STAKEHOLDER MEETING ON THE CREATION OF ECCD DASHBOARD

Theme: Developing Ghana's Early Childhood Development Dashboard: Sub-national Stakeholders Meeting

Tuesday - Wednesday
5th - 6th Sept., 2023

University of Ghana Distance Learning Hall, Sunyani

9:30 am

SITUATIONAL ANALYSIS – BONO REGION

Outline

- Goals

- Key Research Questions

- Methodology

- Results

- Discussion

Goals

The situational analysis has two goals:

1. Examine child-specific problems covered in the strategic goals of the districts

2. Characterize the inclusion of children's issues (policies, plans, activities) in district level strategic plans

Key Research Questions

1. What child-specific problems are covered in the strategic goals?

2. Did the district strategic goals include any plans/policies/activities (PPA) for children?

3. What were the types of PPA for children covered in the strategic document?

4. Were budgets associated with child-specific PPA?

5. Did the child specific PPA have an evaluation plan, with associated indicators?

Methodology

- Content Analysis:
  - Research Method
  - Goal is to examine documents (medium term development plans)

- Important to determine content to analyze (e.g. specific words, phrases or context or the whole document)
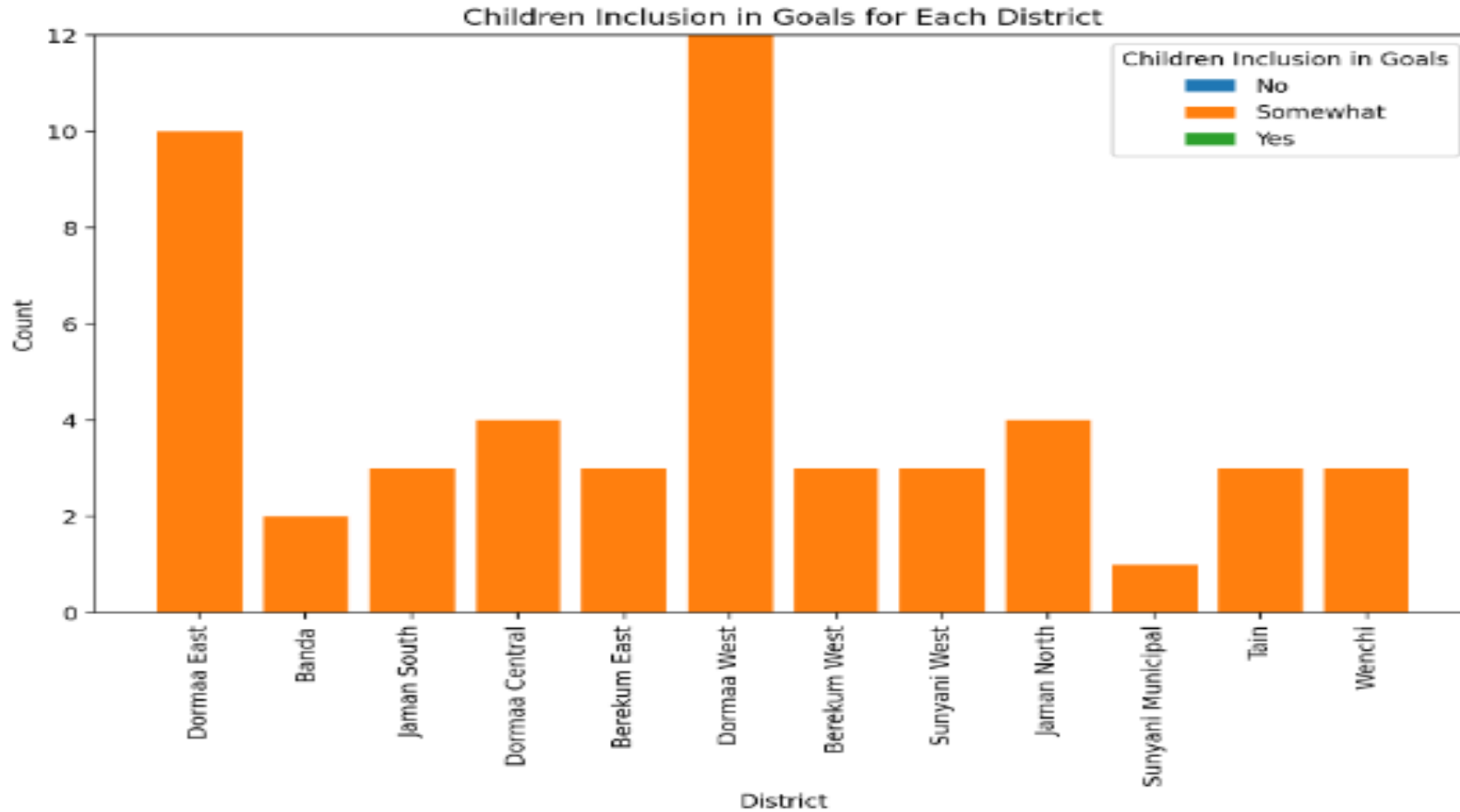
Child-specific problems

Child Specific Problems
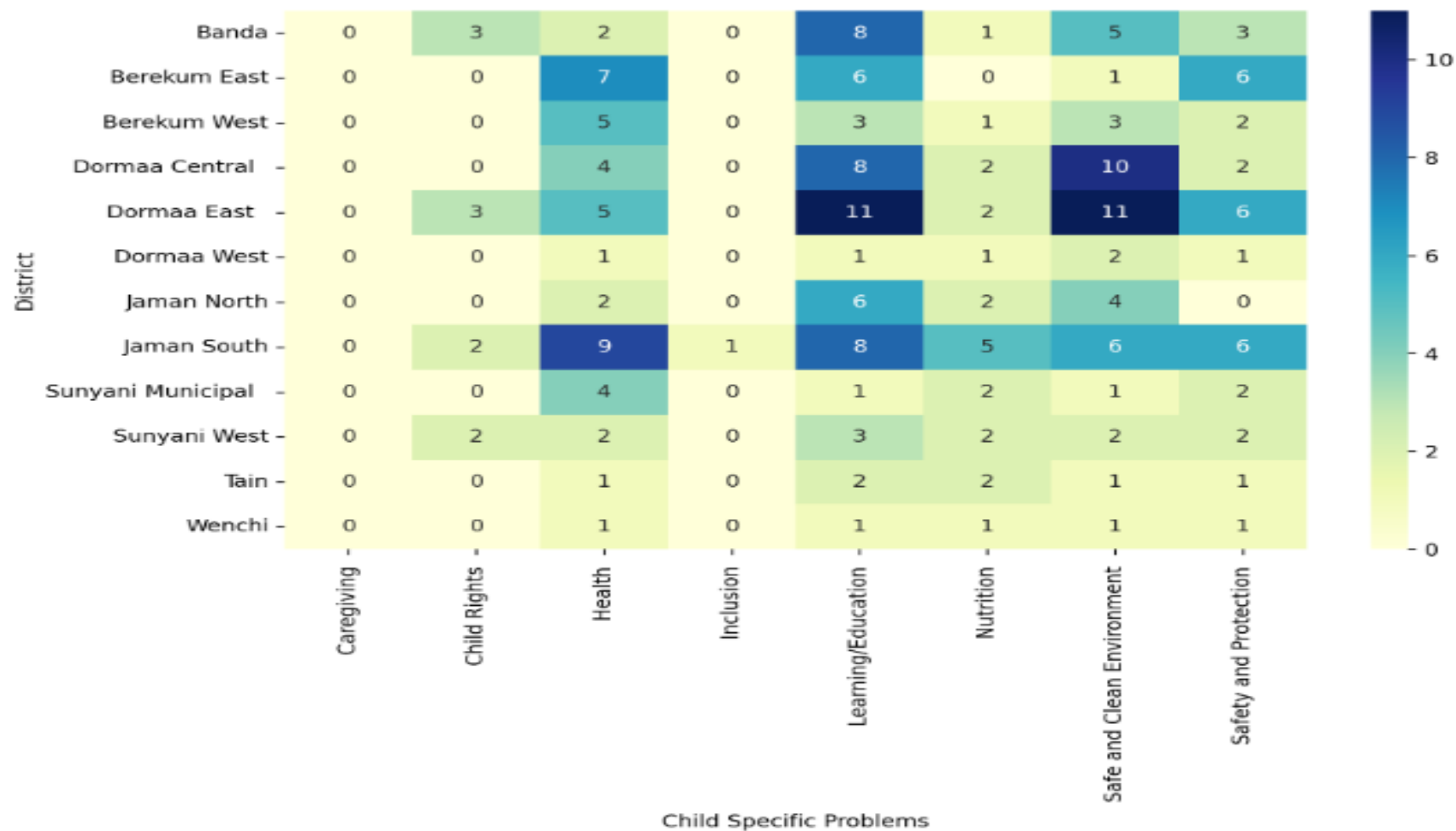
Child-specific problems

o Learning/Education

o Safe and Clean Environment

o Health

o Safety and protection

o Nutrition

o Child Rights

o Inclusion

o Caregiving

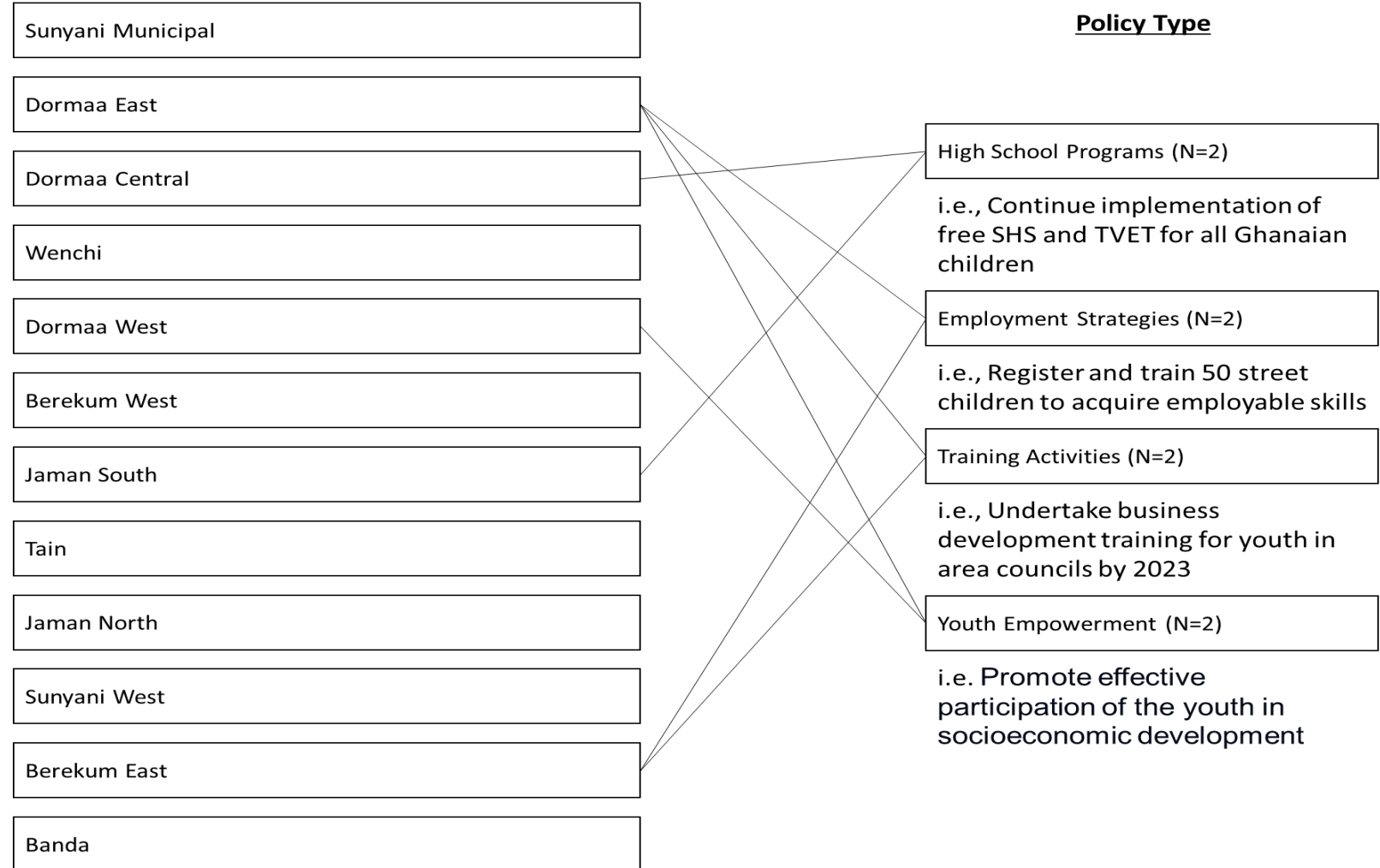# Mention of children in activities and plans

All districts had some mention of child-related activities and plans

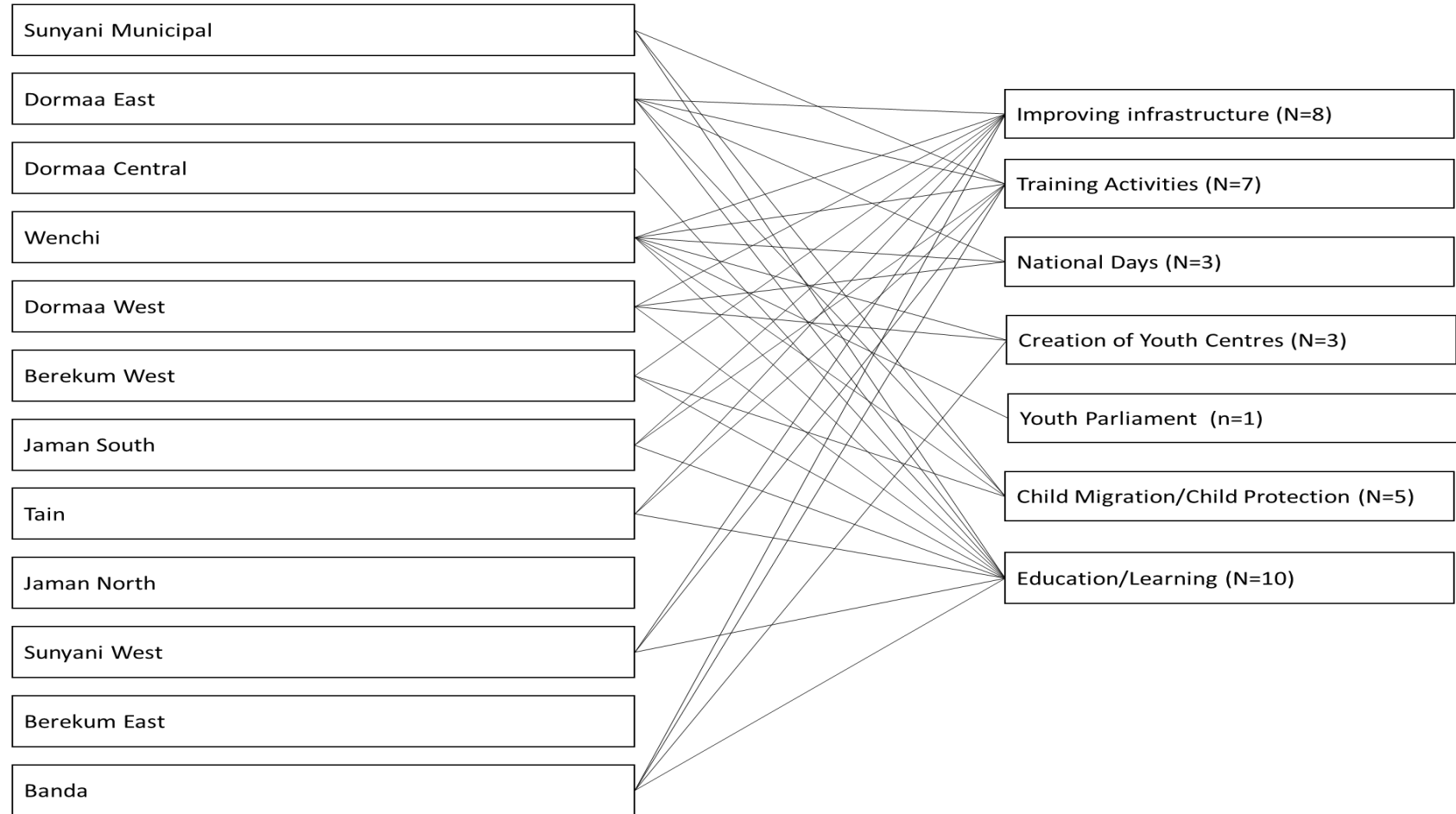|	:	
Districts with no mention of children		0
Districts with some mention of child-related activities/plans	Banda District, Berekum, Berekum West District, Dormaa Central Municipal, Dormaa East District, Dormaa West District, Jaman North District, Jaman South Municipal, Sunyani Municipal, Sunyani West District, Tain District, Wenchi Municipal Ensure affordable, equitable, easily accessible and universal health coverage Enhance inclusive and equitable access to, and participation in quality education at all levels	12
Districts with existing mention of child-related activities/plans		0

Policy Types

District of Bono Region, Ghana

Policy Type

Sunyani Municipal

Dormaa East

Dormaa Central

Wenchi

Dormaa West

Berekum West

Jaman South

Tain

Jaman North

Sunyani West

Berekum East

Banda

High School Programs (N=2)

i.e., Continue implementation of free SHS and TVET for all Ghanaian children

Employment Strategies (N=2)

i.e., Register and train 50 street children to acquire employable skills

Training Activities (N=2)

i.e., Undertake business development training for youth in area councils by 2023

Youth Empowerment (N=2)

i.e. Promote effective participation of the youth in socioeconomic development

District of Bono Region, Ghana

Type of plans/activities

Activities

Sunyani Municipal

Dormaa East

Dormaa Central

Wenchi

Dormaa West

Berekum West

Jaman South

Tain

Jaman North

Sunyani West

Berekum East

Banda

Improving infrastructure (N=8)

Training Activities (N=7)

National Days (N=3)

Creation of Youth Centres (N=3)

Youth Parliament (n=1)

Child Migration/Child Protection (N=5)

Education/Learning (N=10)

Types of Plans and Activities
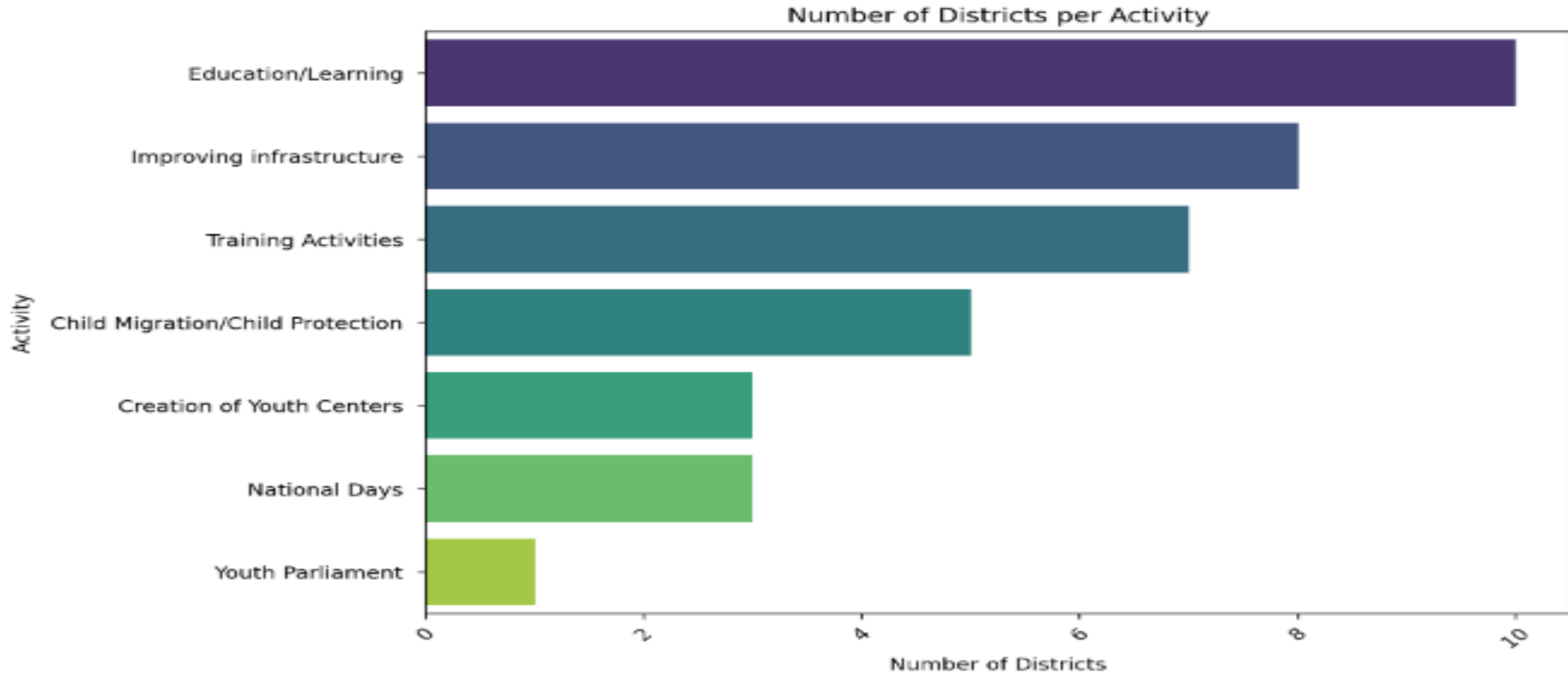
Budgeted Policies/Plans or Activities

Budgets	Bono Region Districts	Total
Districts with budgeted policies/plans or activities (PPA)	Dormaa West, Jaman South, Dormaa East, Tain, Sunyani Municipal, Wenchi, Berekum West, Dormaa Central	12
Districts with some budgeted PPA (so not all PPA are budgeted)		0
Districts with no budgeted PPA		0

Districts with Evaluation Plans

Evaluation	Bono Region Districts	Total
Yes/Indicators	Sunyani West, Banda, Berekum East, Dormaa West, Jaman South, Dormaa East, Tain, Sunyani Municipal, Wenchi, Berekum West, Dormaa Central Number of public schools constructed Malaria case fatality in children under five years per 10,000 population Increased Enrolment	12
No		0

DISCUSSION

Nurturing Care: The Foundation for Ghana's Updated ECCD Policy

Kwame Sakyi, PhD, MSPH

Director, CLCD-Ghana

Associate Professor, Oakland University

Presented at the Stakeholder Deliberation of Ghana's ECCD Dashboard

September 5, 2022

Presentation Goal

- The **overall purpose** of this stakeholder's meeting is to support the creation and use of a data dashboard to monitor and evaluate Ghana's updated ECCD policy.

- This presentation's goal is to provide **a brief overview** of nurturing care and why it is a foundation of ECCD policy,
  - Forms the basis for understanding the policy objectives and goals

Specific goals

1. Explain the concept of nurturing care

2. Demonstrate why nurturing care is important to children's development (explain why Ghana adopted this framework)

Nurturing care: Funny word?

Nurturing care: Caregiver perspectives

![CLCD - Center for Learning and Childhood Development. Advancing Research, Promoting Learning and Saving Lives](logo)

Interview 1: Couple

What is nurturing care ?

"Nurturing care is the **set of conditions** that provide for children's health, nutrition, security and safety, responsive caregiving and opportunities for early learning. Nurturing children means keeping them safe, healthy and well nourished, paying attention and responding to their needs and interests, encouraging them to explore their environment and **interact with caregivers and others.**" (WHO, 2018)

The "conditions" extends beyond families to include **community and support for families**

Source: WHO

What are the nurturing care components?

- Nurturing Care Components
  o **Good Health**
  o **Adequate Nutrition**
  o **Responsive Caregiving**
  o **Opportunities for Early learning**
  o **Safety and security**

Source: WHO

FIG. 2. THE COMPONENTS OF NURTURING CARE

GOOD HEALTH · ADEQUATE NUTRITION · RESPONSIVE CAREGIVING · SAFETY AND SECURITY · OPPORTUNITIES FOR EARLY LEARNING

Components of nurturing care

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Nurturing Care Domains

GOOD HEALTH

- Includes health of the child and <u>caregivers</u>
  - Both physical and mental health
- E.g.
  - Water, Sanitation, and Hygiene
  - Disease Prevention and treatment
  - Immunizations and well child visits

ADEQUATE NUTRITION

- Refers to maternal and child nutrition
- E.g.
  - Breastfeeding
  - Dietary diversity
  - Macronutrients
  - Complementary foods

Source: WHO

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Nurturing Care Domains

RESPONSIVE CAREGIVING

- The ability of <u>caregivers</u> to notice, understand, and respond to a child's engagement /signals/communication in a timely and appropriate manner

- E.g.
  o Responsive parent feeding
  o Training on social relations with others
  o Caregiving routines
  o Support emotional development

OPPORTUNITIES FOR EARLY LEARNING.

- Opportunity for baby, infant or child to interact with caregivers, place or objects in their environment

- Positive or negative affects brain development

- E.g.
  o Reading or singing to the child
  o Enrolling in primary school
  o Access to quality daycare
  o Books, toys and play materials

Source: WHO

Nurturing Care Domain

SAFETY AND PROTECTION:

- Safe and secure <u>environments</u> for <u>children and families</u>

- E.g.
  - Prevention from physical dangers and abuse
  - Positive discipline
  - Care for vulnerable(disability, malnourished) and institutionalized children
  - Birth registration
  - Access to food and water
  - Environmental risks (e.g. pollution)

Source: WHO

Nurturing care: Caregiver perspectives (2): Cultural differences

American vs Ghanaian Perspective

Nurturing care requires a multisectoral system
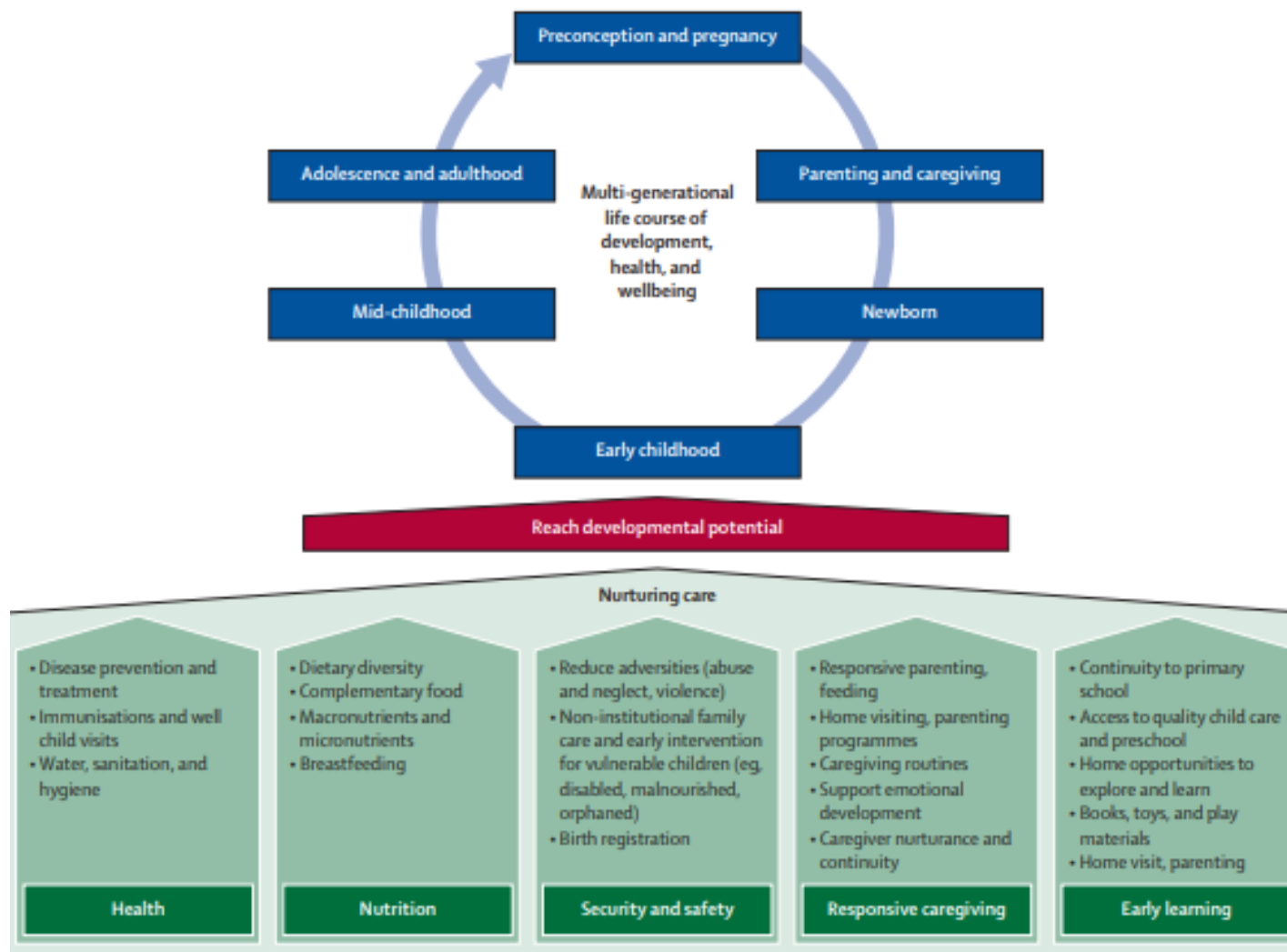
Specific goals

1. Explain the concept of nurturing care

2. **Demonstrate why nurturing care is important to children's development (Why is it the foundation for ECCD)**

Nurturing care's impact

- Discuss three benefits
    - Personal benefit to the child
    - Intergenerational benefit to the family
    - National benefit

Nurturing care: Benefit to the child

- Brain develops rapidly in the early years
- The healthier the nurturing environment, the more connections the brain makes to support learning and development
- As the brain grows, it less and less open to growing new connections
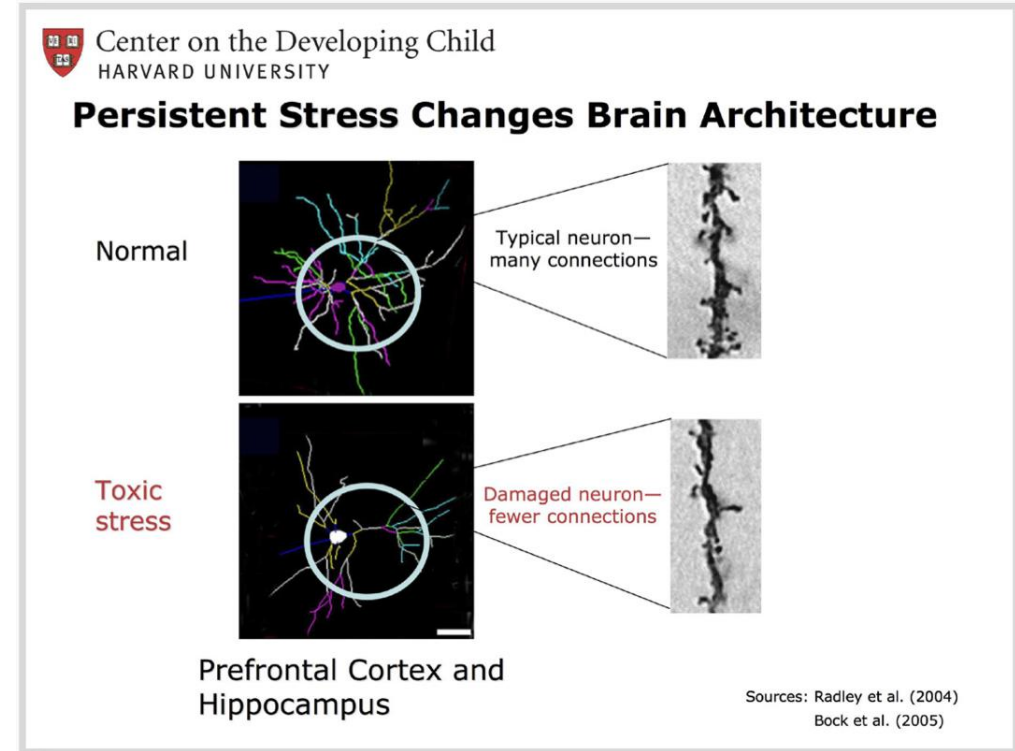
Brains subjected to toxic stress have underdeveloped neural connections in areas of the brain most important for successful learning and behavior in school and the workplace.

Nurturing care: taking a holistic approach

Growing evidence supports nurturing care's impact

Data from **seven** African Countries.
N= 26,234

Pierce, 2019

Visual of the most beneficial factors for child development

	Good health	Adequate Nutrition	Responsive Caregiving	Early Learning	Security and Safety
Read word					
Know 10 letters					
Recognize numbers					
Pickup object					
Follow Directions					
Independent tasks					
Get along					
Not Hurts others					
Not Distracted					
Scaled Development					
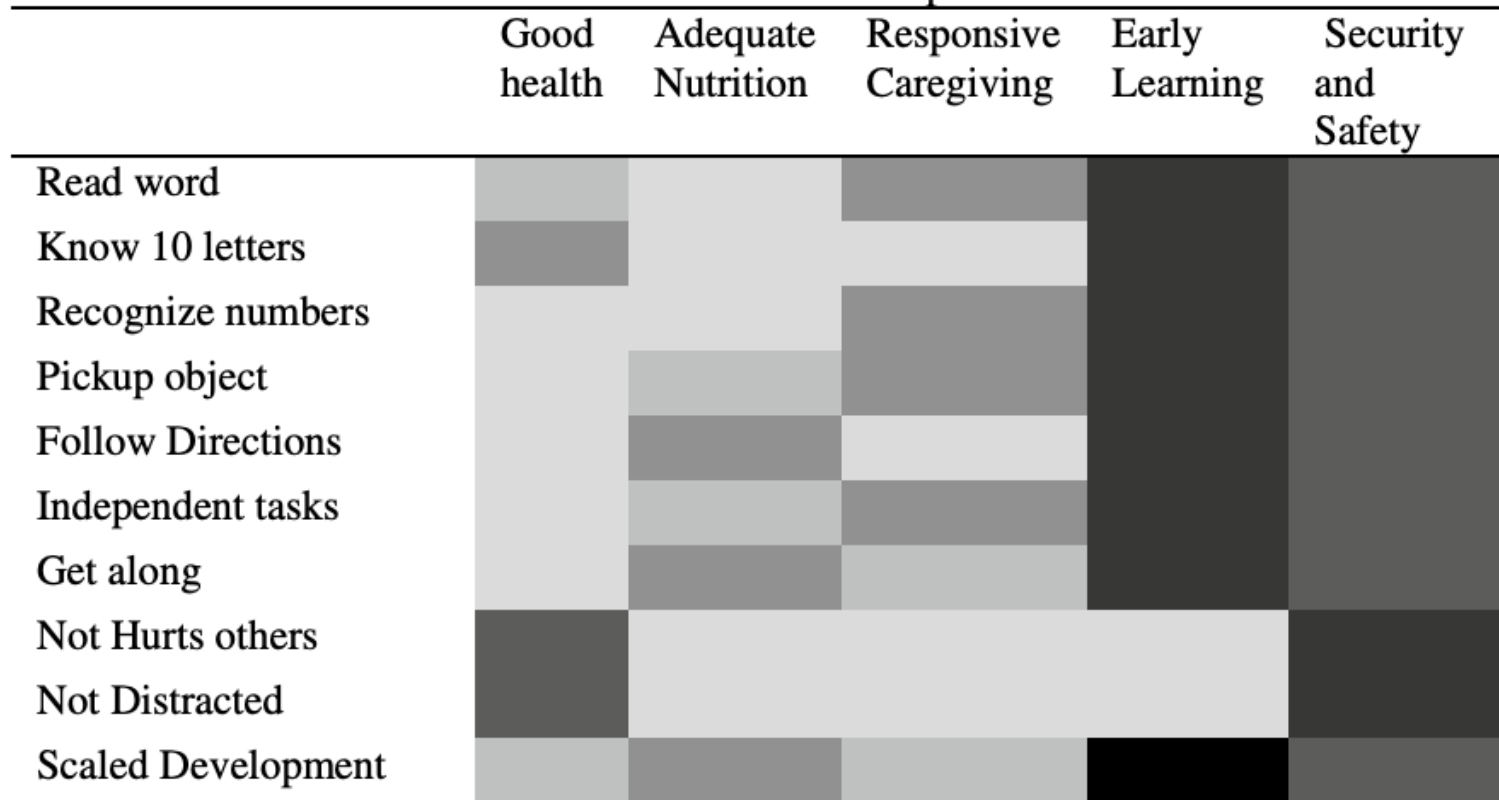
Most beneficial
2nd most beneficial
3rd most beneficial
4th + most beneficial
Not positively significant

Results: Caregiver engagement in children's learning activities, N=1,313

Play Time
- Rural: 77.01%
- Urban: 79.79%
- Total: 77.75%

Time outside the home
- Rural: 59.90%
- Urban: 63.84%
- Total: 60.95%

Singing songs
- Rural: 36.93%
- Urban: 50.19%
- Total: 40.47%

Telling stories
- Rural: 16.99%
- Urban: 19.69%
- Total: 17.71%

Naming/counting/drawing
- Rural: 15.63%
- Urban: 26.31%
- Total: 12.64%

Reading books
- Rural: 6.16%
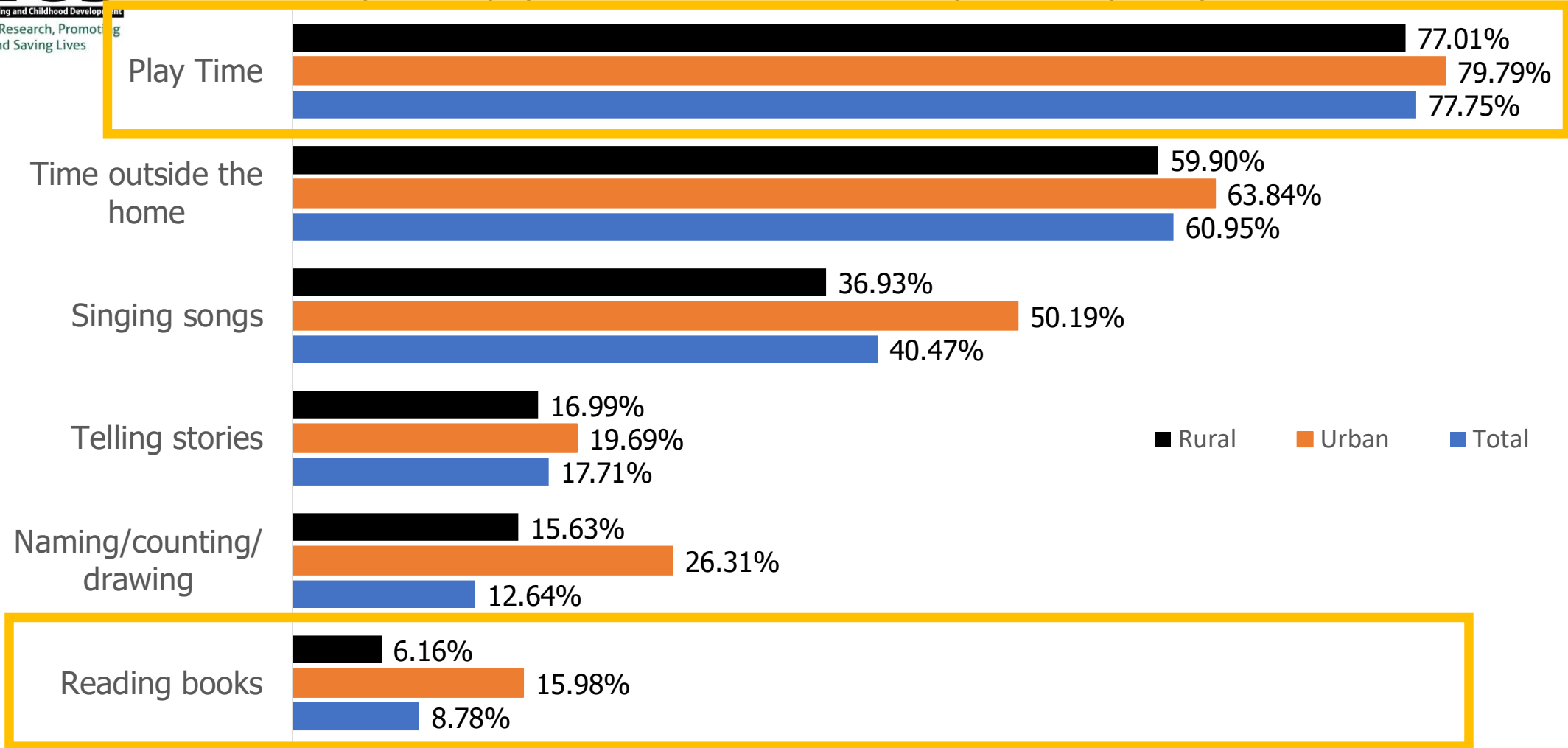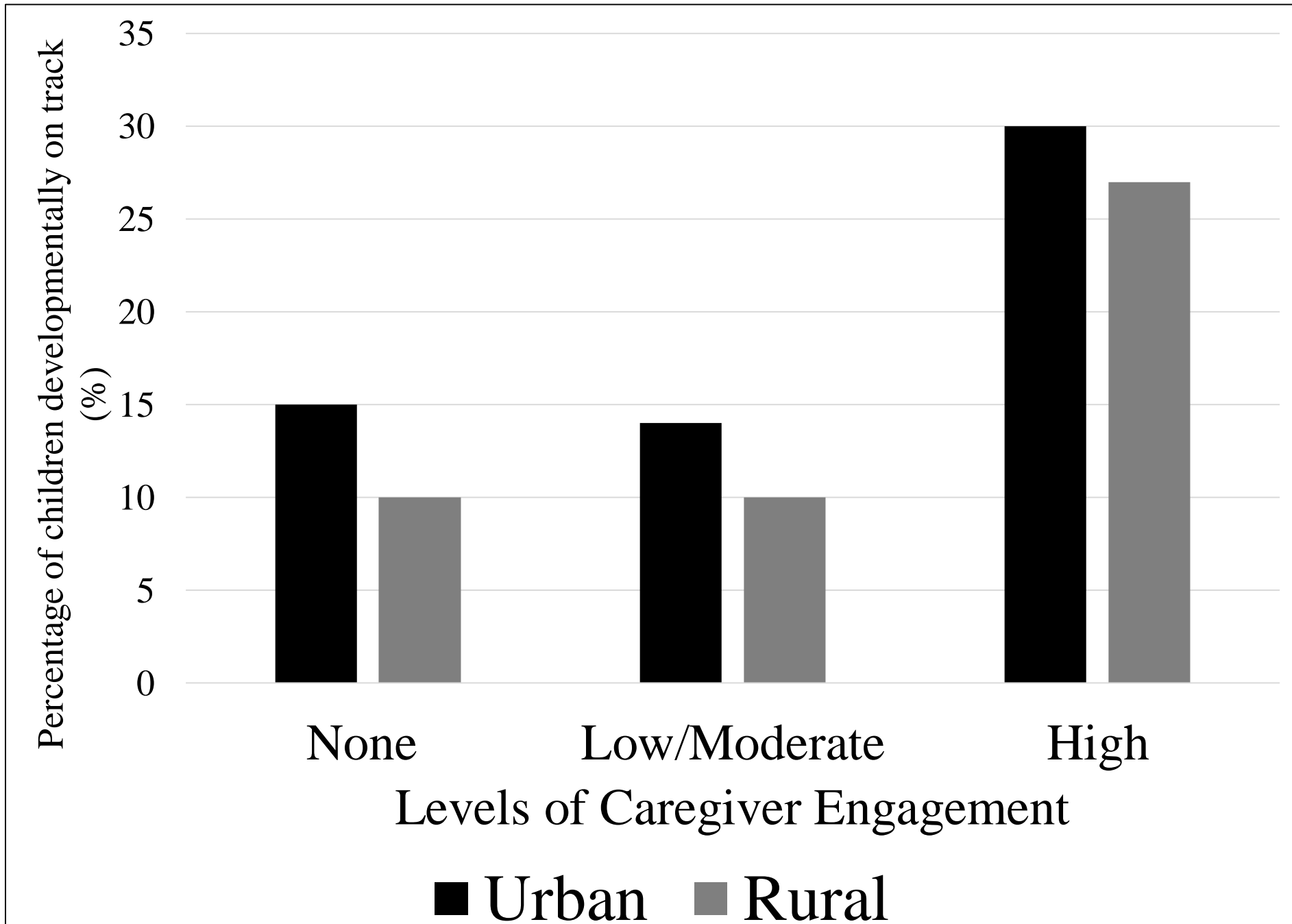- Urban: 15.98%
- Total: 8.78%

Legend: ■ Rural ■ Urban ■ Total

Fig 1. Percentage of caregivers who engaged their children (aged 3-4 years old) who do not attend ECE programs in learning activities by rural and urban status

- Without an intervention, the average annual **income** of adults who experience **adversity in early childhood** is **one third less than their peers'** who did not experience those adversity, (Black et al., 2017)

- "Poor fetal growth or stunting in the first 2 years of life leads to irreversible damage, including reduced adult height, lower attained schooling, and lower adult income" (Clark et al., 2020)

Nurturing care: Starts from pregnancy
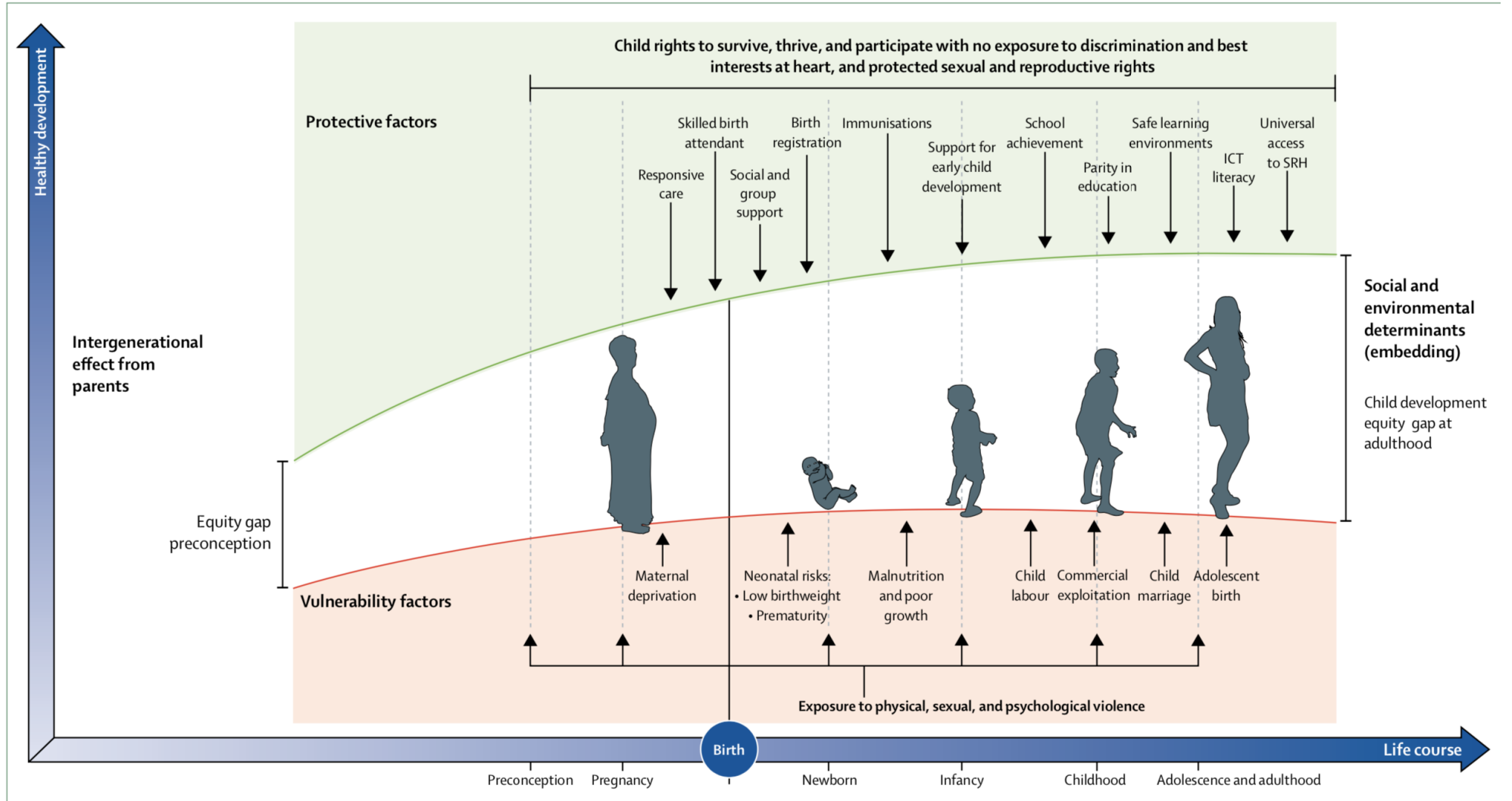
Figure 1: Sustainable Development Goals measuring protective and risk factors for child wellbeing across the life course

Nurturing Care: National Benefit

- **Research**: investment in early childhood education provides the best return on national investment:

- **$1 invested in ECCD=$16 in return** (Grunewald and Rolnic, 2003)

Conclusion

- Nurturing care is a concept that captures the conditions needed for children to survive and thrive.

- It means children need good health, adequate nutrition, opportunities to learn, safety and security, and responsive caregiving.

- Both science and parent experiences show that nurturing care advances children's wellbeing, intergenerational benefit, and economic development

FIG. 2. THE COMPONENTS OF NURTURING CARE

GOOD HEALTH

ADEQUATE NUTRITION

OPPORTUNITIES FOR EARLY LEARNING

Components of nurturing care

RESPONSIVE CAREGIVING

SAFETY AND SECURITY
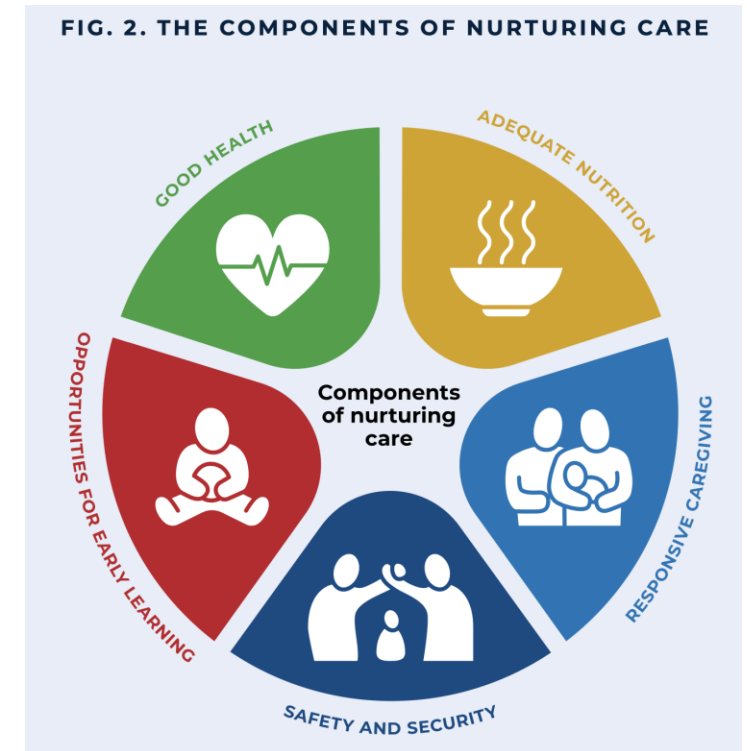
References

1. Lo, S., Das, P. and Horton, R., 2016. A good start in life will ensure a sustainable future for all. *Lancet (London, England)*, *389*(10064), pp.8-9.

2. Black MM, Walker SP, Fernald LCH, et al. Early childhood development coming of age: science through the life course. *Lancet (London, England)*. 2017;389(10064):77-90. doi:10.1016/S0140-6736(16)31389-7.

3. Grunewald R, Rolnick A. Early childhood development: economic development with a high public return. The Region. 2003;17: 6-12.

4. Service GS. Ghana Multiple Indicator Cluster Survey with an enhanced Malaria Module and Biomarker 2011. 2012. https://dhsprogram.com/publications/publication-fr262-other-final-reports.cfm. Accessed April 20, 2019.

5. https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/

6. WHO. Nurturing care handbook. https://nurturing-care.org/handbook-start-here

7. Clark, H., Coll-Seck, A. M., Banerjee, A., Peterson, S., Dalglish, S. L., Ameratunga, S., ... & Costello, A. (2020). A future for the world's children? A WHO–UNICEF–Lancet Commission. *The Lancet*, *395*(10224), 605-658.

8. Pierce, H. Nurturing Care for Early Childhood Development: Path to Improving Child Outcomes in Africa. *Popul Res Policy Rev* **40**, 285–307 (2021). https://doi.org/10.1007/s11113-020-09581-z

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Questions

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Overview of an Monitoring and Evaluation Framework

Dr. Kwame Sakyi

Director, Center for Learning and Childhood Development Ghana

Associate Professor, Oakland University, Rochester, MI

Presentation Goal

- The overall purpose of this stakeholder's meeting is to support the development and use of Ghana's early childhood care and development (ECCD) data dashboard

- This presentation defines key concepts outlined in the Monitoring and Evaluation Framework of the Updated ECCD policy.

- It provides the foundation for using the Monitoring and Evaluation Framework to guide the development of a data dashboard

Specific goals

To define key M&E concepts outlined in the updated ECCD policy

Increased knowledge of M&E concepts:

Understanding Key M&E concepts: Cooking Analogy

■ My experience with an American making Ghanaian tomatoes stew
  ○ Ghanaian and American Framework to cooking

■ Frameworks inform the approach M&E evaluation professionals take

Image: Nestle Ghana

■ Cooking, like M&E, follows a logic and steps that work together to produce an outcome

Understanding Key M&E concepts: Cooking Analogy

Before

What is needed
Environment
Market (to buy produce)
Farm or garden (produce)
Kitchen or space (cook)
Money (to buy things)

Supplies and Materials
Ingredients (e.g. tomatoes, oil)
Fuel (charcoal, stove, etc)
Cooking materials (e.g. pan)

Personnel and guidelines
Recipe or steps (guidelines)
Person (Cook)

During

Activities/strategies
Blending spices
Marinating meat
Cutting vegetables
Heating the pan
Adding the oil
Adding onions, garlic
Adding tomatoes
Stirring and cooking
Adding marinated meat
Adding vegetables
Adding salt and other seasoning
Tasting

During

Immediate Desire

Well marinated cooked meat

Cooked tomatoes and vegetables

Well spiced

After

Goal

Tomatoes stew

After

Desired effect

Delicious, edible, stew that will not make you sick

Key M&E Terminologies: Logic Framework (Program or intervention)

Before: Inputs

What is needed
Environment
Market (to buy produce)
Farm or garden (produce)
Kitchen or space (cook)
Money (to buy things)

Supplies and Materials
Ingredients (e.g. tomatoes, oil)
Fuel (charcoal, stove, etc)
Cooking materials (e.g. pan)

Personnel and guidelines
Recipe or steps (guidelines)
Person (Cook)

During: Process

Activities/strategies
Blending spices
Marinating meat
Cutting vegetables
Heating the pan
Adding the oil
Adding onions, garlic
Adding tomatoes
Stirring and cooking
Adding marinated meat
Adding vegetables
Adding salt and other seasoning
Tasting

During: Output

Immediate Desire

Well marinated cooked meat

Cooked tomatoes and vegetables

Well spiced

After: Outcome

Goal

Tomatoes stew

After: Impact

Desired effect

Delicious, edible, stew that will not make you sick

M&E and Logic Models

Monitoring and Evaluation is often built on a logic framework

Logic framework

is a table

Outlines how activities **lead to** short and long-term outcomes

Defining an Indicator: Cooking Analogy

- Good chefs track their cooking throughout the process
- There are different ways to determine what to do next and measure success when cooking. E.g.
  - Taste—to determine saltiness, deliciousness
  - Oil on the surface--to guide when to put in an egg
  - Meat color: to determine whether the meat is cooked or not

- The gauge/meter to determine the state or level of something is called an Indicator. E.g
  - Grade (A, B to F) in a class = a symbol of intelligence
  - Percentage of children enrolled in kindergarten = measure access to education
  - Life expectancy= measure how long people expected to live at birth
  - Key performance indicators = as measures of productivity and profit

Types of M&E Indicators

- Several types of Indicators
  - Inputs
  - Process
  - Outputs
  - Outcome
  - Impact

Key M&E Terminologies: Indicators

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Monitoring

EVALUATION

Input Indicators

Process Indicators

Outputs indicators

Outcome Indicators

Impact Ind.

Input Indicators: refer to the provision of resources to support a program or intervention (E.g. training guide, curriculum, money, staff, office space, law).

Process Indicators: Measures if planned activities took place (fidelity) (E.g. holding stakeholder meetings, training, building latrines, building schools)

Output Indicators: capture immediate direct results of an activity, a process, or an intervention (e.g., satisfaction, knowledge, feasibility, skills, competence, awareness)

Outcome indicators: Short-term to medium term desired results (coverage; reading at home, care seeking)

Impact indicators: The ultimate long-term desired results (e.g. reduction in mortality, literacy rate, improved living conditions)

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Example: Improving Literacy and Numeracy

- A national survey shows that many children (0-8) in Akrofi district do not meet the minimum competency standard for reading and math.

- The DCE at Akrofi wants to conduct mass communication (radio, tv, community durbars) to educate families on the importance of early childhood education.

- She believes that if more children attend day care and kindergarten, they will be able to learn how to read and do math

Example: Improving Literacy and Numeracy

Input

Create mass media communication tools on early childhood education(ECE)

Process

Conduct mass media campaign on the importance of ECE

Outputs

Increased awareness about the importance of ECE

Outcome

Increased enrolment of children in daycare and kindergarten

Impact

Improved literacy and numeracy among children who attend day care and kindergarten

Example: Improving Literacy and Numeracy

Input Indicators

Create mass media communication tools on early childhood education(ECE)

Indicator: Existence of mass media communication tool)

Process Indicators

Conduct mass media (radio, television) campaign on the importance of ECE

Number of districts who received mass media campaigns

Outputs indicators

Increased awareness about the importance of ECE

Percentage of caregivers of children(<8) who are aware of the importance of ECE in targeted districts

Outcome Indicators

Increased enrolment of children in daycare and kindergarten

Percentage of ECE eligible children enrolled in daycare and kindergarten

Impact Ind.

Improved literacy and numeracy among children who attend day care and k'garten

The percentage of children attending an ECE center who meets minimum competency in reading and writing

- Not all frameworks have the five components
  o Some blend process and output indicators together
- Some of the process indicators (fidelity, coverage) are captured under output indicators

Specific goals

To define key M&E concepts outlined in the updated ECCD policy

Increased knowledge of M&E concepts:

Activity

- You will be given a series of six questions

- Answer the questions on your own first

- Pair up someone sitting next to you

- Compare and discuss your answers

Conclusion

- Most Monitoring and Evaluation Models are built on a logic framework of inputs, process, outputs, outcome and impact.

- The framework will inform a data dashboard to track the progress in meeting the goals and objectives of the policy

Questions

- Contact information
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Brief Overview of the Updated Early Childhood Care and Development (ECCD) Policy

Pearl Peters

Department of Children, Ministry of Gender, Children and Social Protection

Presentation Goal

This presentation provides **a brief overview** of the updated ECCD policy,

- Forms the basis for understanding the Monitoring, Evaluation, Research and Learning (MERL) Framework of the policy – data dashboard

Specific goals

1. **To explain why an updated ECCD policy was needed**
2. Describe the process it took to update the ECCD policy
3. Provide a brief overview of the content of the policy

The old policy

- Ghana's first ECCD policy was developed in 2004

- Ministry of Gender, Children, and Social Protection (MOGCSP) as the coordinating body - secretariate

- National ECCD Coordinating Committee acted as the advisory body; regional & MMD levels

Old policy needed an evaluation

- Absence of periodic reviews, so
  - the policy's targets and timeframes lost validity
  - implementation gaps in coordinated service delivery emerged and widened.

- Adoption of the Nurturing Care Framework
  - guide for ECCD policy and programming

- Evaluation of the ECCD policy and its implementation between 2004 and 2019
  - including a review of programmes and services within different sectors that supported

Evaluation findings

▪ The evaluation found several challenges
  o Inadequate resourcing
  o Absence of a common, evidence-based model for comprehensive ECCD
  o Weak coordination
  o Inequitable service delivery and the limited breadth of implementation; children with special needs
  o Lack of a robust inter-sectoral accountability mechanism including data management
  o The fragmentation of a multisectoral approach

The updated ECCD Policy

- Among other priorities, this revised ECCD policy set out to address the policy deficits identified by the evaluation as risks to sustaining ECCD outcomes.

- **Rationale:** to provide a framework for all contributing role players, to guide coordinated investments in and implementation of ECCD programmes and services.

- **Goal**: to promote the survival, growth, and development of all young children (0–8 years old) so that they can thrive and achieve their full potential.

POLICY UPDATE REPORT
Update to the Ghana Early Childhood Care and Development (ECCD) Policy (2004–2019)

Photos: Centre for Learning and Childhood Development (CLCD)-Ghana

August 2022
Carried out by: Clear Outcomes
Commissioned by UNICEF, Ghana and The Ministry of Gender, Children, and Social Protection, Ghana

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Specific goals

1. To explain why an updated ECCD policy was needed
2. **Describe the process it took to update the policy**
3. Provide a brief overview of the content of the policy

Updated ECCD Policy Process

Phase	Activities	Time Frames
1. Policy Roadmap	Stakeholder engagement and policy roadmap development	Completed November 2021
2. Technical Workshops	• Developing goals, domains, objectives, and strategies, service delivery strategies • Developing Monitoring, Evaluation, Learning and Research (MERL) framework and Scoping a costing for policy implementation	Completed between December 2021–May 2022
3. Policy Framework Production	• Drafting ECCD policy document, MERL framework and costed implementation plan	First drafts of policy and MERL frameworks completed July 202
4. Zonal Workshops	• Northern, Central, and Southern Zone stakeholder workshops to validate goals, objectives, and strategies • Draft policy updated and disseminated to key national level stakeholders • National level validation workshop facilitated	Zonal validation workshops completed in June 2022
5. Finalization	• Drafts integrating zonal validation workshop inputs submitted for review • National Validation • Final policy framework products submitted	Review draft submitted for comment in August 2022 Final draft submitted in December 2022 Revised policy submitted in

Specific goals

1. To explain why an updated ECCD policy was needed
2. Describe the process it took to update the policy
3. **Provide a brief overview of the content of the policy**

Updated ECCD Built on Nurturing Care and a Whole-of-Government-Society approach

- This ECCD policy is framed around the delivery of an adapted nurturing care framework.

- The policy defines six domains of nurturing care (Figure 1)

- Stipulates a goal and objectives for each domain, and presents the strategies to be employed to achieve the domain specific policy objectives
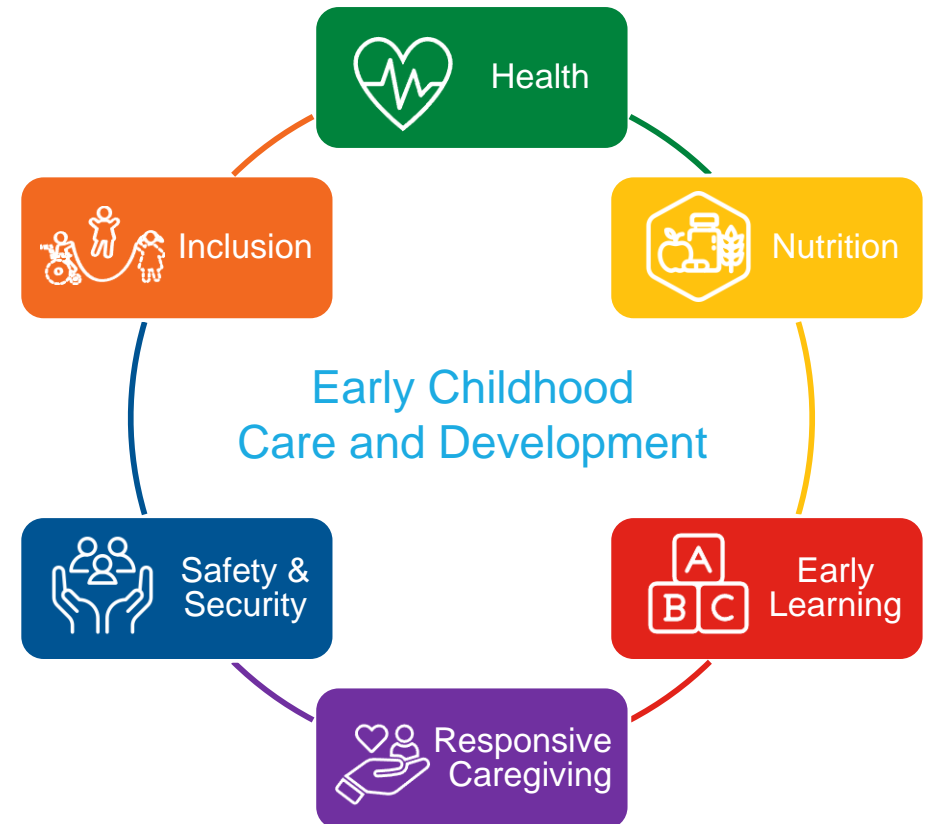
Figure 1: Nurturing Care Domains in Ghana's ECCD Policy

Policy Action Areas: Health and Nutrition

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

- **Objective 1:** Improve the quality-of-service delivery at all levels for antenatal (ANC), intrapartum, postnatal (PNC), and Child Welfare Clinics (CWC).

- **Objective 2:** Ensure that all children aged 0–8 years receive a standard, comprehensive package of child healthcare services.

- **Objective 3**: Ensure adequate service delivery points in every community for comprehensive coverage of healthcare services to children.

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

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

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

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

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

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Policy Action Areas: Early Learning and Responsive Caregiving

EARLY LEARNING: All young children (0–8 years) in Ghana are developmentally on track to benefit from primary, secondary, and further education and lifelong learning opportunities.

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

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

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

RESPONSIVE CAREGIVING: Parents and caregivers have the information, skills, knowledge, capacity, practices, and support to achieve the optimal and holistic development of their children.

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

- **Objective 2:** Provide specialized services for at-risk young children and their caregivers.

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Policy Action Areas: Safety and Security and Inclusion

SAFETY AND SECURITY: All young children (0–8 years) and their families live in safety and benefit from available Child Protection and Social Welfare Services.

- **Objective 1:** Ensure that all infants have their birth registered before their first birthday.

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

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

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

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

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

- **Objective 2:** Identify and provide for the critical needs of young infants and children with disabilities/vulnerable children and their primary caregivers.

- **Objective 3:** Ensure early childhood programmes are accessible and welcoming to all children with disabilities/vulnerable children.

Accelerators

- **Systems Strengthening Accelerators:** MDAs and other contributing role players jointly prioritise, integrate, and coordinate services and collaborate to strengthen data and information systems.
  - Increase the capacity of frontline workers (e.g., social workers, health workers, teachers, childcare workers) to integrate and deliver quality interventions for ECCD
  - Ensure accurately budgeted allocations to support multisectoral ECCD interventions
  - Establish strong partnerships with existing data collection institutions and programs to integrate ECCD and policy data needs

Accelerators

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

  o Jointly plan across sectors at the local level to integrate delivery of ECCD services at routine service delivery points, such as health facilities or in joint outreach campaigns, beginning with a focus on birth registration.

  o Develop shared referrals and linkages systems to ensure comprehensive access to services for eligible children and caregivers.

  o Apply an early childhood lens when prioritizing recipients of social protection activities.

  o Nationally roll-out of parenting skills programs that include knowledge, skills, and support on positive parenting, nutrition, early stimulation, and appropriate discipline.

Accelerators

- **Communication, Advocacy, and Engagement Accelerators:** Key messages about ECCD developed consultatively and widely distributed through multiple channels.

  - Engage all stakeholders, including media, to raise awareness of caregiver roles, practices, and available resources for supporting early learning.
  - Mainstream ECCD messages and the importance of the first 1,000 days into pre-service training for health and education and social cadres.
  - Engage relevant stakeholders, including media, to raise awareness of children with special needs, as well as caregiver roles, practices, and available resources to support the early learning of these children.
  - Use community meetings and other engagements with parents to deliver ECCD messages.

Framework for Coordinated Implementation

- Oversight and Mainstreaming (System-wide Integration)
  - o Parliament
  - o Cabinet
  - o Inter-Ministerial Coordinating Committee on Decentralization (IMCC)
  - o The National Development Planning Commission

- Operational Coordination and Management - Overall technical and operational coordination for policy implementation is assigned to MOGCSP
  - o The ECCD Advisory Committee
  - o The ECCD Technical Working Committee

Framework for Coordinated Implementation

- **Sectoral Responsibilities** - policy interpretation, review, coordination, monitoring and evaluation are vested in the Ministries, Departments and Agencies (MDAs).

  According to their existing mandates, the policy prioritizes the participation of:
  - The Ministries of Health (MoH) and Education (MoE) and their related Services (GHS and GES);
  - Gender, Children and Social Protection (MoGCSP);
  - Local Government and Rural Development (MLGRD);
  - Chieftancy and Traditional Affairs (MoCTA);
  - Finance and Economic Planning (MoF).

  Additional ministries specified in the policy:
  - Ministry of Food and Agriculture
  - Ministry of Sanitation and Water Resources
  - Ministry of Employment and Labour Relations

Framework for Coordinated Implementation

- Supporting Implementation by Non-government entities

  - Traditional Authorities;
  - Faith-based Institutions and Leadership;
    routinely engaged for inputs into planning and coordinated service delivery, and supported to fulfil their mandate

  - Civil Society and Private Service Providers - routinely engaged to participate in planning and coordinated service delivery

  - Development Partners and International NGOs

  - Institutions of higher learning and research

Framework for Coordinated Implementation

- Implementation through Decentralized Structures

  o Local Government Service

  o Regional Coordinating Councils; Regional Planning Coordinating Unit
     - Regional ECCD Monitoring Teams

  o MMDAs; Social Services Committee & MMD Planning Coordination Unit

Mechanisms for Policy Delivery

- Financing and Budgeting – Costed Implementation Plan (CIP)

- Monitoring, Evaluation, Research and Learning

    - MERL Framework

- Accountability Arrangements

- Provisions for Policy Review

Status of Policy Review

- The updated policy submitted to cabinet

Conclusion

- Ghana updated its 2004 ECCD policy to address challenges to implementation and align with national and international priorities
- The updated policy was built on the nurturing care framework and a whole-government and whole-society approach
- Six policy domains defined with specific goals and objectives
- Ministry of Gender, Children and Social Protection has oversight of the coordination and operational elements of the policy
- The policy is currently under cabinet review

Acknowledgement

- UNICEF
- Children Believe
- ActionAid Ghana
- Consultant team - Clear Outcome and CLCD-Ghana

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Acknowledgement

MINISTRY OF GENDER, CHILDREN, AND SOCIAL PROTECTION

UNICEF

AFRICAN MOVEMENT FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (AMPCAN)

BIRTHS AND DEATHS REGISTRY

CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT

CENTRE FOR LEARNING AND CHILDHOOD DEVELOPMENT

CHALLENGING HEIGHTS

CHILDREN BELIEVE

CHRISTIAN COUNCIL OF GHANA

CLEAR OUTCOMES

COMPASSION INTERNATIONAL GHANA

DEPARTMENT OF CHILDREN

DEPARTMENT OF COMMUNITY DEVELOPMENT

DEPARTMENT OF GENDER

DEPARTMENT OF SOCIAL WELFARE

DOMESTIC VIOLENCE SECRETARIAT

GHANA AIDS COMMISSION

GHANA EDUCATION SERVICE

GHANA EDUCATION SERVICE–SPED

GHANA FEDERATION OF DISABILITY ORGANISATIONS

GHANA HEALTH SERVICE

GHANA MUSLIM MISSION

GHANA NATIONAL ASSOCIATION OF TEACHERS

GHANA NATIONAL EDUCATION CAMPAIGN COALITION

GHANA NGO COALITION ON THE RIGHTS OF THE CHILD

GHANA PENTECOSTAL AND CHARISMATIC COUNCIL

GHANA PRISONS SERVICE

GHANA STATISTICAL SERVICE

HUMAN TRAFFICKING SECRETARIAT (MOGCSP)

INTERNATIONAL CHILD DEVELOPMENT PROGRAMME

LITTLE TREASURY MONTESSORI SCHOOL

LIVELY MINDS

MENTAL HEALTH AUTHORITY

MINISTRY OF COMMUNICATION AND DIGITALIZATION

MINISTRY OF COMMUNICATION AND DIGITIZATION

MINISTRY OF EDUCATION

MINISTRY OF EMPLOYMENT AND LABOUR RELATIONS

MINISTRY OF INFORMATION

MINISTRY OF SANITATION AND WATER RESOURCES

MOTHERS2MOTHERS

NATIONAL COUNCIL ON PERSONS WITH DISABILITY

NATIONAL DEVELOPMENT PLANNING COMMISSION

NATIONAL EDUCATION CAMPAIGN COALITION

NATIONAL HEALTH INSURANCE AUTHORITY

OFFICE OF THE HEAD OF LOCAL GOVERNMENT SERVICE

PAEDIATRIC SOCIETY OF GHANA

PLAN INTERNATIONAL GHANA

PRIVATE EARLY CHILDHOOD DEVELOPMENT COUNCIL

CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT
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Acknowledgement

QUEENMOTHERS PLATFORM, GHANA

RIGHT TO PLAY

SPECIAL MOTHERS PROJECT

STREET GIRLS AID

THE LIGHT FOUNDATION

UNICEF

UNIVERSITY OF EDUCATION, WINNEBA

UNIVERSITY OF GHANA

UNIVERSITY OF GHANA, LEGON

USAID

WOMEN IN INFORMAL EMPLOYMENT: GLOBALIZING AND ORGANIZING (WIEGO)

WORLD HEALTH ORGANIZATION

WORLD VISION

SOUTHERN ZONE

ACCRA METRO HEALTH DIRECTORATE

BIRTHS AND DEATHS REGISTRY

CENTER FOR LEARNING AND CHILD DEVELOPMENT

CHOSEN CHILDREN HOUSE

CHOSEN ORPHANAGE

CHOSEN WOMEN CENTER

CSWA

DEPARTMENT OF CHILDREN

DEPARTMENT OF CHILDREN, CENTRAL REGION

DEPARTMENT OF CHILDREN, EASTERN

DEPARTMENT OF CHILDREN, GREATER ACCRA

DEPARTMENT OF CHILDREN, VOLTA REGION

DEPARTMENT OF COMMUNITY DEVELOPMENT– REGIONAL ACCRA

DEPARTMENT OF SOCIAL WELFARE & COMMUNITY DEVELOPMENT, JASIKAN

DEPARTMENT OF SOCIAL WELFARE AND COMMUNITY DEVELOPMENT

DISABILITY ASSOCIATION ACCRA

DOVVSU

EKUMFI DISTRICT ASSEMBLY

GA CENTRAL DAY CARE CENTRES ASSOCIATIONS

GHANA EDUCATION SERVICE

GHANA EDUCATION SERVICE, JASIKAN

GHANA HEALTH SERVICE

GHS/ORHD

GREATER ACCRA DAY CARE CENT. ASSOCIATION

GREATER ACCRA REGIONAL COORDINATING COUNCIL

JUDICIAL SERVICE

NATIONAL HEALTH INSURANCE AUTHORITY

OFFICE OF THE ATTORNEY-GENERAL & MINISTRY OF JUSTICE

TRADITIONAL LEADERS

Acknowledgement

UNICEF

WEST AFRICAN MERCY MINISTRIES

NORTHERN & MIDDLE ZONES

ACTIONAID

BIRTHS & DEATHS REGISTRY

BIRTHS AND DEATHS

CENTRAL GONJA

CHILD NET

CHILDREN BELIEVE

COALITION OF NGOS ON CHILD RIGHT

DEPARTMENT OF CHILDREN, NORTHEAST REGION

DEPARTMENT OF CHILDREN, NORTHERN REGION

DEPARTMENT OF CHILDREN, SAVANNAH

DEPARTMENT OF CHILDREN, UPPER EAST REGION

DEPARTMENT OF CHILDREN, UPPER WEST REGION

DEPARTMENT OF COMMUNITY DEVELOPMENT

DEPARTMENT OF GENDER

DEPARTMENT OF SOCIAL WELFARE AND COMMUNITY DEVELOPMENT

DOVVSU

GHANA EDUCATION SERVICE

GHANA HEALTH SERVICE

LIVELY MINDS

MARKET WOMAN

NATIONAL HEALTH INSURANCE AUTHORITY

NERCC/DOCD

NORTHERN ACCELERATED INTERVENTION FOR DEVELOPMENT

OFFICE OF THE NORTHERN REGIONAL CHIEF IMAM

PERSONS WITH DISABILITY

REGIONAL ADVISORY INFORMATION & NETWORK SYSTEMS

RIGHT TO PLAY

SOCIAL WELFARE & COMMUNITY DEVELOPMENT

TAMALE METRO HEALTH DIRECTORATE

TAMALE REGIONAL DIRECTORATE NCCE

THE RURAL CONNECT

TRADITIONAL LEADER

UNICEF

WA MUNICIPAL HEALTH DIRECTORATE

AHAFO REGION

DEPARTMENT OF CHILDREN

DEPARTMENT OF SOCIAL WELFARE

GHANA EDUCATION SERVICE

ASUTIFI SOUTH

ASUTIFI SOUTH REGIONAL HEALTH DIRECTORATE - GHANA HEALTH SERVICE

ASHANTI REGION

ATTORNEY GENERAL DEPARTMENT

DEFENSE FOR CHILDREN INTERNATIONAL

DEPARTMENT OF COMMUNITY DEVELOPMENT

CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT

ADVANCING RESEARCH, PROMOTING LEARNING AND SAVING LIVES

Acknowledgement

DEPARTMENT OF SOCIAL WELFARE

DEPARTMENT OF SOCIAL WELFARE AND COMMUNITY DEVELOPMENT

DOVVSU-GHANA POLICE SERVICE

GAPA

GHANA EDUCATION SERVICE

GHANA FEDERATION OF DISABILITY ORGANIZATION

GHANA HEALTH SERVICE -RHD

GHANA PROGRESSIVE HAIR DRESSES ASSOCIATION

KUMASI METRO DVC OFFICER

KUMASI METRO HEALTH DIRECTORATE-GHANA HEALTH SERVICE

KUMASI MUNICIPAL ASSEMBLY

MUSLIM COMMUNITY

NATIONAL COMMISSION ON CIVIC EDUCATION

NATIONAL HEALTH INSURANCE AUTHORITY

RIGHTS AND RESPONSIBILITIES INITIATIVES

SUNYANI WEST HEALTH DIRECTORATE

THE APOSTOLIC CHURCH GHANA

TRADITIONAL RULER

BONO EAST REGION

DEPARTMENT OF CHILDREN

DEPARTMENT OF COMMUNITY DEVELOPMENT

GHANA EDUCATION SERVICE

NKORANZA SOUTH DISTRICT

GHANA HEALTH SERVICE

BONO REGION

DEPARTMENT OF CHILDREN

GHANA EDUCATION SERVICE

GHANA HEALTH SERVICE

SUNYANI WEST

DEPARTMENT OF SOCIAL WELFARE AND COMMUNITY DEVELOPMENT

GHANA EDUCATION SERVICE

SUNYANI HEALTH DIRECTORATE

WESTERN REGION

DEPARTMENT OF CHILDREN

DEPARTMENT OF SOCIAL WELFARE

BIRTHS AND DEATHS

EFFIA-KWESIMINTSIM

EFFIA-KWESIMINTSIM MUNICIPAL HEALTH DIRECTORATE-GHANA HEALTH SERVICE

WESTERN NORTH REGION

DEPARTMENT OF CHILDREN

DEPARTMENT OF COMMUNITY DEVELOPMENT

GHANA HEALTH SERVICE

SEFWI WIAWSO DISTRICT

GHANA EDUCATION SERVICE

GHANA HEALTH SERVICE

CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT

ADVANCING RESEARCH, PROMOTING LEARNING AND SAVING LIVES

References

▪ Akyeampong, K. (2009, May 12). Revisiting Free Compulsory Universal Basic Education (FCUBE) in Ghana. *Comparative Education* 45, no. 2.
https://www.tandfonline.com/doi/full/10.1080/0305006090292053 4?scroll=top&needAccess=true

▪ Ghana launches Framework for Early Childhood Development. (n.d.). *Republic of Ghana, Ministry of Health.*
http://www.moh.gov.gh/ghana-launches-framework-for-early-childhood-development

Questions

BREAKOUT SESSION INTO DOMAINS

- **Break out into the six domains**
  - Health
  - Nutrition
  - Early Learning
  - Responsive Care Giving
  - Safety and Security
  - Inclusion
- **The aim of this breakout session is to**;
    - Review the indicators
    - Identify which of these indicators are readily available
    - Which ones are routinely collected at the District level?

STAKEHOLDER MEETING ON THE CREATION OF ECCD DASHBOARD

Theme: Developing Ghana's Early Childhood Development Dashboard: Sub-national Stakeholders Meeting

Tuesday - Wednesday
5th - 6th Sept., 2023

University of Ghana Distance Learning Hall, Sunyani

9:30 am

Introduction to the Indicator Framework of Ghana's Updated ECCD policy

Dr. Kwame Sakyi

Director, Oakland University

Associate Professor, Oakland University, Rochester, MI

Presentation Goal

- The overall purpose of this stakeholder's meeting is to **support the development and use of Ghana's early childhood care and development (ECCD) data dashboard.**

- This presentation is an overview of the Indicator Framework of the Updated ECCD policy.

- It provides the foundation for selecting indicators for an ECCD dashboard.

Specific Goals

Introduce the Indicator Framework of the updated ECCD policy

M&E Development and Goal

MONITORING, EVALUATION, LEARNING, & RESEARCH FRAMEWORK
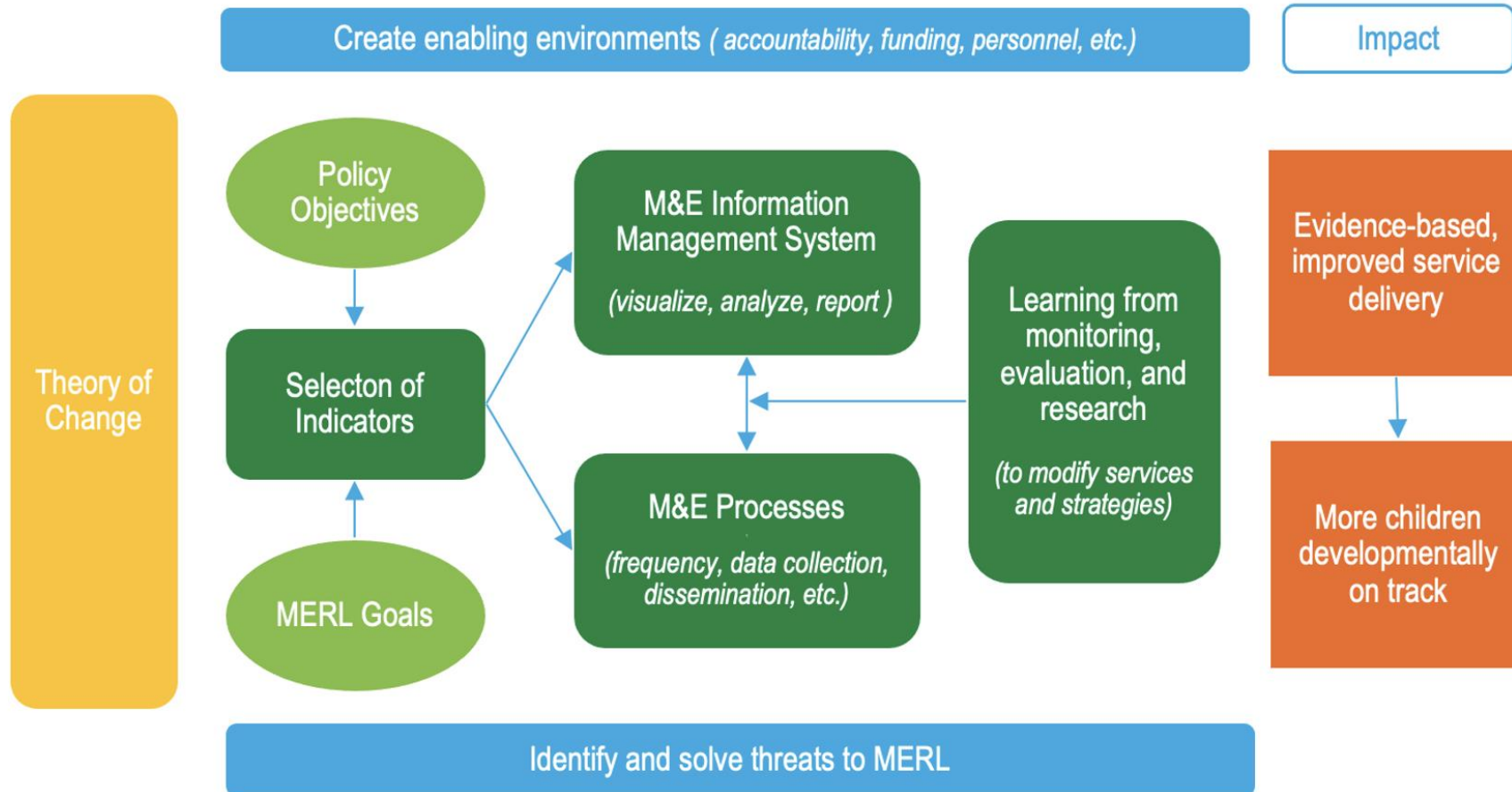
ECCD M&E Indicators

- The M&E framework has four major indicator areas
  - Input, Output, Outcome, impact indicators
  - The Process Indicators are covered in the main policy document because it is really tied to specific activities

- There are two frameworks to measure progress
  - **Indicators specific to policy domains** (health, nutrition, early learning, responsive caregiving, safety and protection, inclusion) + contextual indicators
  - **Indicators specific to policy goals and objectives**

Updated M&E Framework

- For each indicator, it outlines
  - Type (e.g. input, output, outcome, impact),
  - Source (survey, reports, database, or information system)
  - Frequency (how often data should be collected) ,
  - Level of disaggregation (sub-groups; e.g. urban/rural; wealth quintile)
  - Implementing institution (Organization responsible for collecting or supporting data collection)
  - Interpretation (what the data or indicator means)

Indicator Framework Per Policy Domain

M&E Indicator Framework

Table 1: Indicator framework per policy domain

Policy Action Area	Indicator	Type	Source	Frequency	Disaggregation	Implementing Institution Leading	Implementing Institution Collaborators	Interpretation
Health								
Mortality Rate	1. Mortality rate (stillbirths, neonatal, infant, and U-5 mortality, institutional mortality)	Impact, SDG 3.2	Ministry of Health (MOH)/Ghana Health Service (GHS) Annual Reports, Multiple Indicator Cluster Survey (MICS)/Demographic and Health Surveys (DHS)	Annual	Type of death (e.g., stillbirth, neonatal), Wealth, Rural/Urban, National/Regional	MOH	GHS, Christian Health Association of Ghana (CHAG), Teaching Hospitals (THs), Private Health Facilities (PHF), Quasi Government Health Institutions (Quasi), UNICEF, WHO	Lower mortality rate is better. Neonatal mortality rate at 12 deaths per 1,000 live births or lower will meet SDG target.
Functional Difficulty	2. Percentage of children 2–8 years with moderate to severe functional difficulty	Impact	UNICEF Functional Difficulty Module, MICS Survey	Annual	Rural/Urban, Wealth, National/Regional	UNICEF	GSS, GHS	Lower percentage is better and indicates that fewer children have functional difficulties.

30 indicators spread across 6 domains and Crosscutting domains

Indicator Framework per Policy Goals and Objectives

Policy Goals and Objectives	Indicator	Type	Source	Frequency	Disaggregation	Responsible Organizations		Interpretation
						Leading	Collaborating	
Policy Action Area: Inclusion								
<u>Policy Goal:</u> The quality of life of Ghanaian children ages 0-8 with disabilities and their families is improved through societal acceptance and accommodations mainstreamed through differentiated management and supportive services.	33. Quality of life (QoL) of children with disabilities and their caregivers based on the WHO Brief QoL survey	Outcome	Survey	Bi-annual	National/Region, Wealth, Gender, Rural/Urban	NCPD	GSS, MOGCSP, MOH/GHS, MOE/GES, MMDAs	The WHOQOL Brief score range from 0–100. The higher the mean number the better.
	34. Percentage of children with disabilities and their households (0–8) who receive appropriately differentiated and specialized services	Output	Survey, EMIS, Field Reports	Annual, Population estimates every four years	Urban/Rural Services per category of disability, Gender, Age group National/Region	NCPD	GSS, MOGCSP, MOH/GHS, MOE/GES, District Assemblies	Could be analysed based on category of disability, and associated service required to support families and children. Higher proportion is better.

38 indicators

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Conclusion

- The Updated ECCD policy's M&E Framework is also built on a logic framework and nurturing care index

- It as 68 indicators built around the nurturing care domains of health, nutrition, early learning, responsive caregiving and safety and security and inclusion

- The indicators track policy actions in each domain and policy goals and objectives

Questions

- Contact information
  - clcdghana@gmail.com
  - www.clcdghana.org

Ghana's Updated ECCD Policy Action Areas

- The Ghana's updated ECCD policy is built on the nurturing care framework + inclusion

- Each policy action area (nurturing care framework) has specific goals, objectives, and activities
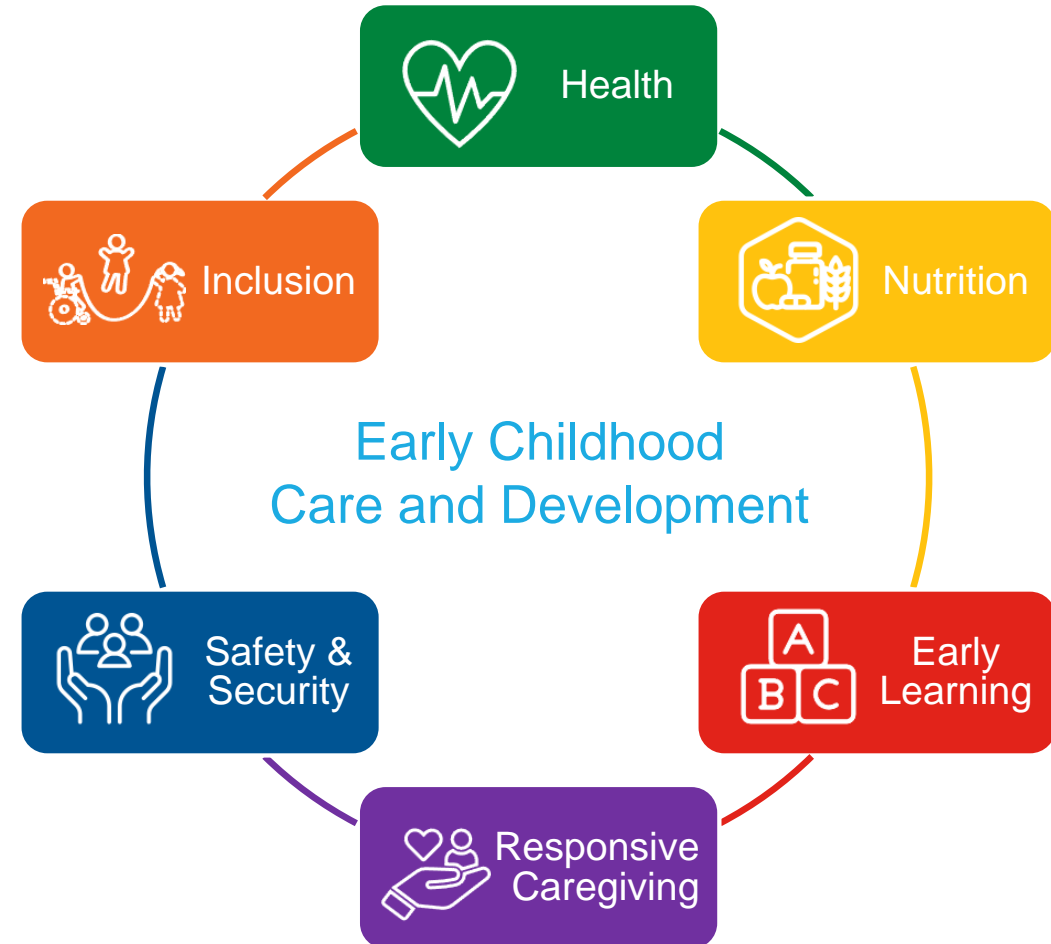
Ghana's Updated ECCD Policy Action Areas

- Policy calls for "creation of a dashboard to highlight critical metrics for the policy" (pg35)

- This include "a web-based public dashboard" to "...track progress toward achieving policy goals. The dashboard should also include links to reports and research summaries..."
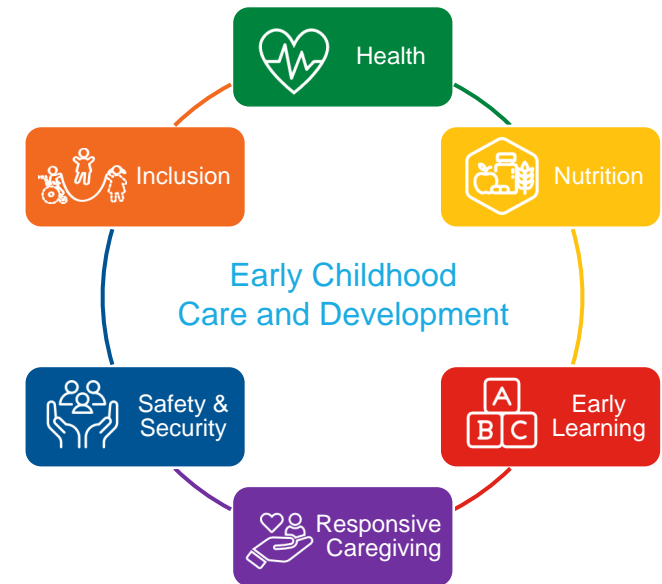
Dashboards

- Summary of different data sets on one platform

- Goal is for information to be easily understood

- Dashboards are a type of data visualization. Can include
  - Infographics
  - Graphs
  - Tables
  - Charts

Dashboards vs. Score cards

ALMA SCORECARD FOR ACCOUNTABILITY AND ACTION

First Quarter, 2021

ECCD Policy: Monitoring and Evaluation (M&E) Framework

- Updated Policy M&E has two sets of indicators
  - An Indicator Framework per each policy action area + crosscutting areas:
    - **30 indicators**

  - An Indicator Framework per each policy goal and objective:
    - **38 indicators**

- M&E Framework will guide the Dashboard's indicators

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M&E Indicator Framework

Table 1: Indicator framework per policy domain

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Health								
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Policy Goals and Objectives	Indicator	Type	Source	Frequency	Disaggregation	Responsible Organizations Leading	Responsible Organizations Collaborating	Interpretation
Policy Action Area: Inclusion								
Policy Goal: The quality of life of Ghanaian children ages 0-8 with disabilities and their families is improved through societal acceptance and accommodations mainstreamed through differentiated management and supportive services.	33. Quality of life (QoL) of children with disabilities and their caregivers based on the WHO Brief QoL survey	Outcome	Survey	Bi-annual	National/Region, Wealth, Gender, Rural/Urban	NCPD	GSS, MOGCSP, MOH/GHS, MOE/GES, MMDAs	The WHOQOL Brief score range from 0–100. The higher the mean number the better.
	34. Percentage of children with disabilities and their households (0–8) who receive appropriately differentiated and specialized services	Output	Survey, EMIS, Field Reports	Annual, Population estimates every four years	Urban/Rural Services per category of disability, Gender, Age group National/Region	NCPD	GSS, MOGCSP, MOH/GHS, MOE/GES, District Assemblies	Could be analysed based on category of disability, and associated service required to support families and children. Higher proportion is better.

Presentation Outline

POLICY UNDERPINNINGS

DATA SOURCES

FEATURES AND VISUALIZATION

Data Sources

- The dashboard would be guided by and aligned with the ECCD policy and its M&E Framework

- Draw on existing data collected by different ministries, departments, agencies and organizations

CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT
ADVANCING RESEARCH, PROMOTING LEARNING AND SAVING LIVES

# Presentation Outline

POLICY UNDERPINNINGS

DATA SOURCES

FEATURES AND VISUALIZATION

Features and Visualization

- Adapt the WHO/UNICEF/CAP 2030 Child Health and Wellbeing Dashboard to suit Ghana
  - Allows for global and sub-national comparisons
  - Builds on best practices
  - Uses the ALMA Score card (red, yellow, green) to show progress
  - Benefit from Technical Assistance
  - Disability Friendly

Child Health and Wellbeing Dashboard

- **4 domains (Child Rights Convention)**+ Contextual indicators; **1 per domain**
- Aggregates by age
- Shows progress (red, yellow, green)
- Filters: Countries, age, domain

https://data.unicef.org/resources/child-health-and-well-being-dashboard/
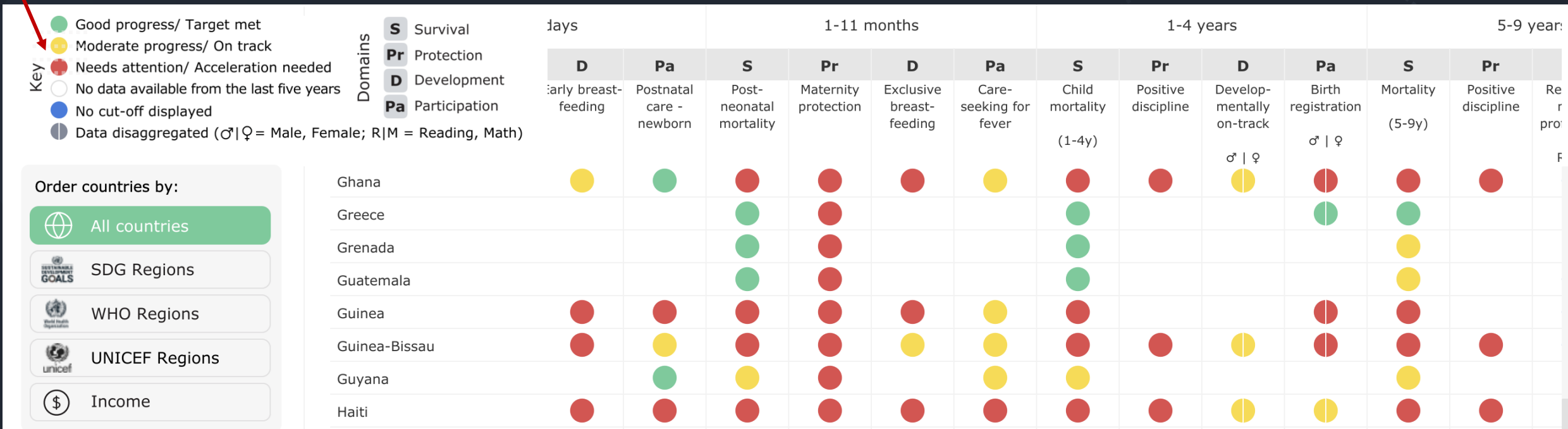
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- Filters: Countries, age, domain

https://data.unicef.org/resources/child-health-and-well-being-dashboard/

Eswatini	🔴							🔴			
Ethiopia	🔴	🟢	🟡	🔴	🔴	🔴	🟡	🔴			
Fiji	🔴	🟢		🟢	🔴	🔴	🟡	🔴	🟢	🟢	🟡
Finland	🟢	🟡		🟢	🔴			🟢		🟢	
France	🟢	🟡		🟢	🔴			🟢		🟢	
Gabon	🔴	🟡			🔴	🔴		🔴			
Gambia	🔴	🟢	🔴	🟢	🔴	🔴	🟡	🟡	🔴	🟡	🔴
Georgia	🟢	🟡	🔴		🟢	🔴	🔴	🟡	🟢	🟢	🟢
Germany	🟢	🟡			🟢	🟢		🟢		🟢	
Ghana	🔴	🟢	🟡	🟢	🔴	🔴	🔴	🟡	🔴	🔴	🟡 🔴
Greece	🟢	🟡									
Grenada	🟢	🔴									
Guatemala	🟢	🟡									
Guinea	🔴	🔴	🔴								
Guinea-Bissau	🔴	🟡	🔴								
Guyana	🔴	🔴									
Haiti	🔴	🔴	🔴								
Honduras	🟢	🟡		🟢	🔴		🟡	🟢	🔴	🟡	
Hungary	🟢	🟡		🟢	🟢			🟢		🟢	
Iceland	🟢	🟡		🟢	🔴			🟢		🟢	

Data view:
View numbers
Colour-blind friendly

Download from Tableau   Download Index /Indicators list

Ability to download

Filters:
Age
Domain
Country

All countries
SDG Regions
WHO Regions
UNICEF Regions
Income
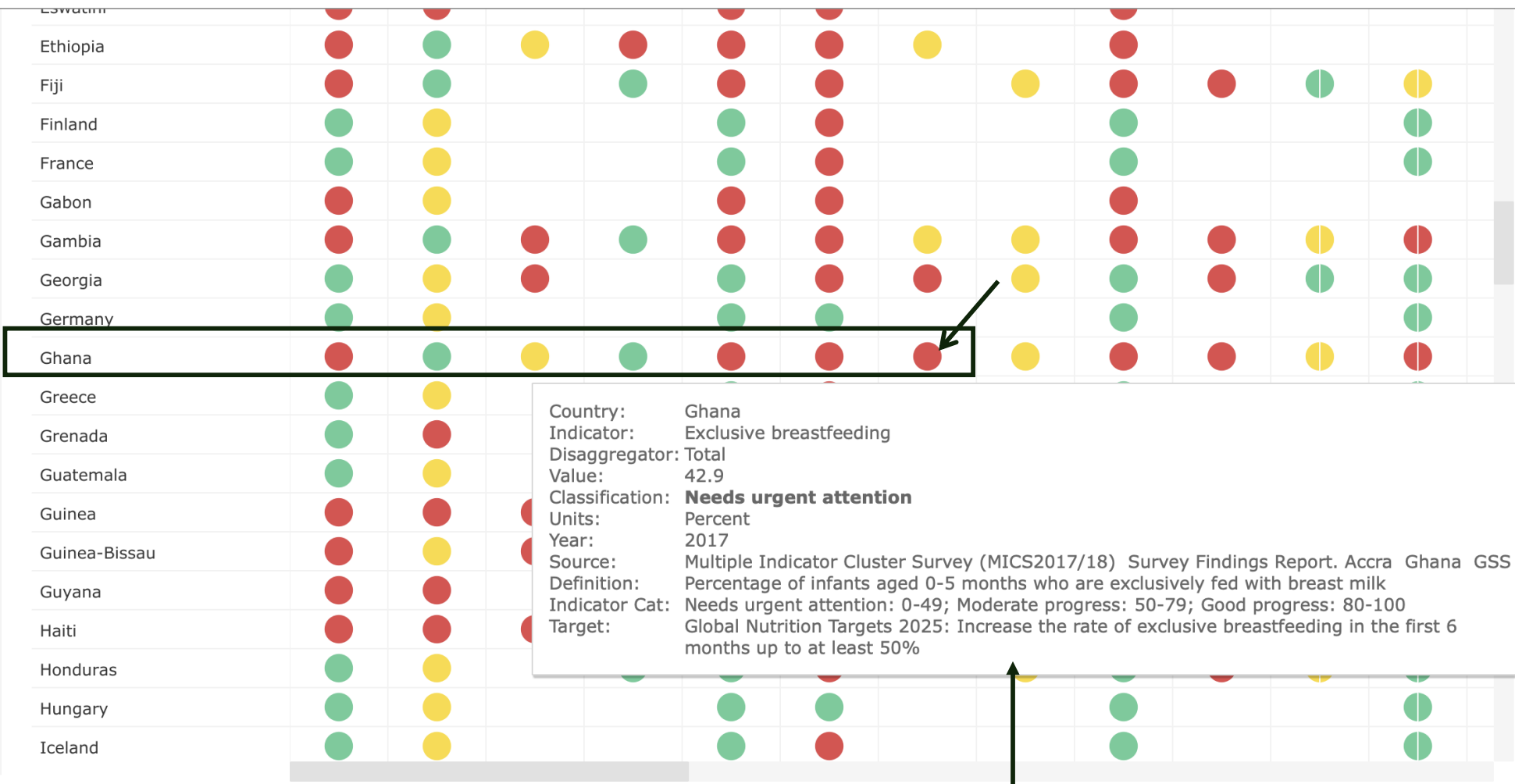
Country: Ghana
Indicator: Exclusive breastfeeding
Disaggregator: Total
Value: 42.9
Classification: **Needs urgent attention**
Units: Percent
Year: 2017
Source: Multiple Indicator Cluster Survey (MICS2017/18) Survey Findings Report. Accra Ghana GSS
Definition: Percentage of infants aged 0-5 months who are exclusively fed with breast milk
Indicator Cat: Needs urgent attention: 0-49; Moderate progress: 50-79; Good progress: 80-100
Target: Global Nutrition Targets 2025: Increase the rate of exclusive breastfeeding in the first 6
                months up to at least 50%

Data Descriptions

Adapting the Child Health and Wellbeing Dashboard for Ghana

- Use the policy action areas as the domains of the dashboard
- Structure it around regions or districts (depending on data availability)
- Continue to use the red, yellow, green ALMA system
- Be able to filter at least by policy action area, region, age, wealth, rural/urban
- Keep it interactive
- Add context indicators, drawn from the ECCD policy
- Show trends over time and mobile friendly
- Ability to download data for further analysis with appropriate permissions
- Links to key policy documents and reports
- Owned and managed by MOGCSP, with support from CLCD-Ghana another relevant organizations.
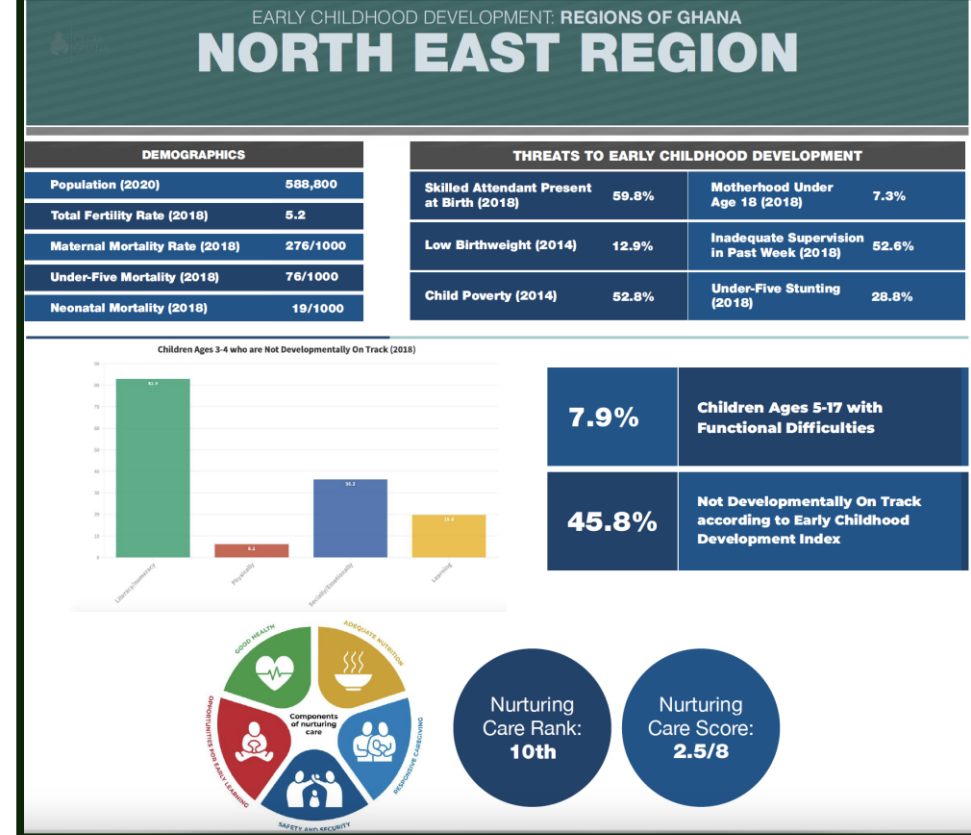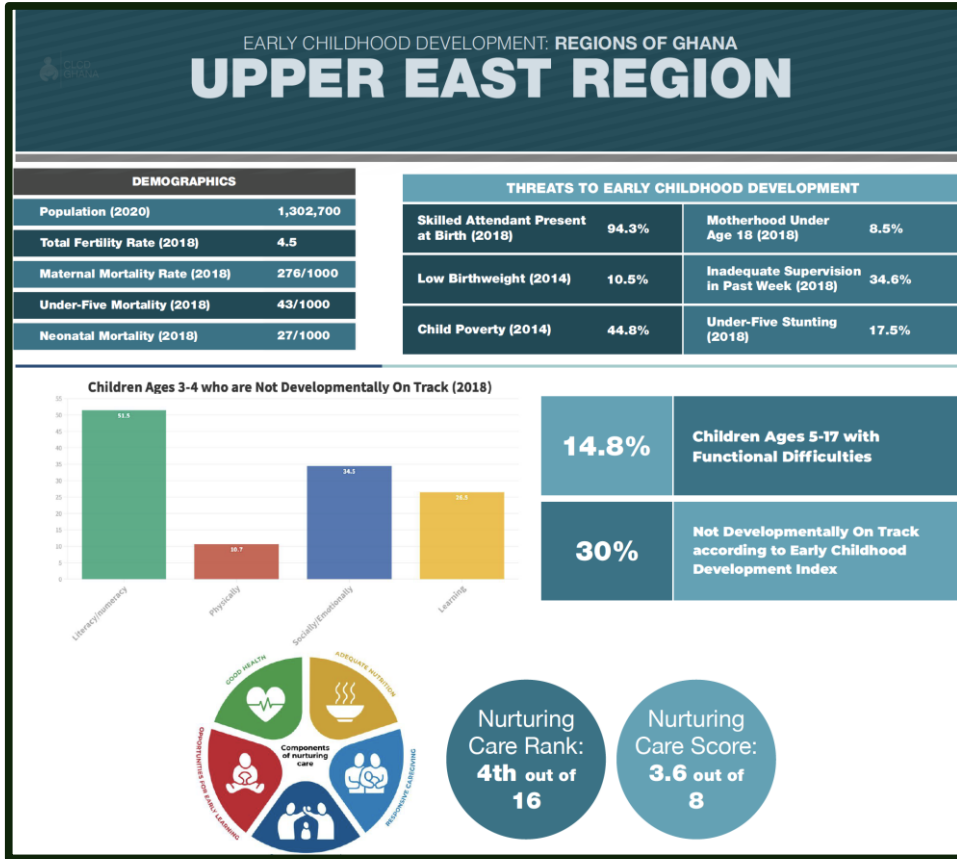
Dashboard Utility: Country comparison

Table 1: Comparison of Ghana and Argentina: Selected Child Health and Wellbeing Indicators[&]

Health Related Indicators	Ghana	Argentina
0-27 Days		
Neonatal Mortality Rate	Red	Green[$]
Breastmilk	Green	Yellow
Exclusive Breastmilk	Yellow	Yellow
Post-neonatal care	Green	Green
1-11 Months		
Maternity protection	Red	Red
Exclusive BF	Red	No Data
Care for Seeking fever	Yellow	Yellow
1-4 Years		
Child mortality	Red	Green
Positive discipline	Red	Red
Developmentally on track	Yellow	Green
Birth Registration	Green	Green
5-9 Years		
Mortality	Red	Green
Positive Discipline	Red	Red
10-14 Years		
Mortality	Red	Green
15-19 Years		
Mortality	Red	Yellow
Intimate Partner Violence	Red	Yellow

Dashboard Utility: Example 1—Regional Profiles

Funding for Ghana's ECCD Dashboard

Elma Foundation

Children in All Policies 2030: WHO/UNICEF/University College of London, Children Investment Fund Foundation (CIFF)

Acknowledgement

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- Technical Team (Dr. Sylvester, Mrs. Patience Hayford, Mrs. Sandra Paluku and Mr, Joseph Agbavitoh

- Steering Committee Members

- Agnes Arthur of UNICEF-Ghana

- Dr. Theresa Diaz of WHO

Thank you

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CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT
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Dashboard

The dashboard, developed by WHO, UNICEF and CAP 2030, allows policymakers, governments and organisations to **easily monitor and compare** a selection of indicators on child health and well-being by region, age group and income.
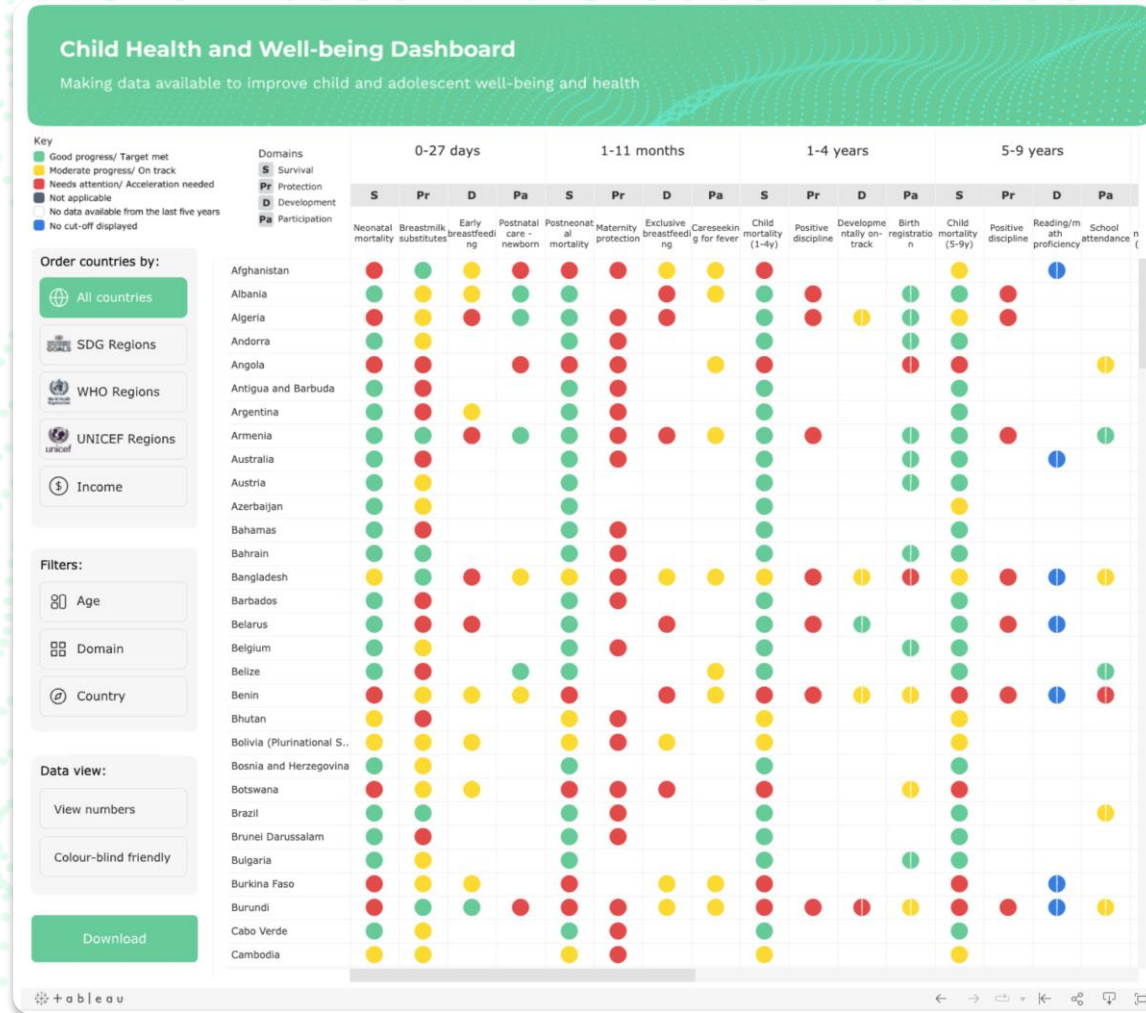
Background

OBJECTIVES

- Comparing country data on child health and well-being for a specified set of indicators
- Visually showing the current status of child and adolescent health across countries, both where progress is being made and where gaps remain
- Informing planning and policy-making for children's rights and health

The dashboard aims to make visible the status of child and adolescent health globally and catalyse action around improving children's health and well-being.

World Health Organization

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Background

AUDIENCE

🏛️ Governments

❤️ Health experts

🌐 International bodies

👤 Health sector workers

🚩 Country leads

🪙 Funders

A multi-step, consensus-based process

Step 0. WHO-UNICEF agreed to lead a consultative process to create the dashboard

Step 1. Discussions with the CAP2030 Data and Learning Working Group to reach consensus on basic parameters (format, domain areas, and age categories):
- Use a scorecard template like the ALMA scorecard with a traffic light style classification system
- Use the four domain areas of the CRC and label them as:
  - **Survival** (Be Healthy)
  - **Protection** (Be Safe and Fairly Treated)
  - **Development** (Be Educated and Trained)
  - **Participation** (Be Heard and Engaged)
- Include two additional cross- cutting domain areas:
  - **Contextual Factors**
  - **Policies**
- Use the standard age categories recommended by WHO for children and adolescents
  - 0-27 days (neonatal period), 1-11 months (post-neonatal period), 1-4 years, 5-9 years, 10-14 years, 15-19 years

Step 2. Indicator selection process

- Agreement to select one indicator for each of the 4 domains for each of the age groupings **(24 indicators)**
- Agreement on a core set of most relevant contextual and policy factors **(13 indicators**)
  - Process involved:
    - Mapping and assessing indicators used in the following initiatives
      - **Lancet Commission on Child Health and Well-being report**
      - **WHO Child Health Redesign**
      - **Nurturing Care Framework**
      - **Countdown to 2030 for Women's, Children's and Adolescents' health**
      - **Global Action Plan for Pneumonia and Diarrhea (GAPPD)**
      - **Global Strategy for Women's, Children's, and Adolescents' health**
      - **Global Action for Measurement of Adolescent Health (GAMA)**
  - Discussions with the CAP-2030 data and learning working group, experts from WHO, UNICEF, and UNESCO
  - Selection of indicators based on the following criteria:
    - Evidence of effectiveness; Inclusion in global frameworks; Information is regularly collected

Step 3. Setting thresholds for assessing progress

Thresholds were decided upon by:

- Ensuring consistency with existing global and regional targets, (e.g., SDG, Every Newborn Action Plan, nutrition, and education communities)
- Reviewing the distribution of data values across all countries for each indicators.

Country values were then color coded accordingly to indicate country performance against the threshold.

Simultaneous activity. WHO and UNICEF worked with a designer to develop dashboard prototypes, which were refined through iterations and discussions with the CAP-2030 data and learning working group

Dashboard Feedback

Townhall and Survey

Summary of Feedback from Townhall

1. Overall Positive Reception:
   - The dashboard was widely appreciated for its effort to visualise and disaggregate child health and wellbeing data.
2. Enhanced Usability:
   - Scrolling Feature: Improve the scrolling feature for easy and smooth navigation.
   - Mobile Compatibility: Upgrade the dashboard to be mobile-friendly.
3. Functional Additions:
   - Performance Filter: Add a feature to highlight low-performing countries on selected indicator and track improvements.
   - Time Filter: Add an option to observe trends over specific time periods.
4. Content Expansion:
   - Additional Indicators: Include more nutrition and adolescent-focused indicators.
   - Disaggregated Data: Add data disaggregated by race, disability status, subnational regions, etc.
   - Updated Data: Ensure the dashboard displays the most recent data, reflecting post-pandemic values.
5. Linking with Other Resources:
   - Link to Policy Survey: Connect the dashboard with the Maternal, Newborn & Child Health policy survey.

Dashboard Use Case (Survey Response, n=347)

1. Primary Uses:
- **Research (92)**: Facilitating evidence-based decision making.
- **Country-specific Understanding (77)**: Enables a deep dive into child health within one's country.
- **Data Comparison (84)**: Used to benchmark against other countries' data.
- **Policy Planning (72)**: Aids in crafting effective health policies for children.

2. Advocacy (39):
- Leverage data to champion child health initiatives and secure support.

3. Other Uses (9):
- Includes teaching, training, marketing, MERL data comparison, etc.

Total Responses: **226** (users can select multiple use cases)
- Multiple uses per respondent highlight the dashboard's versatility.

Key Insight: The dashboard serves as a multifunctional tool, predominantly for research, understanding local contexts, international comparisons, and policy planning.

DASHBOARD FEEDBACK REPORT 2023

Report detailing feedback recieved on the Child Health & Wellbeing Dashboard 11/05/2023

Report prepared by Srivatsan Rajagopalan, CAP-2030 (rejbsra@ucl.ac.uk)

World Health Organization

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Lessons Learned

Stakeholder Perspective
- Involve stakeholders early and often. This will help to ensure that the dashboard meets the needs of the people who will be using it.
- Be clear about the purpose of the dashboard. What information do you want to communicate? Who is the target audience?
- Make the dashboard easy to use. The dashboard should be visually appealing and easy to navigate.
- Get feedback from stakeholders throughout the development process. This will help you to identify any areas that need improvement.

Developer Perspective
- Use clear and concise language. The dashboard should be easy to understand for people with a variety of technical backgrounds.
- Test the dashboard thoroughly. Make sure that the dashboard works properly and that the data is accurate. Develop avenues for feedback.
- Be responsive to feedback. Be willing to make changes to the dashboard based on feedback from stakeholders.

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DASHBOARD FEEDBACK REPORT

2023

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Child Health and Wellbeing Next Steps

- ToRs for the next iteration of the dashboard have been developed based on the feedback received through the townhall and survey responses
- Updated dashboard is expected by January 2024

- Thank you

- Also, we would like you to offer you all to provide any other feedback on the dashboard: rejbsra@ucl.ac.uk

Dashboard Champions

Who is a Dashboard Champion

❑ A Dashboard Champion is a representative at the various key institutions who serves as a prompt for action on the Dashboard at the regional level.

Why are they important?

❑ Dashboard Champions are needed to ensure actual and continuous usage of the dashboard for decision-making after its launch

Criteria for Selecting Dashboard Champions

❑Program Managers and

❑Monitoring and Evaluation specialists who prepare reports that feed into the data institutional directors use for decision-making.

Roles of Dashboard Champions

❑The champions' role is to ensure the use of the dashboard at the regional level.

❑They will help us in developing a user adoption strategy at their respective institutions.

❑They are responsible for giving feedback on the use of the dashboard through periodic meetings with us.