of the Policy (positive and negative)? |

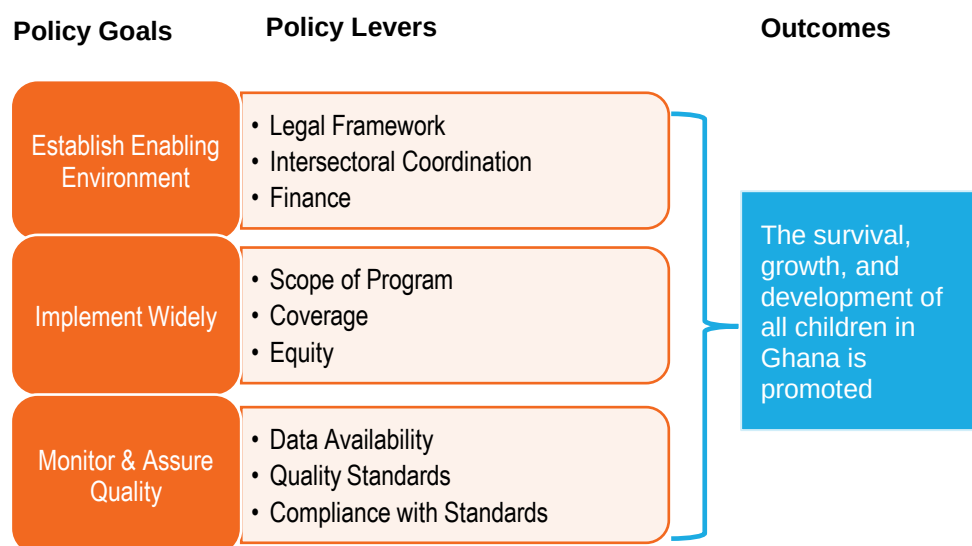
6.2.1 Is the ECCD Policy based on a sound theory of change?

20. Unlike a programme, a Policy is not required to present an explicit, evidence based logical framework that links activities to the achievement of results. Instead, a Policy's theory of change is implicit, and must be explicated to be assessed. There are

also no criteria-based frameworks for assessing a Policy’s implicit theory of change that enjoy wide currency.

21. However, the Systems Approach for Better Education Results (SABER) Early Childhood Development framework designed by the World Bank provides policymakers with tools to analyse the quality of their ECCD policies. The framework is based on evidence that demonstrates what matters most in developing strong ECCD systems. It stipulates the necessary Policy goals and the associated Policy levers for enabling those goals, and to ultimately achieve ECCD outcomes. A further World Bank resource that enables an assessment of the quality of early childhood development policies is the Investing in Young Children Report, which similar to the Nurturing Care Framework uses a domain-based approach to understanding the need for investment in Children.³ These resources were used to understand the ECCD Policy in terms of best practice.
22. The SABER , framework states, “The three essential Policy goals for all systems to achieve are: (a) Establishing an Enabling Environment; (b) Implementing Widely; and (c) Monitoring and Assuring Quality. Taken together, these goals form a coherent system that addresses the constraints to achieving effective early childhood development policies (such as fragmented Policy, limited and uneven access to services, and poor quality assurance mechanisms).”¹⁵ This framework can be applied to the Ghanaian ECCD Policy (See Figure 2). Additionally, the World Health Organization’s (WHO) Nurturing Care Framework explains what early childhood care and development domains²⁷ an ECCD Policy should include to realise outcomes. The evaluation team used these frameworks to assess the extent to which the ECCD Policy adequately included all the key components.

Figure 2: ECCD Policy Implicit Theory of Change



²⁷ WHO. (2018). Nurturing Care Framework, op.cit.

6.2.2 Establishing an Enabling Environment

23. The Policy contributed to establishing an enabling environment for ECCD to the extent that it added value to the legal framework, provided for intersectoral coordination and facilitated the necessary financing for implementation.
24. Adding Value to the Legal Framework: A legal framework favourable towards children did exist in Ghana in 2004, but there was no single Policy in place that joined the disparate policies and legislation to create a common focus on child development objectives (in response to emerging evidence on child development). The ECCD Policy included content that situated it in the prevailing legislative framework, listing three sets of legislation (pg. 4) and nine policies (pg. 5) that “directly or indirectly” impacted on ECCD at the time. However, it did not deal with the Policy environment comprehensively by, for example, the Policy did not analyse policy gaps and describe how the ECCD Policy was positioned to address those.
25. Providing for Intersectoral Coordination: The Policy instituted a committee structure from national through to community level, intended to coordinate implementation across sectors. It detailed the representation required on these committees, to some extent, and the roles and responsibilities of the national committee were presented clearly. However, neither the processes by which these structures would implement their coordination mandate nor the coordination between actors delivering services were described.
26. Facilitating Financing for Implementation: The Policy listed expected costs at national, regional, district, and community levels and assigned financing obligations to national, regional, and district government, communities, families and parents, the private sector, development partners and civil society. While it suggests a pair of innovative financing mechanisms for national government to consider—waiving taxes on materials and equipment meant for ECCD programmes and providing incentives to private sector establishments contributing above a minimum level of funds or in-kind support to ECCD programmes—it does not specify any funding commitments on behalf of the government, nor does it provide sufficient details or an indication of benchmarks for calculating anticipated costs. No provision was made for financing coordinating and cross-cutting functions, such as monitoring and evaluation (M&E). The costed implementation plan reportedly intended to accompany the Policy was never produced for dissemination or utilized for budgeting purposes. Next to the absence of specific resourcing for ECCD in government budgeting, the lack of guidance on costing was frequently cited as a hindrance to managing investment to meet ECCD needs.

6.2.3 Implementing Widely

27. The Policy was implemented widely to the extent that it described the required scope of the programme, specified the coverage intended, and addressed challenges to equitable delivery.
28. Describing the Scope of the Programme: The Introduction and Rationale sections of the Policy alluded to the scope of ECCD services, mentioning health, early learning, and child welfare. Through its inclusion of specific actors, such as Ministry of Manpower Development and Employment (MMDE), and broadening the

responsibilities of existing MDAs, the Policy extended the scope to include child protection and parenting. However, service coverage was not explicitly described and although service packages were mentioned, what constituted a complete package was not explained. At the time of the Policy's launch the approach to ECCD already emphasized intervention across multiple domains to ensure holistic development; however, there was less evidence-based guidance for what ECCD should include as the basis for Policy and programming—such as that found in the Nurturing Care Framework.

29. Specifying Coverage: The Policy stated that ECCD was intended to cover children from 0–8 years of age. It also repeatedly mentions the provision of services to caregivers, for example through requiring stakeholders to implement parenting programmes and including maternal health targets to prompt the relevant MDAs to escalate the necessary services to achieve those targets. The Policy also extended coverage of ECCD to include maternal and child health from the point of conception. The Policy did not specify service packages nor differentiate service packages by age range and did not include any reference to a life-cycle perspective. From the content of the Policy committing to the “survival, growth and development of all [emphasis theirs] children (0-8 years) in Ghana,” it can be assumed that national geographic coverage was intended.
30. Addressing Equity: The Policy assigned responsibility to MOH to screen for, identify and, where possible, prevent disabilities (through, for example, screening for and managing pregnancy related risks, malnutrition related risks, preventable hearing loss and visual impairment, etc.); but it made no equivalent injunction when it assigned responsibilities to Ministry of Education, Youth, and Sports (MOEYS). Although the MOEYS was required to coordinate with the MOH to fulfil the latter's responsibilities to screen for and identify disabilities, MOEYS was not assigned a responsibility to provide services for disabled children. The Policy also nominally addressed equitable and affordable access to services in three Policy objectives—providing free tuition in pre-schools, improving the income earning capacity of parents and providing accessible and affordable ECCD services. As described above (EQ1), of these, only improving accessible and affordable ECCD services had a relevant target in the Policy: expansion of ECCD programmes in rural and urban poor communities to cover 80% of all 0 to 8-year olds by 2010. One additional Policy target addressed equity – eliminating gender disparities in gender enrolment in basic education. None of the example objectives were linked to specific roles and responsibilities assigned to MDAs, and there were no programming directives for addressing these equity objectives in the Policy.

6.2.4 Quality Assurance and Monitoring

31. A Policy facilitates monitoring and the assurance of quality to the extent that it promotes the availability of actionable data, supports the production of quality standards, and provides for the enforcement of those standards.
32. Promoting Data Availability: The Policy subscribed to “organising regular research, monitoring and evaluation to improve all aspects of ECCD systems” as a strategic principle. It further enjoined key government stakeholders to “establish and operationalize a national system for research, monitoring and evaluation.” The Policy did not provide for the establishment of a platform to aggregate, analyse or

disseminate the analysis of data from these actors, nor did it elaborate on how such data might be employed to strengthen implementation.

33. Producing Quality Standards: The Policy aimed to “provide quality ECCD” as a strategic principle. It also set the development of guidelines and standards for quality service provision as a Policy objective. It further enjoined key government stakeholders to develop service standards within the ambit of their technical areas. In response to these provisions, Early Learning Standards and Indicators for 4–5 Year Olds were published in 2016 and Early Childhood Care and Development Standards for 0–3 Year Olds were finally published in March 2018.
34. Enforcing Quality Standards: No explicit provision for enforcement of standards was made in the Policy.

6.2.5 Does the ECCD Policy provide sufficient guidance for effective coordination, implementation, differentiated interventions, financing, standards of service delivery and measuring progress?

35. Effective Coordination and Implementation: The ECCD Policy set out an institutional framework, requiring novel ECCD structures to be established at national, regional, district, sub-district and community levels. In terms of who should be represented on these structures, the Policy was precise about the constitution of the national level structure and suggestive of the district level structure.
 - At national level, the Policy specified which Ministries should be represented, includes the Ghana National Teachers’ Association, as well as less specifically nominated stakeholders such as “universities,” the “recognised association of ECCD practitioners,” and any other representation the Committee determines should be “co-opted.”
 - At district level, the Policy did not specify the standing membership of the District Committees on Children but specified that it will be provided with technical inputs from District Directors of Health, Education, Social Welfare and Community Development, and Water & Sanitation; as well as a representative of the NGOs and another representative of ECCD service providers active in the Districts; and representatives of traditional authorities.
36. Rather than specifying representation on ECCD committees at the sub-district and community level, the Policy provided options for representatives ranging from governmental officials, elected representatives, traditional authorities, NGOs, parents to practitioners. While not at all specific about the regional structure, the Policy committed the National ECCD Coordinating Committee to producing guidelines for constituting the regional structure. During fieldwork, the evaluation team were unable to find evidence of the regional level guidelines having been produced or disseminated. Other than the Policy content, no further guidance for constituting these structures was observed by the evaluation team during fieldwork or identified during the literature and secondary data review.
37. Overarching coordination was assigned to the National Coordinating Committee, which was responsible to “ensure coordination of efforts among those providing ECCD services, especially in the training of caregivers,”²⁸ and the Regional

²⁸ Government of Ghana. (2004). Early Childhood Care and Development Policy, p.20.

Coordinating Councils, which should “designate a Coordinator for ECCD to coordinate ECCD activities in the Regions.”²⁹ No further guidance was provided on coordinating efforts across the novel ECCD structures established by the Policy nor across the MDAs that the Policy indicates as responsible for various ECCD activities.

38. In addition to describing the coordination structures, the ECCD Policy identified several roles for MDAs and partners external to government that implement activities crucial to achieving early childhood care and development outcomes. These included the centralised Ministries of MOH and MOEYS (now MOE), as well as the decentralised Ministries (MLGRD, MMDE/ Ministry of Employment and Labour Relations, and MOWAC/MoGCSP). Table 9 indicates the responsibilities assigned to each stakeholder. Table 9 clearly illustrates the gaps where stakeholders were not tasked and shows especially that local government and local actors are the community level and in the private sector were not thoroughly engaged.

Table 9: Responsibilities assigned to key stakeholders supporting ECCD and the relationship to the strategic principles

Key Stakeholders	Coordinate implementation with other stakeholders	Differentiate interventions to address equity issues	Strengthening and assuring quality	Monitoring, evaluation and learning	Mobilise resources to implement ECCD interventions
MOWAC	Yes		Yes	Yes	Yes
MOEYS (MOE)	Yes		Yes	Yes	Yes
MOH		Yes	Yes	Yes	Yes
MMDE			Yes	Yes	Yes
MLGRD				Yes	Yes
NECC	Yes				Yes
Reg. Coord. Council	Yes				Yes
District	Yes	Yes			Yes
Community					Yes
FBO/NGO					Yes
Private Sector					
Development Partners					Yes
Strategic Principles	5.1 Create a conducive environment 5.2 Promote integrated services	5.3 Encourage conventional and non-conventional ECCD systems 5.4 Broaden parent participation	5.5 Build capacity of ECCD practitioners and institutions 5.6 Provide quality ECCD	5.7 Regular research, monitoring & evaluation to improve ECCD systems	5.8 Mobilise resources for implementation of ECCD programmes

²⁹ Government of Ghana. (2004). Early Childhood Care and Development Policy, p.21.

39. In the section on implementation strategies, the Policy subscribes to creating a conducive environment for ECCD programmes, which included an injunction for programmes to be “harmonized to achieve efficiency” and promoted “avenues for networking.” Additionally, the Policy committed to the strategy of promoting integrated services and offered “packages that will take care of the physical, mental, social, moral and spiritual needs of the child.” This package of services would be the basis upon which providers were “encouraged to collaborate and complement each other’s efforts.” The Policy did not define the services package and did not provide further guidance on mechanisms for coordinated services amongst identified stakeholders.
40. Service Delivery Standards: In the section on implementation strategies, the Policy subscribed to providing “quality ECCD” and to building “capacity of ECCD practitioners and institution” as strategic principles, linking poor quality to a lack of skills and poor infrastructure. Policy objectives were consistent with strategic principles, prioritising the upgrading of practitioner skills and institutional capacity to deliver on ECCD, as well as producing “guidelines and standards for service providers to ensure quality ECCD service delivery.” Each of the Ministries delivering ECCD services were also assigned responsibility for developing service delivery standards within their technical areas (MOWAC – “recommend minimum standards for the operation of ECCD Centres”; MOEYS – “setting of educational standards and monitoring of the same”; MOH – “set nutritional and health standards and monitor the same”; and MMDE – “regulate and operationalise day care centres for 0-to-3-year olds”). Some were assigned responsibility for monitoring the implementation of standards (MOEYS and MOH), while the MOEYS was assigned the responsibility for developing practitioner competencies. Beyond committing to improving quality and assigning responsibility for developing standards and professional competencies, the Policy offered no further guidance, such as institutional arrangements and processes for monitoring compliance with standards.
41. Differentiated Service Delivery: In the section on implementation strategies, the “establishment of conventional and non-conventional ECCD systems” was invoked to ensure that programmes “cater for children from poor homes, those in need of special attention, especially girls, orphans and the physically and mentally challenged.” While the MOH was enjoined to differentiate services and “provide facilities for early detection and management of developmental delays and disabilities in children,” there was no equivalent injunction for the MOEYS. This was surprising, considering the centrality of education in dealing with children and the necessity for education services to provide for children with disabilities. And while the MOEYS was enjoined to coordinate with MOH to ensure that children access health services, there was no reciprocal instruction for MOH, and neither were required by the Policy to coordinate services with the Ministry responsible for child protection services (MMDE at the time). No further guidance was provided on ensuring the delivery of differentiated services to vulnerable sub-groups.
42. Measuring Progress: As was described above, in the section on implementation strategies the Policy subscribes to the necessity of organizing “regular research, monitoring and evaluation to improve all aspects of ECCD systems.” While all Ministries were responsible for launching national monitoring and evaluation (M&E) efforts, no entity was assigned responsibility for aggregating M&E efforts to produce

actionable data products for ECCD overall. No further guidance was provided on standardizing either parental education efforts or M&E efforts that would facilitate the aggregation and common use of data.

43. **Resourcing:** All the Ministries identified in the Policy were instructed to “make provision for and mobilize resources for ECCD programmes within the budget,” presumably referring to each MDA’s overall annual allocation from the national budget. MOWAC’s instruction specified the purposes for resource mobilization to more closely reflect its role as Policy owner, to include funding activities such as “research, advocacy, coordination, monitoring and evaluation of ECCD programmes.” The National ECCD Coordinating Committee was required to “mobilize resources for ECCD programmes,” while district, municipal and metropolitan assemblies were expected to “allocate a percentage of their budget for ECCD resources.” Regional Coordinating Councils were required to fund the activities of Regional ECCD Committees and “any regional structures that will be set up.” The Policy included a section that nominally anticipates cost categories or “cost centres”³⁰ at national, regional, district and community levels and elaborated on resourcing responsibilities at these levels, echoing responsibilities it assigned earlier. Table 10 below presents the content in the Policy pertaining to cost centres and their obligations in full. No further guidance was provided and, although a draft implementation plan was prepared, no costed plan was completed and disseminated against which entities can benchmark the potential expenditure required of them was conducted to support the Policy.

Table 10: List of cost centres and obligations delineated in the Policy

National Level Costs	Regional Level Costs	District Level Costs	Community Level Costs
• Support to relevant MDAs to perform their ECCD functions • Support to Nursery Training Centres to enable them train caregivers • Development of sector capacity in their new roles • Development of training modules/packages for comprehensive ECCD programmes	• Support for Regional ECCD Committees • Support for advocacy workshops • Training for ECCD Committee member • Monitoring and evaluation	• Start-up costs (including the cost of infrastructure, equipment, supplies, etc.) • Staff training • On-going costs, including maintenance of facilities, replacement of worn-out equipment, caregivers salaries, transportation, etc. • Support to District Committees on Children for ECCD programmes • Advocacy	• Infrastructure provision and maintenance • Sponsoring training of caregivers • Contributions of equipment, toys, etc. • Provision of food for children • Training of Community ECCD Committee members • Transportation • Salaries of caregivers • Other on-going costs

³⁰ Commonly used terminology in discussions with key informants and a number of official documents describing Policy content. See for example <http://www.ilo.org/dyn/natlex/docs/ELECTRONIC/88527/101252/F878960202/GHA88527.pdf>

6.2.6 To what extent have system level changes relating to ECCD governance, institutional arrangements and strategies been realized?

44. For the purposes of this evaluation, systems level change was understood to include changes in the Policy and institutional environments of ECCD services, including changes in financing and service delivery procedures and practices. Respondents largely concurred that the 2004 ECCD Policy was a major impetus for system level changes in the education, health and social welfare sectors. The Policy introduced a mechanism for collaborative governance over ECCD services based on common purpose, rather than subjecting autonomous Ministries to an external or additional authority, as several interview respondents noted. The Policy reinforced this collaborative arrangement by introducing an institutional infrastructure that supported coordinated action, with the NECC and the novel committee structure, from regional through district to sub-district levels.
45. In assigning roles and responsibilities to MDAs rather than attempting to assign specific tasks, the Policy allowed MDAs to initiate responses to the need for effective ECCD within their sectors and technical purview. Consequent to the promulgation of the ECCD Policy in 2004, policymakers responded with a plethora of Policy initiatives and strategic frameworks to govern sector specific efforts to achieve ECCD outcomes. These initiatives are summarised in Table 11 below.

Table 11: List of policies and strategic frameworks governing ECCD, launched since 2004

Policies, Strategies and Guidance		
Health and Nutrition	Early Learning	Safety and Security
• Adoption of WHO's Nurturing care Framework, 2018 • Child Health Policy, 2008-2015 • National Newborn Strategy and Action Plan, 2014-2018 • Community-based Health Planning and Services Policy, 2016 • Family Planning Costed Implementation Plan, 2016-2020 • National Reproductive Health Service and Standards, GHS (2014) • Infant and Young Child Feeding Strategy for Ghana, 2007 • National Nutrition Policy, 2016	• Inclusive Education Policy, 2015 • Promotion and Extension of Pre-School Education (2007) • Early Learning Standards and Indicators for 4–5-year-olds—Ghana Education Service (2016) • Early Childhood Care and Development Standards 0–3 in 2018 • Early Childhood Education Policy Framework (being finalized)	• The Child and Family Welfare Policy, 2015; and Operational Plan, 2017–2020 (2017) • National Social Protection Policy, 2015 • Justice for Children Policy (2015)

46. Significant institutional change followed in education in particular, with the introduction of two mandatory years of pre-school, the design of a pre-primary curriculum, early learning standards for children 0–3 years and children 4–5 years, the introduction of training specialization for Kindergarten teachers at teacher training colleges, and a surge in the drive for age-appropriate enrolment.³¹

³¹ Evaluation of UNICEF's Contribution to Early Childhood Development in Ghana, 2017.

47. For a period after it was first established in 2005 the NECC met routinely but the level of functionality was not sustained. It went through two reconstitutions after changes in government, once in 2015 and again in 2018, and these interruptions were viewed as detrimental to its continued effectiveness by some key informants. The National ECCD Coordination Committee now functions intermittently, dependent on funding from development partners. Respondents further noted that the NECC's effectiveness was dependent on the authority invested in the delegates assigned to it. While the Policy envisaged a committee constituted by senior representatives from MDAs, this was not the consistent reality. Junior officials were frequently deputised to attend, resulting in an imbalance in the voices heard and inertia. These challenges were apparent even to outsiders, such as development partners.
48. Some respondents also questioned whether the NECC was optimally constituted to make informed decisions. There are doubts as to the extent which contributions were made by a sufficiently representative body beyond government, especially in regard to the non-governmental organisation (NGO) and private sectors. A lack of participation from development partners was also mentioned. Inputs from district and sub-district level were further mentioned as insufficient by some key informants. It was noted that the inconsistent attendance of senior civil servants undermined the authority of the NECC and that the substituted junior alternates were themselves not regular attendees—further weakening the continuity of the NECC's activities.
49. The Children's Department in the MoGCSP continued to function as the NECC Secretariat. Several respondents were of the opinion that the MoGCSP was not adequately resourced for the task—in terms of number of personnel, their technical capacity and their budget.
50. According to numerous key informants in both national government and at local level, the novel committee structure instituted by the Policy to coordinate implementation at regional, district, and community level faltered or failed due to participation fatigue (see discussion on EQ5) and resource constraints, despite development partners typically taking on the costs of convening these structures. When programme funds from development partners (and other sources) tapered, functionality stalled. This was a pernicious problem: the costs associated with convening committees and executing the functions were legitimate but often lead to dependencies. Some key informants also discussed how this funding sometimes resulted in perverse incentives, such as per diems driving participation by the appropriate officials and dissuading their participation when such funding was removed or not offered. Development partners and their funded NGOs remarked on this repeatedly.

“We need to streamline committees so the right people can attend. And the donor support for the committees to meet has introduced slightly perverted incentives.”
51. While some respondents called for reform of the committee structure, others in national and local government suggested that institutionalizing implementation should avoid novel structures and should rather focus on strengthening existing structures established through decentralization. These respondents also recognised that for decentralization of ECCD Policy to work, it must be resourced. The view was that instead of directing funds towards instituting a committee structure, the same funds

can be utilized to strengthen decentralized governance systems for implementing Policy. Overall, respondents had a preference for seeing more oversight from government in the implementation of the Policy, based on an assumption that with keener oversight the resource and capacity constraints that lead to the failure of institutional arrangements were more likely to be addressed; and that accountability, widely seen as the other risk undermining change, would be more effectively exercised.

6.2.7 Has the Policy contributed to change in ECCD outcomes across sectors?

52. A summary of the achievements of the ECCD Policy according to the targets established is presented in Table 12 below. Overall, the Policy achieved or exceeded nearly half of the final targets established and partly achieved several others. Of the 17 targets, 8 targets were achieved, 4 were partly achieved, and 5 were not achieved. Those not achieved included targets for maternal mortality, low birth weight, birth registration and primary school enrolment. The evaluation team looked at whether targets had been achieved according to the most recently available data, not according to the original target data.
53. These observations should be qualified however: without a strong monitoring system that could note the contribution the Policy has made to achieving the targets, it was difficult to discern the effect of the Policy as distinct from other interventions. Attribution of results to the Policy cannot be credibly asserted, although key informants repeatedly noted contributions the existence of the Policy made to the achievement of these targets.

Table 12: Level of achievement of the expected results (Summary of the ECCD Policy Achievements by Target)

Expected results at the beginning of the program Target Specified in ECCD Policy 2004		Results achieved (Based on data collected by the evaluation team) Achievement to Date	Assessment of the Level of Achievement of Results
Health			
1.	Full immunization against vaccine-preventable diseases for at least 80% of infants in Ghana (0–11 months) by 2005	36% of children age 24–35 months have received all age-appropriate vaccinations. Specific vaccines by the appropriate age: 97% received Bacillus Calmette–Guérin (BCG) vaccine; 96% received first dose of pentavalent vaccine; 96% received polio 1; 75% received first dose of pneumococcal vaccine; 71% received first dose of rotavirus vaccine. Source: Ghana Demographic and Health Survey, 2014	Average level
2.	Reduction of Infant Mortality Rate from 64 infant deaths per 1000 live births to 50 by 2006	35 deaths per 1,000 live births in 2018 Source: IGME. (n.d.). Child Mortality Estimations. Accessed from https://childmortality.org/data/Ghana 9 April 2020	Good level
3.	Reduction of under-five mortality rate from 111 to 95 per 1000 live births by 2006	48 deaths per 1,000 live births in 2017 Source: IGME, Child Mortality Estimations	Good level

4.	Reduction in the Maternal Mortality Rate from 214 to 150 maternal deaths per 100,000 live births	310 deaths per 100,000 live births in 2017 Source: Ghana Statistical Service—GSS, Ghana Health Service - GHS, and ICF. 2018. Ghana Maternal Health Survey 2017. Accra, Ghana: GSS, GHS, and ICF. Available at http://dhsprogram.com/pubs/pdf/FR340/FR340.pdf .	Poor level
5.	Provision of ante-natal care to all pregnant women by 2006	97% pregnant women had ante-natal care, 87% attended 4 or more ante-natal care visits in 2014 Source: Ghana Demographic and Health Survey, 2014	Good level
6.	Expansion of ECCD HIV/AIDS programmes	Since 2004 – Ghana has expanded and institutionalized Prevention of Mother to Child Transmission (PMTCT) programs throughout the country and 72% of pregnant women were counselled and tested in 2019, of the HIV exposed infants 77% were tested and only 8% were positive. These infants were put on treatment. A manual for ECCD training in the HIV sector was developed and programs for Orphans and Vulnerable Children were developed. Source: National AIDS/STI Control Programme, Ghana Health Service. (June 2020) 2019 Annual Report accessed from www.ghanais.gov.gh/pages/publications and communications with the Ghana AIDS Commission.	Good level
Nutrition			
7.	Decrease in the incidence and rates of low-birth-weight babies from 8% to 5% by 2005	10% of children low weight (<2.5kg) at birth in 2014 Source: Ghana Demographic and Health Survey, 2014	Poor level
8.	Reduce stunting from 30% to 20% by 2008	For children under 5, 19% percent were stunted (short for age), 5% were wasted (weight for height), and 11% were underweight (weight for age) in 2014 10% of children low weight (<2.5kg) at birth in 2014 Source: Ghana Demographic and Health Survey, 2014	Good level
9.	Achievement of exclusive breast-feeding of infants aged 0–6 months by 50% of mothers by 2006	98% of children were breastfed at some point in their life; 52% of children younger than 6 months were exclusively breastfed; however, the median duration of exclusive breastfeeding was only four months, two months short of the target Source: Ghana Demographic and Health Survey, 2014	Average level
Security and Safety			
10.	Achievement of universal birth registration by 2007	Birth registration increased to 70% with more people in urban areas registering the birth of their children than in rural areas. Source: UNICEF, Birth Registration	Poor level
Early Learning			
11.	Expansion of primary school enrolment to 95% by 2015	87% net enrolment rate in primary education, 2019 Source: World Bank. Adjusted Net Enrolment Rates, 2019 Accessed from https://data.worldbank.org/indicator/SE.PRM.TENR?locations=GH accessed on 31 March 2020	Poor level

12.	Provision of 60% of public primary schools with 2 kindergarten classrooms by 2015	There were 15,291 primary schools and 14,821 Kindergarten structures in public schools according to EMIS 2018/19 Source: EMIS data at MOE presentation, 2020	Average level
13.	Increase in gross enrolment ratio (GER) at preschool level to 75% by 2015	73.8% net enrolment rate for KG according to EMIS 2018/2019 Source: EMIS data at MOE presentation, 2020	Good level
14.	Development of pre-school education curriculum for teacher training colleges by 2005	Developed in 2005, revised in 2019 Source: Ministry of Education, 2015	Good level
15.	Elimination of gender disparities in Basic Education enrolment by 2005	School enrolment, primary, female (% gross) 106% in 2019, compared to 104% for male Source: World Bank, School enrolment, primary female (2019)	Good level
Cross-cutting			
16.	Expansion of ECCD programmes for survival, growth, and development to 80% of children aged 0–8 especially in rural and urban poor communities by 2010	Data were mixed. Access to essential health services increased; access to Kindergarten increased; access to day care was very low; parenting programmes coverage was unknown Source: All preceding entries in the table	Average Level
17.	Strengthening of the information base by improving the availability of quality data on children and their families	No aggregation of data from sources; data on health, nutrition, and early learning fair to strong; data on safety & security limited; other incomplete Source: All preceding entries in the table	Poor level
No targets were set in the 2004 ECCD Policy that apply to the Responsive Caregiving domain			

6.2.8 What explains the effectiveness or any lack of effectiveness in achieving the Policy's intended results?

54. Interview respondents credited the Policy with ordering the sector by clarifying the responsibilities of government actors, freeing the MDAs to focus on developing services that fell unequivocally within their jurisdiction. However, this claim in favour of the Policy was not ubiquitously endorsed. The experience of some respondents, especially those in local government and those outside of government, suggested that the Policy has not been sufficiently explicit on delineating roles, especially outside government, and this contributed to a lack of effectiveness in achieving results.
55. The ECCD Policy was regarded as pioneering according to key informants, in that it elevated the cause of ECCD in the public sphere and provided a basis for coordinated, multi-sectoral activity. However, the Policy's relationship with concrete achievements

“There are so many partners that need to know their role and responsibility when it comes to the ECCD Policy.”

was often seen by interview respondents as attenuated and difficult to attribute to the Policy alone.

56. The ambitious nature of this multi-sectoral Policy was reflected in setting targets outside the Policy owner's direct sphere of influence, such as immunization rates, maternal mortality, and low birth weight, which would depend on the efforts of MOH and the Ghana Health Service. Similarly, the indicators on primary school enrolment and kindergarten classrooms were firmly linked to the MOE and the efforts of the Ghana Education Service. These indicators reflected the reality of shared responsibility for ECCD across sectors, as well as the spirit of shared ownership that key informants with knowledge of the Policy formulation process described as intentional. However, the Policy owner was neither responsible for nor in a position to hold other MDAs accountable for performance on these indicators.
57. While direct service indicators could be left to the responsible MDAs, indicators more directly influenced by the Policy owner MoGCSP (MOWAC at the time), such as the expansion of ECCD programmes, and M&E, were cross-cutting functions that could not be achieved alone. The need for a truly combined effort for this Policy to achieve success was clear, but the performance on cross-cutting indicators, which lag performance on direct service delivery indicators, suggests *it was not clear* that all the actors were focussed on the same goals.
58. When accounting for achievements in ECCD, several respondents expressed the view that the contribution of the ECCD Policy was amplified by complementary national and international developments in the years since its promulgation. Respondents pointed to the notable increase in ECCD related policies and guidelines (for example, the National Policy on Social Protection,³² the Policy on Inclusive Education,³³ and the Ghana National Newborn Health Strategy and Action Plan³⁴) that operationalized aspects of the ECCD Policy and took it further, integrating the latest data and approaches to early childhood within specific technical Policy areas. While credit was given to the 2004 ECCD Policy for early mobilization and advocacy efforts, respondents maintained that progress on ECCD has overtaken the ECCD Policy. Several targets of the ECCD Policy were met (see Table 12), but these results have been continuously reinforced during the Policy implementation period by developments in the national Policy environment, as well as by ascendant global priorities (e.g., the UN Millennium Development Goals (MDG's), Sustainable Development Goals (SDG's), and the Nurturing Care Framework for early childhood development). While the influence of these developments on the achievement of results varied, based on their recency for example (the Nurturing Care Framework as a case in point), it was nevertheless unconvincing to apportion attribution accurately across all these developments for the results achieved.

³² Ministry of Gender, Children and Social Protection. (2015). National Policy of Social Protection. Accra: Ghana. Accessed from <http://mogcsp.gov.gh/index.php/mdocs-posts/ghana-national-social-protection-Policy/>.

³³ Ministry of Education. (2015). Inclusive Education Policy. Accessed from <https://www.unicef.org/ghana/reports/inclusive-education-Policy>.

³⁴ Ministry of Health. (2014). National Newborn Health Strategy and Action Plan, Accessed from <http://www.ghanahealthservice.org/downloads/NEWBORN0001.pdf>.

59. Instances where the Policy has directly informed programmes or products such as guidance documents or quality standards represent a direct contribution to outcomes, as numerous respondents reported. The drive to train and qualify Kindergarten and ECCD teachers resulted in tailored curricula and specializations being implemented in training colleges, complemented by in-service training programmes. Respondents noted the impact of these interventions on ECCD outcomes.
60. The view that the Policy was effective to the extent that its implementation was supported with complementary products, such as additional guidance and standards was consistently cited—both in examples of when the Policy was impactful and when its effectiveness faltered in their absence. An example that illustrates both sides of the assertion was the late development of quality standards for ECCD for ages 0 to 3, which were finally published in March 2018. Officials at district level described how the monitoring of ECCD centres prior to the dissemination of these standards seldom, if ever, occurred but was increased once guidance was available.
61. Respondents reported that there were sometimes issues with dissemination of guidance documents. While there was frequently wide dissemination of Policy and guidance documents (including the ECCD Policy soon after its promulgation), government led initiatives seldom benefitted from investments in sustained communication, dissemination, and reach. For example, many respondents did not know about the relatively new age 0–3 ECCD standards.
62. In addition to formulating and then disseminating guidance and other products that supported implementation, respondents described the necessity of ensuring compliance where these supporting outputs had regulatory weight. An example repeatedly discussed was the ECCD Quality Standards, which specified primarily infrastructural prerequisites for the formal approval of day care centres. Despite the availability and wide dissemination of these standards, district level officials reported in interviews widespread lack of compliance with the standards and their lack of capacity and resources to monitor, assess, support and enforce compliance.
63. Similarly, respondents associated ECCD Policy effectiveness with implementation drives and processes for developing guidance marked by participatory processes. A lack of engagement was frequently blamed for less effective implementation or initiatives that have failed to gain traction.
64. While there was no firm evidence to indicate that the examples mentioned by respondents were failures in reality, the advantage of facilitating participatory processes in devising products based on Policy was that buy-in was more readily secured and initiatives were more likely to be adopted widely.
65. There was a firm consensus among respondents that coordination was key to effective Policy implementation. Specific examples, such as the collaboration between the

“Teachers in some schools have undergone intensive in-service training and I can attest to the fact that there have been tremendous improvement in academic performance and also lesson delivery. These teachers are now abreast with the appropriate use of teaching and learning resources and not solely blackboard work.”

Ghana Health Service (GHS) and Ghana Education Service (GES) and the births and deaths registry that has resulted in substantial progress towards the universal birth registrations target were repeatedly noted.

66. Respondents frequently reported that coordination remains largely inadequate, especially at local level, where it seems coordination structures have failed.
67. Two keys to understanding this common collapse in the institutional infrastructure envisaged in the Policy as the centre of coordinated implementation were consistently mentioned by key informants and interviewees. Firstly, with each new high-profile Policy effort, coordination structures proliferated, imposing unreasonable demands on the officials and community leaders expected to participate in the structures. Many of these Policy efforts were sponsored by development partners and the convening of these coordination structures initially benefited from development funding. Once funding was withdrawn, however, the costs of continued functionality were not assumed by District governments and the structures were not sustainable.
68. Secondly, in addition to coordination failures, achieving national Policy objectives and targets was severely constrained by the limited breadth of its implementation. Limited implementation reflected and exacerbated the inherent inequities that currently characterise Ghanaian society, in particular regional and rural-urban divides and the ease of access to services by higher over lower wealth quintiles. In the table summarising key data in the ECCD services landscape (Table 13), the discrepancy in delivery across geographies (comparing regions with highest coverage against regions with lowest coverage) and economic status (comparing coverage for the richest against the poorest quintile) were starkly presented. These discrepancies were confirmed during fieldwork, reported in the experiences of both caregivers and government officials, who, unsupported, were unable to deliver on the promise of ECCD.

Table 13: Summary of Key Data in the ECCD Service Landscape

Intervention	Government Entity	Geographic Coverage	Population Coverage	Equity Geographic	Socio-Economic
Good Health and Adequate Nutrition <i>Data for this section of the summary table has been compiled from sources already mentioned, including the Ghana DHS 2014, the Ghana Maternal Health Survey 2017, the Multiple Indicator Cluster Survey 2017/2018</i>					
Family Planning	GHS	10	Age 15-49 demand satisfied- Married: 42% (GDHS)	Upper East: 64% Northern: 29%	Richest: 36% Poorest: 44%
Antenatal care (4+ visits)	GHS	10	85%	Upper East: 95% Volta: 75%	Richest: 95% Poorest: 76%
Skilled birth attendance	GHS	10	78%	Upper East: 94% Central: 73%	Richest: 94% Poorest: 75%
Post-natal care (mothers)	GHS	10	85%	Greater Accra: 93% Northern: 75%	
Post-natal care	GHS	10 Regions	91%	N/A	N/A
Immunization	GHS	10 Regions	Basic immunizations: 77.3%	Northern: 86% Ashanti: 94%	Richest: 95% Poorest: 87%
Micronutrient support for women & mothers	GHS	10 Regions	Anaemia: 42%	Upper West: 91.2% Northern: 69.0%	Richest: 76% Poorest: 77.5%
Breastfeeding	GHS	10 Regions	Exclusive breastfeeding: 52%, median of 4 months	Volta: 48.7% Upper West: 35.6%	Richest: 37.7% Poorest: 43.6%
Micronutrient support for children	GHS	10 Regions	Children 6-23 months with minimum dietary diversity: 23%	Greater Accra: 22.7% Eastern: 3.9%	Richest: 21.7% Poorest: 11.4%
Micronutrients: supplementation and fortification for mothers	GHS	10 Regions	Vitamin A: 68%	Upper West: 13% Central, Ashanti: 30%	Richest: 43% Poorest: 17%
		10 Regions	Iron tablets: 59.4%	Eastern: 62.4% Greater Accra: 72.2%	Richest: 79.6% Lowest: 58.8%
		10 Regions	Deworming: 39.4%	Upper West: 83.4% Eastern: 31.9%	Richest: 76.8% Poorest: 49.5%
	GHS	10 Regions	Vitamin A: 65.2%	Upper East: 69.6%	Richest: 29.3%

Intervention	Government Entity	Geographic Coverage	Population Coverage	Equity Geographic	Socio-Economic
Micronutrients: supplementation and fortification for children				Ashanti: 25.4%	Poorest: 42.7%
		10 Regions	Iron supplements: 24.4%	Central: 79.0% Northern: 44.3%	Richest: 66.5% Poorest: 59.0%
		10 Regions	Deworming: 38.3%	Western: 37.4% Upper West: 9%	Richest: 26.5% Poorest: 18.8%
Safety and Security					
Data for this section of the summary table has been compiled from sources already mentioned including the Multiple Indicator Cluster Survey 2017/2018, the evaluations of LEAP and the school feeding programme cited, and the draft World Bank Investment Case for ECCD, 2019					
Birth Registration	BDR	10 Regions	71%	Upper East- 81% Brong Ahafo—58%	Richest: 86% Poorest: 55%
Cash Transfer Programmes	MoGCSP	10 Regions	LEAP: 25% of extreme poor LIPW: 10% of rural households	N/A	N/A
School Feeding	MoGCSP	10 Regions	Coverage data for ECCD-specific age group unavailable	N/A	N/A
Social Welfare Protection	DSW		Not available	N/A	N/A
Opportunities for Early Learning					
Data for this section of the summary table has been compiled from the presentation made by GES at the ECCD stakeholder workshop held in February 2020, and the draft World Bank Investment Case for ECCD, 2019					
ECE Programmes (crèches, day cares, nurseries: 0–3)	MoGCSP, DSW	10 Regions	Gross Enrolment Rate (GER) 13.1% (95% private enrolment)	N/A	N/A
ECE programmes (Kindergartens: 4–5)	GES	10 Regions	GER 115.6% (27.3% private enrolment)	GER Central- 21.3% Northern- 5.2%	N/A

69. One of the challenges to planning and responsive implementation was the lack of actionable data from monitoring and evaluation, which ultimately undermined effectiveness. Respondents widely concurred that the commitment in the ECCD Policy to research, monitoring and evaluation stalled once responsibility for it had been nominally assigned to multiple Ministries. The lack of ongoing monitoring and assessment was identified by them as a weakness undermining implementation and a call for more robust synchronized information system and data analysis to support implementation was widely voiced.
70. However, the most persistent theme when accounting for lack of effectiveness was a lack of resources, which will be discussed more in EQ3 in the following section.

“If you are working, and you aren’t collecting data to analyse the progress of your work, then you are not making any head way.”

EQ2 Conclusions

EFPEC1: In the absence of guidance such as the SABER-ECD framework, which was published in 2013, the 2004 ECCD Policy managed to account for all the necessary elements of Policy design based on a sound theory of change. However, the necessary level of detail for a robust theory of change to be discerned was absent for each element reviewed. (Para 20-22)

EFPEC2: By assigning roles and responsibilities to key MDAs and stakeholders the Policy provided guidance for coordination, implementation, financing, differentiated interventions, service quality and measuring progress. However, the guidance was limited in anticipation of more comprehensive, supporting documentation to be subsequently produced. Unfortunately, key guidance was never finalised (costed implementation plan) or completed very late in the Policy’s life cycle (ECCD Standards). (Par. 23-26)

EFPEC3: Nevertheless, a number of systems level changes emerged subsequent to the Policy’s promulgation, including a substantial increase in additional supporting policies, strategic frameworks, changes in the services routinely provided to children and parents, and the institutionalization of the National ECCD Coordinating Committee at national level. (Para 27-30)

EFPEC4: The effectiveness of ECCD efforts in Ghana were demonstrable when considering progress against the initial 17 targets established in the 2004 Policy. However, a number of these targets were only partially achieved or were not achieved, and some achievements confronted fresh risks, such as equity. There was no centralized monitoring body, which made aggregation of results difficult. (Par: 31-34)

EFPEC5: Interviewees identified key factors to which they attributed ineffective Policy implementation, including the faltering and sometimes failed functionality of coordination and coordinating structures, the lack of actionable data to inform a responsive approach to implementation, and the limited breadth of implementation. The most widely mentioned inhibiting factor was constraints in resourcing. Enabling factors included the assigning of roles and responsibilities to MDAs and other key stakeholders, the amplifying effect of complementary national and international developments in the years since its promulgation, and the production and wide dissemination of supporting guidance for Policy implementation. (Par: 35-70)

6.3 Efficiency—EQ3: To what extent does the ECCD Policy accurately identify and provide for the mobilization, coordination and appropriate allocation of the resources required for effective implementation?

Adequate funding was arguably the most pernicious of the factors affecting the final outcomes of the Policy. This section discusses the extent to which the Policy provides for estimating, mobilizing, allocating and coordinating funds needed to deliver on ECCD objectives and targets.

- EQ3.1.** To what extent does the Policy accurately estimate and link stated priorities, performance directives, institutional arrangements and implementation strategies to associated resource requirements?
- EQ3.2.** To what extent does the Policy provide feasible guidance on how resources might be obtained? How were resources for the Policy mobilized and to which Ministries?
- EQ3.3.** To what extent does the Policy provide guidance on how resources should be allocated? Where were resources allocated and what this the most effective use of resources?
- EQ3.4.** To what extent does the Policy provide feasible guidance on how resource mobilization and allocation should be coordinated? How effective were coordination mechanisms



Photo 3: Children playing, Ghana UNICEF/UN842622/DEJONGH <https://www.unicef.org/ghana/stories/open-letter-worlds-children>

6.3.1 To what extent does the Policy accurately estimate and link stated priorities, performance directives, institutional arrangements, and implementation strategies to associated resource requirements?

71. In section 6.1.1 Costs, the Policy offered a nominal list of cost categories at national, regional, district and community levels. These cost categories were not accompanied by cost estimates and the lists were not exhaustive, limiting the value of this section for informing a cost estimating exercise. Exemplary policy design requires that an

implementation plan and cost study be produced to guide policy implementation efforts,³⁵ but this did not happen for the ECCD Policy.

72. As previously noted, section 5.0 of the Policy on Implementation Strategies did not contain descriptions of implementable strategies but was, more accurately a set of strategic principles to which the Policy subscribes. It therefore offered no basis for estimating costs. Additionally, while the Policy stated that “ECCD programmes shall be presented as packages that will take care of the physical, mental, social, moral and spiritual needs of the child,” no further discussion on what these service packages might concretely consist of was presented.
73. The Policy contained no concrete implementation approaches linked to priorities, targets, and institutional arrangements to inform cost analysis—which in turn would allow for estimates of the resources required for effective implementation.

6.3.2 To what extent does the Policy provide feasible guidance on how resources might be obtained? How were resources for the Policy mobilized and to which Ministries?

74. The current Policy did not establish a minimum level of public funding for ECCD services and no funding commitment on behalf of government was made. Instead, it enjoined government to direct the Ministry of Finance to request relevant sector Ministries to retain “a certain proportion of their regular budgets for ECCD programmes.” The injunction was not accompanied by any benchmarks on national budgeting for ECCD. While such benchmarks were rare at the time of the Policy’s formulation, this is no longer the case and 10% of the national education budget is recommended for pre-primary education now for example.³⁶
75. In section 6.0 Costs and Financial Implications, the Policy notes that “whatever the cost, it is expected that it will be borne by one or a combination of the following: parents, communities, private proprietors, NGOs, development partners, philanthropic personalities, organisations and the Government.”
76. Guidance was not explicit or comprehensive with regard to financing of ECCD activities but, for the centralised Ministries in particular, financing progressed with the maturing of their mandates, independent of the Policy. Four of the five Ministries specified in the Policy (MOEYS, MOH, MMDE and MLGRD) were directed to “make provision and mobilise resources for ECCD programmes within its budget.” Three of these Ministries (MOEYS, MOH and MMDE) were responsible for delivering specific child focussed services according to their respective mandates.³⁷ Although their ECCD related mandates were not comprehensively reflected in Policy

³⁵ Gustafsson-Wright, E. Boggild-Jones, I and Gardiner S (2017) The Standardized Early Childhood Development Costing Tool (SECT): A Global Good to Increase and Improve Investments in Young Children, Brookings Institute, Accessed from <https://www.brookings.edu/wp-content/uploads/2017/09/standardized-ecd-costing-tool.pdf> on 20 October 2020

³⁶ Zubairi, A and Rose, P (2017) Bright and Early: How financing pre-primary education gives every child a fair start in life: Moving towards quality early childhood education for all. Accessed from <http://s3.amazonaws.com/theirworld-site-resources/Reports/Theirworld-Report-Bright-and-Early-June-2017.pdf> on 23 March 2020.

³⁷ While one of the Ministries has subsequently been renamed (MOEYS) and its mandates adjusted, and the child protection mandate has been shifted from MMDE to MoGCSP, the statement remains largely accurate.

section 4.2 Roles and Responsibilities, these Ministries and their related services agencies (GHS and GES) have developed their ECCD mandates over time, producing service strategies and ECCD specific policies, (as reflected in the discussion under EQ2) and now allocate funding within their existing budgets to delivering ECCD related services, for example kindergarten and community-based growth monitoring.

77. However, for the MLGRD, funding for services was complicated by its still emerging role in decentralization, according to key informants. Local government structures at district level, were mandated to implement Policy for all decentralised Ministries. While this did not apply to MOH and MOE, it did to MoGCSP. Respondents noted that budgeting practices which allowed Ministries to implement their mandate through the local government service were still not clear, with the result that there was often a deficit in funding available for implementation. What should occur is coordinated budgeting that would see decentralized Ministries fund implementation through local government, as well as share credit for performance. The mechanisms by which coordinated budgeting should occur and how MLGRD and local government should be allocated funds to implement against the mandates of decentralised Ministries remains unclear, according to interviewees.
78. The injunction to “make provision and mobilise resources for ECCD programmes within its budget,” although not supported with essential guidance such as benchmarks based on global proportionate trends, demonstrates at least a nominal financial commitment. However, it needs to be considered in the light of Ghana’s general budgeting trends. Ghana’s health spending was the 10th lowest in the world and the lowest in Sub-Saharan Africa relative to the size of its economy.³⁸ In both the health and education sectors, personnel expenditures dominate the government’s budget, accounting for 90% of expenditures.³⁹ In 2015, kindergartens received less than 1% of funding from government to be spent on goods and services in 2015 and received only 5.6% of the education budget, well below the international benchmark for pre-primary education of 10% of overall education expenditure.⁴⁰
79. The National Development and Planning Commission (NDPC) discussed the challenges with budgeting and tracking expenditure on nutrition programmes at length (in an environment in which nutrition is high priority and it is assumed that most programmes are nutrition sensitive). However, it was difficult to assess how much was spent on nutrition in Ghana; and by extension on ECCD relevant nutrition. For example, NDPCs Scaling Up Nutrition budget tracking study in 2016 identified 112 nutrition relevant programmes, of which only 15 programmes (13%) were overseen by six MDAs that received specific allocations in 2016.⁴¹
80. Between 2010–2016, Ghana spent 1.4% of gross domestic product (GDP) on social protection and 0.5% of its GDP on social assistance programmes, well below other LMICs and its Sub-Saharan African peers who on average spend 1.6% of GDP and

³⁸ World Bank. (2017). Ghana Public Health Expenditure, World Bank Review.

³⁹ Aykut, D., Kwabena, K., James, S., Oppong, F., Brown, D., Darvas, P. Lothrop, S. (2017). Fiscal Consolidation to Accelerate Growth and Support Inclusive Development: Ghana Public Expenditure Review, (June), 1–155.

⁴⁰ Zubairi, op.cit.

⁴¹ World Bank. (2018). A case for Strategic and Integrated Investment in Early Childhood, Draft report.

2.1% of GDP on social assistance respectively.⁴² The highest spending allocation on a social assistance programme was on the Livelihood Empowerment Against Poverty (LEAP) program, followed by the Ghana School Feeding Programme and the Labour-Intensive Public Works (LIPW) Program.

81. The Policy called on Ministries to “develop and implement a Parent Education Programme,” specific budget allocations that might be aggregated to reflect expenditure allocations towards responsive caregiving were very difficult to identify.
82. The Policy requires MOWAC, the Policy owner, to mobilise resources for overarching functions, “such as research, co-ordination, monitoring and evaluation of ECCD programmes.” No further guidance for funding overarching or coordinating functions was offered.
83. The 2004 Policy assumed that government spending on ECCD would be supplemented by NGOs, development partners and “philanthropic personalities,” by stating as much (6.2.6 Development Partners, NGOs and Philanthropists). However, a WHO study (2019) found that donor funding represents a very small share of global health funding and that this share has been in steady decline since 2014.⁴³ This trend was mirrored in the Ghana case, where international financing as a source of health spending has declined from 53% in 2005 to 9.1% in 2012.⁴⁴ The World Bank Review in which the latter trend was published indicated that there appeared to be no evidence of a reversal.
84. Donor funding in the education sector trended in the opposite direction according to media reports, increasing by 204% in 2020 over the previous year. However, the absolute contribution was still only GH¢911 million (US\$163 million) or approximately 7% of the total approved GHC 13.3 billion (US\$2.4 billion) education sector budget.⁴⁵
85. External resources funded about 19% of social assistance projects in the country, including almost half of LEAP and all of LIPW, which inevitably limited coverage and ultimately, the impact of these interventions.⁴⁶ For example, a microsimulation of the impact of LEAP showed a modest reduction of 8% in extreme poverty.⁴⁷
86. Development partner funding was not equal to the need and was also constrained by funding strategies, which are devised subject to the accountability requirements of their governments. Their reach was limited and inflexible.⁴⁸ Respondents also revealed the risks of depending on contributions outside of government budgets.

⁴² World Bank. (2016). Ghana: Social Protection Assessment and Public Expenditure Review. Public Expenditure Review. Accessed from <https://openknowledge.worldbank.org/bitstream/handle/10986/26379/114004-revised-Ghana-SP-report-Draft-for-public-disclosure.pdf> on 24 March 2020.

⁴³ WHO (2019). Global Spending on Health: A World in Transition, 2019

⁴⁴ World Bank. (2017). Ghana Public Health Expenditure, World Bank Review.

⁴⁵ Business24 (2019) Donor Funds to Ghana’s Education Sector up by 200%. Accessed from <https://thebusiness24online.net/2020/02/03/donor-funds-to-ghanas-education-sector-up-by-200/>, on 12 August 2020

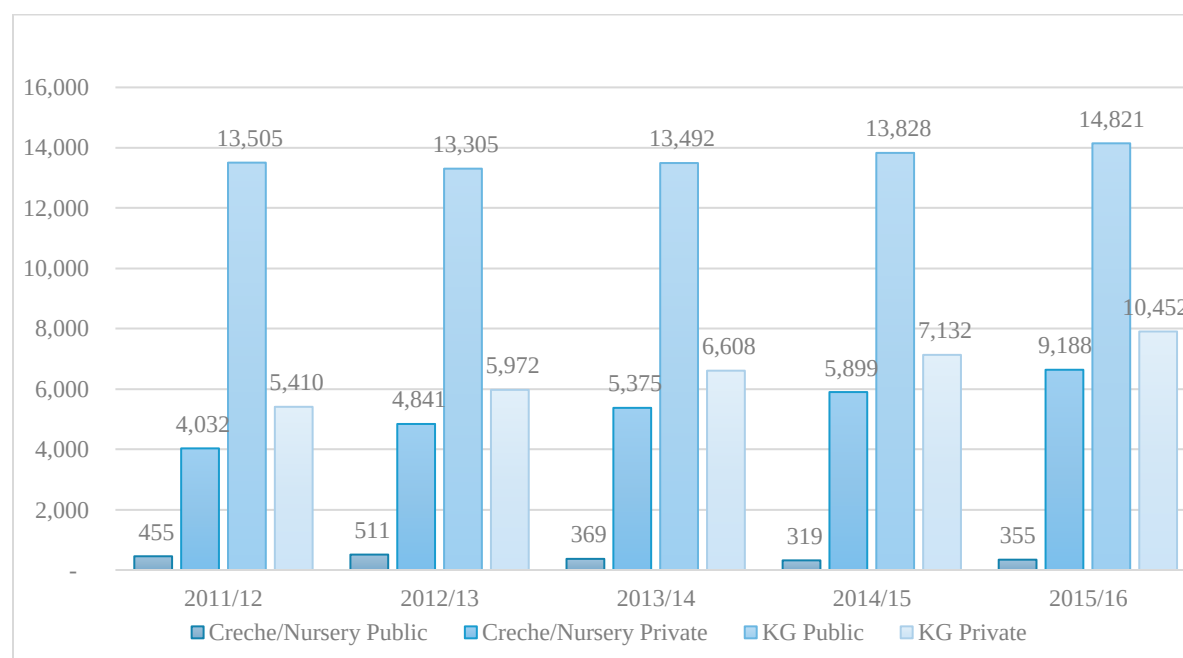
⁴⁶ World Bank, A case for Strategic and Integrated Investment in Early Childhood, Draft report, 2018

⁴⁷ World Bank, 2016, Ghana: Social Protection Assessment and Public Expenditure Review op.cit.

⁴⁸ World Bank, A case for Strategic and Integrated Investment in Early Childhood, Draft report, 2018

87. The Policy further expected private proprietors of ECCD services such as private kindergartens, creches and day cares would assume the costs of meeting ECCD quality standards, providing services to children with disabilities, training and paying their staff. According to key informants representing the private sector, these costs were necessarily passed on to consumers through service fees, with the result that private sector ECCD services were limited to people with the ability to pay. Consequently, they were less likely to be established in rural communities and be characterised by diminishing quality the more accessible they become to lower income families.⁴⁹
88. In the Ghanaian context, the current financing expectations of the private sector aggravated inequities in ECCD service delivery. Private proprietors interviewed during fieldwork consistently reported the financial strain associated with meeting standards and the difficulties caregivers had in paying fees. Considering the significant contribution of the private sector in delivering opportunities for early learning (see Figure 3 below), the inaccessible pricing is likely to severely curtail the attainment of associated Policy targets, such as proportion of eligible children enrolled in pre-school.

Figure 3: Public and Private Creche/Nursery and Kindergarten (2011–2016)⁵⁰



89. While the Policy called on government to provide for innovative funding mechanisms to subsidize private sector involvement, including waiving taxes on ECCD materials and equipment and providing incentives for ‘establishments’ contributing to ECCD programmes, respondents suggested that more could be done to support the private sector to supplement government efforts. They also proposed innovative mechanisms that government might adopt for subsidising private service providers, including a

⁴⁹ MoGCSP, Baseline Study Report on Child Competencies and Quality of Care Services Provided to Children Age 0–3 in Ghana, 2017

⁵⁰ Information supplied by GES at Stakeholder Meeting January 2020

preferential tax rate for enterprises contributing to ECCD, waiving of taxes and duties on equipment and materials utilized for ECCD services, and government subsidies for local production of learning materials for children 0 to 8 years of age. These suggestions carried significant weight when viewed in the light of the extent of service provision that falls to the private sector. By 2016 there were 9,188 private creches compared to the 355 public creches serving the 0–3-year olds.⁵¹

90. When asked about the major challenges they faced in executing their ECCD work, a persistent theme among stakeholders was a perceived lack of commitment by the government of Ghana to achieving ECCD outcomes, a perception based on observations of inadequately resourced activities. It was apparent from the interviews that although the Policy takes care to distribute the financing responsibilities across a range of actors, stakeholders held government responsible for a lack of resources to implement Policy and deliver ECCD services adequately and equitably.

6.3.3 To what extent does the Policy provide guidance on how resources should be allocated? Where were resources allocated and was this the most effective use of resources?

91. Other than assigning the responsibility for financing ECCD implementation to different stakeholders and directing MDAs to earmark funds within their existing budgets, the Policy offered no concrete guidance on how to allocate resources further. This was to be expected, as no firm funding commitment was made in the Policy. A costed implementation plan, which would provide guidance on resource allocation, was not finalized and disseminated.
92. MDAs did respond to Policy directives and allocated funding as their mandates integrated ECCD priorities and matured. This pattern of allocation, within the line functions of MDAs and particularly those that have not yet decentralised, appeared to be the most effective in achieving Policy targets (as discussed in sub-EQs 2.4 and 2.5). These investments resulted in the extension of mandatory schooling to include two years of kindergarten and provided for the extension and quality improvement of numerous ECCD related health services.
93. However, this observation should be qualified. The Policy set multiple targets for health, nutrition, and education, only one for safety and security and none for responsive caregiving. Because of structural changes in government, effective Policy implementation practices through the local government service were not accounted for in the 2004 ECCD Policy and have yet to be implemented fully, compromising the performance of decentralised Ministries.
94. There was also a severe deficiency in actionable data on ECCD, as no funding was allocated to establish a monitoring system to aggregate data from systems in the various ECCD domains (where they do exist). The dearth of ECCD monitoring data was exacerbated by the challenges disaggregating ECCD allocations in domains such as nutrition, as described earlier. Without data it is difficult to identify and compare instances of the relative effectiveness of resource use.

⁵¹ Information supplied by GES at Stakeholder Meeting January 2020

6.3.4 To what extent does the Policy provide feasible guidance on how resource mobilization and allocation should be coordinated? How effective were coordination mechanisms?

95. The Policy did not mandate any authority to coordinate resource mobilization and allocation or to monitor spending across sectors for ECCD related activities. Although there were no official mechanisms in place to ensure sustainable investments in ECCD in Ghana, assigning responsibility to MDAs to earmark resources for ECCD from their budgets has proven effective to some extent. However, the absence of coordination led or contributed to inefficacies.
96. Relying on MDAs to earmark allocations from their budgets at their discretion to achieve domain specific targets has produced some solid results against Policy targets. However, this siloed approach was seen by respondents as undermining the purpose of ECCD—the development of the whole child. In part because this approach to allocation does not adequately address the essential cross-cutting functions such as coordination and M&E, which were consequently not provided.
97. Key informants reported an additional way in which relying on MDAs to earmark allocations limited the achievement of outcomes: it perpetuated the competition for funding between technical areas that should be coordinating their budget requirements based on shared ECCD objectives. This was perceived to be the case at national level, where Ministries advocated for a larger share of budget in a constrained fiscal environment to meet their specific mandates, of which ECCD services represented a small fraction of their obligations. Competition for limited funds was also perceived to be a challenge at the district level, where operating budgets were severely constrained.
98. While the Policy expected MDAs to address access and equity issues, their focus was delivering on their basic mandate. Access and equity remained elusive goals because, according to interview respondents, making special provision for children with disabilities and their caregivers, rural communities and poorer socio-economic quintiles would require budget allocations that were not feasible within MDAs individual resource envelopes. Respondents had an impression that coordinating resources would assist in addressing inequities more efficiently, but that as siloed technical areas the factors undermining equity were too financially overwhelming to address.
99. Examples were not restricted to servicing children with disabilities and special needs but included inequities in service delivery between rural and urban settings, as additional costs associated with reaching remote locations were often prohibitive. Inequity across urban and rural settings frequently led to reflections on pre-existing binding constraints to service delivery that limit ECCD outcomes. Overarching structural constraints such as infrastructure and transport were presented by respondents as problems that required concerted efforts and coordinating resourcing to address. Sub-optimal resourcing resulted in sub-optimal implementation, with the result that implementation efforts with merit failed and were subsequently dismissed as ineffective. This was particularly relevant to interventions that depended on service providers to act in concert across sectors.

100. The 2004 ECCD Policy assigned the responsibility for resourcing coordination to MOWAC, while coordination functions were assigned to the National ECCD Coordinating Committee. Unfortunately, the coordinated monitoring of resource mobilization and allocation was not explicitly included in the roles and responsibilities of the NECC. As the key advisory function for all MDAs, the NECC was the correct vehicle to perform this function. However, the Policy also offered no guidance on resourcing the NECC and, as has already been noted, its functioning has suffered because of interrupted funding. It has therefore not been in a position to fulfil its overarching mandate as described in the Policy.

EQ3 Conclusions

EFFI 1: The Policy contained no concrete implementation approaches linked to priorities, targets, and institutional arrangements to inform cost analysis—which in turn would allow for estimates of the resources required for effective implementation. (Par. 71-73)

EFFI 2: The evidence demonstrates that the ECCD Policy resulted in ECCD sensitive budgeting within MDAs and particularly in those that have not yet been decentralized, as their mandates matured since 2004. The Policy led to an early surge in ECCD focussed development funding and private sector investment. However, the mechanisms by which budgeting would appropriately resource MLGRD and local government to implement against the mandates of decentralised Ministries remains unclear. Expenditure trends further undermined the Policy guidance for resource mobilization: government expenditure has shifted towards meeting personnel costs and development partners are spending less in key ECCD categories. Private sector, an important contributor to ECCD, has not yet been incentivised to increase investments. (Par. 74-90)

EFFI 3: The pattern of resource allocation stipulated by the Policy – earmarked allocations from existing budgets—appeared to be efficient in achieving Policy targets (as discussed in sub-EQs 2.4 and 2.5). However, this is easier to observe because more Policy targets were assigned to centralized Ministries, while the performance of decentralised service delivery, which would require coordinated budget allocations across MDAs, did not produce the data that would allow for an assessment of efficiency. (Par 91-94)

EFFI 4: Without guidance to coordinate budget estimation, mobilization and allocation, the achievement of results is undermined in three ways according to interviewees: it doesn't provide adequately for cross-cutting functions (M&E, coordination etc.); it perpetuates competition for resources between MDAs at both national and district levels; and, in a constrained budgetary environment, does not allow for adequately addressing equity in service delivery. It was apparent that respondents considered resourcing to be the overwhelmingly critical constraint limiting the delivery of ECCD services, which was consistent with findings from complementary assessments and studies. Exemplary policy design requires that an implementation plan and cost study be produced to guide policy implementation efforts. However, these outputs were completed and disseminated. Even if they had been, conducting an accurate cost analysis would still prove unexpectedly challenging. (Par 95-100)

6.4 Efficiency—EQ4: To what extent does the ECCD Policy maximize existing processes, structures, and services for efficient implementation

This evaluation question focused on whether the Policy leveraged the existing services environment to ensure the efficient implementation of the ECCD Policy. The scope of the question is delineated by 3 sub-questions as addressed below.

- EQ4.1** To what extent does the Policy provide the necessary guidance to leverage the existing resources and resource mobilization processes?
- EQ4.2** To what extent does the Policy assign roles and responsibilities in alignment with existing mandates and legal frameworks?
- EQ4.3** What are the key structures and processes used to implement the Policy, how did these change over time and were they optimally efficient?



Photo: Fulaiha Rashid and her mother, Adisa Abdul-Rashid, at a Child Welfare Clinic at the Central Hospital in Tamale in the Northern Region of Ghana on 15 July 2015. Source: UNICEF Ghana

6.4.1 To what extent does the Policy provide the necessary guidance to leverage the existing resources and resource mobilization processes?

101. Evidence already presented suggests that the Policy succeeded in leveraging existing resource mobilisation processes within particular MDAs—MOH and MOEYS —by assigning these the responsibility of earmarking proportions of their budgets for ECCD relevant services. The ECCD responsibilities within these MDAs were clearly delineated and their performance was measured against indicators enjoying widespread currency, therefore the guidance offered was adequate. The literature and secondary data review indicated that resources for ECCD services in health and education were insufficient to ensure comprehensive and equitable coverage.

102. The data showed that the directive to fund ECCD activities in other Ministries was less effective in securing resources for implementation. The responsibility for resourcing the NECC was presumed to fall on MOWAC as the owner of the Policy but was not clear. The MLGRD was directed to earmark a proportion of its budget for ECCD programming, but what these programmes would consist of was not immediately apparent from their mandate. They were directed to “ensure that District Assemblies allocate a percentage of their development budget for ECCD programmes,” and the Policy cascaded this requirement in assigning the responsibility directly to District Assemblies. The Policy, however, did not account for the distribution of resourcing responsibilities in a complex service environment that situates District Assemblies at the junction of decentralised and centralised services. Therefore, in the case of MLGRD and the District Assemblies, the guidance was inadequate.
103. At the time of the Policy’s promulgation, the MMDE was responsible for child protection services and therefore the directive to earmark resources from its budget for ECCD should have been adequate guidance, however, this was complicated by the fact that the responsibilities of this Ministry were later reorganized.

6.4.2 To what extent does the Policy assign roles and responsibilities in alignment with existing mandates and legal frameworks?

104. The 2004 ECCD Policy was widely credited by respondents with having clarified roles and responsibilities across sectoral actors. Several respondents claimed that for centralised line Ministries in particular, the Policy succeeded in differentiating their roles and responsibilities in relation to other MDAs and guided the manner in which they related to these MDAs. However, some respondents, particularly those involved in delivering services at local level outside of centralized Ministries and outside of government, contested this view. Despite definitions in the Policy, respondents reported persistent uncertainties around roles & responsibilities. Respondents, dissatisfied with how the Policy defined roles and responsibilities, focussed on the lack of explicit descriptions of services and the grouping of those services by age group.
105. Those respondents unhappy with how the Policy defined roles were expecting a Policy structured in terms of domains and the life cycle, similar to the manner in which the Nurturing Care Framework conceptualises ECCD. From their perspective, a Policy structured in this way would facilitate more effective coordination across sectors and more efficient resource allocation.
106. For line Ministries such as the MOE and MOH, and MMDE to some extent, the responsibilities assigned by the 2004 ECCD Policy aligned neatly with their existing mandates. However, the theory of change analysis presented earlier, found that the coordination responsibilities assigned to MOWAC, did not align to a pre-existing mandate but were newly introduced by the Policy and were not clearly described. Similarly, the Policy did not clearly describe the role of the MLGRD in delivering decentralised services while coordinating with the services of Ministries that were not decentralised.

6.4.3 What are the key structures and processes used to implement the Policy, how did these change over time and were they optimally efficient?

107. During the lifespan of the current ECCD Policy, additional ECCD relevant policies, strategic frameworks, guidelines, and implementation structures proliferated without alignment to the original Policy.
108. Coordinating Structures: The inconsistent performance of coordinating structures resulted in inefficient Policy implementation. For example, the National ECCD Coordinating Committee meetings were irregular if not directly funded by a development partner, according to respondents. Remarks from several respondents highlighted the fact that dependence on donor support for coordinating structures was a clear risk to effective Policy implementation. Respondents further reported that the NGO Consultative group's role was influenced by personalities and politics rather than a focus on Policy implementation. Inefficiency in higher level structures undermined the performance of local structures and service providers.
109. Several respondents noted the proliferation of coordinating structures associated with each new Policy initiative, suggesting that this tendency was both counterproductive, in that it undermined rather than strengthened implementation, and that it was also inefficient. Available and effective coordination structures went unused in some cases. One example offered was the Ministry of Education, which has several working groups, development partner platforms, and thematic working groups that could be used for coordination across several Policy initiatives.
110. At the local level, the proliferation of unfunded structures often resulted in their failing to achieve their intended terms of reference, according to several respondents. Operationalizing Policy implementation requires closer collaboration with the local government service.
111. Despite the complicated service environment confronting the local government service—challenges with lack of resources, contested roles and responsibilities, coordination between centralised and decentralised services—respondents explained how Policy implementation did occur, as dedicated providers within and outside of government coordinated to leverage existing processes, structures, and resources at the district level and below.

EQ4 Conclusions

EFFI 1: The 2004 ECCD Policy succeeded in leveraging existing processes, structures and services for efficient implementation when assigning roles and responsibilities to the centralized Ministries—MOH and MOE. Inefficiencies become evident when decentralized services were implemented through the local government service. (Par. 101-103)

EFFI 2: The Policy did not reflect an appreciation of the complicated service environment that District Assemblies must navigate and the associated lack of clarity regarding resources for activities at local level. The Policy also did not adequately account for the local government service need to navigate a complicated service delivery environment in which it was required to implement Policy on behalf of decentralised Ministries, while collaborating with centralized Ministries, to deliver on cross-sectoral obligations of the ECCD Policy. The directive would be simplified if the “service packages” the Policy alludes to had been defined but this was not the case. (Par. 104-106)

EFFI 3: The roles and responsibilities of coordination structures were not described to the level of detail necessary. Their resourcing was not explicit and were therefore often dependent on donor funding, causing frequent interruption during gaps in funding. The Policy did not take advantage of the numerous existing structures at the national and district levels that would negate the need for creating an entirely novel set of structures. (Par. 107-111)

6.5 Sustainability—EQ5: To what extent does the ECCD Policy provide for sustainable change in the institutional and financing arrangements for ECCD and in ECCD outcomes?

The fifth evaluation question considered the sustainability of any changes achieved by the 2004 ECCD Policy. For the purposes of this evaluation, we conceptualised sustainability as changes in the Policy environment, institutional arrangements, funding priorities, service delivery, and private sector activity that support ECCD. The scope of the question is delineated by three sub-questions as outlined below

- EQ5.1** What elements of the ECCD Policy contributed to sustained changes to Policy, procedural and institutional arrangements in the Ghanaian governance and service delivery environment?
- EQ5.2** What elements of the ECCD Policy contributed to sustained changes to ECCD interventions across sector?
- EQ5.3** To what extent will ECCD outcomes persist independent of the current Policy and into the future?



Photo 5: Fulaiha Rashid and her mother, Adisa Abdul-Rashid, at a Child Welfare Clinic at the Central Hospital in Tamale in the Northern Region of Ghana on 15 July 2015 Source: UNICEF Ghana.

6.5.1 What elements of the ECCD Policy contributed to sustained changes to Policy, procedural and institutional arrangements in the Ghanaian governance and service delivery environment?

- 112. As presented in the response to EQ2, interview respondents consistently attributed ECCD related efforts they were involved with to the influence of the 2004 ECCD Policy.

113. This view was reinforced by the significant changes introduced to the Policy environment since 2004 that favoured ECCD. MDAs generated several policies, strategies, and other guidance that directed their ECCD related work, grounding the relevance of the original Policy's priorities in the technicalities of their sector. The policies, strategies and guidance for each sector were previously outlined in Table 11 in the discussion under EQ2. Findings for EQ2 showed that health and education were particularly responsive to the ECCD Policy priorities. While the welfare and protection sector also initiated several policies and guidelines since 2004, as well as promulgating a number of acts, the links to ECCD were more tenuous. Of the seven policies and acts introduced since 2004 and listed in this evaluation, only three addressed ECCD priorities directly, while the remainder contributed to ECCD indirectly. Interview respondents did not readily confirm the influence of the ECCD Policy in prompting the formulation of these policies and legislation and one of the key policies did not provide the expedited reference to the ECCD Policy.
114. The EQ2 findings pointed to the conclusion that a major contribution of the Policy was in the assignment of roles and responsibilities in broad alignment with the existing mandates of the health and education MDAs. Where the existing mandates were less developed, or subsequently shifted, the Policy environment showed less growth.
115. Once MDAs were committed by Policy, the obligation to finance related activities was established. Despite the difficult financing environment described in preceding sections, the imperative to allocate funding from the MDA's budget was guided by these policies.

6.5.2 What elements of the ECCD Policy contributed to sustained changes in ECCD interventions across sectors?

116. In addition to contributing to sustainable changes in the Policy, procedural and institutional environments, aligning designated roles and responsibilities with existing mandates also contributed to the initiation of interventions that resulted in sustained changes across sectors. As discussed under EQ2, this was particularly evident in education and the private sector's involvement in opportunities for early learning.
117. The 2004 ECCD Policy boosted the momentum of several initiatives already proposed in the education sector at the time. For instance, the introduction of the two compulsory years of kindergarten was consistently credited to the Policy by respondents. The introduction of compulsory kindergarten took place in concert with Ghana's commitment to the introduction of universal compulsory education and the development partner assistance that fuelled the implementation of those commitments. These initiatives further prompted the investments in human resource development to ensure that the educators became skilled, specialized, and qualified to effectively provide opportunities for early learning and secure the intended outcomes.⁵²
118. Respondents maintained that the Policy's recognition of the role of the private sector in delivering opportunities for early learning was also credited with bolstering private

⁵² Evaluation of UNICEF's Contribution to ECCD in Ghana, 2017

investment in day care, creche, and private kindergarten services. Confidence from the private sector was increased further by suggestive statements in the Policy—that the government would innovate to subsidise the private sector’s participation in delivering services. However, innovative financing mechanisms did not materialise to the extent anticipated.

119. Delivery of ECCD related health services also expanded substantially over the Policy implementation period, culminating in the health sector led adoption of the Nurturing Care Framework and its domestic strategy.

6.5.3 To what extent will ECCD outcomes persist independently of the current Policy and into the future?

120. The discussion about outcomes in EQ2 showed that of the 17 targets committed to in the 2004 Policy 8 were achieved, 4 were partly achieved, 5 were not achieved. Although the trends are promising, none of these gains are irreversible, and the sustainability of outcomes remains at risk. The key risks to sustaining outcomes emerging from the were resourcing, both human and financial; coordination; inequitable delivery; and ineffective accountability arrangements. Each of these risks is discussed in more detail below.

121. Inadequate Resourcing: The leading risk to sustainability for this or future policies in ECCD was inadequate resourcing. Trends in funding pose a significant risk to sustainability. Government has shifted public spending away from the delivery of social and economic services to administrative spending. According to the Ministry of Health’s Holistic Assessment Report (2018), public funds contributed 77.4% to health expenditure in 2016 compared to 78.3% in 2015 and donor contributions increased from 11.9% in 2015 to 14% in 2016.⁵³ Public spending by the Ministry of Health decreased by 10% between 2012 and 2016.⁵⁴ The increase in total per capita health spending from GHC 29 per person per year in 2005 to GHC 140 in 2012, was primarily due to the sharp increase in out-of-pocket spending by Ghanaian households over that period. Between 2010 and 2012, the share of the funding burden for health services almost tripled for households, while both government financing and external donor assistance decreased.⁵⁵ The weight of the burden was uniquely captured when parents were asked what changed in the last 10 years in terms of services for children in their community. While parents conceded that services previously unavailable were introduced in their communities, the costs associated with accessing these were not affordable. The unintended consequence if this was an exacerbation of prevailing inequities between those with and those without means.

"I have no resources to implement it. We have good policies but no resources. We need training of the actors, the right ingredients, and resources."

122. Moreover, the cost burden associated with education was still felt by households, despite government’s efforts. The Capitation Grant was instituted by the Government of Ghana in 2005, providing funds to schools to cover tuition previously paid by households. Schools currently receive a grant award of GHC 9.00 per child enrolled

⁵³ Ministry of Health’s Holistic Assessment Report (2018)

⁵⁴ Aykut et al., 2017 op.cit.

⁵⁵ Aykut et al., 2017 op.cit.

in school intended to cover all additional fees and charges. In 2014, before the doubling of the capitation grant, a study uncovered at least 76 different levies and charges imposed by schools on families.⁵⁶ Eighty-five percent of households with a child in pre-school paid some form of levy, although one out of five households in the poorest wealth quintile paid no levies for children in public pre-school, indicating that the capitation grant was effective to a limited extent. The average expenditure for households per pre-school student attending a public school was GHC 47.70 on average, with rural households paying GHC 27.40 and urban households paying GHC 87.60 per child in special levies on average.⁵⁷ Worryingly, the study reported that the grant funds were not reaching the schools, making it hard to determine whether household expenditures were made to offset the low grant, to compensate for the grant not being disbursed to the school, or a combination of both.

123. The larger proportion of pre-school early learning opportunities were offered by the private sector, whose institutions do not qualify for Capitation Grant funds. Private proprietors interviewed during the evaluation confirm the difficulties parents and caregivers had meeting the cost of pre-school services. According to these key informants, the costs associated with the obligations the ECCD Policy places on private institutions—meeting quality standards and ensuring that staff were properly trained and adequately compensated—made the provision of services an expensive proposition. Consequently, the market the private sector prefers to target were caregivers with means located in urban areas.
124. Respondents stated that much has been achieved in strengthening the skills of stakeholders to support ECCD. This was particularly true in education, which benefitted from substantial innovations to qualify already active teachers that had not completed pre-service training, and to institute a professionalized stream in formal training for kindergarten teaching.⁵⁸ Despite these efforts, the demand for ECCD specific skills in education has not yet been met.
125. The pipeline for qualifying teachers remains narrow and this shortage was further exacerbated by the common practice of head teachers assigning their most competent staff members to teaching higher grades, even those specialized in ECCD, at the expense of lower grades. This practice risks that pre-primary schools become staffed with predominantly less capable and unskilled educators. The latter practice was repeatedly described by interview respondents during the evaluation, both teachers and parents.
126. Even in the health sector, with high skills demands and comparatively mature training arrangements, soft skills deficits remained that undermined access and exacerbated inequity. Focus group discussion participants frequently mentioned the negative demeanour of health facility staff, dissuaded them from accessing services. The urgency to address professional skills deficits was underscored by the growing need for health services, including ECCD services, which looks to be accelerating beyond the ability of development efforts to keep pace with demand.

⁵⁶ National Development Planning Commission, 2014

⁵⁷ National Development Planning Commission, 2014

⁵⁸ Evaluation of UNICEF's Contribution to ECCD in Ghana, 2017

127. The 2004 ECCD Policy recognized that it was not only professional skills that needed to be addressed but also that parents and guardians required support to supplement their caregiving capacities with knowledge in order to maximize outcomes for children in their care. As observed in this evaluation, the Policy set no targets for the responsive caregiving domain, despite the multiple provisions for parenting programming in the Policy. Furthermore, there was no readily available data on the coverage of parenting programmes, leading to the conclusion that the responsive caregiving domain was not sufficiently attended to in the Policy or in action. The value of parenting intervention, however, was repeatedly confirmed by respondents.
128. Inequitable delivery was also considered to be a risk to sustainability, in particular the sustainability of the highest-level outcomes for the nation of Ghana, including its development aspirations. When discussing inequity, respondents referred to the unequal resourcing of service delivery points across rural and urban contexts, as well as failures to accommodate under-served sub-populations, particularly children with disabilities and their parents. In this regard, expectations from all respondents were high.

EQ5 Conclusions:

SUST 1: Several changes have been affected in Ghana since the promulgation of the Policy in 2004 that now feature concretely in the ECCD environment. These include ECCD related policies and service delivery strategies being formulated by line departments and services such as Education and Health in response to the roles and responsibilities assigned by the ECCD Policy. These Policy changes and strategic initiatives have been accompanied by the expansion of services and increasing the associated capacity of the work force in ways that have become permanently institutionalised through, for example, formal university courses and qualifications. (Par 112–115)

SUST 2: Aligning designated roles and responsibilities with existing MDA mandates contributed to boosting the momentum of several initiatives already proposed in the education sector: the introduction of the two compulsory years of kindergarten and the investments in human resource development to ensure that the teaching profession became skilled, specialized and qualified. The recognition of the role of the private sector in delivering opportunities for early learning escalated investments and the delivery of ECCD related health services has expanded over the period of Policy implementation, culminating with the health sector led adoption of the Nurturing Care Framework. Furthermore, the expansion of services in these sectors was accompanied by budgeting changes (discussed under EQ3), which will persist as the commitment to these services are long-term. (Par. 116–119)

SUST 3: The improvements on ECCD indicators stipulated in the 2004 Policy as targets also have traction and will continue to characterise early childhood care and development in Ghana—but are not irreversible. Risks to ECCD progress and the sustainability of progress remain, including funding risks, the inefficient mobilization of service structures at local level, and the absence of an accountability mechanism appropriate to inter-sectoral priorities. All these risks must be mitigated to secure the sustainability of the gains achieved since the promulgation of the Policy in 2004. (Par 120–128)

7 LESSONS LEARNED

7.1 Summary

Table 14: Lessons learned summary

Summary	
Title and Date of the Source	Evaluation of Ghana's ECCD Policy 2004
Context	Early Childhood Care and Development
Phase of the Project Cycle to which the Lessons Learned is applicable	Planning and Implementation
Sector(s) to which the Lesson Learned is applicable	ECCD and other multi-sectoral Policy initiatives
Transversal Theme(s) to which the Lesson Learned is applicable	Assigning roles and responsibilities for effective multi-sectoral Policy implementation

7.2 Description

Table 15: Lessons learned description

Description	
Abstract	These lessons from a 2020 evaluation of Ghana's ECCD Policy (2004) are based on an analysis of the unique difficulties associated with successful Policy implementation when: (i) the Policy owner has little or no direct responsibility for delivering the services committed to in the Policy but must rely on other stakeholders for Policy implementation, and (ii) the Policy owner has no authority over the stakeholders implementing the Policy and therefore no consequential mechanism for holding stakeholders accountable. The lessons learned are important because ECCD is a multi-sectoral effort and the unique difficulties in successful Policy implementation are applicable in most countries pursuing a national commitment to early childhood care and development. Additionally, ECCD is not the only Policy goal that is dependent on multi-sectoral efforts, efforts which the lessons learned and documented here are applicable.
Issue	To implement a truly multi-sectoral Policy depends on the concerted and coordinated efforts of multiple stakeholders to achieve Policy goals and objectives. The multi-sectoral Policy, in this instance an early childhood care and development Policy, was assigned a Policy owner, the Ministry of Gender, Children and Social Development (MoGCSP). The Policy owner was nominally responsible for stewarding the Policy in the national Policy environment and ensuring that Policy goals and objectives were achieved. However, two clear problems arose. First, the Policy owner only delivered a limited number of services the Policy committed to and only delivered those indirectly through local government entities. As the larger portion were delivered by the other stakeholders (Ministry of Health and the Ghana Health Service, the Ministry of Education and the Ghana Education Service, District Assemblies, and the Local

Description	
	Government Service, etc.). The achievement of Policy goals and objectives was only partially due to the performance of the Policy holder. Second, the other stakeholders were not subject to the authority of the Policy owner and therefore not consequentially accountable to the MoGCSP. The lessons learned suggested ways in which multi-sectoral Policy can ensure performance and accountability without requiring the Policy holder to have authority over the other Policy stakeholders.
What worked well and did not work so well	<u>Ensuring Performance:</u> Where the Policy assigned roles and responsibilities to stakeholders that aligned closely with their legal mandates, those stakeholders performed well. • This was true for MOH and the Ghana Health Service and MOE and the Ghana Education Service, where their contributions to ECCD aligned strongly with their legal mandates. Where the Policy failed to assign roles and responsibilities that aligned with the stakeholders' legal mandate, that stakeholders' contribution remained limited. • This was true for District Assemblies and the Local Government Service, whose role in decentralized service delivery was still being determined when the ECCD Policy was promulgated and was therefore not adequately conceptualized in the Policy. <u>The Policy Owner's Role:</u> When the Policy owner provided useful cross-cutting services to the other stakeholders, overall Policy implementation was substantially strengthened. • This was illustrated when (i) the MoGCSP, in collaboration with other stakeholders and supported by a development partner, produced and disseminated Policy implementation guidance such as quality standards for early childhood development centres and (ii) when the Children's Unit within the MoGCSP acted as Secretariat for the National ECCD Coordinating Committee and managed the business of the NECC, including convening meetings. When the Policy owner did not provide an essential cross-cutting service, no other stakeholder fulfilled this responsibility and Policy implementation suffered overall. • For example, data-driven monitoring of ECCD progress in Ghana was not undertaken. Even though stakeholders were collecting data on their performance against their legal mandate, no entity took responsibility for aggregating the data to report on ECCD progress as a country. This absence of data was widely acknowledged as detrimental to responsive programming and ECCD progress in Ghana.

Description	
	<u>Ensuring Accountability:</u> • The ECCD Policy provided no mechanism to ensure accountability, with the result that progress towards ECCD outcomes was uneven across ECCD domains. • Those stakeholders with responsibilities aligned to legal mandates were also subject to internal accountability mechanisms for performance of those responsibilities. • Those stakeholders whose responsibilities were not aligned with legal mandates were also not subject to internal accountability mechanisms for performing those responsibilities. • Innovative accountability mechanisms have been recommended—a National ECCD Performance report is tabled annually at the cabinet, where Ministers of entities contributing to Policy ECCD implementation can discuss progress and hold each other accountable as peers on the nation’s highest decision-making body. This proposed accountability innovation has not been tested.
Potential future application	• By closely aligning roles and responsibilities with legal mandates, a revised ECCD Policy can ensure a more even performance against ECCD targets, motivated by stakeholder specific incentives, requiring little oversight from the Policy holder and no external accountability mechanism. • By potentially introducing innovations for external accountability that recognize the equal authority of the leadership of the different stakeholders and that relies on peer accountability, performance on ECCD Policy implementation can be mutually reinforced across stakeholders.
Contact person	Agnes Arthur - aarthur@unicef.org

8 FINAL CONCLUSIONS

8.1 Relevance

Ghana's ECCD Policy represented a relevant response to the status of early childhood care and development in the country in 2004 but its validity diminished as the Policy has dated over time. It identified several of Ghana's ECCD needs, both in developmental (the needs of Ghana's children) and implementation (the capacity of the ECCD stakeholder community to respond to those needs) terms. However, without a domain-based analysis of quantifiable needs, the Policy proposed an unbalanced set of targets and a number of crucial challenges were overlooked or not adequately addressed—including equitable access for children with disabilities and impoverished households, and the costly, disproportionate burden of care assumed by female caregivers.

While situated appropriately in the national Policy environment and current with international developments of the time, this is no longer accurate on either account. The static Policy no longer accurately reflects the evolved institutional environment, and combined with additional shortcomings, in particular the absence of supporting guidance documents such as an approved and disseminated costed implementation plan, further undermines its relevance. Consequently, the high currency and attention the Policy enjoyed amongst stakeholders has receded and service providers reported referencing it less in their work—at times not at all. The common consensus was that the utility for such a Policy remains, but the current iteration required a comprehensive update.

8.2 Effectiveness

Despite its eroding relevance, the Policy was effective in contributing to systemic change and the achievement of ECCD related outcomes. By assigning roles and responsibilities to key MDAs and stakeholders, the Policy provided a basis for rudimentary guidance on coordination, implementation, financing, differentiated interventions, service quality and measuring progress. Systems level changes the Policy contributed to included:

- A substantial increase in additional supporting ECCD policies across sectors
- Changes in the services routinely provided to children and parents
- Consistent investment and participation by the private sector in early learning
- The institutionalization of capacity development efforts to support the delivery of these new services
- The institutionalization of the National ECCD Coordinating Committee at national level.

Measurable results on key ECCD outcomes were also observed since the Policy's promulgation. Of the initial 17 targets established in the 2004 Policy, 8 were achieved and 4 were partly achieved, and 5 were not achieved. In addition to the assignment of roles and responsibilities in the Policy, complementary factors that enabled effective implementation included the amplifying effect of other national and international developments in the years since its promulgation, and the production and wide dissemination of supporting guidance for Policy implementation. However, implementation guidance was limited. The Policy anticipated the release of more comprehensive, supporting guidance but unfortunately, much

of this was never finalised (e.g., costed implementation plan) or was completed late in the Policy's life cycle (e.g., ECCD Standards).

At the time of conducting this evaluation, five Policy targets had not been achieved, and some achievements were confronting fresh risks, such as equity issues, which threatened the progress that was achieved. In addition to a lack of supporting guidance for implementation, key factors constraining effective Policy implementation most prominently include the faltering and sometimes failed functionality of coordination and coordinating structures, the lack of actionable data to inform a responsive approach to implementation, and the limited breadth of implementation. But by far the most widely mentioned inhibiting factor was constraints in resourcing.

8.3 Efficiency – New Resources and Financing

Exemplary Policy design requires that an implementation plan and cost study be produced to guide Policy implementation efforts. The Policy contained no concrete implementation approaches linked to priorities, targets, and institutional arrangements that might inform cost analysis and estimates of the resources required for effective implementation. Without comprehensive guidance to estimate, mobilize, and allocate funding, the achievement of results was undermined in three ways:

- Essential cross-cutting functions (M&E, coordination, and quality assurance) were not adequately provided for
- Competition for resources between MDAs at both national and district levels did not allow for coordinated budgeting that would ensure the optimal allocation of resources to deliver as comprehensive a package of ECCD services as possible
- The additional expense of ensuring equitable delivery could not be provided for

Nevertheless, the injunction to earmark a proportion of their existing budgets for ECCD services resulted in ECCD sensitive budgeting within MDAs, particularly those that have not been decentralized, as their mandates matured since 2004. However, expenditure trends further undermined the Policy guidance for resource mobilization; government expenditure has shifted towards meeting personnel costs and development partners are spending less in key ECCD categories. Furthermore, the mechanisms by which budgeting would appropriately resource MLGRD and local government to implement against the mandates of decentralised Ministries remains unclear.

Private investment in opportunities for early learning was encouraged by Policy provisions committing government to subsidise private sector efforts in ECCD, but these have not come to fruition. As a result, private sector contributions are limited in scope and do not extend significantly to rural areas, to communities in lower socio-economic quintiles, or to special populations such as children with disabilities, because these would not prove economically viable.

8.4 Efficiency – Leveraging Existing Resources

The 2004 ECCD Policy succeeded in leveraging existing processes, structures and services for efficient implementation when assigning roles and responsibilities to the centralized Ministries (MOH and MOEYS). However, the Policy did not reflect an appreciation of the complicated service environment that District Assemblies and the Local Government Service must navigate. In practice, District Assemblies and the Local Government Service were

required to implement Policy on behalf of decentralised Ministries without clarity on where resources for these activities would come from; and do so while collaborating with centralized Ministries to deliver on cross-sectoral obligations of the ECCD Policy. The Policy also did not take advantage of the existing structures offered by local government and the local government service in instituting a coordination mechanism. Instead, it stipulated the formation of a novel ECCD committee structure from the national through the sub-district level. As resourcing for this coordination mechanism was not adequately provided for it became dependent of development partner funding and faltered when this funding evaporated. Arguably, the most significant challenge to efficient Policy implementation was the inadequate conceptualization of the role of the local government in contributing to delivery and the realization of ECCD outcomes.

8.5 Sustainability

The systemic changes in ECCD contributed to by the Policy since 2004 were developments that have taken root and become established independent of the ECCD Policy and, thus, were likely to be sustained. These developments included the numerous ECCD related policies and service delivery strategies formulated since 2004, the accompanying expansion of services, and the associated strengthening of work force capacity which became firmly institutionalised through, for example, formal university courses and qualifications. The improvements in ECCD indicators against the 2004 Policy targets also had traction and will continue to characterise early childhood care and development in Ghana—but these improvements were not irreversible. Risks to ECCD progress and the sustainability of progress remain, including funding risks, the inefficient mobilization of service structures at local level, and the absence of an accountability mechanism appropriate to inter-sectoral priorities. All these risks must be mitigated to secure the sustainability of the gains achieved since the promulgation of the Policy in 2004.

9 RECOMMENDATIONS

9.1 Highest Priority Recommendations:

The recommendations presented in tables below (Tables 16– 22) include references to pertinent conclusions and intended recipients. The priority levels of high, medium and low do not indicate the timeline within which recommendations should be executed as this criteria was not relevant to the context of this evaluation. Instead, the priority level reflects the relative necessity of each recommendation for ensuring the increased effectiveness of ECCD Policy and its implementation going forward.

Table 16: Policy Development and Financing Recommendations

Policy Development and Financing Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
REL 2 REL 3	The Ministry of Gender, Children and Social Protection should initiate a process to revise and update the 2004 ECCD Policy, identifying and convening the partners to participate in the process, including the Ministry of Finance.	MoGCSP	H
EFFI 1 EFFI 5	Led by MoGCSP, partners collaborating to formulate the new Policy should make a funding commitment in the Policy on behalf of government, based on international benchmarks, and endorsed by the highest appropriate national authority.	MoGCSP Treasury Collaborating partners	H
EFFI 5	MoGCSP and partners overseeing the development of the costed implementation plan must ensure that feasible guidance is included on how funding will be mobilized, the sources from which the funding will be mobilized, and in what proportions from each source.	MoGCSP UNICEF Collaborating partners	H
EFFI 3	MoGCSP should ensure the Policy should commit government to innovations (such as tax exemptions and waivers) for subsidizing private sector and civil society partners to deliver ECCD services.	MoGCSP Treasury	M

Table 17: Policy Content Recommendations

Policy Content Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
REL 1 EFFEC 5	MoGCSP and collaborating partners must define packages of differentiated services based on the adopted domains and life cycle framework, as well as on levels of vulnerability, including poverty and disability.	MoGCSP UNICEF NECC Collaborating Partners	H

Policy Content Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
	The differentiated services should be based on evidence compiled by the NECC, supported by the ECCD Secretariat and an appropriate development partner, in a report on the status of the Ghanaian child and ECCD in Ghana. This report can be compiled from existing data sources. Any gaps in data should be addressed by commissioning primary data collection through a relevant MDA or the Bureau of Statistics.		
EFFEC 2 EFFI 2 EFFI 4	MoGCSP and partners collaborating on the revision of the Policy must designate which MDAs are to deliver each specific service, based on legal mandates, existing services and programmes and take into consideration implementation in a decentralized government setting.	MoGCSP UNICEF Collaborating Partners	H
EFFEC 2	Once services have been designated, MoGCSP and partners collaborating on the revision of the Policy must identify gaps in services and programmes and assign the responsibility for addressing these gaps to the most appropriate MDAs, civil society, or private sector service providers.	MoGCSP UNICEF Collaborating Partners	M

Table 18: Programme Implementation Recommendations

Programme Implementation Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
EFFEC 5	MoGCSP and partners overseeing the development of the costed implementation plan must ensure that it maximizes the points of contact with children and caregivers to integrate, link, and coordinate the delivery of packaged services. For example: integration would include providing for birth registration at health facilities; coordination would include health, education and social welfare authorities jointly scheduling growth monitoring and immunization at day care centres and primary schools; linkage would include training and equipping day care workers to identify and link children who are victims of abuse to relevant services.	MoGCSP Collaborating partners, especially MOH and GHS, and MOE, and GES	H

Programme Implementation Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
REL 1 EFFEC 5	The NECC, with the support of its Secretariat and an appropriate development partner, must consult with ECCD partners to formalize an evidence-based parenting support framework to address the requirements of the responsive care domain in the nurturing care framework.	NECC NECC Secretariat UNICEF	L
EFFEC 2 EFFI 4	MoGCSP and partners collaborating on the revision of the Policy must ensure that the Policy and costed implementation plan provides for not only the development of quality standards for ECCD but also a mechanism for enforcing those standards	MoGCSP Collaborating partners	M

Table 19: Institutional Arrangement Recommendations

Institutional Arrangement Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
EFFI 3	MoGCSP and partners collaborating on the revision of the Policy must ensure that the National ECCD Committee is formally constituted based on a terms of reference and able to implement a programme of work that is developed and revised annually and has the necessary funds from the government fiscus available to meet regularly, regardless of development partner contributions.	MoGCSP NECC Collaborating partners	M
EFFI 4 EFFI 3	MoGCSP and partners collaborating on the revision of the Policy must ensure that the Policy provides for the Secretariat to be adequately resourced, both in terms of funding and technical capacity, to fulfil its role	MoGCSP Collaborating partners	H

Table 20: Monitoring and Evaluation Recommendations

Monitoring and Evaluation Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
EFFEC 4 EFFEC 5	A standard set of priority indicators should be defined by the National ECCD Coordinating Committee that will quantify ECCD performance and be reviewed at least annually.	NECC Collaborating partners	H
EFFEC 4 EFFEC 5	The NECC should define data requirements from each contributing MDA, civil society, and private sector institutions. Systems for collecting and	NECC Collaborating partners	H

Monitoring and Evaluation Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
	reporting the data need to be developed by participating MDAs and other partners and implemented over a reasonable period of time.		
EFFEC 4 EFFEC 5 SUST 3	The NECC Secretariat should be responsible for managing the aggregation of the data contributed by participating MDAs and other partners and mandated to document and compile a national report of the ECCD implementation.	NECC Secretariat NECC Collaborating partners	H
EFFEC 4 EFFEC 5 SUST 3	The Policy should task the National ECCD Coordinating Committee to routinely formulate key research questions relevant to ECCD in Ghana and maintain this research agenda.	NECC	L

Table 21: Additional Funding Recommendations

Additional Funding Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
EFFI 1 EFFI 4 SUST 3	MoGCSP and partners collaborating on the revision of the Policy must ensure that new responsibilities assigned to MDAs and other partners in the revised Policy, as well as governance, coordination, and M&E functions, are budgeted for in the costed implementation plan. To provide a base level of sustainability, oversight, coordination, and M&E should be funded by the Government of Ghana through the relevant MDA budgets and independent of development partner funding.	MoGCSP Treasury Collaborating partners	H
EFFI 4 EFFI 2 EFFI 4	MoGCSP, MLGRD and all government partners participating in the Policy revision process must formulate funding arrangements for decentralized implementation through the local government service. Departments requiring the local government service to implement interventions need to budget for funding that can support decentralized activities.	MoGCSP MLGRD LGS Collaborating partners (especially decentralised Ministries)	H
EFFI 3	MoGCSP and the Ministry of Finance, together with other partners revising the Policy, should devise innovations to subsidize private sector contributions to service delivery, such as tax breaks for day care providers that meet government standards, and commit to instituting these in the revised Policy.	MoGCSP Treasury Collaborating partners (especially private sector associations)	M

Additional Funding Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
REL 1 EFFEC 5 EFFI 5	The MoGCSP should consider special funding for services for children in the early years with special needs or disability, such as special day care services or nursery placements. Sure Start or Head Start type programmes, which provide services for children with developmental problems who are living in poverty and for their caregivers, should be considered and carefully coordinated with other MDAs such as Health and Education.	MoGCSP Collaborating partners	M

Table 22: UNICEF Specific Recommendations

UNICEF Specific Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
REL 3	UNICEF should model an integrated approach by reviewing all programmes and ensuring ECCD priorities are accounted for where appropriate. Additionally, internal mechanisms for ensuring that sections routinely attend to integration should be implemented.	UNICEF	L
EFFEC 5	UNICEF should adopt an information dissemination function, building a mailing list of key contacts and serving as a “what works” clearing house, as well as updating the key ECCD players on relevant news.	UNICEF	M
REL 1 REL 2 REL 3 EFFEC 4 EFFEC 5	In addition to supporting the development of the revised ECCD Policy, UNICEF should support Policy level efforts through (i) a national Policy review that analyses the Policy environment to ensure that ECCD is represented in relevant policies, noting omissions, recommending and advocating for revisions; (ii) include as an objective of the national Policy review the alignment of policies across Ministries (e.g. the commitment to 6 months of exclusive breastfeeding and the 3 month maternity leave provided for in labour law); and (iii) ensure that evidence based provisions for the most vulnerable, in particular children with disabilities and their caregivers, are included in the revised Policy.	UNICEF	M
EFFEC 5 EFFI 2 EFFI 3 EFFI 4	UNICEF should support MLGRD and the local government service in an effort to redesign and rationalize coordination at the District and Sub-District level to maximize efficiencies. Each Policy results in a proliferation of structures for local implementation that is neither feasible nor	UNICEF MLGRD LGS MoGCSP	H

UNICEF Specific Recommendations			
Conclusions	Text of the Recommendation	Recipient(s)	Priority Level
	sustainable. Setting up a limited number of structures to coordinate and oversee the implementation of multiple policies is an essential innovation to achieve development objectives.		
	UNICEF should support the National ECCD Coordination Committee and Secretariat to define terms of reference and programmes of work; to develop the necessary technical capacity to deliver on M&E commitments and implement the recommended accountability mechanisms; and to participate effectively in Ghana's budgeting and planning processes to secure resources from the fiscus.	UNICEF NECC NECC Secretariat	H

10 APPENDICES

10.1 Terms of Reference

**TERMS OF REFERENCE AND EVALUATION CRITERIA
FOR THE RECRUITMENT OF AN EVALUATION FIRM TO CONDUCT THE EVALUATION
EARLY CHILDHOOD CARE AND DEVELOPMENT POLICY IN GHANA (2004)**

International Institutional Consultancy in partnership with national consultants

Summary

Title	Early Childhood Care and Development Policy Evaluation
Purpose	To conduct a process evaluation of the existing ECCD policy with a view to making it more current, aligned with the national aspirations, and addressing the policy implementation gap, especially with reference to integrated and coordinated service delivery mechanisms.
Location	Ghana
Duration	9 months from signing contract
Start Date	November 2019
Reporting to	Deputy Representative

1. Background

Early childhood is a period from conception to 8 years of age when multiple domains of children’s skills and competencies are intertwined in their growth, across physical, social, emotional, language, and cognitive domains. The Sustainable Development Goals (SDGs) signal the importance of supporting Early Childhood Development (ECD) globally. Explicit mention is made in SDG Target 4.2 which states that by 2030 countries should: ‘ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education’. Although the SDG commitments to ECD are included under the education goal, they are much broader than the education-focused target.

The sectors involved in ECD service provision typically include health, nutrition, sanitation, education, and protection. In infancy, interventions tend to focus on health and nutrition services, parent and community support, and education and early childhood intervention for children with developmental delays and disabilities. After 3 years of age, services tend to shift to more formal education and learning programs of pre-primary and primary schooling. Strengthening early childhood development is key to achieving at least seven of the SDGs, on poverty, hunger, health (including child mortality), education, gender, water and sanitation and inequality.

Over the last decade and a half, ECD has emerged as a national priority in Ghana. The government of Ghana was the first to ratify the United Nations Convention on the Rights of the Child in 1989. From the national Early Childhood Care and Development (ECCD) Policy adopted in 2004, inclusion of two years of pre-primary education in Free and Compulsory Universal Basic Education in 2008, and the recent launch of the Nurturing Care Framework for ECD in 2018, the country has continually committed to promoting children’s full cognitive, emotional, social and physical well-being in their early years. The national ECCD (2004) policy provides the foundational framework for government and other stakeholders to promote survival, development, and protection for children from birth to age 8, emphasizing integrated and coordinated services among other strategies for achieving this goal. It specifies 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.

The ECCD policy currently functions under the stewardship of the Ministry of Gender, Children, and Social Protection (MoGCSP) and the Department of Children (DoC) acts as the coordinating body. Multiple national ministries and agencies are responsible for development and implementation of sectoral policies and services related to ECD. They include the Ministry of Education (MoE), Ministry of Employment and Labour Relations (MELR), Ministry of Local Government and Rural Development (MLGRD); and Ministry of Health (MOH). In particular, the Department of Social Welfare under the MoGCSP and MoE are assigned responsibility for taking the lead roles mandated by the ECCD policy to regulate and operationalize Day Care Centres (0-3 year olds) programmes and registration of Kindergartens for children between the ages of 4-5 years, respectively.

The National Early Childhood Coordinating Committee (NECC) was established in 2005 with oversight responsibility of ECD service delivery by the various ministries and agencies; and its membership includes representatives of ministries, institutions of higher education, development partners, NGOs, and a national association of ECCD providers. Among the National Committee's responsibilities are advisory function, mobilizing resources for ECCD services, monitoring to ensure implementation of the ECCD policy, and ensuring coordination of efforts among those providing ECCD services. ECCD Committees were also established at the regional and district level to carry out similar tasks of advising, coordinating, and monitoring at their levels. However, over the last decade, the visibility and priority given to ECCD as a dynamic and integrated approach to children's well-being seems to have diminished while sectoral achievements in health, nutrition, and pre-primary education have progressed in Ghana. Further, the ECCD coordination body also appears to be weak due to constrained access to finance or sufficient political capital to provide stewardship across stakeholders.

1.1.2. Pre-primary Education: International research demonstrates that children who participate in early childhood education and learning are more likely to enrol and continue to stay in school and complete schooling in time. It improves not only their cognitive abilities but also crucial behavioural traits like sociability, motivation and self-esteem. Demand for pre-primary education, especially in Kindergarten (KG), is high in Ghana and gross enrolments are over 100 percent and there is gender parity. The inclusion of two years of KG for children between the ages of 4-5, as part of the Free and Compulsory Universal Basic Education policy in 2007, has been a key driver in expanding access and enrolment in Kindergarten across the country.

The 2018 Education Sector Analysis (ESA), while highlighting the progress in expanding access to KG, also indicates that the gains may have been at the expense of both effectiveness relating to school readiness and efficiency relating to under age and over age children in the education system. Overage enrolment is high, and a larger number of primary school age children are attending KG. And, 1 in 4 pre-primary age children are still not enrolled in kindergarten. Children belonging to the richest quintile or living in Greater Accra are more likely to have made the transition to primary school by age 7 than those belonging to the poorest quintile or living in the Upper West region. Evidence indicates that early learning is correlated with completing some form of pre-school and or KG and being the right age for their grade.

Despite universal access, children are also not participating in quality early learning opportunities. Limited financing has contributed to inadequate number of trained teachers and teaching assistants, insufficient supply of age-appropriate teaching-learning materials, and classrooms which are not equipped to promote play-based learning. The 2016/17 EMIS data also highlights significant gaps between the established public and private nursery schools¹ and the mismatch between availability of public nurseries and KG enrolment progression. While

¹ Public 5%(398); Private 95%(7,533) contributing to enrolment at 17,514 and 412,551 respectively (EMIS 2016/17). Imani Africa (2018) [ghanas-sanitation-policy-strategy-failed-winning-war-waste-filth/](#)

enrolment at public nurseries represents only 4% of the total nursery enrolment, at KG level, it contributes to 63% of the total KG enrolment.

The formative assessment (2016) of UNICEF support to KG in Ghana acknowledges the development of tools and guidance and capacity-building of service providers which have contributed to the institutionalization of KG delivery in Ghana. These include among others development and implementation of select elements relating to Early Learning and Development Standards (ELDS 2004), Teacher In-service/Pre-service Modules (2011) which have informed the new initial teacher education curriculum, National Minimum Guidelines for the establishment of KGs (2016), KG Assessment Tool (2016), and the National Framework for in-service teacher training for KG. The new KG curriculum (2019) is expected to build on available resources and focus on discovery and play-based learning. However, the assessment also indicates that in absence of coordinated efforts to address access, availability of trained teachers, and effective monitoring and supervision, the UNICEF-supported gains in increasing availability of materials and teacher training have had a limited contribution to make on affecting change at scale. Further, the focus on formal provision of KG in the country, while essential, may have undermined policy traction of a holistic ECD approach inclusive of parental support, early stimulation, nutrition and health in the early years to support school readiness.

Children's learning also cannot be limited to the classroom. Children make progress when exposed to learning opportunities at home. Unfortunately, many communities in Ghana have low levels of parental engagement in education. Poor social accountability between schools and families and parental perceptions of their own low levels of education as a limitation are a few of the barriers to meaningful engagement in children's learning in Ghana. The ongoing pre-primary diagnostic and planning process along with the review of the curriculum have also identified the particular challenge of involving family and community engagement within the pre-primary sub-sector. There is little mention of the role of family and communities in the ECCD policy, and limited evidence-based programs to bridge the gap between the family/community and school.

1.1.3. Child Protection: The Child and Family Welfare Policy (2015) emphasises the prevention of violence, abuse and exploitation and its contribution towards increased growth, development, and wellbeing in early childhood. In this context, the child protection community facilitation toolkit was developed to stimulate community dialogue and action towards the prevention of violence against children with a variety of audiences including parents, community leaders and members, teachers and children themselves on different child protection issues, including ECCD messaging across the country. Nevertheless, structured parenting sessions are still required to address the high incidence of violent forms of discipline. MICS data for 2017 suggests that 94% of children age 1-14 years experienced psychological aggression or physical punishment, comparison with MICS 2011 indicates that same values were recorded. With this high incidence of abuse, there is the need for more attention.

A foundational requisite for ensuring safety and security in early childhood is the routine system of birth registration. While some progress has been made, annual birth registration rates have remained stagnant for the last couple of years. According to the GDHS, Ghana achieved 70.5 percent birth registration in 2014 (Ghana Statistical Service, 2014a). Recent MICS data puts birth registration rates at 71% in 2017. (Ghana Statistical Service, 2018) with some disparities between the rural and urban areas. A child who is not registered at birth is in danger of being denied the right to an official identity, a recognized name and a nationality. Unregistered children are generally the children of the poor and the excluded and may suffer discrimination in terms of access to services. An unregistered child will be a more attractive target for child trafficking, child labour, or wrongful detention. Improved access to birth registration services would be required to guarantee the children this basic human right.

Non-formal care services have also not been adequately explored to benefit children in hard to reach areas. In addition, integrated child care interventions are needed to promote continuum of care and synergy of services across the various care points. Standards for operating children's homes should therefore be key in ensuring the protection of children including children's homes which provides opportunity for survival and development.

1.1.4. Water and Sanitation: Ghana has made some attempts in dealing with water and sanitation issues through enactment of policies. These policies include Local Government Act 462, the Environmental Sanitation Policy of 1999, revised in 2010, the National Environmental Sanitation Strategy and Action Plan of 2010 and the draft Strategic Environmental Sanitation Investment Plan (SESIP 2012). However, despite these efforts, implementation has not gone as planned and Ghana was unable to achieve the Millennium Development Goals due to several constraints including poor coverage in rural areas, open-defecation and lack of proper databases on water and sanitation. Resulting in about 5,100 children under age five losing their lives to diarrhoea each year of which 90% of the cases are directly related to poor water, sanitation and hygiene.

A few positive strides have however been made in the past few years with a more intensive collaboration with both the Health and Education sectors. The implementation of the costed strategies developed for WASH in Health and Education Sectors and the implementation of the Rural Sanitation Model Strategy (RSMS) to end open defecation will be instrumental in contributing to improved nutrition, reduction in infant and under-five mortality rates and stunting which are all geared towards Early Childhood Care and Development.

1.1.5. Social Protection: UNICEF has been supporting the Livelihood Empowerment Against Poverty programme as well as the broader social protection sector which includes programmes such as School Feeding and Capitation Grants, and the NHIS-Exemptions. ECD is of transversal importance in these.

Under LEAP, cash transfers are directed at extremely poor households. Through the USAID grant, UNICEF and LEAP piloted a specific category of beneficiaries under LEAP-1000, focussing on pregnant women and children in the first 12 months of their life. The pilot reached 6.124 households and was used to demonstrate the importance of targeting this specific age-group. The programme was shown to improve child and household wellbeing by improving consumption, food security and diversity, investments, savings, health insurance, use of some health services and increased social support. Whilst the focus of LEAP targeting is traditionally on proxy-means testing, this pilot has been important in demonstrating that targeting categorically by early childhood can have important effects.

Whereas School Feeding and the Capitation Grants benefits children of school-going age, the provision of a meal and exemption of school fees relieves pressure on families to permit them to take care of younger children, whilst also it also aims to instill a mind-set conducive to parents actually sending their children to school as opposed to engaging them in child labour or keeping them uneducated.

The National Health Insurance Scheme is another flagship Social Protection programme that makes specific provisions relevant for ECD, namely in that children under 18 and pregnant mothers are exempt from paying premiums under the scheme and effectively have access to free health insurance. The NHIS also covers, when applicable, health care activities carried out under Community-Based Health and Planning Services (CHPS) compounds, which can provide direct support to young children and pregnant mothers at community level.

The Social Protection sector is increasingly seeking manners in which to link basic non-contributory social protection programmes such as cash transfers with other programmes and services at decentralised level such as

NHIS registration, social welfare and access to education and birth registration. Under this logic, a focus on sensitization of beneficiary households and communities on ECD-practices during the delivery of in-kind and cash transfers and other SP services could be an important avenue for future ECD work.

1.1.6. Child Care and Women's Empowerment: Gender lies at the core of ECD, and yet is not acknowledged consistently in its framing or analysis. Availability of quality child care system is critical for women's empowerment and gender equality, especially freeing up women's time. Unpaid care work includes activities such as cooking, cleaning, taking care of children, the ill and elderly, and community work. Unpaid care work is essential to sustaining a household and the broader community welfare is often neglected in national accounts and policy debates. Action Aid Ghana (AAG) time use diaries for both men and women in 2013 indicated that child care takes mother's (women) time for more than eight (8) hours a day which affects their ability to engage in community development processes as well earn income for their personal development.

Women's disproportionate responsibility for this work makes it a burden and has severe consequences on their ability to enjoy their rights and freedoms as noted in international human rights agreements such as CEDAW. It is stated in the 1992 constitution, chapter five under human rights, that the state shall provide the needed resources to mothers who are breast feeding to be able to realize their potential. Global evidence from OECD countries highlights that the return of government investments in social infrastructure, including childcare, compared to returns on physical infrastructure investment is twice as high.

The day care system in Ghana provides an avenue for care support for children, particularly for the working families. However, this service is quite expensive and limited to urban areas. Children of low-income families in the informal economy as well as in marginalised, hard to reach and excluded communities are left out due to cost implications. Further, availability of child friendly working environment and formal support system for nursing mothers to care for their children at work (both formal and informal economy workers) are also limited.

The Promoting Opportunities for Women's Empowerment and Rights (POWER) Project² in Ghana highlights that many women/mothers reported leaving their children with a sibling or relative while others accessed local community run child care centres to be able to work. Those who engaged siblings, mostly young girls, to be responsible for care of children and were often required to leave school, creating generational disempowerment effects. Childcare centres piloted by ActionAid Ghana in 8 districts in Ghana have helped to reduced women's unpaid care work and free women's time for engagement in other social, economic and political activities that are taxed for economic benefits to the state. The POWER Project Mid-Term Report in 2019 (MTR) review indicates that redistribution of unpaid care work by 36.9% led to increase in production by 35.8 among rural women farmers, improved participation in household decision making and shared control over resources by 51.3% and freedom of speech and movement by 28.9%. Overall, mothers and caregivers in the project areas recognize the importance of childcare centres for successful child development and for the economic wellbeing of women. Nevertheless, gaps were identified in the work in terms of limited institutional support to the ECD sector, and to the key actors in childcare provisioning to see child care from a gender lens which consumes women's time and needs to be addressed holistically.

2. Evaluation Purpose

There is growing evidence globally that the numerous benefits of investments in early childhood are realised through coordinated and effective programming for ECD. An enabling policy environment is essential to facilitate effective service delivery, empowerment of families to support children's development, and establishment of coordinated and integrated systems for implementation and accountability among others. While Ghana's ECCD

²

policy has served as a model for other countries; however, in the absence of periodic policy reviews since 2004, targets and timeframes no longer remain valid and despite progress on key indicators across sectors, implementation gaps persist in coordinated service delivery. Additionally, newer policies and sectoral frameworks, for example the Nurturing Care Framework for ECD in Health and the ongoing development of policy for Early Childhood Education in Education, also seem to be outpacing the holistic vision of the ECCD policy.

Within this landscape, the Ministry of Gender, Children and Social Protection and its partners are seeking an institutional contractor to conduct a process evaluation of the existing ECCD policy with a view of making it more current, aligned with the national aspirations, and addressing the policy implementation gap, especially with reference to integrated and coordinated service delivery mechanisms. In line with its explicit learning purpose, **this evaluation will generate findings that will feed into the revision of the ECCD policy and inform the planned development of a costed strategic plan, aligned with the medium-term nation development planning cycle. Further, by the virtue of its participatory nature, this evaluation will increase communication between key stakeholders and awareness about the policy and strengthen inter-ministerial support and coordination for policy implementation.**

The audience and users of this policy evaluation will include the MoGCSP, MoH, MoE, and MLG&RD as the main developers and implementers of the ECD related national programmes, and who are also tasked to monitor progress in Ghana. In addition, other entities are expected to benefit from and use this evaluation findings, such as planning bodies like the National Development Planning Commission (NDPC), academia, private, and civil society organisations including UN agencies both nationally and globally. With respect to all these stakeholders, the evaluation is expected to further their knowledge and improve their advocacy and practical actions in implementation of ECD policies and programmes (see Table 1)

2.1 Primary Audience and Utilization

Table 1: Evaluation Users and Uses

Evaluation users	Intended uses
MoGCSP, MoH, MoE, and MLG&RD	To inform and use findings to revise the ECCD policy, strengthen the intra/inter-sectoral coordination and make decisions for day-to-day operations and future ECCD programming
National Development Planning Commission	To increase knowledge to feed into Government's short/mid/long term planning
UNICEF Ghana Country Office (Health/Nutrition; Education; Child Protection; Social Policy; WASH Sections	To mainstream lessons learned to strengthen coordination mechanisms, planning, advocacy/policy briefs; justify existence of positive programming practices to leverage funding; and to take decisions for day-to-day operations and future ECCD programming
UN and other development partners	To inform, triangulate lessons learned with own evaluations and strengthen areas of interest and collaboration
NGOs/CSOs, Academia	To inform advocacy work; community mobilization of various interventions and research work

Evaluation Objectives

The Objectives of the Evaluation are:

1. To determine the relevance, effectiveness, efficiency, and sustainability of the ECCD policy;
2. To identify lessons learned about what worked and did not work about the ECCD programme, including unexpected outcomes (positive and negative);
3. To assess the extent to which the Policy has integrated equity and gender in its design, implementation and recommendations;

To formulate key recommendations, both strategic and operational. Strategic recommendations will identify the areas of work which the policy revision should focus on, including an enhanced focus on equity, governance, cost and financing, capacity-building, monitoring and evaluation, and technical assistance needs among others. Operational recommendations may provide more insights on how to improve the policy implementation processes and performance of the different programs implemented to attain the envisaged policy goals;

More specifically, this formative evaluation is expected to assist UNICEF and its partners in assessing:

- the relevance and alignment of the policy content with reference to current and relevant sectoral, national, and global frameworks;
- the coverage of ECD services, evaluate equity, and identify gaps in ECCD policy implementation in the last decade; and
- the local barriers to and facilitators of implementation.

4. Evaluation Scope

Thematic Scope

The policy evaluation is national in its scope and will focus on its content and implementation with reference to: a) service delivery and coverage of ECD interventions across sectors; b) horizontal coordination across sector-specific ECD services; c) vertical coordination across national, subnational, and local levels of government, especially within the context of decentralization in Ghana. The evaluation will involve Ministries, departments and agencies that are involved in ECD space. These are the Ministries for Gender Children and Social Protection, Health and Education. Some of the relevant departments and agencies under these ministries are department of children, Ghana Education Service and Ghana Health Services. Development partners and Civil Society Organizations will also provide their perspective on the ECD policy. The field work component will focus on both horizontal and vertical slice of the coordination and service delivery mechanism across relevant ECD services and ministries at the national and sub-national level.

Geographical Scope

The primary data collection will be limited to three regions and 6 districts, which are representative of the northern, central, and southern zones in Ghana and illustrative of differing progress on ECD indicators.

Chronological Scope

The evaluation is expected to cover the period since the launch of the ECCD policy: from January 2004 to December 2019.

5. Evaluation Criteria

The evaluation criteria to be applied will be the standard OECD-DAC covering relevance, efficiency, effectiveness, and sustainability. Additionally, specific gender equality and human rights-based approach to programming evaluation criteria which address coverage, coordination, coherence, appropriateness, quality and protection will also be applied and integrated within the evaluation standards. Given the retrospective nature of policy evaluation over the last 15 years, absence of a rigorous evaluability frame, all criteria may not carry equal weight in the framing and analysis of the policy evaluation. The evaluation questions provided below are illustrative to initiate reflection and discussion; and it is expected that a more “fit-for-purpose” sub-set of questions will be discussed and agreed to during the inception stage.

5.1 Evaluation Questions

In order to fulfil its learning purpose and in line with the abovementioned criteria, this evaluation will address each one of the following questions (grouped by criterion).

Relevance:

- To what extent is the design, content, and governance of the ECCD policy relevant and aligned with the wider institutional context?
- Does the underlying logic for why the policy is expected/will produce intended change in children’s well-being in their early years in Ghana still valid?
- Does the ECCD policy include differentiated interventions to reach pregnant women, infants, toddlers and children just before school entry, as well as parents and caregivers? How are relevant these differentiated interventions are to the different groups ‘needs?
- Are there established standards for ECD service delivery across sectors?
- Is there coherence across existing policies/frameworks/strategies in related sectors and within the context of decentralization?
- Is the policy in line with the needs of the most vulnerable groups of children and their families/ households?
- Does the policy reflect a sound gender analysis? Are the content and implementation strategies of the policy gender- aware/sensitive/ responsive?
- Does the policy identify indicators for assessing its success? If not, can you identify what these indicators would be?
- Which major stakeholders played a role in the policy’s development and implementation? Are they adequate?
- Is the policy aligned with the needs and priorities of the medium-term national development plans, SDGs and other global principles, and vision of a Ghana beyond Aid?

Effectiveness:

- Does the ECCD policy articulate the theory of change? If not, does it provide sufficient information to infer the theory of change?
- To what extent are the expected system level changes relating to ECCD governance and institutional arrangements and strategies realized? What were the effects of coordination among different stakeholders at national and sub-national level?

- Did the ECCD policy clearly identify the critical implementation steps? Does the policy assign clear responsibility for implementation of the policy?
- Was the policy implemented according to the policy requirements? Did the activities result in the anticipated outputs?
- Was the ECCD policy implemented consistently across communities or environments? Did the ECD services reach the most marginalized groups?
- Are the implementation mechanisms adequate to scale up quality ECD services in Ghana in an integrated manner and equitably (across gender, location, and other socio-economic characteristics)? Was the policy implementation
- What were the main enabling and constraint factors on supply? (existing coverage, range and quality of services provided, readiness and availability of resources)?
- What were the main enabling and constraint factors on demand? (extent of utilization of services by children and families?)
- What is the status of data availability to assess and monitor implementation quality? Do the data sources include both survey and administrative data? Can it track access to services by subgroups of the population across ECD services? Can it benchmark against existing standards, if any?

Efficiency:

- Did the ECCD policy clearly identify what inputs and human/financial resources were required to implement the policy?
- Who finances ECD services e.g., national government, local governments, non-governmental organizations, private entities? Was funding leveraged from external and internal sources? Are services available privately? Were Public -Private partnership developed?
- Were all the identified inputs and financial/human resources available consistently across ECD intervention areas?
- Were any cost-efficient models of ECCD arrangements modelled?
- Does ECCD policy exercise oversight how financial/human resources are allocated to implement ECD services across sectors and between regions?
- Do mechanisms exist to coordinate budgeting and allocations amongst key agencies and geographies, since the overall budget for ECD is drawn from disparate sectors?

Sustainability:

- Did the ECCD policy contributed to a change in the outcomes across sectors? In which way?
- Were there any unintended consequences of the ECCD policy?
- Were there structures in place across all levels (national through to sub-national)?
- What were/are the enabling factors that strengthened structures/institutions to sustain ECD interventions across sectors?
- What elements of the ECCD policy contributed to or most likely to contribute to the sustainability of ECD interventions across sector?
- What is the level of political interest in the policy? Is it a high-profile policy? Is there pressure on the policy to succeed or to demonstrate immediate impact?
- What opposition exists? Could it have a negative impact on policy implementation?

Gender, Equity and Human Rights criterion:

- Were the outcomes equitable and did the policy contribute to reducing gender and other socio-economic disparities in Ghana
- Did the results affect the well-being of the most marginalized children, especially children with special with

disability

- Did the quality of ECCD services target both boys and girls; those from poor households and communities, particularly from the rural areas? In which way?

6. Evaluation Approach and Methodology

The ECCD policy evaluation approach and methodology needs to be grounded in international evidence and good practices in ECD. Since the evaluation is retrospective in nature, it will explore and adopt the most rigorous approach possible to answer the guiding questions and maximise the quality, credibility and utility of the evaluation

Considering limitations to availability of quantitative data, the evaluation will be required to adopt a mixed-method analysis to allow for triangulation of results and provide diversity and depth of information to the evaluation, thus strengthening the conclusions that can be drawn. A mixed-methods phased design will be employed with the use of semi-structured interviews with key informants, focus group discussions with beneficiaries, and the examination of national policy documents and secondary administrative and survey data. It will rely on descriptive, cross-sectional, and case study designs based on a variety of data sources and perspectives to provide insight into the role of context and the barriers to and facilitators of implementation of the ECCD policy.

The policy evaluation tasks will include:

6.1 Selective desk review of international literature, frameworks, and evidence on evaluating ECD policies and programmes, including Lancet, Systems Approach for Better Education Results (SABER), Strategic Impact Evaluation Fund (SIEF), and Results 4 Development, WHO/UNICEF Frameworks and other global standards to inform the local evaluation design and tools.

6.2. Collection and secondary analysis of relevant national documents on key ECD thematic areas (education, health, nutrition, social and child protection, and women's empowerment). These include ECD policy and social policies, accompanying guidelines and standards, and legislations and laws, and national development policies that influence ECD service provision. In addition, project documents, annual plans and reports, studies, and M&E reports across ECD sectors will also be scoped and reviewed.

6.3. Identification and analysis of available quantitative data – both administrative and surveys – to assess coverage and evaluate equity of ECD services: a) assess coverage of ECD services, for e.g. level of access to essential health and nutrition interventions for pregnant women and young children, net enrolment rate in pre-primary education; & b) evaluate equity, for e.g. access to services for children with special needs and comparison of access to key ECD services (say birth registration, skilled attendants at birth, underweight prevalence and enrolment in child care centres among others) and outcomes between urban and rural areas, by socioeconomic levels, and gender.

6.4. Primary data collection on coordination and service delivery mechanisms across relevant ECD services and ministries at the national and sub-national level. This will involve:

- **Data collection in three regions** representative of the northern, central, and southern zones in Ghana; and **two districts in each region (6 in total)** representing the most and least advantaged districts with respect to child well-being and access to services indicators.
- **Identification of key ECD services based on certain inclusion criteria:** those which directly address children in the ECD age bracket, are implemented at sufficient scale to enable an assessment, and include both state

and non-state supported services, and are feasible for observation and in-depth inquiry of operations. This will ensure that primary data collection remains focused.

- **Informant sampling across three categories of roles and responsibilities/sectors and at the national and sub-national level** as relevant: a) system-level informants - actors who support the provision of the ECD service but do not directly provide the ECD services; b) service-level informants – actors who directly provide services or interact directly with children and families (e.g., teachers, nurses, midwives); & c) service beneficiaries, including parents, caregivers, and children who receive the services.
- **Semi-structured interviews/focus group discussions with identified informants** with a focus on (as appropriate): a) understanding of how policies guide implementation of services and reasons for implementation gaps; b) knowledge and understanding of the design of the ECD service and its implementation; c) issues of governance relating to planning, coordination, decision making, accountability, supervision, and monitoring; d) financing of ECD, including generation of funds, decisions regarding the allocation and distribution of resources, and the costs and expenditures of programs; e) quality of ECD services, i.e., training and certification, curricula, infrastructure, materials; f) service provider and beneficiary interactions and relationships. Use of software for qualitative data analysis is recommended to generate a comprehensive map of coordination and integration of ECD service delivery at all levels.

6.5. Stakeholder engagement: Workshops with key stakeholders to obtain increased clarity regarding the understanding of ECCD policy and the role of organizations and institutions involved in Ghana. These include MoGCSP and its Departments of Children and Social Welfare (DOC and DSW), MoH/GHS, MoE/GES, Ministry of Local Government and Rural Development / Local Government Services /Department of Community Development (DCD) and Births and Deaths Registry, as the main policy developers and monitors; home visitors, social workers, staff of health facilities, day care centres and pre-schools (nursery/KG) as the main implementers of the ECCD programmes and primary source of information; families, with specific attention to vulnerable groups among families as the target/beneficiary group of the ECCD programme. In addition, Development Partners and International and national NGOs active in the space will also be engaged

The evaluation design and implementation should consider ethical safeguards where appropriate, including protection of confidentiality, dignity, rights and welfare of human subjects particularly children, and respect of the values of the local community. Please refer to UNEG Ethical Guidelines for evaluation³, which outlines the ethical principles in part of evaluation intentionality, obligations of evaluators, obligations to participants and evaluation process and product. Throughout the process of evaluation, it shall comply with the United Nations Evaluation Group norms and standards⁴

7. Roles and Responsibilities

This evaluation is a partnership between UNICEF and the Department of Children under the MoSCSP. The respective roles of the involved parties are:

The Department of Children/MoGCSP will:

- Constitute a national Technical Working Group (TWG) to provide overall guidance and technical oversight to the evaluation process; and convene the TWG meetings as agreed and discussed. The TWG will work in

³ <http://www.unevaluation.org/ethicalguidelines>

⁴ http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4
http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=980

consultation with the National ECCD Coordinating Committee (NECC) which plays an advisory role in the implementation of the ECCD Policy;

- Facilitate stakeholder engagement in the evaluation through interviews, discussions, and consultations;
- Facilitate and support data collection activities including the management of the evaluation process;
- Provide comments on draft documents and making management responses to the recommendations of the evaluation.
- Take responsibility for the validation and dissemination workshops; and learning across evaluations on the various programme areas.

UNICEF is the commissioning agent and will exercise the managerial role under the leadership of the Deputy Representative of UNICEF Ghana. He will be supported by the UNICEF M&E Specialist and the ECD focal point. Upon signing the contract, the evaluation team will designate a focal point who, together with the Principal Investigator, will be UNICEF's main point of contact. **As the commissioning agent, UNICEF will:**

- Lead the management of the evaluation process throughout the evaluation (design, implementation and dissemination and coordination of its follow up)
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods
- Provide the evaluators with overall guidance as well as with administrative support, including Safeguard the independence of the exercise and ensure the evaluation products meet quality standards
- Oversee progress and conduct of the evaluation, the quality of the process and the products, also through the technical oversight provided by the UNICEF Regional Evaluation Adviser for West and Central Africa.
- Approve the deliverables and evaluate the consultant's/team's work in consultation with the TWG and will process the payments after submission of the deliverables that respond to the quality standards.

The contracted evaluation team will:

- Work jointly under guidance of UNICEF and in close cooperation with the Department of Children/MoGCSP and other partners.
- Engage with the TWG as requested and required and taking on board their feedback and concerns;
- Fulfil the contractual arrangements in line with the TOR, UNEG/OECD norms and standards and ethical guidelines; this includes developing of an evaluation plan as part of the inception report, drafting and finalising the final report and other deliverables, and providing briefings on the progress and key findings and recommendations, as needed.

8. Deliverables and Timeframes

It is expected that the assignment will be completed within eight (8) months of the awarding of the contract, including field work and final reporting. The selected institution would be required to submit a detailed activity plan upon signing the contract, considering the indicated time frame and provide brief monthly updates. Any review of the time frame would be discussed after logistical requirements have been assessed, and in discussion with UNICEF Accra.

It is expected that the outputs of the evaluation process will include the following:

Phase 1: Inception

- Detailed activity plan with clear roles and responsibilities for the evaluation
- Scoping visit, including organizing and facilitating an in-country evaluation design workshop with key stakeholders

- Inception report (max 25-30 pages excluding annexes and title/cover page), detailing: a) outputs of global evidence base and national document review phase; b) proposing a conceptual evaluation framework confirming the study context, approach and methodology for the secondary quantitative data analysis and field data collection component; & c) accompanying quality assurance mechanisms and analysis.

Phase 2: Primary and Secondary data collection and analysis

- Standalone analytical report on secondary quantitative data analysis on assessing ECD service coverage, outcomes, and evaluating equity in Ghana.
- Finalized primary data collection tools, including field testing report.
- Primary data collection across 6 districts/3 regions/and national level completed.
- Facilitating and organizing an in-country stakeholder workshop to de-brief on preliminary findings of the evaluation (short report and accompanying power point)
- Draft evaluation report (max 60 pages excluding annexes and title/cover page) to present the draft results of the evaluation covering both primary and secondary information and data analysis. **The format of the report must be compliant with the UNICEF Adapted [UNEG Evaluation Reports Standards](#) and the [GEROS Quality Assessment System](#).**

Phase 3: Validation, finalization, and recommendations

- Validation workshop with key stakeholders (short report on key issues and their incorporation in the final draft).
- Final evaluation report (max 60 pages excluding annexes and title/cover page) to present the finalized output as defined under the Draft Baseline Report
- Power point presentation to accompany the final evaluation report.
- Standalone note on specific recommendations for revision of the ECCD policy in Ghana and an accompanying monitoring and evaluation framework.
- Policy Brief (max 2 pages)

Time Frame	Activity	Deliverable
1 Nov – 15 Dec 2019	• Activity plan for completion within 8 months. • Desk review, conceptual framework and methodology design • Scoping visit and design workshop with stakeholders (In-country mission)	1. Activity work plan 2. Inception report
16 Dec 2019 – 31 Jan 2020	• Secondary data analysis to assess coverage of ECD services and evaluate equity • Pre-testing and finalization of data collection instruments	3. Standalone report on secondary data analysis 4. Finalized instruments and field-testing report.
1 – 28 Feb 2020	• Training of data collection teams and supervisors • Completion of all interviews at national level.	Progress Update

1 – 31 March 2020	Field data collection (In-country mission)	
1 April – 15 May 2020	- Data analysis - Stakeholder workshop on preliminary findings of the policy evaluation (In-country mission) - Draft evaluation report	5. Draft evaluation report
16 May – 30 June 2020	- Review and feedback on draft report - Validation workshop - Finalize evaluation report (In-country mission) - Standalone technical note on recommendations for ECCD policy revision and accompanying monitoring and evaluation framework. - Policy Brief	6. Final evaluation report 7. Power point presentation of the report 8. Standalone technical note ECCD policy revisions and M&E framework. 9. Policy Brief

9. Payment Schedule

Payment will be in instalments as outlined below and will only be made for work satisfactorily completed and accepted by the UNICEF Evaluation Team and satisfactory recommended by the Technical Working Group on the schedule below. UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs are incomplete, not delivered or for failure to meet deadlines.

Deliverables	Timeframe	Payment schedule (%)
1. Activity work plan	November 2019	10%
2. Inception report	December 2019	20%
3. Standalone report on secondary data analysis	January 2020	30%
4. Finalized instruments and field-testing report.		
5. Draft evaluation report	May 2020	15%
6. Final evaluation report	June 2020	25%
7. Power point presentation of the report		
8. Standalone technical note ECCD policy revisions and M&E framework.		

10. Official Travel

The consultancy will require a combination of in-country presence as well as remote work arrangement. Communication with UNICEF, the evaluation team and the TWG will, as much as possible, be via tele-conferencing and email correspondence.

Overall, three country visits are planned for a maximum of two international experts to support the following: a) Scoping visit; b) Data collection (will also involve local travel); & c) Finalization and dissemination

11. Expected Background and Experience

The evaluation will be carried out by a team of evaluation consultants with extensive experience both at national and international level. The evaluation firm is expected to propose a sufficient number of consultants/personnel

to ensure the evaluation results and deliverables are provided in time. The team should have a good knowledge of the Ghana specific ECCD context as of the child protection sector. The team will work closely together to develop and implement an appropriate methodology and approach to address the evaluation questions and achieve the expected results of the evaluation.

Evaluation Team leader

She/He will coordinate the evaluation team and ensure the design of the evaluation, the management of the evaluation process, the quality assurance and the delivery of the expected products in close collaboration with the other members of the team. She/He shall conduct the evaluation applying an approach that is conducive to the transfer of competencies to the national members of the evaluation team. She/He should have the following profile:

- Advanced university degree in evaluation, child protection, public health, social science research or another relevant field.
- More than 10 years of experience in programme evaluation and must have completed at least three high quality programme/project evaluation in that period (**a copy of an evaluation report, which the Team Leader has been a primary author of, will need to be submitted a part of the application**);
- Have a perfect command of quantitative and qualitative methods of research and evaluation methods based on equity, human rights and gender;
- Have excellent oral and written communication skills in French and English as well as skills in facilitation of participatory processes;
- Must be familiar with community engagement and child protection programming and evaluation approaches;
- Good work experience in rural communities of West Africa;
- Fluency in both English and French;
- Good IT Skills including a good knowledge of MS Word, Power Point and Excel;
- Good knowledge of UNICEF approaches;
- Good knowledge of results-based programme management;

Other Evaluation team members

They will participate in all stages of the evaluation process and will be primarily responsible for collecting and analysing the data that will be used to establish the evaluative judgment. They will also contribute to the analysis of the national context and to contextualize the results of the evaluation. This will involve both secondary data analysis and primary data collection with beneficiary communities and key stakeholders involved in the implementation of the programmes. The evaluation team should comprise of both international and national experts (through local partnerships). The team should include at least 3 experts (1 international and 2 nationals) besides the Team Leader: the detailed composition is to be proposed by the evaluation firm. The evaluation will also require the employment of local enumerators in each one of the countries involved in this evaluation (to support primary data collection) and the evaluation firm should plan for any other necessary staff such as translators, etc. The proposal will need to clearly indicate how the field work will be organised

Among the three evaluation members (to be guided by the Evaluation Team leaders) are the following:

- **Policy Expert** who understands critical policy content and implementation factors; experience in policy evaluation would be desirable.
- **Evaluation Expert** who has technical knowledge in relevant evaluation design and methodology as well as combination of statistical expertise and rigorous qualitative data analysis; and especially skills in mixed-

methods evaluation and demonstration of flexibility in using non-traditional and innovative methods is desirable.

- **Subject Matter Expert** who has familiarity with the most recent science and/or research in ECD prior experience in ECD programming; and accompanying contextual knowledge of policy contexts, including sector planning, aid modalities and political economy, accountability mechanisms and ECD data/systems, and gender and equity dimensions;

More details are provided for each one of the envisaged team members:

At least **One international Policy Expert (e.g. child protection, nutrition, health):**

- Advanced university degree in public policy, child protection, human rights, social sciences or other relevant field with emphasis on child rights (and ECCD).
- A minimum of 10 years of progressively responsible work experience in the planning, management and/or evaluation of ECCD interventions with practical experience in the evaluation of such interventions.
- Substantive relevant experience in West Africa region and knowledge of the social, political and economic environment of the region.
- Knowledge of current developments in the fields of ECCD and other social development issues;
- Have a perfect command of quantitative and qualitative methods of research and evaluation methods based on equity, human rights and gender;
- Have excellent oral and written communication skills in English as well as skills in facilitation of participatory processes;

At least One international **Evaluation Expert**

- Advanced University degree in monitoring and evaluation and/or other disciplines relevant to the object of the evaluation;
- A minimum of 5 years of experience in evaluating development programmes and projects in the following areas: health/nutrition; early learning; safety and protection; responsive family/community engagements;
- A minimum of 5 years of progressively responsible work experience in the planning, management and/or oversight of ECCD and protection programs.
- Have a perfect knowledge of the ECCD sector and the country specific context;
- Have a perfect command of quantitative and qualitative data collection and analysis methods;
- Have experience in the use of participatory appraisal techniques in data collection, sensitive to gender issues;
- Have excellent oral and written communication skills in English
- Have excellent analytical, synthesis and writing skills

At least **one Subject Matter Expert**

- Advanced university degree in ECD and other related fields
- A minimum of 8 years of progressively responsible work experience in the planning, management and/or evaluation of ECD programs
- Substantive relevant experience in West Africa region and knowledge of the social, political and economic environment of the region.
- Knowledge of current developments in a number of areas, including public policy, sector planning, aid modalities and political economy, accountability mechanisms and ECD data/systems, and gender and equity dimensions;
- Fluency in English;

10.2 Evaluation Matrix

Evaluation Questions and Scope	Data Sources	Data Collection Methods
EQ1: To what extent is the ECCD Policy valid? [RELEVANCE]		
a. Does it accurately identify and address Ghana's ECCD needs, including the needs of the most vulnerable? b. Does it fit within the parameters of the international and national Policy and institutional environment? c. Does it enjoy wide currency among its key intended stakeholders?	Principal: ECCD Policy and existing documents and analyses Additional: Key informants, including government officials, development partners, non-governmental and private providers; FGD participants including caregivers and ECCD service workers	Document search, retrieval and cataloguing in document library Key informant interviews Focus group discussions
EQ2: To what extent did the ECCD Policy lead to change? [EFFECTIVENESS]		
a. Is the ECCD Policy based on a sound theory of change? b. Does it provide sufficient guidance for effective coordination, financing, implementation, differentiated interventions, standards of service delivery and measuring progress? c. To what extent have system level changes relating to ECCD governance, institutional arrangements and strategies been realized? d. Has the Policy contributed to change in ECCD outcomes across sectors? e. What explains any lack of effectiveness in achieving the Policy's intended results? f. What were the unintended effects of the Policy (positive and negative)?	Principal: Secondary quantitative data (MICS, MOE data, MoGCSP budget data); key informants including government officials, development partners, non-governmental and private providers; FGD participants including caregivers and ECCD service workers Additional: Existing documents and analyses	Sourcing and collating secondary data Key informant interviews Focus group discussions Document search, retrieval and cataloguing in document library

Evaluation Questions and Scope	Data Sources	Data Collection Methods
EQ3: To what extent does the ECCD Policy accurately identify and provide for the mobilization, coordination and appropriate allocation ⁵⁹ of the resources required for effective implementation? [EFFICIENCY]		
a. To what extent does the Policy accurately estimate and link stated priorities, performance directives, institutional arrangements and implementation strategies to associated resource requirements? b. To what extent does the Policy provide feasible guidance on how resources might be obtained? How were resources for the Policy mobilized and to which Ministries? c. To what extent does the Policy provide guidance on how resources should be allocated? Where were resources allocated and what this the most effective use of resources? d. To what extent does the Policy provide feasible guidance on how resource mobilization and allocation should be coordinated? How effective were coordination mechanisms?	Principal: ECCD Policy and existing documents and analyses; secondary quantitative data Additional: Key informants, including government officials, development partners and service implementers	Sourcing and collating secondary data Document search, retrieval and cataloguing in document library Key informant interviews
EQ4: To what extent does the Policy maximize existing processes, structures and services for efficient implementation? [EFFICIENCY]		
a. To what extent does the Policy provide the necessary guidance to leverage the existing resources and resource mobilization processes? b. To what extent does the Policy assign roles and responsibilities in alignment with existing mandates and legal frameworks? c. What are the key structures and processes used to implement the Policy, how did these change over time and were they optimally efficient?	Principal: ECCD Policy and existing documents and analyses; secondary quantitative data Additional: Key informants, including government officials, development partners and service implementers	Sourcing and collating secondary data Document search, retrieval and cataloguing in document library Key informant interviews

⁵⁹ To reach vulnerable populations; targeted at critical child development periods

Evaluation Questions and Scope	Data Sources	Data Collection Methods
EQ5: To what extent does the ECCD Policy provide for sustainable change in the institutional and financing arrangements for ECCD and in ECCD outcomes? [SUSTAINABILITY]		
a. What elements of the ECCD Policy contributed to sustained changes to Policy, procedural and institutional arrangements in the Ghanaian governance and service delivery environment? b. What elements of the ECCD Policy contributed to sustained changes ECCD interventions across sector? c. To what extent will ECCD outcomes persist independent of the current Policy and into the future?	Principal: Key informants, including government officials, development partners and service implementers ECCD Policy and existing documents and analyses	Key informant interviews Sourcing and collating secondary data

10.3 Evaluation Question Rubrics

Rubric for Ghana's ECCD Policy Review			
EQ1: To what extent is the ECCD Policy valid? [RELEVANCE]			
Sub Question	0—Poor	1—Adequate	2—Good
a. Does it accurately identify and address Ghana's ECCD needs, including the needs of the most vulnerable?	The Policy is generic and/or no longer reflects Ghana's realities.	The Policy requires updating to accurately identify those currently most vulnerable and their needs.	The Policy is still relevant to Ghana's socio-economic reality and the most vulnerable are listed with their needs adequately addressed.
b. Does it fit within the parameters of the international and national Policy and institutional environment?	The Policy makes no mention of costs or implementation modalities.	The Policy addresses some aspects of costs and integration but the implementation plan is /or is not costed.	The Policy was costed and had an implementation plan that provides for the Integration of services.
c. Does it enjoy wide currency among its key intended stakeholders?	Stakeholders are unaware that there is a Policy	Stakeholders know there is an ECCD Policy but haven't referred to it in recently (past 2 years)	The Policy is referenced in new policies and plans, and stakeholders know the central tenants of the Policy

Rubric for Ghana's ECCD Policy Review			
EQ2: To what extent did the ECCD Policy lead to change? [EFFECTIVENESS]			
	0—Poor	1—Adequate	2—Good
a. Is the ECCD Policy based on a sound theory of change?	Policy does not link outcomes (goals and targets) to roles & responsibilities; feasible resource mobilization; does not align with existing Policy environment; does not provide for coordination; monitoring and assurance	Policy does link outcomes (goals and targets) to roles & responsibilities; feasible resource mobilization; does not align with existing Policy environment; does not provide for coordination; monitoring and assurance to a limited extent	Policy convincingly links outcomes (goals and targets) to roles & responsibilities; feasible resource mobilization; does not align with existing Policy environment; does not provide for coordination; monitoring and assurance to a limited extent
b. Does it provide sufficient guidance for effective coordination, financing, implementation, differentiated interventions, standards of service delivery and measuring progress?	The Policy provides guidance on less than three of the key aspects.	The Policy provides guidance on 3 of the key aspects.	The policies provided guidance on all 5 aspects: -Coordination and governance; -Differentiated interventions with focus on most vulnerable -A focus on family centred interventions -Standards of service delivery -Measuring progress and accountability
c. To what extent have system level changes relating to ECCD governance, institutional arrangements and strategies been realized?	The Policy was not a contributing factor in terms of sector developments and outcomes.	The Policy contributed somewhat to changes in other sectors.	The Policy was a major driver of changes in ECCD outcomes—in at least three sectors: health, education and social services.
d. Has the Policy contributed to change in ECCD outcomes across sectors?			
e. What explains any lack of effectiveness in achieving the Policy's intended results?			

Rubric for Ghana's ECCD Policy Review			
f. What were the unintended effects of the Policy (positive and negative)?	N/A	N/A	N/A
g.			
EQ3: To what extent does the ECCD Policy accurately identify and provide for the mobilization, coordination and appropriate allocation ⁶⁰ of the resources required for effective implementation? [EFFICIENCY]			
Sub Question	0—Poor	1—Adequate	2—Good
a. To what extent does the Policy accurately estimate and link stated priorities, performance directives, institutional arrangements and implementation strategies to associated resource requirements?	The Policy does not address resource requirements in any detailed way.	The Policy prioritizes outcomes and provides institutional arrangements and a few strategies but does not link these to resources requirements.	The Policy has an associated costed implementation plan which links prioritized results, implementation strategies, roles and resource requirements.
b. To what extent does the Policy provide feasible guidance on how resources might be obtained?	There is no guidance given to leverage or mobilize resources.	The Policy has a resource mobilization plan and has mobilized funds on an ad-hoc basis.	The Policy outlines a plan for mobilizing internal and external resources and provides continuous, timely support for 100% of programming costs
c. How were resources for the Policy mobilized and to which Ministries?			
d. To what extent does the Policy provide guidance on how resources should be allocated?	There is no guidance in the Policy on resource allocation.	The Policy explains a process for the allocation of resources but not their use and it is not monitored.	The Policy outlines a plan for the allocation and use of internal and external resources and provides continuous, timely monitoring of this, with a focus on reaching the most vulnerable.
e. To what extent does the Policy provide feasible guidance on how resource mobilization and allocation should be coordinated?	There is no guidance in the Policy on coordinating resource mobilization and allocation	The Policy explains a process for coordination but not its use and it is not monitored.	A coordination mechanism is described that is designated to mobilize and allocate resources across sectors for ECCD

⁶⁰ To reach vulnerable populations; targeted at critical child development periods

Rubric for Ghana's ECCD Policy Review			
How effective were coordination mechanisms?			
EQ4: To what extent does the Policy maximize existing processes, structures, and services for efficient implementation? [EFFICIENCY]			
Sub Question	0-Poor	1-Adequate	2-Good
a. To what extent does the Policy provide the necessary guidance to leverage the existing resources and resource mobilization processes?	The Policy makes no mention of costs or implementation modalities.	The Policy addresses some aspects of costs and integration but the implementation plan is /or is not costed.	The Policy was costed and had an implementation plan that provides for the Integration of services.
b. To what extent does the Policy assign roles and responsibilities in alignment with existing mandates and legal frameworks?	The Policy does not clearly delineate different roles and responsibilities and/or those that are assigned do not match the existing mandates.	The Policy has identified a few key partners and has formal agreements with limited number of partners, but gaps still exist.	The Policy provided formalized guidelines or MOUs and validated with them with all key partners and these are communicated to all government levels.
c. What are the key structures and processes used to implement the Policy, how did these change over time and were they optimally efficient?	Three or less of the committees and institutions articulated in the Policy have been established and functional.	4-5 of the committees and institutions articulated in the Policy have been established and are functional	6-7 of the committees and institutions articulated in the Policy have been established and function: -a National Coordinating Committee for ECCD -a Communications and Advocacy Strategy -a Secretariat for the National ECCD Co-ordinating Committee -minimum standards for the operation of ECCD Centres; -programme for research, monitoring and evaluation of ECCD Policy; -a National ECCD Consultative Group of NGOs -annual reports submitted to relevant statutory bodies

Rubric for Ghana's ECCD Policy Review

EQ5: To what extent does the ECCD Policy provide for sustainable change in the institutional and financing arrangements for ECCD and in ECCD outcomes? [SUSTAINABILITY]

Sub Question	0-Poor	1-Adequate	2-Good
a. What elements of the ECCD Policy contributed to sustained changes to Policy, procedural and institutional arrangements in the Ghanaian governance and service delivery environment?	N/A		
b. What elements of the ECCD Policy contributed to sustained changes ECCD interventions across sector?	N/A		
c. To what extent will ECCD outcomes persist independent of the current Policy and into the future?	Less than three will persist.	Three or more outcomes will persist	All five outcomes below have been sustained over the years and seem set to continue or improve: Reduce stunting from 30% to 20% (19% percent were stunted in 2017) Provision of ante-natal care to all pregnant women (97% pregnant women had ANC in 2014) Increase in gross enrolment ratio (GER) at preschool level to 75 percent 73.8% net enrolment rate for KG in EMIS 2018/2019 <i>Elimination of gender disparities in Basic Education enrolment</i> GER for primary, female (% gross) 106% in 2019, compared to 104% for male Reduction of under-five mortality rate from 111 to 95 per 1000 live births by 2006 (52 deaths per 1,000 live births in 2017)

10.4 Theory of change and/or logical framework of reference

The 2004 ECCD Policy aims to provide a framework for “the guidance of government and relevant sector ministries, District Assemblies, communities, families, the private sector, non-governmental organizations and development partners for investment in and effective implementation of ECCD programmes.”⁶¹ The MoGCSP, as the Policy owner, assumed the central role in coordinating ECCD in Ghana. In 2005, the National Early Childhood Coordinating Committee (NECC) was established according to the Policy’s directive, equipped with priority leadership over all ECCD related service delivery mechanisms. This leadership function has been replicated across regional and district levels¹ through the forming of ECCD committees. Under this Policy, various sectoral plans have been put in place and numerous initiatives for ECCD have been implemented.

To respond to evaluation question 2.a, the evaluation team conducted a theory of change analysis (see discussion of EQ2.a in the Findings section). Unlike a programme, Policy is not required to present an explicit, evidence based logical framework that links activities to the achievement of results. Instead, a Policy’s theory of change is implicit, and must be explicated to be assessed. A theory of change logic statement can be derived from the assumptions implied by the Policy structure and its content. The Policy consists of the following sections:

- 1.0 Introduction
- 2.0 Rationale
- 3.0 Goal, Objectives and Targets
- 4.0 Institutional Arrangements
- 5.0 Implementation Strategies
- 6.0 Costs and Financial Implications
- 7.0 Conclusion

The Theory of Change Logic Statement

For the purposes of this evaluation, the TOC logic statement is a succinct development hypothesis that links the provisions in the Policy to the Policy goal and objectives, and can be stated as follows:

*If the institutional arrangements are made that set up structures for coordinated implementation of the Policy at national, regional, district, sub-district and community level (Section 4); **and if** the key role players in the delivery of ECCD services within and outside of government are identified and their roles and responsibilities described (Section 4); **and if** implementation strategies are offered (Section 5); **and if** the cost implications for implementation at national, regional, district and community level are listed (Section 6); **and if** the financing obligations of national, regional and district government, communities, families and caregivers, the private sector, development partners and civil society are outlined (Section 6); **THEN** role players will have a framework for investing in and effectively implementing ECCD programmes (Section 2) and the Policy objectives and goal (Section 3) will be achieved.*

Approach to Theory of Change Analysis

Unlike a programme, Policy is not required to present an explicit, evidence based logical framework that links activities to the achievement of results. Instead, a Policy’s theory of change is implicit, and must be explicated to be assessed. There are also no criteria-based

⁶¹ Early Childhood Care and Development Policy, Ghana, 2004

frameworks for assessing a Policy's implicit theory of change that enjoy wide currency. The theory of change analysis presented in this evaluation is based on a framework devised from key literature that describes (i) how a Policy should link goals, Policy levers and services⁶² and (ii) what early childhood care and development domains⁶³ it should include, to realise outcomes. The latter material—the domains described in the nurturing care framework—is embedded in the former—the SABER-ECD framework—when the scope of the programme is considered. The two sources provide criteria against which the robustness of the Policy's implicit theory of change can be evaluated. The extent to which the Policy complies with these criteria is the extent to which the Policy offers a robust theory of change.

Criteria Based Assessment of the Theory of Change

The SABER-ECD framework was designed by the World Bank to provide policymakers with tools and analysis for formulating holistic ECD policies based on evidence that demonstrates what matters most in developing strong ECD systems. It stipulates the necessary Policy goals and the associate Policy levers for enabling those goals, and to ultimately achieve ECCD outcomes. The framework presents the parameters for a Policy level theory of change.

Establishing an Enabling Environment

A Policy contributes to establishing an enabling environment for ECCD to the extent that it adds value to the legal framework, provides for intersectoral coordination and facilitates the necessary financing for implementation.

Adding Value to the Legal Framework: The 2004 ECCD Policy fills a critical gap in Ghana's Policy environment. A legal framework favourable towards children did exist in Ghana at the time of promulgation, but no single Policy responsive to the emerging evidence on child development and that converged the disparate policies and legislation on a common child development objectives was in place. The ECCD Policy includes content that situates itself in the prevailing legislative framework, though not comprehensively.

Providing for Intersectoral Coordination: Arguably, this is the lever that enjoys the greatest emphasis in the 2004 Policy. It institutes a committee structure from national through to community level, intended to coordinate implementation across sectors. It details the representation required on these committees to some extent, and the roles and responsibilities of the national committee are well presented. However, the processes by which these structures would give effect to coordination are not described, nor is coordination between role players delivering services addressed.

Facilitating Financing for Implementation: The Policy lists costs to be expected at national, regional, district and community levels and assigns financing obligations to national, regional and district government, communities, families and parents, the private sector, development partners and civil society. While it suggests a pair of innovative financing mechanisms for national government to consider, it does not make any funding commitments on behalf of government, nor does it provide sufficient details or an indication of benchmarks for calculating anticipated costs. No provision is made for financing coordinating and shared functions, such as M&E. The costed implementation plan reportedly intended to accompany the Policy was never produced.

⁶² SABER-ECD Policy Goals and Levers Framework, World Bank, 2013

⁶³ WHO, Nurturing Care Framework, 2019

Implementing Widely

A Policy enables wide implementation to the extent that it describes the required scope of the programme, specifies the coverage intended and addresses challenges to equitable delivery.

Describing the Scope of the Programme: In the Introduction and Rationale the Policy alludes to the scope of ECCD services, mentioning health, early learning, and child welfare. Through its inclusion of specific role players, the Policy extends the scope to include child protection and parenting. However, service coverage is not explicitly described and although service packages are referred to, what constitutes such packages is not explained. It should be noted that at the time of promulgation the evidence had not coalesced into models with wide currency, such as the nurturing care framework.

Specifying Coverage: The Policy states that ECCD is intended to cover children from 0-8 years of age. It also repeatedly provides for services to caregivers, for example requiring role players to implement parenting programmes and including maternal health targets. Similarly, Policy content extends coverage to pre-born children. The Policy does not differentiate between service packages targeting more granular age ranges and does not include any reference to a life-cycle perspective for doing so. From the content of the Policy it can be assumed that national geographic coverage is intended.

Addressing Equity: The Policy attends to equity issues unevenly and sparsely. For example, it assigns responsibility to MOH to screen for, identify and, where possible, prevent disabilities; but it makes no equivalent injunction when assigning responsibilities to MOEYS. Although the latter is required to coordinate with the MOH for it to fulfil its responsibility, MOEYS is not assigned a responsibility to provide services for disabled children. The Policy also nominally addresses equitable and affordable access in a Policy objective. A substantial body of data on the detail of inequitable service delivery is now available in Ghana that an ECCD Policy would be expected to accommodate in more detail.

Monitoring and Assuring Quality

A Policy facilitates monitoring and the assurance of quality to the extent that it promotes the availability of actionable data, supports the production of quality standards, and provides for the enforcement of those standards.

Promoting Data Availability: The Policy subscribes to “organising regular research, monitoring and evaluation to improve all aspects of ECCD systems” as a strategic principle. It further enjoins key government role players to “establish and operationalize a national system for research, monitoring and evaluation” as it applies within the technical ambit of those role players. The Policy does not provide for the establishment of a platform to aggregate, analyse or disseminate the analysis of data from these role players, nor does it elaborate on how such data might be employed to strengthen implementation.

Producing Quality Standards: The Policy subscribes to “provide quality ECCD” as a strategic principle. It also sets the development of guidelines and standards for quality service provision as a Policy objective. It further enjoins key government role players to develop service standards within the ambit of their technical areas.

Enforcing Quality Standards: No explicit provision for enforcement of standards is made in the Policy.

Conclusion

In the absence of guidance such as the SABER-ECD framework, which was published in 2013, the 2004 ECCD Policy managed to account for all the necessary elements of Policy design based on a sound theory of change. However, the necessary level of detail for a robust TOC to be discerned is absent for each element reviewed. The content of the Policy would require more systematic organization, based, for example, on nurturing care domains and life cycle perspectives, if it is to provide guidance sufficiently robust to strengthen implementation that more effectively progresses towards the Policy objectives and goal

10.5 Stakeholders Interviewed

10.5.1 Organizational and National Level Stakeholders Consulted

No	Name	Sex	Institution	Sector
1	Isabella Sagoe-Moses	F	Ghana Health Service	Government of Ghana
2	Myles Ongoh	M	Ministry of Gender, Children and Social Protection	Government of Ghana
3	Mawutor Ablo	M	Ministry of Gender, Children and Social Protection	Government of Ghana
4	Rita Owusu-Amankwah,	F	Ministry of Gender, Children and Social Protection	Government of Ghana
5	Esther Akua Gyamfi	F	Ministry of Gender, Children and Social Protection	Government of Ghana
6	Charles Kesse	M	Office of the Head of Local Government Services	Government of Ghana
7	Kingsley Boachie	M	Ministry of Education	Government of Ghana
8	Cynthia Mettle-Nunoo	F	Ministry of Employment and Labour Relations	Government of Ghana
9	Rebecca Ampa-Korsah	F	Department of Community Development	Government of Ghana
10	Salome Braimah	F	Births and Deaths Registry	Government of Ghana
11	Florence Akosua Beryl Esinam Hagan	F	National Population Council	Government of Ghana
12	Yvonne Brew	F	Greater Accra Regional Hospital	Government Partners
13	Palham Oyiye	M	Ghana National Association of Teachers	Civil Society
14	Barima Akwasi Amankwa	M	NGO Coalition on the Rights of the child	Civil Society
15	Bright Appiah	M	Child Rights International	Civil Society
16	Veronica Dzeagu	F	Ghana National Education Coalition	Civil Society
17	Andrew Dankyi	M	World Vision International	Civil Society
18	Gregory Dery	M	World Vision International	Civil Society

No	Name	Sex	Institution	Sector
19	Jeremiah Badu Shayar	M	Visio/Presbyterian Health Services	Civil Society
20	Kojo Jonathan	M	Challenging Heights	Civil Society
21	Cromwell Awardey	M	International Needs Ghana	Civil Society
22	Azumi Mesuna	F	ActionAid Ghana	Civil Society
23	Karen Caldwell	F	Jhpiego/USAID Maternal and Child Survival Programme	Civil Society
24	Clarissa Heger	F	Lively Minds	Civil Society
25	Efua Bram-Larbi	F	National ECD Council	Civil Society
26	Josephine Mukakalisa	F	Right to Play	Civil Society
27	Kwabena Gao	M	Right to Play	Civil Society
28	Regina Baiden	F	Innovative for Poverty Action	Civil Society
29	Hannah Awadzi	F	Special Mothers Project	Civil Society
30	Elesi Menka	F	Compassion International	Civil Society
31	Nana Esi Gaisi	F	Child Development Ambassadors	Civil Society
32	Gifty Appiah	F	Child Rights International	Civil Society
33	Fred Tiakor	M	Church of Pentecost	Religious Institutions
34	Paulina Arthur	F	Presbyterian Church of Ghana	Religious Institutions
35	Richmond Ayeertey	M	University of Ghana School of Public Health	Religious Institutions
36	Faustina Kwakye	F	Apostolic Church	Religious Institutions
37	Ali Abubakar Napari	M	The Light Foundation	Religious Institutions
38	Aremeyaw Shani	M	The Light Foundation	Religious Institutions

No	Name	Sex	Institution	Sector
39	Mercy Woode	F	Apostolic Church	Religious Institutions
40	Paa Kwesi	M	UNICEF—WASH Unit	Development Partners
41	Loretta Roberts	F	UNICEF—WASH Unit	Development Partners
42	Sarah Wilner	F	Israeli Embassy	Development Partners
43	Benjamin Asamoah	M	Haifa University	Development Partners

10.5.2 Regional and District Level Stakeholders Consulted

S/N	Name of Respondents	Sex	Region	District	Position	Institution	Category	Type KII/FGD
1	Emmanuel Kingsford Anipah	Male	Bono/Ahafo	Sunyani	Regional Director	Department of Social Welfare	Regional level stakeholders	KII
2	Phyllis Senyo	Female	Greater Accra	Accra Metro	Regional Director	Department of Social Welfare	Regional level stakeholders	KII
3	Joana Awortwi	Female	Greater Accra	Accra Metro	Regional Social Welfare Officer (ECCD)	Department of Social Welfare	Regional level stakeholders	KII
4	Matilda F. Mahama	Female	Greater Accra	Accra Metro	Regional Director	Department of Community Development	Regional level stakeholders	KII
5	Fatima A. Durowaa	Female	Greater Accra	Accra Metro	Regional Community Dev't Officer	Department of Community Development	Regional level stakeholders	KII
6	Esi Therson-Cofie	Female	Greater Accra	Accra Metro	Accra Metro Director	Ghana Health Service	District officials responsible for service delivery	KII
7	Luiz Detaviano Amoussou	Male	Greater Accra	Accra Metro	Regional Director	Ghana Health Service	Regional level stakeholders	FGD
8	Comfort Aggrey	Female	Greater Accra	Accra Metro	Regional Public Health Officer	Ghana Health Service	Regional level stakeholders	FGD
9	Faustina Vimbarima Tour	Female	Greater Accra	Accra Metro	Regional Nutrition Officer	Ghana Health Service	Regional level stakeholders	FGD

S/N	Name of Respondents	Sex	Region	District	Position	Institution	Category	Type KII/FGD
10	Elsie Van-Dyck	Female	Greater Accra	Accra Metro	ECD Coordinator	Ghana Education Service	District officials responsible for service delivery	KII
11	Stephen Abamfo	Male	Greater Accra	Accra Metro	Metro Director	Ghana Education Service	District officials responsible for service delivery	KII
12	Philomina Ama Serwaa Koko	Female	Greater Accra	Accra Metro	KG1/KG2 Teacher	Ghana Education Service	District officials responsible for service delivery point	KII
13	Alexander Sefah Boadu	Male	Greater Accra	Accra Metro	Regional Director	Department of Children	Regional level stakeholders	KII
14	Frederick Akitty	Male	Greater Accra	Shai Osu Doku	Coordinating Director	District Assembly	District officials responsible for service delivery	KII
15	Jamila Victoria Mahama	Female	Greater Accra	Accra Metro	Nutrition Officer	Ghana Health Service,	District officials responsible for service delivery	KII
16	Victoria Yeboah	Female	Greater Accra	Shai Osu Doku	ECCD Coordinator	Ghana Education Service	District officials responsible for service delivery	KII
17	Rita Buerki Agbugbla	Female	Greater Accra	Shai Osu Doku	KG 1 / KG 2 Teacher	Ghana Education Service	Service delivery point personnel	KII
18	Monica Atawugye	Female	Greater Accra	Shai Osu Doku	Social Welfare Officer	Local Government Services	District officials responsible for service delivery	KII
19	Regina Odoom	Female	Greater Accra	Shai Osu Doku	Female Caregiver	Parent/Caregivers	Service beneficiary	KII
20	Elizabeth A. Williams	Female	Greater Accra	Shai Osu Doku	District Director and Secretary Education Oversight Committee	Ghana Education Service	District officials responsible for service delivery	KII

S/N	Name of Respondents	Sex	Region	District	Position	Institution	Category	Type KII/FGD
21	Amatus D. Tug-Uu	Male	Northern	Tamale	Director	Ghana Education Service	District officials responsible for service delivery	FGD
22	Iddisah Abubakari Amankwa	Male	Northern	Tamale	Supervision	Ghana Education Service	District officials responsible for service delivery	FGD
23	Gladys Pareseh	Female	Northern	Tamale	ECCD Coordinator	Ghana Education Service	District officials responsible for service delivery	FGD
24	Alhassan Mohammed	Male	Northern	Tamale	MEOC Secretary	Ghana Education Service	Oversight and accountability	KII
25	Florence Abobo	Female	Northern	Tamale	Kg Teacher	Ghana Education Service	Service delivery point personnel	KII
26	Adam Zuleka Titiaka	Male	Northern	Kumbungu	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
27	Cynthia Asare Eshen	Female	Northern	Tamale	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
28	Agnes Asiedu Amoako	Female	Bono/Ahafo	Berekum West	District Director	Ghana Health Service	District officials responsible for service delivery	KII
29	Baffuor Anane	Male	Bono/Ahafo	Sunyani	Regional Director	Department of Community Development	Regional level stakeholders	KII
30	George Yaw Ankamah	Male	Bono/Ahafo	Sunyani	Regional Director	Department of Children	Regional level stakeholders	KII
31	Portia Adomah	Female	Bono/Ahafo	Berekum West	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
32	Ida Georgina Achana	Female	Bono/Ahafo	Berekum West	Unit Head for Social Welfare	Department of Social Welfare & Community Development	District officials responsible for service delivery	KII

S/N	Name of Respondents	Sex	Region	District	Position	Institution	Category	Type KII/FGD
33	Richard Owusu Addo	Male	Bono/Ahafo	Berekum West	Department Head for Social Welfare and Community Development	Department of Social Welfare & Community Development	District officials responsible for service delivery	KII
34	Gloria Aggrey Kilson	Female	Bono/Ahafo	Berekum West	District Director	Ghana Education Service	District officials responsible for service delivery	KII
35	Stella Baako	Female	Greater Accra	Shai Osu Doku	Community Development Officer	Local Government Services	District officials responsible for service delivery	KII
36	Abiba Saaka	Female	Northern	Kumbungu	District Director	Ghana Education Service	District officials responsible for service delivery	FGD
37	Elizabeth Naah	Female	Northern	Kumbungu	ECCD Coordinator	Ghana Education Service	District officials responsible for service delivery	FGD
38	Abdul- Rahman Ahmed Baba	Male	Northern	Tamale	Coordinating Director	Tamale Metropolitan Assembly	District officials responsible for service delivery	KII
39	Mahmud Osman	Male	Northern	Kumbungu	Coordinating Director	Local Government Services	District officials responsible for service delivery	KII
40	Abdulai Dason	Male	Northern	Kumbungu	DSW/ DCPC/ Social Services Sub-Committees,	Local Government Services	District officials responsible for service delivery	KII
41	Alhassan Alhassan	Male	Northern	Kumbungu	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
42	Abubakari Abdul Majeed	Male	Northern	Kumbungu	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
43	Alhassan Sumani	Male	Northern	Kumbungu	KG Teacher	Ghana Education Service	Service delivery point personnel	KII

S/N	Name of Respondents	Sex	Region	District	Position	Institution	Category	Type KII/FGD
44	Alhassan Zenabu	Female	Northern	Kumbungu	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
45	Md Helen Kaba Selipe	Female	Northern	Kumbungu	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
46	Md Sandow Natasha	Female	Northern	Kumbungu	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
47	Edward Azure	Male	Northern	Tamale	Regional Director	Local Government Services	Regional level stakeholders	KII
48	Nana Ama Asante	Female	Bono/Ahafo	Berekum West	Female Care Giver	Care giver	Service beneficiary se	KII
49	Vida Konadu	Female	Bono/Ahafo	Berekum West	Female care Giver	Care giver	Service beneficiary se	KII
50	Belinda Osei-Mensah	Female	Bono/Ahafo	Sunyani	Director	Department of Social Welfare and Community Development	District officials responsible for service delivery	KII
51	Felicia Darko	Female	Bono/Ahafo	Berekum West	ECD Coordinator	Ghana Education Service, Berekum West Education Directorate,	District officials responsible for service delivery	KII
52	Rosina Kwabea	Female	Bono/Ahafo	Berekum West	Female caregiver	Caregiver	Service beneficiary	KII
53	Olivia Seweh	Female	Northern	Tamale	KG Teacher	Ghana Education Service	Service delivery point personnel	KII
54	Olivia Avudzega	Female	Bono/Ahafo	Sunyani	Deputy Director	Department of Social Welfare	Regional level stakeholders	KII
55	Atta Abdul-Karim	Male	Northern	Tamale	Regional Community Development Officer	Local Government Services	Regional level stakeholders	KII
56	Doris Afia Prempeh	Female	Bono/Ahafo	Sunyani East	Kg Teacher	Ghana Education Service	Service delivery point personnel	KII
57	Peter Abeiku-Golden	Male	Greater Accra	Accra Metro	Director of Education	Ghana Education Service	Regional level stakeholders	KII

S/N	Name of Respondents	Sex	Region	District	Position	Institution	Category	Type KII/FGD
58	John Soudi	Male	Greater Accra	Shai Osu Doku	NGOs/CSOs/FBOs	Local Government Services	Service delivery point personnel	KII
59	Suzzy Kenedy	Female	Greater Accra	Accra Metro	ECD Coordinator	Ghana Education Service	District officials responsible for service delivery	KII
60	Robert Mensah Gbley	Male	Greater Accra	Shai Osu Doku	District Director and Secretary of Social Services Sub Committee	Local Government Services	District officials responsible for service delivery	KII
61	Isaac Nyarko	Male	Bono/Ahafo	Berekum West	Male Care Giver	Caregiver	Service beneficiary	KII
62	Emelia Appiah -Ampong	Female	Bono/Ahafo	Sunyani	Regional coordinator	Ghana Education Service	Regional level stakeholders	KII
63	Annuciata Anglaapre	Female	Northern	Tamale	Regional DSW Officer in charge of ECD	Local Government Services	Regional level stakeholders	KII
64	Hawa Haruna	Female	Northern	Tamale	DSW/DCD' Officer	Department of Social Welfare	District officials responsible for service delivery	KII
65	Bushira Alhassan	Female	Northern	Tamale	Female care giver	Service beneficiary	Service beneficiary	FGD
66	Tuferu Husnna	Female	Northern	Tamale	Female care giver	Service beneficiary	Service beneficiary	FGD
67	Idrissu Amshawu	Female	Northern	Tamale	Female care giver	Service beneficiary	Service beneficiary	FGD
68	Selina Surogu Daniel	Female	Northern	Tamale	Female care giver	Service beneficiary	Service beneficiary	FGD
69	Salamatu Issifu	Female	Northern	Kumbungu	Female care giver	Service beneficiary	Service beneficiary	FGD
70	Memunatu Fuseini	Female	Northern	Kumbungu	Female care giver	Service beneficiary	Service beneficiary	FGD
71	Shamata Alhassan	Female	Northern	Kumbungu	Female care giver	Service beneficiary	Service beneficiary	FGD
72	Bibi Issah	Female	Northern	Kumbungu	Female care giver	Service beneficiary	Service beneficiary	FGD
73	Adidza Mumuni	Female	Northern	Kumbungu	Female care giver	Service beneficiary	Service beneficiary	FGD
74	Gladys Obeng	Female	Bono/Ahafo	Berekum West	Midwife	Ghana Health Service	Service delivery point personnel	FGD

S/N	Name of Respondents	Sex	Region	District	Position	Institution	Category	Type KII/FGD
75	George Dennis Obeng	Male	Bono/Ahafo	Berekum West	Nutrition Officer	Ghana Health Service	Service delivery point personnel	FGD
76	Emmanuel Kpreka	Male	Bono/Ahafo	Berekum West	Ag. Public Health Nurse	Ghana Health Service	Service delivery point personnel	FGD
77	Vivian Tindana	Female	Bono/Ahafo	Berekum West	KG teacher	Ghana Education Service	Service delivery point personnel	KII
78	Patrick Kyeremeh Yeboah	Male	Bono/Ahafo	Berekum West	Head Teacher	Ghana Education Service	Service delivery point personnel	KII
79	Esther Owusua	Female	Bono/Ahafo	Berekum West	Female caregiver	Care giver	Service beneficiary	KII
80	Sanday Azabu Iddrisu	Female	Northern	Tamale	Regional Director	Department of Children	Regional level stakeholders	KII
81	Attah Jacob	Male	Bono/Ahafo	Sunyani	Social Services Committee Chairman	Department of Social Welfare and Community Development	Oversight	KII
82	Constance Owusua	Female	Bono/Ahafo	Sunyani	Municipal ECCD Coordinator	Ghana Education Service	District officials responsible for service delivery	KII

10.5.3 Stakeholders Consulted During the Scoping Visit

No.	NAME	Position	Organization
1	Peter Baffoe	Deputy Representative; Programme Coordination	UNICEF
2	Agnes Arthur	Education Specialist	UNICEF
3	Madeez Adamu-Issah	Education Specialist	UNICEF
4	Emmanuel Nyarko-Tetteh	Child Protection	UNICEF
5	Joyce Jumpah	Child Protection	UNICEF
9	Charity Nikoi	C4D	UNICEF

No.	NAME	Position	Organization
10	Mayeso Zenengeya	M&E	UNICEF
11	Anthony Boateng	Dep Director-General-GES	GES
12	Vida Ntow	National ECE Coordinator	BED-GES
14	Isabella Sagoe-Moses	Director; Family Health	MOH/GHE
16	Afisah Zakariah	Chief Director	MoGCSP
17	Florence Ayisi Quartey	Director, Children's Department	MoGCSP
18	Pearl Peters	ECCD Coordinator, Children's Department	MoGCSP
19	Susan Sabaa	Child Research and Resource Centre	Executive Director
20	Margaret Okai	ECCD Expert	Former National ECE Coordinator at GES
21	Ruth Addison	ECCD Expert	Former National ECCD Coordinator at DOC/MoGSCP

10.6 List of planned site visits ; Regional and District Sampling Details

10.6.1 District Sample for Fieldwork

Region	District	Rationale
Greater Accra	Accra Metropolitan Assembly—Urban Shai Osu Doku District—Rural	Greater Accra represents the southern belt. It is one of the regions with the lowest poverty-based child vulnerability scores in the MICS and has better access to ECCD services. The sampled districts in the region represent urban and peri-urban/rural contexts. The comparison between the two districts should highlight the contrast in access to services, even in a region with high general access. Accra Municipal has few UNICEF interventions, while Shai Osu Doku has none. Deliberately avoiding interventions is intended to sharpen the urban/rural contrast and accentuate the service access issues that exist, independent of interventions, in a high access, lower vulnerability region.
Bono/Ahafo	Sunyani Metropolitan Assembly- Urban Berekum West District—Rural	Bono and Ahafo Regions (previously Brong Ahafo) represents the middle belt. It is one of the regions with mid-level poverty-based child vulnerability scores in the MICS, in particular nutrition related deficits. It presumably has limited access to ECCD services. The sample districts represent urban and peri-urban/rural contexts. The comparison between the two districts should highlight the contrast in access to services, the extent to which interventions are equalizing access across these contexts. Both Sunyani Municipal and Berekum West have few interventions, mostly focussed on nutrition, which is apt for the region. Including a rural and urban comparison of the same interventions addressing a regional ECCD challenge will highlight the comparative difficulties in ensuring equity even when efforts are made to deliver the same services. Sunyani has the child justice intervention, which is of interest because of the severe difficulties in ensuring child protection.
Northern Region	Tamale Metropolitan Assembly—Urban Kumbungu District Assembly—Rural	Northern Region represents the northern belt. It is one of the regions with the highest poverty-based child vulnerability scores in the MICS (with the notable exception of child functioning, where it scores well). The sample districts represent urban and peri-urban/rural contexts. The comparison between the two districts should highlight the extent to which inequities are accentuated across these contexts in a high vulnerability region and the extent to which they are mitigated by the urban context. Both districts benefit from extensive interventions by UNICEF (with the exception of ECE). In addition to illustrating the extent to which an extensive intervention portfolio successfully addresses service deficits in high vulnerability contexts, the difficulties in ensuring equity for high intervention urban vs rural sites will also be illustrated.

10.6.2 Roles to be Represented in Sample at Regional and District Levels

Critical Role		Rationale for Inclusion	Representative KI	Data Collection
Social Welfare and Protection	District Child Protection Committee	Responsible for oversight and coordination of child protection and related services in the district	Chair and/or Secretary of the Committee; other members in addition	Group interview as first option; or KII with at least one senior representative
	Social Services Sub-Committee of the District Assembly	Sub-committee of the district assembly responsible for oversight of social services, including budget review and approval and critical decisions on social services	Chair and/or Secretary of the Committee; other members in addition	Group interview as first option; or KII with at least one senior representative
	Social Welfare and Community Development Office	Responsible for implementing social welfare and community development services, including crosscutting and directly ECCD related	District social welfare officer/officer in charge of ECCD	Group interview with the two officers; or KII with at least one
Health	District Health Management Committee	Responsible for overseeing and managing the implementation of health services, the committee is comprised of District Health Director, District Coordinating Director, senior health officers and elected Assembly Members	Chair and/or Secretary of the Committee; other members in addition	Group interview as first option; or KII with at least one senior representative with insight into ECCD relevant health services
	District Health Office—ECCD Unit	Responsible for managing implementation of ECCD health services at the district level	District Director and officer in charge of ECCD	Group interview with the two officers; or KII with at least one
Education	District Education Oversight Committee	Responsible for oversight of education services, the committee is chaired by the District Chief Executive and comprised of senior officers from multiple technical areas	Chair and/or Secretary of the Committee; other members in addition	Group interview as first option; or KII with at least one senior representative
	District Education Officer/ Early Childhood Unit	Responsible for implementation of ECCD education policies and programmes at the district level	District director and officer in charge of ECCD	Group interview with the two officers; or KII with at least one
Service	ECCD and day care centres	ECCD service providers in both the public and private sectors	Head of day care centre and staff/teachers	Focus group discussion

Critical Role		Rationale for Inclusion	Representative KI	Data Collection
	KG1 and KG2 Teachers	Providing the two years of pre-school education transitioning children to primary school.	KG1 and KG2 teachers	Focus group discussion
	Parents/caregivers using day care centres or other ECCD related services and those not using services	Service beneficiaries with valuable first-hand experience of service quality and access issues	Parents/caregivers using day care and other ECCD related services	Focus group discussion
	CSOs/NGOs/FBOs	ECCD Policy advocacy and service provision with insight into Policy and service provision gaps; With direct service provision and facilitation these cadres have invaluable experience of service access and quality issues	Senior manager with ECCD technical role; Home visitors and community health care workers	KII with senior technical representative; FGD with community cadres
Other	Regional Officials in Department of Children, Social Welfare and Community Development	To assess the Policy implementation chain considering that district level structures are now part of the decentralized departments of the District Assemblies.	Regional director of social welfare and community development	KII with at least one senior representative

10.7 Informed Consent and Data Collection Instruments

10.7.1 Informed CONSENT FORM FOR PARTICIPANTS

Introduction: My name is _____ and I am working for the company Clear Outcomes. We have been contracted by UNICEF and MoGCSP to review the Early Childhood Care and Development Policy of 2004 and to make recommendations to MoGCSP on the next Policy for Early Childhood Development. This Region / District (name) _____ was selected to be part of the review process.

Procedures

If you agree to participate, we will ask you a series of questions taking about 60 minutes of your time. With your permission we will take notes during the conversation.

Risks/Benefits

There is minimal risk involved in your participation in this interview. The questions will not involve sensitive or personal information, and you can refuse to answer any question. Although this assessment may not benefit you personally, we hope that our results will add to the knowledge about strengthening the care of young children in Ghana.

Voluntary Participation

Participation in this interview is completely voluntary. You do not have to agree to participate in this assessment and you may change your mind and stop at any time.

Confidentiality

Anything you tell us is confidential and the interview notes from this assessment will be kept private. The team will share your name in the final report as a person who was consulted, but nothing you say will be personally attributed to you in any documentation or reports that result from this interview.

If you have any questions or concerns about this programme review you may contact the Agnes Arthur at UNICEF at +233 243585822.

Do you consent to be interviewed? (Note verbal consent in the transcript)

10.7.2 GI/KII Guide for Government of Ghana at National Level

- 1) Could you please explain your role at National/Regional/District level?
 - a) What support do you or your office provide for early childhood care and development?
 - b) Who else is involved in providing early childhood care and development services or implementing ECCD programmes at National/Regional/District level? (probe: for services for children 0-8 years; for health; for education; for protection; for nutrition, WASH)
- 2) Are you aware of the 2004 ECCD Policy?
 - a) If no, what guides your work related to early childhood development?
 - b) If yes, has it guided your work at all? How?
- 3) What changes have you seen in the past five to ten years with regard to ECCD in your sector/your District/your work?
 - i) Do you see any gaps in ECCD service provision?
 - b) What are they?
 - c) How would you address them?
- 4) What are the major challenges you face in implementing ECCD policies and strategies?
 - a) How have these challenges changed over time?
- 5) How do you liaise/cooperate with other National entities and service providers (in your Region/District)?
 - a) Is there a formal structure you belong to?
 - b) Are there non-formal channels of collaboration?
- 6) Whom do you work most closely with from government or other sectors and how do you work together?
- 7) What would you recommend to the MoGCSP and to your District government to improve services for families with young children in terms of:
 - a) Finances?
 - b) Institutional roles and responsibilities
 - c) Work force capacity?
 - d) Information systems and use?
 - e) Material resources?
 - f) Any other areas?
- 8) Do you have any recommendations for the new ECCD Policy?

10.7.3 GI/KII Guide for Government of Ghana at Regional Level

1. Could you please explain your role at National/Regional/District level?
2. What support do you or your office provide for early childhood care and development?
3. Who else is involved in providing early childhood care and development services or implementing ECCD programmes at National/Regional/District level? (probe: for services for children 0-8 years; for health; for education; for protection; for nutrition, WASH)
4. Are you aware of the 2004 ECCD Policy?
 - a. If no, what guides your work related to early childhood development?
 - b. If yes, has it guided your work at all? How?
5. What changes have you seen in the past five to ten years with regard to ECCD in your sector/your District/your work?
6. Do you see any gaps in ECCD service provision?
 - a. What are they?
 - b. How would you address them?
7. What are the major challenges you face in implementing ECCD policies and strategies?
 - a. How have these challenges changed over time?
8. How do you liaise/cooperate with other National entities and service providers (in your Region/District)?
 - a. Is there a formal structure you belong to?
 - b. Are there non-formal channels of collaboration?
 - c. Whom do you work most closely with from government or other sectors and how do you work together?
9. What would you recommend to the MoGCSP and to your District government to improve services for families with young children in terms of:
 - a. Finances?
 - b. Institutional roles and responsibilities?
 - c. Work force capacity?
 - d. Information systems and use?
 - e. Material resources?
 - f. Any other areas?
10. Do you have any recommendations for the new ECCD Policy?

10.7.4 GI/KII Guide for Government of Ghana at District Level

1. Could you please explain your role at District level?
 - a. What support do you or your office provide for early childhood care and development?
 - b. Who else is involved in providing early childhood care and development services or implementing ECCD programmes at National/Regional/District level? (probe: for services for children 0-8 years; for health; for education; for protection; for nutrition, WASH)
2. Are you aware of the 2004 ECCD Policy?
 - a. If no, what guides your work related to early childhood development?
 - b. If yes, has it guided your work at all? How?
3. What changes have you seen in the past five to ten years with regard to ECCD in your sector/your District/your work?
4. Do you see any gaps in ECCD service provision?
 - a. What are they?
 - b. How would you address them?
5. What are the major challenges you face in implementing ECCD policies and strategies?
 - a. How have these challenges changed over time?
6. How do you liaise/cooperate with other National entities and service providers (in your Region/District)?
 - a. Is there a formal structure you belong to?
 - b. Are there non-formal channels of collaboration?
 - c. Whom do you work most closely with from government or other sectors and how do you work together?
7. What would you recommend to the MoGCSP and to your Regional government to improve services for families with young children in terms of:
 - a. Finances?
 - b. Institutional roles and responsibilities?
 - c. Work force capacity?
 - d. Information systems and use?
 - e. Material resources?
 - f. Any other areas?
8. Do you have any recommendations for the new ECCD Policy?

10.7.5 GI/KII Guide for National Level Key Informants: Development Partners

1. Could you please explain your organization's support to ECCD?
(probe: for health; for education; for protection; for nutrition; for governance)
2. Are you aware of the 2004 ECCD Policy?
 - 2.1 If no, what guides your work related to early childhood development?
 - 2.2 If yes, has it guided your work at all?
 - 2.2.1 How?
3. What inter-sectoral coordination platforms exist and how effective are they?
 - a) Is there a formal structure you belong to?
 - b) Are there non-formal channels of collaboration?
 - c) Whom do you work most closely with from government or other sectors and how do you work together?
4. Do you see any gaps in ECCD service provision? What are they?
5. What changes have you seen in the past five to ten years with regard to ECCD in Ghana?
6. In your opinion, what are the major challenges facing the country in implementing ECCD policies and strategies?
7. What would you recommend to the MoGCSP to improve services for families with young children in terms of:
 - a) Finances?
 - b) Institutional roles and responsibilities?
 - c) Work force capacity?
 - d) Information systems and use?
 - e) Material resources?
 - f) Any other areas?
8. Do you have any recommendations for the new ECCD Policy?

10.7.6 GI/KII Guide for Key Informants: NGOs, FBOs and Private Sector Providers at National/District Level

1. Could you please tell me about your NGO/FBO: what support do you provide for early childhood care and development (in this community/District)? (list activities)
2. What are the major challenges families face in providing care for their young children?
3. What are the major gaps in service provision for young children?
4. What are the major challenges you face in the work you do on ECCD?
5. How do you liaise/cooperate with other service providers and with government (in your District)?
 - a) Is there a formal structure you belong to?
 - b) Are there non-formal channels of collaboration?
 - c) Whom do you work most closely with from government or other sectors and how do you work together?
6. What would you recommend to the MoGCSP and to your District government to improve services for families with young children?
7. Do you have any recommendations for the new ECCD Policy?

10.7.7 FGD Instrument for Data Collection in Districts: Parents

1. What do you think are the biggest challenges parents face with caring for their young children? May be helpful to ask by age group: (0-2) (2-4) (4-8)
2. Where do parents get help and support for caring for their young children?
3. Which of these services are available in your community?
4. Which of these services have you used? Why or why not?
5. What was your experience? What was helpful? What was not helpful?
6. How many of you have children in a day care?
7. Why do you send your child to that day care?
8. What do you like about the day care?
9. What would you like to see done differently?
10. Have any of you ever attended a meeting or workshop about parenting?
11. Can you tell us about it?
12. Was it useful? Why?
13. Would you recommend it to others?
14. Have you had a visit from the community health worker? What did they do?
15. How often do you take your children to the clinic? Could you explain what happens when you go? Probe: age of children 0–<2 years old 2–< 5 years old 5– <8 years old.
16. How do services for young children in your community differ from 10 years ago?
17. What recommendations do you have for your District and community to support what you do as parents of young children?
18. Who should be the focal point (point of contact) if you have challenges or problems related to your children?
19. What services would you like to see more of?
20. Where is the most convenient place for you to get help as a parent?
21. Do you have any recommendations for the new ECCD Policy?

10.7.8 FGD Instrument for Data Collection in Districts: Day Care Providers (teachers and owners)

1. Please tell us about your day care:
 - 1.1 When did it open? How did it start? Who owns it/runs it?
 - 1.2 How is it funded (parent fees; NGO; FBO; government)?
 - 1.3 Do you have any disabled children or children with special needs?
2. What are the main challenges you face in providing a quality day care?
 - 2.1 How has this changed over time (the last 10 years)?
3. What help do you get with providing this service?
 - a) Any nutrition/food support?
 - b) Any play materials?
 - c) A curriculum?
 - d) Are there regulations or guidelines for day cares? Are these relevant and useful?
 - e) Any supervision or visits? From whom?
 - f) Do you belong to any association or community or District level coordinating body? Explain.
4. Do you have any recommendations for how to improve the situation of young children in your community?
5. Do you have any recommendations for the new ECCD Policy?

10.7.9 FGD Instrument for Data Collection in Districts: Home Visitors and Community Health Workers

1. Please tell us about your work.
 - a. How long have you been doing this and what training did you receive?
 - b. How many families do you visit?
 - c. What are your key responsibilities?
 - d. How are you supported? Is your funded by an NGO; FBO; government? Who do you report to?
 - e. Do you have any disabled children or children with special needs?
 - f. What tools and resources do you have? Who provides these?
2. What are the main challenges you face in providing a quality community health service?
 - a. How has this changed over time (the last 10 years)?
3. What help do you get with providing this service to parents?
 - g) Any nutrition/food support?
 - h) Any play materials?
 - i) A curriculum?
 - j) Are there regulations or guidelines? Are these relevant and useful?
 - k) Any supervision or visits? From whom?
 - l) Do you belong to any association or community or District level coordinating body? Explain.
4. Do you have any recommendations for how to improve the situation of young children in your community?
5. Do you have any recommendations for the new ECCD Policy?

**10.7.10 FGD Instrument for Data Collection in Districts: Community Level
Providers of Education, Health and Social Welfare Services**

1. Which ECCD services are available in your community? District?
2. Please tell us what your roles and responsibilities are for families with young children.
3. Are there any formal or established links between any of the circles above? Please describe.
4. Are there any non-formal links? Please describe.
5. Do you have any very positive/good experience or example of ECCD provision and/or coordination which you can share with us?
6. What challenges do you have as providers of these services?
 - a. How has this changed over time?
7. What challenges do you think the parents experience?
8. What should be done differently to improve the quality of services?
9. What other services would you like to see/to use?
10. Do you have any recommendations for the new ECCD Policy?

10.8 List of documentary evidence

- Akyeampong, K. (2009). Revisiting Free Compulsory Universal Basic Education (FCUBE) in Ghana, *Comparative Education*, 45:2, 175-195, DOI:10.1080/03050060902920534
- Bentsi-Enchill, (2018), Draft - A case for Strategic and Integrated Investment in Early Childhood Development in Ghana, reported prepared for UNICEF.
- Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., & Grantham-McGregor, S. (2017). Early childhood development coming of age: science through the life course. *The Lancet*, 389(10064), 77–90. [https://doi.org/10.1016/s0140-6736\(16\)31389-7](https://doi.org/10.1016/s0140-6736(16)31389-7)
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10.9 Other appendices

10.9.1 Evaluation Team

Position	Summary
Team Leader— Terence Beney	Terence Beney is an independent evaluation consultant based in Pretoria, South Africa. He has been working on programme evaluation and related technical assistance in a variety of sectors across the African continent since 2002. His clients have included local and international NGOs, government departments and agencies, multi-lateral and bilateral donors, and major philanthropic foundations. Terence's core strengths are a scientifically thorough approach to research and evaluation design; effective communication skills, in both written and visual mediums; and a grounding in data science.
Policy Expert— Elizabeth Yates	Elizabeth (Dee Dee) Yates has 30 years of experience in Southern and Eastern Africa within the education, health and development sectors with particular emphasis on Policy development, programme design, and evaluation related to educational access, gender, early childhood development, HIV prevention and impact mitigation for orphans and vulnerable children. Particular areas of interest and expertise include programme development, evaluation and reporting; quality improvement initiatives; capacity development of local civil society and faith-based responses for children and adolescents affected by HIV and AIDS. Primary clients are bi-lateral and multi-lateral agencies.
ECCD Specialist— Dr. Edem Tette	Dr. Edem Magdalene Tette is a Senior Lecturer and Paediatrician with over 30 years of internal medicine and public health research experience including specialties in Paediatrics and Neonatal Care. Her extensive knowledge base in early childhood development expands to understand and provide effective child protection and safeguarding, emergency paediatrics, nutrition, and international child health. Dr. Tette's past research and trainings have defined trends and insights in early childhood development and mortality, child surveillance, and health promotion with unique experiences in neurological disease, nursing and midwifery training, and mental illness diagnosis & treatment.
Evaluation Expert— Osman Mensah	Osman Mensah is a senior monitoring and evaluation expert with 15 years' experience in Research, Training, Project Monitoring and Evaluation. He is currently the managing consultant at JMK Consulting Ltd and an M&E Consultant for SMEC Ghana, a consulting firm overseeing the Ghana Power Compact under the Millennium Challenge Account (MiDA) project. Osman has graduated from the University of Ghana with his Master of Social Work degree and a Bachelors in Sociology with a concentration in Philosophy.
Project Director— Kerry Bruce	Dr. Kerry Bruce is an evaluation specialist with 30 years of experience in international development. She has designed, implemented and conducted multiple donor-funded evaluation programmes in Asia, Africa and the Latin America region. She is the founder and Chief Executive Officer of Clear Outcomes. Dr. Bruce holds a Doctor of Public Health, a Masters of Public Health and a Masters of Geography.