

Promoting nurturing care within the health sector



**STRENGTHEN
SERVICES**

The Government of Ghana has made a strong commitment to the Sustainable Development Goals (SDGs), specifically to SDG 4.2 regarding access to high-quality early childhood development (ECD) services. Ghana's first multisectoral early childhood care and development (ECCD) policy was released in 2004 and led to many achievements, particularly concerning access to early childhood education programming for children aged 3–6 years. In 2016, the Government reaffirmed its commitment to ensuring that children in the first 1000 days were not missed, dedicating personnel and coordinating mechanisms to ensure every child received all components of essential care from birth.



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Overseen by the National ECCD Coordinating Committee, a review of global and national literature on ECCD was conducted in 2016, followed by a baseline study of child competencies and the quality of services provided to children aged 0–3 years. This resulted in the drafting of the *Early Childhood Care and Development Standards (0–3 years)*¹ (henceforth, ECCD Standards) by a multisectoral group of experts, which was validated by national stakeholders representing all regions in Ghana. Finalized in 2018, the report provides information on young children's competencies at different ages and suggests corresponding caregiving practices to support the development of these competencies. It also highlights signs of delayed or impaired development and essential services for the various age categories.

In 2016, as work on the ECCD Standards began, the United States Agency for International Development's (USAID's) Maternal and Child Survival Program (MCSP) entered into collaboration with the Ghana Health Service's (GHS) Family Health Division. GHS saw this as an opportunity to strengthen provision of nurturing care within existing health services. From December 2016 to June 2019, with MCSP's support, GHS successfully integrated responsive caregiving and early learning into the national Community-based Health Planning Services (CHPS) platform. Overseen by GHS, MCSP developed, adapted and built capacity of CHPS workers on the *Ghana ECD 0–3 Toolkit*, which covered responsive caregiving, early learning and positive parenting. Collaboration with GHS allowed MCSP to leverage existing mother-to-mother support groups and child welfare clinics, which provide essential health and nutrition services to also deliver counselling on responsive caregiving and early learning.

This brief describes the actions taken in the health sector between 2016 and 2019, championed by the Government of Ghana, to elevate attention to and services for children aged 0–3 years.



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

¹ Ministry of Gender, Children and Social Protection. Early childhood care and development standards (0–3 years). Accra: Republic of Ghana; 2018.



Actions

The following actions were critical for expanding the national ECD agenda to include the needs of children aged under 3 years and to create an enabling environment for services promoting nurturing care within the health sector. See the timeline on the right side of this page for a list of key activities between 2004 and 2019.



Year

Activities

2004

Government of Ghana launches national Early Childhood Care and Development (ECCD) policy.

2016

The Ministry of Gender, Children and Social Protection (MoGCSP) commissions a review of global and national literature on ECCD and conducts a baseline study on child competencies and the quality of services provided to children aged 0–3 years.

United States Agency for International Development's Maternal and Child Survival Program (MCSP) enters into collaboration with the Ghana Health Services' (GHS) Family Health Division. MCSP visits Ghana and conducts geographical mapping of initiatives for children aged 0–3 years.

2017

GHS and MCSP, in collaboration with stakeholders, develop an ECD toolkit focusing on nurturing care for young children adapted to the Ghana context.

2018

The Family Health Division organizes Ghana's first Maternal and Child Health Nutrition Conference, featuring a national launch of the Nurturing Care Framework.

The MoGCSP launches the Early Childhood Care and Development Standards (0–3 years)

GHS and MCSP launch the Ghana ECD 0–3 Toolkit.

MCSP organizes ongoing training sessions and supportive supervision for implementers of the ECD Toolkit, supports uptake of the ECD Toolkit in Ghana, and commissions a small-scale impact evaluation study to understand changes in the knowledge and practices of the frontline workers and the caregivers.

2019

Family Health Division organizes a media workshop entitled "Investing in the Future".

Government of Ghana convenes national ECD stakeholder event.

GHS and MCSP release a Call to Action.

GHS and MCSP launch e-learning course for Ghana ECD Regional and District Health Managers.

MCSP disseminates project findings, including through briefs and presentations at conferences.



The Family Health Division advanced attention to nurturing care within the health sector.

1 The Director of GHS's Family Health Division promoted responsive caregiving and early learning through the CHPS platform that provides essential maternal and child health and nutrition services, and gave attention to nurturing care in the National Newborn Strategy.

2 The Family Health Division organized the first Maternal and Child Health Nutrition Conference in June 2018, with support from MCSP, USAID, the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the World Health Organization (WHO). During this important convening of stakeholders, the *Nurturing Care Framework for Early Childhood Development* (henceforth, the Framework) was launched, marking a turning point in the prioritization of ECD in Ghana.

3 The Director General of GHS commissioned a consultant to develop an action plan to implement the Framework.

National launch of the Ghana ECD 0-3 Toolkit. Developed with MCSP support, the Toolkit promotes the integration of responsive caregiving, early learning and positive parenting, all critical to infant and child development, into routine health and nutrition services. The launch was attended by representatives of: GHS; USAID; the Ministry of Gender, Children and Social Protection; UNICEF; UNFPA; PATH, the Japan International Cooperation Agency, and the Paediatric Society of Ghana. The event promoted discussion of the Framework's implementation in Ghana and the ECCD Standards.

During the Toolkit's launch, GHS presented a six-point call to action, co-authored by GHS and MCSP, highlighting both the importance of nurturing care for ECD and the areas needing prioritization and improvement. Partners endorsed the document and committed to its messages and advocacy points.

CALL TO ACTION:

Implementing the Nurturing Care Framework in Ghana

The six-point **call to action** advocates for:

- urgent investment in holistic services for young children, especially the marginalized;
- investment in behaviour change communication for ECD;
- improved coordination and strategic leadership for ECD in Ghana;
- expansion of ECD services, especially early stimulation, across multiple existing platforms;
- investment in high-quality parenting, family learning and support programmes; and
- collection of data on key ECD indicators.

Engaging the media to promote nurturing care. In January 2019, the Family Health Division organized a media orientation workshop and ECD stakeholder event. Journalists reporting on health from all major media companies in Ghana were invited to participate.

The workshop, on "Investing in the Future", oriented media practitioners on the science, significance, policy and practice of ECD.

The workshop fostered exchanges between health practitioners and journalists on the meaning of ECD and the importance of promoting nurturing care for healthy development. It also presented an opportunity to reinforce media practitioners' capacity to research, report on and advocate for responsive parenting, experiences that support brain development and back-and-forth interactions between parents or caregivers and their young children.

ECD stakeholder event.

Immediately after the media event, representatives from all of Ghana's 10 regions were briefed about the Framework and how to operationalize it in Ghana. While the Framework's launch focused on nurturing care, the ECD stakeholder event considered its practical application. Other partners, such as UNICEF, UNFPA, and the USAID-funded Communicate for Health project, also attended. Participants were given an overview of the Framework and how to position services for its nationwide roll-out. USAID presented on the MSCP ECD programme's deliverables, successes and lessons learned. The district director of Nadowli/Kaleo, Upper West Region, detailed the programme's activities in the district. She described the benefits of implementing ECD, including increased attendance at child welfare clinics and revitalization of mother-to-mother support group meetings.



Photo credit: © Kate Holt/Maternal and Child Survival Program

Achievements

An enabling environment for nurturing care has been created.

A key objective of the MCSP programme was to support the Government of Ghana in advancing their agenda to more prominently include children aged under 3 years, to engage multiple sectors and partners and to support an enabling environment at policy level to promote the institutionalization of ECD. This catalytic support helped GHS to disseminate the “Call to Action”, engage key stakeholders in the Framework’s launch, and increase awareness of ECD by engaging with the media.

The health sector is well equipped to ensure that children receive nurturing care. The commitment to advancing nurturing care within the health sector is now firmly rooted. Stakeholders’ roles have been defined, implementation tools are available, partners are ready to help GHS articulate the agenda, and national documents have been developed/ revised to encompass nurturing care.

There is a deeper and wider understanding of ECD among stakeholders. Key stakeholders, including the media in Ghana, now have a better understanding of

ECD. Many have become passionate advocates for nurturing care and are actively seeking ways to further highlight and act on issues affecting young children.

Success factors

Leadership by the Family Health Division within GHS. The Family Health Division played a critical role in elevating the importance of nurturing care for improving ECD within the health sector and expanding the ECD agenda in Ghana to include children aged 0–3 years. Under its leadership, MCSP partnered with GHS to build the capacity of CHPS workers to counsel on responsive care and early learning during routine child health and nutrition services. In addition, the endorsement of national tools, including the ECCD Standards and the ECD Toolkit, advocacy around nurturing care, and the launch of the Framework, were enabled by the Government’s strategic leadership.

Timing. The Framework’s global launch coincided with the development of Ghana’s ECCD Standards, in a political environment becoming increasingly favourable to cross-sectoral coordination (health, education, social welfare, gender and social protection). The aligned global and national events helped to

provide clear advocacy messaging about the Framework and to leverage partner funding from MCSP to develop the ECD Toolkit.

Media engagement. The media workshop provided journalists and television and radio personalities with material enabling them to promote ECD. It also aligned communication around a common language to make a strong case for nurturing care. The workshop resulted in newspaper articles, briefs, blogs and live radio discussions that reinforced this message.²

Community change agents. Community health workers benefited from five-day training sessions. Community health officers, mostly community health nurses and midwives, were able to scale up training on the ECD Toolkit for volunteers. Volunteers with experience in leading mother-to-mother support groups were able to use the Toolkit competently with some oversight and supervision by community health officers. Parents and caregivers found the learning activities simple, fun and easy; those attending mother-to-mother support groups reported being more responsive to their babies. Testimony from Yellowanah, a mother from a rural farming community in Ghana’s Upper West Region, can be found in the box overleaf.

“Initially, caregivers thought it was funny that health workers are concerned about how they play with their newborns, but now I think they are appreciating the true essence of ECD.”

Rosemary Keniegyel,
community health officer,
Upper West Region



YELLOWANAH AND HER DAUGHTER KEZIA

Yellowanah noticed that her daughter, Kezia, was inactive, a little withdrawn and generally timid for a 2-year-old. This can be worrying for a first-time mother. Fortunately, Yellowanah heard about an ECD session organized by a Community Health Officer during the mother-to-mother support group in Segrivengveng. “I started attending the sessions every other week at 3 pm”, says Yellowanah, adding that she “has not missed a session as we have been meeting under a big tree at the centre of the village”. During the session, Yellowanah was excited to join other parents and caregivers, who took turns to practise the early learning activities with their children. She showed love to Kezia in many ways: cuddling, hugging and tickling. She also nurtured her with statements of love and reinforcing words of praise. The sessions nourished the bond of love between Yellowanah and Kezia, creating a connection that many parents crave for, but may not understand how to create. Now, Yellowanah makes toys for Kezia to play with as they go about their daily routine. Kezia’s favourite is a string with two hollow vegetable shells that rattle like a calabash. Yellowanah says: “Kezia hardly cries these days and she wants to play with it all the time”. Kezia now shows the desire to explore, play and create which is a profound difference in her behaviour.

Barriers

Inactive ECD Technical Working Group. In 2016, the ECD Technical Working Group had not met for a considerable period, although their active functioning was critical to the enabling policy environment. The Group’s inactivity followed a series of leadership changes within the Ministry of Gender, Children and Social Protection. Its revival was due to stabilized leadership, a more focused agenda (work on the ECCD Standards, launch of the Framework and plans to update the ECD Policy) and financial support from partners, including UNICEF.

Limited reach of the health sector. It was not possible to reach all children through the health sector: multisector engagement was required. This was addressed in several ways. The USAID Mission in Ghana collaborated with the Ministry of Gender, Children and Social Protection to maximize the benefits of home visits by social workers. Similar plans were explored to reach children in day-care centres, but limited funds prevented

the government from expanding implementation there. When scaling up revealed that mother-to-mother support groups were less prevalent in urban areas in Ghana’s Eastern region, alternate entry points were needed to reach young children (e.g. child welfare clinics at the primary health care level).

Language barrier. Some CHPS staff could not speak the local languages: community health volunteers translated activities during group sessions.

Weight of the flip chart. The flip chart used for group sessions was heavy and cumbersome, and some CHPS staff did not have motorbikes. The flip chart was therefore reduced in size, and the facilitator walked around the group, showing the illustration while explaining the key messages.

Limited to community-based health facilities and platforms. Implementation was mostly limited to services provided through community health platforms, such as the mother-to-mother support groups and counselling

at CHPS compounds: the training of doctors, midwives and nurses in public hospitals fell outside the scope of the project. Investments in nurturing care at all levels of the health system would ensure a comprehensive approach that could provide nurturing care to all children accessing the health system, whatever their point of entry.

Conclusions

The investment made by the Government of Ghana, and in particular GHS, is a critical first step towards ensuring that children receive nurturing care. The engagement and synchronization of health, nutrition, protection, early learning and child protection professionals is needed for children to realize their full potential.

To advance the nurturing care agenda, GHS has called on other government agencies, donors, nongovernmental actors and the media to significantly increase their actions, investments and attention to ECD in Ghana, especially for children aged under 3 years.

FOR MORE INFORMATION:

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Visit <https://nurturing-care.org/country/ghana/> for more information on the activities and documents mentioned in this case study.

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