



**UNLOCKING POTENTIAL EARLY:
REBALANCING PUBLIC SPENDING
FOR CHILDREN IN GHANA**

2026

Evidence reveals that Ghana's youngest and poorest children receive a fraction of the public investment accessed by their older and wealthier peers.

Effective implementation of new Early Childhood Care and Development Policy can change this story

Cover Photo: Karima Yousuf, carries her younger sibling Radia on her back in a remote community in North East Gonja sub district in Northern Ghana. Khatidja studies in a nearby government school in Primary 1. October 18, 2024. ©UNICEF/UNI680239/Noorani



Research Overview

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Public investment in the youngest children remains strikingly low across Sub-Saharan Africa, even though the earliest years represent the strongest window for child development, for addressing intergenerational inequality, and for supporting families when they need it most. Ghana follows this pattern: **children from conception to 5 years receive approximately 13 per cent of total public spending on children**, just one-third of what equality with older children would require. Outside of health –and kindergarten provision for the 4 to 5 age group – per capita public investment during the earliest years is minimal, with no statutory cash transfers reaching families around birth. This gap in financing takes on new significance as the Government of Ghana implements a new Early Childhood Care and Development Policy (2025–2035), reinforcing its commitments to children from conception to age 8.

Drawing on the report “*Assessing public spending by age in Ghana – with a focus on early childhood development*,” (UNICEF 2026) this Policy Brief summarises the analysis of the first age-based analysis of public spending on children in the country, covering the prenatal period to age 17. The full report compares Ghana’s spending profile to Kenya, South Africa, the Sub-Saharan Africa average, and high-income countries, and models the costs and projected returns of two comprehensive reform scenarios. For the first time in any study, spending profiles were disaggregated by household income quintile and rural/urban setting. A review of 44 comparable studies on the effects of early childhood investment in other countries complements the analysis and underpins the recommendations.

Ghana, the first country to ratify the United Nations Convention on the Rights of the Child, now has both the evidence and the policy framework to align its public investment with commitments it made over three decades ago.



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Key Insights

- **Ghana performs comparatively well on several child well-being indicators relative to the Sub-Saharan African average.**

Immunization coverage reaches 95 per cent compared with a regional average of 74 per cent, under-five mortality is approximately half the regional average (**35.9 versus 71.2 per 1,000 live births**), and pre-primary education enrolment is among the highest in the region (**88.1 per cent**). However, challenges remain in birth registration (**74.5 per cent**), child nutrition (**17 per cent stunting** and **12.0 per cent underweight**), and **94 per cent of children** aged 1 to 14 experiencing physical punishment or

psychological aggression from caregivers. These results suggest there is an opportunity to build on Ghana's progress by strengthening investment in the areas that remain comparatively underdeveloped within the child policy portfolio, particularly during the earliest years of life.

- **However, spending comes too little and too late in the child's life course. Children from prenatal to age 5 in Ghana receive**

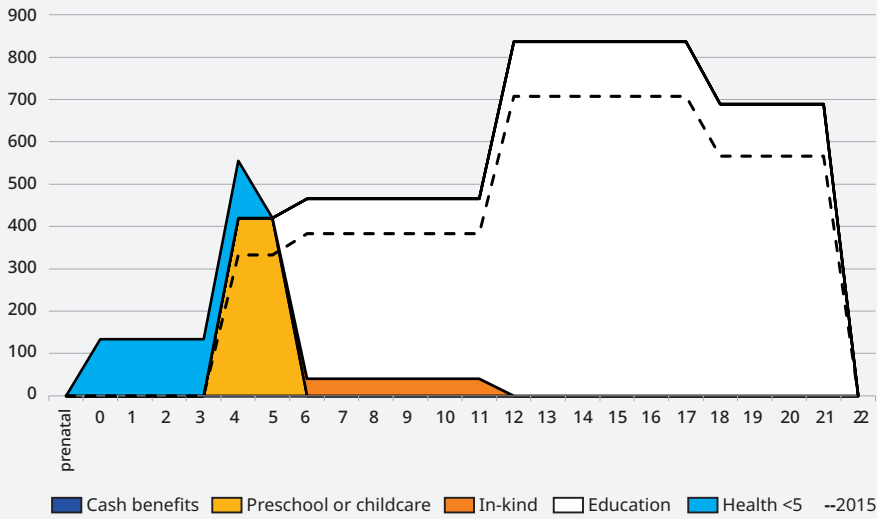
High-income countries invest 28.8% of total child spending to the prenatal and early childhood, compared with just 13.0% in Ghana.

approximately 13 per cent of total public spending on children, despite representing roughly one-third of the child population. Child poverty is also highest for this age group. While Ghana has increased spending on children between 2015 and 2021, the overall spending profile remained unchanged, with investment continuing to be concentrated in later childhood. Despite strong investment in education for children aged 4-5, support for children from pregnancy to aged 0-3 remains limited, with no statutory child benefit at birth and limited investment in childcare and family support services.



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Figure 1: Despite higher spending levels, Ghana's age spending profile slightly improved between 2015 and 2021 (PPP per capita, US\$)



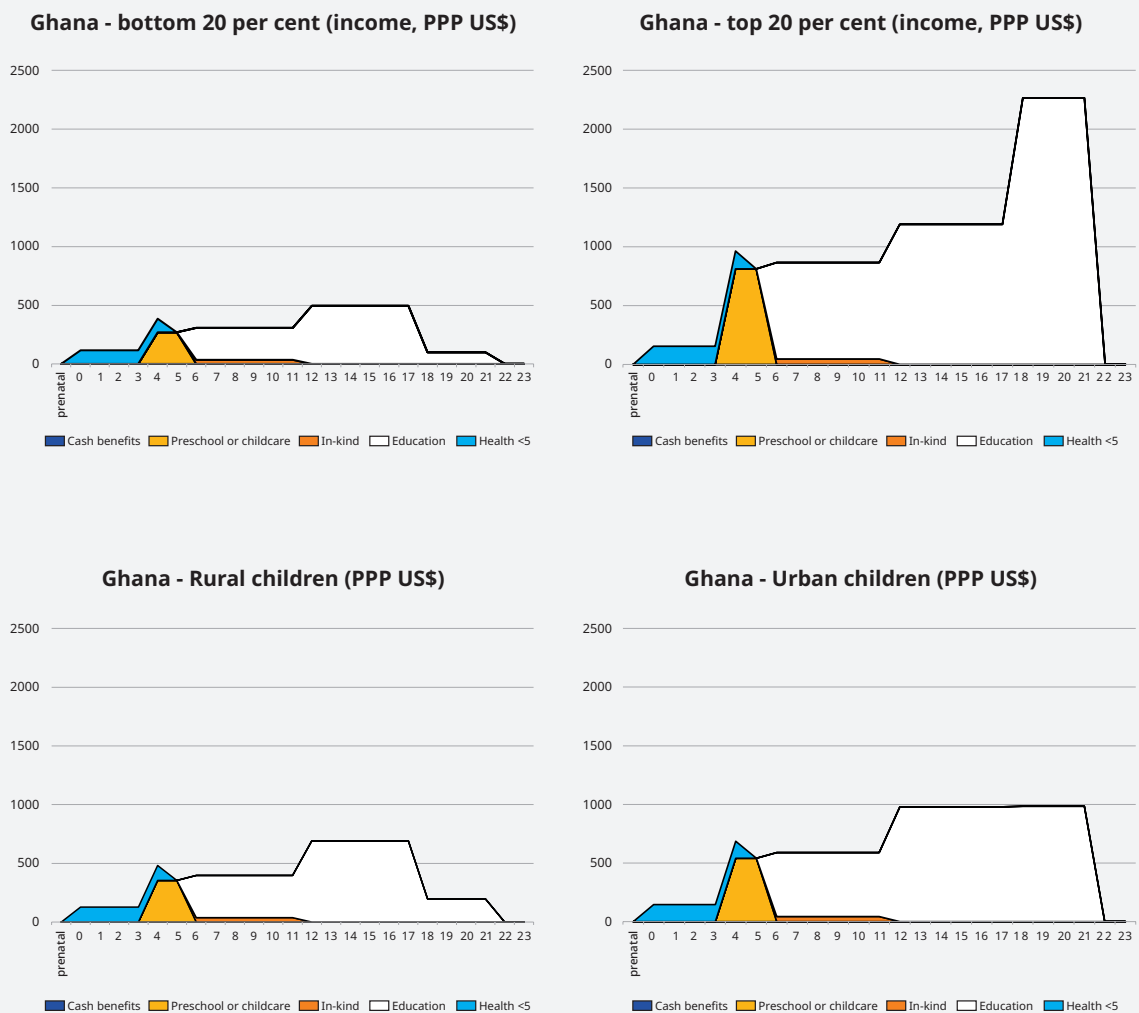
Sources and notes: Author's calculations of data sourced from internationally published expenditures series (e.g., World Bank ASPIRE database, UIS) and policy databases (e.g. SSPTW). Methods and sources fully elaborated in Annex 1. The Ghana profile for 2015 does not include health estimates, and for 2021 includes only age-related health spending for under 6's.

■ **Children in Ghana experience fundamentally different levels of public support depending on where and how they grow up.**

Children from the wealthiest households receive nearly twice the per capita public investment of those in the poorest

(approximately USD1,189 versus just over USD500 PPP per year), perpetuating unequal access to services. Important disparities also persist between rural and urban areas, particularly in education and access to services.

Figure 2: Children in Ghana experience fundamentally different levels of public support depending on where and how they grow up



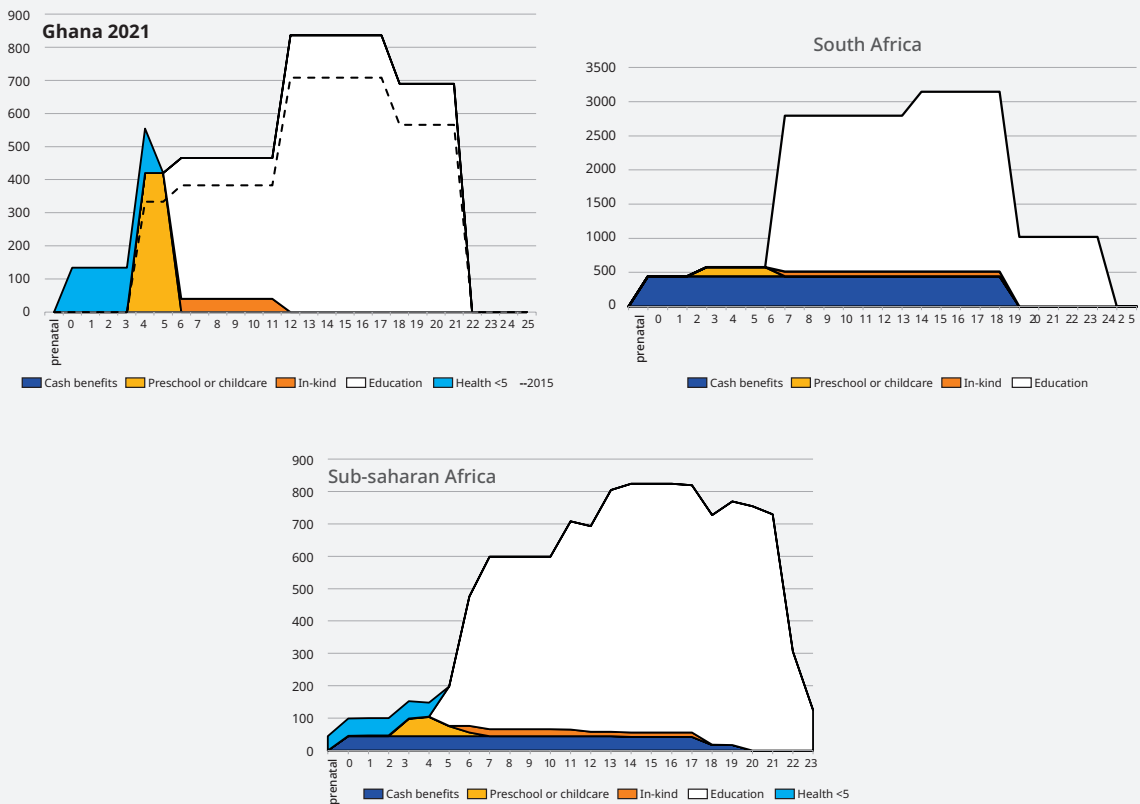
Sources and notes: Data for wealth quintiles and urban rural breakdowns were sourced from the Ghanaian DHS survey 2022 and published by the Ghana Statistical Service (GSS) & ICF, and the UIS World Inequality database. Ratios we calculated to reweight spending per capita in each case, with health and human services reweighted based on reported differences in health care access, and childcare and education spending weighted based on difference in access to primary, secondary and tertiary education. [See Annex 5.](#)

■ **Ghana recorded no statutory child grants in either 2015 or 2021**, albeit the Livelihood Empowerment Against Poverty (LEAP) program, the primary cash transfer programme, had embedded children, including pregnant mothers and children under 1 year old, in its eligibility criteria, which was backed by law only in 2025. The absence of reliable income support for families with young children is a central driver of the spending inequalities observed across income groups, because families must rely on private resources to access services that are supposed to be available to all.

■ **Across Sub-Saharan Africa, education accounts for**

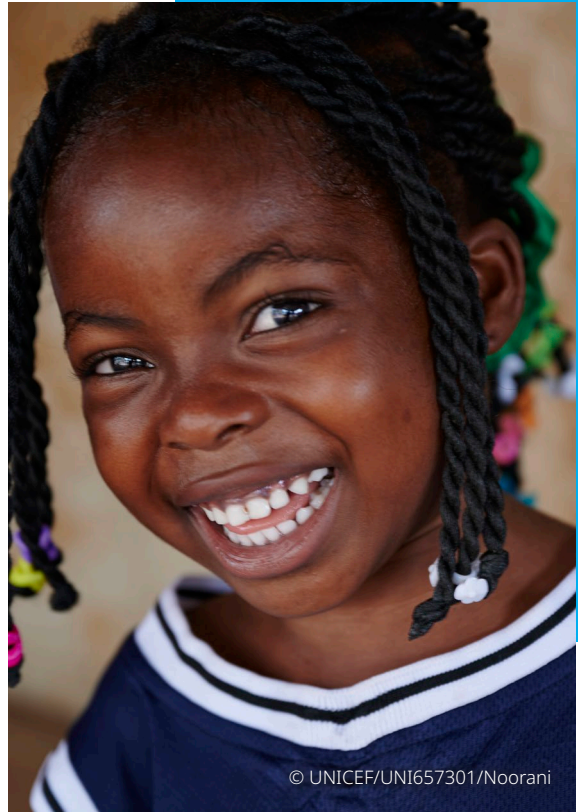
approximately nine out of every ten public dollars invested in children. Ghana follows this pattern, with education spending representing 3.1 per cent of GDP in 2023. By comparison, overall spending by the Ministry of Gender, Children and Social Protection (MoGCSP) represented 0.23 per cent of GDP of which child protection accounted for just 0.03 per cent, and health 2.0 per cent. While continued investment in education remains essential, particularly at the basic level, a more balanced pattern of investment across the policy portfolio is needed to address the multiple factors that shape children’s development, well-being, and safety well before they are of school going age.

Figure 3: Education dominates child-related public spending in Sub Saharan African countries, while limited investment across the broader child policy portfolio



Sources and notes: Data on under five health spending was not available for South Africa.

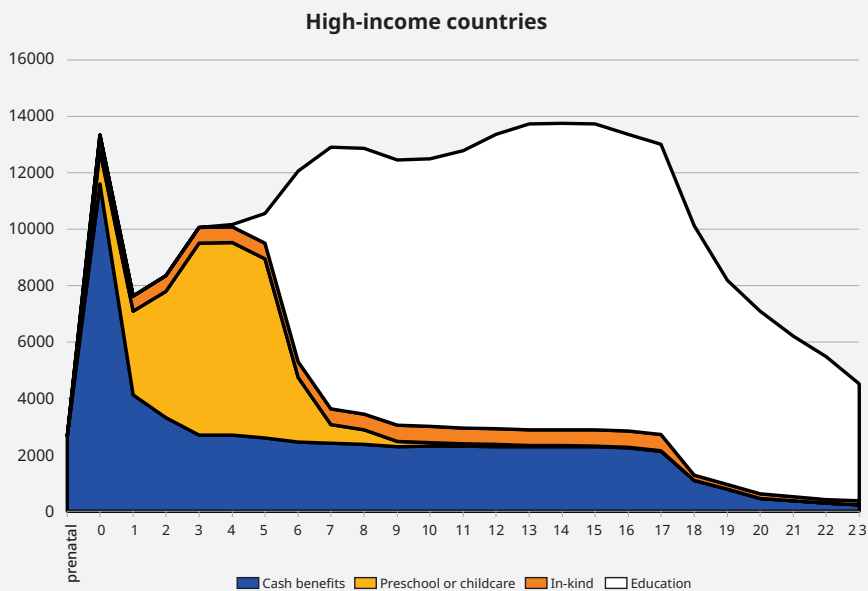
- **Spending for High Income Countries (HICs) is high at almost 23 folds that of Ghana and Sub-Saharan Africa (SSA) average.** It is also more balanced across the life course and policy portfolio. While spending tends to increase gradually from early childhood through adolescence, younger children receive levels of support that are broadly comparable to those provided later in childhood.



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Expenditure on children in High Income Countries is 23 folds more than Ghana and Sub-Saharan Africa (SSA) average.

Figure 4: Further progress may require a more balanced child portfolio, drawing lessons from international experience.

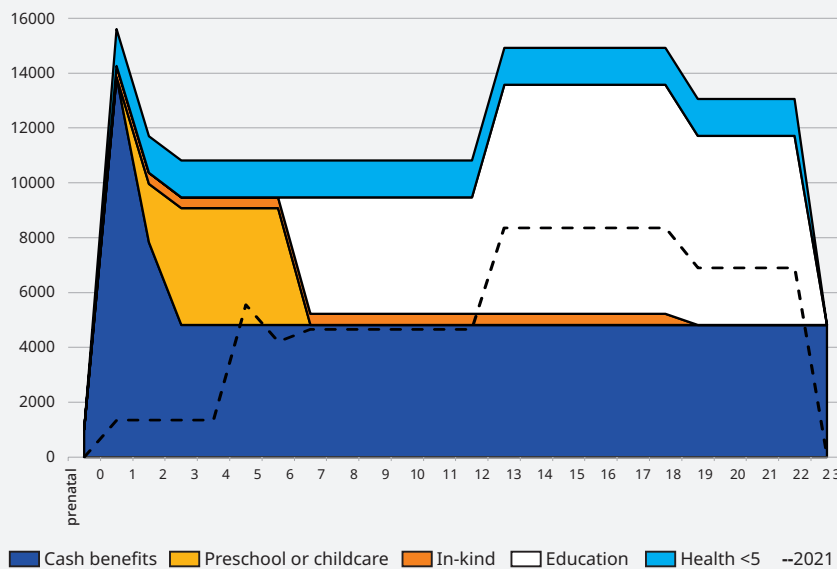


Sources and notes: Data on under five health spending was not available for HIC countries.

- **A comprehensive child policy portfolio – consisting of universal child grants, parental leave, parental support services, childcare, health, nutrition, education – would require total spending of 6.5 to 7.2 per cent of GDP, an increase of 3.5 to 4.2 percentage points**

above current levels. While ambitious, this is well within international spending levels for comprehensive portfolios, would lead to substantial improvement in child outcomes, and if necessary, can be achieved through incremental spending to balance impact and affordability.

Figure 5: Eradicating extreme child poverty through earlier and more balanced investment across childhood.



Sources and notes: Projected spends based on a comprehensive policy portfolio. Universal child benefits and parental leave policies matching international standards, childcare spending equivalent to pre-primary, and health care spending aligned to the highest preschool annual estimate. Eradication of extreme poverty is achieved by granting 1095 USD PPP per year to 44 per cent of the Ghanaian child population who are living in the two lowest income quintiles.

- **The return on this investment is high and would outweigh the costs.** The modelling projects that child poverty could be halved within two years and eradicated within three years. It could also improve child health and nutrition outcomes by achieving near-universal birth registration and immunization coverage (Diphtheria, Tetanus Pertussis); reduce stunting by 6.7 percentage points within

two years – benefiting 284,000 children; and lower under-five mortality by 20 deaths per 1,000 live births, preventing 18,000 premature child deaths. In addition, expanded parental leave could bring approximately 60,000 additional women into formal employment, while increased investment in childcare (0 to 6) could improve school readiness and raise net primary school enrolment by 5.9 percentage points.



Policy Takeaways

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1. Spend more and spend it earlier in the life course.

Progressively expand and safeguarding LEAP eligibility criteria for pregnant women and children under 1, which could serve as model for expansion towards universal child grants. Initial expansion could be implemented through existing social protection targeting mechanisms such as Ghana National Household Registry, and the five-category vulnerability classification system, while progressively broadening coverage over time. The Government of Ghana's ECCD Policy 2025 commits to expanding LEAP but sets no benefit-level floor and does not propose a universal benefit. The report's modelling suggests that strengthening income support for families with children could halve child poverty within two years.

2. Spend in the right areas, build a more balanced child policy portfolio

- Introduce a child grant, with initial prioritisation of children in the lowest income quintiles and a pathway towards broader coverage over time.

“ Every cedi invested in children matters most when it is spent equitably, at the right time, in the right place, and on the right policy portfolio to change outcomes for children at scale, reduce deprivation, and unlock opportunity”

- Establish statutory, universal parental leave with a specified duration and wage-replacement rate, extending coverage beyond formal sector employment. The Ministry of Labour, Jobs and Employment should move beyond the ECCD Policy’s current framing of maternity leave as an employer-compliance obligation with no duration or wage target, ensuring informal sector workers and the poorest mothers receive income security at birth. This would also support Ghana’s Nutrition for Growth commitment to increase maternity leave from 12 weeks to at least 18 weeks across all sectors by 20230.
- Expand affordable, quality childcare services for children aged 0 to 3 through increased public investment, guided by metropolitan, municipal

and district assessments (MMDAs) and aligned with the objectives of the National Parenting Strategy currently under development. The Early Childhood Care and Development (ECCD) Policy 2025 commits MMDAs to planning and budgeting daycare subsidies, but supply remains severely short of demand with no systematic assessment of the shortage’s scale. The Ministry of Finance should implement strategies to subsidise provision as committed in the Policy.

- Investment strategies should prioritise the earliest years through a more balanced allocation of resources across the child policy portfolio, including income support, parental leave, childcare, nutrition, health, and parenting services. This does not imply reducing investment in education, but



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rather strengthening complementary interventions earlier in the life course so that children enter school healthier, better nourished, and more prepared to learn. Such an approach would help address inequalities before they become entrenched and support more equitable outcomes throughout childhood.

- Adopt a stacked portfolio approach to child policy reform, with child benefits and parental leave as the foundation on which childcare, health, and early learning services are layered. The evidence suggests that combining income support with quality services is more effective in reducing child poverty and inequality than expanding service provisions alone, as better-off households are often better positioned to benefit from service expansion.
- Strengthen child protection systems by accelerating recruitment of social welfare staff toward minimum thresholds and expanding Integrated Social Services for children under 3. The Government of Ghana should address the staffing deficit (42 per cent of minimum positions filled across 261 Metropolitan, Municipal and District Assemblies) as a precondition for delivering on the ECCD Policy's Safety and Security commitments and responding to the extremely high rates of violence against children documented in the research. These interventions would rebalance public spending by frontloading expenditure towards children aged 0-5 –from 10.9 per cent to 34.3 per cent– and reducing the share for older children aged 12-17 –from 54.4 per cent to 36.5 per cent.



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3. Implement reforms gradually through a phased approach

- Adopt a progressive implementation strategy that expands coverage and adequacy over time, beginning with interventions that address the largest gaps in the current policy portfolio. Use the ECCD policy 2025-2035 as the framework for sequencing reforms and progressively building towards a comprehensive child policy portfolio.

4. Strengthen coordination and system integration

- Improve coordination across Ghana's early childhood development governance architecture to support a coherent child policy portfolio. The Government of Ghana should reinforce coordination across the Inter-Ministerial ECCD Committee, National Inter-Sectoral ECCD Committee, and District Inter-sectoral Committees to improve alignment between policy design, financing, and service delivery. The report's governance mapping finds that Ghana's centralised policy framework provides favourable conditions for integrated action, but delivering a comprehensive portfolio of income support, childcare, health, nutrition, and early learning interventions requires stronger horizontal coordination across ministries and vertical coordination between national, regional, and district levels.
- Development partners, including UNICEF, should align external financing and technical assistance through these established coordination mechanisms, supporting nationally led priorities and reducing fragmentation across sectors and programmes.

For reference the proposed comprehensive child policy portfolio is presented in **Annex 1**.



Annex 1: Practical recommendations for child policy reforms

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The recommendations reflect a shift from fragmented sectoral interventions toward a coherent family policy system, combining income support, care policies, and essential services, in line with international evidence on effective approaches to reducing inequality and improving child outcomes. Structured around the five domains of Nurturing Care Framework, this approach emphasises the need to strengthen coordination across sectors and institutions, align financing, service delivery, and monitoring systems, and progressively move towards an integrated policy portfolio: health, nutrition, early learning, responsive caregiving, and safety and security. In line with Ghana's ECCD Policy 2025, inclusion is treated a cross-cutting principle across all domains, with particular attention to ensuring equitable access for children with disabilities, children in rural and underserved areas, and other vulnerable groups.



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Table 8: Proposed comprehensive policy portfolio for Ghana

	How much?	Short-term (1-2 years): minimum package for under 3	Long term (3-10 years): Expansion and system strengthening covering 0-6 years old
<p>Health</p>	<p>Increase investment to universalise coverage and quality of essential services for pregnant women, newborns and children aged 0-8, prioritising the bottom two quintiles. This would require a progressive scale-up in public spending towards levels observed in high-income countries, while adapting to Ghana's fiscal context and sequencing investments over time.¹</p>	<ul style="list-style-type: none"> • Prioritise access to the bottom two wealth quintiles, including antenatal, delivery, and postnatal care • Expand Child Welfare Clinics and immunisation • Remove financial barriers to NHIS enrolment through strengthening outreach in underserved areas and fee waivers under the new Free PHC Policy • Integrate health services with nutrition and parenting support • Ensure services are accessible and responsive to children with disability and other vulnerable groups 	<ul style="list-style-type: none"> • Expand maternal and child health coverage, nationally, reducing wealth and regional disparities • Improve facility readiness, workforce capacity, and service quality • Strengthen referral systems, service quality, facility readiness, and early detection (including developmental delays) • Strengthen integration across maternal, newborn and child health services to ensure continuity of care • Establish national standards and regulations to protect equity and monitoring • Reduce disparities in access and outcomes for children with disabilities and children in underserved areas.
<p>Nutrition</p>	<p>Increase investment in maternal and child nutrition, especially during the first 1,000 days, through a combined nutrition-and-service package for the poorest children from the bottom two quintiles.</p>	<ul style="list-style-type: none"> • Family-centred nutrition interventions, targeting pregnant women and children under two in the bottom two wealth quintiles through integrated cash-plus approaches, combining income support with nutrition services • Context-specific nutritional interventions • Strengthen growth monitoring, counselling, and treatment of malnutrition 	<ul style="list-style-type: none"> • Expand nutrition support nationwide for children aged 0-5 • Strengthen integration of nutrition across health, early learning, and WASH systems • Strengthen service quality and continuity of nutrition services at all levels and across regions • Strengthen inclusive nutrition systems that identify and respond to the specific needs of children with disabilities

¹ Domestic general government health expenditure accounted for approximately 1.89 per cent of GDP in 2023, compared with an average of 7.89 per cent in high-income countries (World Bank, 2023). However, as noted in UNICEF's Too Little, Too Late report, age-disaggregated health expenditure data for children are not systematically available across countries. Austria is presented in the Too Little Too Late report as an illustrative example, where available data suggest that in higher-income settings health expenditure on children accounted for around 11 per cent of total spending on children aged 0-14.

	How much?	Short-term (1-2 years): minimum package for under 3	Long term (3-10 years): Expansion and system strengthening covering 0-6 years old
Nutrition		<ul style="list-style-type: none"> • Ensure nutrition interventions programmes are accessible and responsive to children with disabilities 	<ul style="list-style-type: none"> • Extend workforce support beyond health professionals and teachers to include community health workers, nutrition officers, social protection, and caregivers involved in early childhood and nutrition support services • Strengthen national standards, referral protocols, and monitoring systems for integrated maternal and child nutrition services, to improve equity and service quality
Early Learning	<p>Introduce a dedicated early childhood budget line within the education sector. Additional financing of 0.8 per cent of GDP should be allocated to early learning, with earmarked resources for both quality improvements in pre-primary education and the equitable expansion of childcare aged 0-3.</p>	<ul style="list-style-type: none"> • Protect and improve the quality of existing Kindergarten (KG)1 and KG2 provision • Expand childcare services for children aged 0-3 • Assess quality of childcare provision • Ensure services accessibility for children with disability, rural areas, and other vulnerable groups • Provide subsidies or fee waivers for low-income households • Integrate parenting support and early stimulation into early learning services 	<ul style="list-style-type: none"> • Improve equity in access to integrated early learning services across age groups, regions, and population groups • Strengthen inclusive quality systems (teacher training, pedagogy, monitoring) • Rebalance education spending toward early years • Extend workforce support beyond health professionals and teachers • Strengthen governance arrangements by clarifying roles across national and subnational levels, improving coordination mechanisms for implementation, and introducing greater flexibility at the local level while maintaining central oversight of standards and financing

Responsive Caregiving	How much?	Short-term (1-2 years): minimum package for under 3	Long term (3-10 years): Expansion and system strengthening covering 0-6 years old
<p>Strengthen family support system through universalization of child benefits, maternity and paternity protection, alongside parenting programmes and early stimulation in line with the National Parenting Strategy (being finalized). This would require an additional investment of approximately 0.3% of GDP for maternity and parental leave, and up to 2.4% of GDP under the international standard scenario for comprehensive Child benefit package.²</p>	<ul style="list-style-type: none"> • Introduce a birth grant and/or expand child benefit targeting the bottom two quintiles • Strengthen maternity protection, including paid leave and income security particularly for unemployed and uninsured women • Promote gender equitable parental leave policies to support shared caregiving responsibilities • Implement the National Parenting Strategy with focus on the delivery of the minimum service package • Integrate parenting support into existing interventions with parents and service delivery platforms across sectors, including health, nutrition, WASH, education, and social and child protection • Provide early stimulation guidance through routine service contacts (antenatal, postnatal, and child health visits) • Establish national standards and regulations to protect equity and monitoring • Strengthen parenting and caregiver support programmes for families of children with disabilities 	<ul style="list-style-type: none"> • Advocate for sustainable financing to implement the National Parenting Strategy towards achieving universal parenting (actual cost will be determined upon the finalization of the costed strategy in 2026) • Strengthen delivery systems and workforce capacity across sectors for universal parenting • Integrate responsive caregiving more systematically across sectors, health, nutrition, WASH, child and social protection and education systems • Strengthen inclusive responsive caregiving programmes that support the diverse developmental needs of children with disabilities 	

² Please note that estimated 2.4 per cent of GDP refers to the cost of a comprehensive universal policy package under the international standards scenario, including child benefits, parental leave, and childcare.

Safety and Security	How much?	Short-term (1-2 years): minimum package for under 3	Long term (3-10 years): Expansion and system strengthening covering 0-6 years old
<p>Strengthen investment in child and social protection systems and Integrated Social Services to ensure all children in need of care and protection receive appropriate support and services. It is critical to accelerate national efforts to achieve universal birth registration. This would require a progressive scale-up in public spending towards levels observed in high-income countries approximately 0.2 per cent of GDP.³ For Ghana, this serves as a benchmark for progressively strengthening the overall child and social protection systems, including strengthening the social service workforce, increased access to birth registration services and implementation of relevant policy and legal frameworks, such as the Children's Act, 1998 (Act 560) and the Child and Family Welfare Policy, 2014.</p>	<ul style="list-style-type: none"> • Strengthen the delivery of Integrated Social Services (ISS) for children under the age of 3 • Expand coverage and access to birth registration services • Increase coverage of social protection programmes, particularly maintaining pregnant women and infants as part of LEAP eligibility criteria. • Enhance the linkages between child protection into early childhood service • Strengthen the inclusion of children with disability and other vulnerable groups within child protection and social welfare services • Expand social and behaviour change and community engagement activities for prevention from violence and harmful practices and promoting birth registration and parenting, such as the Child Protection Community Facilitation Toolkits • Expand access to digital birth registration and certification services through existing service delivery platforms 	<ul style="list-style-type: none"> • Strengthen sustainable financing and national accountability mechanisms for implementation of the Integrated Social Services (ISS) approach • Revise the District Assembly Common Fund (DAF) allocation formula to strengthen its focus on equity and revise the DAF utilization guidelines to make them more needs-based, including provision for allocating 3% of district resources to the Department of Social Welfare and Community Development for the Integrated Social Services at the district level. • Formalise and strengthen Community Child Protection Committees nationwide • Improve data collection and management through the Social Welfare Information Management System (SWIMS) with interoperability with other relevant IMS • Strengthen child protection and social welfare systems to identify, monitor, and respond to the needs of children at high risk of exclusion • Strengthen and digitalise birth registration systems with interoperability to the health, national identification and civil registration and vital statistics (CRVS) systems 	

³ Based on OECD benchmarks of just over 0.8 per cent of GDP for early childhood education and care, an indicative 0.2 per cent is reserved for child protection and related human services. This estimates represents the residual share of in-kind social spending within comprehensive child policy systems. Source: https://webfs.oecd.org/FIS-com/Family_Database/PF3_1_Public_spending_on_childcare_and_early_education.pdf.



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