



# EARLY CHILDHOOD CARE AND DEVELOPMENT STANDARDS (0-3 YEARS)

MARCH 2018



REPUBLIC OF GHANA

MINISTRY OF GENDER,  
CHILDREN AND SOCIAL  
PROTECTION (MoGCSP)





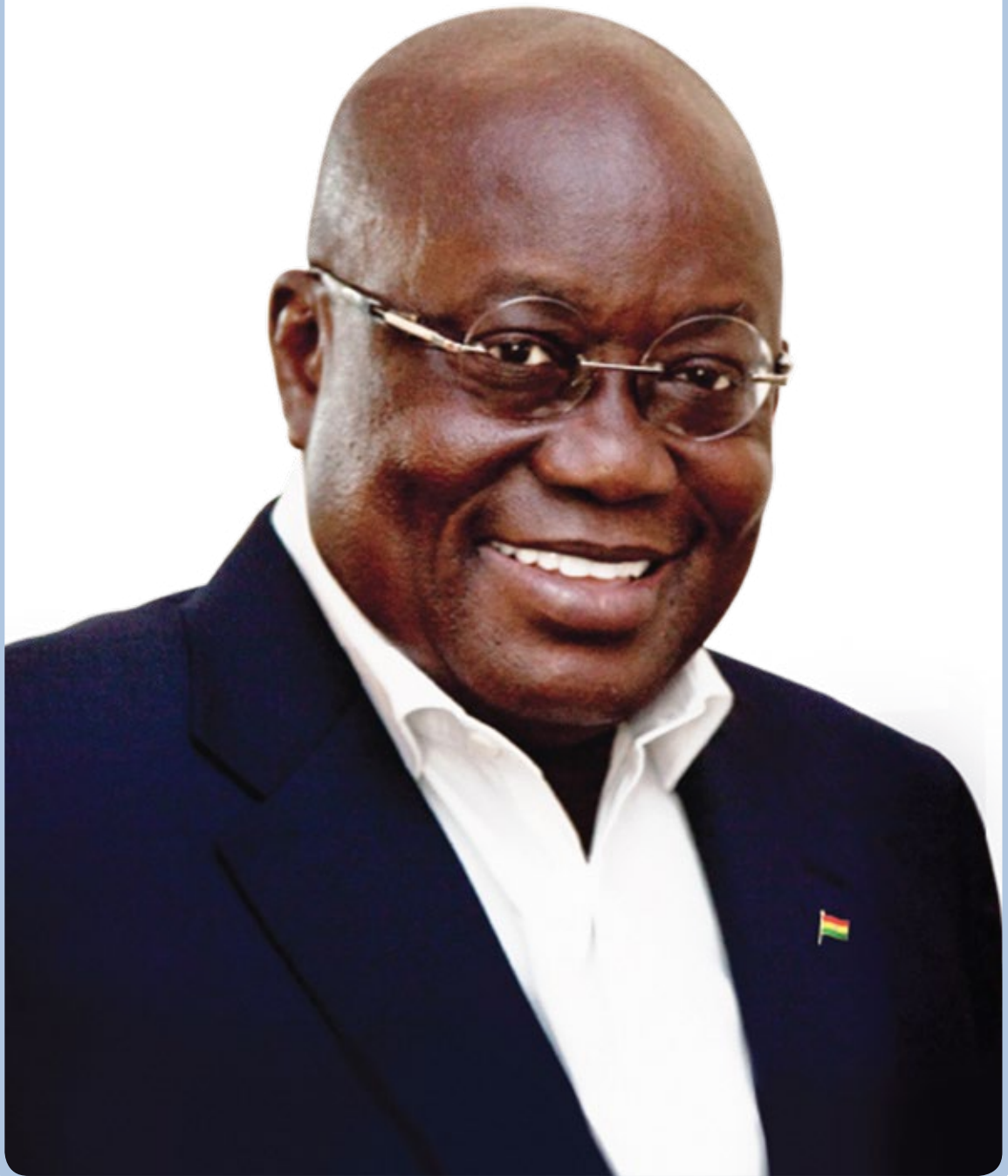
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PROTECTION**



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HIS EXCELLENCY NANA ADDO DANKWA AKUFO-ADDO

**PRESIDENT OF THE REPUBLIC OF GHANA**







# Contents

<b>ACRONYMS</b>	<b>v</b>
<b>FOREWORD</b>	<b>vi</b>
<b>ACKNOWLEDGEMENT</b>	<b>vii</b>
<b>1. BACKGROUND AND CONTEXT</b>	<b>1</b>
1.1 Introduction	1
1.2 How the Standards were Developed	2
1.3 What is the ECCD Standard Used and not Used for?	3
1.4 Who can use ECCDS?	4
1.5 The Purpose of the Standard:	4
<b>2. NATIONAL CONTEXT FOR THE STANDARDS</b>	<b>5</b>
<b>3. DEFINITION OF TERMS</b>	<b>7</b>
3.1 Categorisation of Children	9
<b>4. VALUES AND PRINCIPLES</b>	<b>11</b>
<b>5. WHO HAS A ROLE TO PLAY IN THE CARE AND DEVELOPMENT OF A CHILD, 0 – 3 YEARS?</b>	<b>13</b>
<b>6. DEVELOPMENT DOMAINS AND SUB DOMAINS</b>	<b>19</b>
6.1 Delayed or Impaired Development in Early Childhood	24
<b>7. THE STANDARDS MATRIX AND SPOTLIGHTS</b>	<b>25</b>
<b>8. OVERARCHING STRATEGIES</b>	<b>75</b>
8.1 EDUCATION AND ADVOCACY	75
8.2 SERVICE DELIVERY	76
8.3 CAPACITY BUILDING	78
8.4 INTEGRATED MULTI-SECTORIAL PROGRAMMING/APPROACH	78
<b>9. MONITORING AND EVALUATION</b>	<b>81</b>
Data Collection	81
Indicators	81
Postnatal Clinic Visits	81
Social Welfare Inspections	82
DOC – Baseline, Bi-annual Assessment of Progress	82
<b>10. ANNEXES 1: STANDARDS FOR ECCD SERVICES</b>	<b>83</b>
<b>11. REFERENCES</b>	<b>91</b>



# ACRONYMS

<b>CBO</b>	Community Based Organisations
<b>CRI</b>	Child Rights International
<b>CSO</b>	Civil Society Organisations
<b>DOC</b>	Department of Children
<b>ECCD</b>	Early Childhood Care and Development
<b>ECCDS</b>	Early Childhood Care and Development Standards
<b>GES</b>	Ghana Education Service
<b>GHS</b>	Ghana Health Service
<b>KMC</b>	Kangaroo Mother Care
<b>MDA</b>	Ministries, Departments and Agencies
<b>MMDA</b>	Metropolitan, Municipal and District Assemblies
<b>MOE</b>	Ministry of Education
<b>MoGCSP</b>	Ministry of Gender, Children and Social Protection
<b>NCCE</b>	National Commission on Civic Education
<b>NECC</b>	National ECCD Coordinating Committee
<b>NGOs</b>	Non-Governmental Organizations
<b>SEN</b>	Special Educational Needs
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children’s Fund
<b>WASH</b>	Water Sanitation and Hygiene





# FOREWORD

GHANA HAS MADE REMARKABLE STRIDES IN  
ECCD IMPLEMENTATION SINCE THE ADOPTION  
OF HER POLICY ON EARLY CHILDHOOD.

However, the absence of standards for children 0–3 years that specifies what children at this age should know and be able to do has created a knowledge gap among relevant stakeholders on the developmental and stimulation needs of children in this age group.

The development of Early Childhood Care and Development (ECCD) Standards for Children 0–3 years is an accomplishment of yet another important milestone in the provision of care and quality services to young children in Ghana. The document provides information on competencies of children at certain ages and suggests corresponding caregiving practises to support development of these competences. It also highlights signs of delayed or impaired development and essential services for the various age categories as well as recommendations for implementation, monitoring and evaluation of the standards and related activities for children 0–3 years. The standards would help increase knowledge on the developmental milestones of children from birth to age three and improve the quality of care provided

to them by promoting more purposeful and appropriate practices to support their development in the various developmental domains.

Since ECCD cuts across several sectors it is expected that the standards would be implemented through an integrated approach creating an enabling environment for all young children to thrive and involving all relevant stakeholders to strengthen collaboration. All efforts should be made to provide a solid foundation for the development of our children and the nation as a whole as events in the first years of life are formative and play a vital role in building human capital, breaking the cycle of poverty, promoting economic productivity and eliminating social disparities and inequities.

**Hon. Otiko Afisah Djaba**

*Minister for Gender, Children  
and Social Protection.*



# ACKNOWLEDGEMENT

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THIS DOCUMENT WAS DEVELOPED WITH INPUTS FROM A WIDE RANGE OF STAKEHOLDERS AT NATIONAL, REGIONAL AND DISTRICT LEVELS. WE ARE INDEBTED TO UNICEF GHANA FOR THE TECHNICAL AND FINANCIAL SUPPORT PROVIDED FOR THE SUCCESSFUL DEVELOPMENT OF THE STANDARDS.

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We wish to express our gratitude the National ECCD Coordinating Committee (NECC) for their oversight role and tremendous support throughout the process of the development of the standards.

Special thanks also go to the Technical Review Team for their invaluable contribution to the development of this document and to all other ECCD stakeholder representatives (government agencies, civil society organisations, private sector actors) and parents for providing relevant information, and sharing their rich experiences and insights.

We also wish to express our sincere appreciation Hon. Nana Oye Lithur, former Minister for MoGCSP and Mrs. Helena Obeng Asamoah, former Acting Director of the Department of Children for their immense support. All staff of the Department who supported in diverse ways are also very much appreciated.

May God bless us all.

# 1

## BACKGROUND AND CONTEXT

### 1.1 Introduction

Infants are precious and vulnerable; therefore, they need a lot of love, attention and quality time with caregivers. Parents have known this instinctively for centuries and research continues to confirm that *“a human infant cannot survive without someone providing food, protection and affection. Because of this, human babies are born with a very strong instinct and need to bond with a caregiver”*.<sup>1</sup> Numerous studies have demonstrated that the first five years of a child’s life are the most important for brain development especially within the first three years when the brain’s architecture is formed<sup>2</sup>. This period constitutes their early years and children learn more quickly at this stage than at any other time of their lives.

Throughout this initial three (3) year period, a child develops physically, socio-emotionally and cognitively. The child also

learns to communicate with others and establishes the basis for his or her future life in school and thereafter. It is therefore imperative that during these early years of their lives, children are supported to receive careful nurturing, love and attention as well as good nutrition, all in a stimulating and safe environment.

Clearly the responsibility of achieving these desired results lies mainly with caregivers including parents, siblings, other family members, pre-school teachers and house-helpers<sup>3</sup>. The ability of these various caregivers to stimulate positive cognitive, emotional and physical growth experiences also depends on their knowledge related to:

1. Child care and development,
2. Child-rearing practices, and
3. Beliefs related to these practices, usually imbibed through socialization.<sup>4</sup>

1 Family Court Services, 2013

2 Family Court Services, 2013

3 Domestic workers and extended family members who are engaged to support with house chores and provision of care for children, the sick and elderly in the homes

4 Walter & Wrester, 2009



Early Childhood Development policies play a very important role in the provision of development opportunities for children and in providing knowledge on what young children need from caregivers. These policies help to provide priority attention by adults, including political, social and religious leaders to children, as an investment into a country's future. The provision of requisite infrastructure and interventions for the care and development of the child is often captured in such national policies. In addition, many countries that have demonstrated great commitment towards their children's development including Rwanda and South Africa who have developed policies and proceeded to establish rules, regulations and minimum standards that are required for early childhood care and development in line with their policies.<sup>5</sup> These minimum standards are set to ensure that as much as possible, uniform care and support are extended to all children irrespective of their race, ethnicity, age and family's social status.

It is within this context that Ghana developed an Early Childhood Care and Development (ECCD) Policy in 2004, and subsequently developed Early Learning Standards and Indicators for 4 – 5-year olds. The Standards and Indicators are being used at the kindergarten level to provide guidance on recommended support for achieving the developmental milestones of children in different domains.<sup>6</sup> To fill the gap in relation to standards and indicators for children within the age range of 0–3, the Government of Ghana, commissioned (i) a baseline study on child competencies and the quality of care services provided to children aged 0 – 3 in Ghana and (ii) the development of standards for children aged 0 – 3. The baseline report

therefore formed the basis for developing the document containing standards for children aged 0–3 in Ghana.

Consequently, this document on 0 – 3 years standards was developed to complement the other existing ECCD documents which provide guidelines for caregivers, including parents, towards achieving the developmental milestones or competencies within the age bracket 0–3. It also provides recommendations on over-arching strategies and support practices for state and non-state actors towards the achievement of these competencies. These standards will help parents and other caregivers to effectively provide the quality care and attention that these precious and vulnerable children need in their early childhood years.

## ***1.2 How the Standards were Developed***

The process of developing the early childhood care and development standards (ECCDS) for Ghana began in 2016 as a consultative and participatory initiative of the Ministry of Gender, Children and Social Protection (MoGCSP) through the Department of Children (DoC) and under the guidance of a multi-sectorial National ECCD Coordinating Committee (NECC).

The process started with a review of global and national literature on early childhood care and development. Then a baseline study on child competencies and the quality of care services provided to children aged 0 – 3 in Ghana was done. This was followed by the drafting and validation of the standards by a multi-sectoral group of key experts; and then a national validation with key stakeholder representatives from all the regions and then finalization of the standards.

The aim was to develop nationally accepted standards for stimulating the overall

<sup>5</sup> Walter & Wrester, 2009

<sup>6</sup> International Bureau of Education, 2006

development of children aged 0 – 3, which would serve all stakeholders engaged in ECCD activities in Ghana. The process was implemented in several stages:

**1. Baseline Study:** A baseline study was commissioned and conducted to gather information on child competencies and the quality of care being provided to children aged 0 – 3 in Ghana. The baseline process was used to gather inputs from stakeholders, especially caregivers such as parents, guardians and crèche and nursery teachers. The report was reviewed by the National ECCD Coordinating Council (NECC) before its finalisation.

**2. Drafting the Standard:** This began with the consultants providing an outline for developing the standard, which was reviewed and approved by the NECC. Based on the agreed outline, the standard was drafted. The content of the standard was informed by the findings of the baseline study including a review of existing literature to ensure that recommendations of key stakeholders, local and international experts were incorporated in the document during the drafting process.

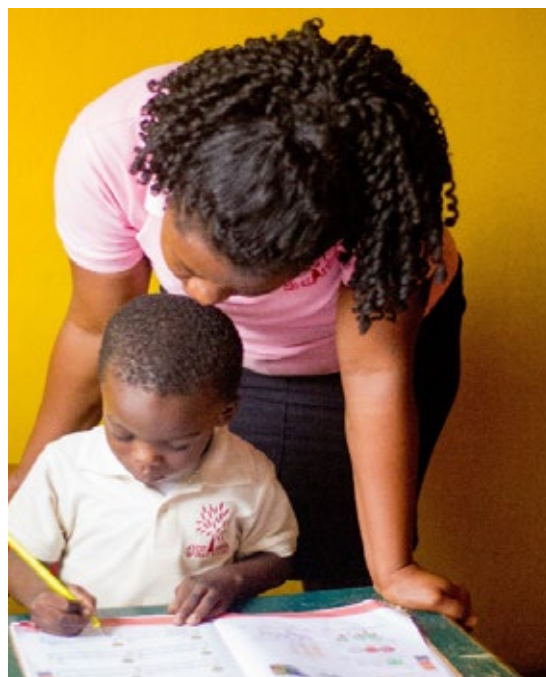
**3. Review and Validation:** The draft standard was then subjected to review by key sector experts and the NECC. Further validation inputs were made by representatives of key stakeholder groups through a national validation meeting. The review and validation processes were essential to ensuring that these standards are practical for achieving the intended purpose and that the document is coherent and concise.

**4. Finalization of the standards:** The finalisation process entailed incorporating the inputs made by key stakeholder representatives during the national validation meeting.

This process of developing the standards was conducted working with various experts on children’s development, such as paediatricians, psychologists, principals of preschool institutions, physicians, policy makers etc.

### **1.3 What is the ECCD Standard Used and not Used for?**

This ECCD standard may be used for:



1. Developing further rules and regulations relating to ECCD.
2. Review and or development of curricula for the training of relevant stakeholders such as Crèches and Day Care Centres and particularly caregivers.
3. Monitoring of ECCD activities related to children aged 0 – 3.
4. Public Education and Sensitization of communities and the general public.





### The ECCD standard may not be used for:

1. Assessing caregivers' performance
2. Refusing admission to any child into a crèche or nursery
3. Establishing sanction or reward systems for children, educators or caregivers in general

### 1.4 Who can use ECCDs?



This document is for all those who work with and care for children aged 0 – 3. This includes primary caregivers such as parents, siblings or guardians as well as crèche and nursery proprietors and workers. Experts from various development sectors (particularly health, education, social welfare and civil society) will also find this standard valuable. The ECCD standard is also useful for central and local government technocrats and policy-makers as well as civil society organizations engaged in activities related to children aged 0 – 3. The standard can also be used by caregivers of children with delayed or impaired development, children

with special educational needs (SEN) and or children who have some form of disability.

### 1.5 The Purpose of the Standard:

The principal purpose of this standards document is to facilitate the optimal care, development and growth of children aged 0 – 3 in Ghana.

It is to ensure that quality care is delivered in a suitable environment and that the development and safety of children aged 0 – 3 is of paramount concern. This standard recognizes that early stimulation of the child provides a crucial foundation for the later learning and development of the child, the adolescent and the young person.

The standard is also meant to provide guidance to all early childhood care and development stakeholders working with 0 – 3 years olds to help them support these children achieve essential developmental goals.

Specifically, the standard will therefore:

- i. Highlight the required competencies or milestones expected to be achieved in the developmental stages of the Ghanaian child aged 0 – 3
- ii. Provide a guide to what caregivers and other stakeholders should do to stimulate developmental competencies in the child
- iii. Help identify children with delayed or impaired development for the needed support
- iv. Enhance training for proprietors/staff of crèches and nurseries as well as care givers
- v. Make it easier to sensitize and educate citizens on ECCD
- vi. Provide a basis for monitoring early childhood development of 0 – 3-year olds in Ghana

## 2

# NATIONAL CONTEXT FOR THE STANDARDS

The 1992 Constitution of Ghana enjoins the government to ensure the survival and development of the child. Specifically, Article 28 tasks parliament to put in place laws that protect the child; promotes their interests and fulfils their rights.

In addition to this, there are several existing national policies and programmes that directly or indirectly have impact on the welfare of children. These include:

- (i) The Children's Act, 1998 (Act 560),
- (ii) Child and Family Welfare Policy, 2014
- (iii) National Gender and Children Policy, 2001
- (iv) Policy and Strategies for Improving the Health of Children under 5 years,
- (v) Promotion and Extension of Pre-School Education,

- (vi) National HIV & AIDS, STI Policy, 2013
- (vii) Persons with Disability Act, 2006 (Act 715)
- (viii) the Early Childhood Care and Development (ECCD) policy.

The ECCD policy is the centre piece policy governing the care and development of children eight years and below. The goal of the ECCD policy is “to promote the survival, growth and development of all children (0 – 8 years) in Ghana”. The policy further outlines objectives, targets, institutional arrangements and implementation strategies<sup>7</sup>.

The ECCD policy is crucial for providing a framework that facilitates a holistic and integrated approach to the development of young children.

<sup>7</sup> ECCD Policy, 2004



Key objectives of establishing this policy include:

- ⦿ Improving maternal and child health to save the lives of mothers and infants.
- ⦿ Enhancing the knowledge, skills and understanding needed by parents and caregivers to nurture children in a more child friendly and result oriented manner.
- ⦿ Promoting a more flexible environment for mothers to work and have their children nurtured and well catered for.
- ⦿ Ensuring that all children across the country are prepared adequately for mainstream level education in equity and equality.
- ⦿ Identifying some of the negative conditions associated with early childhood and reverse or reduce the impact of these on the child's holistic development.
- ⦿ Reducing incidents of childhood diseases and illnesses significantly
- ⦿ Ensuring that the overall care and development of the child is well structured and the right of the child respected.
- ⦿ Preventing and identifying child abuse resulting in long-term damage and devastating consequences on all areas of the child's development

# 3

## DEFINITION OF TERMS

### ***Early Childhood***

Early childhood is defined as the period below the age of 8 years (UNICEF, 2001). This is a time of critical change and development, as children attain the physical mental and emotional skills they will use for the rest of their lives. Early childhood is the period during which the brain develops most rapidly and flexibly, early experiences affect the development of brain architecture, which provides the foundation for all future learning, behaviour and health.

### ***Care***

Care, in the context of Early Childhood Care and Development (ECCD), refers to the total support provided for a child, such as children's health and nutrition, their evolving emotional and social abilities, and also their mental development. This ECCD standard will cover the care a child, 0 to 3 years receives to promote cognitive

development, body development, language and relationship development.

### ***Caregiver or Carer***

A person who takes primary responsibility for people who cannot fully care for themselves (in this context, children). This may be a parent, another family member, a trained professional or another individual. A caregiver may be paid or unpaid for caring for the child.

### ***Crèche***

A facility where babies and young children are cared for during the working day in place of their parents, legal guardians or primary carers. Crèche facilities are also referred to as Day Care Centres or Day Nursery

### ***Development***

Is the process of growth or progress, in this context, child development refers to



the process of biological, psychological, cognitive and emotional changes that occur in childhood, as the child progresses from dependency to increasing autonomy. It is a continuous process with a predictable sequence yet having a unique course for every child.

### **Early Childhood Care and Development (ECCD)**

This can be defined as the holistic development of children including physical, cognitive, language, social and emotional development from conception to age eight.

### **Standards**

A standard is an accepted or approved example of something, or a benchmark against which others are judged or measured. It can also be a document that provides requirements, specifications, guidelines or characteristics that can be used consistently to ensure that materials, products, processes and services are fit for their purpose. In this context, standards are statements about what the child should know and be able to do in their development at every given stage.

### **Early Learning Development Standards**

These are statements of what children (from birth to age three) should know and be able to do across the earliest years of development.

### **Cognitive Development (Development of the mind)**

This is the process of acquiring intelligence and increasingly advanced thought and problem-solving ability from infancy to adulthood<sup>8</sup>.

### **Physical Development (Development of the body)**

Physical development refers to the normal ways in which children's bodies grow, change and develop. It also refers to physical skills that use small and large body movements also known as fine and gross motor skills development. Physical development is essentially the increase or growth in body size (length or height and weight) and in the size of organs.

### **Social Development (Developing Relationships)**

Involves learning the values, knowledge and skills that enable children to relate to others effectively and later in life to contribute in positive ways to family, school and the community

### **Emotional Development**

A child's responses to the different feelings they experience every day, and how well they handle these feelings as they grow.

### **Socio-emotional development**

This includes the child's experience, expression, and management of emotions and the ability to establish positive and rewarding relationships with others.

### **Language/Linguistic Development**

Language development is the process by which children come to understand language and use it as a means of achieving their aims during early childhood.

It is important to point out that communication involves speech/expressive language skills, comprehension, play, attention and listening skills as well as non-verbal cues.

It is also noteworthy that all areas of development (cognitive, physical, social,

<sup>8</sup> Dodonov & Dodonova, 2011



emotional, linguistic) are connected and are not mutually exclusive. Each depends on and influences the other.

### 3.1 Categorisation of Children



Children generally are categorised by age and referred to as new born, baby or infant, toddler and pre-schooler.

#### ***New Born***

New-born usually refers to babies from birth to four weeks of age. Some literature<sup>9</sup> defines the new-born as a child from birth to 28 days. We can therefore consider a new born as a baby in its first month.

#### ***Infants***

Refers to babies from birth till twelve months old. Some people use the terms baby and infant interchangeably.

#### ***Toddlers***

Are babies from one year to three years of age. Some people may consider toddlers to be 18 months old to 3 years old. As the name implies, a toddler is classically defined as a

child who is just learning to walk or one who toddles. This often happens around the period the child attains one (1) year. There's no official definition of the upper limit of toddlerhood. However, most people consider the end of the toddler age to be around the time a child is ready to transition into preschool.

#### ***Child***

Ghana's Children Act<sup>10</sup>, defines a child as a person below the age of eighteen years.

#### ***Child, 0 – 3 years***

In the context of this Standards document, a child aged 0 – 3 years refers to a child from birth to age three. It does not cover the period of conception.

<sup>9</sup> <https://www.quora.com/What-are-the-age-differences-between-a-newborn-infant-toddler-baby-and-child>

<sup>10</sup> Government of Ghana (1998). The Children's Act, 1998 (Act 560);



# 4

## VALUES AND PRINCIPLES

The ECCD 0 – 3 standards are hinged on the following values and principles:

- ◎ **Ensuring love and care:** This principle has its root from the belief that the child should always be given attention at all times since this form the foundation for the development of the child.
- ◎ **The best interest of the child being paramount:** This global principle insists that in all situations, the interest and well-being of the child should supersede all other considerations.
- ◎ **Recognising the uniqueness of every Child:** Each child is unique and different not only in their appearance, but also in how they develop and grow. Differences among children should be recognized, understood and respected.
- ◎ **The child being at the centre of everything (Ensuring child centeredness):** All policies, programmes and decision making should consider the well-being of the child. This is in line with the concept of sustainable development; all choices and actions are taken with the future in mind and with earnest consideration on how they impact children and future generations.
- ◎ **Ensuring equal rights for all children:** Every child irrespective of their race, ethnicity, religion, disability, gender and social background, is entitled to fundamental human rights. Every child has the right to have his or her basic needs fulfilled, including the right to: life, food with balanced nutrition, shelter, education, moral upbringing, and good health. These rights should be respected, upheld and fulfilled always and for all children.





- ◎ **Parents being responsible for the care of their children:** Adults with children should take full responsibility for the development and general well-being of their children. Parenting has no substitute therefore, as much as possible, all children should be catered for by parents (biological or foster parents), preferably in a family setting. The social, moral and spiritual development of the child should also be catered for by the parents.

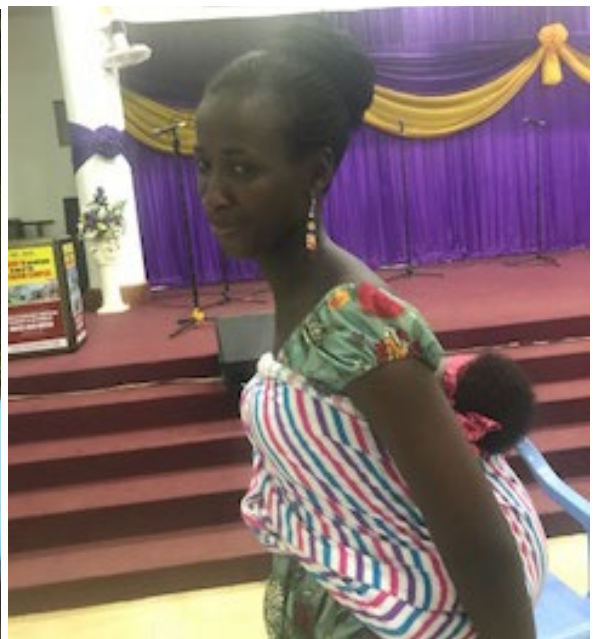
Children below 3 years should normally be placed in an institution or residential homes for children (RHCs). Loving families provide a better environment for children to develop than institutions. However, when the family circumstances threaten the development of the child as in the case of non-availability of family members, physical or sexual abuse in the home, temporary shelter elsewhere may be considered. Neglect (by parents, caregivers, or in institutions) leads to impaired development and may even cause the brain not to fully develop or regress. For example, if a mother never seeks eye contact with her baby, the baby will “unlearn” how to smile, which is a natural reflex, possibly forever. The baby may also not learn how to identify emotions in other people.

- ◎ **Ensuring confidentiality of children:** It is important to keep the confidentiality of every child sacred, to protect the image and dignity of the child. Information about all children should be protected and kept private. Where there is the need for such information to be made public, the identity of the child should be preserved to avoid doing harm to the child’s image and reputation in the future.
- ◎ **Identifying and nurturing the child’s potential:** Every child has inherent abilities. It is therefore the duty of adults, parents/guardians and caregivers to explore, identify, promote and develop the child’s potential.

5

# WHO HAS A ROLE TO PLAY IN THE CARE AND DEVELOPMENT OF A CHILD, 0 – 3 YEARS?

The care and development of a child in its early years goes beyond the primary care giver. It is multi-sectorial in nature and involves different actors playing specific roles. Key stakeholders and the roles they play in the care and development of children, during their first three years include:







Stakeholder	Roles
<b>Parents<sup>11</sup></b>	<ul style="list-style-type: none"> <li>■ Responsible for the child’s total development and well-being</li> <li>■ Provide food and nutrition, starting with breast feeding</li> <li>■ Provide safety and comfort for the child</li> <li>■ Provide social, moral and ethical training</li> <li>■ Provides the child’s health needs</li> </ul>
<b>Family members<sup>12</sup></b>	<ul style="list-style-type: none"> <li>■ Assist the parents in caring for the children</li> <li>■ Provide guidance to parents, particularly first-time mothers to care for their children</li> <li>■ Demonstrate love towards the child</li> <li>■ Help the children in their development<sup>13</sup></li> <li>■ Provide social, moral and ethical training for the child</li> <li>■ Support the child to learn and practise family and community norms and culture</li> <li>■ Support parents with funds for children’s upkeep, where necessary.</li> </ul>
<b>Domestic care givers<sup>14</sup></b>	<ul style="list-style-type: none"> <li>■ Assist the parents in caring for the children</li> <li>■ Expected to demonstrate love towards the child</li> <li>■ Provide social, moral and ethical training for the child</li> <li>■ Support the child to learn and practise the family and community norms and culture</li> </ul>
<b>Community<sup>15</sup></b>	<ul style="list-style-type: none"> <li>■ Provide moral values and security for children</li> <li>■ See to it that the parents care for their children</li> <li>■ Ensure that the child grows up in a clean environment</li> <li>■ Help the parents in the moral upbringing of the child</li> <li>■ They help clean the environment and support existing child care and health facilities</li> <li>■ Provides the appropriate cultural environment for the child’s social development</li> </ul>

<sup>11</sup> Both father and mother, also includes biological and foster parents

<sup>12</sup> Includes nuclear and extended family members – parents, siblings, aunts, uncles, cousins, grandparents and great grand parents

<sup>13</sup> Body, speech and social development

<sup>14</sup> Including domestic workers, usually called “house helps” in Ghana. Some of these are paid but others are extended family members who are engaged to provide support to relatives living in the cities at no fee.

<sup>15</sup> Includes the community values, norms and cultural practices. Also includes community leadership, traditional authority, opinion leaders and community members



<b>Central Government<sup>16</sup></b>	<ul style="list-style-type: none"> <li>■ Determine the policy environment for the child's development and well-being.</li> <li>■ Sign on to international conventions that promote the rights and development of the child</li> <li>■ Create job avenues for the parents</li> <li>■ Provide facilities and engage human resources relevant for child's care and development e.g. health and childcare facilities</li> <li>■ Initiate programmes and interventions for child development e.g. NHIS</li> <li>■ Provide national security which promotes the development of the child.</li> </ul>
<b>Ministry of Health</b> <b>Ghana Health Service &amp; Related Agencies, i.e. Health Facilities<sup>17</sup></b> <b>Health Workers<sup>18</sup></b>	<ul style="list-style-type: none"> <li>■ Initiate policies and interventions that prevent illness and promote the health and development of the child</li> <li>■ Recruit technical personnel to manage health facilities</li> <li>■ Care for children's health and physical and mental development</li> <li>■ Provide medical attention to the child when needed</li> <li>■ Provide health care and educate parents and the general public on how to effectively care for their children</li> <li>■ Provide health information for parents and children</li> <li>■ Provide health reports</li> <li>■ Promote the use of the Child Health Record as a key record for sharing information between parents and professionals</li> <li>■ Provide assessment and therapy services for children with developmental delays and disabilities</li> </ul>
<b>Social Services/ Welfare</b>	<ul style="list-style-type: none"> <li>■ Educate parents on the rights of the child</li> <li>■ Handle child rights and abuse cases</li> <li>■ Settle disputes between couples to promote child development</li> <li>■ Protect and promote the rights of the child</li> <li>■ Provide training for care givers in crèches</li> <li>■ Supervise crèches and other childcare facilities to ensure they meet the standards</li> <li>■ Collate and provide data on existing crèches and childcare facilities</li> <li>■ Provide support to orphaned and fostered children</li> <li>■ Collate data on children with possible delayed or impaired development to feed into policy and programmes.</li> <li>■ Provide nursery services and disability allowance for parents of children with disabilities</li> </ul>

<sup>16</sup> Executive, Legislature, Judiciary, Regional Coordinating Councils, District Assemblies and unit committees

<sup>17</sup> Hospitals, Clinics, CHPS compounds, diagnostic centres

<sup>18</sup> Medical doctors, Nurses, Midwives, Community health nurses, Health administrators, Laboratory technicians, Pharmacists and Chemists



<b>Day-care Centres, crèches and nurseries</b>	<ul style="list-style-type: none"><li>■ Assist the parents in caring for the children (during working hours)</li><li>■ Promote the child's social and relationship development by providing platforms for the growing child to interact with other children</li><li>■ Help the children in their speech development</li><li>■ Provide social, moral and ethical training for the child</li><li>■ Support the child to learn and practise family and community norms and culture</li><li>■ Track the progress of the child for the purpose of remediation</li><li>■ Document observations on children with possible delayed or impaired development</li></ul>
<b>Civil Society Organisations (CSO)<sup>19</sup></b>	<ul style="list-style-type: none"><li>■ Care for neglected children</li><li>■ Provide parents and childcare facilities with health and educational materials</li><li>■ Develop and implement child development projects</li><li>■ Undertake public education on effective ways of caring for children</li><li>■ Undertake advocacy interventions to promote the rights and development of children</li><li>■ Supply of health materials like mosquito nets, vaccines and others</li><li>■ Support child development projects with funding</li></ul>
<b>Religious Groups<sup>20</sup></b>	<ul style="list-style-type: none"><li>■ Provide effective moral education of children</li><li>■ Set up and provide funds to help the development and care of children</li><li>■ Teach moral values and cater for the spiritual needs of the child</li><li>■ Support parents to provide adequate care with educational programmes on parenting</li></ul>

<sup>19</sup> Includes international and national CSOs, community based organizations (CBO) as well as child focused networks and Coalitions.

<sup>20</sup> Include churches and mosques as well as facilities they establish to cater for children. E.g. Sunday school and Makaranta



<b>Ministry of Education (MOE)<sup>21</sup></b>	<ul style="list-style-type: none"> <li>■ Demonstrate interest in the mental development of the child under three in their annual work plans</li> </ul>
<b>Ghana Education Service (GES)</b>	<ul style="list-style-type: none"> <li>■ Initiate policies and interventions to promote the child's mental development.</li> </ul>
<b>Nurseries,</b>	<ul style="list-style-type: none"> <li>■ Develop suitable nursery curriculum and supervise the running of such facilities</li> </ul>
<b>Kindergartens<sup>22</sup> and teachers</b>	<ul style="list-style-type: none"> <li>■ Support caring for children under four who patronise Kindergarten facilities</li> </ul>
<b>Tertiary Institutions</b>	<ul style="list-style-type: none"> <li>■ Ensure comprehensive learning for children in kindergarten</li> </ul>
<b>Professional Research and Development Groups</b>	<ul style="list-style-type: none"> <li>■ Educate parents and the public during community gatherings</li> <li>■ Contribute to new knowledge on ECCD and feeding that into policy reforms</li> </ul>

<b>Ministry of Gender, Children and Social Protection</b>	<ul style="list-style-type: none"> <li>■ Formulate policies</li> </ul>
<b>Department of Children</b>	<ul style="list-style-type: none"> <li>■ Coordinate, monitor and evaluate Gender, Children and Social Protection issues within the context of the national development agenda.</li> <li>■ Implement policies, programmes, projects and plans of the sector Ministry relating to children's development</li> <li>■ Monitor and evaluate the processes and impacts of plans and programmes for children</li> <li>■ Collaborate and network with MDAs, MMDAs, NGOs and CBOs to improve and enhance the socio-economic status and circumstances of children</li> <li>■ Undertake research towards improving the wellbeing of children</li> <li>■ Provide referral and on the spot counselling services</li> <li>■ Coordinate the implementation of International Conventions, treaties and protocols on children</li> </ul>

<sup>21</sup> The MOE and GES have no formal mandate towards children under age 4 they however play key roles in kindergarten and have an interest in the development of the child before school.

<sup>22</sup> The official age for kindergarten is 4 but often children below age 4 use these facilities, especially in communities where there are no crèches or in situations where parents cannot afford existing crèches but need safe places to keep their children while they work. Parents take advantage of the existence of these kindergarten facilities to ensure that their children are taken care of while they are at work



## 6

# DEVELOPMENT DOMAINS AND SUBDOMAINS

Just as conception and pregnancy are measured in weeks, so are the first few months of a baby's development. Although all children are unique in their growth and development pattern, each child's growth is measured in weeks up to about 9 weeks, then in months, then years. Within these weeks, months, and years the child grows and develops holistically not just physically. The pace at which they grow and develop may differ, but essentially there are marked indicators that should be seen or noted at each stage of development.

Evidence from literature and practice confirm that the major domains of development are physical, cognitive, (development of the

mind), socio-emotional, communication and language development. To contextualise these domain names for the Ghanaian environment we have simplified these terminologies as follows:

**Development of the body** – representing the physical and physiological development of the child's body. This domain of infant and toddler development relates to changes, in growth and skill development of the body, including development of muscles and senses. This domain includes the subdomains Gross motor skills (GM), Fine motor skills (FM) and Health and Nutrition (HN).





- ◎ **Gross motor skills (GM):** Involves the development of skills that use the large muscles in the legs or arms, as well as general strength and stamina; In the first three years of a child's development under this sub-domain, children learn to sit up, crawl, walk, run, climb, jump, push, and pull.



- ◎ **Fine motor skills (FM):** Involves the coordination of small muscles, in movements—usually involving the synchronization of hands and fingers with the eyes. Under this sub-domain, the child in his first three years will also begin to practice manipulating small objects and performing tasks like clasping a thumb in his hand or picking up play items, crayons, and puzzle pieces, drawing and moulding clay.

- ◎ **Health and Nutrition (HN):** Health and nutrition forms a crucial part of physical and physiological development of children in their early years. This entails feeding, beginning with exclusive breastfeeding for the first six months, complementary feeding and introduction to more solid food. The development of the body also requires consistent healthcare, starting from post-natal healthcare, immunisation and the children learning about their bodies and how to take care of them.

Young children are not only growing physically during early childhood, but they also grow mentally, they develop the skill of receiving, processing and storing information.



**Development of the mind** – this represents cognitive development, i.e how knowledge is acquired or how a child knows something. Children of this age continue to advance their skills, by observing and interacting with the world around them. At this stage, knowledge is mostly acquired through play (guided and unguided), where later reasoning and critical thinking develop. In this domain, the sub-domains are kinaesthetic learning, experiential learning and imitation, reasoning and problem solving.



- ◎ **Kinaesthetic learning (KL):** babies using their body to learn new things through movement and activities.
- ◎ **Experiential learning (EL):** learning through reflection on what the child has done over and over again and has experienced for themselves.
- ◎ **Imitation (IM):** learning by copying, repeating what others are doing or saying.
- ◎ **Reasoning (RN):** Refers to the ability to think through problems and apply strategies for solving them.
- ◎ **Problem Solving (PS):** Children also learn through “trial and error”, which is a fundamental method of problem solving. It is characterised by repeated, varied attempts which are continued until success, or until the child stops trying. By exploring social relationships, manipulating objects, and interacting with people, children are able to formulate ideas, try these ideas out, and accept or reject what they learn.

The growing baby also develops relationships through social, physical (e.g. tactile experiences, like hugs, caressing) and emotional development.



**Developing relationships** – this is the socio-emotional development area where the child is learning how to form different strengths of relationships with people around him or her as well as learning the social and cultural norms. The sub-domains under this development domain are self-regulation, self-concept, and cooperation.

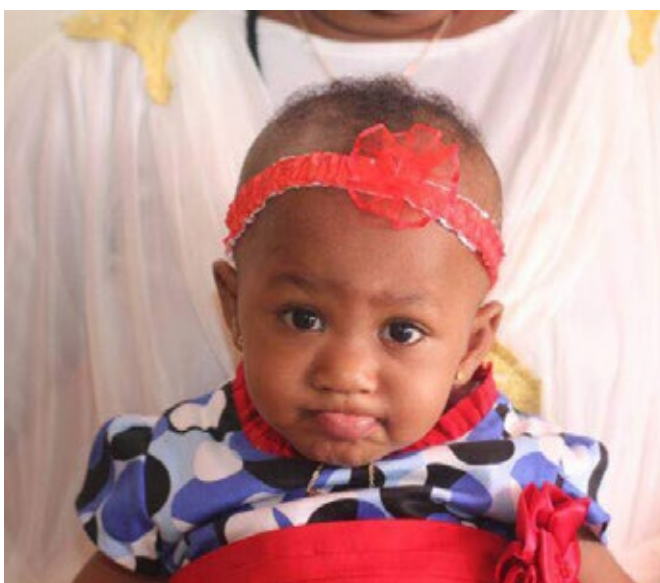


- ◎ **Self-Regulation (SR):** where children eventually learn to manage their feelings
- ◎ **Self-Concept (SC):** this entails a child developing an idea of who they are and how they fit into the world
- ◎ **Cooperation:** with regard to this sub-domain, children develop the skill of cooperation through opportunities to interact with others via playing.

Language development is a critical part of the child's development that plays a crucial role in their relationship development.



**Development of language** – this represents the development of all forms of communication; from learning to use body language to the ability to speak several different languages at the same time. Communication and language affects a child’s healthy growth and development in all domains. A child’s ability to communicate will determine how his needs are met. Children communicate their needs through crying and gestures, which later turns to sounds and movements before they acquire language and literacy. Sub-domains in this area of development are communication through sounds and Gestures, listening and understanding, and language and literacy.



- ⦿ **Communication through Sounds and Gestures (CSG):**  
Babies communicate from birth, through sounds (crying, cooing, squealing), facial expressions (eye contact, smiling, grimacing) and gestures/body movements (moving legs in excitement or distress, and later, gestures like pointing).
- ⦿ **Listening and Understanding (LU):**  
Listening is a crucial skill for children to acquire in their early months. It is one of the basic building blocks of language and communication and, particularly in the early years of development, listening and the ability to understand what the child hears is one of the main vehicles for a child’s learning.
- ⦿ **Language and Literacy (LL):** the child begins to communicate with the world around him long before he begins to speak. Very early in his development, a baby knows that a cry will draw a parent’s attention and that holding out his arms means “pick me up”. Also, the child’s literacy path begins long before he learns to read and write. Playing with a book, pointing to a sign or scribbling on a slate or a piece of paper are all signs of developing literacy.



### **6.1 *Delayed or Impaired Development in Early Childhood***

All children are unique in their growth and development, but some tend to experience developmental delays. Such children experience significant variation in the achievement of expected competencies for their age. Developmental delays may be mild, moderate or severe and are caused by complications from child birth and children that are born with neuromuscular disorders; inadequate stimulation, malnutrition, chronic ill health and other organic problems, psychological and familial situations, or other environmental factors. Some developmental delays may not be permanent but they can provide a basis for identifying children who may experience a disability. It is critical to identify these developmental delays early to initiate timely interventions with the family's involvement, aimed at preventing further delays, promoting emerging competencies and creating a more stimulating and protective environment for the complete growth and development of the child.

Despite the high vulnerability of young children with disabilities, they are often overlooked in mainstream child development policies, programmes and services. They also do not receive the specific supports required to meet their rights and needs. Children with disabilities and their families are confronted

by barriers including discriminatory cultural beliefs and practices, negative attitudes, inadequate services, and lack of accessible environments. If children with developmental delays or disabilities and their families are not provided with timely and appropriate early interventions, support and protection, their difficulties can become more severe often leading to lifetime consequences, increased poverty and profound exclusion.

Early Childhood Intervention (ECI) programmes are designed to support young children who are at risk of developmental delay, or young children who have been identified as having developmental delays or disabilities. ECI comprises a range of services and supports to ensure and enhance children's personal development and resilience, strengthen family competencies, and promote the inclusion of families and children. Examples include specialized services such as: medical; rehabilitation (e.g. therapy and assistive devices); family-focused support (e.g. training and counselling); social and psychological; special education, along with service planning and coordination; and assistance and support to access mainstream services such as preschool and child-care (e.g. referral). Services can be delivered through a variety of settings including health-care clinics, hospitals, early intervention centres, rehabilitation centres, community centres, homes and schools.

# 7

## THE STANDARDS MATRIX AND SPOTLIGHTS

The standards matrix that follows has been devised primarily with caregivers for 0-3-year-old children in mind. It is to be made accessible to all levels of caregivers, from mothers to older siblings and teachers. It has also been designed with the Ghanaian environment in mind.

The standards matrix is divided into four columns. The first column shows the domain of development i.e. body, mind, relationships and language; which can be explained as what is growing. The second column captures the sub-domains within the domain. The third column highlights the expected competencies for each domain which can be referred to as the standard indicators or “what the baby/child can do”. Then the fourth column informs the

mother or primary caregiver on strategies that will support or promote these expected competencies at each stage of development i.e. “what you can do”.

These domains and sub-domains were previously explained in chapter seven above.

**Development of the body**– Gross motor skills, Fine motor skills and Health and Nutrition

**Development of the mind**– Kinaesthetic learning, Experiential learning and Imitation Reasoning and Problem solving

**Developing relationships**– Self-regulation, Self-concept and Cooperation

**Development of language**– Communication through Sounds and Gestures, Listening and Understanding, and Language and Literacy





## Spotlights

There are several key developmental milestones, over the 36-month period captured in the standards matrix, where other stakeholders beyond the immediate caregivers or family have some responsibility. These are points that we ought to pay attention to and to throw the spotlight on. Consequently, this section has tables for each age range, and lists the milestones to be noted, while providing information on the other stakeholders who should be responsible at these points. It is expected that throwing the spotlight on these areas, will draw the attention of all stakeholders to these significant markers in the development of children aged 0 – 3 years.

## Signs of Delayed/Impaired Development

Critically observing the growing child and assessing him or her, in the light of these documented competencies or milestones, assists the caregiver to identify delays in physical development, which could possibly escalate into disabilities, if not attended to. Some of the severe developmental delays can simply not be corrected, they can only be managed. The delayed development may affect more than the physical development (gross and fine-motor skills). It could also affect the child's social and language development. For example, if an infant is unable to smile at his or her parents or lift his or her arms to be picked up, this could impact social and emotional development.

After throwing the spotlight on other stakeholders, this section also presents a list of “signs of impaired physical development” for each age range.







## 0–3 months Baby

Area of Development (What is growing) 0–3 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
Development of the body	Gross motor skills	<ul style="list-style-type: none"> <li>■ Baby begins to react to touching (Rooting reflex)</li> <li>■ Baby lifts chin off flat surface (Rooting reflex)</li> </ul>	<ul style="list-style-type: none"> <li>■ Respond to your baby by touching and holding the hands and fingers. Allow the baby to grip your little finger or a soft object</li> <li>■ With the baby on his/her stomach, catch their attention with sound to encourage the baby to lift their head</li> </ul>
		<ul style="list-style-type: none"> <li>■ Baby moves his/her head from one side to the other whilst lying on the stomach</li> </ul>	<ul style="list-style-type: none"> <li>■ Hang or shake a toy or colourful object from various parts of the room, allow the baby to move to follow the object</li> </ul>
		<ul style="list-style-type: none"> <li>■ Baby folds and extends his/her legs whilst lying on his/her back</li> </ul>	<ul style="list-style-type: none"> <li>■ Place the palms of the hands onto the bottom of the infant's feet and allow him/her to push his/her legs against the palms of your hands; then massage the legs</li> </ul>
	Fine motor skills	<ul style="list-style-type: none"> <li>■ The baby responds to tickling with various movements</li> </ul>	<ul style="list-style-type: none"> <li>■ Rub and tickle your baby, starting from the back down</li> </ul>
		<ul style="list-style-type: none"> <li>■ Baby can grip things that are put in his/her hand (reflex/effect)</li> </ul>	<ul style="list-style-type: none"> <li>■ Let baby hold the mother's/caregiver's finger</li> <li>■ If baby is unable to touch, guide the baby to hold finger</li> <li>■ Keep smaller items such as beads, buttons, tiny batteries and coins away from the child.</li> </ul>
	Health and nutrition	<ul style="list-style-type: none"> <li>■ Can suckle mothers' breast.</li> </ul>	<ul style="list-style-type: none"> <li>■ Ensure exclusive breast feeding at this stage; no other fluid or solid food, not even water. A few mothers are unable to successfully breast feed. See a health specialist if you are having difficulties.</li> <li>■ Ensure that the baby feeds regularly (10 – 12 times in 24 hours).</li> <li>■ Attend Child Welfare Clinics regularly to ensure that the baby continues to gain weight steadily.</li> <li>■ Breastfeed your baby at the first signs of hunger (stirring, rooting, hands in mouth) – don't wait until baby is crying.</li> </ul>

Area of Development (What is growing) 0–3 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
Development of the mind	Kinaesthetic learning	<ul style="list-style-type: none"> <li>■ Baby turns towards sound</li> </ul>	<ul style="list-style-type: none"> <li>■ Speak to your baby so that he/she turns towards your voice as you move around</li> </ul>
		<ul style="list-style-type: none"> <li>■ Begins to enquire by tracking people and objects movements with his/her eyes</li> </ul>	<ul style="list-style-type: none"> <li>■ Hang colourful objects around the immediate environment of the baby to encourage curiosity and movement</li> <li>■ Avoid flashing/blinking lights and beeping toys</li> </ul>
		<ul style="list-style-type: none"> <li>■ Starts to discover parts of the body</li> </ul>	<ul style="list-style-type: none"> <li>■ Watch the infant as he/she uses his/her hands to grab his or her feet and begins to roll (towards the end of the 3rd month)</li> </ul>
		<ul style="list-style-type: none"> <li>■ Baby shows bonding with caregiver through cries and coos, eye contact and rooting, as he/she tries to establish a relationship with the caregiver</li> </ul>	<ul style="list-style-type: none"> <li>■ Reinforce bonding especially for preterm or low birth weight babies through the kangaroo mother care routine where prolonged “skin to skin” contact is established between baby and mother or caregiver</li> </ul>
	Self-regulation	<ul style="list-style-type: none"> <li>■ The baby recognises and. his/her caregiver through voice, touch, smell, sight as well as through feeding.</li> </ul>	<ul style="list-style-type: none"> <li>■ Talk, sing and hold the baby to make him/her feel loved as this helps the child bond with the mother/ caregiver. Frequent “skin-to-skin” cuddling with the new-born reassures him/her of the mother/ caregiver’s love and enforces bonding</li> </ul>
	Cooperation	<ul style="list-style-type: none"> <li>■ Responds to smile and touch with pleasure</li> </ul>	<ul style="list-style-type: none"> <li>■ Smile often to the infant and touch him/her often</li> </ul>
		<ul style="list-style-type: none"> <li>■ Able to track people with his/her eyes</li> <li>■ Able to turn towards noise</li> </ul>	<ul style="list-style-type: none"> <li>■ Help develop bonding through eye contact by moving around the infant for him/her to follow you with his/her eyes</li> <li>■ Make a sound without the infant seeing you and see whether he/she will turn towards the sound.</li> </ul>

Area of Development (What is growing) 0–3 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
<b>Development of language</b>	Communication through Sounds and Gestures	<ul style="list-style-type: none"> <li>■ The baby is learning how to “tell” you what he/she needs and how he/she is feeling (uncomfortable, hungry, sleepy or happy) by using sounds, facial expressions, and body movements.</li> </ul>	<ul style="list-style-type: none"> <li>■ Study your infant to learn his/her signals. Does the baby rub the eyes when feeling sleepy? Does the baby have a “hunger” cry?</li> <li>■ Respond to your baby’s signals appropriately</li> </ul>
		<ul style="list-style-type: none"> <li>■ The baby begins to coo. Cooing usually means your infant is training his/her vocal cords to make sounds<sup>23</sup></li> </ul>	<ul style="list-style-type: none"> <li>■ Talk to baby to help him/her hear the sounds you make when you speak. Your baby may make the sound when he/she is happy. Join in by smiling and saying pleasant things to him/her</li> </ul>
		<ul style="list-style-type: none"> <li>■ Can whimper. This is his/her way of telling you that something is wrong. Infant also cries intermittently for attention</li> <li>■ Infants gurgle a lot when they are happy.</li> </ul>	<ul style="list-style-type: none"> <li>■ Attend to the baby’s needs appropriately talking to him/her whilst doing so</li> <li>■ Smile back at your baby and say wonderful things to him/her</li> </ul>

<sup>23</sup> <http://www.parenting.com/article/baby-speech-milestones>





### ***Signs of Delayed/Impaired Development by 3 months***

- ⦿ Does not notice hands – move hands towards the eyes
- ⦿ Cannot support head well
- ⦿ Not using hands to grasp or hold objects
- ⦿ Not making an attempt to hold objects
- ⦿ Not sucking well
- ⦿ Not gaining sufficient weight/length (as per the growth chart)
- ⦿ Not cooing/whimpering or responding to parents' voice
- ⦿ Not making eye contact or following parents with eyes.
- ⦿ Does not startle or turn to loud noise,
- ⦿ Does not fix and follow objects, has white covering on eyes
- ⦿ Sleeping too much
- ⦿ Having high temperature/being cold
- ⦿ Asymmetrical posture with poor movement of parts of the body
- ⦿ When a child is constantly rubbing their eyes, a doctor should be seen

NB: These signs should be picked up early by 6 – 8 weeks to avoid further disability



## Spotlight on 0–3 months Baby

Area of Attention (0–3 months)	Who is Responsible?
<p><b>Newborn screening tests</b></p> <p>Newborn examination and measurement of occipital–frontal circumference at birth and 8 weeks and at each pre–school contact; birth weight related to gestational age.</p> <p>Blood tests including a heel prick where the test is available as well as hearing tests.</p>	<ul style="list-style-type: none"> <li>■ Nurses, midwives, doctors and other health workers</li> <li>■ Mother can also check the child’s hearing and eyesight by watching the child follow a sound by turning the head or following an object with the eyes.</li> </ul>
<p><b>Immunizations</b></p> <p>According to the national immunization schedule, at birth, 6 weeks and at 10 weeks the baby is to be taken to the clinic for immunizations. Some vaccines continue up to 18 months</p>	<ul style="list-style-type: none"> <li>■ Health worker ensures first immunization at birth</li> <li>■ The mother or father is to take the baby for these scheduled immunizations which can be found in the Maternal and Child Health Record Book (also known as the weighing card)</li> <li>■ Community nurses and nurses at hospitals, polyclinics and clinics follow up mothers to ensure babies are immunized</li> </ul>
<p><b>Exclusive breastfeeding</b></p> <p>Where the infant is breastfed only and not given any other solids or liquids, including water (drops of vitamins, minerals or medicines, are allowed, if medically instructed).</p>	<ul style="list-style-type: none"> <li>■ Mother is to practice exclusive breastfeeding from half an hour from birth till 6 months</li> <li>■ Ghana Health Service and stakeholders in infant health, according to the National Breastfeeding Policy, are mandated to monitor and provide support and facilities to promote exclusive breastfeeding.</li> <li>■ Breastfeeding and postnatal clinics where breast feeding techniques and expressing breast milk by hand or pump is taught.</li> <li>■ Employers should ensure that mothers enjoy their fully paid maternity leave according to the labour law to support exclusive breastfeeding.</li> </ul>



Area of Attention (0–3 months)	Who is Responsible?
<p><b>Kangaroo Mother Care (KMC)</b></p> <p>This is an important, well-established, evidence-based method of providing extra care that small babies (pre-term and low birth weight) need.</p>	<ul style="list-style-type: none"> <li>■ The mother must place the baby where there is ‘skin to skin’ contact for an extended period during the day apart from feeding time.</li> <li>■ Ghana Health Service’s New-born Care program advocates and supports this technique for pre-term and low birth weight babies.</li> <li>■ Ghana Health Service should provide facilities and trained staff to support mothers.</li> <li>■ Ghana Health Service and relevant health bodies should conduct awareness creation on “Kangaroo” mother care and support for pre-term babies</li> </ul>
<p><b>Frontal carrier for babies</b></p>	<ul style="list-style-type: none"> <li>■ Parents should avoid the use of frontal carries for babies because it may damage the still soft spine of the child.</li> </ul>
<p><b>Malaria Prevention</b></p> <p>Children at this age are particularly susceptible to contracting malaria through mosquito bites</p>	<ul style="list-style-type: none"> <li>■ Caregivers – taking care of environment to prevent mosquitoes in the home or where the child plays and making sure the child sleeps under an insecticide-treated bed net (ITN) every night</li> <li>■ Non-governmental organizations– through Malaria prevention programs</li> <li>■ Ghana Health Service– provision of treated nets</li> </ul>



### 3–6 months – Infant

Area of Development (What is growing) 3–6 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
Development of the body	Gross motor skills	<ul style="list-style-type: none"> <li>The infant is stable and can roll over without support by 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>Place the infant in a lying position, then place a cushion or folded cloth at one end to ensure he/she does not fall when rolling. Do not leave the baby unsupervised whilst in this position<sup>24</sup>.</li> </ul>
		<ul style="list-style-type: none"> <li>Lifts head, shoulder and chest when lying on stomach</li> </ul>	<ul style="list-style-type: none"> <li>Place the infant on his/her stomach; catch his/her attention with sound to encourage the baby to lift their head and shoulders</li> </ul>
		<ul style="list-style-type: none"> <li>Sits up with help</li> </ul>	<ul style="list-style-type: none"> <li>Place the infant in a sitting position, then place a cushion or folded cloth at one end to ensure he/she does not fall whilst sitting. Do not leave the baby unsupervised whilst in this position<sup>25</sup>.</li> <li>Do not force the baby to sit.</li> </ul>
	Fine motor skills	<ul style="list-style-type: none"> <li>Infant uses the hands and fingers to explore. He/she can reach for and grasp objects and toys. He/she explores them with fingers, hands, and mouth to find out what they can do.</li> <li>Infant begins putting objects into the mouth</li> </ul>	<ul style="list-style-type: none"> <li>Hand the baby safe toys or objects that are soft or firm of different textures, sizes and shapes to hold. Show the baby how to use it, whether you shake it, bang it, squeeze or drop it.</li> <li>Care must be taken at this stage to avoid choking and contracting infections. Boil or disinfect common toys and objects that the infant is likely to play with and keep other smaller items such as beads, buttons, tiny batteries and coins away from the baby.</li> </ul>

<sup>24</sup> Putting the baby in a paper box (carton) stuffed with a folded cloth is a widespread practice in Ghana.

<sup>25</sup> Putting the baby in a paper box (carton) stuffed with a folded cloth is a widespread practice in Ghana.

Area of Development (What is growing) 3–6 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
<b>Development of the mind</b>	Experiential learning	<ul style="list-style-type: none"> <li>■ Infant responds to play and the environment. The child is beginning to explore the world around.</li> </ul>	<ul style="list-style-type: none"> <li>■ Play with the infant during bathing or rest time.</li> </ul>
		<ul style="list-style-type: none"> <li>■ Starts to get into a routine. Infant may be starting to develop a more regular eating and sleeping schedule. For instance, when you make the room dark, he/she realizes it is time for sleep.</li> </ul>	<ul style="list-style-type: none"> <li>■ Help your infant to get into a regular routine by doing the same things that indicate that it is time to eat, time to sleep or time to play.</li> <li>■ Read to your baby to sleep to stimulate the baby's mind through words and pictures that give a signal that it is time to sleep. If you choose to sing a particular song to him/her when it's feeding time, anytime the child hears it, they'll know it is time to eat. This may calm the child and help him/her learn to wait.</li> </ul>
	Self-concept	<ul style="list-style-type: none"> <li>■ The growing infant smiles in response to a smile</li> <li>■ The infant sometimes smiles to him/herself</li> </ul>	<ul style="list-style-type: none"> <li>■ Respond to your infant's smiling to confirm that actions bring results. Smiling, apart from being a good physical reaction is a way of bonding with the child. Smiling to the infant as much as possible stimulates a positive reaction between the infant and the caregiver</li> </ul>
	Cooperation	<ul style="list-style-type: none"> <li>■ The infant begins to identify people by sight and by voice.</li> </ul>	<ul style="list-style-type: none"> <li>■ Encourage this form of relationship by allowing others to interact closely with the infant through touch and voice. Your infant is beginning to recognise people who regularly interact with him/her (like family members) by their voice, sight and possibly smell.</li> </ul>
<b>Developing relationships</b>	Self-regulation	<ul style="list-style-type: none"> <li>■ Recognises and settles with caregivers. The infant identifies with caregivers and rejects other people. He/she can now identify familiar people by accepting them when they reach out to carry him/her but will reject the unfamiliar ones by crying or withdrawing.</li> </ul>	<ul style="list-style-type: none"> <li>■ Respect the child's choice, do not insist that he/she goes to people they are rejecting. Encourage such people to gradually develop a relationship with the child; the infant will grow to accept them.</li> </ul>





Area of Development (What is growing) 3–6 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
Development of language	Listening and Understanding	<ul style="list-style-type: none"> <li>■ The infant responds when spoken to.</li> </ul>	<ul style="list-style-type: none"> <li>■ Communicate with the infant, using a very expressive face for the child to see and use a tone of voice that conveys a message. Let your facial expression convey the same message as what you tell him/her.</li> </ul>
		<ul style="list-style-type: none"> <li>■ The infant is learning the rules of conversation. He/ She attempts to start a conversation with the caregiver.</li> </ul>	<ul style="list-style-type: none"> <li>■ Notice the infant will wait for you to be silent before he/she responds.</li> <li>■ Do respond to the infant's conversation by repeating what he/she attempted to say and by speaking to the baby. Also continue the conversation with questions and answers.</li> </ul>
	Communication through Sounds and Gestures	<ul style="list-style-type: none"> <li>■ The infant is now beginning to use sound as a call for attention more than crying.</li> </ul>	<ul style="list-style-type: none"> <li>■ Respond to the call immediately and ask the baby what he/she wants and look out for signs of what the child wants to say: play, eat, wet or sleepy.</li> </ul>
		<ul style="list-style-type: none"> <li>■ The infant communicates by using sounds, actions, and facial expressions. He/she laughs, babbles and gurgles</li> </ul>	<ul style="list-style-type: none"> <li>■ Watch and respond to infant's signals. Have back-and-forth "conversations" with the infant. When you reply to his/her signals and babbles, the child knows you care about what they are saying. This helps the infant learn to talk •</li> <li>■ Observe baby's feeding habits and have him/her weighed and measured regularly.</li> </ul>



### ***Signs of Delayed / Impaired Development by 6 months***

- Difficulty sucking
- Not gaining weight or growing in height
- Not responding to sounds and voices
- Does not bring objects to the mouth
- Does not roll over from front to back or back to front
- Stiff arms and legs
- Weak arms and legs
- Not using hands to grasp or hold objects
- Not smiling
- Unable to differentiate between familiar and unfamiliar persons
- Not sitting with support
- Not fixing eyes on and following objects

NB: Observe baby's feeding habits and have him/her weighed and measured regularly.



## Spotlight on 3–6 months Infants

Area of Attention (3–6 months)	Who is Responsible?
<b>Immunizations</b> At 14 weeks, the baby is to be taken to the clinic for some immunizations.	<ul style="list-style-type: none"> <li>■ The parent /caregiver is to take the baby for scheduled immunizations which can be found in the Maternal and Child Health Record Book (also known as the weighing card)</li> <li>■ Community nurses and nurses at Hospitals, Polyclinics and clinics follow up mothers/ caregivers to ensure babies are immunized</li> </ul>
<b>Exclusive breastfeeding</b> Where the infant is breastfed only and not given any other solids or liquids, including water (drops of vitamins, minerals or medicines, are allowed, if medically recommended).	<ul style="list-style-type: none"> <li>■ Mother is to practice exclusive feeding from birth till 6 months.</li> <li>■ Ghana Health Service and stakeholders in child health according to the National Breastfeeding Policy are to monitor and provide support and facilities to promote exclusive breastfeeding techniques and expressing breast milk by hand or pump.</li> <li>■ Employers should ensure that mothers enjoy their fully paid maternity leave according to the labour law to support exclusive breastfeeding.</li> </ul>
<b>Childcare services</b> Working mothers with a baby over 3 months may need to return to work and will need to procure the services of child care providers	<ul style="list-style-type: none"> <li>■ Family members may take up an informal role of caring of the child full or part time.</li> <li>■ Nannies or house helps take up the semi-formal role of caring for the child.</li> <li>■ Crèches, nurseries, or pre-school facilities take on a more formal role of looking after the child usually full time.</li> <li>■ Employers provide facilities for nursing mothers and their babies</li> </ul>
<b>Malaria Prevention</b> Children at this age are particularly susceptible to contracting malaria through mosquito bites	<ul style="list-style-type: none"> <li>■ Caregivers – taking care of environment to prevent mosquitoes in the home or where the child plays and making sure the child sleeps under an insecticide-treated bed net (ITN) every night</li> <li>■ Non-governmental organizations– through Malaria prevention programs</li> <li>■ Ghana Health Service– provision of treated nets</li> </ul>
<b>Childcare Services</b> Working mothers with a baby over 3 months may need to return to work and may need to procure the services of child care providers	<ul style="list-style-type: none"> <li>■ Family members may take up an informal role of caring for the child full or part time.</li> <li>■ Nannies or house helps, take up the semi-formal role of caring for the child.</li> <li>■ Crèches, nurseries, or pre-school facilities, take on a more formal role of looking after the child usually full time.</li> </ul>





## 6–9 months Infant

Area of Development (What is growing) 6–9 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
<b>Development of the body</b>	Gross motor skills	<ul style="list-style-type: none"> <li>■ The child has more control over the body and can sit on his or her own and may scoot to get around</li> <li>■ Begins to crawl, and creep</li> <li>■ The child attempts standing and can pull himself/herself up to stand by holding onto furniture or someone</li> </ul>	<ul style="list-style-type: none"> <li>■ Allow the child to sit by himself/herself and give the child time to move around independently under the supervision of an adult. This builds muscle strength and coordination.</li> <li>■ Create a safe, clean environment for the baby to crawl. Encourage him/her to crawl by calling out or signaling to him/her to come. Place baby in various positions to help him/her develop these new skills.</li> <li>■ Encourage the child to practice standing by lifting him/her with two hands up from the sitting position then let go of one hand to give slight support</li> </ul>
	Fine motor skills	<ul style="list-style-type: none"> <li>■ He/she can pick up small objects using the thumb and other fingers.</li> <li>■ Child can grasp and hold large objects and pick larger objects from the ground</li> <li>■ Child uses both hands competently and can drink from a cup without spilling</li> </ul>	<ul style="list-style-type: none"> <li>■ Provide the child with safe toys and objects, and with a variety of shapes and colours that they can pick up and explore</li> <li>■ Keep smaller items such as beads, buttons, tiny batteries and coins away from the child.</li> <li>■ Place large objects such as a ball into the child's hands encouraging him/ her to hold and pick up the ball</li> <li>■ Give the child a plastic cup or beaker to hold preferably with two handles and guide the child on how to guide it to his/ her mouth</li> </ul>



Area of Development (What is growing) 6–9 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
	Health and Nutrition	<ul style="list-style-type: none"> <li>■ The child is more alert and sleeps less</li> </ul>	<ul style="list-style-type: none"> <li>■ Engage your child in safe play when alert. Establish a sleep routine to allow the child to renew their energy</li> </ul>
		<ul style="list-style-type: none"> <li>■ The child is now able to eat some solid weaning foods</li> </ul>	<ul style="list-style-type: none"> <li>■ Introduce weaning breast-feeding slowly. It is important to establish good eating habits at this stage, when rapid weight gain occurs. Provision of healthy and nutritious meals is essential to avoid excessive weight gain. Due to the change to solid food, the child's stools will change. Pay attention to changing diapers regularly and cleaning of the bottom area. Note that weaning before this stage can cause digestive problems later.</li> </ul>
		<ul style="list-style-type: none"> <li>■ Can hold a spoon with food but cannot enter mouth well</li> </ul>	<ul style="list-style-type: none"> <li>■ Place a small portion of food on a small plastic spoon in the child's hand correctly and guide him/ her to put it in the mouth.</li> </ul>
		<ul style="list-style-type: none"> <li>■ Starts to develop teeth</li> </ul>	<ul style="list-style-type: none"> <li>■ Start a routine of brushing the child's teeth with a soft small toothbrush and either a baby toothpaste or a very small amount of adult toothpaste.</li> </ul>



Area of Development (What is growing) 6– 9 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
<b>Development of the mind</b>	Experiential learning	<ul style="list-style-type: none"> <li>The child is learning to think through play. For example, when a ball is thrown out of sight, he/she will look for the ball. The child begins to learn that things still exist even when they are not visible.</li> </ul>	<ul style="list-style-type: none"> <li>Create opportunities to play with your child at times when he/she is awake. Games like dropping and picking baby safe objects are interesting for him/her.</li> </ul>
		<ul style="list-style-type: none"> <li>The child begins to understand and demonstrates his/her understanding through actions rather than speech</li> </ul>	<ul style="list-style-type: none"> <li>Tell the child what you are doing and what he/she should do next; e.g. "I'm bringing your food; I want you to eat it all". Give signs and use body language to indicate to the child what you want him/her to do.</li> </ul>
		<ul style="list-style-type: none"> <li>Identifies familiar objects and people</li> </ul>	<ul style="list-style-type: none"> <li>Point out common objects for the child to see. Show your child pictures from books, posters or magazines and point to things around the environment. Sing songs that require the child to point to things or parts of the body. Use the accepted names of family members and point to them.</li> </ul>
		<ul style="list-style-type: none"> <li>The child recognizes his/her own name</li> </ul>	<ul style="list-style-type: none"> <li>Call the child's name and watch how the child responds to his/her name being called. He/she should turn and give eye contact.</li> <li>Note that if a child at this stage does not respond to their name being called; a report should be made to the community nurse, pre-school teacher or family doctor for further investigation.</li> </ul>
	Kinaesthetic learning	<ul style="list-style-type: none"> <li>The child moves towards bright colours</li> </ul>	<ul style="list-style-type: none"> <li>Display colourful items around the child's environment. They are attracted and interested in colours.</li> </ul>

Area of Development (What is growing) 6–9 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
Developing relationships	Cooperation	<ul style="list-style-type: none"> <li>Identifies and takes an interest in other people</li> </ul>	<ul style="list-style-type: none"> <li>Allow your child to interact with other adults and children under supervision to encourage socialisation. He/she will want to play with others more willingly especially when the caregiver is there.</li> </ul>
	Self-concept	<ul style="list-style-type: none"> <li>The child begins to seek more attention</li> </ul>	<ul style="list-style-type: none"> <li>Have regular time with the child and allow others to interact more with him/her. Because the child now knows that you are still around when you leave his/her sight, the child may cry a lot when you leave.</li> <li>Explain to the child where you are going and that you will be back. Wave bye and turn your coming back into a big welcome so that he/she appreciates your return.</li> </ul>
Developing Language	Communication through Sounds and Gestures	<ul style="list-style-type: none"> <li>The child now babbles a lot, trying to talk. The child is now working hard to communicate with you. When someone talks to him/her, the child makes sounds back. The child also uses his/her voice to express feelings when he/she is happy or angry.</li> </ul>	<ul style="list-style-type: none"> <li>Talk to the child and he/she will make sounds back. Use words to describe your baby's feelings, e.g. you are angry I took the stick from you, it is because it could hurt you.</li> </ul>
		<ul style="list-style-type: none"> <li>The child imitates actions of caregiver, like waving “bye-bye” and shaking the head “no-no.”</li> <li>Starts to indicate by pointing</li> </ul>	<ul style="list-style-type: none"> <li>Encourage repetition and reinforcement by responding positively and affirming</li> <li>Tell the child the name of what he/ she is pointing to or explain the situation he/she is pointing to. This encourages communication</li> </ul>



Area of Development (What is growing) 6- 9 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your baby can do)	Strategies (What you can do)
	Listening and Understanding	<ul style="list-style-type: none"><li>■ The child may start to repeat words they hear</li></ul>	<ul style="list-style-type: none"><li>■ Say phrases repeatedly for the child to hear in order to reinforce and allow the child to copy. It is important to speak in full and complete sentences do not use “baby language” as it delays proper language development. Children who are spoken to in full sentences and corrected, develop better language skills as that is what they hear around them. Note: Children start to learn speech through repetition and imitation.</li></ul>
		<ul style="list-style-type: none"><li>■ The child can say one or two syllable words like dada, mama accompanied by gestures</li></ul>	<ul style="list-style-type: none"><li>■ Talk back to the child by verbalising your understanding of what he/she said and his/her gestures in a question form. Allow time for them to respond. For e.g. Do you want to go with your sister?.</li></ul>



### ***Signs of Delayed/Impaired Development by 9 months***

- ⦿ Not moving towards bright objects
- ⦿ Not making sounds or gestures in attempt to communicate
- ⦿ Not sitting on own or crawling
- ⦿ Not picking up small objects
- ⦿ Has difficulty focusing or making eye contact
- ⦿ Not responding to name at all or consistently





## Spotlight on 6 – 9 Months

Area of Attention (6– 9 months)	Who is responsible?
<b>Rapid anthropometry development<sup>26</sup></b> During this period, the child is likely to sit up, crawl and possibly walk. The child should be encouraged to move and explore safely to practice these gross motor skills	<ul style="list-style-type: none"> <li>■ Caregiver– create a safe environment for the child to be able to practice these gross motor skills</li> <li>■ Pediatrician– if there are any abnormalities or disabilities for example club foot or rigidity through Cerebral palsy, the pediatrician can help and provide early detection and intervention advice.</li> </ul>
<b>Complementary feeding</b> By this stage complimentary feeding (weaning) should have been put in place. It is complimentary because breastfeeding should continue till 24 months	<ul style="list-style-type: none"> <li>■ Mother or caregiver – provide healthy nutritious meals combining the essential food groups</li> <li>■ Nutritionists– found in clinics hospital and CHPS for advice for nutrition interventions</li> </ul>
<b>Childcare provision outside the home</b> Working mothers are likely to be back at work when the child is at this stage.	<ul style="list-style-type: none"> <li>■ Crèche, Nursery, Pre–school owners</li> </ul>
<b>Immunization</b> Measles and Rubella Immunization	<ul style="list-style-type: none"> <li>■ Mother/ caregiver to take child to clinic to take the last but one immunization at 9 months.</li> </ul>
<b>Malaria Prevention</b> Children at this age are particularly susceptible to contracting malaria through mosquito bites	<ul style="list-style-type: none"> <li>■ Caregivers– taking care of environment to prevent mosquitoes in the home or where the child plays and making sure the child sleeps under an insecticide–treated bed net (ITN) every night</li> <li>■ Non–governmental organizations– through Malaria prevention programs</li> <li>■ Ghana Health Service– provision of treated nets</li> </ul>

<sup>26</sup> Anthropometry involves the systematic measurement of the physical properties of the human body, primarily body size and shape





## 9 – 12 Months Infant

Area of Development (What is growing) 9 – 12 Months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
Development of the body	Gross motor skills	<ul style="list-style-type: none"> <li>The child can creep, crawl and stand. The child has found his/her own way of crawling.</li> <li>The child can stand and walk while holding on to furniture or a hand. The child may even start walking on his/her own.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that child has lots of time and a safe place to practice his/her new crawling skills.</li> <li>Support your child to explore walking by lining up several interesting objects (a stool, brightly coloured plastic bowls and other safe objects) for your child to crawl/walk to.</li> </ul>
	Fine motor skills	<ul style="list-style-type: none"> <li>Can strike one object/toy with another and claps both hands together</li> </ul>	<ul style="list-style-type: none"> <li>Give opportunities for the child to clap hands through songs and rhymes.</li> <li>Find percussion instruments such as drums and cymbals or any objects that can be struck against each other for the child to strike.</li> <li>Keep smaller items such as beads, buttons, tiny batteries and coins away from the child.</li> </ul>
Development of the mind	Problem solving	<ul style="list-style-type: none"> <li>He/ she is learning to think through issues and attempts problem solving. For example, the child tries to search and find an object that drops from the table</li> </ul>	<ul style="list-style-type: none"> <li>Provide opportunities for your child to explore his/her problem-solving abilities. Help your child take the next step in playing. If he/she is banging two blocks together, see if they would like to try stacking them up.</li> </ul>
	Reasoning	<ul style="list-style-type: none"> <li>Understands what you say to him/ her and acts upon simple instructions, like give me the spoon.</li> </ul>	<ul style="list-style-type: none"> <li>Talk to your child and ask him/her to do single concepts tasks like take the book or go to daddy.</li> <li>Use signs and body language to indicate to the child what you want him /her to do in addition to what you say</li> </ul>
	Experiential learning	<ul style="list-style-type: none"> <li>The child loves to do things repeatedly. He/she uses this to practice and figure out how things work. The child also builds their memory through repetition</li> </ul>	<ul style="list-style-type: none"> <li>Give the child opportunities to try his/her hands-on things like tossing the ball or shaking a rattle. These help children to build the muscles in their hands and to learn how things work.</li> </ul>

Area of Development (What is growing) 9 – 12 Months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
<b>Developing relationships</b>	Self-regulation	<ul style="list-style-type: none"> <li>The child demands more attention. He/she is learning to enjoy the company of the people they know and love, especially the primary caregiver.</li> </ul>	<ul style="list-style-type: none"> <li>Allow your child to play with people willingly and establish their own relationships.</li> </ul>
	Self-concept	<ul style="list-style-type: none"> <li>He/she may cry when mother and other caregivers leave</li> <li>They know that things exist somewhere around even though the child cannot see them</li> </ul>	<ul style="list-style-type: none"> <li>Explain to the child whenever you must leave him/her, where you are going and assure him/her that you will return to them. Wave bye to the child, do not sneak out. This builds his/her trust in you and helps him/her learn to deal with difficult feelings.</li> <li>Play hide-and-seek games with your child. This helps him/her to learn that things that disappear also reappear.</li> </ul>
<b>Developing Language</b>	Communication through Sounds and Gestures	<ul style="list-style-type: none"> <li>Your child tells you what he/she wants with their sounds and body movements. He/she can say one or two syllable words, like Mama and Papa.</li> </ul>	<ul style="list-style-type: none"> <li>Talk back to him/her and they will make sounds back. The child will also use his/her voice to express feelings of happiness or anger.</li> </ul>
	Listening and Understanding	<ul style="list-style-type: none"> <li>Child continues to repeat words</li> <li>Understands when being cautioned</li> </ul>	<ul style="list-style-type: none"> <li>Encourage your child to repeat words, add actions to the words and repeatedly let him/her say the words after you. Teach your child simple rhymes and say them repeatedly with corresponding actions. Make the activities fun.</li> <li>Show the child that you are cautioning him/ her by the change of the tone in your voice, your body language and gestures.</li> </ul>



### ***Signs of Delayed/Impaired Development by 12 months***

- Not pointing to communicate needs or ideas
- Not crawling or standing with support
- Not pulling to stand
- Not picking up small objects
- May have stiff arms and/or legs
- May have a floppy or limp body posture compared to other children of the same age
- Lack of understanding of non-verbal cues
- Not crying when mother or caregiver is leaving
- Not able to handle finger foods





## Spotlight on 9 – 12 Months

Area of Attention (9 – 12 Months)	Who is Responsible?
<b>Rapid anthropometry development</b> <p>Through this period the child is expected to sit up crawl and possibly walk. The child should be encouraged to move and explore safely to practice these gross motor skills</p>	<ul style="list-style-type: none"> <li>■ Caregiver– create a safe environment for the child to be able to practice these gross motor skills</li> <li>■ Pediatrician– if there are any abnormalities or any of the concerns noted above refer to a Paediatrician for further evaluation and intervention.</li> </ul>
<b>Complementary feeding</b> <p>By this stage complementary feeding (weaning) should have been put in place. It is complementary because breastfeeding should continue till 24 months</p>	<ul style="list-style-type: none"> <li>■ Caregiver – provide healthy nutritious meals combining the essential food groups. Observe the feeding habits and have the child’s weight and height plotted on a growth chart.</li> <li>■ Nutritionists– found in clinics hospital and CHPS for advice for nutrition interventions</li> </ul>
<b>Childcare provision outside the home</b> <p>Working mothers are likely to be back at work when the child is at this stage.</p>	<ul style="list-style-type: none"> <li>■ Crèche, Nursery, Pre–school owners have the responsibility of providing care, support and love that the growing child needs in the absence of the parent or primary caregiver</li> </ul>
<b>Immunization</b> <p>Measles and Rubella Immunization</p>	<ul style="list-style-type: none"> <li>■ Mother to take child to clinic to take the last immunization at 9 months.</li> </ul>
<b>Malaria Prevention</b> <p>Children at this age are particularly susceptible to contracting malaria through mosquito bites</p>	<ul style="list-style-type: none"> <li>■ Caregivers– taking care of environment to prevent mosquitoes in the home or where the child plays and making sure the child sleeps under an insecticide–treated bed net (ITN) every night</li> <li>■ Non–governmental organizations– through Malaria prevention programs</li> <li>■ Ghana Health Service– provision of treated nets</li> </ul>



## 12–18 months–Toddler

Area of Development (What is growing) 12–18 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
<b>Development of the body</b>	Gross motor skills	<p>The toddler can now</p> <ul style="list-style-type: none"> <li>■ pull him/herself up to stand</li> <li>■ Stoop and stand up again without falling over</li> </ul>	<ul style="list-style-type: none"> <li>■ Give your Toddler opportunities to play on structures where they can climb. Play games where they can stoop (bend) and stand up.</li> <li>■ Encourage your toddler at this stage to play with other children either in an educational environment or in supervised play in the home environment.</li> <li>■ You can take him/her to places where they can explore and move actively.</li> <li>■ At this stage, you need to provide a lot of supervision and take safety precautions.</li> </ul>
		<ul style="list-style-type: none"> <li>■ Can walk without support</li> <li>■ Starts to run on average about 16 months and begins to jump on average by 18 months.</li> </ul>	<ul style="list-style-type: none"> <li>■ Be very vigilant around the toddler as he/she can now go anywhere without assistance and is able to reach for things that are at his/her height level.</li> <li>■ Areas such as the kitchen and storage areas must be secured from entry.</li> </ul>
	Fine motor Skills	<ul style="list-style-type: none"> <li>■ The toddler can control his/her body movements</li> </ul>	<ul style="list-style-type: none"> <li>■ Play games that involve body movement such as action songs and musical statues with the toddler. Sing songs or play music and dance with the toddler.</li> </ul>
		<ul style="list-style-type: none"> <li>■ Pick up objects from inside or under a cover</li> <li>■ Neat pincer grasp: the child can pick up small objects, such as pebbles, small stones, beans, with precision using the tips of his thumb and index finger.</li> </ul>	<ul style="list-style-type: none"> <li>■ Create play opportunities for child to find hidden or small objects in a container to practise picking out.</li> <li>■ Cut fruits or soft foods into smaller pieces for child to pick with fingers to practise pincer grasp. The pincer grasp allows for a more refined and neater way to get food into the mouth.</li> <li>■ Keep smaller items such as beads, buttons, tiny batteries and coins away from the child.</li> </ul>

Area of Development (What is growing) 12–18 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
<b>Development of the mind</b>	Health and Nutrition	<ul style="list-style-type: none"> <li>Will change eating habits. Now staying in one place to eat, but eating becomes less interesting compared to playing and moving, so will play and move around.</li> </ul>	<ul style="list-style-type: none"> <li>Set regular meal times for the toddler to avoid eating on demand as some will be too active to eat.</li> </ul>
		<ul style="list-style-type: none"> <li>Will attempt to eat without assistance</li> </ul>	<ul style="list-style-type: none"> <li>Allow the toddler to eat with fingers or small plastic spoon with supervision. Make efforts to keep him/her seated in one place either in a chair with arm rest/sides or on your lap to avoid chasing the child around to eat.</li> <li>Try and make eating fun and enjoyable as some children will see meal times as an interruption to their fun.</li> </ul>
	Kinaesthetic learning	<ul style="list-style-type: none"> <li>Toddler is very curious, he/she identifies objects and plays with them</li> </ul>	<ul style="list-style-type: none"> <li>Encourage your toddler to enquire about his/her environment without feeling intimidated.</li> <li>Allow the child to play with objects that they see in “real life,” like plastic plates, a toy car, and a comb.</li> <li>Build your toddler’s knowledge of the world by helping him/her identify people, places, and things that they see each day.</li> </ul>
	Reasoning	<ul style="list-style-type: none"> <li>Recognizes ownership of objects</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate sharing to the toddler and encourage him/her to share. Let him/her understand that sharing is reciprocal as the toddler becomes more possessive of toys and other items at this stage.</li> </ul>
		<ul style="list-style-type: none"> <li>Can identify the presence or absence of objects</li> </ul>	<ul style="list-style-type: none"> <li>Play hide and seek games like “peekaboo” or “pilloloo” with the toddler to reinforce the fact that items can reappear after disappearing.</li> </ul>



Area of Development (What is growing) 12–18 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
<b>Developing relationships</b>	Self-regulation	<ul style="list-style-type: none"> <li>■ Cries for attention</li> </ul>	<ul style="list-style-type: none"> <li>■ Do not worry if your child cries a lot at this stage as crying is a form of communication to establish independence and express their displeasure.</li> <li>■ Caregivers should at this stage establish firmly what the toddler can and cannot have or do. It is important that you say no to the toddler even though he/she will cry, and ensure that no means no, and your announced consequences follow. This will reinforce boundaries for them. Do not make threats about what you will do in case of disobedience.</li> <li>■ Positive parenting strategies such as praise, reward and play can also be used to deal with tantrums.</li> </ul>
		<ul style="list-style-type: none"> <li>■ Toddler may start having tantrums</li> </ul>	<ul style="list-style-type: none"> <li>■ Stay calm during tantrums. Count to 10, or take deep breaths so that you do not react. When you stay calm it helps the toddler recover more quickly. Do not be violent towards your child because he/she is throwing tantrums. Help to calm the child down as well.</li> </ul>
	Self-concept	<ul style="list-style-type: none"> <li>■ The child is beginning to understand his/her feelings and other people's feelings too.</li> </ul>	<ul style="list-style-type: none"> <li>■ Talk to the child about how he/she feels or read books that talk about feelings. You may see him/her comforting someone who seems sad. Encourage empathetic behaviour and reward it.</li> </ul>
	Cooperation	<ul style="list-style-type: none"> <li>■ The child may repeat sounds and actions that make someone else laugh</li> </ul>	<ul style="list-style-type: none"> <li>■ Encourage the toddler to act and repeat positive actions that bring about laughter or praise as he/she understands that it is good to make someone else laugh. However, be cautious so that you do not coach the child into behaving like a clown.</li> <li>■ If the action is negative or harmful such as banging hard on an object or pretending to fall then it should be discouraged.</li> </ul>

Area of Development (What is growing) 12–18 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
<b>Development of language</b>	Language and Literacy	<ul style="list-style-type: none"> <li>The child's language gets better, words get pronounced more clearly</li> </ul>	<ul style="list-style-type: none"> <li>Correct the pronunciation of words and encourage patience in the speed at which they can bring words out.</li> <li>The child now knows about 20 words or more. Read, sing, recite rhymes and tell stories together to build up his/her vocabulary.</li> </ul>
	Listening and Understanding	<ul style="list-style-type: none"> <li>Repeats words after others</li> </ul>	<ul style="list-style-type: none"> <li>Use the correct pronunciations and words for the child to repeat. Say the words slowly and ask the child to repeat after you especially if he/she is not able to express the word well.</li> </ul>



### ***Signs of Delayed/Impaired Development by 18 months***

- Not walking or talking
- Not imitating e.g. Waving bye-bye
- Not playing with toys or with other children
- Not scribbling
- Not able to identify caregiver's presence or absence
- Not interested in playing with other children
- Not walking unaided
- Not self-feeding





## Spotlight on 12–18 Months

Area of Attention (12–18 months)	Who is Responsible?
<b>Rapid cognitive development coupled with active mobility</b> – The child is now walking and very curious and is seeking independence from primary caregivers.	<ul style="list-style-type: none"> <li>■ Crèche, Nursery, Pre-school teachers– to create interesting stimulating activities for the child to be engaged in. A comprehensive child-centred syllabus which takes into consideration the whole development of the child should be put in place.</li> </ul>
<b>Health and safety</b> – the child will now be more at risk of injury and accidents	<ul style="list-style-type: none"> <li>■ Department of Social welfare– Support should be given to Crèche, Nursery, Pre-school establishments to maintain a safe environment with periodic Inspections to maintain standards.</li> </ul>
<b>Water Sanitation and hygiene services (WASH)</b> – The child is now able to move away from the mother or primary caregiver and can wander to areas where there is dirt and bacteria. They are very susceptible to infections at these stages.	<ul style="list-style-type: none"> <li>■ District WASH departments– providing clean water and sanitation services to the community.</li> <li>■ Caregivers – train and support the child to regularly wash his/her hands appropriately.</li> <li>■ Community leaders and members– using sanitation day to clean up their local environment to avoid spread of disease and to control infections</li> </ul>
<b>Malaria Prevention</b> – Children at this age are particularly susceptible to contracting malaria through mosquito bites	<ul style="list-style-type: none"> <li>■ Caregivers– taking care of environment to prevent mosquitoes in the home or where the child plays and making sure the child sleeps under an insecticide-treated bed net (ITN) every night</li> <li>■ Non-governmental organizations– through Malaria prevention programs</li> <li>■ Ghana Health Service– provision of treated nets</li> </ul>



## 18–24 months – Inquisitive Toddler

Area of Development (What is growing) 18–24 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
Development of the body	Gross Motor Skills	■ Walks upstairs, if hand held	■ Give your toddler the opportunity to walk upstairs by holding his or her hand
		■ Can run, though stiffly, and stop suddenly without falling	■ Play games that involve running with your child, and encourage him/her to do same.
		■ Can jump with both feet	■ Sing songs with jumping actions and your child will imitate you. Make it fun by letting other children join in the jumping
	Fine Motor Skills	■ Hand–eye coordination quite well developed	■ Show the toddler varied colours and pictures of everyday objects and help the toddler to identify, differentiate and place them in the right position (e.g. shape puzzles)
		■ Should be scribbling spontaneously by now and be able to imitate a stroke	■ Provide more opportunities for child to scribble by giving him/her pencil and paper. You may give him/her a slate and chalk, keep an eye on your child to avoid hurting himself/herself with the pencil/chalk. Commend your child for doing a job by scribbling to encourage him/her to do more ■ Keep smaller items such as beads, buttons, tiny batteries and coins away from the child.
	Self–Care Social Skills	■ Can use a spoon by himself/herself, keeping it upright	■ Allow toddler to feed himself or herself, with a small plastic spoon, under supervision
		■ Begins to show full bowel control	■ Talk to your child about where it's appropriate to expel their bowel movement. ■ “Potty training” can begin at this stage but Infants could be encouraged to sit on the potty from when their spines are steady and they can lift themselves up from a bending position, around 9 months

Area of Development (What is growing) 18–24 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
<b>Development of the body</b>	Self-Care Social Skills	<ul style="list-style-type: none"> <li>Shows signs of personal hygiene by throwing off diaper when wet or wiping dirty hands or face</li> </ul>	<ul style="list-style-type: none"> <li>Start a routine of personal hygiene with your child showing where and how to wash hands and put dirty items.</li> <li>Whilst bathing and dressing talk to the toddler about what you are doing and why, allow them to join in to bathe themselves and dress.</li> </ul>
	Health and Nutrition	<ul style="list-style-type: none"> <li>Develops full set of milk teeth</li> </ul>	<ul style="list-style-type: none"> <li>Help establish good oral hygiene by brushing teeth with a soft small toothbrush and mild toothpaste, or with cotton wool and clean water</li> <li>Take the child to the hospital for the last immunization – another measles buster at 18 months</li> </ul>
<b>Development of the mind</b>	Reasoning	<ul style="list-style-type: none"> <li>Toddler is now able to sense danger</li> </ul>	<ul style="list-style-type: none"> <li>Allow him/her to be free to identify and report incidents and areas that he/she feels is a danger and respond appropriately</li> </ul>
	Experiential learning	<ul style="list-style-type: none"> <li>Can identify their mothers' cloth</li> <li>Concentrates for short periods of time</li> </ul>	<ul style="list-style-type: none"> <li>Encourage him/her to know belongings by matching games with pictures or puzzles</li> <li>Play short games that have an instant reward than longer exercises as the attention span is short.</li> </ul>
	Kinaesthetic learning	<ul style="list-style-type: none"> <li>He/she scribbles on anything</li> </ul>	<ul style="list-style-type: none"> <li>Provide paper; old newspapers or a clean sheet of paper for him /her to scribble on with crayon</li> </ul>



Area of Development (What is growing) 18–24 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
Developing relationships	Cooperation	<ul style="list-style-type: none"> <li>Develops friendships</li> </ul>	<ul style="list-style-type: none"> <li>Take interest in his/her friends and allow the child to form and undo friendships willingly.</li> </ul>
	Self-concept	<ul style="list-style-type: none"> <li>The child will want to follow caregiver everywhere</li> </ul>	<ul style="list-style-type: none"> <li>Allow the toddler to follow you at times but still encourage them to go and meet a friend. Take every caution when walking with them so that they don't hit or run into an incoming car.</li> </ul>
		<ul style="list-style-type: none"> <li>Child wants to do things on his/her own</li> </ul>	<ul style="list-style-type: none"> <li>Allow him/her to make guided choices, e.g. choosing what to wear and choosing from a selection of food to eat.</li> <li>Give attention to positive behaviour through rewards and withdraw attention from negative behaviours.</li> </ul>
Development of language	Language and Literacy	<ul style="list-style-type: none"> <li>Can now begin to ask questions and responds to questions and directions</li> </ul>	<ul style="list-style-type: none"> <li>Help him/her to put 2 words together to make his/her first sentences together. They can say as many as 50–100 words by this time. Encourage them to ask questions and repeat questions after you and then answer,</li> </ul>



### ***Signs of Delayed / Impaired Development by 24 months***

- ⦿ Not physically active
- ⦿ Not scribbling or stacking blocks
- ⦿ Not showing interest in playing with toys
- ⦿ Does not pay attention or stay focused on an activity for as long as other children of the same age do.
- ⦿ Focuses on unusual objects for extended periods of time; enjoys this more than interacting with others
- ⦿ Avoids or rarely makes eye contact with others
- ⦿ Solitary play
- ⦿ Gets usually frustrated when unable to do simple tasks that most children of the same age can do.
- ⦿ Shows aggressive behaviours and acting out and appears to be very stubborn compared with other children.
- ⦿ Displays violent behaviours on a daily basis.
- ⦿ Stares into space, rocks body, or talks to themselves more often than other children of the same age
- ⦿ Does not seek love and approval from a caregiver or parent
- ⦿ Poor hand–eye coordination



## Spotlight on 18 – 24 months

Area of Attention (18–24 months)	Who is Responsible?
<b>Malaria Prevention</b> – Children at this age are particularly susceptible to contracting malaria through mosquito bites	<ul style="list-style-type: none"> <li>■ Caregivers– taking care of environment to prevent mosquitoes in the home or where the child plays and making sure the child sleeps under an insecticide–treated bed net (ITN) every night</li> <li>■ Non–governmental organizations– through Malaria prevention programs</li> <li>■ Ghana Health Service– provision of treated nets</li> </ul>
<b>Bacterial infections</b> – Children at this age are prone to bacterial infections as they tend to put their hands and things they find around them into their mouths	<ul style="list-style-type: none"> <li>■ Caregivers at home and nursery teachers in preschool facilities should be aware that the child is more susceptible to contracting infections through playing inside dirt</li> <li>■ Care givers should make sure floors and surfaces are cleaned regularly. They should have the child's hands washed at key points and bathe them regularly. Good hygiene should be observed.</li> </ul>





## 24-30 months- Adventurous Toddler

Area of Development (What is growing) 24–30 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
Development of the body	Gross motor skills	<ul style="list-style-type: none"> <li>Child can walk upstairs without being hand held</li> <li>Child can scribble, squeeze, tear, pour from bigger containers to smaller ones etc.</li> </ul>	<ul style="list-style-type: none"> <li>Allow the child to walk up the stairs, keeping an eye on him/her to avoid injuries</li> </ul>
		<ul style="list-style-type: none"> <li>Can balance on one foot, which helps the child to jump and climb</li> </ul>	<ul style="list-style-type: none"> <li>Play jumping games such as “ampe” and hop–scotch. Climbing frames that are outdoors are also a good area for developing these skills</li> </ul>
		<ul style="list-style-type: none"> <li>Can jump in place – can jump from the bottom step</li> </ul>	<ul style="list-style-type: none"> <li>Encourage child to jump from one place to the other</li> </ul>
		<ul style="list-style-type: none"> <li>Can kick a ball or object forward by 30 months</li> </ul>	<ul style="list-style-type: none"> <li>Playing football with the child at this stage is good. Encourage the child to play with older siblings and other children. However, pay attention to his/her safety</li> </ul>
		<ul style="list-style-type: none"> <li>Can throw ball</li> </ul>	<ul style="list-style-type: none"> <li>Engage your child in ball throwing exercises. You may use a cloth folded into a ball or other soft objects, in the absence of a ball</li> </ul>
		<ul style="list-style-type: none"> <li>Can walk backwards</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the child to play games that require him/her to walk backwards this will improve his/her sense of balance</li> </ul>
	Fine Motor Skills	<ul style="list-style-type: none"> <li>The child can draw a horizontal line</li> <li>Can use sand trays</li> </ul>	<ul style="list-style-type: none"> <li>Provide the child with paper and encourage the child to draw lines</li> </ul>
		<ul style="list-style-type: none"> <li>The child can eat skilfully with a spoon</li> </ul>	<ul style="list-style-type: none"> <li>Allow the child to eat whilst keeping an eye on him/her</li> <li>Keep smaller items such as beads, buttons tiny batteries and coins away from the child.</li> </ul>



Area of Development (What is growing) 24–30 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
<b>Development of the mind</b>	Reasoning	<ul style="list-style-type: none"> <li>The child can use one object to stand in for another e.g. a small block of wood as a mobile phone.</li> </ul>	<ul style="list-style-type: none"> <li>Interact with the child as you do everyday chores and let him/her know what you are doing. You can often see the child using objects to represent something she/he sees you doing. She/he will watch you and copy you as you cook, clean or talk on the phone.</li> <li>Showing them lots of pictures</li> <li>Be conscious of what they watch</li> <li>Be a good role model</li> </ul>
		<ul style="list-style-type: none"> <li>The child's imagination is now very active</li> </ul>	<ul style="list-style-type: none"> <li>Help the child to use his/her imagination by reading or telling them stories, fables and legends.</li> <li>Ask the child to tell you a similar story. Take the child on a neighbourhood walk and let him/her tell you what they find interesting.</li> </ul>
<b>Developing relationships</b>	Cooperation	<ul style="list-style-type: none"> <li>Likes to make friends</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the child to play with other children in the house or in his/her class.</li> <li>Be aware that at this stage the child's personality is forming and she/he may not find it easy to make friends if he/she is an introvert.</li> </ul>
		<ul style="list-style-type: none"> <li>The child likes watching other children and may copy what he/she sees them do</li> </ul>	<ul style="list-style-type: none"> <li>Monitor who your child is playing with as he/she is likely to copy them. He/she may pick up bad practices such as fighting and bullying or language as he/she listens to older children speak and play.</li> <li>Encourage acceptable behaviour and discourage unacceptable ones</li> <li>Engage the child in meaningful activities at home</li> <li>Be interested in community care/ mother support groups</li> </ul>

Area of Development (What is growing) 24–30 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
Developing language	Language and Literacy	<ul style="list-style-type: none"> <li>The child uses language to tell you what he/she is feeling and thinking</li> </ul>	<ul style="list-style-type: none"> <li>Help the child to express himself/herself by asking how he/she feels and what he/she thinks about something.</li> </ul>
		<ul style="list-style-type: none"> <li>The child may use no, me, mine a lot</li> </ul>	<ul style="list-style-type: none"> <li>Help the child to include other people in their conversation by asking “what about mummy or daddy or grandma or siblings?”</li> <li>At this stage, the child is very egocentric and relates everything to himself/herself.</li> </ul>
		<ul style="list-style-type: none"> <li>The child can make longer sentences: “Mama play doll?”</li> </ul>	<ul style="list-style-type: none"> <li>Respond by saying “do you mean Mama, can I play with the doll?” This will help the child build his/her sentence structure correctly.</li> <li>Keep communicating what is acceptable/unacceptable behaviour to the child</li> <li>Frequently and passionately communicate with the child</li> <li>Give prompt responses as much as possible</li> </ul>





### ***Signs of Delayed / Impaired Development by 30 months***

- Clumsy or inactive
- Not feeding self
- Not helping dress or undress self
- Not interested in playing with a variety of toys
- Not scribbling
- Not putting words together or interested in communicating
- Not pointing to body parts
- Not understanding simple daily concepts/  
activities eg: “come for your shoes”



## Spotlight on 24–30 Months

Area of Attention (24–30 months)	Who is responsible?
<p><b>Toilet Training (Potty Training) –</b></p> <p>This is the process of training a child to use the toilet for urination and defecation. Research shows that girls stay drier quicker than boys<sup>1</sup> i.e. girls potty train quicker</p>	<ul style="list-style-type: none"> <li>■ Caregiver– an appropriate time should be scheduled to start the process.</li> <li>■ Crèche, Nursery, Pre–school teachers– Also work with home to establish a toilet training routine</li> </ul>
<p><b>Speech and language acquisition –</b> The child should be able to talk by this stage. He/ she can learn and speak up to four different languages at this age (depending on the environment and commitment of parents)</p>	<ul style="list-style-type: none"> <li>■ Mother, father, family members– A child usually picks up the “mother tongue” language but can acquire 2 or 3 other languages if spoken exclusively by a parent/person (1 language, 1 person) and there is a motivation to speak that language.</li> <li>■ Pediatrician/ Speech therapist/ child psychologist– If there is no speech, undefined speech or loss of speech at this stage, the child should be taken to a pediatrician who may refer him/ her to a speech therapist or child psychologist depending on the diagnosis. Note that children who are learning several languages at the same time may have speech delay as they attempt to separate the languages before talking.</li> <li>■ Crèche, Nursery, Pre–school teachers– Some children are introduced to a new language as they enter pre–school. Its important teachers allow the child to assimilate, talk to the child clearly and reinforce the words in contexts and with actions. Classmates are the best teachers of language as the child becomes motivated to speak to join them in play</li> </ul>
<p><b>Malaria Prevention–</b> Children at this age are particularly susceptible to contracting malaria through mosquito bites</p>	<ul style="list-style-type: none"> <li>■ Caregivers– taking care of environment to prevent mosquitoes in the home or where the child plays and making sure the child sleeps under an insecticide–treated bed net (ITN) every night</li> <li>■ Non–governmental organizations– through Malaria prevention programs</li> <li>■ Ghana Health Service– provision of treated nets</li> </ul>



### 30–36 Months– Active Toddler

Area of Development (What is growing) 30–36 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
<b>Development of the body</b>	Gross motor skills	<ul style="list-style-type: none"> <li>Can move the body effectively in diverse ways e.g. to climb stairs upright, jump and can even ride a tricycle</li> </ul>	<ul style="list-style-type: none"> <li>You can now teach the child how to ride, first a tricycle to ensure safety then later a bicycle</li> <li>The child is now active and has full control over his/her body.</li> <li>Start by using big objects and move on to the use of small ones</li> </ul>
	Fine motor skills	<ul style="list-style-type: none"> <li>The child can manipulate fingers and coordinate with the eyes, e.g. holding a pencil to draw, colour, and tracing</li> </ul>	<ul style="list-style-type: none"> <li>Give your active child opportunities where he/she can have control over the use of the fingers to do things like draw or trace lines and shapes, thread a wide eye needle.</li> <li>Keep smaller items such as beads, buttons, tiny batteries and coins away from the child.</li> </ul>
<b>Development of the mind</b>	Reasoning	<ul style="list-style-type: none"> <li>Understands words and ideas</li> <li>Able to recite numbers 1–10 and the alphabet, but cannot write them</li> </ul>	<ul style="list-style-type: none"> <li>Introduce ideas like opposites, sequences, patterns and puzzles to the child through games reading books and work books</li> <li>Teach the child counting through songs rhymes and identification.</li> <li>Some children can start writing at this age so try helping your child trace numbers and letters by guiding his/her hand, and then allow the child to do it independently.</li> </ul>
	Problem solving	<ul style="list-style-type: none"> <li>Attempts to dress and undress themselves</li> </ul>	<ul style="list-style-type: none"> <li>Allow him/her to dress and undress themselves with supervision.</li> </ul>
	Imitation	<ul style="list-style-type: none"> <li>Begins pretend play</li> </ul>	<ul style="list-style-type: none"> <li>Play role-play games with the child e.g. what a doctor does, what happens in the market.</li> </ul>



Area of Development (What is growing) 30–36 months	Subdomain (Specific areas of growth)	Competences Expected/ Seen (What your child can do)	Strategies (What you can do)
Development of the mind	Experiential learning	<ul style="list-style-type: none"> <li>The child is very curious (dismantles and rebuilds)</li> </ul>	<ul style="list-style-type: none"> <li>Do not discourage curiosity in the child but it should be channelled in the right direction.</li> <li>Play should be supervised and objects for building should be provided for the child rather than the child finding his/her own objects to dismantle.</li> <li>Objects used must be safe</li> <li>Content of rhymes must describe shapes, colours and numbers</li> </ul>
	Self-concept	<ul style="list-style-type: none"> <li>The child is still very possessive and can be indignant about what they see is theirs</li> </ul>	<ul style="list-style-type: none"> <li>Continue to teach the child to share. Explain to the child that sharing is both ways. Provide opportunities for the child to give his/her items to others to share and reward them with praises.</li> <li>Teach and demonstrate how to share and care for others</li> </ul>
Developing relationships	Cooperation	<ul style="list-style-type: none"> <li>Has improved social interaction</li> </ul>	<ul style="list-style-type: none"> <li>Allow your child to form his/her own friendships and introduce social norms of the society to him/her such as please and thank you and how to address elders in society. The child can now interact appropriately with other children and sees differences in colour, size etc.</li> </ul>
	Self-regulation	<ul style="list-style-type: none"> <li>Can express anger and rage openly</li> </ul>	<ul style="list-style-type: none"> <li>Calm the child by removing him/her from the source of frustration and then talking to him/her about alternative ways of expressing their frustrations.</li> </ul>
	Listening and Understanding	<ul style="list-style-type: none"> <li>Speaks and has well developed language skills</li> </ul>	<ul style="list-style-type: none"> <li>Read to or tell stories to encourage development of vocabulary. Encourage conversations, observations and explanations. At this stage, the child can fully pronounce most words and can have vocabulary of about 900 words.</li> </ul>
Developing Language	Language and Literature	<ul style="list-style-type: none"> <li>Can tell you his/her first and last name</li> </ul>	<ul style="list-style-type: none"> <li>Help him/her to use names to identify other people by asking for his/her friend's names and asking him/her to describe them.</li> </ul>



### ***Signs of Delayed/ Impaired Development by 36 months***

- ⦿ Uncoordinated or inactive
- ⦿ Not able to eat independently
- ⦿ Not able to dress or undress self
- ⦿ Not interested in playing with a variety of toys
- ⦿ Focuses on objects for extended periods of time; enjoys this more than interacting with others
- ⦿ Avoids or rarely makes eye contact with others
- ⦿ Displays violent behaviours daily
- ⦿ Does not seek love and approval from a caregiver or parent
- ⦿ Poorly developed speech
- ⦿ Exhibits other signs of speech impairment e.g. stammering, not able to pronounce words properly
- ⦿ Exhibit meltdowns (the inability to deal with a situation where they either respond with extreme violence and cannot be comforted or complete withdrawal and at times will rock themselves repeatedly)
- ⦿ Extremely sensitive to noise or smells
- ⦿ Does not like change of routines in environment and practice
- ⦿ Unable to run or jump
- ⦿ Not dry by day



## Spotlight on 30 – 36 Months

Area of Attention (30–36 Months)	Who is Responsible?
<p><b>Toilet Training (Potty Training)</b> – This is the process of training a child to use the toilet for urination and defecation. Research shows that girls stay drier quicker than boys<sup>2</sup></p>	<ul style="list-style-type: none"> <li>■ Parents and other Caregivers – an appropriate time should be scheduled to start the process.</li> <li>■ Crèche, Nursery, Pre-school teachers– Also work with home to establish a toilet training routine</li> </ul>
<p><b>Speech and language acquisition</b> – The child should be able to talk by this stage. He/ she can learn and speak up to four different languages at this age (depending on the environment and commitment of parents)</p>	<ul style="list-style-type: none"> <li>■ Mother, father, family members– A child usually picks up the “mother tongue” language but can acquire 2 or 3 other languages if spoken exclusively by a parent/caregiver and there is a motivation to speak that language.</li> <li>■ Pediatrician/ Speech therapist/ child psychologist– If there is no speech, undefined speech or loss of speech at this stage, the child should be taken to a pediatrician who may refer him/her to a speech therapist or child psychologist depending on the diagnosis. Note that children who are learning several languages at the same time may have speech delay as they attempt to separate the languages before talking.</li> <li>■ Crèche, Nursery, Pre-school teachers–</li> <li>■ Some children are introduced to an unfamiliar environment, language as they enter pre-school. Its important teachers or instructors allow the child to assimilate, talk to the child clearly and reinforce the words in contexts and with actions. Classmates are the best teachers of language as the child becomes motivated to speak to join them in play</li> </ul>
<p><b>Malaria Prevention</b>– Children at this age are particularly susceptible to contracting malaria through mosquito bites</p>	<ul style="list-style-type: none"> <li>■ Caregivers– taking care of environment to prevent mosquitoes in the home or where the child plays and making sure the child sleeps under an insecticide-treated bed net (ITN) every night</li> <li>■ Non-governmental organizations– through Malaria prevention programs</li> <li>■ Ghana Health Service– provision of treated nets</li> </ul>

27 In a two-year study conducted by the Medical College of Wisconsin and published in 2002









## 8

# OVERARCHING STRATEGIES

Across the ECCD continuum, it is vital to recognise the interrelatedness of all aspects of a child’s growth and development. This requires that government ministries and other agencies, including non-governmental groups, work together with families and communities to provide appropriate policies, programmes and interventions towards the care and development of children. The relevant sectors include health, education, social welfare, water and sanitation. Families and communities also play vital roles.

The growth and development of a child in the early years is greatly influenced by the family and community in which the child grows. Interaction with the family and community determines the child’s cognitive, social, emotional, and physical development. The community contributes to the child’s development in terms of socio-cultural, health, nutrition, learning, economic, child protection/security, and

general social welfare. To support children in their varying stages of development requires quality services.

This section outlines a few overarching and community level strategies that can be implemented to ensure overall national care and development of children 0 – 3 years in Ghana.

### **8.1 EDUCATION AND ADVOCACY**

#### **National/ Institutional Level Education and Advocacy**

Sensitisation of Ministries, Department and Agencies (MDAs), Regional Coordinating Council (RCC) and the Metropolitan, Municipal and District Assemblies (MMDAs) and then the General Public on the Standards is required.

Conscious efforts to provide adequate public education, especially for parents, family



members and caregivers in the homes and crèches on the standards and effective ways of caring for children up to age three must be made.

Civil Society Organisations (CSOs) and other stakeholders can then advocate and demand accountability from policymakers and other key decision-makers to ensure effective implementation of national and local-level initiatives. Key stakeholders can also work together towards systemic change through promoting ECCD at the national and sub-national levels and through advocating for specific early childhood care policies and budgetary allocations

### **Community Level Education and Advocacy**

Community-based organisations (CBOs) working together with the Department of Children (DoC) can also facilitate the advocacy agenda by engaging traditional authorities and other opinion leaders to educate them on key aspects of the standards and therefore to abolish traditional and cultural practices that are detrimental to the development of the child.

Parents and other family caregivers are the first and the most significant caregivers of children of this age. The support for families and caregivers can include activities such as:

- Providing pre- and post-natal education through health professionals and child-focused NGOs
- Providing parenting information and support for parents and family members through formal and non-formal approaches, including public education by the National Commission on Civic Education (NCCE), health workers, Department of Children (DoC), Department of Social Welfare, NGOs and key stakeholders

- Promoting, advocating for and supporting six months of exclusive breastfeeding, and thereafter ensuring balanced, responsive, and appropriate complementary feeding at all growth stages
- Advocating for opportunities that enhance women's educational and economic development

## **8.2 SERVICE DELIVERY**

### **Community-Based Water, Sanitation and Hygiene Services:**

This involves working to create an enabling and safe environment for young children to develop. These activities include:

- Provision of basic sanitation services to ensure a healthy environment
- Providing and promoting the use of toilet facilities
- Provision of clean water, which is particularly important for children living in areas prone to water scarcity, and environmental degradation.
- Public education on hygienic practices for children (0 – 3 years)

### **Community-Based Health Services:**

ECCD initiatives in health care can promote services that are supportive of maternal and child pre- and post-natal care and child welfare. These activities include:

- Education on nutrition
- Public education on disease prevention practices
- Promoting regular immunization, vitamin A supplementation and growth monitoring

- ⦿ Undertaking developmental screening and assessments
- ⦿ Referring children with developmental delays and disabilities for appropriate attention and providing guidance and support for their parents.

### **Childcare Centres/Spaces:**

These may be formal or informal spaces in the community, homes, local schools, work sites, migrant camps, and/or emergency shelters – in other words, wherever a group of children can be brought together. These places should provide opportunities for balanced child development with a focus on activities that stimulate learning and development of various domains. Activities in these spaces can include:

- ⦿ Structured programmes aimed at providing a healthy, safe, and secure environment for children

- ⦿ Nurturing activities that provide effective care and attention for the child towards achieving targeted growth and development milestones
- ⦿ Play and exploration activities that promote perceptual, social, emotional, cognitive, language, and physical development
- ⦿ Training caregivers to be more responsive to children
- ⦿ Providing appropriate child care facilities for working parents, with continued breastfeeding till 2 years

## **8.3 CAPACITY BUILDING**





### Strengthening National Capacity and Institutional Services:

For a successful implementation of the ECCD (0–3) standard, there will be the need to embark on some comprehensive national capacity strengthening as well as resourcing relevant ECCD institutions towards effective service provision. This institutional strengthening can cover:

- ☉ **Individual/Workforce:** The staff of all agencies, institutions and facilities that provide care for children 0–3 years should be given periodic in-service training to sharpen their professional skills towards effective service provision.
- ☉ **Organizational:** This will include supporting relevant MDAs to establish requisite governance and other accountability systems as well as providing them with the required equipment and other resources to promote their work.
- ☉ **Parent/Child Caregivers' Clubs:** Encouraging the formation and running of these clubs will provide platforms for learning and sharing amongst mothers and caregivers. It will be a good initiative to reach out to these key stakeholders with information and education on ECCD.

### 8.4 INTEGRATED MULTI-SECTORIAL PROGRAMMING/APPROACH

The importance of a multi-sectoral approach to ensuring effective care and development of children in Ghana cannot be overemphasised. To operationalize collaboration and partnerships towards the implementation of the standards, the existing multi-sectoral and a multi-disciplinary technical committee (the National ECCD Coordinating Committee) should be strengthened<sup>27</sup> to provide more effective oversight for implementing this and other relevant national standards.

**The committee has multiple roles in the implementation of the standards, including:**

- ☉ Serving as an advisory board providing cogent and diverse ideas based on their areas of expertise to drive the implementation of the standard
- ☉ Promoting collaboration and coordination among the various relevant sectors
- ☉ Supporting the capacity building of all the relevant government agencies and service providers to enable them effectively implement the ECCD 0–3 standard.
- ☉ Establishing systems for effective resource mobilisation from diverse outlets for the implementation of the standards.

<sup>27</sup> By including relevant institutions and technical experts who are currently not on board and resourcing the committee to operate more effectively.

**The multi-sectoral and the multi-disciplinary technical committee should include (not limited to) representatives from the following institutions/organizations:**

- Ministry of Gender, Children and Social Protection
- Births and Deaths Registry
- National Health Insurance
- Department of Children
- National House of Chiefs
- Ministry of Health (MoH)
- Ghana Health Service (GHS)
- Midwives Association
- Ghana Registered Nurses Association
- Community Health Worker
- Child-Focused NGO
- Ministry of Education (MoE)
- Ghana Education Service
- Department of Social Welfare
- Early Childhood Educator or Practitioner
- Developmental/community Paediatrician
- Pharmacist
- Religious and Traditional Leaders
- Information Service Department
- Clinical Psychologist
- Dietician
- Allied experienced Health Professionals
- Therapy Service Provider
- Academic and Research Institutions
- The Media







9

# MONITORING AND EVALUATION

## ***Data Collection:***

Conducting research on child development in Ghana constitutes a key objective for regular monitoring and evaluation of on-going activities. Data collection and analysis will provide a deeper understanding of the impact of different ECCD strategies and the effectiveness of activities or inputs deployed to achieve them. It will also provide an opportunity for reviewing and improving selected activities.

Checklists for data collection and monitoring progress would be designed for use at least quarterly by parents/caregivers and other relevant key stakeholders. This will enable stakeholders to assess the level of utilization and adherence to these 0- 3-year standards. Basic data will have to be collected at various levels and points for analysis using the checklists/data collection forms which

will have a set of relevant pre-determined questions, based on the standards matrix.

## ***Indicators:***

Indicators to assess implementation of the ECCD Standards would be provided by the relevant institutions and key stakeholders of ECCD. These will come from the relevant institutions and key stakeholders in ECCD. Data availability on the selected indicators will be considered except for where the indicator is for gathering primary data.

## ***Postnatal Clinic Visits:***

During postnatal clinic visits, which cover a period of 6 weeks and then child welfare clinic visits lasting up till five years, basic data on the child's competencies will be observed and documented. The caregivers should then be provided with the needed support to provide better care for the growing child.



### ***Social Welfare Inspections:***

During the regular inspections conducted by the Department of Social Welfare on crèches and other pre-school facilities, basic data on the type of facilities and play equipment as well as child support practices will also be captured, using checklists/a set of pre-determined questions.

### ***Department of Children***

The Department of Children will also be required to commission a bi-annual (every two years) assessment of the progress of implementation of these standards, to capture and inform stakeholders about progress, to identify bottlenecks and to consider and take remedial actions for continued enhanced implementation.



10

# ANNEXES 1: STANDARDS FOR ECCD SERVICES

This section is a collection of standards from various sources, including Department of Social Welfare; Florida Early Learning Standards and Ghana's Child Rights Regulation, LI 1705 as well as a few others that are relevant to Ghana's context.

## ***Services for Children 0–3 Years***

Quality antenatal, delivery and postnatal care have a profound impact on the growth and development of the infant. Most of the brain's pathways for learning and balanced social and emotional functioning are developed during the critical period from pregnancy to age three. Care and support services should ensure the following:

- a. Protection from physical and moral danger.
- b. Adequate nutrition and health care including provision of Vitamin A supplement and growth monitoring.
- c. Appropriate immunizations.
- d. Availability of an adult with whom to form an attachment.
- e. Availability of an adult who can understand and respond to their signals.
- f. Adequate stimulation by providing items to look at, touch, smell and taste.
- g. Opportunities to explore their world.
- h. Appropriate language stimulation.
- i. Support in acquiring new motor, language and thinking skills
- j. A chance to develop some independence.
- k. Help in learning how to control their own behaviour.
- l. Opportunities to begin to learn to care for themselves.



- m. Daily opportunities to play with a variety of objects
- n. Identification, assessment and monitoring of children who are at risk of developmental delay and disability
- o. Support and guidance for parents and families with children having developmental conditions

### ***Standards for Quality & Inclusive ECCD Services from Conception to 3 Years***

- a. Every expectant mother shall access ante- and post-natal services as early as possible.
- b. Men shall actively participate in child-care, including care for the mother by providing the necessary support – financially, emotionally and psychologically.
- c. MOH in collaboration with other ministries shall ensure provision of quality ante- and post-natal services to the mothers and fathers.
- d. MOH shall strengthen programmes for early detection of disabilities of infants and young children. MOH shall also develop services to monitor and manage children with developmental conditions such as child development centres.
- e. Maternity leave regulations shall ensure mothers have enough time (90 days without forfeiting their annual leave), to nurture and bond well with their babies. Employers shall be encouraged to also grant paternity leave to fathers to also support mothers and bond with the new born.
- f. Deliberate efforts shall be put in place to educate men on their important roles in caring for their expectant wives and nurturing for their children by relevant authorities.

- g. The Government, parents/guardians, community and all institutions dealing with children shall safeguard the rights and welfare of the child. Government shall also provide support services for children with developmental delays and disabilities.
- h. The Department of Social Welfare should strengthen Early Childhood Care and Development services for children 0–3 years in line with Act 560. Additionally the Department shall work at providing nursery services for children in need from age 2 years.

In general, social welfare should strengthen early childhood care and development services for children in need from 0 – 3 in line with Act 560.

### ***Basic Standards for Facilities Providing Care for Children 0–3 years<sup>28</sup>***

These are basic criteria to be met by any facility providing care for children 0–3years, including Crèches and Day Care Centres. There shall be no boarding or residential ECCD centres except in cases where they provide services for children with special needs.

Facilities providing care services for children 0–3 years shall observe the following standards:

#### ***Registration***

All facilities providing day care services should be duly registered with the Registrar General's Department and licenced by Department of Social Welfare. For monitoring purposes, the registration certificate provided by the Department of Social Welfare should be renewed annually.

28 Miami. (2011). Florida Early Learning and Developmental Standards for Four-Year-Olds. *Florida Department of Education*, 30(August), 270. Retrieved from [http://flbt5.floridaearlylearning.com/BT5\\_Uploads/feldsfyo.pdf](http://flbt5.floridaearlylearning.com/BT5_Uploads/feldsfyo.pdf)

### **Staffing**

Staff should meet the required training and qualification requirements and be able to organise space and resources to meet the children's needs effectively including ensuring appropriate adult to child ratios. Staff should go through a vetting procedure to determine the suitability of those caring for, or having regular contact with children.

According to the Child Rights Regulations, 2003; L.I 1705,

- ⦿ The minimum qualification for the staff in a childcare facility shall be a basic school leaving certificate such as a middle school leaving certificate, junior high school certificate or equivalent.
- ⦿ The staff should have a basic training in child care methods and first aid, with a first aid certificate acceptable to the Department.
- ⦿ The person in charge of the babies' room should have at least two years' experience of working with children under two years;
- ⦿ The attendants of a childcare facility shall be medically examined before being employed by the management of the home.
- ⦿ Each year the staff of the childcare facility shall be medically examined for communicable diseases.
- ⦿ If a member of staff is found to have a communicable disease, the staff member shall be excused from duty until declared fit by a registered medical practitioner
- ⦿ One attendant should be made responsible for five children from birth to three years
- ⦿ All staff should have induction training which includes health and safety and

child protection policies and procedures in their first week of employment

- ⦿ Staff should have adequate training on handling children with developmental delay and disability
- ⦿ The continuing training needs of staff should be met

### **Sanitary facilities**

Again, the Child Rights Regulations, 2003; L.I 1705 recommends that:

- ⦿ A childcare facility shall provide at least three toilets for every ten children resident in the home.
- ⦿ A childcare facility shall ensure that an adequate number of chamber pots are provided for the number of young children in the facility.

### **Building specifications**

- ⦿ A childcare facility shall be housed on the ground floor of a building unless otherwise approved by the Department.
- ⦿ A childcare facility which is not located on the ground floor of the building shall have grills on the windows.
- ⦿ The location of the childcare facility shall be away from public toilets, rubbish dumps, main roads and anything which may pose a health or safety hazard to the occupants.
- ⦿ No swing door shall be installed in a childcare facility.
- ⦿ The floor in a childcare facility shall not be bare concrete and shall be level, washable, damp proof with a non-slip surface.
- ⦿ Every childcare facility shall have designated areas for activities such as





recreation and shall have specific storage areas.

- ⦿ Drains in childcare facilities shall be covered.
- ⦿ Where there are staircases in a home, safety gates shall be installed at both ends of the staircase.
- ⦿ Electric sockets in a home shall be raised to a level which is out of a child's reach or shall be rendered harmless or ineffective to the children.
- ⦿ A home shall be planned and built to accommodate children with disability.
- ⦿ A home shall be subject to the National Building Regulations 1996 (LI.1630)

### **Care, learning and play**

The facility should meet children's individual needs and promote their welfare. They should plan and provide activities and play opportunities to develop children's emotional, physical, social and intellectual capabilities.

- ⦿ children should have the opportunity to interact with a consistent adult at frequent intervals;
- ⦿ activities, toys and equipment should be appropriate for the child's age and provide varied sensory opportunities and experiences
- ⦿ Staff should offer support to children in the activities they choose. They should listen to children and talk with them about what they are doing.
- ⦿ There should be opportunities for children to rest as needed and children's individual sleeping routines should be respected

Specifically, the Child Rights Regulations, 2003; L.I 1705 recommends the following:

- ⦿ A childcare facility shall provide adequate recreational space for the children of the home.
- ⦿ A childcare facility shall provide such number of play things made of wood or nontoxic materials as the Department shall determine.
- ⦿ A childcare facility may provide swings, climbing frames and other playground equipment but shall ensure that the equipment is safe and maintained at all times.
- ⦿ It is the responsibility of the management of a childcare facility to regulate the number of children using the playground equipment to ensure the safety of the children.

### **Health and Safety**

The proprietor should take proactive steps to promote the good health of children and implement informed actions to prevent the spread of any infections. Appropriate measures should be adopted when children are ill including ensuring safety within the child's setting, during outings and taking proper precautions to prevent accidents.

- ⦿ The premises and equipment should be clean always.
- ⦿ Staff should be taken through health screening before employment.
- ⦿ Staff should be informed and made aware about the importance of good hygiene practices to prevent the spread of infections. Staff should be informed of and kept up to date on hygiene procedures e.g. routine handwashing
- ⦿ Those responsible for the preparation and handling of food should be fully aware of, and comply with, regulations relating to food safety and hygiene



- The facility should have a clear policy, understood by all staff and discussed with parents, regarding the administration of medication. If medicine is to be given it includes the following: medicines are stored in their original containers, clearly labelled and inaccessible to children and parents should give prior permission for the medication to be administered.
- There is a first aid box, the contents of which should be explained during the first aid training course and should be checked frequently and replaced as necessary. This should be kept in an accessible place out of the reach of children.
- Medicine should be given for external use only.
- There should be at least one member of staff with a current first aid training
- There should be a policy about the exclusion of children who are ill or infectious and this should be discussed with parents. This includes a procedure for contacting parents or another adult designated by the parent if a child becomes ill whilst at the facility.
- The school/facility etc. should maintain a no smoking policy
- The premises and any outside play area should be secure and children should not be able to leave the area unsupervised.
- The compound should be fenced off and should have a lockable gate for the security of the children
- Ponds, drains, pools or any natural water should be made safe or inaccessible to children. Outdoor water activities should be closely supervised always.
- There should be operational procedures for the safe conduct of any outings

provided. Records should be kept on vehicles in which children are transported, including insurance details and a list of named drivers. Drivers using their own transport should have adequate insurance cover.

- Children should be supervised always. In the event of a child being lost or not collected there should be a clearly defined procedure to be followed.
- Sleeping babies should frequently be checked.
- Every ECD centre should have fire-fighting equipment readily available e.g. fire extinguishers, buckets full of sand, blankets or water, and a valid fire certificate.

### **Food and Water**

Children should be provided with regular food and water in adequate quantities for their needs. Food should be properly prepared, nutritious and comply with dietary requirements

- Fresh drinking water should be available to children always.
- Children attending the crèche all day should be offered a midday meal or a packed lunch, which can be provided by parents. Parents should be advised about what can be stored safely.
- If food is provided, the staff should request information from the parent about any special dietary requirements, preferences or food allergies the child may have.
- The cook and food handlers must have a valid medical certificate from a recognized Government hospital (according to MOH regulations). They should cover their hair and put on an apron/uniform.



- ⦿ Normally, babies should be held whilst bottle feeding, preferably by the same carer;
- ⦿ Facilities for the hygienic preparation of babies' foods should be available;
- ⦿ Suitable sterilisation equipment should be used for babies' feeding equipment before every meal.
- ⦿ Staff should identify and document any children with feeding difficulties and/or neglect and direct parents/guardians to seek medical attention.

### ***Physical environment***

The premises should be safe, secure and suitable for their purpose. It should have adequate space in an appropriate location, with the necessary facilities for a range of activities which promote the development of children.

- ⦿ The premises should be made welcoming and friendly to children and parents
- ⦿ All the structures at the facility should be disability friendly
- ⦿ The premises should be clean, well lit, adequately ventilated and maintained in a suitable state of repair and decoration.
- ⦿ Rooms should be maintained at an adequate temperature
- ⦿ There must be a good lightening system in place
- ⦿ Play areas should be large enough to give scope for free movement and well spread out activities.
- ⦿ The surface of outdoor play areas should be free of sharp objects, harmful plants and discarded materials and equipment. The compound should be regularly cleared and maintained

- ⦿ There should be separate areas for different activities including space for children to rest
- ⦿ There should be toilet facilities that are especially designed for children and there should designated toilets for girls and boys. At least one of the toilet should be specifically designed for children with special needs including a wash hand basin with water and soap available for hand washing.
- ⦿ Nappy changing facilities should be provided which meet environmental health standards;
- ⦿ Quiet areas should be provided to enable individual sleep patterns to be facilitated.
- ⦿ There should be a kitchen area, and children should not have access to it unless it is being used solely for a supervised children's activity.

### ***Equipment***

Furniture, equipment and toys should be provided which are appropriate for the children's purpose and equipment should be arranged to create an accessible and stimulating environment. The equipment should be of suitable design and condition, well maintained and conform to safety standards

- ⦿ Sufficient suitable toys and play materials should be available to provide stimulating activities and play opportunities for the children in all areas of play, learning and development. These should be appropriate for the ages and individual developmental needs of the children.
- ⦿ There should be sufficient numbers of child sized chairs and tables to allow flexible arrangements for groups of children to play and eat together.



### ***Equal opportunities should be provided for all children including children with special needs and disabilities:***

Staff should actively promote equality of opportunity and anti-discriminatory practices for all children including those with special educational needs and disabilities. Staff should be made aware that some children may have special needs and should be proactive in ensuring that appropriate action can be taken when such a child is identified or admitted to the facility and steps taken to promote the welfare and development of the child within the setting, in partnership with the parents and other relevant parties. The physical environment should as far as possible, be suitable for children with disabilities.

### ***Child Protection***

The staff should have received basic training in child protection and comply with child protection laws, ensuring that these laws are observed to prevent abuse of the children under their care.

- Adults caring for children in the facility should be able to manage a wide range of children's behaviour in a way which promotes their welfare and development. No corporal punishment should be used as a corrective measure in ECCD facilities.
- Staff should be aware of child protection issues and should be able to implement these policies and procedures.
- All staff should be aware of the possible signs and symptoms of children at risk and should be aware of their responsibility to report or take action on such issues.

### ***Working in partnership with parents and caregivers***

The staff should work in partnership with parents to meet the needs of the children, both individually and as a group. There should be open communication that allows sharing of information between parents and caregivers on a need to know basis in conformity with the data protection act.

### ***Documentation/ Records keeping***

There should be a system for registering children and staff attendance on a daily basis, showing hours of attendance.

- Basic information on the child including the child's name, parents name, home address and date of birth of each child who is looked after on the premises should be documented and available.
- Birth registration should be open for children until they reach one year
- There should be a procedure in place for identifying children and parents to ensure that children are collected by the designated person.
- There should be a system in place for the exchange of information between parents and staff members. Parents should be able to share information and their views and concerns should be respected and acknowledged. Appropriate and prompt action should be taken on any concerns raised and a record of all complaints should be maintained.
- Parents should have access to all written records about their children.
- Children should only be released from the care of the facility to individuals named by the parent.



## **Standards for ECCD Curriculum and Pedagogy<sup>29</sup>**

### **ECCD Centre Curriculum**

- a. ECCD children shall not be subjected to written examinations and interviews for admission.
- b. Only the approved ECCD syllabus shall be used in ECCD centres.
- c. KG I & II curriculum shall not be used in ECCD centres.
- d. Learning in ECCD shall be holistic in nature.
- e. There shall be half day (8.00 a.m. to 12 noon) and full day (8.00 a.m. to 3p.m.) programmes for children in ECCD centres. In full day programmes, children shall be given adequate time to rest in the afternoon.
- f. There shall be no holiday tuition for children aged 0–3 years.
- g. Learning in ECCD centres shall be activity based hence no subjects will be taught in ECCD centres.
- h. Learning in ECCD centres shall be taught through play.
- i. ECCD teachers/caregivers shall develop supportive learning environments.
- j. ECCD teachers/caregivers shall be creative and develop strategies to support the learning of every individual child.



<sup>29</sup> Miami. (2011). Florida Early Learning and Developmental Standards for Four-Year-Olds. *Florida Department of Education*, 30 (August), 270. Retrieved from [http://flbt5.floridaearlylearning.com/BT5\\_Uploads/feldsfyo.pdf](http://flbt5.floridaearlylearning.com/BT5_Uploads/feldsfyo.pdf)

# 11

## REFERENCES

ACT, D. (2006). Persons With Disability Act , 2006 Act 715, ACT 715, 17.

Bequele, A., Dejene, N., Mekonen, Y., Odala, V., & Tsegaye, S. (2013). The African Report on Child Wellbeing 2013: Towards greater accountability to Africa's children.

Early-Childhood-Teacher-Education-Proposal-and-Progress-Report-Berson-Blank-Manning-Brindley-Cape-Coast. Pdf. (n.d.).

Education, M. O. F. (2015). Education Sector Performance Report 2015 Ghana. *Education Sector Performance Report 2015 Ghana*.

Family Court Services. (2013). BIRTH TO THREE A Guide for Parents Creating Parenting Plans For Young Children, (December), 1-38. Retrieved from <https://www.google.com.my/url?sa=t&rct=-j&q=&esrc=s&source=web&cd=1&-cad=rja&uact=8&ved=0ahUKEwih85rx-qKXTAhVKRY8KHd6BDjMQFggh->

MAA&url=http%3AFFcourts.oregon.govFMultnomahFdocsFFamilyCourt-FBirthToThreeAGuideForParentsCreatingParentingPlansForYoung

GDHS. (2014). Key Indicators. *Ghana demographic Health Survey*.

Ghana, G. Of. (2009). Education act 2008.

GDHS. (2014). Key Indicators. *Ghana Demographic Health Survey*.

General Assembly, F.-F. S. (1996). General Assembly. *Verbatim*, A/00/PV.(June), 63248.

Ghana, G. of. (2009). Education Act 2008.

Ghana Government. (1992). The constitution, 1-190. <https://doi.org/10.1017/S0021855300011499>

Ghana statistical Service. (2012). Level of education of population 3 years and older by region , district and sex , 2010.





Government of Ghana. (2015). Draft National School Feeding Policy. *Ministry of Gender, Children and Social Protection*.

Government of Ghana Justice for Children Policy. (2015).

Government of Sierra Leone Ministry of Education Science and Technology, & Government of Sierra Leone Ministry of Health and Sanitation. (2012). Rural WASH in Schools Programme in Sierra Leone: Baseline Study Report, (June).

Health, M. O. (2015). *Under five 's child health policy* : 2007–2015, 2007–2015.

International Bureau of Education, U. (2006). Country Profile commissioned for the EFA Global Monitoring Report 2007, Strong foundations: early childhood care and education. *Education*, 1–10.

Ionescu, M., Angelescu, C., Boca, C., Herseni, I., Popescu, C., Stativa, E., ... Novak, C. (n.d.). *Early Learning and Development Standards for children from birth to 7 years old*.

Kadingdi, S. (2006). Policy initiatives for change and innovation in basic education programmes in Ghana. *Educate*, 4(2), 3–18. Retrieved from <http://www.educatejournal.org/index.php/educate/article/view/35%5Cnhttp://www.educatejournal.org/index.php/educate/article/download/35/31>

Ministry of Education. (2010). *Education strategic plan 2010 – 2020 volume 2 – strategies and work programmes*, 2, 1–48.

Ministry of Education. (2016). *Education sector performance report*, 107. Retrieved from [http://www.moe.gov.gh/assets/media/docs/espr2016\\_final\\_version\\_final.pdf](http://www.moe.gov.gh/assets/media/docs/espr2016_final_version_final.pdf)

Ministry of Gender, C. And S. P. (2015). *Child and Family Welfare Policy*.

MoE. (2010). *Government of Ghana 2010 to 2020 volume 1 Policies , Strategies , Delivery , Finance Ministry of Education*, 1(december).

Miami. (2011). Florida Early Learning and Developmental Standards for Four-Year-Olds. *Florida Department of Education*, 30(August), 270. Retrieved from [http://flbt5.floridaeearlylearning.com/BT5\\_Uploads/feldsfyo.pdf](http://flbt5.floridaeearlylearning.com/BT5_Uploads/feldsfyo.pdf)

Nations, U., & United Nations. (2016). *The Sustainable Development Goals Report. United Nations*, 1–56. <https://doi.org/10.18356/3405d09f-en>

November, A., & November, A. (2002). Early Learning Standards. *Education*, (November).

Of, C., World, T. H. E., Together, C., Face, T. O., & Future, T. H. E. (n.d.). No Title.

Parliament of Ghana. (1998). The Children ' s Act , 1998 Act 560, 1–42.

Policy, d. (n.d.). *Republic of Ghana and Ministry of Women and Children ' s Affairs*.

Report, A. (n.d.). Ministry of Education. *Culture*.

REPUBLIC OF RWANDA MINISTRY OF EDUCATION “ “ Igiti kigororwa kikiri gito ” ” “ The future development of the child depends upon good parenting during the first months of life ” ” Kigali , 2011. (2011).

Revised Tennessee Early Learning Developmental Standards. (2013), (October).

Roy, K., Person, C., & Mondol, M. K. (2013). Baseline Survey, (May).





Tesemma, S. T., Quality, E., Policies, T., Equal, F. O. R., Transition, O., Through, O., ... Koszela, K. (2013). Inclusion of students with disabilities in tertiary education and employment Pointers for Policy Development. *International Journal of Educational Development*, (June), 1–22. <https://doi.org/10.1016/j.ijedudev.2012.08.005>

United Nations. (2006). Convention on the rights of persons with disabilities. *Treaty Series*, 2515, 3. Retrieved from <http://www.un.org/disabilities/>

Walter, F., & Wrester, F. (2009). Early Childhood Development : *The Journal of Childhood Development*, 23(232), 23. [https://doi.org/10.1016/S0140-6736\(11\)61450-5](https://doi.org/10.1016/S0140-6736(11)61450-5)

Who. (n.d.). African child charter. read more: <http://www.healthofchildren.com/l/language-development.html#ixzz4ylxqpxw0>





