

## POLICY UPDATE REPORT

### Monitoring, Evaluation, Research, and Learning (MERL) Framework for the Update to the Ghana Early Childhood Care and Development (ECCD) Policy (2004–2019)



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



**Table 1: Indicator framework per policy domain**

Policy Action Area	Indicator	Type	Source	Frequency	Disaggregation	Implementing Institution		Interpretation
						Leading	Collaborators	
<b>Health</b>								
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.
Immunization	3. Percentage of children 0–8 years of age who are fully immunized	Outcome	MOH/GHS Annual Reports, MICS/DHS	Annual	Rural/Urban, Wealth, National/Regional, Functional Disability Status	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Higher percentage is better.
Low Birthweight	4. Prevalence of low birthweight	Outcome	MOH/GHS Annual Reports, MICS/DHS	Annual	Pre-term/Small for Gestational Age, National/Regional, Rural/Urban	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Lower percentage is better.
Essential Services Coverage	5. Percent coverage of essential maternal, newborn, and child health services	Output, SDG 3.7, SDG 3.8	MOH/GHS Annual Reports, MICS/DHS	Annual	Rural/Urban, Wealth, National/Regional	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Increased coverage of essential services is better.

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						Leading	Collaborators	
<b>Nutrition</b>								
Exclusive Breastfeeding	6. Exclusive breastfeeding rate	Outcome	MOH/GHS Annual Reports, MICS/DHS	Annual	Rural/Urban, Wealth, National/Regional	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Higher percentage is better. Percentage 80% or more is much better. <sup>1</sup>
Stunting, Wasting, and Underweight	7. Percentage of children 0–8 years who are either wasted, stunted, or underweight	Outcome	MOH/GHS Annual Reports, MICS/DHS	Annual, population estimates every four years	Rural/Urban, Wealth, National/Regional, Disability Status	MOH/Ministry of Food and Agriculture (MOFA)	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Lower percentage better. 40% reduction below 2017 baseline is better. <sup>2</sup>
Coverage Of Essential Services	8. Proportion of children 8 years or younger receiving minimum package, monitoring, and nutrition rehabilitation <sup>3</sup>	Output	MOH/GHS Annual Reports, DHS	Annual, population estimates every 5 years (DHS)	Age Group, Rural/Urban, National/Regional	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO, Private Education Coalition	Higher percentage better. In rural areas, a percentage greater than 50% is better and in urban areas, a percentage greater than 70% is better based on Sphere standards. <sup>4</sup>
Water, Sanitation and Hygiene. (WASH)	9. Percentage of children 0–8 years with access to safe water, basic handwashing facilities with soap and water, and safe sanitation	Output	MICS/PHC/GLSS surveys	Annual, population estimates every four years	Rural/Urban, National/Regional, Wealth	Ghana Education Service (GES)	UNICEF, WHO	Higher percentage is better.
<b>Early Learning</b>								
Literacy and Numeracy	10. Proportion of children 36–59 months developmentally on track in literacy/ numeracy and socio-emotional development	Outcome	MICS, EMIS, GLSS, Early Grade Reading Assessment, Early Grade Mathematics Assessment	Annual based on modelling MICS, every four years for population estimates	Age category (0-3; 4-5; 6-8), Gender, Rural/Urban, Wealth, National/Regional	MOE/GES, MOGCSPP	UNICEF MLGRDMOH/GHS, NGOs, Private ECD Practitioners	Baseline in 2017 (MICS2017/2018) for children aged 3–4 is 44%. Higher percentage is better.

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Enrolment in ECCD Programmes	11. Number of children 0–8 years enrolled in early childhood education care and development programmes by type of school (day care, nursery, kindergarten, primary)	Output	MICS-Education Analysis for Global Learning and Equity (EAGLE), Education Management Information System (EMIS), Ghana Living Standard Survey (GLSS)	Every two years (EMIS) and every four years (MICS-EAGLE)	Rural/Urban, Wealth, National/Regional, Gender, Disability	MOGCSP	Ministry of Education (MOE)/GES, Ministry of Local Government and Rural Development, MOH/GHS, NGOs, Private Early Childhood Development (ECD) Practitioners; DoSW	Higher percentage is better.
Equitable Access to pre-primary	12. Annual net enrolment rate of primary one eligible children in early childhood	Output	MICS, EMIS Survey	Annual, Population and trend estimates every four years	Rural/Urban, Wealth, National/Regional, Gender	MOGDSP, MOE	GES, NaSIA, NGOs, Private ECE/D Practitioners	Higher percentage is better, as it indicates more age-appropriate children have access to pre-primary with possibility of school preparedness.
Learning Opportunities	13. Percentage of children 3–8 years who an adult engaged in early learning as measured by MICS (telling stories, songs, playing, naming and counting, going outside)	Output	MICS, EMIS Survey	Annual (Survey and EMIS), Population estimates every four years (MICS)	Rural/Urban, Wealth, National/Regional, Gender	UNICEF	MOGCSP, MOE/GES, MLGRD, MOH/GHS, NGOs, Private ECD Practitioners, GSS	Higher percentage is better.
	14. Percentage of children 0–8 years with 3 or more books at home	Input	MICS Survey	Annual (Survey), Population estimates every four years (MICS)	Rural/Urban, Wealth, National/Regional, Gender	UNICEF	MOGCSP, MOE/GES, MLGRD, MOH/GHS, NGOs, Private ECD Practitioners	Higher percentage is better.
Coverage of Minimum Standard	15. Proportion of ECD centres and kindergarten classes	Input	National Schools Inspectorate Authority (NaSIA)	Annual	Rural/Urban, Wealth, National/Regional	MOGCSP, MOE	GES, NaSIA, NGOs, Private ECD Practitioners	Higher percentage is better, as it indicates more centres and

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	equipped to minimum standard <sup>5</sup>							classes are equipped to minimum standard.
<b>Responsive Caregiving</b>								
Coverage	16. Percentage of caregivers who practice receive responsive caregiving <sup>6</sup>	Output	Survey for Annual Estimates. MICS for four-year population estimates	Annual; population estimates every four years.	Rural/Urban, Wealth, National/Regional, Gender, Level of Education	MOE/GHS, MOGCSP	Department of Children (DOC), Local Government Services (LGS)	Higher percentage is better.
Parenting Capacity Development	17. Percentage of caregivers trained to provide and receive responsive caregiving	Input	Survey for Annual Estimates. MICS for four-year population estimates	Annual	Rural/Urban, Wealth, National/Regional, Gender	MOE/GHS	MOGSCP/DOC, LGS	Higher percentage is better.
<b>Safety and Security</b>								
Institutionalization	18. Number of children 0–8 years institutionalized	Outcome	MICS	Annual	Age Category, Rural/Urban, Wealth, National/Regional, Gender	MOGCSP, Ministry of Interior	Domestic Violence & Victims Support Unit (DOVVSU), Local Government Services, Traditional Council	Lower percentage is better.
Exposure to Violence and Severe Punishment	19. Number of children who experience violence, by type and severity	Outcome, SDG 3, SDG 5.2, SDG 16.1	MOGCSP databases, DOVVSU database, MICS, DHS	Annual	Age Category, Rural/Urban, Wealth, National/Regional, Gender	MOGCSP, Ministry of Interior	Ghana Police Service, DOVVSU, Local Government Services, Traditional Council	Lower number is better, as fewer number of children would be exposed.
Birth Registration	20. Number of children 0–8 years with birth certificates	Input	Birth and Death registration	Annual	Rural/Urban, Wealth, National/Regional, Gender	Birth and Death Registry	Ministry of Local Government and Rural Development (MLGRD)	Higher percentage is better.
Health Insurance	21. Number of children 0–18 years with enrolled in the National Health Insurance Scheme <sup>7</sup>	Input	NHIS	Annual	Rural/Urban, Wealth, National/Regional, Gender	MOE/GHS	UNICEF	Higher percentage is better.

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Inclusion								
Coverage Of Essential Services	22. Percentage of children with disability and their families receiving minimum package of services, differentiated by need and age <sup>8</sup>	Output	GHS, EMIS Survey	Every two years	Rural/Urban, Wealth, National/Regional, Gender Category of disability	NCPD	MOH/GHS, MOE/GES, DOC, GSS, Donor Partners	Higher percentage is better.
Equity	23. Percentage of children (0-5 years, 6-11 years) with severe disability who have access to key social protection programs and assistive devices <sup>9</sup>	Output	NHIS, Livelihood Empowerment Against Poverty (LEAP)	Annual	Rural/Urban, Wealth, National/Regional, Gender Age Category	NCPD	MOH/GHS, MOE/GES, DOC, GSS, DPS	The number of children with severe disability accessing key social programs should be counted. In addition, a relative proportion of this population access should also be computed. Higher percentage is better.
Screening	24. Number of children 0–8 years screened for developmental delays, functional difficulties/disabilities within health and educational facilities	Input	DHIMS, EMIS, MICS	Every two years (EMIS; DHIMS), Population estimates every four years (MICS)	Age Category, Rural/Urban, Wealth, National/Regional, Gender	MOH, MOE, MOGCSP	MOE/GES, MOH/GHS, NaSIA, National Council on Persons with Disability (NCPD)	Higher number is desired. Two-step screening; one is for all children with functional difficulty and the second is for the type and severity of those identified as having a difficulty. The number of children in each screening category should be reported.



Policy Action Area	Indicator	Type	Source	Frequency	Disaggregation	Implementing Institution		Interpretation
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Crosscutting								
Early Childhood Development	25. Percentage of children 36–59 months developmentally on track overall and per domain (physical, learning, socio-emotional, literacy and numeracy)	Impact	MICS	Every four years	Rural/Urban, Wealth, National/Regional, Gender, Preschool Enrolment	UNICEF	GSS	Based on MICS Early Childhood Development Index. Being developmentally on track is meeting competency in three out of the four domains.
Caregiver Mental Health	26. Percentage of caregivers of children 0–8 years who are moderately or severely depressed	Impact	Survey	Annual	Rural/Urban, Wealth, National/Regional, Gender	MOH/GHS	UNICEF, MoGCSP	Patient Health Questionnaire has been validated for assessing depressive symptoms in Ghana among both adults and adolescents <sup>10, 11</sup> . Score of 0–4 is normal or minimal depression, 5–9 is mild depression, 10–14 is moderate depression, 15–19 is moderately severe depression, 20 or more is severe depression.
Nurturing Care	27. Mean number of nurturing care activities provided to children 36–59 months <sup>12</sup>	Outcome	Ghana Nurturing Care Index <sup>13</sup>	Every four years	Rural/Urban, Wealth, National/Regional, Gender	UNICEF	GSS	The index has 12 items, the mean number of items is 6. The more nurturing care activities the better. Proportion at or below the population cut-off should be estimated.



Policy Action Area	Indicator	Type	Source	Frequency	Disaggregation	Implementing Institution		Interpretation
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Child Poverty	28. Percentage of children 0–8 years living in poverty	Outcome	Multi-Dimensional Child Poverty Index (MDCPI), Ghana Standard of Living Survey, GSS	Every two years, every five years	Rural/Urban, National/Regional, Gender	NDPC	UNICEF, MOGSCP, MLGRD/LGS	Interpretation based on MCDPI. A child is classified as living in poverty if they meet the poverty criteria in 3 out of 8 poverty-related domains. <sup>14</sup> A child is also categorized as poor if their household consumption is below the national poverty line. <sup>15</sup> Lower percentage is better.
MERL Coordination and Implementation	29. MERL Technical Committee report disseminated to stakeholders that includes a compilation of all indicators and the status of the implementation of research priorities	Output	MOGCSP—MERL Technical Committee Minutes and Reports	Annual	National	MERL Technical Committee	MOGCSP, MOH/ GHS, MOE/ GES, MLGRD, UNICEF, WHO, USAID, NGOs, GSS	MERL Technical report should include progress on research agenda, lessons from monitoring activities, major decisions of the MERL Technical committee, and a table with the values/outputs of indicators.
Financial Commitment	30. Percentage of estimated cost of ECCD policy per year disbursed	Input	Ministry of Finance/MoGCSP Budgets	Annual		Ministry of Finance	MOGCSP, MOE, GHS, GES, MLGRD	Higher percentage means more funding is made available to support ECCD policy.

**Table 2: Indicator framework for specific policy goals and objectives per policy domain**

Policy Goals and Objectives	Indicator	Type	Source	Frequency	Disaggregation	Responsible Organizations		Interpretation
						Leading	Collaborating	
<b>Policy Action Area: Health</b>								
<u>Policy Goal:</u> Promote the survival, growth, and development of all children (0-8 years) so that they can thrive and achieve their full potential.	1. Percent coverage of essential maternal, newborn, and child health (MNCH)	Output, SDG 3.1.2, SDG 3.7, SDG 3.8.1	MOH/GHS Annual Report, DHS, MICS	Annual, Population estimates every four years	By Population, Rural/Urban, National/Regional	MOH	GHS, CHAG, Tertiary and Teaching hospital (TTHs), PHF, Quasi, UNICEF, WHO	High percent coverage is better. Coverage should be calculated per target group (maternal, newborn, and child). Minimum for antenatal is eight care visits.
<u>Objective 1:</u> Improve the quality of services delivered on all levels for antenatal (ANC), intrapartum, postnatal (PNC), and newborn care.	2. Percentage of pregnant and postpartum women satisfied with ANC, intrapartum, PNC, and newborn care	Output	Survey	Bi-annual	Rural/Urban, Wealth, National/Regional	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Interpretation would depend on satisfaction measure use. Higher score or rating indicates satisfaction.
<u>Objective 2:</u> Ensure that all children aged 0-8 years receive a minimum, comprehensive package of child healthcare services.	3. Percentage of children 0–8 years who receive a minimum package of comprehensive child healthcare services <sup>16</sup>	Output	MOH/GHS Annual Report, DHS, MICS, DHIMS	Annual	Rural/Urban, Wealth, National/Regional	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Higher percentage indicates wider coverage. For breastfeeding, reaching 60% or higher is desired.
<u>Objective 3:</u> Ensure a sufficient number of service delivery points in every community for comprehensive coverage of	4. Percentage of service delivery points in each community functioning according to quality standards <sup>17</sup>	Input	MOH/GHS Annual Report, Survey	Bi-annual	Rural/Urban, Wealth, National/Regional	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Higher percentage is better.

Policy Goals and Objectives	Indicator	Type	Source	Frequency	Disaggregation	Responsible Organizations		Interpretation
						Leading	Collaborating	
healthcare services to children.								
<u>Objective 4:</u> Improve care for newborn babies, children and families requiring special services.	5. Number of newborns screened and referred for developmental disability services <sup>18</sup>	Output	MOH/GHS Annual Report, MICS/Child Disability Module	Annual	Rural/Urban, Wealth, National/Regional, Gender	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Higher percentage is better.
	6. Percentage of institutionalized children 0–8 years (orphans/street children) who have had a health assessment in the past year	Output	Survey	Annual	Rural/Urban, Wealth, National/Regional, Gender	MOH	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Higher percentage is better.
<b>Policy Action Area: Nutrition</b>								
<u>Policy Goal:</u> Ensure optimal nutrition & WASH for all children living in Ghana to promote child survival.	7. Percent coverage of optimal nutrition packages for children 0–8 years of age	Output	MOH/GHS Annual Report, DHS	Annual	Rural/Urban, Wealth, National/Regional, Gender, Age Groups,			Higher percent coverage is better.
<u>Objective 1:</u> Ensure comprehensive coverage of maternal and child nutrition services.	8. Percentage of women of reproductive age receiving minimum package of nutrition services <sup>19</sup>	Output	MOH/GHS Annual Report, DHS	Annual	Rural/Urban, Wealth, National/Regional	MOH/MOFA	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Higher percentage is better.
	9. Number of professionals trained to design, oversee, and	Input	MOH/GHS Annual	Bi-annual	Rural/Urban, Wealth,	MOH/MOFA	GHS, CHAG, THs, PHF, Quasi, UNICEF, WHO	Higher percentage is better.

Policy Goals and Objectives	Indicator	Type	Source	Frequency	Disaggregation	Responsible Organizations		Interpretation
						Leading	Collaborating	
	deliver nutrition programs		Report, DHS, Survey		National/Regional, Gender			
	10. Accountability mechanism for monitoring and strengthening the provision of nutrition services to pregnant women, newborns, infants, and young children in the first 1,000 days established	Input	MOH	Year 1 of Implementation	None	MOH	GHS	
<u>Objective 2:</u> To improve school health and nutrition services.	11. Percentage of primary, kindergarten, and ECD facilities with quality school feeding programmes	Input	MOH/GHS Annual Report, Assessment	Annual	Rural/Urban, Wealth, National/Regional	MOE/GES, MOFA	MOGCSP, Private ECD Practitioners	Higher percentage is better.
<u>Objective 3:</u> To promote WASH, food security, quality, and safety.	12. Percentage of households with children 0–8 years who experience moderate or severe food insecurity	Outcome, SDG 2.1.2	Survey	Annual	Rural/Urban, Wealth, National/Regional	Ministry of Food and Agriculture	MOGCSP, MOH/GHS	Interpretation of food security may vary based on questionnaire used. Food and Agriculture Organization of the United Nations Food Insecurity Experience Scale (FIES) is one tool that can be used. FIES also allows for international comparisons. Scoring and interpretation of the

Policy Goals and Objectives	Indicator	Type	Source	Frequency	Disaggregation	Responsible Organizations		Interpretation
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								tool are detailed here. <sup>20</sup>
	13. Percentage of children 6–23 months who are fed the minimum dietary diversity, the minimum meal frequency, and the minimum acceptable diet <sup>21</sup>	Outcome	DHS, Survey	Survey, Annual, Every five years (DHS)	Rural/Urban, Wealth, National/Regional, Gender	MOH/GHS GSS	MOE Ministry of Food and Agriculture	Higher percentage is better—more children are receiving quality diet.
	14. Percentage of creches, nurseries, kindergartens, and ECD centres with kindergartens that have optimal WASH facilities	Input, ECE, SDG 6.1	MOE, MOGCSP	Annual	Rural/Urban, Wealth, National/Regional	MOGCSP, MOE/GES	Department of Social Welfare (DOSW), MLGRD, NGOs, Private ECD Practitioners, Local District Assemblies	The earlier learning centres that have WASH facilities the better. Higher percentage is better.
<b>Policy Action Area: Early Learning</b>								
<u>Policy Goal:</u> Ghanaian children are developmentally on track to benefit from primary, secondary, and further education and lifelong learning opportunities.	15. Percentage of children who are enrolled in age-appropriate learning programmes	Outcome	EMIS, Survey, Field Reports, MICS	Annual	Rural/Urban, Wealth, National/Regional, Gender, Disability Status	MOGCSP NCPD	DOSW, MLGRD, NGOs, Private ECD Practitioners, Local District Assemblies	The goal is to have more children to participate in learning programmes. A higher percentage is better.
	16. Percentage of children 36–39 months who receive age appropriate positive and stimulating home learning environments <sup>22</sup>	Output, SDG 4.2.3	Assessment, Survey, Field Reports, MICS	Annual	Rural/Urban, Wealth, National/Regional, Gender, Children with functional difficulties	MOGCSP	DOSW, MLGRD, NGOs, Private ECD Practitioners, Local District Assemblies, UNICEF	Higher percentage is better. Refer to MICS for interpretation

Policy Goals and Objectives	Indicator	Type	Source	Frequency	Disaggregation	Responsible Organizations		Interpretation
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<u>Objective 1:</u> All families and communities are informed and equipped to support early learning for children ages 0–3.	17. Percentage of caregivers trained and competent to support early learning of young children	Output	Assessment, Survey, Field Reports, MICS	Annual	Rural/Urban, Wealth, National/Regional, Gender	MOGCSP	DOSW, MLGRDNGOs, Private ECD Practitioners, Local District Assemblies UNICEF	Interpretation based on competency assessment used.
	18. Virtual and physical ECCD resource centres to equip caregivers with information, training, resources to support early learning of young children established	Input	MOGCSP	Resource Materials Updated Annually	Rural/Urban, National/Regional	MOGCSP	DOSW, MLGRD, NGOs, Private ECD Practitioners, Local District Assemblies UNICEF	There are 16 regions. At least one resource centre per region. Concentration of resources per region should be evaluated. Per capita estimate should be produced (# of resources per child in early childhood in each region should be produced).
<u>Objective 2:</u> All early learning centres and kindergartens have the appropriate curricula, facilities, expertise, and resources to deliver quality early learning for all children, including children with special needs.	19. Percentage of teachers in early learning centres, kindergarten and lower primary who meet (1) national qualification and training requirements and (2) are trained in basic skills package	Input, SDG 4.c.1., SDG 4.c.3, ECE	National Teaching Council databases, DOSW databases	Annual	Rural/Urban, National/Regional	MOE/GES MOGCSP/	DOSW, NaSIA, NGOs, Private ECD Practitioners	Higher percentage is better.
	20. Percentage of early learning centres and kindergartens with learning materials in	Input, ECE	Assessment, Survey, Field Reports	Annual	Rural/Urban, National/Regional	MOE/GES MOGCSP	NaSIA, DOSW, GES, Private ECD Practitioners.,	Higher percentage is better.

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	appropriate formats (e.g., audio, braille, sign language, screen readers, simplified formats)						District and Local Assemblies	
	21. Percentage of creches, nursery, kindergartens with all eleven types of learning and play materials or facilities as described in ECE policy <sup>23</sup>	Input, ECE	EMIS, Survey, Field Reports	Annual	Rural/Urban, National/Regional	MOE/GES, MOGCSP	Private ECD Practitioners, NaSIA, District and Local Assemblies	Higher percentage is better.
<b>Policy Action Area: Responsive Care Giving</b>								
<u>Policy Goal:</u> Caregivers have the skills, knowledge, capacity, practices, and support to achieve the optimal and holistic development of their children.	22. Percentage of caregivers of children 0–8 years who practice responsive caregiving	Outcome	MICS DHS Survey	Population level conducted every 4–5 years, Survey biannual to provide mid-term estimates	Rural/Urban, National/Regional, Gender	MOGCSP/MOH	GHS, DOC, Media, LGS	The more caregivers practice responsive caregiving the better, so higher percentage is better.
<u>Objective 1:</u> Parents and caregivers have the information, skills and understanding necessary to support the optimal development of their infants and young children in safe,	23. Proportion of caregivers of children 0–8 years reached with responsive, positive caregiving training and information	Output	Assessment Survey Field Reports	Annual	Rural/Urban, National/Regional, Gender	MOGCSP/MOH	GHS, DOC, Media, LGS	Interventions should reach more caregivers, so higher percentage is better.
	24. Percentage of reported corporal	Outcome	DOVVSU	Annual	Rural/Urban, National/Regional,	MOGCSP/Min. of the Interior	Ghana Police Service (GPS)—DOVVSU, DOC,	Higher percentage is better. Should be



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healthy, and stimulating home environments.	punishment and abusive cases resolved		Judicial Service		Case type, Gender		Media, LGS, Traditional Councils	compared to previous years.
<u>Objective 2:</u> Provide specialized services for at-risk young children and their caregivers.	25. Percentage of at-risk <sup>24</sup> children screened, referred to, and supported through specialized services	Output	Survey	Annual	Rural/Urban, National/Regional, Gender	MOGCSP/Min. of the Interior	GPS – DOWVSU, GHS, CEA, GES, Judicial Service, NGOs, NHIS, DOC, Media, LGS	Higher percentage is better.
	26. Percentage of facility and community early childhood development services and/or programs that integrate caregiver mental health	Output	Survey, Field Reports	Annual	Rural/Urban, National/Regional	MOGCSP/Min. of the Interior	GPS – DOWVSU, GHS, CEA, GES, Judicial Service, NGOs, NHIS, DOC, Media, LGS	More facilities and centres should integrate ECCD services. Higher percentage is better.
	27. Number of mentor–mother model and/or other home visiting models for vulnerable families established	Input	Survey	Bi-annual	Rural/Urban, National/Regional	MOGCSP/Min. of the Interior	NGOs, DOC, DOSW, LGS	Higher percentage is better. Should reflect the type of program (e.g., mother-to-mother, home visiting).
<b>Policy Action Area: Safety &amp; Security</b>								
<u>Policy Goal:</u> All eligible children ages 0–8 and their families benefit from available Child Protection and Social Welfare services.	28. Percent coverage of eligible children (0–8) with full package of Child Protection and Social Welfare Services	Outcome	MOH, GHS, GSS, GES, MOGCSP, DOSW,	Annual	Rural/Urban, National/Regional, Disability, Gender	MOGCSP	MOH, GES, GSS, GHS, OHLGS, Ministry of Local Government and Rural Development (MLGRD), SDG Secretariat	Higher percentage is better.
<u>Objective 1:</u> Available social welfare	29. Proportion of vulnerable households	Output	MOGCSP	Annual	Rural/Urban, National/Regional	LEAP Secretariat	Metropolitan, Municipal and	Higher percentage is better. LEAP data

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programmes are expanded to reach more children ages 0–8 and their families.	with children 0–8 with LEAP coverage				By age category Gender		District Assemblies (MMDAs)	are usually disaggregated by these categories 0–5, 6–11 and 12–17. Use 6–11 category to estimate coverage for 6–8-year-olds
	30. Proportion of communities with public amenities for children 0–8	Output	MMDAs	Bi-annual	Rural/Urban, National/Regional	MMDAs	GSS	Higher percentage is better.
<u>Objective 2:</u> Programmes and activities that prevent and protect children from all forms of violence, abuse, neglect, trafficking and exploitation, environmental threats, effectively address the needs of young children and their families.	31. Number of pregnant women, children (0–8), and mothers with access to reintegration and or protection services	Outcome, SDG 5.2, SDG 16.1	GHS, DOSW, Department of Gender (DOG)	Annual	Rural/Urban, National/Regional, Gender	GHS	MMDAs, DOG, DOSW	Higher percentage is better.
<u>Objective 3:</u> A safe and supportive environment for children 0-8 is established and maintained	32. Percentage change in corporal punishment and emotional abuse of children at homes, institutions, and other settings	Output, SDG 3, SDG 5.2, SDG 16.1,	MOGCSP	Annual	Rural/Urban, National/Regional, Gender, Disability Status	MOGCSP	DOWVSU, GPS, Child Labour Unit, Judicial Service, DOWVSU	Higher percentage from 2017 levels is better.

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						Leading	Collaborating	
<b>Policy Action Area: Inclusion</b>								
<p><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.</p>	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.
<p><u>Objective 1:</u> Facilitate and ensure the inclusion of children ages 0-8 with disabilities and other vulnerable children in all aspects of life</p>	35. Number of communities reached with national and institutional-level advocacy and communication campaigns to reduce stigma and discrimination toward children with disabilities and their families	Output	Survey, EMIS, Field Reports	Annual	Rural/Urban, National/Regional, By mandated institutions	NCPD	Ministry of Information, GSS, MOGCSP, MOH/GHS, MOE/GES, District Assemblies	Ideally, each district would be reached (216 Districts). The closer the number is to 216, the better.
	36. Percentage of children ages 0–8 with disabilities mapped into the nurturing care index (health, nutrition, early learning, safety, and protection) <sup>25</sup>	Input	Survey, EMIS, Field Reports	Annual	Rural/Urban, National/Region, Wealth, Gender	NCPD	GSS, MOGCSP, MOH/GHS, MOE/GES, MMAs	Ghana nurturing care index could be used. Category of nurturing care to report the status of children with disability.

Policy Goals and Objectives	Indicator	Type	Source	Frequency	Disaggregation	Responsible Organizations		Interpretation
						Leading	Collaborating	
<u>Objective 2:</u> Identify and provide for the critical needs of young infants and children with disabilities, vulnerable children, and their primary caregivers	37. Proportion of children with disabilities and their caregivers who receive package of specialized services on schedule	Output	Survey, EMIS	Annual	Rural/Urban, National/Region, Wealth, Gender, Per category of disability	NCPD	MOH/GHS, MOE/GES, District Assemblies, GSS, MOGCSP	Higher percentage is better.
<u>Objective 3:</u> Ensure early childhood programmes are accessible and welcoming to all children with disabilities and vulnerable children	38. Proportion of the minimum ECD package that have been adapted to accommodate children with disabilities	Input, SDG 4. A.	Survey, EMIS, Field Reports	Annual	Per minimum package	NCPD	MOH/GHS, MOE/GES, District Assemblies, GSS, MOGCSP	Minimum package should include accommodation for children with disability. The more minimum packages adapted the better.

Photo: CLCD-Gha





Figure 1:



- <sup>1</sup> Ghana National Newborn Health Strategy and Action Plan 2014–2018. (July 2014). *Ministry of Health, Ghana*. [https://www.healthynewbornnetwork.org/hnn-content/uploads/FINAL\\_Ghana-Newborn\\_Strategy\\_2014July10.pdf](https://www.healthynewbornnetwork.org/hnn-content/uploads/FINAL_Ghana-Newborn_Strategy_2014July10.pdf)
- <sup>2</sup> Global Nutrition Targets 2025: Stunting Policy Brief. (2014). *World Health Organization*. <https://www.who.int/publications/i/item/WHO-NMH-NHD-14.3>
- <sup>3</sup> Minimum package (Vitamin A); monitoring (weight and height), nutrition rehabilitation services for children with moderate or acute malnutrition (e.g., severe acute malnutrition cases with access to treatment services--ready-to-use therapeutic food).
- <sup>4</sup> Food Security and Nutrition – Infant and young child feeding standard 4.1: Policy Guidance and Coordination. (2019). *The Sphere Handbook*. [https://handbook.spherestandards.org/?handbook=Sphere&lang=english&chapter\\_id=ch007&section\\_id=ch007\\_002&match=Urban](https://handbook.spherestandards.org/?handbook=Sphere&lang=english&chapter_id=ch007&section_id=ch007_002&match=Urban)
- <sup>5</sup> For details on minimum standards, refer to ECE policy.
- <sup>6</sup> Responsive caregiving as delineated in the UNICEF Multiple Indicator Survey. It includes an adult performing these five activities: reading, singing songs, going outside, telling stories, naming, and counting. /
- <sup>7</sup> Should have a valid National Health Insurance Scheme card.
- <sup>8</sup> Minimum package includes physiotherapy, occupational therapy, nutrition, respite care, speech therapy, assistive device, individualized plan.
- <sup>9</sup> Social services include key services: LEAP, National Health Insurance.
- <sup>10</sup> For an example, see Weobong et al. (2009). The comparative validity of screening scales for postnatal common mental disorder in Kintampo, Ghana. *J Affect Disord.* Vol. 113(1-2):109–117. doi: 10.1016/j.jad.2008.05.009
- <sup>11</sup> Anum et al. (2019) Depressive symptomatology in adolescents in Ghana: Examination of psychometric properties of the Patient Health Questionnaire-9. *J Affect Disord.*, Vol. 256: 213–218. doi.org/10.1016/j.jad.2019.06.007
- <sup>12</sup> Activities defined in Ghana nurturing care index: <https://www.clcdghana.org/contentabstract>  
Sakyi K, Dey, F. (2022) Patterns of Nurturing care and the Status of the Ghanaian Child. Accessed: <https://www.clcdghana.org/contentabstract>
- <sup>13</sup> Data for the nurturing care index are derived from the UNICEF Multiple Indicator Cluster Survey. /
- <sup>14</sup> The poverty related domains are: nutrition, health, learning & development, child protection, water, sanitation, housing, and information.
- <sup>15</sup> National Development Planning Commission. (2020). Multi-Dimensional Child Poverty in Ghana. <https://www.unicef.org/ghana/media/2676/file/Multi-Dimensional%20Child%20Poverty%20Report.pdf>
- <sup>16</sup> Minimum package includes (vitamin A supplement, immunization, growth monitoring, developmental assessment, counselling, training caregivers on responsive care).
- <sup>17</sup> Refer to Newborn and Child Health Standard ([https://www.healthynewbornnetwork.org/hnn-content/uploads/Ghana\\_Newborn\\_Flyer-FINAL.pdf](https://www.healthynewbornnetwork.org/hnn-content/uploads/Ghana_Newborn_Flyer-FINAL.pdf))
- <sup>18</sup> E.g., screening for hearing, sight, congenital abnormalities.

<sup>19</sup> Minimum package include (nutritional counselling, preconception and during ANC, iron folate implementation at ANC, preconception folic acid supplementation, iron folate acid supplementation for adolescents girls and pregnant women, nutritional counselling and assessment and counselling).

<sup>20</sup> FIES scoring and interpretation: <https://www.fao.org/3/i7835e/i7835e.pdf>

<sup>21</sup> As defined in the DHS: [https://dhsprogram.com/data/Guide-to-DHS-Statistics/index.htm#t=Minimum\\_Dietary\\_Diversity\\_Minimum\\_Meal\\_Frequency\\_and\\_Minimum\\_Acceptable\\_Diet.htm](https://dhsprogram.com/data/Guide-to-DHS-Statistics/index.htm#t=Minimum_Dietary_Diversity_Minimum_Meal_Frequency_and_Minimum_Acceptable_Diet.htm)

<sup>22</sup> Per UNICEF MICS, this includes playing, naming, counting, singing songs, going outside, having two or more types of playthings, having three or more books at home.

<sup>23</sup> Includes, but not limited to, appropriate books, construction toys, toys for imaginative play, drawing and art materials, puzzles, materials to develop language skills, musical instrument, outdoor play area with equipment.

<sup>24</sup> At risk includes, but not limited to, children with developmental delays, street children, and physically and sexually abused.

<sup>25</sup> For details on administering and scoring WHOQOL, visit: <https://www.who.int/tools/whoqol>