EVALUATION OFFICE

EVALUATION OF UNICEF'S EARLY CHILDHOOD DEVELOPMENT PROGRAMME WITH FOCUS ON GOVERNMENT OF NETHERLANDS FUNDING (2008-2010)

GHANA COUNTRY CASE STUDY REPORT

April 2011

EVALUATION OF UNICEF'S EARLY CHILDHOOD DEVELOPMENT PROGRAMME WITH FOCUS ON GOVERNMENT OF NETHERLANDS FUNDING (2008-2010)

GHANA COUNTRY CASE STUDY

Evaluation of UNICEF's Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008-2010): Ghana Country Case Study Report

April 2011

This report presents the results of a retrospective evaluation of policy and programmatic initiatives to promote early childhood development (ECD) in Ghana, with an emphasis on those supported by the United Nations Children's Fund (UNICEF) in partnership with the Government of Ghana (GoG). Ghana was selected as one of the 4 case study countries for the broader evaluation of the UNICEF-Government of Netherlands (GoN) Cooperation Programme on ECD which aimed to promote comprehensive approaches to ECD in 10 selected countries with a focus on sustainable policy development and partnerships to scale up successful interventions.

The purpose of the report is to assess the progress made and challenges faced by Ghana in mainstreaming early childhood policy, building early childhood programme capacity, and generating and disseminating knowledge. The report seeks to facilitate the exchange of knowledge among UNICEF personnel and with its partners. The content of this report does not necessarily reflect UNICEF's official position, policies, or views.

For further information, please contact:

Evaluation Office
United Nations Children's Fund
Three United Nations Plaza
New York, New York 10017, United States of America
Tel. (1 212) 824 6950, Fax (1 212) 824-6492

ACKNOWLEDGEMENTS

CONTENTS

TABLES

FIGURES

ACRONYMS

ACMA	Advocacy, Communication, Monitoring, and Analysis
ACSD	Accelerated Child Survival and Development
CO	Country Office
CPAP	Country Programme Action Plan
ECD	Early Childhood Development
ECCD	Early Childhood Care and Development
ECE	Early Childhood Education
EFA	Education for All
ELDS	Early Learning and Development Standards
EMIS	Education Management Information System
FA	Focus Area
FGD	Focus Group Discussions
GER	Gross Enrollment Ratio
GES	Ghana Education Service
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
GoN	Government of the Netherlands
GPRS	Growth and Poverty Reduction Strategy
GSS	Ghana Statistical Service
HIRD	High Impact Rapid Delivery
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome
HQ	Headquarters
KG	Kindergarten
LEAP	Livelihood Empowerment Against Poverty
MDG	Millennium Development Goals
MDAs	Ministries, Departments, and Agencies
M&E	Monitoring and Evaluation
MESW	Ministry of Employment and Social Welfare
MICS	Multiple Indicator Cluster Survey
MMYE	Ministry of Manpower, Youth, and Employment
MOH	Ministry of Health
MOE	Ministry of Education
MOLGRD	Ministry of Local Government and Rural Development
MOWAC	Ministry of Women and Children's Affairs
MTSP	Medium-Term Strategic Plan
NDPC	National Development Planning Commission
NER	Net Enrollment Rate
NGO	Nongovernmental Organization
OECD	Organisation for Economic Co-operation and Development
OVC	Orphans and Vulnerable Children
PTA	Parent-Teacher Association
RO	Regional Office
SMC	School Management Committee
TLM	Teaching and Learning Materials
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UK	United Kingdom
US	United States of America
WASH	Water, Sanitation, and Hygiene

EXECUTIVE SUMMARY

As the first country to ratify the Convention on the Rights of the Child, the Republic of Ghana has a record of attention to children's rights and development. More recently, the Government of Ghana has declared its commitment to addressing the developmental needs of children and achieving Millennium Development Goals through policies and plans including the National Early Childhood Care and Development (ECCD) Policy, adopted in 2004. This policy provides a framework for government and other stakeholders to promote survival, development, and protection for children from birth to age 8, emphasizing integrated and coordinated services among other strategies for achieving this goal.

Key indicators have in recent years shown improvement in young children's education, health, and social welfare status in Ghana. Increases in pre-primary education attendance have been substantial and have exceeded national goals. However, rates of maternal and child mortality, malnutrition, and lack of access to adequate water and sanitation remain high, and substantial disparities in these areas remain across income groups and geographic regions.

This report presents the results of a case study of programming to promote early childhood development (ECD) in Ghana. The evaluation team conducted the study as part of an evaluation of the United Nations Children's Fund (UNICEF)–Government of Netherlands (GoN) Cooperation Programme on ECD, 2008-2010. The programme emphasizes three strategic objectives: (1) capacity building, (2) knowledge generation and dissemination, and (3) the mainstreaming of ECD into policies and programmes for young children. It also focuses on cross-cutting issues, such as use of a human rights–based approach to planning and providing ECD services as well as to pursuing gender equity and reaching the marginalized.

For the Ghana case study, in July 2010 the evaluation team conducted eight days of in-country data collection, including field visits to locations where ECD projects are implemented in the Afram Plains district of the Eastern region. Primary data sources included (1) interviews with members of the UNICEF country office (CO) staff, representatives of national ministries and regional and district offices involved in providing services related to ECD, staff from key partner organizations, kindergarten (KG) teachers, and school administrators; (2) observations of KG classrooms in four schools; and (3) two focus groups with parents of children enrolled in KG. In addition to these primary data sources, a range of secondary sources were reviewed, including reports and draft policy documents, data from surveys, and results of external studies.

The evaluation team employed two main qualitative methods in analyzing case study data: (1) thematic framing, and (2) triangulation. The analysis was structured around a logical framework for ECD programming in Ghana (Appendix A) and a case study matrix specifying questions, outcomes, and indicators (Appendix B) to establish a structure for thematic analysis. Triangulation confirmed patterns and identified important discrepancies across data sources and respondents participating in interviews and focus groups.

UNICEF's ECD Focus in Ghana

UNICEF's longstanding commitment to improving the lives of young children and its work in multiple sectors and with many partners at the global, regional, national, and subnational levels have positioned it well for supporting holistic ECD in developing countries, including Ghana. UNICEF's collaboration with its country partners to enhance ECD in Ghana includes three main strands, each encompassing a distinct set of activities, outputs, and outcomes:

1. ***Capacity building and support for implementation of the national ECCD policy.*** These activities focus on increasing the skills of regional and district-level ECD teams in the areas of advocacy, planning, and monitoring through the provision of training.

2. ***Enhancement of KG education.*** Activities to enhance KG education include development of a quality KG model and pilot implementation of this model in two districts, Afram Plains in the Eastern region and Savelugu-Nanton in the Northern region.

3. ***Promotion of ECD through health; nutrition; water, sanitation, and hygiene (WASH); and child protection initiatives.*** Activities in this strand address health, nutrition, WASH, and child protection aspects of ECD, although they are not explicitly designated as ECD interventions in country programme documents.

The case study analysis focuses primarily on UNICEF, government, and partner activities prioritized for investment of the GoN funds—specifically, those in the first two strands of programming (capacity building for policy implementation and enhancement of KG education)—and completed as of September 2010, the end of the study period. Where possible, the report presents information on other activities related to ECD, including those addressing health, nutrition, WASH, and child protection; however, the case study was designed to use the GoN investment as a lens for analyzing ECD in Ghana. Thus, it emphasizes such services as KG education. The report also provides findings and conclusions about the role of the GoN funding in strengthening and catalyzing new and ongoing ECD programming.

Case Study Findings

The report presents case study findings in nine areas.

Appropriateness and Alignment with National Goals and Priorities

ECD programming is appropriate for promoting holistic ECD through through capacity building related to policy implementation, but promotion of integrated services has not been consistently addressed. Current ECD activities have supported implementation of the National ECCD Policy through such activities as orientations to sensitize decision-makers on ECCD issues; capacity building for national, regional, and local ECCD committees; support for strategic planning and intersectoral communication at the national level; and a range of efforts to promote quality in early childhood services, especially KGs. Some steps have been taken toward more comprehensive, coordinated services in local areas—for instance, provision of hearing and vision screenings for KG students, which was observed in Afram Plains. However, it is not evident that ECD programming has consistently encouraged the development of integrated services. Other opportunities for service integration, such as inclusion of messages on young children's psychosocial development in health and nutrition interventions, do not appear to have been pursued.

ECD programming under the Government of Ghana-UNICEF Programme of Cooperation is aligned with priorities for pre-primary education as expressed in national policies and development plans. Activities focusing on KG are in keeping with national priorities related to increasing the accessibility and quality of pre-primary education, as expressed in the Growth and Poverty Reduction Strategy for 2006-2009, the Education Strategic Plan, and national education reforms. Current programming does not appear to fully address priorities expressed in national strategies and plans related to inclusion and service access for marginalized populations, including orphans and vulnerable children (OVC), however.

Effectiveness: Increasing Access and Coverage

KG enrollment rates have risen substantially in the past four years and have surpassed national goals. KG enrollment among 4- and 5-year-olds has increased markedly in Ghana in recent years. The gross enrollment ratio (GER) grew nearly 12 percentage points between 2005-2006 and 2009-2010, to 93 percent. Since 2003-2004, the GER has grown over 40 percentage points. The current *net* enrollment rate stands at 63 percent, according to data from UNICEF Ghana (2010a). The substantial increases in enrollment have surpassed the national goal for pre-primary enrollment established in the Education Sector Strategic Plan for 2003-2015: 75 percent by 2015. Respondents attributed these increases largely to policy changes. Specifically, education reforms that incorporated two years of KG into the free and compulsory basic education system and introduced capitation grants appear to have had a considerable influence on families' decisions to send children to school. Comments from parents participating in focus groups suggest that many are aware of the potential benefits of KG in preparing children to enter primary school.

Increased access to pre-primary education has been facilitated by growth in the number of KGs, but insufficient availability and barriers to attendance remain problems in some areas. A key

strategy for increasing access to KG in Ghana has been the government requirement that all primary schools have a KG attached. The pace of growth in the number of KGs was higher before 2006-2007 than after, possibly as the result of an early focus on rapid infrastructure development in more accessible areas. Although a count of the current number of primary schools with KGs attached is unavailable, 2008-2009 Education Management Information System (EMIS) data indicate that public KGs numbered 11,827, while public primary schools numbered 13,510—which suggests a gap of about 12 percent nationwide. Despite increases in the number of KGs, key informants noted that access remains difficult in some locations, particularly in rural or remote areas, where young children may have to travel long distances to attend school.

Coverage levels of KGs that meet quality standards are unknown. The quality KG model supported under the Government of Ghana-UNICEF Programme of Cooperation is in a pilot phase in two districts and has not been fully implemented nationwide (although some training opportunities and materials have been offered outside the pilot districts). It is unknown what percentage of KGs nationwide currently can be considered of good quality, or whether changes have occurred in coverage of quality services. This appears to be a result of unclear standards and limited capacity to collect relevant data. The Ministry of Education (MOE) does gather information related to some aspects of education quality, such as the percentage of formally trained teachers in schools and pupil-teacher ratio. However, comprehensive standards for KGs have yet to be developed or assessed systematically, which makes determining coverage levels for quality KG difficult.

Most KGs have access to drinking water, but access to sanitation is less extensive. In 9 of Ghana's 10 regions, the majority of KGs have access to drinking water, according to EMIS data. (In the Upper West region, just 42 percent of KGs have access.) Toilets are found less commonly in KGs, however: in only 5 regions do over half of KGs have toilets. These data suggest that WASH programming has been more successful in enhancing access to drinking water than to sanitation facilities among KGs. One possible reason for this gap is that sources of clean water may be shared between primary schools and attached KGs, while KGs are likely to require dedicated toilet facilities because of students' relatively young ages.

Effectiveness: Building Capacity for ECD

Stakeholders report that capacity for implementing National ECCD Policy has grown. Members of the national ECCD coordinating committee noted that infrastructure and skills for implementing intersectoral policy has grown since the adoption of the National ECCD Policy in 2004. Among the specific accomplishments highlighted in interviews and documents are an increase in the number of ECCD teams at the district level from 37 pilot teams to 130 (of a total of 138 districts), implementation of annual review meetings and interagency meetings on ECCD, and increased skills for six individual members of the committee who have attended the Early Childhood Virtual University Programme of the University of Victoria.

The strength of the institutional framework for coordination on ECCD at the regional and district levels varies. The evaluation team interviewed one regional ECCD committee, which appeared to be operating successfully. Members indicated that the committee had created annual work plans, initiated public education campaigns targeting parents, and conducted monitoring of early childhood centers for children aged 0 to 3. Information from other key informants suggests that the accomplishments and functioning of committees at the regional and district levels vary widely, despite the provision of training at all levels. The presence of people who can take active leadership of the committees was reported to be a key factor in their successful operation.

Capacity within MOE/Ghana Education Service (GES) for planning related to pre-primary education appears to have been enhanced at national and district levels. The activities and knowledge of MOE/GES administrators interviewed at the national and district levels suggest that capacity for planning on pre-primary education has increased since the announcement and implementation of education reforms in the past three to six years. The ECD Unit and the Curriculum Research and Development Division have initiated and managed efforts to enhance KG quality and produced curricula, training, and assessment materials as part of this undertaking. In addition, national strategy documents on education reflect detailed work plans related to expansion of access to KG. In the

district visited by the evaluation team, GES administrators were well informed on issues of KG coverage and gaps related to infrastructure and teacher training. It appears likely that UNICEF's ongoing collaboration with MOE/GES officials at the national and local levels has contributed to increased capability for planning and implementing KG services.

Some KG teachers report increases in skills related to specific teaching methods, but weaknesses exist in processes for comprehensive in-service training at the school level. Teachers noted that their ability to use teaching and learning materials (TLMs)—poster books and visual aids—for lessons in their classrooms had improved after they received training and TLMs. Some teachers have also received training in conducting child assessments, although use of the assessment tool remains in the pilot phase. In general, in-service training sessions for teachers tend to focus on narrow methodological topics or specific resources, according to key informants. This may be because there is no comprehensive in-service training agenda or syllabus for KG teachers. It could also be related to weaknesses in training followup.

Institutions for teacher training have been established, but only a small proportion of teachers are formally trained. A supportive environment for ECCD has helped promote the establishment of formal programmes for training early childhood educators. The University of Education, Winneba, offers the opportunity to obtain a degree in early childhood education. Seven Colleges of Education also offer a diploma in basic education focusing on early childhood. Students can take courses on early childhood education at the University of Cape Coast as part of their education degree. Furthermore, the National Nursery Teacher Training Center organizes an eight-week in-service training programme that offers a certificate of participation. However, less than a third of teachers in public KGs nationwide (31 percent) have received any type of formal training in education, according to 2008-2009 EMIS data.

It is not known whether parents' caregiving practices have been enhanced through ECD programming. The evaluation team did not identify clear evidence of improvements in parents' caregiving practices, particularly those related to psychosocial development. KG parents participating in focus groups reported infrequent individual interaction with teachers; therefore, opportunities for addressing parenting practices in this context may be rare. In addition, parents did not report specific changes in caregiving practices that may have resulted from exposure to other services for families with young children. Some information on child development has been delivered to parents through radio and public information campaigns, according to key informants, but the effects of these campaigns have not been measured.

Capabilities regarding ECD programming appear to be high within the UNICEF CO, but conceptualization of ECD as a cross-sectoral issue remains a challenge. Key UNICEF Ghana staff members demonstrated knowledge and expertise regarding ECD and a commitment to supporting the National ECCD Policy. Some staff members, however, expressed uncertainty regarding the organization's definition and priorities in this area. Staff members also indicated, for example, that ECD tends to be construed narrowly within the CO as an education issue. This narrow conceptualization of ECD among some staff members may inhibit coordination among various components of the country programme to advance holistic ECD and integration of services.

Effectiveness: Generating Knowledge for ECD

Systems for gathering national and local data on pre-primary education are established, and this information is used in planning. EMIS data collected by MOE provide longitudinal information on enrollment at all levels of the basic education system, including KG, and have been collected since the late 1980s. The range of data elements collected currently also addresses such areas as teachers formally trained, presence of drinking water and toilets in schools, pupil-teacher ratios, and availability of textbooks and classroom furniture. Plans exist to enhance data collected on KGs to reflect additional areas of interest, such as the type of play equipment available and whether teachers have received training in early education. However, current EMIS data provide limited visibility regarding KG enrollment among disadvantaged groups, such as OVC, as enrollment data are not sufficiently disaggregated.

Early learning and development standards (ELDS) for 4- and 5-year-olds have been created and applied. Ghana's ELDS and indicators were successfully developed over several years after adoption of

the National ECCD policy. MOE/GES has applied the ELDS in revision of the KG curriculum and creation of assessment tools for KG students, so that these resources are aligned.

Data on children's developmental progress and rigorous evidence on the effects of KG participation are unavailable. Although standards for early learning and development have been defined for 4- and 5-year-olds, data on developmental indicators have not been collected to determine whether children are meeting these standards. This gap limits the ability of planners to assess whether current ECD interventions are having the desired results. Some progress toward data collection on developmental indicators has been accomplished through the creation of student assessment tools for use in KG classrooms; these tools might be employed in gathering data on developmental progress. However, resources for training all teachers in use of the assessment tools and planning and conducting systematic data collection do not appear to be available at present. In addition, evidence of the effects of KG on child outcomes is unavailable.

Gaps remain in knowledge regarding the costs and financing of ECD services. Studies have not been conducted of the fixed and recurrent costs of providing quality KG, and only limited guidance appears to be available to support ministry budgeting for ECD services. In addition, the overall level of government and donor spending for ECD across sectors in Ghana, as well as changes in this spending over time, remains unknown.

Effectiveness: Mainstreaming ECD in National Policies and Services

Progress toward ECD mainstreaming is evident in intersectoral policy, education policy, and local governance. The content and implementation of the National ECCD Policy and education policies offer the clearest evidence of ECD mainstreaming in Ghana. Within the framework established by the National ECCD Policy, roles and responsibilities of a range of ministries, departments, and agencies have been established at the national, regional, and local levels, and structures for cross-sectoral communication and coordination have been established. Mainstreaming of ECD has also been achieved in the education sector, which has implemented planning and scaled-up services focused on 4- and 5-year-olds. Finally, strategic planning and budgeting undertaken by district assemblies address ECD, particularly as it relates to financing for education infrastructure.

Current policy and plans related to OVC note the importance of ECD but do not specify strategies for addressing the developmental needs of young disadvantaged children. The National Plan of Action for OVC, for example, includes statements regarding the need for protection and care of disadvantaged children, including those with Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome (HIV/AIDS). It also acknowledges that "specific attention to children 0-8 infected or affected by HIV/AIDS is rather minimal" in current services and supports (Ministry of Employment and Social Welfare and UNICEF 2010). However, the plan does not outline goals or strategies that specifically address the developmental needs of young children. Similarly, the National Policy Guidelines on OVC do not present implementation strategies that appear to be tailored to young children and ECD.

ECD services targeting parents and children 0 to 3 are limited. Parents of children below the age of 4 do not appear to be reached consistently with services addressing ECD. A small proportion of children 0 to 3 years old—about 8 percent—were enrolled in crèches or nurseries in 2008-2009, according to EMIS data; it is not known whether care provided in this context supports holistic ECD. Some families are also reached by High Impact Rapid Delivery (HIRD) interventions that focus on maternal and child health, although these interventions do not address psychosocial development. (HIRD coverage data were not available to the study team.) In general, ECD-related support for parents of children at this age seems to be scarce and short-lived. Parents participating in focus groups reported, for example, that their interactions with pediatric health care workers tended to decline after children finished sequences of initial immunizations at age 1.

Efficiency and Quality of ECD Services

KGs observed during the country visit were affected by quality problems related to overcrowding, poor infrastructure, and an insufficient number of teachers with training in early education. Many teachers observed by the evaluation team during school visits demonstrated an ability to engage

students, work interactively with them, and develop lessons based on the KG curriculum and teaching guides. However, they faced formidable obstacles to providing quality pre-primary education in the form of large class sizes and poor classroom conditions. In addition, observed classrooms were generally poorly ventilated and lit, and their limited teaching materials were rarely accessible to children. (Teachers expressed concern that giving children access to the restricted supply of poster books would result in damage to the materials.) An additional obstacle to provision of quality KG education in the district visited by the evaluation team was the small proportion of formally trained KG teachers.

The efficiency of KGs may be diminished by problems with targeting enrollment to right-age children. The national GER for KG is substantially higher than the net enrollment rate (NER) in Ghana: 93 percent compared to 64 percent, according to 2008-2009 EMIS data. It is not known whether underage or overage children are more likely to be enrolled, but the difference between the GER and the NER suggests that nearly a third of children in KG are not in the expected age range. This circumstance presents a challenge to the efficiency of the KG system, as resources are diverted to children outside the target group.

Processes for Programme Planning, Management, and Coordination

Expected results for key elements of ECD programming have been defined. However, current monitoring processes do not address all stated indicators. The Government of Ghana-UNICEF Country Programme Action Plan for 2006-2010 specifies targets to be achieved by 2010 for activities related to KG quality enhancement: (1) 70 percent GER/50 percent NER for KG, (2) 70 percent of primary schools with preschools attached, (3) 70 percent of KGs meeting nationally accepted standards, (4) 80 percent of children showing development in line with national standards, (5) 100 percent of KG teachers trained, and (6) 100 percent of districts with an up-to-date database on preschools. EMIS data provide information on many of these indicators. However, processes for measuring achievement of KG standards and child development goals have not been implemented.

Within the UNICEF Ghana CO, coordination on ECD across sections appears to be narrowly focused. Interviews with UNICEF staff indicated recognition of the need to address ECD but also suggested that it has been conceptualized largely as an educational intervention. There was some evidence of ECD-related collaboration across sections—for instance, WASH efforts to improve school facilities and hygiene, and the participation of nutrition staff in supporting the ELDS development process. However, no evidence was found of systematic efforts or processes to coordinate programming or consistently promote integrated approaches to ECD. In addition, it was noted that funding for programming related to intersectoral coordination on ECD was generally perceived to be the responsibility of the Education section, since the preschool programme operates within it.

Incorporation of a Human Rights–Based Approach to Programming and Strategies to Improve Equity and Participation of the Disadvantaged and Marginalized

ECD activities have been inclusive of parents and other local stakeholders. ECD activities have emphasized participation in planning and service delivery among a range of stakeholders. Capacity building has been provided to Parent-Teacher Associations (PTAs) and School Management Committees (SMCs) to encourage parent support for KGs and involvement in school planning. District-level ECCD committees have received support to promote their role in bringing local-level stakeholders together for planning and communication related to ECCD policy services. In general, it appears that UNICEF has attempted to be responsive to local priorities in working with district-level officials to implement ECD projects at that level.

At the national level, gender parity in KG enrollment has been achieved. Half of students enrolled in KG nationwide are girls, according to EMIS data for 2008-2009. Across regions, the percentage of enrolled female students in public KGs ranged from 49 percent in the Northern region to 51 percent in the Upper West region.

Women hold key national policymaking positions related to ECD but appear to be less represented in such positions at the local level. Although the case study team did not identify independent data sources on the representation of women in government positions in Ghana, the team

observed that at the national level, women occupy several key leadership roles related to implementation of the ECCD policy, KG planning and curriculum development, and education administration more generally. Positions occupied by women include (at the Ministry of Women and Children's Affairs) Director of the Department of Children and National ECCD Coordinator and (at GES) ECD Unit National Coordinator and Director of the Curriculum Research and Development Division. At the district level, on the other hand, most policymakers interviewed were male.

Available data indicate that the poorest families do not have equitable access to ECD services, and there is no evidence for access among OVC. Data from the Multiple Indicator Cluster Survey show that the poorest children in Ghana are less likely to enroll in KG than children from higher-income families. The absence of coverage data disaggregated by population group makes it difficult to determine precisely what types of families are not enrolling children. However, data do suggest that families in rural areas are among the least likely to have children enrolled in KG. It is also likely that small proportions of children in other disadvantaged groups, such as OVC, are being reached with ECD services, particularly KG. Stakeholders interviewed noted that inclusion of the most disadvantaged populations has not been emphasized in implementation of KG expansion. Ghana's cash transfer programme targeting the poorest families and OVC does make receipt of cash assistance contingent upon children's school attendance. However, it is not clear that these provisions are enforced, or whether they have had any effect on attendance among targeted groups. It also appears that no other specific strategies are in place for facilitating access among disadvantaged families and children or for ensuring their continued participation once enrolled.

Sustainability and Scale-Up of ECD Services and Initiatives

Key government policies—including the addition of KG to basic education and the introduction of the capitation grant—and decentralized governance have supported scale-up of pre-primary education. Substantial and rapid increases in KG enrollment followed education reforms that expanded the free and compulsory education system to include two years of KG. The abolition of school fees in 2005 through capitation grants has also facilitated a rise in enrollment in pre-primary education, according to policymakers and key informants. The presence of a decentralized infrastructure for implementing education reforms—in the form of the GES and district assemblies—also appears to have enabled a rapid reaction to policy shifts. With responsibility for school monitoring and infrastructure positioned at the district level, plans to implement policy changes could be responsive to local circumstances and needs.

Limited policy and planning focus on families with children ages 0 to 3 has hampered development and scale-up of comprehensive services for this group. Review of the existing service structure and of the perspectives of key informants suggests that initiation and expansion of holistic services for families with children under age 4 have not been pursued aggressively. While access to pre-primary education has expanded for 4- and 5-year-olds, along with interventions to improve young-child survival and nutrition practices, initiatives addressing psychosocial development for children up to age 3 do not appear to have been prioritized by government or development partners. ECD programming conducted under the Government of Ghana-UNICEF Cooperation Programme does not appear to have prioritized comprehensive services for children 0 to 3 years old. Most UNICEF resources allocated for ECD programming have been directed at efforts to enhance KG education, which may constrain advocacy for initiation and expansion of services that address the holistic ECD needs of families with children under 4.

Insufficient funding for policy implementation poses risks to KG sustainability, particularly in deprived areas. Regional and district-level policymakers and administrators interviewed by the evaluation team noted the challenge of supporting service quality in KG while increasing access, particularly in a context of limited resources. The availability of funding for implementing policies to promote enrollment has not kept up with demands created for increased school infrastructure and staff. As a result, the quality of KG education in some areas appears to be undermined by overcrowded classrooms in poor condition and instructors with limited or no formal training in early childhood education.

Existing structures to engage parents and community stakeholders in pre-primary education promote sustainability; however, the vitality of these structures appears to vary widely among

communities. PTAs and SMCs offer potential vehicles for parents to support local schools and to build a constituency for continued access to KG education. By facilitating communication between parents and schools, and by providing concrete opportunities for parents and others to contribute to school improvement, the organizations may create a sense of community ownership and investment that is necessary for promoting and sustaining quality KG. Comments from PTA and SMC members interviewed during the evaluation team's country visit suggest that the characteristics of communities in which these entities operate influence their potential for promoting sustainability. Members in one community referred to disagreements among village chiefs that discouraged active participation in organizations that cut across village lines, such as the PTA. Other research on the functioning of PTAs and SMCs in Ghana suggests that the effectiveness of PTAs is linked to the nature of local leadership and the clarity of parents' understanding of their roles in supporting schools (Chapman and Austin 2006). Differences among communities in this regard will affect the capability of PTAs and SMCs to advance sustainability for pre-primary education.

Leadership continuity affects sustainability of ECCD policy structures at regional and district levels. Key informants reported that some regional and district-level ECCD committees became less active or discontinued meeting when key leaders departed. Although committees have been established in most districts, their ability to fulfill the objectives of the ECCD policy at the local level appears to depend on the presence of people with the commitment and skills to create a functioning intersectoral group.

Conclusions

The evaluation team drew conclusions about progress that has been made and ongoing challenges faced by Ghana and its partners as they continue to develop ECD policy and support programme implementation and scale-up.

Appropriateness and Alignment with National Goals and Priorities

- Current programming strategies appropriately promote holistic ECD through support for implementation of the National ECCD Policy, and by addressing multiple aspects of ECD. However, programming does not emphasize the mainstreaming of ECD across sectors, or the advancement of integrated services for ECD.

- ECD programming in Ghana is aligned with national priorities, particularly in the area of pre-primary education. Activities conducted under the current programme of cooperation also address national priorities related to maternal and child health, such as implementation of the HIRD package of immunization, disease prevention, and nutrition interventions.

Effectiveness: Increasing Access and Coverage

- KG enrollment rates have risen substantially and exceeded national goals; attention is needed to increase access in rural and remote areas and to increase coverage of KGs that meet quality standards.

Effectiveness: Building Capacity for ECD

- At the national level, capacity to implement the ECCD policy has increased; at the regional and district levels, the capacity of ECCD committees is variable.

- Systems for teacher training—including national plans, curricula, and institutions—are not yet available to adequately prepare early childhood educators.

- Additional capacity building is needed to assess and further develop programming for parents that results in changes in their behavior.

Effectiveness: Generating Knowledge for ECD

- Data-gathering systems exist for tracking pre-primary school enrollment and a limited set of quality indicators, but disaggregated data for disadvantaged groups, such as OVC, are needed to monitor equity in access.

- The ELDS and related curriculum and assessment tools have the potential to strengthen programme monitoring and support for programme improvement.

- Knowledge gaps remain regarding information about the effectiveness of KGs based on rigorous evaluation, as well as costing and financing studies for scaling up services that meet quality standards.

Effectiveness: Mainstreaming ECD in National Policies and Services

- The ECCD, education, and local governance policies establish Ghana's commitment to ECD; policies for OVC also emphasize the importance of ECD, but implementation plans have not yet been developed.

Efficiency and Quality of ECD Services

- Strengthening monitoring and programme support is needed to improve KGs' adherence to quality standards and to target enrollment of right-age children.

Processes for Programme Planning, Management, and Coordination

- Comprehensive KG standards and measurement systems, as well as indicators to assess children's development, are needed to monitor progress toward national goals.

Incorporation of a Human Rights–Based Approach to Programming and Strategies to Improve Equity and Participation of the Disadvantaged and Marginalized

- Although disaggregated data on pre-primary enrollment are not available, evidence suggests that children from the poorest families, children in rural areas, and OVC may not have equitable access.

- Likely reasons for the persistence of regional and income disparities in service access include insufficient targeting of resources for infrastructure development and the absence of specific strategies to encourage enrollment of children from marginalized groups.

Sustainability and Scale-Up of ECD Services and Initiatives

- Key government policies have successfully supported rapid scale-up of KG.

- Lack of focus on programming for families with children ages 0 to 3 years old limits scale-up of services for this group.

- Risks to sustainability include insufficient funding, as well as variability in engagement of parent and community stakeholders and leadership continuity.

Role of the UNICEF-GoN Funding

- The UNICEF-GoN Cooperation Programme has provided important support for national- and district-level capacity building activities related to implementation of the National ECCD Policy, for development of elements of a KG model including assessment tools, and for training of KG teachers and supervisors in targeted districts.

Lessons Learned

Ghana's experience designing and implementing programming to promote ECD offers lessons in the areas of service scale-up and quality, implementation of intersectoral policy, and assessment and monitoring of children's developmental progress. Key lessons:

- ***Policy changes can support rapid progress toward coverage targets for ECD services. However, they may have the unintended result of undermining service quality if not adequately funded.*** Education reforms have been enormously successful in increasing national KG enrollment in Ghana. However, in at least some areas, the pace of enrollment has not been matched by resources to support expansion or upgrading of physical infrastructure, teaching staff, and materials. This imbalance results in overcrowded classrooms, teachers with minimal training on educating young children, and lack of water and sanitation facilities—all of which reduce the quality of the service provided and create the risk that positive outcomes will not be achieved. A phased approach to scale-up may help address this imbalance, so that resources are available to provide KG services of adequate quality as the number of enrollees grows.

- ***ECCD policy implementation must facilitate service coordination and address obstacles to service integration if that is an objective.*** Ghana's National ECCD Policy appears to have been influential in raising the profile of ECCD in the country, ensuring that policies affecting children address ECCD, and facilitating increases in national and local capacity on early childhood issues. Numerous objectives and strategies are outlined in the policy, including establishing mechanisms for coordinating services and promoting integrated services. Currently, it is not clear that services are consistently well coordinated or integrated across sectors—although some examples of successful cross-sectoral coordination exist, such as national campaigns on health and birth registration and health screenings for children in KG. Three possible challenges to coordination of services include (1) the difficulty of altering established patterns of sectoral planning and implementation, (2) an emphasis on communication rather than service coordination across sectors, and (3) a lack of clear examples of successful provision of coordinated services. There appear to be opportunities for action by the National ECCD Secretariat in all these areas.

- ***Monitoring of children's development on a broad scale requires both concerted efforts to develop instruments and resources to address data collection.*** The GES and its partners have taken important steps toward increased capacity for monitoring the developmental progress of children. These include creation of ELDS, development of assessment tools for the KG level, and pilot-testing of these tools. These standards and instruments lay a potential foundation not only for monitoring student progress at the school and classroom level, but also for expanding the range of indicators for assessing ECD nationally. However, resources do not yet appear to have been allocated for developing and implementing systems for collecting data on such a large scale.

- ***Structures can be established to channel parent engagement in early education, but ongoing capacity building may be necessary for these structures to fulfill their potential.*** Ghana's system of PTAs and SMCs appears to provide a useful example of conduits for increasing parent involvement in schools and thereby promoting sustainability and accountability. The ability of these organizations to fulfill their potential depends in part on understanding among parents and administrators of specific ways that parent involvement in schools can benefit children, including ensuring that schools remain responsive and accountable. According to one key informant, in a context of policies and funding streams that result in increased availability of education, a challenge may be overcoming the impression among parents that their involvement is no longer necessary to secure equitable access to quality services. What appears to be needed is a consistent effort at communicating accurate messages to parents regarding the role they can play in improving services for their children.

- ***Stakeholders must be alert and responsive to opportunities for addressing the holistic developmental needs of very young children and their families.*** Existing services and initiatives in Ghana for children ages 0 to 3 years old appear to focus on survival and

nutrition. The crèches and nurseries that do care for this age group serve only a small number of families. Broader efforts to address the developmental needs of this group appear to have been overshadowed, to some extent, by a focus on public pre-primary education for 4- and 5-year-olds. Opportunities may be available to augment health-focused interventions for children birth to 3 years old with components that address psychosocial development for infants and toddlers, or to design and pilot-test community-based interventions which ensure that practices among parents of children in this age group promote ECD.

- ***The most disadvantaged may be unintentionally excluded from services if strategies for expanding access do not specifically address them.*** Although many poor children have benefited from the increased availability of pre-primary education in Ghana, data indicate that access among the poorest families is not commensurate with that of other groups. In addition, stakeholders and policy documents suggest that providing OVC with ECD-related services continues to be challenging. These groups may face access barriers related to remote location, stigma, and state capacity. Additional effort appears to be necessary to define and tailor strategies to address obstacles and deliver services to these groups or make existing services more inclusive.

Recommendations

To enhance ECD activities in Ghana, the evaluation team offers separate recommendations for the Government of Ghana (focused on intersectoral collaboration and service implementation) and for UNICEF (focused on advocacy and provision of technical support).

Table 1. Recommendations

Government of Ghana	UNICEF
Appropriateness and Alignment with National Goals and Priorities	
For enhancing ECCD policy implementation, develop strategies that build the capacity of national-, regional-, and district-level ECD teams to identify and respond to opportunities for service coordination.	The UNICEF CO should establish a common internal understanding of ECD and facilitate opportunities for information sharing, coordinated planning, and integration across initiatives related to ECD. Continue to advocate for comprehensive approaches and connections among services to ensure promotion of holistic ECD.
Increasing Access and Coverage	
Develop strategies to continue increasing access to KGs in rural and remote areas. Develop programming to increase coverage of holistic services for children from birth to age 3.	Develop or commission a position paper on strategies for increasing coverage of holistic services for children from birth to age 3.
Capacity Building for ECD	
Adopt a methodical approach to training for KG teachers and school administrators that encompasses ECD fundamentals.	Provide technical support for the development of a national ECD teacher-training approach.
Knowledge Generation for ECD	
Develop processes and tools for national monitoring of early learning and development indicators. Specify and execute a research agenda focusing on the implementation and effects of the quality KG model and other key services related to ECD.	Collaborate with other donors to support rigorous evaluation of KG programming.
Mainstreaming of ECD into National Policies and Plans	

Government of Ghana	UNICEF
Ensure that national health policies and plans reference ECD.	Advocate for budgeting and fiscal space for ECD.
Efficiency and Quality of ECD Activities and Services	
Prioritize allocation of government and donor resources to support KG quality during scale-up.	None.
Processes for Planning, Management, and Coordination	
Develop a set of indicators to assess children's progress in psychosocial development and school readiness.	Provide technical support for developing and pilot-testing child outcome indicators.
Incorporation of a Human Rights–Based Approach and Strategies to Improve Equity	
Take steps to ensure that ECD services are targeted to and reach OVC and other marginalized groups.	None.
Factors Affecting Sustainability and Scale-Up	
Develop strategies to strengthen sustainability of ECD services.	Increase coordination with other donors to explore integration of ECD services into existing programming and increase ECD service coverage.

I. INTRODUCTION

Research confirms the fundamental roles that good health, adequate nutrition, and responsive interactions with caregivers play in the emergence of critical physical, cognitive, and socio-emotional skills during a child's early years. Achievement of key milestones in early development (from the prenatal period through age 8) creates a basis for health, learning capacity, and productivity throughout a person's life. Studies of public policies and programmes focused on enriching early childhood development (ECD) also offer evidence that high-quality interventions can produce substantial benefits later in life in such areas as communication and cognitive development, school enrollment and completion, health status, and earnings and self-sufficiency (Engle et al. 2007; Love et al. 2005; Young 2007).

These findings have helped advance the incorporation of ECD into international agreements and agendas related to children's rights. Children's basic rights to survival and development of their full potential are affirmed in the Convention on the Rights of the Child. The World Fit for Children agenda prioritizes ECD, asserting that nations must promote the "physical, psychological, spiritual, social, emotional, cognitive and cultural development of children," and Education for All commitments include expansion and improvement of early childhood care and education among goals to be met by 2015 (United Nations Children's Fund [UNICEF] 2002; United Nations Educational, Scientific and Cultural Organization [UNESCO] 2000). Moreover, ECD is closely related to achievement of the Millennium Development Goals (MDGs), particularly MDG1, Eradication of Extreme Poverty and Hunger; MDG2, Universal Primary Education; and MDG4, Reduction of Child Mortality.

1.1 Ghana's ECD Focus

In keeping with UNICEF's mission to "advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential" and in accord with its Medium-Term Strategic Plan (MTSP; covering 2006-2013), UNICEF identifies ECD as a cross-cutting issue. Although all five focus areas of the current MTSP are relevant to ECD, organizational targets and areas of cooperation that specifically mention ECD appear under Focus Area 1 (FA1, Young Child Survival and Development) and Focus Area 2 (FA2, Basic Education and Gender Equality). The ECD Unit in UNICEF's New York Headquarters (HQ) works closely with the Regional Offices (ROs) and Country Offices (COs) to provide support for meeting the MTSP targets. UNICEF's aims for ECD include policy and programme development and implementation that is holistic and attends to children's unique developmental needs from conception through age 8 (UNICEF ECD Unit 2006). Holistic approaches aim to address the needs of the whole child by considering health, nutrition, child protection, early learning, education, and other needs. To reach these aims at the country level, UNICEF works in cooperation with partner nations to support the development and implementation of both intersectoral and sectoral policies and strategies promoting ECD. UNICEF's work is grounded in its human rights–based approach to promoting access to services equitably across gender and income levels, and for those who are marginalized and disadvantaged. In addition, UNICEF works to ensure that ECD in emergencies incorporates holistic and intersectoral approaches.

Each host government enters into a programme of cooperation with UNICEF. The resulting five-year Country Programme Action Plan (CPAP), a broad contract between UNICEF and the host country, is developed in mutual agreement and signed by both parties. The CPAP defines the results to be achieved and basic strategies to be used. ECD is included in the CPAP to the degree it is mutually agreed upon. The joint work conducted under a given CPAP may evolve over time, and activities may include more of, or less of, what was originally specified in the CPAP. There is an opportunity to formally revise the CPAP during the Mid-Term Review, usually conducted in the third year of country programme implementation, or if a significant emergency occurs.

The UNICEF Country Programme in Ghana is structured around five components: (1) Advocacy, Communication, Monitoring, and Analysis (ACMA); (2) Child Protection, (3) Education, (4) Health and Nutrition, and (5) Water, Sanitation, and Hygiene (WASH). Although each of these components comprises activities that may affect young children, ECD is positioned within the Education Programme, and key ECD-related outcomes articulated in the 2006-2010 CPAP reflect this positioning. These outcomes are:

- 70 percent gross enrollment ratio (GER)/50 percent net enrollment rate (NER) for kindergarten (KG)

- 70 percent of primary schools having a preschool attached

- 70 percent of KGs meeting nationally accepted standards

- 80 percent of children showing development in line with national standards

- 100 percent of KG teachers trained

- 100 percent of districts with an up-to-date database on preschools

The UNICEF-Government of the Netherlands (GoN) Cooperation Programme on ECD represents a major investment toward furthering UNICEF's work in this area and advancing comprehensive programming approaches to ECD, with a focus on sustainable policy development and partnership to scale up successful interventions. Under this programme, the GoN funded UNICEF HQ to work with 7 ROs, 10 COs, and country partners in Africa and Asia to achieve three strategic objectives: (1) building the capacity of policymakers, service providers, and parents to fulfill duties and claim rights related to ECD; (2) generating and disseminating knowledge in support of ECD policies and programming; and (3) mainstreaming ECD policies and programmes in national development agendas. The three strategic objectives of capacity building, knowledge generation and dissemination, and mainstreaming are defining elements of the framework for the UNICEF-GoN Cooperation Programme and UNICEF ECD programming generally. Country-specific inputs, activities, outputs, and outcomes in each strategic area are expected to increase the likelihood that children will enter school developmentally ready and on time, stay in school, and learn.

1.2 National Context for ECD in Ghana

As the first country to ratify the Convention on the Rights of the Child, the Republic of Ghana has a record of commitment to children's rights and development. Services for young children have a long history in the country; indeed, mission schools offered early care and education services as early as the mid-19th century (Morrison 2001). More recently, the Government of Ghana has declared its commitment to addressing the developmental needs of children and achieving MDGs through multiple policies and plans. For example, the Growth and Poverty Reduction Strategy for 2006-2009 (GPRS II) and the Medium-Term National Development Policy Framework for 2010-2013 incorporate objectives related to increasing equitable access to KG—the entry level for basic education in Ghana, enrolling 4- and 5-year-olds—and improving KG quality (National Development Planning Commission 2005, 2009). In addition, the National Early Childhood Care and Development (ECCD) Policy, adopted in 2004, provides a framework for government and other stakeholders to promote child survival, development, and protection (Ministry of Women and Children's Affairs [MOWAC] 2004). Among other strategies for achieving this goal, it emphasizes integrated and coordinated services for children ages 0 to 8.

Key indicators of young children's education, health, and social welfare in Ghana have improved in recent years, according to data from the Ghana Demographic and Health Survey (GDHS), the Multiple Indicator Cluster Survey (MICS), and the Education Management Information System (EMIS) of the Ministry of Education (MOE). Substantial disparities remain across income groups and geographic regions, however. According to policy documents, especially vulnerable children include those who live in remote areas, orphans, children with Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome (HIV/AIDS), children living on the streets, and children with disabilities.

Pre-primary education. The national GER for public and private KGs reached 97 percent in 2009-2010, according to EMIS data.[1] (The NER was 64 percent in 2008-2009, the most recent data available at the time of the country case study visit.) Gender parity has been achieved in KG enrollment: 50 percent of enrolled children were girls in 2008-2009. GERs vary widely among regions; in 2008-2009, they ranged

---

[1] GER is the number of students enrolled in a level of education, whether or not they belong in the relevant age group for that level, as a percentage of the population in the relevant age group for that level. NER is defined as the number of students who are enrolled in a level of education and who belong in the relevant age group, as a percentage of the population in that age group.

from 70 percent in the Upper East region to 123 percent in the Brong Ahafo region (MOE 2009).[2] MICS data from 2006 suggest that there are also disparities in participation in early childhood education by income level. Among households in the wealthiest quintile, 87 percent of children aged 36-59 months attended some type of preschool, compared to just 23 percent of children from households in the poorest quintile (Ghana Statistical Service [GSS] 2006).

Health. Between 2003 and 2008 (the years for which GDHS data are available), infant and child mortality rates in Ghana trended downward, while rates of immunization increased. Infant mortality rates dropped from 64 to 50 deaths per 1,000 live births, a decline of 22 percent (GSS et al. 2004; GSS et al. 2009). Mortality rates for children under 5 decreased from 111 per 1,000 live births in 2003 to 80 in 2008. These declines notwithstanding, disparities between the wealthy and the poor remain, with infant mortality rates in 2008 higher among the poorest quintile of households (59 deaths per 1,000 live births) than the wealthiest (46 deaths per 1,000 live births). Under-5 mortality rates followed a similar pattern. About 14 percent of children born in Ghana between 2003 and 2008 were very small or smaller than average, according to mothers' estimates. With regard to immunization rates, 79 percent of children 12-23 months old had received all basic vaccinations in 2008, compared to 69 percent in 2003.

Nutrition. Some indicators of Ghanaian children's nutritional status showed improvement between 2003 and 2008, and high rates of breastfeeding were maintained. Stunting affected 28 percent of Ghanaian children under 5 in 2008, a decrease from 35 percent in 2003, according to GDHS data (GSS et al. 2009). The Eastern region had the largest proportion of stunted children in 2008 (38 percent), and the Greater Accra region the smallest (14 percent). Nine percent of children under 5 experienced wasting. Anemia remains a severe problem among young children in Ghana, with 78 percent of children between the ages of 6 and 59 months experiencing some level of anemia in 2008, an increase from 76 percent in 2003. Nearly all children have been breastfed at some point (rates remained at 97-98 percent between 2003 and 2008). Early initiation of breastfeeding—within one day of birth—increased from 75 to 82 percent between 2003 and 2008.

Child protection. Rates of birth registration—a key step in securing children's rights—have grown in recent years. However, achieving national targets has been difficult, and urban-rural disparities in registration are large. GDHS data from 2008 indicate that 55 percent of children under 5 had birth certificates (GSS et al. 2009). The percentage of newly born babies who are registered has increased since 2004, when it was 48 percent, according to data from the Ghana Births and Deaths Registry, but the national goal of universal registration at birth by 2007 was not met. In addition, large disparities exist between rural and urban areas in the percentage of children with birth certificates. According to 2008 GDHS data, the percentage of children under 5 in urban areas who had birth certificates (72 percent) was greater than the percentage in rural areas (45 percent).

1.3 Purpose of this Report

This report presents the results of a case study of ECD programming under the Government of Ghana–UNICEF Cooperation Programme for 2006-2010. The evaluation team conducted the study as part of an evaluation of the UNICEF–GoN Cooperation Programme on ECD, 2008-2010.[3] Under this programme, Ghana and nine other countries, along with UNICEF ROs and UNICEF HQ, received funding to further

---

[2] EMIS enrollment data for the Greater Accra region are excluded given that they are likely inaccurate as a result of the difficulty of collecting data from the large number of private KGs in that region.
[3] In April 2010, the UNICEF Evaluation Office (New York) contracted with Mathematica Policy Research to conduct an evaluation of the UNICEF-GoN Cooperation Programme. The evaluation includes case studies of four countries receiving GoN funding: Cambodia, Ghana, Nepal, and Tanzania. The case study countries were selected to represent multiple regions and exhibit diversity in context and ECD programming. UNICEF CO and partner availability to receive a visit during our study period was an additional factor considered in the final selection of case study countries.

existing ECD work, support new activities, and advance comprehensive programming approaches to ECD.[4] The UNICEF–GoN Cooperation Programme on ECD emphasizes three strategic objectives:

1. Building capacity for developing and implementing policies and initiatives to promote ECD

2. Generating and disseminating knowledge to support evidence-based policymaking

3. Mainstreaming ECD into national policies, plans, and budgets and into existing community-based interventions

In addition, the programme focuses on cross-cutting issues, such as use of a human rights–based approach to planning and providing ECD services as well as gender equity and reaching the marginalized.

The case study addresses policy and programmatic initiatives supported by UNICEF in collaboration with the Ghanaian government during the period covered by the current programme of cooperation between the Government of Ghana and UNICEF, 2006-2010. Although a range of policies and efforts are considered, the study emphasizes ECD-related activities that have been funded partially through the UNICEF-GoN Cooperation Programme on ECD—specifically, capacity building for implementation of Ghana's National ECCD Policy and support for enhancement of KG education. As described below, the case study focuses on the rationale and content for ECD approaches taken by Ghana and its partners, the process and results of these efforts to promote ECD, and lessons learned and recommendations for addressing gaps and sustaining and scaling up successful strategies and interventions. The rest of this section describes the focus of the case study, the research methods used to conduct it, and limitations regarding the case study approach and findings.

1.4 Case Study Scope and Methods

To explore the design, processes, and results of ECD programming, the evaluation team conducted a retrospective study employing qualitative analysis methods. The study focuses on initiatives that UNICEF has supported in cooperation with the government and other partners as expressed in a logical framework for ECD programming in Ghana developed for the study (presented in Appendix A). The analysis focuses largely on activities related to capacity building for intersectoral policy implementation and enhancement of preschool education, which were funded in part through the UNICEF-GoN Cooperation Programme and emphasized during the case study team's country visit. The study explores the following topics and questions, which are based on the terms of reference for the evaluation of the UNICEF-GoN Cooperation Programme on ECD:

*   ***Appropriateness and alignment of ECD programming with national priorities.*** Why were specific strategies adopted? How well aligned are they with national priorities as expressed in development plans and strategic documents?

*   ***Planning, management, and coordination.*** How successful have planning and coordination for ECD programming been within and among UNICEF, the government, and development partners?

*   ***Effectiveness[5] in expanding coverage of ECD services.*** Have strategies to increase coverage contributed to changes in service availability or participation rates? If so, how?

*   ***Effectiveness in building capacity for ECD.*** How successfully has programming increased the capacity of service providers, caregivers, and decision-makers to support ECD? What gaps in capacity exist?

---

[4] The 10 countries receiving funding through the Cooperation Programme on ECD are Cambodia, Democratic Republic of the Congo, Ghana, Malawi, Mongolia, Nepal, Sri Lanka, Swaziland, Tajikistan, and Tanzania.

[5] In this study, we use the Organisation for Economic Co-operation and Development (2002) definition of *effectiveness:* "the extent to which a development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance."

- ***Effectiveness in generating knowledge for ECD.*** How successfully has programming promoted measurement of children's development and family and community care and increased the knowledge base regarding the effectiveness of ECD interventions?

- ***Effectiveness in mainstreaming ECD into policies, plans, and services.*** How, if at all, has the level of national and subnational engagement and ownership of ECD changed? How has ECD been integrated into community-level services?

- ***Quality and efficiency of ECD services.*** What is the current quality of ECD services provided, and how, if at all, has it been enhanced through ECD programming? What is known about the costs and efficiency of ECD services?

- ***Sustainability and scalability of ECD services.*** What factors have supported or inhibited sustainability and scale-up of ECD services?

- ***Use of a human rights–based approach to programming, gender equity, and reaching the most disadvantaged.*** How successfully has programming involved key stakeholders in design and implementation? How has national and local context been taken into account in programme design and implementation? To what extent has programming promoted gender equity and access among marginalized groups?

- ***Lessons learned.*** What general lessons can be drawn from the strengths and weakness of the design and implementation of ECD programming in Ghana, as well as its results?

The study was guided by a case study matrix (presented in Appendix B) that details specific research questions and links them to relevant programming outputs or outcomes and indicators. Some elements of the case study matrix are directly aligned with those specified in the Government of Ghana–UNICEF Programme of Cooperation, while others are designed to addresses issues and results that are of importance to the broader evaluation of the Cooperation Programme on ECD.

Data Collection

Data for the case study were drawn from primary and secondary sources. In July 2010, a researcher from the evaluation team and a local consultant conducted primary data collection during a nine-day study visit to Ghana. This period included a field visit facilitated by UNICEF Ghana staff to locations where ECD projects are implemented in the Afram Plains district of the Eastern region. Data collection activities during the country visit comprised the following components:

- ***Interviews with key informants.*** The case study team interviewed members of the UNICEF Ghana CO staff, representatives of national ministries, representatives of regional- and district-level offices of the Ghana Education Service (GES), members of a regional multi-sectoral ECD team, school administrators and teachers, and a representative of a community-based NGO with experience in ECD programming.

- ***Observations of ECD services and activities.*** The case study team observed KG classrooms at four schools in the Afram Plains district. School locations were selected by UNICEF Ghana staff in collaboration with district education officials.

- ***Focus groups with parents.*** The case study team conducted two focus groups with parents of children enrolled in KG.[6] Participants were recruited with the assistance of UNICEF Ghana and its local partners. UNICEF Ghana staff, district and school officials, and members of parent-teacher associations (PTAs) and school management committees participated in the discussions.

Appendix C presents details regarding primary data collection for the Ghana case study, specifically, a list of people interviewed and focus groups conducted. In addition to these primary data sources, the evaluation team reviewed a range of secondary sources, including reports and strategic plans, data from

---

[6] The team also intended to conduct focus groups with parents *not* enrolled in KG, but scheduling issues made it infeasible to do so.

surveys and management information systems, and the results of external studies. A list of documents reviewed for the case study is also in Appendix C.

Analysis Methods

The evaluation team employed two main qualitative evaluation methods in analyzing case study data: (1) thematic framing, and (2) triangulation. Thematic framing involves the systematic review, sorting, and interpretation of data according to a specified structure. The evaluation team's analysis was structured around the logical framework for ECD programming in Ghana and the questions, outcomes, and indicators specified in the case study matrix. The evaluation team used triangulation to confirm patterns or identify important discrepancies across data sources and respondents participating in interviews and focus groups.

1.5 Limitations of the Study

The study's findings and recommendations must be understood in the context of four important limitations:

1. *Timing.* Because the evaluation includes one round of data collection and focuses on programming experiences through summer 2010, the evaluation team has not directly assessed conditions at multiple points in time and at the end of the GoN investment (December 2010). This circumstance limits the ability to ascertain definitively the extent of change that may have occurred in Ghana's ECD programming and results over time.

2. *Representativeness of field visit sites.* The Ghana data collection included one country visit and observations and interviews in field visit sites in one district. Because the field visit sites were not selected at random, they cannot be said to be representative of ECD services throughout the country.

3. *Programme stakeholders as primary data sources.* The analysis relies largely on reports from people in Ghana who are affiliated with or affected by ECD programming. Although many people offered frank assessments of the programme's strengths and weaknesses, as well as its outcomes, it is possible that affiliation with the programme skewed respondents toward positive assessments.

4. *Quality of secondary data.* In many cases no information is available about the quality or accuracy of secondary data. This is common with data obtained from ministry management information systems.

Within the scope of these limitations, the case study team addressed each of the topics and questions and provided the most accurate findings and logical recommendations possible.

1.6. Organization of the Report

The rest of this report is organized into five sections. Section II describes the policy and governance framework for ECD in Ghana. Section III presents an overview of ECD services and initiatives in Ghana and activities to support ECD conducted under the programme of cooperation between the Ghanaian government and UNICEF. Section IV presents case study findings in each of the topic areas, including the appropriateness of the programme design; programming effectiveness; quality and efficiency of ECD services; programming planning, management, and coordination; and application of a human rights–based approach to programming. Section V addresses the prospects for sustainability and scalability of ECD services and initiatives, and Section VI offers conclusions, lessons, and recommendations intended to enhance future ECD programming in Ghana.

II. POLICY, GOVERNANCE, AND PARTNERSHIPS FOR ECD

Efforts to promote ECD in Ghana are governed by and implemented through a variety of policies and institutions in multiple sectors. This section summarizes key policies and institutions that provide a framework for ECD advancement and service delivery in Ghana. It then reviews donor and other partners engaged in resource provision and programming for ECD.

2.1 Relevant Policies

Intersectoral policies addressing ECCD have been established in Ghana, along with sectoral policies and plans that touch on education, health, and social protection aspects of ECD. Table II.1 summarizes key policies and plans related to ECD in Ghana, along with national and local institutions involved in implementing policy. The relevance of key policies is described briefly below.

Table 2.1. Key Intersectoral and Sectoral Policies and Governance for ECD in Ghana

Intersectoral			
Key Policies	Growth and Poverty Reduction Strategy II (2006-2009) and Medium-Term National Development Policy Framework (2010-2013) National ECCD Policy (2004)		
National-Level Governance/ Institutions	National ECCD Coordinating Committee/Secretariat (housed in MOWAC) Ministry of Local Government and Rural Development		
Local-Level Governance/ Institutions	Regional Coordinating Councils and District Assemblies Regional ECCD Committees District Committees on Children		
Sectoral			
Sector	Education	Health	Social Protection
Key Policies and Plans	Education Strategic Plan (2003-2015) Education for All National Action Plan (2003-2015) White Paper on Education Reform (2004) Capitation Grant (2005)	National Health Policy (2007) National Infant and Young Child Feeding for Ghana Strategy (2007)	Draft National Social Protection Strategy (2007) National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS (2005) National Plan of Action for Orphans and Vulnerable Children (2010-2012)
National-Level Governance/ Institutions	MOE/GES (for children 4 and older) MMYE (for children 0 to 3)	MOH/GHS	MMYE, Department of Social Welfare MOWAC Ghana Births and Deaths Registry
Local-Level Governance/ Institutions	Regional GES Offices and District Education Offices	Regional GHS Offices and District Health Offices	Regional MMYE and MOWAC Offices District Social Welfare Offices Regional/District/Local Registration Offices

Sources: Ghana country visit and document review.

Note: GHS = Ghana Health Service; MMYE = Ministry of Manpower, Youth, and Employment; MOH = Ministry of Health.

Intersectoral Policies. Ghana's *National Policy on ECCD* was formulated and made operational in 2004. The policy provides a framework for the guidance of key ministries, district assemblies, communities, families, the private sector, nongovernmental organizations (NGOs), and development partners for investment in and implementation of ECCD programmes. The broad goal of the ECCD Policy is to promote the survival, growth, and development of all children 0 to 8. General objectives delineated in the policy are summarized in Table II.2. The policy specifies targets related to child and maternal health and nutrition; enrollment in pre-primary education; and birth registration. It also establishes targets related to creation of a preschool education curriculum for teacher training colleges and improving the availability of data for monitoring ECCD.

Table 2.2. Objectives Defined in the National ECCD Policy

- Promote widespread acceptance and observance of the Convention on the Rights of the Child
- Promote observance and enforcement of the Children's Act of 1998
- Integrate ECCD issues into development planning schemes at the community, district, regional, and national levels
- Provide preschool education in collaboration with district assemblies, the private sector, community-based organizations, NGOs, and faith-based organizations
- Provide fee-free tuition in preschools
- Provide for the training and upgrading of preschool teachers and caregivers
- Reduce the high infant and under-5 mortality rates
- Provide information and skills to parents and other caregivers
- Improve income-earning capacity of parents
- Develop an in-depth preparatory programme of action on ECCD and HIV/AIDS
- Provide for the training and upgrading of preschool teachers and caregivers handling children with special needs
- Enforce existing laws to reduce all forms of child abuse and sociocultural practices that are detrimental to the well-being of children
- Strengthen the institutional capabilities of those delivering ECCD services at all levels
- Establish mechanisms for collaboration and for coordination of services for children in the country
- Clarify the roles and responsibilities of government, development partners, and ECCD service providers in the country
- Mobilize and allocate resources for ECCD programmes
- Give guidelines and standards for service providers to ensure high-quality ECCD service delivery
- Provide accessible and affordable ECCD services
- Establish relevant and reliable database on children
- Conduct regular and operational research into ECCD issues in the country

Source: Ministry of Women and Children's Affairs (2004).

The GPRS II, initiated in 2006, establishes as an overall goal that Ghana will achieve middle-income status by 2015. The GPRS II notes the importance of integrated child development for human capital formation and links this objective to implementation of the national ECCD policy. Within the general theme of human resources development, the strategy highlights increasing access to education, including preschool, and improving education quality. It also commits to implementation of efforts to reduce under-5 mortality, maternal mortality, and malnutrition and for increasing access to safe drinking water. The *Medium-Term National Development Policy Framework,* covering 2010-2013, echoes the GPRS II in its commitment to implementation of the National ECCD Policy.

Education. ECD-related priorities set out in the *Education Strategic Plan* and the *Education for All National Action Plan* for 2003-2015 include equitable access to free pre-primary education and enhancement of education quality by training teachers in pre-primary instruction methods. The government's 2004 *White Paper on Education Reform* stipulated changes to the education system intended to increase access, including the expansion of basic education to include two years of KG. An additional step intended to increase access, the *Capitation Grant,* was instituted nationwide in 2005 and effectively abolished school fees by providing public schools with grants to cover tuition and other school levies previously paid by households. Under the capitation grant, schools receive an award of about $3.30 per student per year from the national government. The funds are dispersed through the Ghana Education Service and District Directorates of Education. As a condition of the grant, schools cannot charge other fees to parents.

Health. Ghana's *National Health Policy* of 2007 does not specifically mention ECD, but it does prioritize several health initiatives that will benefit young children. These include scaling up packages of health interventions targeted to mothers and children (the High Impact Rapid Delivery [HIRD] package, described in Section III) and development of programmes for improving health care delivery to children under age 5. The *National Infant and Young Child Feeding Strategy Document* details approaches for addressing malnutrition in women and children. It focuses on breastfeeding, complementary feeding, optimal feeding for children ages 2 to 5, and maternal nutrition and emphasizes behavior change communication and capacity-building strategies for each area.

Social Protection. Key social protection policies related to ECD include the draft *National Social Protection Strategy* of 2007, the *National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS* of 2005, and the *National Plan of Action for Orphans and Vulnerable Children 2010-2012*. The National Social Protection Strategy targets the extreme poor and is intended to establish a framework for social protection programmes and cross-sectoral collaboration. Among other steps, it establishes the Livelihood Empowerment Against Poverty (LEAP) cash transfer initiative (described further in Section III). Ghana's policy guidelines on orphans and vulnerable children (OVC) outline priority areas of intervention across sectors, which are intended to reduce the number of children orphaned by HIV/AIDS and protect the rights of OVC. Among the intervention areas highlighted are care and psychosocial support for OVC.

2.2 Governance Structures for ECD

The National ECCD Coordinating Committee plays a prominent role in national governance for ECD. Its membership includes representatives of ministries, institutions of higher education, development partners, NGOs, and a national association of ECCD providers. Among the National Committee's responsibilities are (1) advising MOWAC on ECCD issues; (2) mobilizing resources for ECCD services; (3) examining current laws as they affect families and young children and making recommendations for amendments where necessary; (4) monitoring to ensure implementation of the ECCD policy; (5) ensuring coordination of efforts among those providing ECCD services, and (6) facilitating the synchronization of relevant aspects of the ECCD policy with existing sector policies and programmes. Regional and district ECCD committees have responsibility for advising local governing bodies, advocacy, planning and monitoring of ECCD services and initiatives, and coordination of ECCD activities at their levels.

Multiple national ministries and agencies are responsible for development and implementation of sectoral policies and services related to ECD. They include MOWAC; the MOE and its implementing agency, the GES; the Ministry of Health (MOH) and its implementing agency, the Ghana Health Service (GHS); the Ministry of Manpower, Youth, and Employment (MMYE) (specifically, the Department of Social Welfare, which oversees nurseries and crèches for children 0 to 3); and the Ministry of Local Government and Rural Development, which oversees institutions for decentralized governance and includes the Births and Deaths Registry.

Appointed regional coordinating councils and elected district assemblies are governing bodies that have key roles in implementation of ECD services and initiatives at the local level. District assemblies, in particular, have authority over allocation of funds for construction of new schools and are therefore influential in expansion of access to KG. District offices of the GES are responsible for overseeing and monitoring school operations in their areas, including the provision of in-service training for teachers. District offices of health and social welfare have similar functions overseeing and monitoring services in those sectors.

2.3 Key Partnerships

UNICEF is an active partner with the government of Ghana on ECD issues and takes a leadership role in collaborations related to early childhood policy and services, according to key informants. They have provided leadership in raising awareness and advocating for ECD, in building the capacity of national-level officials in ECD, and in providing key inputs to the policy and programme development process overall.

Other multilateral and bilateral agencies and donors whose programming addresses ECD in Ghana include the World Bank, UNESCO, the United Kingdom (U.K.) Department for International Development, and the United States (U.S.) Agency for International Development, which for example has provided teaching and learning materials for KG classrooms, including story and picture books that can be integrated into the KG curriculum. Some partners have focused on policy development and networking for ECD. The World Bank, for instance, has supported intersectoral policy efforts in Ghana and facilitated networking and partnership building for early childhood across multiple African countries. The Association for the Development of Education in Africa has also been an important contributor to policy development on ECCD in Ghana. A wide variety of national and international NGOs are active in services and advocacy related to ECD generally and children's education, health, and welfare specifically.

Institutions of higher education also play a substantial role as partners for ECD in Ghana. For example, the University of Winneba's Department of Early Childhood Education both trains KG teachers and contributes expertise to planning and policy development related to ECD. Its representatives serve on the National ECCD Coordinating Committee. In addition, the Early Childhood Development Virtual University of the University of Victoria has provided assistance with capacity building for ECD leaders in Ghana.

3. ECD SERVICES AND DESIGN

This section describes key ECD services and initiatives that have been a focus of UNICEF's efforts in collaboration with its partners. A logical framework for ECD programming in the Government of Ghana-UNICEF Cooperation Programme, which was developed through consultations and reviews of documents conducted as part of the case study, is also presented. This framework provides a means for specifying and understanding the strategies adopted and outcomes anticipated for ECD programming. Finally, the section describes the positioning of ECD within the UNICEF Ghana country office, provisions for collaboration on ECD across sections, and financial resources allocated to key ECD-related strategies.

3.1 Overview of ECD Services and Initiatives

A variety of services and initiatives in Ghana address the education, health, nutrition, and social protection needs of young children and their families. This section describes key services and initiatives related to pre-primary education; maternal and child health and nutrition; and social protection that have been emphasized in the Government of Ghana-UNICEF Cooperation Programme.

Pre-primary education. In an effort to make pre-primary education universally available, the Ghanaian government reformed education policy in 2004 to integrate KG into the country's system of free and compulsory basic education. Full implementation of the policy began in the 2007-2008 school year, after a pilot period. KG education includes two levels, one for 4-year-olds and one for 5-year-olds. Underage and overage enrollment are not uncommon, however, as suggested by differences between the GER and the NER. Education reforms have also mandated that KGs be attached to all primary schools (although this objective has not yet been fulfilled, as described in Section IV). Private KGs are widespread in Ghana, particularly in more urban areas; EMIS data indicate that about 19 percent of enrolled students were in private KGs in 2008-2009. According to key informants and EMIS data, the proportion of KG students enrolled in private schools has decreased as publicly supported KGs have become more available.

Nurseries and crèches—center-based care for children 0 to 3—are also available in Ghana. These centers serve a relatively small proportion of children; the GER for nurseries and crèches was about 8 percent in 2008-2009, according to EMIS data. This may be a result of both limited demand—as parents may prefer to take care of very young children themselves or leave children with relatives—and of limited supply of centers for children in this age group, particularly in rural areas. Note also that EMIS data do not capture information on enrollment in all nurseries and crèches, particularly private ones; the data in fact indicate that 81 percent of the 4,155 crèches and nurseries in operation in 2008-2009 were privately operated.

Maternal, infant, and child health and nutrition. The HIRD package is a key intervention for promoting maternal and child health in Ghana. It comprises several elements, including immunization, vitamin A supplementation, exclusive breastfeeding, complementary feeding, use of insecticide-treated bed nets, treatment of malaria, management of diarrhea with oral rehydration therapy, preventive treatment of malaria during pregnancy, and prevention of mother-to-child transmission of HIV. Prevention and treatment strategies for malaria are also delivered through the Roll Back Malaria campaign, which distributes insecticide-treated nets to children under 5 and pregnant women. Other examples of health-focused services and interventions that benefit young children include the National Health Insurance Scheme, which is intended to provide equitable universal health insurance, and the National Guinea Worm Eradication Programme, which employs strategies focusing on hygiene education, safe water, and sanitation to eliminate this disease.

Young children are also served through school-focused efforts to improve WASH; provide adequate nutrition; and conduct health and disability screenings. Although detailed coverage data were not obtained for these types of interventions, it is known that they do not cover all schools. WASH initiatives include campaigns to increase access to clean water and latrines in schools and to educate students on proper hand washing. The Ghana School Feeding Programme provides children in KG and primary school with one nutritious meal per day prepared with locally grown foodstuffs. It is intended both to help

meet children's nutritional requirements and to promote school enrollment. The programme targets districts and schools considered to be deprived and those with low school enrollment or attendance. Health screenings, including hearing and vision tests, are also offered in some schools.

Social protection. Key services related to social protection include birth registration and the LEAP cash transfer initiative. The government has attempted to communicate the importance of birth registration to parents through such campaigns as National Birth Registration Day and Child Health Promotion Week. Registration is available at child welfare clinics and is free during the first 12 months after a child is born. The LEAP programme, a key element of the National Social Protection Strategy, provides cash and health insurance to extremely poor households, targeting caregivers of OVC, the elderly, and the severely disabled. The cash transfers range in value from about US$7 to US$13 per month and depend on household size. The transfers are intended to be conditional on such steps as enrollment of children in school, prenatal clinic attendance, immunizations, nontrafficking of children, and others. However, these conditions have not been enforced consistently. LEAP is currently in a pilot stage; by mid-2009, about 26,000 households in 74 districts (of 178 nationwide) were participating (UNICEF West and Central Africa Regional Office et al. 2009).

As noted in Section II, a variety of national ministries and local government agencies are involved in planning and implementing ECD-related services. Figure III.1 depicts the links among key ministries and agencies and the services and initiatives described above. In many cases, multiple ministries and agencies at the national and local levels have responsibilities related to implementation and oversight of a single service or initiative. For instance, MOE/GES coordinates with district assemblies in expanding and implementing KG. Similarly, MOE/GES, MOH/GHS and district assemblies all have roles in promoting WASH in schools.

3.2 Logical Framework for ECD in the Government of Ghana-UNICEF Country Programme

UNICEF's longstanding commitment to improving the lives of young children and its work in multiple sectors and with many partners at the global, regional, national, and subnational levels have positioned it well for supporting holistic ECD in developing countries, including Ghana. As part of the evaluation, a logical framework for ECD programming in the Government of Ghana–UNICEF Programme of Cooperation was drafted, based on information received from key stakeholders and programme documents. (The logical framework is presented in Appendix A.) According to this analysis, UNICEF's collaboration with its country partners to enhance ECD in Ghana includes three main strands, each encompassing a distinct set of activities, outputs, and outcomes:

Figure 3.1. Ministries/Local Agency Links to ECD-Related Services
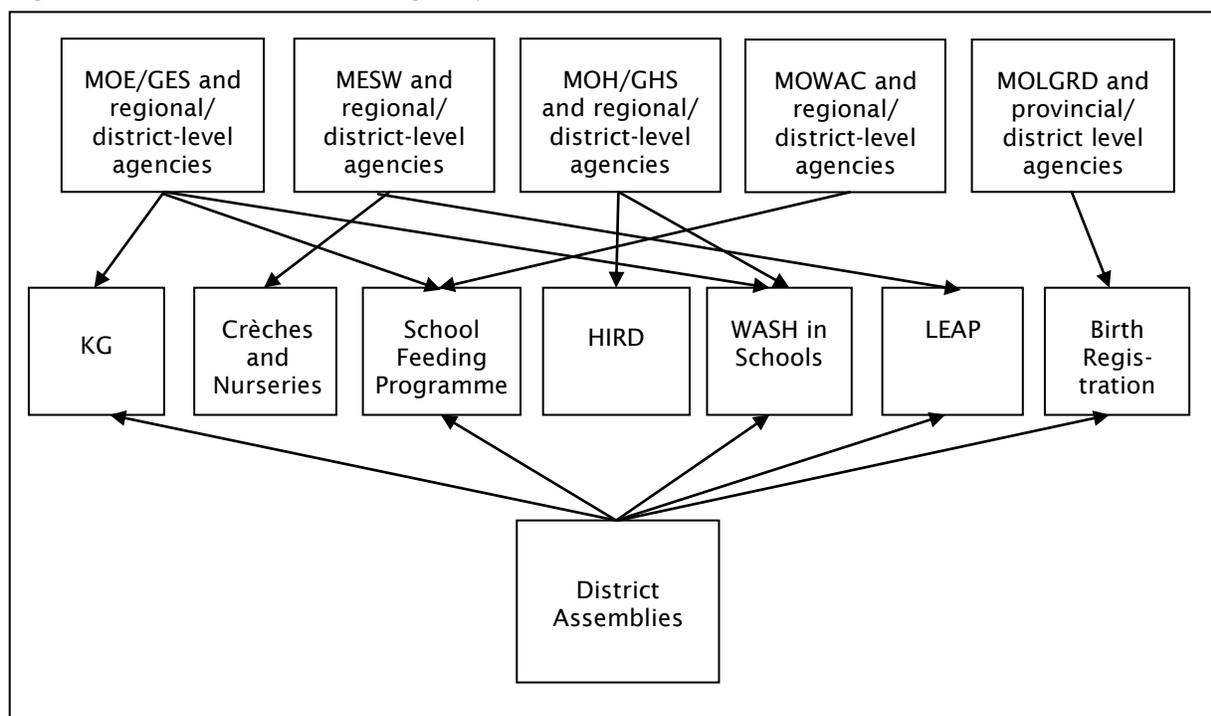
Source: Ghana country site visit and document review.

Note: MESW = Ministry of Employment and Social Welfare; MOLGRD = Ministry of Local Government and Rural Development.

1. ***Capacity building and support for implementation of the national ECCD policy.*** This component of ECD programming focuses on increasing the skills of regional and district-level ECD teams in the areas of advocacy, planning, and monitoring through the provision of training. It also involves support for quarterly planning and review meetings for members of the national ECCD steering committee, as well as orientation for public officials and other opinion leaders on ECD issues and policies.

2. ***Enhancement of KG education.*** Activities to enhance KG education include development of a quality KG model and pilot implementation of this model in two districts, Afram Plains in the Eastern region and Savelugu-Nanton in the Northern region. Elements of the quality KG model include early learning and development standards (ELDS); student assessment tools and a handbook for teachers linked to the KG curriculum; and capacity development for local stakeholders, including PTAs. A related activity is training for GES officials at the district and school level on provision of in-service support to teachers and use of teaching and learning materials (TLMs) to promote literacy and language development. Another important intervention is the integration of KG curriculum and standards into the pre-service teacher training programme. Finally, this strand of programming includes efforts to enhance EMIS data on KGs to facilitate monitoring of enrollment, teacher training, and school conditions.

3. ***Promotion of ECD through health, nutrition, WASH, and child protection initiatives.*** Activities in this strand of programming address health, nutrition, WASH, and child protection aspects of ECD, although they are not explicitly designated as ECD interventions in country programme documents. Some activities are intended to link to other components of ECD programming. For example, school-based promotion of health, safe water and sanitation facilities, and detection of disabilities is expected to converge with efforts to enhance KG education, according to the CPAP (Government of Ghana and UNICEF 2006). Other activities have been implemented concurrently with other strands of ECD programming. Support for increased birth registration emphasizes communication through national campaigns and services, as well as efforts to reach unregistered children in schools.

13

Activities related to child survival and nutrition focus on expansion of the Accelerated Child Survival and Development (ACSD)/HIRD package; prevention of mother-to-child transmission of HIV and detection, treatment, and care for children infected with HIV; and salt iodization.

These strategies and their associated outputs are expected to lead to several outcomes: (1) integration of ECD issues into development planning and collaboration for the provision of holistic ECD services; (2) expansion of access to quality KG and increased capacity to use data for policy development; and (3) improvements in children's health and nutrition status, as well as increases in birth registration rates. In the medium term, the expected impact of ECD programming is sustainable and effective ECD services delivered equitably, at scale, and with quality to all children and parents. Over the longer term, the expected impacts include enhancing child well-being and ensuring that all children enter school developmentally ready and on time, stay in school, and learn.

Funding from the UNICEF-GoN Programme of Cooperation on ECD has supported the first two strands of ECD programming; the case study focuses on these two strands. Specific activities undertaken with Dutch funding are summarized in Table 3.1.

3.3 ECD in the UNICEF Country Office

The UNICEF Ghana CO is organized into five sections, in line with components of the CPAP: (1) ACMA, (2) Child Protection, (3) Education, (4) Health and Nutrition, and (5) WASH. The ACMA programme works across sectors with the aims of strengthening the capacity of national and local partners to generate and use data on children and creating a supportive environment for children in terms of governance and finance. Within the CO, an Education Specialist serves as the ECD focal point. Under the overall supervision of Chief of the Education Section, the Education Specialist manages the preschool education element of the Education programme, among other duties. The specialist also takes a leading role on activities related to implementation of the National Policy on ECCD.

Table 3.1. ECD-Related Activities Supported in the Government of Ghana–UNICEF Programme of Cooperation

ECD Programming Strategy	Activities
Capacity Building and Support for Implementation of the National ECCD Policy	• Strategic planning meetings of the national ECCD committee • Orientation for opinion leaders, ministry officials, and elected representatives on ECD issues and strategies for improving service delivery • Training-of-trainers workshop for regional ECCD committees • Support for official review of the ELDS and indicators • Support for officials to conduct study tour in Afram Plains and Savelugu-Nanton districts
Enhancement of Kindergarten Education	• Training of KG teachers and attendants on the KG curriculum and teaching and learning materials • Development, finalization, and printing of KG student assessment tools • Training of teachers in use of assessment tools • Training for circuit supervisors in appropriate knowledge of KG and methods for providing supportive supervision of KGs • Needs assessment for KG • Training for universities and teacher training colleges on KG curriculum, assessment tools, and teaching manuals • Support for formation/strengthening of SMC/PTAs • Capacity building for district training teams • Provision of furniture to selected KG classrooms
Promotion of ECD Through Health, Nutrition, and Social Protection Initiatives	• Support for scaling up of ACSD/HIRD package of interventions • Capacity development of GHS in planning and monitoring for maternal and child nutrition • Support for scaling up of prevention of mother-to-child transmission of HIV • Provision of school WASH facilities • Support for development of National Action Plan on OVC • Finalization of National Social Protection Strategy • Support for public education campaigns on birth registration

Source: Document review and Ghana country visit.

Note: SMC = school management committee.

Use of UNICEF-Government of Netherlands ECD Programme Funding

Dutch funding for ECD awarded to UNICEF Ghana—just over US$830,000—has been allocated entirely to the preschool education component of the Education programme. These funds have supported the activities related to policy implementation and enhancement of KG education outlined above. According to the Ghana 2009 annual report on Dutch funding, a majority of funds expended in that year—about 60 percent—went toward support and training on the KG curriculum and related topics for teachers and school- and district-level administrators (UNICEF 2010). In the previous year, nearly 90 percent went toward such training (UNICEF Ghana 2009a).

Dutch funding has contributed substantially to ECD-related activities in recent years. The 2006-2010 CPAP budgeted about US$700,000 per year for activities related to preschool support. (Other ECD-related activities were not separated in the budget.) For 2010, UNICEF Ghana expected Dutch funding to comprise about a third (32 percent) of all funds available for activities related to intersectoral policy support and KG enhancement (US$207,297 in GoN funds out of a total of US$645,889 available).

Figure III.2 depicts the allocation of the funds across the three strategic objectives defined for the GoN funding. As the figure shows, UNICEF Ghana planned to direct two thirds of the GoN funding toward activities related to capacity building, while the remainder was budgeted to be evenly divided between mainstreaming and knowledge generation activities.

Figure 3.2. Approximate Distribution of GoN Funding Across Strategic Objectives in Ghana (2008-2010)
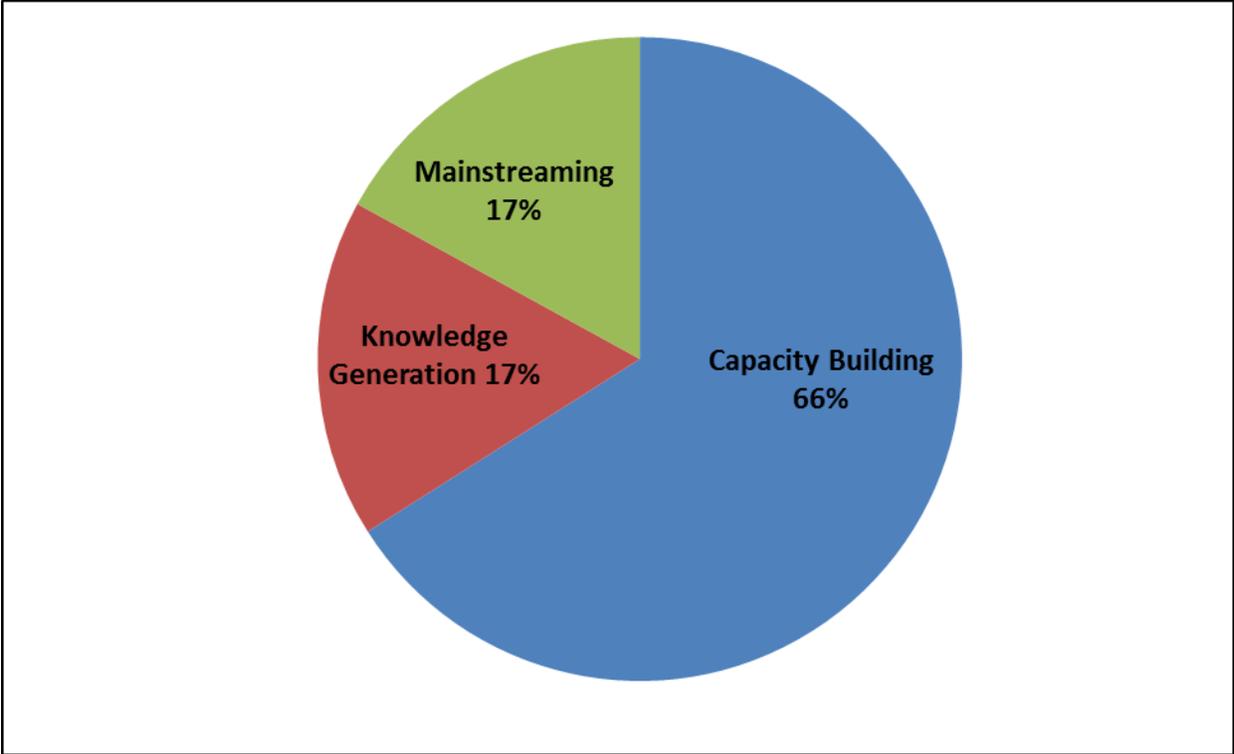
Source: Adapted from UNICEF Ghana 2009b and UNICEF Ghana 2010b.

4. EVALUATION FINDINGS

This section presents findings from the case study in four broad areas: (1) appropriateness and alignment with national plans and policies; (2) planning, management, and coordination; (3) programme effectiveness; and (4) the quality and efficiency of ECD services.

4.1 Appropriateness and Alignment with National Priorities

ECD programming is appropriate for promoting holistic ECD through through capacity building related to policy implementation, but promotion of integrated services has not been consistently addressed. Current ECD programming has supported implementation of the National ECCD Policy through such activities as orientations to sensitize decision-makers on ECCD issues; capacity building for national, regional, and local ECCD committees; support for strategic planning and intersectoral communication at the national level; and a range of efforts to promote quality in early childhood services, especially KGs. However, it is not evident that ECD programming has consistently encouraged the development of integrated services for ECCD—"packages that will take care of the physical, mental, social, moral, and spiritual needs of the child"—which is defined as a key implementation strategy in the National ECCD Policy (MOWAC 2004). Some steps have been taken toward comprehensive, coordinated services in local areas—for instance, provision of hearing and vision screenings for KG students, which was observed in Afram Plains. However, other opportunities for service integration, such as inclusion of messages on young children's psychosocial development in health and nutrition interventions, have apparently not been pursued. This circumstance may be related to three factors: (1) a largely sectoral approach to policy and planning in key institutions (including development partners), (2) an emphasis within the ECCD institutional framework on intersectoral communication rather than coordinated service provision, and (3) an absence of clear models for service integration on which to build.

ECD programming under the Government of Ghana–UNICEF Programme of Cooperation is aligned with priorities for pre-primary education and maternal and child health as expressed in national policies and development plans. Programming focusing on KG is in keeping with national priorities for increasing the accessibility and quality of pre-primary education, as expressed in the GPRS II, the Education Strategic Plan, and national education reforms. In particular, activities to support curriculum development, enhance teaching methods, and expand teacher training at the KG level are consistent with goals of improving the quality of teaching and learning. Current programming does not appear to fully address priorities expressed in national strategies and plans related to inclusion and service access for marginalized populations, including OVC, however.

4.2 Effectiveness of ECD Programming

Findings on effectiveness of ECD programming address four issues related to the logical framework and the goals of the UNICEF-GoN Cooperation Programme: (1) increasing access to and coverage of ECD-related services; (2) building capacity for developing and implementing policy and interventions to promote ECD; (3) generating and using knowledge on ECD services and outcomes; and (4) mainstreaming ECD into national policies, plans, and services. The evaluation team's findings focus on the period covered by the current CPAP (2006-2010) and concentrate on ECD programming related to implementation of ECCD policy and enhancement of KG quality, as these were areas supported with Dutch funding and were the focus of the country visit.

Increasing Access and Coverage

KG enrollment rates have risen substantially in the past four years and have surpassed national goals, likely as a result of changes in education policy. KG enrollment has increased markedly in Ghana in recent years. The GER grew nearly 12 percentage points between 2005-2006 and 2009-2010, to 93 percent; since 2003-2004, it has grown over 40 percentage points. The current NER, on the other hand, stands at 63 percent, according to data from UNICEF Ghana (2010a). (Table IV.1 summarizes GER trends between 2003-2004 and 2009-2010.) The substantial enrollment increases have surpassed

the national goal for pre-primary enrollment established in the Education Sector Strategic Plan for 2003-2015—75 percent by 2015. Respondents attributed these increases largely to policy changes. Specifically, education reforms that incorporated two years of KG into the free and compulsory basic education system and introduced the capitation grant appear to have had a considerable influence on families' decisions to send children to school. Some support for this perspective is provided by the timing of the sharpest increase in enrollment—a jump of nearly 25 percentage points between 2004-2005 and 2005-2006, which coincided with abolition of school fees. (Declining proportions of children enrolled in private school have been attributed to increased overall enrollment, rather than a shift from private to public schools.) Comments from parents participating in focus groups also suggest that many are aware of the potential benefits of KG in preparing children to enter primary school.

Table 4.1. Kindergarten Enrollment in Ghana, by School Year

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Number of students enrolled	687,643	778,109	1,065,963	1,142,784	1,262,264	1,338,454	1,440,732
GER (percentage)	54.6	60.1	85.3	89.0	89.9	92.9	97.3
Percentage of students enrolled in private schools	31.2	36.8	29.4	18.9	17.1	19.4	19.5

Source: Ministry of Education 2010 Review Report.

Increased access to pre-primary education has been facilitated by growth in the number of KGs, but insufficient availability and other barriers to attendance remain problems in some areas. A key strategy for increasing access to KG in Ghana has been the government requirement that all primary schools have a KG attached. The pace of growth in the number of KGs was higher before 2006-2007 than after (Table IV.2), possibly as the result of an early focus on rapid infrastructure development in more accessible areas. Although a count of the current number of primary schools with KGs attached is unavailable, 2008-2009 EMIS data indicate that public KGs numbered 11,827 while public primary schools numbered 13,510—which suggests a gap of about 12 percent nationwide.

Table 4.2. Number of Kindergartens, by School Year

	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Public	5,205	7,818	10,193	11,140	11,827	12,481
Private	1,804	2,913	4,053	4,309	4,612	4,990
Total	**7,009**	**10,731**	**14,246**	**15,449**	**16,439**	**17,471**

Source: Ministry of Education 2010 Review Report.

Despite increases in the number of KGs, key informants noted that access remains difficult in some locations, particularly in rural or remote areas, where young children may have to travel long distances to attend school. Indeed, Ghana's three northern regions (the Upper West, Upper East, and Northern regions), which are the least densely populated areas of the country, have lower NERs for KG than most other regions. Table IV.3 summarizes regional KG enrollment rates for the 2008-2009 school year. As noted earlier, the Greater Accra region reports the lowest KG enrollment rate: 41 percent. Although this region is relatively populous, it also appears to have the largest gap between the number of primary schools and the number of KGs; the region has 40 percent fewer KGs than primary schools.

Table 4.3. Kindergarten Net Enrollment Rates for 2008-2009 School Year, by Region

Region	Net Enrollment Rate (percent)
Ashanti	65.3
Brong Ahafo	78.7
Central	76.7
Eastern	64.9
Greater Accra	41.2[a]
Northern	57.2
Upper East	50.5
Upper West	49.8
Volta	60.2
Western	79.9
All Regions	**63.6**

Source: MOE 2009.

[a]This figure is likely inaccurate because of the difficulty of collecting enrollment data from the relatively large number of private KGs in the Greater Accra region.

Coverage levels of KGs that meet quality standards are unknown. The quality KG model supported under the Government of Ghana–UNICEF Programme of Cooperation is in a pilot phase in two districts and has not been fully implemented nationwide (although some training opportunities and materials have been made available to areas outside the pilot districts). It is unknown what percentage of KGs nationwide currently can be considered of good quality, or whether changes have occurred in coverage of quality services. This appears to be a result of unclear standards and limited capacity to collect relevant data. MOE does gather information related to some aspects of education quality, such as the percentage of formally trained teachers in schools and pupil-teacher ratio. However, comprehensive standards for KGs have yet to be developed or assessed systematically, which makes a determination of coverage levels for quality KG difficult. UNICEF has provided some support for initial steps toward developing comprehensive standards, such as the engagement of an expert consultant to conduct training sessions with MOE/GES staff intended to help them specify desired quality attributes for KG.

Most KGs have access to drinking water, but access to sanitation is less extensive. In 9 of Ghana's 10 regions, most KGs have access to drinking water, according to EMIS data. (In the Upper West region, just 42 percent of KGs have access.) Toilets are less commonly found in KGs, however: in just 5 regions do over half of KGs have them. These data suggest that WASH programming has been more successful in enhancing access to drinking water than to sanitation facilities among KGs. One possible reason for this gap is that sources of clean water may be shared between primary schools and attached KGs, while KGs are likely to require dedicated toilet facilities because of students' relatively young ages.

Building Capacity for ECD

Stakeholders report that capacity for implementing National ECCD Policy has grown. Members of the national ECCD coordinating committee the case study team interviewed noted that infrastructure and skills for implementing intersectoral policy has grown since the adoption of the National ECCD Policy in 2004. Among the specific accomplishments highlighted in interviews and documents are an increase in the number of ECCD teams at the district level from 37 pilot teams to 130 (of a total of 138 districts), implementation of annual review meetings and interagency meetings on ECCD, and increased skills for six individual members of the committee who have attended the Early Childhood Virtual University Programme of the University of Victoria. UNICEF has provided instrumental support for this capacity building, according to key informants, including active participation on the national ECCD coordinating committee and materials and funding for training of district ECCD teams. GoN funding provided resources for these efforts, particularly training of district teams.

The strength of the institutional framework for coordination on ECCD at the regional and district levels varies. The case study team interviewed one regional ECCD committee, which appeared to be operating successfully. Members indicated that the committee had created annual work plans, initiated public education campaigns targeted at parents, and conducted monitoring of early childhood centers for children 0 to 3 years old. Information from other key informants suggests that the accomplishments and functioning of committees at the regional and district levels vary widely, despite the provision of training at all levels. The presence of people who can take active leadership of the committees was reported to be a key factor in their successful operation.

Capacity within MOE/GES for planning related to pre-primary education appears to have been enhanced at the national and district levels. The activities and knowledge of MOE/GES administrators the case study team interviewed at the national and district levels suggest that capacity for planning on pre-primary education has increased since the announcement and implementation of education reforms in the past 3 to 6 years. The ECD Unit and the Curriculum Research and Development Division have initiated and managed efforts to enhance KG quality and produced curricula, training, and assessment materials as part of this undertaking. In addition, national strategy documents on education reflect detailed work plans related to expansion of access to KG. In the district visited by the evaluation team, GES administrators were well informed on issues of KG coverage and gaps related to infrastructure and teacher training. (How the capacity level of this district compares to others, however, is not known.) It appears likely that UNICEF's ongoing collaboration with MOE/GES officials at the national and local levels has contributed to increased capability for planning and implementing KG services. MOE/GES officials highlighted the benefits of partnership with UNICEF in their interviews with the evaluation team, and GoN funding has provided resources for efforts related to development and testing of assessment tools. As noted above, one example of UNICEF support is the recent engagement of an expert consultant to help assess the progress of the quality KG model and begin developing comprehensive KG standards.

Some KG teachers report increases in skills related to specific teaching methods, but weaknesses exist in processes for comprehensive in-service training at the school level. Teachers the case study team interviewed reported that their ability to use TLMs—poster books and visual aids—for lessons in their classrooms had improved after they received training and TLMs. In addition, some teachers have received training in conducting child assessments, although use of the assessment tool remains in pilot phase. GoN funding provided resources for both types of training. In general, in-service training sessions for teachers tend to focus on narrow methodological topics or specific resources, according to key informants. This circumstance may result from the absence of a comprehensive in-service training agenda or syllabus for KG teachers. It could also be related to weaknesses in training followup. School administrators, for example, may not consistently communicate to teachers, through supportive supervision, the information they receive in higher-level trainings.

Institutions for teacher training have been established, but only a small proportion of teachers are formally trained. A supportive environment for ECCD has helped promote the establishment of formal programmes for training early childhood educators. The University of Education, Winneba, offers the opportunity to obtain a degree in early childhood education. Seven Colleges of Education also offer a diploma in basic education focusing on early childhood. Students can take courses on early childhood education at the University of Cape Coast as part of their education degree. Furthermore, the National Nursery Teacher Training Center organizes an eight-week in-service training programme that offers a certificate of participation. However, less than a third of teachers in public KGs nationwide (31 percent) have received any type of formal training in education, according to 2008-2009 EMIS data. (Less than 10 percent of teachers in private KGs are formally trained.) The percentage of KG teachers with training specifically related to early childhood is unknown. Limited access to and resources for formal training are key barriers, particularly in rural areas. In addition, highly trained teachers are less likely to remain in remote areas, according to key informants.

It is not known whether parents' caregiving practices have been enhanced through ECD programming. The evaluation team did not identify clear evidence of improvements in parents' caregiving practices, particularly those related to psychosocial development. KG parents participating in focus groups reported infrequent individual interaction with teachers; therefore, opportunities for addressing parenting practices in this context may be rare. In addition, parents did not report specific changes in caregiving practices that may have resulted from exposure to other services for families with

young children. Some information on child development has been delivered to parents through radio and public information campaigns, according to key informants, but the effects of these campaigns have not been measured.

Capabilities regarding ECD programming appear to be high within the UNICEF CO, but conceptualization of ECD as a cross-sectoral issue remains a challenge. Key UNICEF Ghana staff members demonstrated knowledge and expertise regarding ECD and a commitment to supporting the National ECCD Policy. Some staff members, however, expressed uncertainty regarding the organization's definition and priorities in this area. Staff members also indicated, for example, that ECD tends to be construed narrowly within the CO as an education issue. This narrow conceptualization of ECD among some staff members may inhibit coordination among various components of the country programme to advance holistic ECD and integration of services.

Generating Knowledge for ECD

Systems for gathering national and local data on pre-primary education are established. EMIS data collected by MOE provide longitudinal information on enrollment at all levels of the basic education system, including KG, and have been collected since the late 1980s. The range of data elements collected currently also addresses such areas as teachers formally trained, presence of drinking water and toilets, pupil-teacher ratios, and availability of textbooks and classroom furniture. Plans exist to enhance data collected on KGs to reflect additional areas of interest, such as the type of play equipment available and whether teachers have received training related to early education. However, current EMIS data provide limited visibility regarding KG enrollment among disadvantaged groups, such as OVC, as enrollment data are not sufficiently disaggregated.

ELDS for 4- and 5-year-olds have been created and applied. Ghana's ELDS and indicators were successfully developed over several years after adoption of the National ECCD policy. MOE/GES has applied the ELDS in revision of the KG curriculum and creation of assessment tools for KG students, so that these resources are aligned.

Data on children's developmental progress and rigorous evidence on the effects of KG participation are unavailable. Although standards for early learning and development have been defined for 4- and 5-year-olds, data on developmental indicators have not been collected to determine whether children are meeting these standards. This gap limits the ability of planners to assess whether current ECD interventions are having the desired results. Some progress toward data collection on developmental indicators has been accomplished through the creation of student assessment tools for use in KG classrooms; these tools might be employed in gathering data on developmental progress. However, resources for training all teachers in use of the assessment tools and planning and conducting systematic data collection do not appear to be available at present. In addition, evidence of the effects of KG on child outcomes is unavailable. Such data have not been gathered, and rigorous studies to assess the results of KGs—including KGs that have been targeted for intensive quality improvement support from the Government of Ghana and UNICEF—are not currently planned.

Gaps remain in knowledge regarding the costs and financing of ECD services. Studies have not been conducted of the fixed and recurrent costs of providing quality KG, and limited guidance appears to be available to support ministry budgeting for ECD services. In addition, the overall level of government and donor spending for ECD across sectors in Ghana, as well as changes in this spending over time, remain unknown.

Mainstreaming ECD into Policies, Plans, and Services

Progress toward ECD mainstreaming is evident in intersectoral policy, education policy, and local governance. The content and implementation of the National ECCD Policy and education policies offer the clearest evidence of ECD mainstreaming in Ghana. Within the framework established by the National ECCD Policy, roles and responsibilities of a range of ministries, departments, and agencies have been established at the national, regional, and local levels, and structures for cross-sectoral communication and coordination have been established. Mainstreaming of ECD has also been achieved in the education sector, which has implemented planning and scaled up services focused on 4- and 5-year-old children.

Finally, strategic planning and budgeting undertaken by district assemblies addresses ECD, particularly as it relates to financing for education infrastructure.

Current policy and plans related to OVC note the importance of ECD but do not specify strategies for addressing the developmental needs of young disadvantaged children. The National Plan of Action for OVC, for example, includes statements regarding the need for protection and care of disadvantaged children, including those affected by HIV/AIDS. It also acknowledges that "specific attention to children 0-8 infected and affected by HIV/AIDS is rather minimal" in current services and supports (Ministry of Employment and Social Welfare and UNICEF 2010). However the plan does not outline goals or strategies that specifically address the developmental needs of young children. Similarly, the National Policy Guidelines on OVC do not present implementation strategies that appear to be tailored to young children and ECD.

ECD services targeting parents and children 0 to 3 are limited. Parents of children under the age of 4 do not appear to be reached consistently with services addressing ECD. A small proportion of children 0 to 3—about 8 percent—were enrolled in crèches or nurseries in 2008-2009, according to EMIS data; it is not known whether care provided in this context supports holistic ECD. Some families are also reached by HIRD interventions that focus on maternal and child health, though they do not address psychosocial development. (HIRD coverage data were not available to the study team.) In general, ECD-related support for parents of children at this age seems to be scarce and short-lived. Parents participating in focus groups reported, for example, that their interactions with pediatric health care workers tended to decline after children finished sequences of initial immunizations at age 1. In addition, home-, center-, or community-based services that support holistic ECD for children of this age appear to be rare or unavailable.

4.3. Quality and Efficiency of ECD Services

KGs observed during the country visit were affected by quality problems related to overcrowding, poor infrastructure, and an insufficient number of teachers with training in early education. Many teachers observed by the evaluation team during school visits demonstrated an ability to engage students, work interactively with them, and develop lessons based on the KG curriculum and teaching guides. However, they faced formidable obstacles to providing quality pre-primary education in the form of large class sizes and poor classroom conditions. Individual KG class sizes in the schools the case study team visited in the Afram Plains district ranged in size from 24 to 188 students, with one teacher and one assistant; 8 of the 11 classes visited had 50 children or more. The average pupil teacher ratio in the district, 53 to 1, exceeds the national average of 37 to 1, according to 2008-2009 EMIS data (the pupil-teacher ratio does not account for assistants). Such large ratios—including the national average—have the potential to pose health and safety hazards to children attending KG. In addition, classrooms the evaluation team observed were generally poorly ventilated and lit and had limited teaching materials. Available materials were rarely easily accessible to children. Teachers were worried that giving children access to the restricted supply of poster books, for instance, would result in the materials being damaged.

An additional obstacle to provision of quality KG education in the district the case study team visited was the small proportion of formally trained KG teachers. Although many of the teachers the team met have 10 years or more of teaching experience, only 19 percent of KG teachers in Afram Plains have been formally trained, according to 2008-2009 EMIS data. This is 12 percentage points below the national average. As noted earlier, access to formal training in rural areas is difficult, and teachers are unlikely to have the resources to attend courses in other locations. Attracting trained teachers to remote areas is also difficult, according to key informants.

The efficiency of KGs may be diminished by problems with targeting enrollment to right-age children. The national GER for KG is substantially higher than the NER in Ghana: 93 percent compared to 64 percent, according to 2008-2009 EMIS data. It is not known whether underage or overage children are more likely to be enrolled, but the difference between the GER and the NER suggests that a nearly a third of children in KG are not in the expected age range. This circumstance presents a challenge to the efficiency of the KG system, as resources are diverted to children outside the target group.

4.4 Processes for Programme Planning, Management, and Coordination

Expected results for key elements of ECD programming have been defined. However, current monitoring processes do not address all stated indicators. The Government of Ghana-UNICEF CPAP for 2006-2010 specifies targets to be achieved by 2010 for activities related to KG quality enhancement: (1) 70 percent GER/50 percent NER for KG, (2) 70 percent of primary schools with preschools attached, (3) 70 percent of KGs meeting nationally accepted standards, (4) 80 percent of children showing development in line with national standards, (5) 100 percent of KG teachers trained, and (6) 100 percent of districts with an up-to-date database on preschools. EMIS data provide information on many of these indicators, but processes for measuring achievement of KG standards and child development goals have not been implemented. The absence of comprehensive KG standards and of resources for implementing national assessments of developmental progress appear to be key barriers to monitoring these elements of the CPAP. These targets may have been included in the CPAP in anticipation of rapid development of related measurement tools and data collection procedures.

Within the UNICEF Ghana CO, coordinated programming on ECD across sections appears to be narrowly focused. Interviews with UNICEF staff indicated recognition of the need to address ECD but also suggested that it has been conceptualized largely as an educational intervention. There was some evidence of ECD-related collaboration across sections: WASH efforts to improve school facilities and hygiene, and the participation of nutrition staff in supporting the ELDS development process. However, the case study team did not find evidence of systematic efforts or processes to coordinate programming or consistently promote integrated approaches to ECD. In addition, funding for programming related to intersectoral coordination on ECD was generally perceived to be the responsibility of the Education section, since the preschool programme operates within it.

4.5 Incorporation of a Human Rights-Based Approach to Programming and Strategies to Improve Gender Equity and Participation of the Disadvantaged and Marginalized

ECD programming has been inclusive of parents and other local stakeholders. ECD programming has emphasized participation in planning and service delivery among a range of stakeholders. Capacity building has been provided to PTAs and school management committees (SMCs) to encourage parent support for KGs and involvement in school planning. District-level ECCD committees have received support to promote their role in bringing local-level stakeholders together for planning and communication related to ECCD policy services. In general it appears that UNICEF has attempted to be responsive to local priorities in working with district-level officials to implement ECD projects at that level.

At the national level, gender parity in KG enrollment has been achieved. Half of students enrolled in KG nationwide are girls, according to EMIS data for 2008-2009. Across regions, the percentage of enrolled female students in public KGs ranged from 49 percent in the Northern region to 51 percent in the Upper West region.

Women hold key national policymaking positions related to ECD but appear to be less represented in such positions at the local level. Although the case study team did not identify independent data sources regarding the representation of women in government positions in Ghana, the team observed that at the national level, women occupy several key leadership roles related to implementation of the ECCD policy, KG planning and curriculum development, and education administration more generally. Positions occupied by women include (at MOWAC) Director of the Department of Children and National ECCD Coordinator and (at GES) ECD Unit National Coordinator and Director of the Curriculum Research and Development Division. At the district level, on the other hand, most policymakers interviewed were male.

Available data indicate that the poorest families do not have equitable access to ECD services, and there is no evidence for access among OVC. As noted earlier, MICS data show that children from the poorest families in Ghana are less likely to enroll in KG than families from higher-income groups. The absence of coverage data disaggregated by population group makes it difficult to determine precisely what types of families are not enrolling children. However, data do suggest that families living in rural

areas are among the least likely to have children enrolled in KG. About 41 percent of children in rural areas attended organized early childhood education services, compared to 71 percent in urban areas, according to 2006 MICS data. Such disparities may be linked to insufficient targeting of resources for infrastructure expansion in rural and deprived areas.

It is also likely that relatively small proportions of children in other disadvantaged groups, such as OVC, are being reached with ECD services, particularly KG. Although the case study team did not find evidence to confirm whether or not this is the case (partly because of the lack of disaggregated enrollment data), stakeholders interviewed noted that inclusion of the most disadvantaged populations has not been emphasized in implementation of KG expansion. The LEAP programme targeting the poorest families and OVC does make receipt of cash assistance contingent upon children's school attendance. However, it is not clear that these provisions are enforced, or whether they have had any effect on attendance among targeted groups. It also appears that no other specific strategies are in place for facilitating access among disadvantaged families and children or for ensuring their continued participation once enrolled. Thus, key issues related to enhancing access to ECD services among the most disadvantaged appear to include (1) lack of data to identify underserved populations and research on barriers to participation, (2) insufficient emphasis on outreach to disadvantaged groups in the context of service expansion, and (3) a need for clearly articulated strategies for engaging the most disadvantaged.

5. SUSTAINABILITY AND SCALABILITY

Rapid scale-up has been achieved for some ECD-related services—specifically, KG—in Ghana. Questions about scalability and sustainability of ECD services in this context therefore focus on the factors that have promoted scale-up, the quality of services after expansion, whether expansion can be sustained, and whether gaps exist in scale-up and sustainability for other types of services. Below, factors that appear to be linked to the sustainability and scalability of ECD services are presented.

5.1 Factors Affecting Sustainability of ECD Services and Initiatives

Insufficient funding for policy implementation poses risks to KG sustainability, particularly in deprived areas. Regional and district-level policymakers and administrators interviewed by the evaluation team noted the challenge of supporting service quality in KG while increasing access, particularly in a context of limited resources. The availability of funding for implementing policies to promote enrollment has not been commensurate with demands created for increased school infrastructure and staff. As a result, the quality of KG education in some areas appears to have been undermined by overcrowded classrooms in poor condition and instructors with limited or no formal training in early childhood education. This situation poses risks in that stakeholders may question policies supporting KG or enrolled children may not demonstrate adequate developmental progress, which in turn could undercut public commitment to KG availability and access. In addition, comments from parents participating in focus groups suggest that some are aware that the quality of KG could be improved. Although enrollment has increased rapidly since the addition of KG to basic education system, it is possible that, over time, parents will become less willing to send their children to schools perceived to be of low quality.

Existing structures to engage parents and community stakeholders in pre-primary education promote sustainability; however, the vitality of these structures appears to vary widely among communities. PTAs and SMCs offer potential vehicles for parents to support local schools and to build a constituency for continued access to KG education. By facilitating communication between parents and schools and providing concrete opportunities for parents and others to contribute to school improvement, the organizations may create a sense of community ownership or investment that is necessary for promoting and sustaining quality KG. Comments from PTA and SMC members interviewed during the country case study visit suggest that the characteristics of communities in which these entities operate influence their potential for promoting sustainability. Members in one community referred to disagreements among village chiefs that discouraged active participation in organizations that cut across village lines, such as the PTA. Other research on the functioning of PTAs and SMCs in Ghana suggests that the effectiveness of PTAs is linked to the nature of local leadership and the clarity of parents' understanding of their roles in supporting schools (Chapman and Austin 2006). Differences among communities in this regard will thus affect the capability of PTAs and SMCs to advance sustainability for pre-primary education.

Leadership continuity affects sustainability of ECCD policy structures at regional and district levels. Key informants reported that some regional and district-level ECCD committees became less active or discontinued meeting when key leaders departed. Although committees have been established in most districts, their ability to fulfill the objectives of the ECCD policy at the local level appears to rely on the presence of people with the commitment and skills to create a functioning intersectoral group.

5.2 Factors Affecting Scale-Up of ECD Services and Initiatives

Key government policies—including the addition of KG to basic education and the introduction of the capitation grant—and decentralized governance have supported scale-up of pre-primary education. Substantial and rapid increases in KG enrollment followed education reforms that expanded the free and compulsory education system to include two years of KG. (The implementation of policy to incorporate KG into the system of free and compulsory basic education began in the 2007-2008 school year after an initial pilot in 2004-2005.) The abolition of school fees in 2005 through capitation grants has

also generated a rise in enrollment in pre-primary education, according to policymakers and key informants. These major policy changes appear to have been facilitated by an international environment conducive to expansion of education access—for example, the prominence of efforts to achieve MDGs and Education for All (EFA) commitments—as well as increased national awareness of ECD consistent with the adoption of the National Policy on ECCD in 2004. Finally, the presence of a decentralized infrastructure for implementing education reforms—in the form of the GES and district assemblies—also appears to have enabled a rapid reaction to policy shifts. With responsibility for school monitoring and infrastructure positioned at the district level, plans to implement policy changes could be responsive to local circumstances and needs.

Limited policy and planning focus on families with children aged 0 to 3 has hampered development and scale-up of comprehensive services for this group. Review of the existing service structure and the perspectives of key informants suggests that initiation and expansion of holistic services for families with children under 4 have not been pursued aggressively. While access to pre-primary education has expanded for 4- and 5-year-olds, along with interventions to improve young-child survival and nutrition practices, initiatives addressing psychosocial development for children up to age 3 do not appear to have been prioritized by government or development partners. This circumstance is likely a consequence of gaps in policy and planning resulting from continued focus on KG education as a key ECD intervention. It may also be due to insufficient awareness of intervention models beyond center-based care for children aged 0 to 3, such as home-based, two-generation approaches. Finally, ECD programming conducted under the Government of Ghana-UNICEF Cooperation Programme does not appear to have prioritized comprehensive services for children aged 0 to 3. Most UNICEF resources allocated for ECD programming have been directed toward efforts to enhance KG education, which may constrain advocacy for initiation and expansion of services that address the holistic ECD needs of families with children under 4.

Scaling Up Pre-Primary Education Services in Ghana: Achievements, Challenges, and Lessons

Ghana's experience scaling up KG education illustrates factors promoting increased availability of services and the challenges that can arise from rapid expansion. It also provides lessons that may be useful to other countries seeking to increase coverage of ECD services.

Achievements. In the five years between the 2003-2004 and 2008-2009 school years, the number of students enrolled in KG in Ghana grew about 80 percent; the national NER reached 63 percent in 2008-2009. The introduction of the capitation grant, which helped eliminate school fees for pre-primary education, appears to have been a key factor in encouraging KG attendance. In addition, the introduction of compulsory KG education, and the accompanying government mandate that KGs be attached to primary schools, has promoted participation and expansion of school infrastructure to receive new students.

Challenges. The influx of KG students in Ghana has resulted in thinly stretched resources, and weaknesses in facilities and instruction are evident. A shortage of adequate classrooms has resulted in severe overcrowding in some schools. In addition, less than a third of all KG teachers have been formally trained. Disparities in enrollment exist across regions, with children in the country's three northernmost regions (the Upper West, Upper East, and Northern regions) among the least likely to be enrolled. Finally, it is unknown whether access to services has increased among the most disadvantaged children, including OVC. Some stakeholders observe that OVC have not been a focus of attention in the scale-up process.

Lessons. Several lessons emerge from Ghana's experience scaling up KG services:

- *Certain policy changes appear to accelerate service expansion.* Policies to eliminate fees, require school attendance, and expand school infrastructure appear to promote increases in demand for and provision of services.

- *Rapid expansion without sufficient resources for implementing policy risks undermining quality.* A phased approach to scale-up may help avoid some problems associated with scale-up in the context of limited resources. Increases in funding for infrastructure and personnel, maintenance of rigorous standards, and consistent monitoring procedures are also necessary if quality is to be promoted as services extend.

- *Strategies must be specified for reaching disadvantaged and marginalized populations in the context of scale-up.* Enrollment among the most disadvantaged and marginalized populations will not necessarily increase in the context of a broader expansion of services. Outreach strategies should be tailored for these groups and expansion in underserved areas should be prioritized. In addition, to monitor changes in access among the most disadvantaged, enrollment data that can be disaggregated is vital.

6. CONCLUSIONS, LESSONS LEARNED, AND RECOMMENDATIONS

6.1 Conclusions

This section presents conclusions related to each of the evaluation elements.

Appropriateness and Alignment with National Goals and Priorities

Current programming strategies appropriately promote holistic ECD through support for implementation of the National ECCD Policy, and by addressing multiple aspects of ECD. However, programming does not emphasize the mainstreaming of ECD across sectors, or the advancement of integrated services for ECD. Although activities under the current programme of cooperation are appropriate in that they address multiple facets of ECD, current approaches to programming do not appear to consistently encourage integration of services to promote holistic ECD. Opportunities for service integration exist, such as including psychosocial development messages in health and nutrition interventions, or delivering additional health-related services in the context of KGs. In addition, programming does not appear to fully support holistic ECD for children ages 0 to 3.

ECD programming in Ghana is aligned with national priorities for pre-primary education and maternal and child health. Programming is well aligned with national priorities related to KG expansion, and current ECD programming has supported implementation of the national ECCD policy. Activities conducted under the current programme of cooperation also address national priorities related to maternal and child health, such as implementation of the High Impact Rapid Delivery package of immunization, disease prevention, and nutrition interventions.

Effectiveness: Increasing Access and Coverage

KG enrollment rates have risen substantially and exceeded national goals; attention is needed to increase access in rural and remote areas and to increase coverage of KGs that meet quality standards. While KG enrollment rates have exceeded national goals, access remains difficult in rural and remote areas, where young children may have to travel long distances to attend school, and the proportion of KGs that are of good quality is unknown.

Effectiveness: Building Capacity for ECD

At the national level, capacity to implement the ECCD policy has increased; at the regional and district levels, the capacity of ECCD committees is variable. Capacity has increased among members of the national ECCD coordinating committee. At the regional and district levels, committee functioning is more variable, in part depending on the presence of active leaders on the committees.

Systems for teacher training—including national training plans, curricula, and training institutions—are not yet available to adequately prepare early childhood educators. In-service teacher training tends to focus narrowly on methodological topics or specific resources. Ghana does not yet have a comprehensive ECD teacher training plan and syllabus, and while a number of teacher training institutions have been established, less than a third of teachers in public KGs have received formal training in education.

Additional capacity building is needed to assess and further develop programming for parents that results in changes in their behavior. Evidence suggests that ECD programming does not focus sufficiently on parent education (teacher-parent interactions in KGs, for example, are rare) and is likely not producing changes in parents' behavior.

Effectiveness: Generating Knowledge for ECD

Data-gathering systems exist for tracking pre-primary school enrollment and a limited set of quality indicators, but disaggregated data for disadvantaged groups, such as OVC, is needed to

monitor equity in access. EMIS data provide information on KG enrollment and some quality indicators, but disaggregated data for disadvantaged groups, such as children from the poorest families and OVC, are needed to gauge equity of access.

The ELDS and related curriculum and assessment tools have the potential to strengthen programme monitoring and support for programme improvement. ELDS for 4- and 5-year-olds have been used to revise curricula and create child assessment tools. Data on developmental indicators could be collected to assess whether programming is achieving desired results and to develop plans and target resources for programme improvement.

Knowledge gaps remain regarding information about the effectiveness of KGs based on rigorous evaluation, as well as costing and financing studies for scaling up services that meet quality standards. Rigorous evaluations to assess the effectiveness of KGs in producing positive child outcomes have not been conducted. Studies of costs and financing for KGs, especially for providing KG that meets quality standards, have also not been completed.

Effectiveness: Mainstreaming ECD in National Policies and Services

The ECCD, education, and local governance policies establish Ghana's commitment to ECD; policies for OVC also emphasize the importance of ECD, but implementation plans have not yet been developed. ECD has been mainstreamed into national policies, as well as strategic planning and budgeting undertaken by district assemblies. National policy on OVC emphasizes the importance of programming for young children affected by HIV/AIDS, but a gap exists in development of specific goals and implementation plans for addressing the needs of this population.

Efficiency and Quality of ECD Services

Strengthening of monitoring and programme improvement support is needed to improve KGs' adherence to quality standards and to target enrollment of right-age children. Although monitoring of ECD services occurs at the district level, methodologies and tools may have to be better aligned with quality standards and monitoring findings consistently reported and used to assess the implementation, identify needs, and allocate resources for programme improvement. Besides adherence to quality standards, enrollment of right-age children should also be monitored to ensure that resources are targeted efficiently to the intended age group.

Processes for Programme Planning, Management, and Coordination

Comprehensive KG standards and measurement systems and indicators to assess children's developmental progress are needed to monitor progress toward national goals. Processes and tools for measuring achievement of KG standards and child development goals have not yet been implemented.

Incorporation of a Human Rights–Based Approach and Strategies to Improve Equity and Participation of the Disadvantaged and Marginalized

Although disaggregated data on pre-primary enrollment are not available, evidence suggests that children from the poorest families, children in rural areas, and OVC may not have equitable access. While EMIS data are not disaggregated for all disadvantaged subgroups of children, other evidence indicates that these groups continue to face barriers to access. Likely reasons for the persistence of regional and income disparities in service access include insufficient targeting of resources for infrastructure development and the absence of strategies to promote enrollment specifically among children from marginalized groups.

Sustainability and Scale-Up of ECD Services and Initiatives

Key government policies have successfully supported rapid scale-up of KG. Mainstreaming of KG into basic education, provision of capitation grants and abolition of school fees, and the decentralized infrastructure for implementing education reforms have all supported rapid scale-up of KG in Ghana.

Lack of focus on programming for families with children age 0 to 3 years has limited scale-up of services for this group. With the focus on pre-primary education for 4- and 5-year-olds and nutrition and health services, support for the psychosocial development of children aged 0 to 3 has not yet received sufficient focus.

Risks to sustainability include insufficient funding, as well as variability in engagement of parent and community stakeholders and leadership continuity. While rapid scale-up of KG has occurred, several risks exist to sustaining these gains, including variability in consistent and sustained engagement of parent and community stakeholders and continuity of leadership on district-level ECCD committees.

Role of the UNICEF-GoN Funding

UNICEF-GoN funding has provided important resources for capacity-building activities related to implementation of the National ECCD Policy, and for development and implementation of elements of the quality KG model. In particular, GoN resources supported delivery of training on advocacy and planning to intersectoral ECCD teams at the national and district levels, as well as the orientation of key opinion leaders and policymakers to ECD issues. In addition, GoN funds were critical to the development of elements of the KG model, including teacher training and assessment materials, as well as the delivery of in-service training to teachers and supervisors in targeted districts.

6.2 Lessons Learned

Ghana's experience designing and implementing programming to promote ECD offers lessons in the areas of service scale-up and quality, implementation of intersectoral policy, and assessment and monitoring of children's developmental progress. Key lessons include the following:

Policy changes can support rapid progress toward coverage targets for ECD services. ***However, they may have the unintended result of undermining service quality if not adequately funded.*** Education reforms have been enormously successful in increasing national KG enrollment in Ghana. However, the pace of enrollment has not been matched by resources to support expansion or upgrading of physical infrastructure, teaching staff, and materials in at least some areas. This imbalance results in overcrowded classrooms, teachers with minimal training in educating young children, and lack of water and sanitation facilities—all of which reduce the quality of the service provided and create the risk that positive outcomes for children will not be achieved. A phased approach to scale-up may help address this imbalance, so that resources are available to provide KG services of adequate quality as the number of children enrolled increases.

ECCD policy implementation must facilitate service coordination and address obstacles to service integration if that is an objective. Ghana's National ECCD Policy appears to have been influential in raising the profile of ECCD in the country, ensuring that policies affecting children address ECCD, and facilitating increases in national and local capacity on early childhood issues. Numerous objectives and strategies are outlined in the policy, including establishing mechanisms for coordinating services and promoting integrated services. Currently, it is not clear that services are consistently well coordinated or integrated across sectors—although some examples of successful cross-sectoral coordination exist, such as national campaigns on health and birth registration and health screenings for children in KG. Three possible challenges to coordination of services include (1) the difficulty of altering established patterns of sectoral planning and implementation, (2) an emphasis on communication rather than service coordination across sectors, and (3) a lack of clear examples of successful provision of coordinated services. There appear to be opportunities for action by the National ECCD Secretariat in all these areas.

Monitoring of children's development on a broad scale requires both concerted efforts to develop instruments and resources to address data collection. The GES and its partners have taken important steps toward increased capacity for monitoring developmental progress of children. These include creation of ELDS, development of assessment tools for the KG level, and pilot-testing of these tools. These standards and instruments lay a potential foundation not only for monitoring student progress at the school and classroom level but also for expanding the range of indicators used to assess ECD nationally. However, resources do not appear to be allocated for developing and implementing systems for collecting data on such a large scale.

Structures can be established to channel parent engagement in early education, but ongoing capacity building may be necessary for these structures to fulfill their potential. Ghana's system of PTAs and SMCs appears to provide a useful example of conduits for increasing parent involvement in schools and thereby promoting sustainability and accountability. The ability of these organizations to fulfill their potential depends in part on understanding among parents and administrators of specific ways that parent involvement in schools can benefit children, including ensuring that schools remain responsive and accountable. According to one key informant, in a context of policies and funding streams that result in increased availability of education, a challenge may be overcoming the impression among parents that their involvement is no longer necessary to secure equitable access to quality services. What appears to be needed is a consistent effort at communicating accurate messages to parents regarding the role they can play in improving services for their children.

Stakeholders must be alert and responsive to opportunities for addressing the holistic developmental needs of very young children and their families. Existing services and initiatives for children 0 to 3 in Ghana appear to focus on survival and nutrition. The few crèches and nurseries that care for this age group serve only a small number of families. Broader efforts to address the developmental needs of this group appear to have been overshadowed, to some extent, by a focus on public pre-primary education for 4- and 5-year-olds. Opportunities may be available to augment health-focused interventions for children 0 to 3 with components that address psychosocial development for infants and toddlers, or to design and pilot-test community-based interventions that ensure practices among parents of children in this age group promote ECD.

The most disadvantaged may be excluded unintentionally from services if strategies for expanding access do not specifically address them. Although many poor children have benefited from the increased availability of pre-primary education in Ghana, data indicate that access among the poorest families is not commensurate with that of other groups. In addition, stakeholders and policy documents suggest that providing OVC with ECD-related services continues to be challenging. These groups may face access barriers related to remote location, stigma, and state capacity. Additional effort appears to be necessary to define and tailor strategies to address obstacles and deliver services to these groups or make existing services more inclusive.

6.3 Recommendations

The evaluation team offers the following recommendations to enhance ECD programming in Ghana.

Appropriateness and Alignment with National Goals and Priorities

Government of Ghana: ***Develop strategies for enhancing ECCD policy implementation that build the capacity of national-, regional- and district-level ECD teams to conceptualize models of integrated services and respond to opportunities for service coordination.*** Full implementation of the National ECCD Policy could be furthered through increased facility among key stakeholders at all levels to conceptualize and identify opportunities for ongoing service coordination and integration. Such opportunities may include the incorporation of information on early development and care into existing health interventions that reach families with young children, or the integration of growth monitoring, parent education, and birth registration promotion into the KG model. Capacity building for ECCD committees should include education on models of integrated services that may be implemented locally. In addition, an ECCD leadership development initiative should be supported at the regional and district levels to promote full and sustainable local implementation of ECCD policy.

UNICEF: *Establish a common internal understanding of ECD and facilitate opportunities for information sharing, coordinated planning, and integration across initiatives related to ECD.* Within the UNICEF CO, steps should be taken to ensure that ECD is not equated solely with KG, that staff understand ECD from a holistic perspective, and that a culture is established in which opportunities for supporting coordinated planning and integrated interventions are pursued. Attention should be given to examples of successful programming and communication across sections to promote ECD. In particular, extensive coordination should occur regarding education, health, WASH, and child protection initiatives that may affect ECD.

UNICEF: *Continue to advocate for comprehensive approaches and connections among services to ensure promotion of holistic ECD.* UNICEF can provide technical support and lessons learned from other countries about strengthening intersectoral coordinating structures at all levels and identifying opportunities for integrating services. In addition, UNICEF can educate government officials about the benefits and efficiencies of intersectoral planning and implementation.

Increasing Access and Coverage

Government of Ghana: *Develop strategies to continue increasing access to KGs in rural and remote areas.* As scale-up of KGs proceeds, Ghana should develop and test specific strategies to target resources to rural and remote areas of the country for expansion of KGs and construction of additional classrooms. Such targeting strategies can increase equity of access for children living in these communities.

Government of Ghana: *Develop programming to increase coverage of holistic services to children from birth to age 3.* The gap in services for children age 0 to 3 years should be addressed through the development of interventions expected to enhance parenting skills and holistic child development. Such programming may include two-generation interventions, in which parents and children participate together, that offer parenting education, promote holistic development, and ensure that parents are connected to supportive services they may need. Multiple sectors—including health, sanitation and hygiene, and social protection—should contribute to the development and implementation of interventions targeting children 0 to 3 and their parents in order to enhance parenting practices related to various dimensions of child development. Incorporating information on care for psychosocial development into existing community-based health interventions, such as the HIRD package, is one possible avenue for reducing increasing provision of holistic ECD services to very young children.

UNICEF: *Develop or commission a position paper on strategies for increasing coverage of holistic services for children from birth to age 3.* Support Ghana's examination of potential strategies for expanding coverage for children 0 to 3 by preparing or commissioning a paper that describes the relevant issues and proposed options for developing and implementing programming that is integrated across sectors, including the introduction of programming to promote children's psychosocial development into existing health and nutrition interventions.

Capacity Building for ECD

Government of Ghana: *Adopt a methodical approach to training for KG teachers and school administrators that encompasses ECD fundamentals.* Instead of occasional training focusing on specific teaching methods or tools, a complete course of in-service training for KG teachers should be developed and undertaken. This course, which could include multiple units delivered over a specified span of time, should address basic concepts of ECD and developmentally appropriate methods for teaching young children. If a train-the-trainer method is used, it should be monitored closely to promote consistent and accurate delivery of information to teachers. In keeping with best practices in ECD workforce training, opportunities for group interaction, role playing, and practicing what is learned (for example, engaging reading of children's books) should be offered. Follow-up observations and coaching by mentor teachers are other approaches that extend the learning from training events.

UNICEF: *Provide technical support for the development of a national ECD teacher-training approach.* Rather than create new structures that might not be sustainable, UNICEF can provide

technical support by assessing options for expanding existing teacher-training systems. UNICEF can also provide technical support for piloting a teacher-training course, developing indicators for assessing outcomes of the course, and providing guidance on how to use the indicators to monitor results and develop strategies for improving them after the pilot.

Knowledge Generation for ECD

Government of Ghana: *Develop processes for national monitoring of early learning and development indicators.* Indicators currently monitored in Ghana do not encompass measures of cognitive or psychosocial development for children 4 and 5 years old. The government and its partners should explore methods for and feasibility of collecting these data consistently and on a wide scale, drawing on the early learning development standards and assessment tools that have already been created. In addition to tools based on the ELDS, the government should ensure that the ECD module is implemented in the MICS-4 national survey planned for 2011. This module could also be implemented as part of other national surveys, such as the GDHS. Doing so would provide national-level data on parenting practices and children's developmental status.

Government of Ghana: *specify and execute a research agenda focusing on the implementation and effects of the quality KG model and other key services related to ECD.* Ghana and its partners should establish a plan for research to assess the results of specific ECD interventions and identify elements of those interventions that are most effective. In particular, the potential scale-up of efforts to enhance KG quality offers an opportunity to determine whether these efforts produce anticipated results and under what conditions they do so. Research efforts should also prioritize identification of barriers to access to KG, particularly among OVC and other marginalized groups, and studies of costs of ECD services and funding for ECD across sectors.

UNICEF: *Collaborate with other donors to support rigorous evaluation of KG programming.* Well designed research and evaluation projects should be conducted to provide strong evidence about whether programmes are producing desired results for children. If programmes are found to be effective, this evidence would be invaluable in efforts to increase funding for ECD services. A rigorous evaluation that included an implementation study would also identify gaps in the programming and perhaps teacher training and provide data to guide programme improvement.

Mainstreaming of ECD into National Policies and Plans

Government of Ghana: *Ensure that national policies and plans related to health and nutrition address ECD.* In order to facilitate a comprehensive approach to ECD and ensure that the needs of young children are addressed, ECD should be mainstreamed into national health policies and plans. These policies should specify how planned maternal and child health initiatives will promote holistic ECD and identify opportunities for promoting parents' capacities to support ECD in the context of existing interventions.

UNICEF: *Advocate for budgeting and fiscal space for ECD.* UNICEF should work with country counterparts and other partners to ensure that ECD is and remains a priority as national and local budgets are developed. Without sufficient funding, ECD services cannot fulfill their potential as a means of preparing children for primary school.

Efficiency and Quality of ECD Programming

Government of Ghana: *Prioritize allocation of government and donor resources to support KG quality during scale-up.* Key elements of the quality of KG education should be improved by allocating additional resources to the expansion and improvement of school infrastructure and the enhancement of teacher skills. Funding to deprived areas should be prioritized in order to facilitate rapid improvements in infrastructure and quality and thus mitigate risks to sustainability in these areas. Processes and tools for monitoring and reporting on KG quality should be developed and instituted to encourage continuous improvement and assist with allocating technical assistance and other resources to schools or geographic areas at greatest risk.

Processes for Programme Planning, Management, and Coordination

Government of Ghana: *Develop a set of indicators to assess children's progress in psychosocial development and school readiness.* ELDS provide the basis for developing contextually appropriate indicators of children's psychosocial development and readiness for primary school. These indicators are needed to begin assessing the extent to which children are progressing toward national child development goals, especially in KGs.

UNICEF: *Provide technical support to help Ghana develop indicators and integrate them into existing data and monitoring systems.* For example, UNICEF could commission a paper on contextually appropriate indicators for ECD in Ghana and work with the government to assess options for integrating these indicators into existing data systems and monitoring activities.

Incorporation of a Human Rights–Based Approach and Strategies to Improve Equity

Government of Ghana: *Take steps to ensure that ECD services are targeted to and reach OVC and other marginalized groups.* Commitments established in these policies addressing OVC should be upheld through interventions that address the holistic development needs of marginalized young children, including those affected by HIV/AIDS. Specific strategies should be developed and implemented to ensure inclusion for these children in pre-primary education and other services related to ECD. Building on LEAP and other existing social protection services may be one way to conduct outreach to this group. Continued emphasis should be placed on strategies to reduce disparities in geographic areas identified as deprived.

Factors Affecting Sustainability and Scale-Up

Government of Ghana: *Develop strategies to strengthen sustainability of ECD services.* For example, targeting resources to improving quality in KGs and implementing strategies for consistent parent and community engagement may help to sustain parent and community demand for them. In addition, capacity building to support development of district level ECD leaders can also promote sustainability.

UNICEF: *Increase coordination with other donors to explore integration of ECD services into existing programming and increase ECD coverage.* By raising awareness about ECD among donors, Ghana and its partners, including GoN, could extend ECD's reach and integration into other services currently funded. Also, Ghana with support from UNICEF could seek to form a donor group for ECD by asking for specific contributions from donors for implementation the ECCD policy. Donors could coordinate, pool resources, and contribute to specific goals or activities.

BIBLIOGRAPHY

Boller, Kimberly, Andrew Burwick, and Diane Paulsell. "Evaluation of the UNICEF Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008-2010): Draft Final Report." Princeton, NJ: Mathematica Policy Research, March 4, 2011.

Chapman, David W., and Ann E. Austin. "What Do We Seek When We Seek Sustainability?" Paper presented at the 10th International Asia Pacific Programme of Educational Innovation for Development Conference, Bangkok, Thailand, December 2006.

Engle, Patrice L., Maureen M. Black, Jere R. Behrman, Meena Cabral de Mello, Paul J. Gertler, Lydia Kapiriri, Reynaldo Martorell, Mary Emig Young, and the International Child Development Steering Group. "Strategies to Avoid the Loss of Developmental Potential in More Than 200 Million Children in the Developing World." *The Lancet,* vol. 369, January 2007, pp. 229-242.

Garcia, Marito, Alan Pence, and Judith L. Evans, editors. *Africa's Future, Africa's Challenge: Early Childhood Care and Development in Sub-Saharan Africa.* Washington, DC: World Bank, 2008.

Ghana Statistical Service. "Multiple Indicator Cluster Survey 2006." Accra, Ghana: GSS, 2006.

Ghana Statistical Service, Noguchi Memorial Institute for Medical Research, and ORC Macro. "Ghana Demographic and Health Survey 2003." Calverton, MD: GSS, NMIMR, and ORC Macro, 2004.

Ghana Statistical Service, Ghana Health Service, and ICF Macro. "Ghana Demographic and Health Survey 2008." Accra, Ghana: GSS, GHS, and ICF Macro, 2009.

Government of Ghana and UNICEF. "Government of Ghana-UNICEF Programme of Cooperation, 2006-2010." Accra, Ghana: UNICEF, 2006.

Love, John M., Ellen Eliason Kisker, Christine Ross, Helen Raikes, Jill Constantine, Kimberly Boller, Jeanne Brooks-Gunn, Rachel Chazan-Cohen, Louisa Banks Tarullo, Peter Z. Schochet, Christy Brady-Smith, Allison Sidle Fuligni, Diane Paulsell, and Cheri Vogel. "The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs." *Developmental Psychology,* vol. 41, 2005, pp. 885-901.

Ministry of Education. "2010 Education Review Report." Accra, Ghana: MOE, 2010.

Ministry of Education. "Report on Basic Statistics and Planning Parameters for Basic Education in Ghana 2008/2009." Accra, Ghana: MOE, March 2009.

Ministry of Employment and Social Welfare and UNICEF. "National Plan of Action for Orphans and Vulnerable Children 2010-2012." Accra, Ghana: MESW, June 2010.

Ministry of Women and Children's Affairs. "Republic of Ghana Early Childhood Care and Development Policy." Accra, Ghana: MOWAC, 2004.

Morrison, Johnetta Wade. "Early Care and Education in Ghana." *Childhood Education,* vol. 77, summer 2001, pp. 214-218.

National Development Planning Commission. "Growth and Poverty Reduction Strategy (GPRS II) 2006-2009." Accra, Ghana: NDPC, 2005.

National Development Planning Commission. "Draft Medium Term National Development Policy Framework 2010-2013." Accra, Ghana: NDPC, 2009.

Organisation for Economic Co-operation and Development: Development Assistance Committee. *OECD DAC Glossary of Key Terms in Evaluation and Results Based Management*. Paris: OECD, 2002.

UNESCO. "The Dakar Framework for Action. Education for All: Meeting Our Collective Commitments." Paris: 2000.

UNICEF 2010. [[Cited page 17]]

UNICEF. "A World Fit For Children." Adopted by the UN General Assembly at the 27th Special Session, May 10, 2002.

UNICEF ECD Unit. "Programming Experiences in Early Childhood Development." New York: UNICEF, November 2006.

UNICEF Ghana. "Ghana ECD Policy Implementation." Presentation at the UNICEF ECD Global Network Meeting, Brussels, Belgium, October 2010a.

UNICEF Ghana. "Ghana ECD Dutch Funding Report: 2009." Accra, Ghana: UNICEF, 2010b.

UNICEF Ghana. "Early Childhood Development and Education Program, Dutch Funding: Ghana Annual Report 2008-2009." Accra, Ghana: UNICEF 2009a.

UNICEF Ghana. "2009 Annual Report: Ghana." Accra, Ghana: UNICEF 2009b.

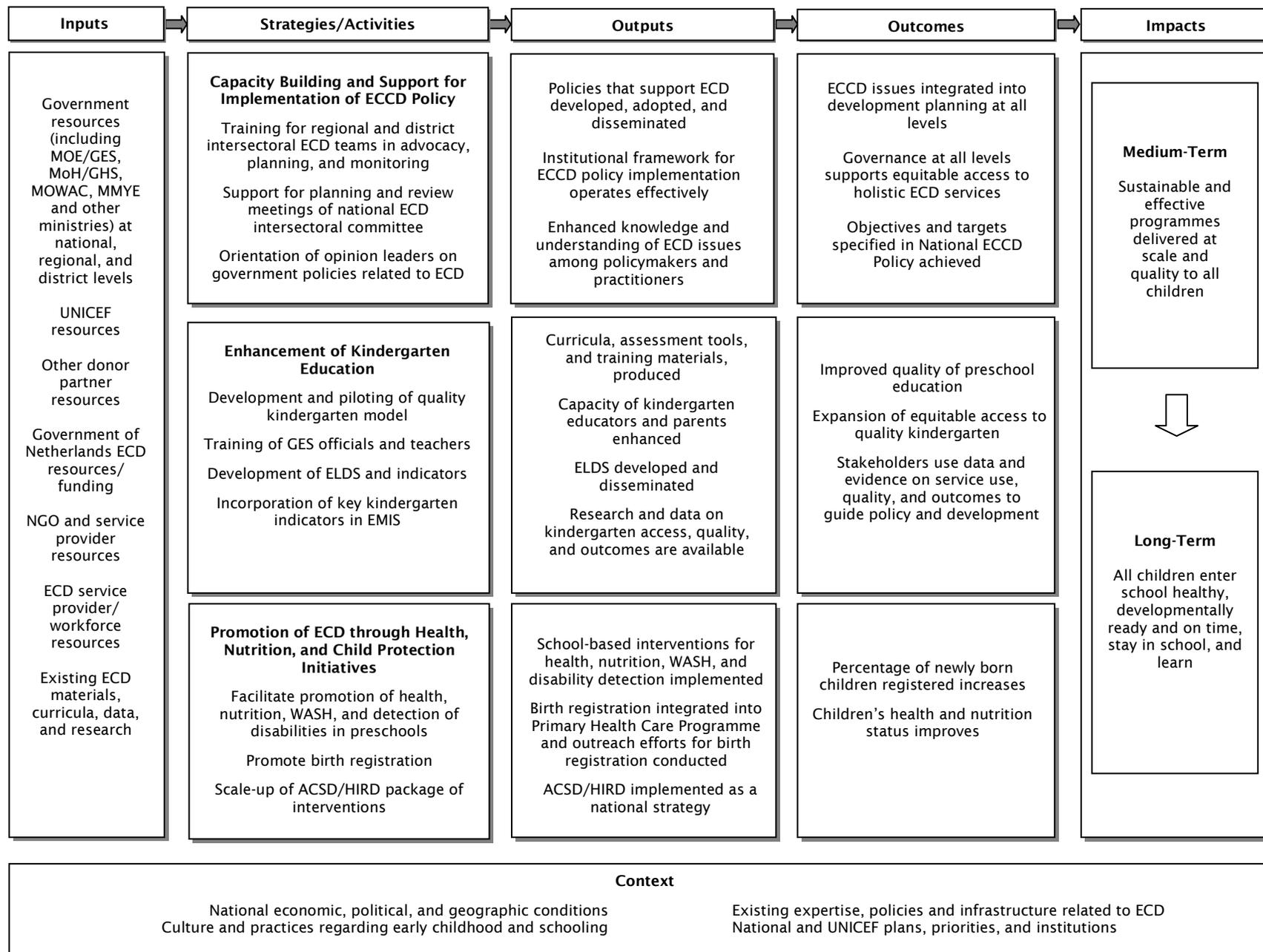UNICEF West and Central Africa Regional Office, UNICEF Ghana, and Overseas Development Institute. "Briefing Paper: Social Protection to Tackle Child Poverty in Ghana." Dakar, Senegal: UNICEF, January 2009.

Young, Mary Emig, editor. "Early Childhood Development: From Measurement to Action." Washington, DC: World Bank, 2007.

APPENDIX A

LOGICAL FRAMEWORK FOR ECD IN THE GOVERNMENT OF GHANA-UNICEF PROGRAMME OF COOPERATION

Figure A.1. Logical Framework for ECD in the Government of Ghana-UNICEF Programme of Cooperation

Inputs	Strategies/Activities	Outputs	Outcomes	Impacts
Government resources (including MOE/GES, MoH/GHS, MOWAC, MMYE and other ministries) at national, regional, and district levels UNICEF resources Other donor partner resources Government of Netherlands ECD resources/ funding NGO and service provider resources ECD service provider/ workforce resources Existing ECD materials, curricula, data, and research	**Capacity Building and Support for Implementation of ECCD Policy** Training for regional and district intersectoral ECD teams in advocacy, planning, and monitoring Support for planning and review meetings of national ECD intersectoral committee Orientation of opinion leaders on government policies related to ECD	Policies that support ECD developed, adopted, and disseminated Institutional framework for ECCD policy implementation operates effectively Enhanced knowledge and understanding of ECD issues among policymakers and practitioners	ECCD issues integrated into development planning at all levels Governance at all levels supports equitable access to holistic ECD services Objectives and targets specified in National ECCD Policy achieved	**Medium-Term** Sustainable and effective programmes delivered at scale and quality to all children
	Enhancement of Kindergarten Education Development and piloting of quality kindergarten model Training of GES officials and teachers Development of ELDS and indicators Incorporation of key kindergarten indicators in EMIS	Curricula, assessment tools, and training materials, produced Capacity of kindergarten educators and parents enhanced ELDS developed and disseminated Research and data on kindergarten access, quality, and outcomes are available	Improved quality of preschool education Expansion of equitable access to quality kindergarten Stakeholders use data and evidence on service use, quality, and outcomes to guide policy and development	**Long-Term** All children enter school healthy, developmentally ready and on time, stay in school, and learn
	Promotion of ECD through Health, Nutrition, and Child Protection Initiatives Facilitate promotion of health, nutrition, WASH, and detection of disabilities in preschools Promote birth registration Scale-up of ACSD/HIRD package of interventions	School-based interventions for health, nutrition, WASH, and disability detection implemented Birth registration integrated into Primary Health Care Programme and outreach efforts for birth registration conducted ACSD/HIRD implemented as a national strategy	Percentage of newly born children registered increases Children's health and nutrition status improves	

Context

National economic, political, and geographic conditions
Culture and practices regarding early childhood and schooling

Existing expertise, policies and infrastructure related to ECD
National and UNICEF plans, priorities, and institutions

APPENDIX B

CASE STUDY MATRIX

Table B.1. Ghana Case Study Matrix

Research Questions	Key Objectives/ Outputs/Outcomes	Indicators
Appropriateness and Alignment of ECD Activities with National Priorities and Needs		
1. How closely does ECD programming in the Government of Ghana-UNICEF Programme of Cooperation relate to priorities and expected results expressed in development plans and strategic documents? 2. How appropriate are Ghana's ECD programming strategies for expanding holistic ECD?	Programming is aligned with country priorities and policies Programming strategies expand holistic ECD	• ECD programming addresses priorities expressed in programmes of cooperation, development plans and strategy documents and UNICEF's Medium-Term Strategic Plan • Programming integrates multiple sectors to achieve holistic ECD
Effectiveness: Coverage of ECD Services		
1. What are trends in coverage and participation in services and initiatives related to ECD, including KG, nutrition initiatives, WASH in schools, and birth registration? 2. How, if at all, have strategies to increase coverage contributed to changes in service availability and participation rates?	Educational access and participation in KG level increased School WASH implemented in deprived districts Increase in registered births	• Gross enrollment rate/net enrollment rate for KG (70%/50% by 2010) • Percentage of primary schools with KGs attached to them (30% in 2005, 70% by 2010) • Percentage of districts with school WASH interventions implemented • Percentage of children registered during the first year of birth (to 90 percent by 2010)
Effectiveness: Building Capacity for ECD		
1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision-makers, and institutions in Ghana? 2. What factors have promoted or inhibited development of capacity to develop policies and implement services for ECD? 3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Ghana country office staff? What new skills have these staff members developed, and how are these skills being used?[a]	Ministries collaborate on ECD-related policy implementation and provide subnational implementation support and guidance ECE service providers demonstrate increased knowledge and skills Parents demonstrate increased knowledge and parenting skills	• Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved • Data on ECD activity outputs and outcomes are used for planning by country partners • Service providers report and demonstrate improved practices related to ECD • Parents report improved caregiving practices • UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners • UNICEF country office staff report increased ability to implement and/or support ECD programming

Research Questions	Key Objectives/Outputs/Outcomes	Indicators
Effectiveness: Knowledge Generation and Dissemination		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals? 2. Are core indicators agreed upon by key stakeholders in Ghana? What has facilitated or inhibited the collection of core ECD data at the national and subnational levels? 3. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills? 4. Do UNICEF CO staff have the skills they need to use ECD data effectively to support policy and programme development? What could strengthen these skills?	Stakeholders and decision-makers increasingly use data and evidence about ECD service use, quality, and outcomes to guide policy and programme development	• Evaluations/studies of ECD interventions have been completed • Results from evaluations/ studies of ECD services and interventions inform policy and planning • Data on ECD outcomes are available • Data on ECD outcomes are used for planning by country partners
Effectiveness: Mainstreaming ECD in Policies, Plans, and Services		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Ghana? 2. Has national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)? 3. Has ECD been integrated into community-based packages?	Policies that support ECD exist and are disseminated Governance at all levels supports equitable access to holistic ECD services Existing community-based services and sectoral initiatives integrate early learning and early stimulation	• ECD policies have been adopted at the national level • Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels • ECD-related allocations in national and subnational budgets have increased • Materials to integrate ECD into existing services and initiatives are prepared and rolled out

Research Questions	Key Objectives/ Outputs/Outcomes	Indicators
Quality and Efficiency of ECD Services		
1. Have ECD-related strategies and initiatives contributed to increases in service quality? If so, how? 2. How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any? 3. What factors facilitate or inhibit the use of service quality information used to inform and improve ECD services and policies? 4. What is known regarding the per capita costs and efficiency of ECD services in Ghana?	Increased quality of ECD services Increased use of ECD service quality information to inform programme improvement Services are provided in a cost-efficient manner	• Proportion of sites/locations where ECD service quality meets or exceeds standards in the field (for staff-child or staff-parent ratio; content conveyed; child/family engagement) • Service quality information is available and systems for feedback exist • Per capita costs of services are measured and in proportion to stakeholder expectations and anticipated benefits
Planning, Management, and Coordination		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level? 2. How has ECD programming influenced partnerships among government, donors, nongovernmental organizations, civil society organizations, and other key actors? 3. How effective is intersectoral coordination on ECD in the government and within the UNICEF Ghana CO? 4. How systematically and efficiently have resources been used to achieve ECD programming objectives?	Effective planning, coordination, and budgeting of ECD programming Outputs are produced in a timely fashion using least-costly resources	• A results framework provides clear guidance for steps that will lead to achievement of strategic results • Monitoring and evaluation are used to track progress and promote continuous improvement • Stakeholders report that intersectoral coordination on ECD coordination occurs and is effective • The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear • Programme activities produce outputs on time and do not exceed budgeted expenditures

Research Questions	Key Objectives/ Outputs/Outcomes	Indicators
Sustainability and Scalability		
1. What successes or barriers have been encountered in costing policies, plans and services related to ECD? 2. How likely are current interventions with an ECD focus, particularly KG, to be sustained without support from UNICEF and other development partners and donors support? What factors influence sustainability of current interventions? 3. How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?	Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining and scaling up existing services	• Methods to calculate and budget costs of ECD services and initiatives have been developed and applied • Country, province, and local budgets include projections for maintaining or increasing allocations for ECD • Stakeholders report willingness and ability to sustain services without donor support
Human Rights–Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized		
1. How successfully have the key principles of a human rights-based approach been applied in planning and implementing the ECD strategies and activities? 2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children? 3. To what extent do disadvantaged and marginalized families and children have access to ECD services? 4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families? 5. To what extent has gender equity existed in participation, decision-making, and access to ECD-related programmes?	Human rights– based approaches are fully applied in planning and implementing ECD strategies and activities Disadvantaged and marginalized families and children have access to ECD services Gender equity exists in participation, decision-making, and access	• Parents, ECD service providers, and other stakeholders are involved in programme design and implementation • National and local context (knowledge, beliefs, gender, and cultural differences) are taken into account in programme planning and implementation • National ECD policies address the disadvantaged and marginalized • Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased • Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized • Men and women are equally represented in policymaking positions related to ECD • Boys and girls are served in equal numbers in ECD interventions • Policymakers and service providers monitor issues of gender equity in service provision and access

[a] The site visits focused on activities the UNICEF Country Offices identified as supported by the UNICEF-GoN programme. Investment in staff capacity development was not a central focus in Ghana and thus this question is not addressed in this report. UNICEF staff capacity development was assessed globally through an internet survey. Those findings are presented in the final report (Boller et al. 2011).

APPENDIX C

DATA SOURCES

Table C.1. List of Interview Respondents

UNICEF Ghana

Madeez Adamu-Issah, Education Specialist
Ernestina Agyeprong, Nutrition Specialist
Anirban Chatterjee, Chief of Health Section
Michael Forson, WASH Specialist
Sheema Sen Gupta, Chief of Child Protection Section
Julianna Lindsey, Chief of ACMA Section
Jane Mwangi, Monitoring and Evaluation Specialist

National Ministry Officials and Administrators

Steven Adongo, Director, Department of Social Welfare, Ministry of Manpower, Development, and Employment
Sarah Agyeman-Duah, Director, Curriculum Research and Development Division, Ghana Education Service
Seth Baaiden, Teacher Education Section, Ghana Education Service
Thomas Hutton Coleman, National Coordinator for EMIS, Ministry of Education
Margaret Okai, National Coordinator, ECD Unit, Ghana Education Service
Marianna Yayah, Director, Department of Children, Ministry of Women and Children's Affairs
Director of Secondary Education and Acting Director of Basic Education, Ghana Education Service
Representative of the Policy, Planning, Monitoring, and Evaluation Directorate, Ministry of Health

Regional and District-Level Officials and Administrators

Gabriel Adu, Director, Ghana Education Service, Kwahu North District
Osei Agyeman, Deputy Director, Ghana Education Service, Kwahu North District
Charles Evans Apraku, District Chief Executive, Kwahu North District
Terry Donto, Department of Children, Eastern Region
Sara Hun, Department of Social Welfare, Eastern Region
Vaida Barbara Nto, Regional Coordinator for Kindergarten, Ghana Education Service, Eastern Region
Paul Ufurieta, Regional Coordinator for Basic Education, Ghana Education Service, Eastern Region
Administrators, Ghana Education Service, Kwhau North District

Teachers and School Administrators

Kindergarten teachers, head teachers, and administrators, Kofi Yeboah Memorial School, Asikasu Village
Kindergarten teachers, head teachers, and administrators, Maame Krobo School, Maame Krobo Village
Kindergarten teachers, head teachers, and administrators, Nana Badu School, Nana Badu Village
Kindergarten teachers, head teachers, and administrators, Ntonaboma School, Ntonaboma Village

Other

Kwame Asante, Head, Department of Early Childhood Care and Education, University of Winneba
Frederick Osei, Regional Chair, Association of Early Childhood Centers, Eastern Region
Salome Praisa Otami, Lecturer, Department of Early Childhood Care and Education, University of Winneba
Evelyn Quartey-Papafio, Director, National Nursery Teacher Training Center

Table C.2. Focus Group Discussions/Meetings Conducted

Locations	Participants	Approximate Number of Participants
Kofi Yeboah Memorial School, Asikasu Village	Parents of children enrolled in KG, PTA executives, school administrators	115
Ntonaboma Primary School, Ntonaboma Village	Parents of children enrolled in KG, PTA executives, school administrators, SMC members	9

Table C.3. Documents Reviewed

UNICEF Ghana Reports and Presentations
Government of Ghana-UNICEF Country Programme Action Plan, 2006-2010
Early Childhood Development in Ghana: Overview, July 31, 2009 (presentation slides)
Ghana Country Profile: Maternal, Newborn and Child Survival, January 2009
ECD Annual Review Meeting, May 2009: Ghana Progress Report—Day 1 (presentation slides)
ECD Annual Review Meeting, May 2009: Ghana Progress Report—Capacity Building (presentation slides)
UNICEF Ghana 2009 Annual Report
ECD and Education Programme, Dutch Funding: Ghana Annual Report 2008-2009
Ghana ECD-Kindergarten Education, Dutch Funding Second Progress and Utilization Report, March 2010
Government Reports and Data
Report on Basic Statistics and Planning Parameters for Education in Ghana 2008-2009
Ghana Demographic and Health Survey, 2008
Ghana Multiple Indicator Cluster Survey, 2006
Ghana's ECCD Policy and Its Implementation, MOWAC Department of Children (presentation slides)
Ministry of Education Report on the Education Sector Annual Review, 2006
Ghana Education Service Report on the Development of Education in Ghana, 2008
Ghana Education Service: Education Reform 2007 at a Glance
National Laws, Policies, Strategies, and Plans
National Growth and Poverty Reduction Strategy II, 2006-2009
National ECCD Policy, August 2004
Education Strategic Plan 2003-2015
National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS, 2005
National Plan of Action for Orphans and Vulnerable Children, 2010-2012
National Infant and Young Child Feeding for Ghana: Strategy Document
Draft Medium-Term National Development Framework, 2010-2013
Ghana Education for All National Action Plan 2003-2015
Studies and Evaluations
Child Rights Situational Analysis, Child Research and Resource Center
Other
Achieving Universal Primary Education in Ghana: A Reality or a Dream? (UNICEF Division of Policy and Planning Working Paper)
Curriculum for KG1 and KG2
Teacher's Guide for Assessment Tools for Kindergarten Schools in Ghana, September 2009