

# Deinstitutionalization of OVC In Ghana's Central Region

FACTORS THAT IMPACT ALTERNATIVE CARE IN  
BAWJIASE AND SURROUNDINGS

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In fulfilment of the requirements for obtaining the degree of  
MASTER OF ARTS IN AFRICAN STUDIES  
Leiden University  
May 2019

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## **ACKNOWLEDGEMENT**

I am grateful to Onyame Obaatanpa for His infallible support. A special thanks to Dr Akinyinka Akinyoade of the A.S.C.L for his patience and encouragement in this journey. At Ghana Without Orphans (GWO), my gratitude goes to Reverend George Abaidoo, Rev. Derrick Amoo, Rev. Patterson, Mrs. Lindapel and family for welcoming me in their home in Central Region.

In Coventry, to Piers and Thea Denholm-Young of the *Jesus Centre* for helping with proofreading. Here in the Netherlands, to Rev. Uche Umeh and Regional Overseer Ola Aturu of MFM Netherlands. Finally, *dankjewel* to all my friends especially Oisin. Also to Eline, Esther, Katie, Arie Matthijs, Nanika, Katie and Ruth at ICF for spurring me on to write this thesis.



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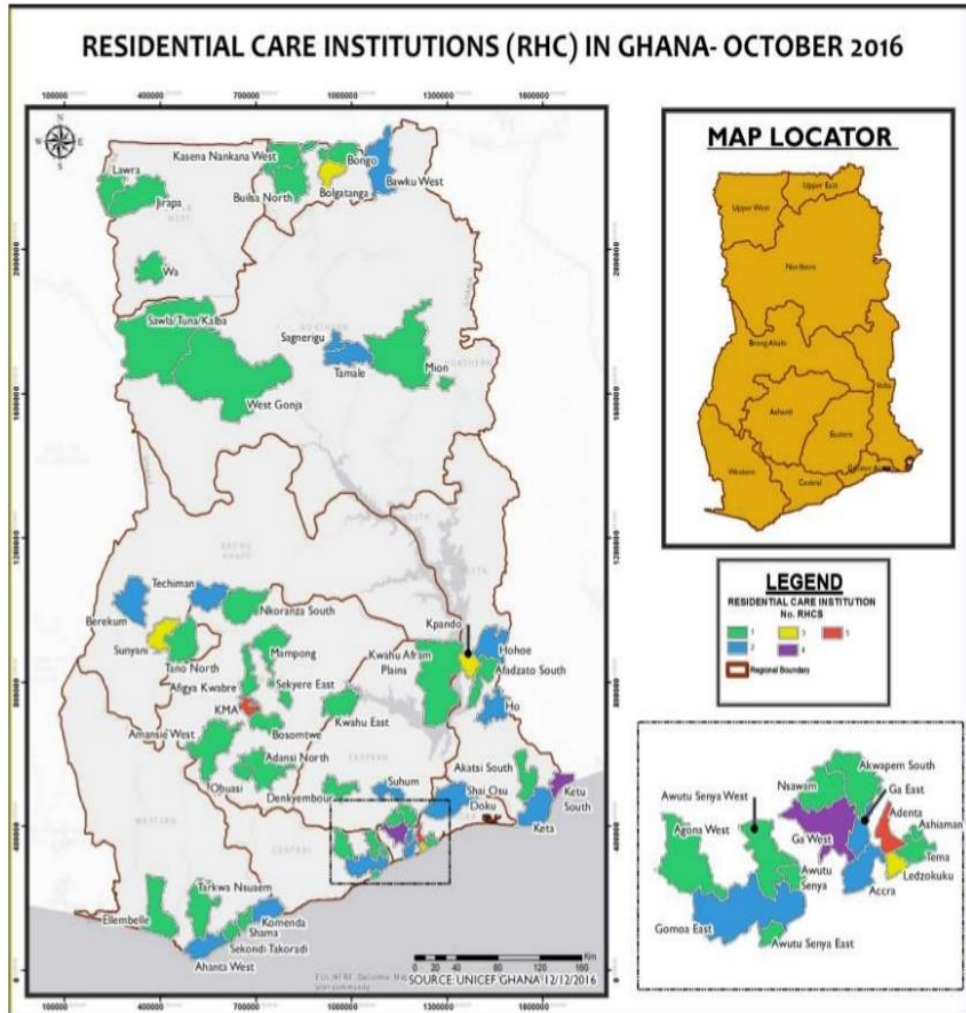
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## **LIST OF ACRONYMS**

BCCG	Bethany Christian Centre Global
BEIP	the Bucharest Early Intervention Project
CELCIS	Centre of Excellence for Looked After Children in
CRC	the Convention on the Rights of the Child
CRI	Care Reform Initiative
CRI	Child Rights International
CCWH	Country-Side Children's Welfare Home
DSW	Department of Social Welfare
DOVVSU	Domestic Violence Victim Support Unit
FBO	Faith Based Organizations
FGM	Female Genital Mutilation
GWO	Ghana Without Orphans
JeCCDO	Jerusalem Children Community Development Organization
KF	Kaeme Foundation
LEAP	Livelihood Empowerment Against Poverty
RHC	Residential Homes for Children
OVC	Orphans and Vulnerable Children
PCD	Partnership of Child development
SAP	Structural Adjustments Programs
UNCRC	United Nations Convention on the Rights of Children
UNICEF	United Nations International Children's Emergency Fund

Residential Homes for Children in Ghana



Source UNICEF Ghana 2016



## **ABSTRACT**

In the 2006 Care Reform Initiative (CRI), Ghana's Department of Social Welfare (DSW) called for the deinstitutionalization of Orphans and Vulnerable Children (OVC) and sought to move vulnerable children towards a range of integrated family and community-based care services. The initiative is currently on its third five-year road map for 2017 to 2021 with specific targets and yet still children are in orphanages. Over a decade after the official launch of the initiative a myriad of challenges persist, especially the uncertainty over whether families are prepared to welcome OVC into their homes.

Set in Central Region Ghana, using Country-Side Children's Welfare Home (CCWH) as the main case study, this thesis investigates the underlying factors that are preventing families in the Bawjiase and surroundings from opening their homes and hearts to vulnerable children.

Qualitative data was obtained through forty interviews; people interviewed included community leaders, men and women with an active profession in education, banking and informal trading sectors. The views of teenagers from two RHC were also examined through focus group discussion. The study shows that although financial means are often cited as a deterrent for adoption and fostering, the sluggishness in emptying orphanages in Ghana is often due to the lack of training of would-be foster parents and the complicated system of legal adoption. On top of that, the idea of being moved to a family triggers different attitudes among the children involved. The predisposition of OVC towards the idea of reintegration into family life is often conditioned by their memories of their initial experience of family life, or lack thereof. Most of them display a lackadaisical attitude because of their negative experiences of family life, whereas a small number are driven by the prospect of earning a living and being independent even when they are not necessarily looking forward to being integrated into families. This study brings to light the agency of children under care and shows the importance of the psychological and emotional state of OVC involved in deinstitutionalization which could be an influencing factor to be taken into account when taking measures to reintegrated children into a family or community.



Keywords: OVC, Orphanages, RHC, Residential Homes for Children, Bawjiase, CRI, Care Reform Initiative, LEAP, Faith Based Organizations, Alternative Care, socio-cultural, superstitions, Decentralization, Deinstitutionalization, Central Region Ghana, GWO, Ghana Without Orphans



## **INTRODUCTION**

After a handball game with the children at Country-Side Children’s Welfare Home (CCWH) under the scorching sun at Bawjiase, I said goodbye and was preparing to go to town when nine-year old Akosua ran after me and said, “When you go remember us, do not forget us!” I hugged her and reassured the others that they should not worry and that I would be back soon. However, Akosua’s words kept echoing in my mind to the extent that I still think about this episode of my field trip to Central Region in Ghana. It is a vivid memory because it dawned on me more than ever that this child’s story is similar to that of so many on the African continent. Akosua and the other children in the countless Residential Homes for Children (RHC) in sub-Saharan Africa and worldwide are referred to as Orphans and Vulnerable Children (OVC). Having worked with deprived children in orphanages in South Africa, DRC, Kenya, Togo and Haiti, I could draw parallels between these children and thousands of other Ghanaian OVC in orphanages. Given the magnitude of the issue of vulnerability of children, government agencies and child advocacy campaigners worldwide are promoting the concept of Deinstitutionalization, which is the reintegration of OVC into families. Miseki (2018) observed that the protection system of children worldwide is shifting from institutions, orphanages, children’s homes, and charitable institutions towards family-based care.

Many of OVC long to be cherished while others are struggling with the idea of whether they want to remain at the RHC or to be reintegrated into their family of origin, or any other family! The trajectory from RHC to family-based care or Alternative Care can be strewn with obstacles, as is often observed in the Ghanaian childcare system. In fact, in spite of the inception of the main deinstitutionalization program under the Care Reform Initiative (CRI) in 2006, children are still in orphanages.

This study is set in Central Region Ghana and uses the CCWH in Bawjiase as the main case study, in an attempt to understand the hurdles encountered when implementing Alternative Care in Ghana. In February 2015, a public outcry occurred in response to a video report by the investigative journalist Anas Amereyaw depicting the supposedly harsh conditions at CCWH.

The main objective of this study is to explore the reasons why, despite this scandal, children are still resident in the institution and not in families as advocated by the CRI program. Although reports claimed that CCWH was closed down straight after the investigation, news articles published a month after show that this is not true. City Online in March 2015 revealed that the orphanage is still active and that children who were

initially removed were sent back to CCWH<sup>1</sup>. At time of writing children are still resident at CCWH and the institution is still receiving donations. A recent article published by Ghana Agency on 30 December 2018 indicated that CCWH received articles and cash amounting to 6000 GHC, (equivalent of €988) donated by Ghana First Company Limited.<sup>2</sup> When the CCWH saga erupted in February 2015, Mensah Damanka, Director of Development at O. Africa (one of DSW's partners in the promotion of Alternative Care through deinstitutionalization), boldly stated that orphanages should be closed by 2020 and called for orphans to be placed in foster homes instead. Four years after the incident it could be questioned whether this demand was realistic or not, and if the ongoing third five year plan of the CRI (2017-2021) can meet its targets. The research question of this study is the following:

Research Question: In the aftermath of deinstitutionalization, what are the underlying reasons preventing families in Bawjiase and the surroundings from opening their doors to OVC? In what ways are these preventive factors representative of the situation with regard to Home Care in Ghana at large?

These questions were formulated after an internship at the Faith Based Organisation (FBO) Ghana Without Orphans (GWO). The findings could help childcare practitioners and children's advocates to ameliorate the lives of OVC in Informal Care settings. The attempt to reintegrate children into community living and families comes with various challenges. This thesis will clarify some of them studying cases in Bawjiase and surroundings in Central Region in Ghana. As a secondary case study, some research was also done at the Royal Seed (RS) orphanage in Okafor, also in Central Region Ghana. RS, unlike CCWH, is a registered and licensed orphanage and will therefore provide a useful insight into OVC care and the deinstitutionalization program in these types of RHC.

In order to achieve these objectives and to answer the research questions of this study the paper is structured in the following manner. The first chapter will start by defining some key terms whilst elaborating on the background of this study. This will be followed by the description of the current situation of OVC in Ghana, the general perceptions in the communities of OVC, the key milestones of the CRI (Care Reform Initiative) and the role of FBOs in motivating potential foster families. It will also examine the arguments for and against deinstitutionalization. This study gives a detailed account of the historical antecedents of deinstitutionalization in

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<sup>1</sup> CitiFmOnline (2015). *Children return to closed down countryside orphanage*. *City FM Online* Retrieved from <http://citifmonline.com/2015/03/12/12-children-return-to-closed-down-countryside-orphanage/>

<sup>2</sup> Yire, I. (2018). *Ghana First Company Ltd donates to Countryside Children Welfare Home*. *Ghana News Agency* Retrieved from <http://www.ghananewsagency.org/social/ghana-first-company-ltd-donates-to-countryside-children-welfare-home-143539>

Ghana. Moreover, the theoretical concepts that underpin this study will be unpacked. A theoretical framework is derived from sociology, childhood development, and child and adolescent psychology. These four disciplines are all relevant to the various studies mentioned in the literature review and illustrate the multidisciplinary way in which this study was conducted. The concept of Alternative Care, which is the main goal of deinstitutionalization, can be explained with reference to Hamilton's (1964) kin selection theory<sup>3</sup>. The argument for the promotion of family care to the detriment of group care in orphanages as advocated by deinstitutionalization in Ghana can be explained through Dozier et al. (2014)'s defense of family care, which stems from Bowlby's (1963) Attachment Theory<sup>4</sup>. In parallel to this, Ruegger's (2016) update of Ainsworth's (1978) Attachment Disorder theory will be analyzed. How the label of OVC impacts children will also be explained. In this section, the theory of Social Stigma of Durkheim (1963) and Attitude change theory will be examined. Subsequently, the second chapter will be a presentation of the literature where we will review articles about deinstitutionalization of OVC in sub-Saharan Africa. This section will highlight the unpreparedness of countries when it comes to OVC care. Rwanda and Ethiopia will be examined as examples of conducive deinstitutionalization. South African researchers' argument for a culturally relevant adoption and OVC care program will be raised.

What becomes clear from the background research of the study and the literature review is that in Ghana and other sub-Saharan African countries, governmental, psychological and cultural factors could all play different roles in the failure or success of deinstitutionalization. Consequently, chapter three gives a detailed account of the research and methodological approach used to answer the research question of this thesis with the aim of finding out which factor is most important in the context of Ghanaian deinstitutionalization of OVC. Finally, chapters four and five will display the data collected during fieldwork. This empirical evidence will be analyzed in view of the theories mentioned above which are deemed relevant to this study. This thesis will conclude by looking critically at the salient points made and by highlighting possible future research pathways and recommendations.

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<sup>3</sup> Keller, L and Reeve, H. (Accessed July 2018). *The Basics of Kin Selection Theory*. Retrieved from [https://serval.unil.ch/resource/serval:BIB\\_376B3B3C57C5.P001/REF.pdf](https://serval.unil.ch/resource/serval:BIB_376B3B3C57C5.P001/REF.pdf)

<sup>4</sup> Bretherton, I. (1992). The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology* (1992), 28, 759-775. [http://www.chance-for-children.org/wp-content/uploads/2014/02/census\\_street\\_children\\_in\\_accra.pdf](http://www.chance-for-children.org/wp-content/uploads/2014/02/census_street_children_in_accra.pdf)

# 1

## **OVC in Ghana**

### **1.1 Definition of the term ‘Orphan’**

According to the Partnership of Child Development (PCD), OVC is now an umbrella term that encompasses various categories of children in need. It has various connotations in different countries of sub-Saharan Africa and the following definitions of the key words are used. The United Nations Convention on the Rights of Children (UNCRC) classifies “every human being below the age of eighteen years as a child and this is unless under the law applicable to the child, majority is attained earlier”. A child of 0 to 17 years can be either a single or double orphan, or even a social orphan. In the first category of orphans, either one or both of the parents are deceased. In addition, some children are classified as social orphans when the biological parents are unable to take care of them for different reasons including sickness and poverty.

The PCD also explains that vulnerable children have a common characteristic: they suffer from a dearth of parental care and protection. Often orphaned or abandoned, they generally score high on the Child Poverty Index. This group also includes some categories of physically challenged children. In addition, they are often viewed as pariahs in society and suffer from discrimination, stigmatization and marginalization. The recent spate of conflicts and the AIDS pandemic in sub-Saharan Africa have tended to worsen their condition<sup>5</sup>.

In this paper, the term OVC includes all children in need and stranded in RHC. OVC will be used as a broad term that includes single or double orphans. The cause of demise of their parents could include AIDS or other diseases. OVC also may include children abandoned for superstitious reasons.

### **1.2 OVC and RHC in Context**

#### **1.2.1 General OVC and RHC Situation in sub-Saharan Africa and in Ghana**

UNICEF data on orphans in 2015 showed that there were almost 140 million orphans in the world, and that a third of them were resident in Africa. This implies that at least 47 million OVC were in Africa in that year. Given that the continent had a population of 1,225,080,510<sup>6</sup> this makes up a remarkable 5% of the population. We can compare this to Asia, where an OVC population of 61 million amounts to only 1.12% of the total population. These statistics illustrate how serious the growing problem of child vulnerability is in Africa.

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<sup>5</sup> HGSF (Accessed 2019, May 22). *Home Grown School Feeding*. Retrieved from <http://hgsf-global.org/en/ovc/background/263-orphans-and-vulnerable-children-defined>

<sup>6</sup> Worldwide Orphans (2015, April 7). *Defining Orphans: The World’s Most Vulnerable Children*. Retrieved from <https://lawstreetmedia.com/issues/world/defining-orphans-the-worlds-most-vulnerable-children>

In August of 2017, Ghana Web reported that according to the Ghanaian Minister of Gender, Children and Social Protection, as of 2011 a national census showed that 60,495 children live and work on streets. This alarming figure of destitute people includes children in dire situation from neighboring countries.<sup>7</sup> The Department of Social Welfare (DSW)'s figure for deprived infants and juveniles in 2018 is approximately 60,000. Among them 4,432 are orphans in 133 orphanages. The major causes for the spiraling number of OVC tend to be the same whether at continental level, in sub-Saharan Africa or in Ghana. They revolve around social change, the effects of the various Structural Adjustments Programs (SAP) on the Ghanaian economy, the recent spate of conflicts, the rapid and uncontrollable exodus of individuals from rural to urban areas, and the AIDS pandemic, which research shows has contributed to the worsening of the condition of OVC<sup>8</sup>. Deter and Fall (2008) confirmed that the situation of OVC in Ghana has also escalated because of the AIDS crisis. However, it is not as critical as in other African countries. When it comes to the welfare of OVC, things started to fall apart in Ghanaian communities from the early 1900s, and the measures taken by child practitioners and the DSW as a result of this deterioration include Formal, Informal and Alternative Care.

### **1.2.2 Institutionalization of OVC in Ghana**

Frimpong-Manso (2014) has given a detailed account of how OVC care evolved in Ghana. He explains that prior to colonization Informal Care was the norm for children in need. It is defined, as “any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity. This arrangement is often made without an order from an administrative or judicial authority or a duly accredited body”<sup>9</sup>. Indeed, OVC care was provided within kin groups and reliance on the extended families for care was possible because of the bond of solidarity that existed within communities at that time. Also, many tribes had an unwavering sense of duty towards OVC simply because people held superstitious beliefs that the spirits of the dead parents of the orphans could retaliate against them for maltreating their needy offspring. They also believed in the Akan proverb, which states that “it takes a village to raise a child”.

Owusu and Adjei (2009), conducted a study in the Upper East and North of Ghana, they highlighted that fosterage can be beneficial to both the children involved and the parents in most communities. They discovered that foster parents do not get any financial support from the state or from other avenues. Nevertheless,

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<sup>7</sup> Addo, C. (2017, August 7). Gender Ministry rolls out comprehensive action plan to address ‘Streetism’ <https://www.ghanaweb.com/GhanaHomePage/regional/Gender-Ministry-rolls-out-comprehensive-action-plan-to-address-Streetism-567097>

<sup>8</sup> HGSF (Accessed 2019, May 22). *Home Grown School Feeding*. Retrieved from <http://hgsf-global.org/en/ovc/background/263-orphans-and-vulnerable-children-defined>

<sup>9</sup> UNICEF (June 2011). *Children in Informal Alternative Care*. Retrieved from [https://www.unicef.org/protection/Informal\\_care\\_discussion\\_paper\\_final.pdf](https://www.unicef.org/protection/Informal_care_discussion_paper_final.pdf)

they accept the children because it is a form of social service rendered to members of their kin group. The children involved expressed their gratitude in being in the foster homes.

Kuyini et al (2009) also conducted a study on Informal Care in Tamale and northern Ghana. They discovered that the main motive for kinship care was to maintain the bond of unity within families. In that context, the children involved disclosed that they were at times subjected to physical and emotional abuse however; they were in general content with their circumstances.

As for Formal Care, it sprung up with the disintegration of family life and family patterns in Ghana, which took its toll around 1940. At that time, missionaries, lawmakers and philanthropic bodies introduced RHC in order to improve the wellbeing of abandoned children and to bridge the gap left by the shortcomings in the welfare system.

### **1.2.3 The success stories of RHC in Ghana prior to the noughties**

Formal Care methods were introduced through the establishment of RHC or orphanages and reformatories. Frimpong-Manso (2014) added that although many institutions for difficult juveniles were established in the 1900s the inception of Osu Children's home in 1940 was a decisive point in the history of Formal Care in Ghana. The first RHC in the country, Osu Children's Home was opened in 1949 to care for 500 children. After independence, the government took over the administration of the Osu RHC. By 1998, there was a sharp increase in the number of orphanages in Ghana because of the lack of rigid regulations, paving the way for individuals to open various facilities without necessarily consulting the DSW.

Indeed orphanages or RHC evolved rapidly in the aftermath of independence. The numbers of RHC grew exponentially and they reached their peak in the noughties, partly as a legacy of the AIDS pandemic. The number of orphans in RHC increased considerably, growing from 500 children in 1998 to more than 4500 children in 2008. As a result, there were 148 orphanages by 2008, whereas between 1964 and 1998 only seven children's homes had been officially operating in Ghana.<sup>10</sup>

### **1.2.4 Deterioration of the well-being of OVC, the proliferation of RHC**

The current condition of children in need in Ghana is diverse, however according to a 2015 UNICEF report the Child Poverty Index was high at all levels and this applied to all genders, though boys were slightly more likely to score highly than girls. Specifically, it showed that 9% of girls were in extreme poverty compared to 10.8 % of boys. Commenting on the issue, the Reverend Father Campbell, a religious leader of the Catholic faith, affirmed that the spiraling statistics on streetism in Ghana reflect the breakdown of the family unit. He

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<sup>10</sup> Simple Stats (Accessed April 2018). Retrieved from [https://www.unicef.org/ghana/REALLY\\_SIMPLE\\_STATS\\_-\\_Issue\\_2\(1\).pdf](https://www.unicef.org/ghana/REALLY_SIMPLE_STATS_-_Issue_2(1).pdf)

argues that this is because currently parents are more materialistic and this is detrimental to the rearing of their children saying, “parents do not have time and do not care about their children and that is very bad.”<sup>11</sup> Arthur’s (2013) study titled *Streetism: A Socio-cultural and Pastoral Theological study of a youth problem in Ghana* also confirms “poverty, dropping out of school, breakdown of the extended family systems, parental death, urbanization, adventure, and earning of personal income influence the migration of youth to the streets.” On the same note, Prempeh (2012) pleaded urgently for the plight of street children. In his book titled ‘*The Courage of Trust: Thoughts on Reshaping the Current Machinery Affecting Street Children in Ghana*,<sup>12</sup>’ he urged the Ghanaian government and various stakeholders in society to address the issue. He asserted, “one of Ghana's most significant challenges over the years has been ignored, and therefore if nothing is done about streetism, the current generation might be the first to leave behind a weaker and more fractured country than it inherited”.<sup>13</sup> It is within this context of child despair that orphanages in Ghana became very popular in the noughties to the extent that there has been a mushrooming of unlicensed and mismanaged orphanages. A local NGO called Child Rights International (CRI) argued in 2009 that although the need for adequate OVC care in Ghana is obvious there are also huge financial incentives for running RHC. CRI claims that some small to medium RHC in Ghana receive huge amount of funds from international benefactors, NGOs and local businesses to the extent that their budgets can reach over US \$ 70,000.<sup>14</sup>

### **1.2.5 Scandals that led to the reforms in Formal Care of OVC in Ghana**

On top of the criticisms of the financial priorities of orphanage founders, the field of Formal Care for OVC in Ghana has been dogged by various corruption and abuse scandals. According to Seattle-based poverty alleviation NGO called the Borgen Project, an eight-month old-boy was raped in an orphanage in Accra and that this major scandal propelled international children advocates and the Ghanaian authorities into scrutinizing RHC more closely. This incident which took place in 2009 was crucial in pushing Ghanaian officials to rethink the set-up of the Ghanaian OVC care system and to tackle the horrendous issues of mismanagement at RHC countrywide. Another key finding after the above- mentioned scandal was that out of the 148 RHC in Ghana in

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<sup>11</sup> General News of Sunday. (2017, December 10). *300,000 Ghanaians live, work on streets- Report* Retrieved from <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/300-000-Ghanaians-live-work-on-streets-Report-608212>

<sup>12</sup> Ghana Business News. (2012 March 19). *About 61,492 children are victims of streetism-Social Welfare*. Retrieved from <https://www.ghanabusinessnews.com/2012/03/19/about-61492-children-are-victims-of-streetism-social-welfare/>

<sup>13</sup> Ghana Business News. (2012 March 19). *About 61,492 children are victims of streetism-Social Welfare*. Retrieved from <https://www.ghanabusinessnews.com/2012/03/19/about-61492-children-are-victims-of-streetism-social-welfare/>

<sup>14</sup> The New Humanitarian. (formerly IRIN News) (2009, May 27) .*Protecting Children from Orphan- dealers*. Retrieved from <http://www.thenewhumanitarian.org/report/84582/west-africa-protecting-children-orphan-dealers>



2009 only eight were licensed with the DSW, and on top of that most children at the institutions were social orphans with at least one biological parent alive.<sup>15</sup>

The first call for deinstitutionalization of RHC was made in 2009, but this did not stop the scandals in Formal Care in Ghana. Another major case was the Bawjiase scandal at CCWH. International children advocacy group Better Care Network (BCN) explains that in 2015 undercover journalist Anas Aremeyaw and his team investigated the CCWH for six months whilst pretending to be volunteers. Their findings of abuse, neglect, poor medical care, forced fasting, induced abortions etc., triggered public outcry. Moreover, Anas Aremeyaw exposed the commercialization of the donations given by the public by proving that the founder was re-selling some of the donations given by the public. The report claims that the Ministry of Gender, Children and Social Protection was informed and CCWH was shut down pending various investigations<sup>16</sup>.

### **1.2.6 The call for deinstitutionalization**

At macro level, efforts made by the Government of Ghana to ameliorate the lives of OVC in Ghana include deinstitutionalization and decentralization through multiple government interventions. In 2006, the DSW implemented the Care Reform Initiative (CRI) within its National Plan of Action for OVC<sup>17</sup>. It promotes deinstitutionalization and sets out the objective to close down 90% of RHC because numerous studies conducted by UNICEF and others indicate that children develop better in families. This vision is echoed by childcare practitioners not just in Ghana but worldwide, including Europe and America where deinstitutionalization of children started in the 1980s.

Frimpong-Manso (2013) explained that in Ghana, deinstitutionalization is a comparatively recent initiative. Consequently, the administrative process is often sluggish as in the case of CCWH and other orphanages in the country. There is also a lack of the human and financial resources which are key elements needed for such an endeavor. Although the DSW is spearheading the CRI, they have joined forces with the international children advocacy agencies UNICEF, USAID and O’Africa to address the issue of the proliferation of orphanages. The collaboration also extends to local NGOs and FBOs. Indeed, the policy of decentralization of public services by the Government of Ghana has led the DSW to liaise with FBOs such as Ghana Without Orphans (GWO) in order to find lasting solutions to OVC care. GWO also promotes the eradication of vulnerability among children by moving orphans back into family-based care. GWO coordinator George

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<sup>15</sup> Borgen, C. (2017, March 20). “Ghana’s False Orphans.” *The Borgen Project*. Retrieved from [Http://Borgenproject.org/Wp-Content/Uploads/The\\_Borgen\\_Project\\_Logo\\_small.Jpg](http://Borgenproject.org/Wp-Content/Uploads/The_Borgen_Project_Logo_small.Jpg), 20 Mar. 2017, [borgenproject.org/ghanas-false-orphans/](http://borgenproject.org/ghanas-false-orphans/).

<sup>16</sup> Better Care Network . (2015, February 3). *Bawjiase Orphanage Shut Down Over Human Rights Abuses –Ghana Web*. Retrieved from <https://bettercarenetwork.org/news/bawjiase-orphanage-shut-down-over-human-rights-abuses>

<sup>17</sup>Orphans and Vulnerable Children Care Reform Initiative CRI (2015). *Towards Integrated Care Services for Vulnerable Children and Families in Ghana*. Retrieved from [http://www.ovcghana.org/what\\_is\\_cri.html](http://www.ovcghana.org/what_is_cri.html)

Abaidoo asserted that: “opening homes to OVC could be a panacea to OVC and streetism issues in Ghana.”. This work partnership is recent and is developing slowly so the full potential of the contribution of GWO in the combat of child vulnerability is yet to be achieved. To elaborate on the partnership of the DSW and like-minded organizations, DSW Deputy Director Sekyi Boafo (2018) explained that “when it comes to child care and child protection there is the need for multi-sectorial bodies to come together and work together to achieve results because streetism has been a big challenge for Ghana. Some of these children are rescued and taken back to their families and they end up coming back onto the streets”<sup>18</sup>.

However, the efforts of the DSW and the various stakeholders in the OVC care field have not always yielded the expected results. Even with two five-year plans of the CRI completed and a third ongoing (2017-2021), orphanages such as CCWH continue to be populated with children in need. It seems that the communities and prospective foster parents remain reluctant to open their homes to OVC. Indeed, the path from orphanages towards Alternative Care for OVC is marred by diverse issues. Voyk (2011) explained in her thesis on *Orphan Vulnerability, NGOs and HIV/AIDS in Ghana* that many communities in rural Ghana were reluctant to accept children with challenging health issues such as HIV/AIDS. Kwakye (2012) also asserted that, “the system for OVC care in Ghana is not sustainable and this can be seen in the ever increasing statistics of OVC population. Therefore, this pressing necessity calls for a more sustainable approach.”

A successful deinstitutionalization implies a tangible improvement in OVC lifestyle through reintegration into families and community life. In this scenario, families all over Central Region, Ghana will be prepared and ready to open their doors and hearts to children in need. The fact that currently orphanages are still full to their capacity demonstrates that this ideal situation has yet to be achieved, therefore it could be that the key to curbing the number of vulnerable children in orphanages in Central Region lies elsewhere.

### **1.2.7 The paradox of institutionalization and deinstitutionalization**

Orphanages in modern Ghana provide essential public services for communities such as basic education within a formal setting, in contrast with Informal Care, which is closer to the traditional system of orphan care within the extended family. Indeed, Informal Care has always been the norm in OVC rearing and care before the introduction of Formal Care after independence in the 1960s.

Family-based care is synonymous with Informal Care. It has to be noted that whereas Informal Care thrived in relatively stable communities from the 1960s to the 1980s, our current unstable and rapidly changing world makes it difficult to integrate children into families. Today, the objective of deinstitutionalization is to

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<sup>18</sup> Personal Interview granted by DSW Deputy Director F.Sakyi Boafo during field work in April 2018

reinsert OVC into families by reconstituting the traditional Informal Care system under the label of Alternative Care. The whole project of reverting Formal Care to Informal Care and calling it Alternative Care is somewhat paradoxical because it attempts to regulate and formalize a form of childcare that has always existed informally.

Alternative Care emphasizes the placement of children into family or community care. It can be twofold, either through reunification with the extended family or reintegration into families through fostering and adoption. Foster care is defined by the UN Guidelines for the Alternative care of Children as “situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved and supervised for providing such care”.<sup>19</sup>

### **1.2.8 General perceptions of the communities in Ghana of OVC**

Anwar (2017) also studied the perception of physically challenged OVC in Ghanaian communities and how this affected their chances of accessing mainstream education. He concluded that at times the inability of these children to integrate into the education system stems from the attitude of some in Ghanaian communities towards them, and he explained this with reference to labelling and Stigma theory. Giddens and Sutton (2013) explained that Labelling Theory was developed by Becker et al (1963), their study states that whenever people are given a divergent identity in a given context it conditions their acts within that society. This theory was updated by O’Byrne (2011) who stated, “labelling is the process by which others - usually those in powerful positions – come to impose an identity upon us”. Weebly (2013) cites Bartlett and Burton’s (2012) use of labelling theory in a school environment and how they observed the impact of labelling on pupils. The conclusion was that the labels applied to a student influenced the child’s behavior and the way his peers and teachers interacted with him. As discussed in Chapter one, Lombe et al’s (2017) observations on how the label of OVC influences the way the children are perceived in their communities can be applied to the Ghanaian context. With labelling, comes discrimination. Also Bonsu and Yendork’s (2019) study illustrated that for people with mental illness in Ghana labelling comes with stigma and this leads to discrimination towards impaired people. This is felt in the different forms of intentional or unintentional attitudes that they experience.

According to a 2010 UNICEF report, stigmatized children in Ghana are often accused of witchcraft. This is common when the child has a disability. The study elaborates on the mistreatments and violence experienced by these children. They experience this harsh treatment because of mystical and traditional beliefs

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<sup>19</sup> Costa M, Giraldo M, Eurochild (2012-2014). Deinstitutionalisation and Quality Alternative Care for Children in Europe. Retrieved from [https://www.openingdoors.eu/wp-content/uploads/2014/11/DI\\_Lessons\\_Learned\\_web\\_use.pdf](https://www.openingdoors.eu/wp-content/uploads/2014/11/DI_Lessons_Learned_web_use.pdf)

held by members of the communities. These beliefs are ingrained in a cultural belief that attributes handicaps to divine retribution, demonic possession, and misdeeds of a clan or family.

After analyzing a few studies on how communities in Ghana tend to view OVC, this next section will elaborate on the way they fare and generally survive in society. When left to their own devices children in need in Ghana tend to work hard to make ends meet. Agyei et al (2015) studied the plight of teenagers from rural areas in the north and south of Ghana who migrate to urban areas to toil as head porters or Kayayei. After a qualitative study in two of the biggest markets in Accra, Makola and Agboghloshie, they concluded that there is an urgent need to ameliorate the lives of Kayayei and this could be done by facilitating their access to credit and skills training.

Hamenoo et al (2018) made a recent assessment of the consequences of child labor on the health and education of children in Ghana. The findings of the study indicated that parental neglect, the lack of rigorous regulation in the educational system, and poverty all promote child labor. These children often engage in petty selling at road junctions or highways and the constant walking on roadsides could likely have a negative impact on their physical state and schooling. Boafo-Arthur (2015) also examined the survival mechanisms of street children at Tema Station and Agbogboloshie market. She compiled a list of the menial jobs done by vulnerable children in Ghana. Aside from working as Kayayei, they often act as shop assistants, cooks in chop bars or engage in scrap collection. Moreover, they form social networks on the street and this becomes a good source of comfort because it helps them to find solace in their plight.

### **1.2.9 Factors affecting the standard of living of OVC in Ghana**

Teenagers often compete for casual work in the informal economy<sup>20</sup>. Although they earn money, the working conditions are sometimes harsh and take a toll on their education and health. In the study of Agyei et al (2015) mentioned previously they also shed light on the plight of Kayayei or head porters, generally teenagers, who toil at markets in order to make ends meet. Boys and girls work in manual labor jobs such as these, transporting goods or selling low-value merchandise on a day-to-day basis without a reliable source of income or workplace protections.

There is a glaring regional disparity in the country when it comes poverty among children. Child Poverty in 2013 was highest in the Volta region, followed by the Upper West Region and Greater Accra. This also highlights the dichotomy between urban and rural areas. In 2013, the proportion of children living in

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<sup>20</sup> Simple Stats (Accessed April 2018). [https://www.unicef.org/ghana/REALLY\\_SIMPLE\\_STATS\\_-\\_Issue\\_2\(1\).pdf](https://www.unicef.org/ghana/REALLY_SIMPLE_STATS_-_Issue_2(1).pdf)

poverty in rural areas was almost 41.8%, compared to 13.1% in urban areas.<sup>21</sup> OVC are usually homeless, without support and protection, and are exposed to the risk of abusive labor, lack of education, malnutrition, disease, and death. A 2005 World Bank report indicate that at least 20% of children in sub-Saharan Africa were OVC and the figures showed an upward trend.<sup>22</sup> In Ghana, Boaten (2006) affirmed that children as young as nine years old fend for themselves on the street by engaging in odd jobs under the watchful eyes of the whole society and describes this as a travesty of human responsibility. Their complex ways of survival are indeed difficult to comprehend. In most cases, their lives are reduced to the lowest ebb of human dignity, and society allows it to continue. Boaten (2006) adds that these children have become part of the urban landscape, yet they remain invisible in the larger scheme of things.

Their whereabouts are predictable, as they tend to congregate in urban areas. Ishmael Arthur (2013) asserted that in Africa few of the street children come from intact families and they flock to urban streets for economic reasons and for adventure. Moreover, their existence on the streets evokes vehement passion in different communities not because of the circumstances that necessitated their existence, but because of the competition of street children with other users of the public space. These include the general public, business owners and city officials, particularly the police, who perceive street children as being prone to criminal activities, thus requiring strict intervention.

Oppong and Gyaba (2012) is one of several studies that have assessed the impact of HIV on the standard of living of OVC and some of the motives of people for fostering OVC. Set in in the Manya Krobo area, which has the highest prevalence of HIV, the paper shows inevitably that the number of OVC increases as children lose their parents because of high mortality rate due to HIV related diseases. Consequently, OVC are often “cared for through informal interventions by non-state actors”. These actors are mostly elderly women, including queen mothers who use their social skills to place OVC into foster parents’ homes. Normally, as the responsibility of OVC care falls on the extended families it becomes impossible for the informal system to provide for them and this leads inevitably to institutionalization. However, in the Manya Krobo area the queen mothers have stepped in to provide care to an acceptable level. This form of informal intervention is not always possible or sustainable for communities. Lombe et al (2017) explained that the consequences of the AIDS pandemic are still lingering in communities even though the mortality rate of AIDS patients has declined. This is

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<sup>21</sup>Simple Stats (Accessed April 2018). [https://www.unicef.org/ghana/REALLY\\_SIMPLE\\_STATS\\_-\\_Issue\\_2\(1\).pdf](https://www.unicef.org/ghana/REALLY_SIMPLE_STATS_-_Issue_2(1).pdf)

<sup>22</sup> World Bank. Social Safety Nets Primer Notes (2005) *Toolkit for Programming Assistance to Orphans and Vulnerable Children (OVC) in Sub-Saharan Africa*. Retrieved from <http://documents.banquemondiale.org/curated/fr/125451468192851337/pdf/333670SSNPrimerNote17.pdf>

due to the demise of a huge number of adults in their prime leaving the kin group unable to cope with the sheer number of orphans.

### **1.2.10 Care Reform Initiative (CRI)**

Indeed, throughout West Africa, UNICEF and various government bodies are rethinking the traditional approaches to OVC care. Darkwah et al (2018) states that “In February, 1990, Ghana became the first country to ratify the United Nations Convention on the Rights of the Child (UNCRC), which has been described as the most powerful legal instrument of the twentieth century protecting the rights of children. Soon afterwards, the government of Ghana followed this step with the formulation of the Children’s Act [1] and a plethora of other legislative and policy actions including the establishment in 2001 of a *Women and Children’s Ministry*, now Ministry of Gender, Children and Social Protection.” This shows Ghana’s commitment to OVC care. The CRI was launched in 2006 as part of the National Plan of Action for OVC. The mission statement of the CRI on their website indicates that: “the goal of the CRI is that OVC should be placed into permanent loving family homes and not in institutions”.<sup>23</sup> Frimpong-Manso (2014) also adds that the key objective of the CRI is to revitalize child welfare policies within the DSW in order to create a sustainable care system for children in Ghana. This also implies, “the closure of sub-standard and unregistered institutions within concrete milestones and timeframes”.<sup>24</sup> This initiative became necessary in view of the mayhem caused by the proliferation of RCFs in the 1990s. Sarpong and Mensah-Ankrah (2018) explains that many children homes were plagued by diverse accusation of gross misconduct, trafficking and abuse of children. As the DSW wished to comply with the U.S 2005 Act for Assistance for OVC in emerging nations they joined forces with Orphan Aid Africa, USAID and UNICEF who were in actual fact the trailblazers of the CRI. Efforts made include huge amount of foreign donations through NGO’s and multiple governmental interventions.

The CRI addresses three specific areas:

1. Capacity building of families in need in order to avoid the disintegration of the family unit. This objective is mostly addressed in collaboration with local NGOs in order to address the pressing needs in communities. Gbedema et al (2009) confirm that there are various family support programs to assist destitute families include social grants and social action programs.

They include;

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<sup>23</sup> Orphans and Vulnerable Children Care Reform Initiative CRI (2015). *Towards Integrated Care Services for Vulnerable Children and Families in Ghana*. Retrieved from [http://www.ovcghana.org/what\\_is\\_cri.html](http://www.ovcghana.org/what_is_cri.html)

<sup>24</sup> Minutes of the Better Care for Children Committee meeting (2017 August)

Protection Programmes to curb maternal mortality which is a decisive issue in Ghana because as Sennah (2003) explained there is a spiraling in the figures for maternal mortality in all regions regardless of the number of trained health care personnel and health centres.

Other actions include The National Health Insurance of 2003, the School Feeding Programme of 2004, the Education Capitation Grant of 2005 and the LEAP (Livelihood Empowerment Against Poverty) instituted in March 2008. A 2017 assessment of the LEAP confirms that the programme impacted positively on OVC.

Fred Seyie Bofo, Deputy Director of DSW affirms that after monitoring and evaluation of LEAP it has reached 23 districts with 1654 beneficiary households. As of July 2017, LEAP was operational in all 216 districts of Ghana and in 6,451 communities. The total number of households covered as of July 2017 stood at 213,461 which translates to 943,642 individuals benefiting from LEAP. 42% of the beneficiaries are OVC, 32% are elderly persons, 18% are persons with severe disability, 7% are infants and 1% are pregnant women. LEAP had impacted positively on OVC beneficiaries, beneficiaries attend school regularly, are protected from child labor, benefit from free national health insurance registration and renewal among others.<sup>25</sup>

2. The CRI strives to provide a stable family life for OVC by seeking to reintegrate them with their extended families

3. Axis of the CRI's objectives is Alternative Care through Foster Care or Adoption.

Two major reforms in the field of OVC care in Ghana include the 2007 Foster Care Regulations and the 2010 Standards for Residential Homes acts. These policy developments have helped to provide aftercare support along with the implementation of key measures to prepare OVC as they exit from Formal or Alternative care. Frimpong-Manso (2014) explains that: "The new regulations ensures "that young people leaving foster or residential care be assisted and supported to acquire skills for productive living and eventual independence. In cases where the care leaver is not returning home to his or her family or an adoptive parent, the children's home and social welfare officer have to assist the young person to become independent and self-reliant and should keep regular contact with him or her for a period between one to six years."

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<sup>25</sup> Personal Interview DSW Deputy Director during field work April 2018

### **1.2.11 FBO motivating potential foster families, example of GWO**

The efforts of the Ghanaian Department of Social Welfare (DSW), the National Commission on Children and that of the numerous Non-Governmental Agencies working to improve the welfare of OVC in Ghana have been supplemented by Faith-Based Organizations (FBOs). DSW Deputy Director Fred Sekyi Boafo (2018) explained that “when it comes to child care and child protection there is the need for multi-sectorial bodies to come together and work together to achieve results because streetism has been a big challenge for Ghana. Some of these children are rescued and taken back to their families and they end up coming back onto the streets”.

From a religious and theological point of view, Leblanc and Gosselin (2016) have written extensively on the role that FBO play in ameliorating the lives of OVC. They assert that: “There has been an innovative perspective on the relationship between religion, civil society and development through the prism of faith-based NGOs in West Africa.” Indeed they confirm that in Ghana, as in other West African countries, “since the 1990s, Christian and Muslim organizations have come to dominate the field of humanitarian assistance” (Leblanc and Gosselin, 2016) partly because of the liberalization of public services in most African economies. Previously, Mensah (2010) observed that: “The economic downturn of late 1980s and the 1990’s re-birth of democratic governance facilitated the emergence of various FBOs. Most of them have increasingly stepped in to provide public service delivery in education, health, food security etc. services in West Africa”. In addition, the scope of these community services includes OVC care. In order to demarcate the scope of this study, which is inextricably linked to my internship at GWO the term FBO will refer mainly to Christian organizations that collaborate with GWO. This is because although GWO liaise with mosques and other religious faiths, my short time at their office did not permit me to fully engage with Islamic organizations.

*Homo religiosus Ghanaians:* While the emergence of FBOs in the last two decades has been facilitated by the economic climate of the 1980’s and 1990’s, it has to be noted that religious faith has longed played a pivotal role in Ghanaian life. Many NGO’s in Ghana have a religious background. In a study titled ‘Religious and Socioeconomic attainment in Ghana’, Heaton et al (2009) quoted Statesman Busia (1967) explaining that religion takes preeminence in Ghana and that it is central to all spheres of life. In the same article Omenyo (2006) refers to ‘Ghanaians as *homo religiosus*’.<sup>26</sup> He also added that: “Ghana has three major religious traditions (Islam,

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<sup>26</sup> *Homo Religiosus*’ A term coined by sociologist Mircea Eliade as a general term for people who tend to exhibit attitude common to people of religious faith.



Christianity, and traditional indigenous religions). Although Christianity and Islam have distinctive customs and norms, they are also heavily influenced by traditional Ghanaian culture and religion.”

FBO a good liaison between communities and the DSW: Launched in 2014, GWO is the brainchild of George Abaidoo, a Ghanaian pastor who is passionate about OVC care. This organization is linked to World Without Orphans (WWO), a US based NGO. Since its inception in Accra in 2015, GWO has made significant progress in rescuing OVC in Ghana by promoting a new system of family-based care.

GWO relies on his strong connections with churches across Ghana to alleviate the plight of OVC through their reinsertion into families. Their vision and mission statement states that: “Orphanages should be viewed as an emergency placement leading to the ultimate goal of uniting a child to his/her biological family via adoption and fostering”. This vision of GWO resonates with the new approach of foster care in OVC care promoted by both the UN and the DSW.

**Figure 1.2a**  
GWO's billboard for outreach in churches



Source: GWO Communications

The role of FBO in facilitating deinstitutionalization: The fact that the vision statement of GWO is in accordance with the government’s and UNICEF’s roadmap for the reduction of OVC in Ghana puts the GWO team in a privileged position when it comes to networking and training. They are endorsed by the DSW because the Government of Ghana uses a decentralization approach when it comes to address the issue of OVC and they are a reference point of OVC care within FBO networks.

How GWO facilitates reinsertion of children into families: Given their relationship with churches and religious communities they are able to mobilize the community through the various congregations across the country.

They appeal to potential foster parents through biblical values of altruism and solidarity and this tends to strike a chord with most communities in Ghana, which more or less have a religious worldview. They therefore help to strengthen the family unit not necessarily with financial means but with the inculcation of solid family values. GWO is making strides in the area of family strengthening because they have implemented various training schemes to equip and support Ghanaian families in order to spur them on to embrace a more formal approach to child care. In this formal approach the potential foster carer is scrutinized by the government or Adoption Agency and is given guidelines on how to care for OVC. They are active in urban areas and rural zones in Central Region.

**Figure 1.2b**  
*GWO's working with fellow NGOs and community Foster parents training*



Source: GWO Communications

GWO also works actively with other NGOs, FBOs, the DSW and many other childcare practitioners. They frequently participate in seminars with NGO Working Group on Foster Care and Adoption. One successful workshop included the editing of the Adoption papers in collaboration with the Minister of Gender (Figure 1.2b), but they also frequently organise training for foster carers at grass root level (as seen in Figure 1.2.b).

Some of the organizations include UNICEF, Compassion and Bethany Christian Centre Global BCCG with whom they have a memorandum of understanding, which involves the sharing of resources on training in foster care for communities all over Ghana. On the first of March 2018, a GWO team met with UNICEF child specialists to discuss possible cooperation after UNICEF observed the organization's ground breaking work in Ghanaian communities. What transpires through GWO's interaction with like-minded organisations in Ghana is

that although FBOs and NGOs are prominent in the fight for the well-being of OVC in Ghana, the onus rests on the government to take decisive measures to tackle the issue.

## 2

### Literature Review

#### 2.1 Arguments for deinstitutionalization

##### 2.1.2 Dozier et al. beneficial, Attachment and Attachment Disorder theories

Walker (2008) analyzed Attachment Theory in Fostering and Adoption settings. He highlighted three essential qualities needed by a child's caregiver; self-control towards others and themselves, patience and the ability to understand children, and a good state of mind freed from emotional baggage. The current emphasis on the importance of family care can be understood with reference to Attachment Theory, which was developed initially by Bowlby (1939) and elaborated recently by Dozier et al (2014). Their *Consensus Statement on Group Care and Adolescents* gives solid arguments to back up the worldwide rush to place OVC in family care. They concluded that, "Group Care should never be favored over family care. Group care should be used when it is the least detrimental alternative". The consensus promotes the need of a bond between a child and their mother in infancy. In the absence of the mother or father, a willful caregiver can also be a good substitute if he or she creates a bond with the child. This initial deep connection is essential to the development of the mind, body and emotions of the infant and it determines how a given child relates to others in the future. Dozier et al (2014) concluded, "Children and adolescents have the need and right to grow up in a family with at least one committed, stable, and loving adult caregiver". The underlying assumption is that children attached to a specific caregiver will have the tendency to relate well to people in society when they become adults.

The contrary, Attachment Disorder, is also possible. First developed as a theory by Ainsworth (1978), in her *Strange Situation Test*, she defined four levels of Attachment Disorder, namely; secure, anxious, disorganized and non- attached. Ruegger (2016) in her manual titled *Working with Children with Attachment Issues* showed that Formal Care in orphanages can be detrimental to children in the absence of a primary care giver. In most cases in RCH children are looked after by different carers simultaneously, and these carers rotate frequently which can create an unpredictable environment. Ruegger (2016) explains that this fluctuating situation can lead to Attachment Disorder in children. As a result, their behavior and cognitive faculties can be affected. She states that the brain can be damaged and this will undoubtedly impinge on the child's education and adult life.

Another group of researcher have also demonstrated the contrary to Dozier et al's arguments against group care. Whetten et al (2014) believe that deinstitutionalization is not necessarily synonymous with wellbeing

of OVC. In this study, the selected countries were ‘Cambodia, Ethiopia Kenya India and Tanzania’ and the research consisted of evaluating the performance of 3000 children reared at RCFs or within family/community care. The study concluded that all the children aged from six to 12 scored more or less the same when it came to physical, emotional or cognitive faculties. In addition, this was irrespective of whether they hailed from orphanages or families. This study was a radical attempt to demonstrate that the key to ameliorating the lives of OVC lies elsewhere and not necessarily in deinstitutionalization. Whetten et al (2014) findings “contradict the hypothesis that group home placement universally adversely affects child wellbeing”. They claim that without substantial improvements in and support for family settings, the removal of institutions, broadly defined, would not significantly improve child wellbeing and could worsen outcomes of children who are moved from a setting where they are doing relatively well to a more deprived setting.

It is also argued that most advocates of deinstitutionalization base their claims on the conclusions of *The Bucharest Early Intervention Project (BEIP)*. Zeanah et al (2003) state that BEIP was conducted in six orphanages, the study randomly selected children abandoned in infancy or at birth in order to assess whether foster care was a more appropriate form of care or not.

For Whetten et al (2014) the setting of the BEIP was not appropriate. It was similar to a hospital and not an orphanage. Consequently, the children’s cognitive faculties were impaired simply because they suffered ‘physical and emotional’ neglect.

Another staunch advocate for deinstitutionalization is Berens and Nelson (2015) who posits that "work that goes back 50 years show that kids in institution early in life do not do as well as those in a family, regardless of how good those institutions are". He also questions the Whetten et al (2014) study explaining there may be inadequacies in the study design because “it does not describe the environment that the kids in foster families grew up in, nor does it compare the two groups to children who were raised in stable homes. If the foster families in the sample were prone to violence, drugs or abuse the data does not reveal much.”

The response of Whetten et al (2014) is that their study about deinstitutionalization is still in motion and that holistic care for OVC is not necessarily a black and white solution. It is not necessarily a simply binary of orphanages versus family based care. Therefore, it is more beneficial to seek for excellence in care and to strive to assess the needs of children in a unique way rather than to seek one simple solution. Another trend in the literature on OVC that is relevant to this thesis is the impact of the label of OVC on children. The subject of the way OVC are perceived in their communities will be dealt with more in depth when looking at OVC in their communities in Ghana but here the following section touches on some of the relevant theories to the topic.

### **2.3 The impact of the label of OVC on children**

The label of OVC has gradually become an umbrella term for vulnerable children. Lombe et al (2017) explains that the OVC is label stems from the first conference on the welfare of children affected by AIDS held by UNICEF in 1990. At that time, the label was useful for child practitioners who sought to reach out to infected children. However, the term evolved to designate children affected by various issues.

We can approach the concept of putting labels on children with reference to Labelling theory, which is intertwined with the theory of Social Stigma of Durkheim (1963) and Attitude change theory updated by Link et al (1997). Lombe et al (2017) concluded that the label of OVC tends to condition the way the children are perceived in their communities. In their study, they analyzed the impact of the OVC label on the welfare of children. They explained that the children classified as OVC “may engage with the world from a position of diffidence and the world may respond accordingly”. This label causes the community to perceive these children in an unfavorable way, and drives the custodians of communities in both familial and communal systems to relinquish their duty of care to foreign organizations, including NGO’s and bilateral agencies. Therefore, this label has contributed the institutionalization of children and will be examined in the analytical section of this study.

Previous sections in chapter one elaborated on the current situation of OVC in Ghana, how OVC are perceived in their communities, and the steps taken by the DSW to remedy the crisis in orphan care through the CRI. It has also addressed some of the literature relating to the debate over deinstitutionalization in OVC care. The role of FBOs such as GWO in motivating potential foster parents to participate in Alternative Care has also been highlighted. Before explaining the methodological process used in answering the research question the next chapter will peek into the deinstitutionalization process in other countries in sub-Saharan Africa, including South Africa, by examining literature about Alternative Care in that area.

### **2.4 Deinstitutionalization of OVC in sub-Saharan Africa**

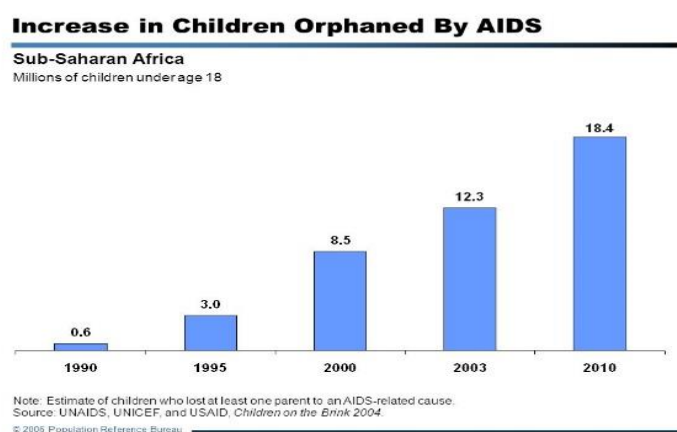
Child fostering, which is the desired outcome of deinstitutionalization, has always been prevalent in sub-Saharan Africa, as affirmed by Kuyini et al (2009). It was common for parents to relinquish their youngsters to be placed into families of close or distant relatives in order to improve their chances in life, and the recipients of these children were content and often proud because a high number of children under one’s care was a symbol of prestige. This ad hoc, informal way of caring for OVC has now been affected by challenges that derive from key issues on the continent, such as the lingering effects of war and disease. Sennah (2003) highlighted that maternal mortality is high in developing countries and in sub-Saharan Africa this high parental mortality is often

due to HIV/AIDS, but research also shows that complications related to pregnancy effect women regularly in that region. Grant and Yeatman (2012) made a study to evaluate the nexus between orphanhood and child fostering in AIDS ravaged areas in sub-Saharan Africa between the 1990s and 2000s. They examined variations in the patterns of fostering in 14 sub-Saharan countries and assessed what the rising levels of orphanhood mean for the common practice of non-orphan child fostering in regions of high and low HIV prevalence. They discovered that there is a “more accommodating relationship between orphan and non-orphan fostering: communities are able to absorb the demand for both orphans and non-orphans. Where HIV prevalence exceeds 10 per cent there is some evidence that the need to care for orphans is beginning to reduce opportunities for non-orphan fostering.”

### 2.4.1 Increase in children orphaned by AIDS

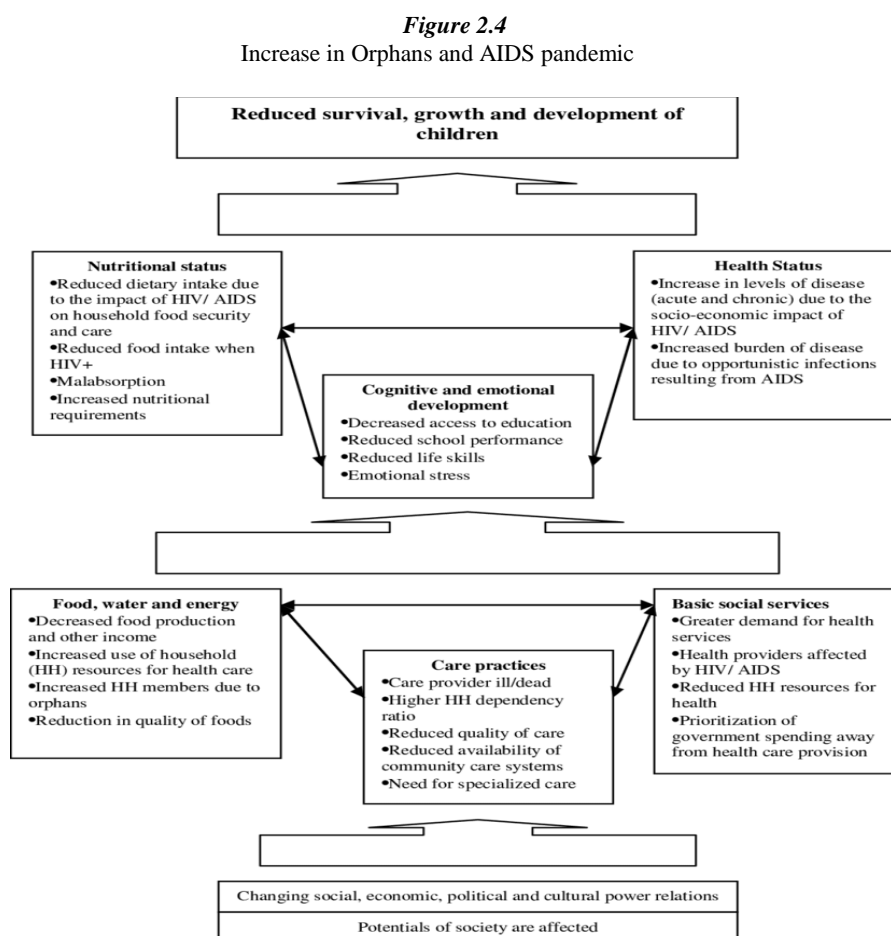
A striking characteristic of literature on OVC in sub-Saharan Africa is that a plethora of studies focus on the effect of AIDS and related diseases. A few significant ones include Bryant and Beard (2016), who confirmed the PCD’s dire outlook on AIDS in sub-Saharan Africa. They claim that the HIV virus has robbed 15.1 million children of parental care and this has left many children prone to “trauma and stress, illness, food insecurity, poverty, and difficulty accessing education”. This is also due to the fact even when infected parents are alive they often cannot make ends meet within their households. A UNICEF report explains that had it not been for the AIDS pandemic the figures for orphans in sub-Saharan Africa would have decreased. See Figure 2.4 below, which shows a steady increase in the number of children orphaned by AIDS from 1990 to 2010.

**Figure 2.4**  
*Increase in Children Orphaned by AIDS*



Source: UNAIDS, UNICEF, and UDAID, Children on the Brink 2004

De Wagt and Connolly (2004) explained that the immediate and underlining factors that have an impact on children affected by HIV/AIDS are varied and interlinked. Figure 2.4 below highlights the nexus between the increase of orphans in sub-Saharan Africa and the AIDS pandemic.



Source: De Wagt & Conolly (2004)

## 2.4.2 Deinstitutionalization in Rwanda and Ethiopia

Frimpong-Manso (2013) explained that in sub-Saharan Africa, Rwanda and Ethiopia are among the few nations that have made strides in moving their children from ‘walls to homes’. One key study undertaken in the Rwandan case was that of Nsabimana (2016), who examined deinstitutionalization from the unique perspective of the parents of social orphans and their children. Social orphans end up in orphanages because their parents are unable to provide for their upkeep. This study provides an interesting perspective on deinstitutionalization in Africa because most children at institutions are social orphans. De Wagt and Conolly (2004) claimed that “when defining the vulnerability of a child, assessing if one or both parents are alive is not adequate. In many parts of Africa it is common that children are fostered by relatives and do not live with their biological parents, even when the parents are alive”



In Ethiopia, an FBO called Jerusalem Children and Community Development Organization (JeCCDO) started its program of OVC reinsertion in the 1980's. The results in the first years were striking. More than 600 OVC became independent financially and socially and at least 200 OVC were reinserted into families and communities.<sup>27</sup>

### **2.4.3 Deinstitutionalization in sub-Saharan Africa countries**

Other countries in the region have sought to emulate Rwanda and Ethiopia, but generally countries in sub-Saharan Africa appear not to be ready for deinstitutionalization. It has to be noted that the current fate of OVC differs across the continent. Their condition is not homogeneous, as South Africa and Botswana, for instance, have implemented a relatively good welfare system whereas others are still struggling. This is demonstrated in the following research conducted in Nigeria, which gives a glimpse into the predicament of OVC in fostered families. Adebayo and Ogunbanwo (2017) found that some OVC in Nigeria live in “households where they are exploited, violated and potentially dehumanized”. In other words, Informal Care through deinstitutionalization could potentially be ineffective. A recent article by Eniola highlights some of the scandals that have tarnished the reputation of some of the RHC in Nigeria, notably the Pro Labore Dei (Labor for God) orphanage in Lagos<sup>28</sup>. Among the criticisms are mismanagement, obscure dealings and overcrowding. Oyediji (2018) explained that the idea of deinstitutionalization is noble, however some difficulties at macro level in Nigeria will hamper the program. He added that, “the Nigerian government has been lagging behind some of its policies, this lethargy does not constitute a conducive environment and this differs from the Rwandese context where deinstitutionalization has been successful.”<sup>29</sup>

Other studies in Malawi show the high dependency of communities on orphanages. The case of Malawi is also worth mentioning, Pensulo's (2018) paper, which showcases the Chikondi Orphanage in Malawi as a beacon of hope for local OVC. One of the children who had been at Chikondi RHC for five years asserted, “I wouldn't have been able to stay in school if I was still staying with my mother in the village, my mother is still struggling to feed herself. I would still be working for food and clothes. This is my only hope.”<sup>30</sup>

Musa, Chikondi's founder, also added, “We have very few people who can raise other people's children. When children come here, I take care of them as if they were my own and sometimes people out there do not

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<sup>27</sup> Gebru M. (Accessed as of May 2019) *The Experience of JeCCDO in Deinstitutionalization*. Retrieved from <https://childrenandhiv.org/wp-content/uploads/Mulugeta-Gebru-The-Experience-of-JeCCDOs-in-Deinstitutionalization-Compatibility-Mode1.pdf>

<sup>28</sup> Eniola T. (2018 September 24) Epoch Times. *Activists call for Africa's orphans to be placed with families not institutions*. Retrieved from [https://www.theepochtimes.com/new-plan-needed-for-africas-orphans-activists-suggest\\_2668695.html](https://www.theepochtimes.com/new-plan-needed-for-africas-orphans-activists-suggest_2668695.html)

<sup>29</sup> Game Spotting Networks (2018, September 24). *New Plan needed for Africa's Orphans, Activists Suggest in Nigeria*. Retrieved from <https://gamespottingnetworks.com/new-plan-needed-for-africas-orphans-activists-suggest-nigeria/>

<sup>30</sup> Pensulo C. (2018 July 3) *Pushback to Deinstitutionalization; Does Deinstitutionalization offer the best outcome for Africa's 52 million orphans?* Retrieved <https://www.equaltimes.org/does-deinstitutionalisation-offer?lang=en#.XOWh8lIza70>

even know they are orphans. Some of these children do not even know their actual homes as their relatives have abandoned them. Before we start talking about the closing of orphanages, think about how many children are homeless in this country”.

The point made by Pensulo (2018) is that perhaps the proliferation of RHC in Malawi reflects the inability of families to care for their OVC. In Nigeria, Adebayo and Ogunbanwo (2017) also expanded on how socio-cultural problems affect the care of OVC in Nigeria. He explains how staff involved in outreaches to OVC are often lambasted by people in the community because of the stigma attached to vulnerable children. In a nutshell, the incapacity of most African countries to implement a rapid program of deinstitutionalization could be due to the lack of rigor in the implementation of social policies and the absence of adequate political frameworks. Indeed, the topic of OVC is an important subject on the agenda of policy makers in the African continent and it is within the world of governance that policy makers are evident, more than in the private lives of the governed.

#### **2.4.4 South African researchers advocate for a culturally relevant foster care**

Tymian (1988) spurred countries to employ culturally sensitive child rearing practices. The report demonstrated that holistic childcare should be fully in harmony with local families. It argues that, “Caretakers have parenting skills which are based on what culture has taught them about parenting; thus they innovate and adapt their childbearing practices from the starting point of their own culture”. This concurs with the findings of a study conducted by Parsitau (2017), a Kenyan researcher, who analysed factors that impinge on the education of Masai girls. The paper concludes that, “childhood marriage, Female Genital Mutilation (FGM), a preference for boys, environmental factors like drought and famine, and the burden of household chores mitigate against the education of Masai girls.”

The need to develop sensitive Alternative Care has been demonstrated by Gerrand et al. (2013) in the Republic of South Africa. They explained that the low national adoption rates can be boosted using an adoption model “based on patterns and processes of family formation of black African citizens”. They advocate that ethnicity and religion need to be taken into consideration.

Bornstein (2015) states that “perhaps the most important single thing that a parent does for a child is determine the culture into which that child is born.” Also, Akoury-Dirani (2013) quotes Fasulo et al (2007) in adding that the priority of socialization goals for children is conditioned by the various cultural beliefs of their parents and they highlight that “each community has certain values that carry more weight in importance over other values”.

# 3

## **Research Strategy**

Frimpong-Manso (2014) observes that, “non-related foster parenting has been unattractive to many Ghanaians because foster parents do not receive any material support for their services”. In the absence of a monetary incentive, what could most effectively motivate families to engage in fostering? Cultural beliefs, traditions and practices, government policies and the psychological state of the children and would-be foster parents all seem to play a determining role in the success of Alternative Care, but overall which factor influences potential foster parents in Bawjiase and Okafor in Central Region to open their doors to OVC most strongly? The results from these areas will be extrapolated to Central Region and Ghana as a whole.

This study takes CCWH as a key example because, even after the scandals created by the investigative report of Anas Amereyaw at CCWH in Bawjiase in 2015, the CCWH is still operational to some extent and children are yet to be fostered by local families. The main research question is: In the aftermath of the deinstitutionalization program launched by the Ghanaian CRI, what are the underlying reasons preventing families in Bawjiase and the surroundings from opening their doors to OVC? In what ways are these preventive factors representative of the situation with regard to Home Care in Ghana at large?

More specifically to the Ghanaian context, a survey of the literature available on the topic of OVC care in Ghana showed that the topic of deinstitutionalization has raised a lot of concern in Ghana because of some of the scandals involving RHC. The first part of the analysis of this thesis traced the historical antecedent of childcare practices in Ghana, how formal care began before independence, the surge in the number of orphanages in the 1990’s and how programs such as the CRI were launched in the context of many child care laws. After tracing the trajectory from Informal Care to Formal Care in Ghana, the second part of the analysis elaborated on the CRI, its objectives, the practical steps taken to achieve them and the process of effective deinstitutionalization both at micro and macro level.

It was also shown that religion, culture and traditional beliefs play an important role in society and these elements need to be taken into account in OVC care. Nana Oye Lithur (2014) affirmed that: “Ghana’s child protection system was fashioned along Anglo-Saxon traditions and models. With time, the system has become uncoordinated and ineffective owing to its colonial features and approaches, which are not well suited to current needs of Ghanaians. Every Child protection system should reflect the different traditions, cultures, values and

resources of beneficiaries if it is to work.”<sup>31</sup> Fischer (2002) also asserted previously that in rural areas beliefs affect care when it comes to childbearing in Ghana. She asserted that “cultural, religious and superstitious beliefs” determined the choice of care of women at delivery. Consequently, it can be argued that faith and socio-cultural elements of community and family life need to be taken into account when drafting policies about reinsertion of children into families. This was also demonstrated by Yarney et al (2015), who concluded that some socio-cultural practices and traditions in Ghana impinge on orphan care in some areas and need be taken into consideration when drafting policies for Child Protection. Lastly, research showed an active involvement of the government in addressing the issue of OVC care as demonstrated by the various childcare policies laid out by the DSW. After a detailed analysis of these studies, there seemed to be a gap in the literature on which factor is most important for the success of deinstitutionalization in OVC care. Therefore, the current study will address these factors in a qualitative design to see which factor is dominant.

In the literature review, the theoretical foundations for deinstitutionalization and Alternative Care were explored. It was shown how Attachment/Attachment Disorder theories and literature on Social Stigma indicated that the type of care received by OVC could have a psychological effect on them. Could the psychological state of the OVC (i.e., their willingness to leave the RHC, their emotional response to reintegration with a family), the religious, cultural/traditional beliefs of the community, or the childcare policies laid out by the DSW deter potential foster parents from accepting OVC into their homes?

### **3.1.1 Research Timeline**

The first part of my research consisted of interning at GWO, and in that capacity I helped to revamp GWO’s main tools of communication by interviewing DSW officers and relevant NGOs involved in the deinstitutionalization program. During that time, I met ten foster parents active in the GWO movement. These parents were in Accra and the surroundings. Subsequently, I immersed myself in an online course titled ‘Getting Care Right for all Children, Implementing the UN Guidelines for the Alternative Care of Children.’<sup>32</sup> Held from the 20<sup>th</sup> February to the 20<sup>th</sup> of April 2018, the course was designed by the University of Strathclyde’s “Centre of Excellence for Looked After Children in Scotland” (CELCIS) and it was made available to more than 4000 people involved to various degrees in OVC care. It was an interactive course about the UN Guidelines for the Alternative Care of Children. This enabled me to research the process of deinstitutionalization, how it started, and the practical steps taken by countries aiming for the relocation of OVC into families. Lead educator Gale

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<sup>31</sup> Government of Ghana Ministry of Gender, Children and Protection (2014) *Report*. Retrieved from <http://mogcsp.gov.gh/>

<sup>32</sup> Future Learn (2018 April) *Getting Care Right for all Children, Implementing the UN Guidelines for the Alternative Care of Children*. Retrieved <https://www.futurelearn.com/courses/alternative-care>

(2018) asserted that the course enabled the participants to understand “the importance of guidelines when it comes to respecting children rights, the importance of maintaining the bond of unity between children and parents whenever possible. Ways to obtain successful land suitable for Alternative Care tailored to the needs of individual children were explored.”<sup>33</sup>

Other conferences attended included the *NGO Working group on Foster care and Adoption*, in February 2018 (see figure 1.2b) which was attended by a wide range of NGOs working with OVC along with government officials. This was instrumental in researching the current steps taken by the Ghanaian Government to accelerate the process of deinstitutionalization.

In the second part of my research, I spent time with another ten foster carers operating within the GWO network but based in Central Region. I returned to the Central Region from the 6<sup>th</sup> of June to 13<sup>th</sup> of June 2018, travelling to Bawjiase and Okafor to spend time at CCWH and RS. This week spent at the orphanages was necessary to fully grasp some of the challenges affecting the OVC at both orphanages.

The data harnessed through these channels helped to clarify the underlying reasons for sluggish deinstitutionalization in Central Region. The three-month internship at GWO and the field research in Central Region in Ghana facilitated my data collection.

Permission was sought from DSW in Accra, they were notified of the study and they gave their consent verbally. The main ethical issue was to obtain permission to interview the teenagers at CCWH and RS. This was enabled by spending time at the institution and consequently gaining the trust of the leaders. A method of focus group discussion was used to collect the data as it helped gather information without necessarily pointing at individual children.

The core concepts of this thesis are deinstitutionalization in Ghana and in sub-Saharan Africa, OVC, Family Care, Formal Care, and RHC or Orphanages. An appropriate approach for data collection is a qualitative method to understand the underlying reasons that prevent families in Bawjiase and the surroundings from opening their doors to OVC in RHC.

### **3.1.2 Relevance of my Internship at GWO to this study**

My internship at GWO gave me the opportunity to get more insight into the various activities of NGOs and the DSW working to reinsert children into families. I was given the opportunity to interact with various children specialists at UNICEF and other partners of GWO, particularly Bethany Christian Centre Global

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<sup>33</sup> Future Learn (2018 April) *Getting Care Right for all Children, Implementing the UN Guidelines for the Alternative Care of Children*. Retrieved <https://www.futurelearn.com/courses/alternative-care>

(BCCG), a leader in adoption services. For instance, I was able to follow a few adoption applications and understand some of the challenges encountered by prospective parents.

Data was gathered in 2018 between January and April whilst working at GWO, and during a week in June of that year spent at RS and CCWH in Central Region. The fact that GWO is an FBO actively involved in the reintegration of OVC into families was a springboard for gathering data. This experience paved the way for me to encounter key child rights advocates and policymakers involved in deinstitutionalization in Ghana. I also attended training courses online and workshops for local NGOs in collaboration with DSW coordinators. There was no language barrier as such because the interviews were conducted in English and Twi. It was relatively straightforward to translate Twi verbatim into English. This meant that it was easy to understand the responses I received. The answers given by each interviewee were transcribed and some were audio recorded.

In view of the data collected and the empirical evidence gained, the next chapters will assess whether cultural, governmental or psychological factors impact the most on the success of deinstitutionalization in Central region Ghana. The following sections will help answer the main research question of this study by shedding light on the underlying reasons preventing families in Bawjiase and Okafor surroundings from opening their doors to OVC in RHC.

### **3.1.3 Description of study area, data source and respondents**

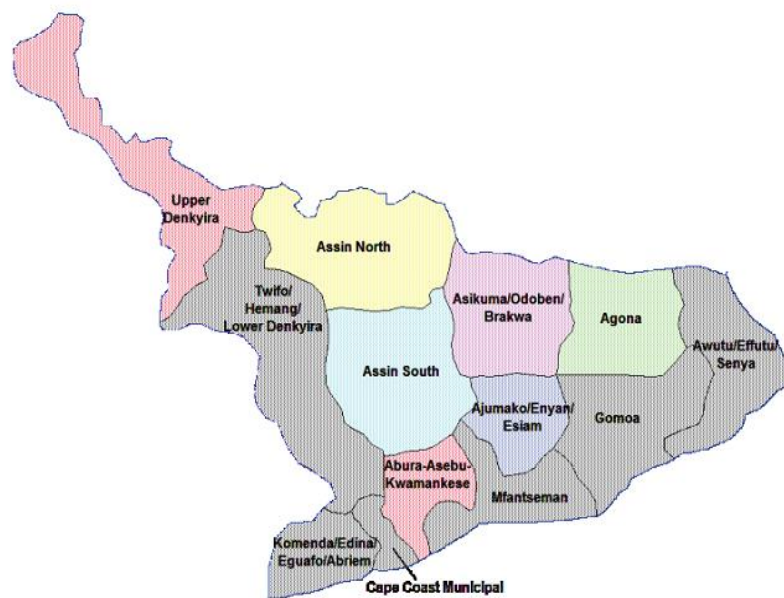
The reasons for choosing Central Region for this study are threefold. Firstly, according to the DSW the geographical spread of OVC is uneven across Ghana and 12% of OVC are found in children homes in Central Region, with 30% in Greater Accra and 22% in the Ashanti Region. Which means that almost two third of OVC in RHC are found in these three regions. Despite the fact that Central Region and Accra Region both have the issue of OVC more or less on the same proportion, it is well documented that while it is easy to identify the growing population of OVC in Ghana's main city of Accra, the management of OVC problems in lesser-known districts of Ghana is equally worthy of examination. The kind of care OVC receive in relatively rural districts is symptomatic of the extent to which the formal foster care system has or has not permeated to the lower levels of regions, districts and rural areas. More importantly, the distinction between rural and urban lends credence to the notion that certain beliefs and practices on OVC may have remained unchanged at rural levels despite the introduction of institutional care.

Secondly, the choice of Central Region for this study is primarily because of the magnitude of the protests caused by the allegations of child abuse documented in the 2015 investigative report of Anas

Amereyaw<sup>34</sup>. Nevertheless, CCWH is still operational in 2019 with 60 children under their care, 15 of whom are beneficiaries of DSW social welfare.<sup>35</sup> On the other hand, 45 children are still not reunited with their communities or extended families. Therefore, children at CCWH seem to good candidates for deinstitutionalization.

Thirdly, my internship at Ghana Without Orphans (GWO) facilitated my contacts with childcare practitioners in Central Region, therefore the choice of this region as fieldwork was based primarily on the interactions and knowledge acquired during my internship.

**Figure 3.1**  
*Map of Central Region Ghana*



Source: Maps Ghana

The main ethnic group in Bawjiase Central Region are the Fante. They are a subdivision of the Akan group. “Akan belongs to the Kwa subdivision of the Niger Congo group of African languages. Over 40% of the Ghanaian population speak various dialects of the Akan language as their mother tongue, while a good proportion of the remainder speak these varieties as second or third languages. The dialects of Akan (especially Asante, Akuapem, and Fante) are used and understood in most, if not all popular markets in Ghana”.<sup>36</sup> This area is an ideal field of study for answering the research questions of this thesis because the Akan have a rich cultural

<sup>34</sup> City FM Online (Accessed May 2018) Anas expose Countryside Children Home Welfare. Retrieved from <http://citifmonline.com/2015/02/03/anas-expose-countryside-childrens-home-shut-down/>

<sup>35</sup> Agbenyega P. (2018 December 20). *Bawjiase Orphanage receives donation from Ghana First Company*. Retrieved from <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Bawjiase-Orphanage-receives-donation-from-Ghana-First-Company-710331#>

<sup>36</sup> Indiana University Bloomington (Accessed April 2018). *Ghanaian Cultural Heritage*. Retrieved from <http://nalrc.indiana.edu/brochures/twi.pdf>

background and some of their child rearing practices are a good example of the traditional Informal Care System. This will be helpful when it comes to assessing what are the constraining and enabling factors for effective Alternative Care in Central Region. At the outset of the 2017-2021 road map for the CRI, the DSW indicated in October 2017 that, overall, there were seventeen RHC in the region and that only seven RHC were needed. Therefore, they recommended that ten orphanages be closed down. Six RHC have already been earmarked for closure and four are in the process of reintegrating children before they can officially be closed.

The data source population group from which some of my interviewees were selected was the contact pool of foster parents within the GWO network in Central region. This area has the highest concentration of foster parents within the GWO network. Qualitative data was obtained through forty interviews; people interviewed included men and women with an active profession in education, banking and informal trading sectors, as well as policymakers, community leaders, childcare practitioners and potential foster parents. The findings from these data will help to shed light on the delay observed in the process of deinstitutionalization in Ghana. The views of teenagers from CCWH and Royal Seed orphanages were also examined through focus group discussions.

#### **3.1.4 Description of RHC facilities in Central Region**

Due to current legal and governance sensitivities connected to unlicensed RHC, the identities of some of the orphanages visited in Central Region will be anonymized. This study will only mention Countryside Children's Welfare Home (CCWH) given that it has previously been identified in the media. Please see below the DSW 2017- 2021 target for RHC closures and reintegration or discharge of children.



**Table 3.1a**  
Central Region targets for RHC closures and reintegration / discharge of children 2017- 2021

	Baseline Sept 2017	Target 2021	Action Taken	Annual Targets				
				2017	2018	2019	2020	2021
RHC	17	7	Close 10 RHC	-	1	3	3	3
Children in RHC	469	379	Reintegrate/place 90 children	10	30	35	10	5
Licensed foster parents	0	115	Recruit & license foster parents	35	40	20	10	10

Source: DSW minutes of meeting with members of Ghana's CRI committee

Currently, out of the seventeen RHC recorded to be operational in September 2017 research indicates that the following six RHC hold licenses in Central Region:

**Table 3.1b**  
Location of Licensed RHC in Central Region

1. Bethel Charity Home located in Gomoa East District	<a href="http://bethechangeghana.org/">http://bethechangeghana.org/</a>
2. Village of Hope situated in Gomoa East District	<a href="http://www.thevillageofhope.com/">http://www.thevillageofhope.com/</a>
3. Royal Seed Home in Awutu Senya East District	<a href="http://www.royalseedhome.org/volunteerprogram.htm">http://www.royalseedhome.org/volunteerprogram.htm</a>
4. Nyamekye Children's Home located in Akwakwaa Agona Swedru	<a href="http://www.foa-ghana.ch/en/aboutus-en">http://www.foa-ghana.ch/en/aboutus-en</a>
5. Hope Centre located in the Komenda Edina Eguafo Abrem District	<a href="http://www.trinitybaptistorphanage.com/">http://www.trinitybaptistorphanage.com/</a>
6. Good Shepherd Home situated in Efutu District	<a href="http://gsoghana.org/MapLocation.html">http://gsoghana.org/MapLocation.html</a>

Source: DSW 2018

### **3.2 Research Methodology**

Overall, the concept of a child’s rights with regard to basic needs and protection as set out in the 1989 CRC is a guiding principle in this study. It states that, “the Convention on the Rights of the Child sets out the rights that must be realized for children to develop their full potential, free from hunger and want, neglect and abuse.”<sup>37</sup> The theoretical concepts used to design this section of the research are the recent update on Attachment Theory by Dozier et al (2014) and Attachment Disorder, which was first coined by Ainsworth (1978). Attachment Theory exalts the benefits of family care for children and teenagers. Consequently, it discourages group care in orphanages because it is seen as detrimental to the child and can hamper the cognitive development of children.

Qualitative data was collected through semi-structured interviews with the following categories of people: heads of child care homes, foster parents, and teenagers. It was important to gather data from this group of people in order get a firsthand understanding of their experiences with Alternative Care. The table below explains the population groups involved in the first section, the manner in which collection of data was carried out, and the number of interviews conducted.

**Table 3.2a**  
Description of Research Participants - Source of Data

Head of child care homes (Royal Seed and CCWH)	2 interviews
Foster Parents (selected from GWO database)	10 interviews
Teenagers under 18 (Royal Seed and CCWH)	Focus group discussion

The data collected from this first category of people, who can also be defined as childcare practitioners, potential foster parents and the children living at RHC, will shed light on their day-to-day interactions, which is paramount when assessing Attachment and Attachment Disorder theory. The questions put in this category (see Annex) sought to understand whether there were factors at the orphanage that hampered the process of deinstitutionalization in Bawjiase Central Region; in other words, in view of Attachment Disorder do they exhibit negative behavior that could be a deterrent to potential foster parents?

Given that all the subjects are involved in the activities of orphanages, this first part of the research helps to understand the point of view of those involved in Formal Care. The questions put to the managers and

<sup>37</sup> UNICEF (Accessed March 2018). *Child Rights and why they Matter*. Retrieved from [childhttps://www.unicef.org/crc/index\\_protecting.html](https://www.unicef.org/crc/index_protecting.html)

caregivers at RS and CCWH were structured in such a way that the data gathered helped to hear their side of the story and to verify whether their institutions were or were not in tune with the DSW's agenda. The structure of the questionnaires are included in the annexes.

The heads of childcare homes and foster parents were interviewed individually but the conversation with teenagers was done in the form of a focus group discussion in order to win the confidence of carers at the orphanage. This helped to satisfy the strict requirement of seeking permission before interviewing minors. Overall, ten teenagers were gathered for the focus groups in which they were given the opportunity to express themselves on matters relating to education, career and family (see annex for questionnaires). Discussions also focused on the participant's emotional wellbeing in order to assess their Psychological Wellbeing (PWB), using a scale developed by Carol D. Ryff, which seeks to measure multiple aspects of wellbeing and happiness relating to personal growth, relations with others and environmental factors (Ryff et al., 2007; adapted from Ryff, 1989).<sup>38</sup> Their experiences also provide an insight into the strategy adopted by the DSW in order to move OVC into family and community based care.

The two orphanages in Central Region are Royal Seed (RS) at Ofakor and Countryside Children's Welfare Home (CCWH) in Bawjiase. The two orphanages were selected because of their status; the first one, RS, is registered and licensed with the DSW. It obtained its license from the DSW in 2012 and is operational with a capacity for care for at least 55 OVC. CCWH on the other hand is awaiting the delivery of its license from DSW and was marred by scandals that threatened its closure in 2015. Nevertheless, they are still operating, caring for 60 children and working towards obtaining their license from DSW. The idea to select a licensed and unlicensed orphanage was to see what stands out between the two, given the fact that it is the aspiration of most RHC to be licensed.

Although this first section helps to understand the difficulties experienced by childcare practitioners and children involved in deinstitutionalization, it was also necessary to investigate the reasons why members of the wider community have not come forward in large numbers to welcome OVC into their families. It seemed logical to get the views of both the RHC Institutions and that of people in the community at large, about deinstitutionalization because the final aim of the CRI is to depopulate institutions and to relocate children into families.

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<sup>38</sup> Stanford University, Psychological Wellbeing Scale (Accessed June 2019); <http://sparqtools.org/mobility-measure/psychological-wellbeing-scale/>

In this second section, the table below shows the category of people interviewed and the number of responses collected:

**Table 3.2b**  
Description of Research Participants - Source of Data

Custodian of culture (community leaders) -	2 interviews
Heads of families within Informal Care kin networks -	6 interviews
Professional adults selected randomly from the 20 districts of Central Region	20 interviews

In this second section of the research design the Theories of Adoption developed by Bethman and Kvasnicka (2012) are used to explain the attitude of some members of the community and the underlying causes for their reluctance to open their hearts and doors to OVC. Bethman and Kvasnicka (2012) posit that “the propensity to adopt a child increases in the degree of own altruism, infertility, relatedness to the child, cost of own childbirth and any adoption specific monetary return that is received net of the cost of adopting the child.” This theory is the rationale behind the choice of the twenty professional adults interviewed. They are all active in the tertiary and secondary sectors and five of them were high earners with university educations.

Two questions were included to assess whether the Theory of Social Stigma/Labeling and Kin Selection theory expanded by Hamilton (1964) could explain the attitude of potential foster parents to OVC (see the literature review for a discussion of these theories). Investigation of the custodians’ cultural backgrounds was justified because the lens through which the community views OVC is often conditioned by cultural norms and values ingrained in traditional beliefs and religion.

On top of the qualitative data gathered above, the analysis of the fieldwork data was combined with data gathered from newspapers articles, policy reports and minutes recorded during my internship at GWO. The minutes included meetings with the DSW and other NGOs promoting fostering and adoption.

# 4

## Summary of Findings

The summary of the findings will be divided into three sections in order to weigh the effect of cultural factors, psychological factors (i.e., their willingness to leave the RHC, their emotional response to reintegration with a family) and governmental policies on OVC Care in Bawjiase and surroundings among both the OVC themselves, workers in the RHC, and the wider community. The goal is to ascertain which underlying factors have contributed most strongly to the sluggishness of the deinstitutionalization programme. Essentially, what are the prevalent preventive factors to a successful transition to family/community based care?

### 4.1 Insight on culture as a determining factor in successful OVC care

First, 28 interviews were conducted with community leaders and heads of families within Informal Care kin networks. Although a lot has been written about that area in anthropological and sociological studies, the findings from this research will help us to grasp firsthand the current factors that impact OVC care in this region. From all the interviewees made in this study, it becomes evident that the extended family plays a vital role in child rearing. Moreover, in families and communities in the area of study the most prevalent type of family set-up is polygamy and matrilineal inheritance structure. Polygamy generally leads to family instability and poor family planning because of family strife. During my time in Central Region, I observed that there is also a high rate of divorce leading to the disintegration of the family unit and to broken homes. This observation concurs with Yarney et al's (2015) observation that permissive socio-cultural practices hamper OVC care in Ghana. Two major social activities that affect OVC care in the Central Region are festivals and funerals. The most popular festivals include Oguaa Fetu, Akwambo and Aboakyer. These festivals are generally marked with excessive spending, debauchery and drunkenness. This decadent lifestyle results in a peak in rates of abortion and unwanted pregnancy.

On top of that, traditionally in the Fante and Akan tribes, which are the most dominant in Central Region, there are key factors that determine the kind of care an OVC receives. This can be observed right from conception. One of the main factors is the circumstances surrounding the birth of an OVC, the effects of which are strongly evident in the *Attounbam Label*.

The *Attounbam label* is a specific term among the Fante communities of Bawjiase and surroundings that is given to an OVC based on the circumstances of their birth. For example, when a woman passes away during childbirth under mysterious circumstances it is traditionally believed that the child is an evil child. Also, if the

mother survives and the father dies before the birth, the child could be labelled as evil and consequently carry the same negative omen. That child is called *Attounbam*, which signifies “you did not come to meet your father, your father impregnated your mother but died before you were born.” They automatically have an omen around them. Under normal circumstances within a matrilineal context, the sister of the deceased woman should be able to take the child and add them to her own family. Unfortunately, once a child is branded as evil because of the circumstances under which they were born that sister will feel reluctant to care for them. Not only that sister, but everyone in the family will shun the child simply because of the circumstances of their birth.

In essence, the death of the mother signifies to the Fante that the child has come into the world in a mysterious way. School teacher Yaa explained that in such circumstances the child is viewed by the family as “supposedly taking away their sister”. So what happens to that child? The child could be taken to a children’s home, or neglected and left to die because nobody wants to touch such a baby.

Again, because of this negative label members of the family can decide not to take care of the child. They will not take them to school, they will not attend to them and he/she can definitely be classified as OVC.

On top of that, there are traditional beliefs held predominantly by the Fante that the soul of dead relatives linger on planet earth and within the community, so whenever a woman dies during childbirth a series of purification rites and ceremonies are conducted to break the bond or soul tie between the late mother and the baby. The rituals involve the pouring of libations and concoctions to appease the spirits of the deceased.

As explained in the labelling theory, being branded an *Attounbam* may cause the community to perceive these children in an unfavorable way, and according to one of the custodians of culture such a label can drive individuals communities in both familial and communal systems to relinquish their duty of care to foreign organizations, such as NGO’s and bilateral agencies. However, a Church leader explained that in the last decade he and his team have employed Christian based teachings to improve the perception of *Attounbam* among the community in Bawjiase. When probed about their views on *Attounbam*, both Christian and Muslim interviewees from the education sector responded that it was not a major factor in their decision to foster or adopt an OVC. This response was echoed by the majority of the respondents, including those in the informal trading sector who tended to have a relatively low level of formal education.

It became clear that among the interviewees, the *Attounbam* label was not a major preventive factor, but it appear that in some areas of Bawjiase OVC can still be effected by negative labels generally related to maternal mortality. The high maternal mortality rates in the area are often triggered by some of the traditional methods of child delivery, another cultural factor that emerged during the interviews. Many pregnant women in

that region seek the services of traditional midwives and as one of the respondents in the study pointed out: “*The traditional birth attendants are not trained midwives and are not scientifically inclined. They are very good with the traditional way of delivering pregnant women, they may use herbal concoctions or traditional methods which are equally effective. However, there is a lack of sterilization of the instruments they use.*” This observation was also made by Sennah (2003), who explained that the majority of traditional midwives in Ghana are not trained. Moreover, most deliveries are not done at health centers, and that this puts the lives of women at risk whenever complications occur. This high rate of maternal mortality can result in the attachment of stigma to OVC in some cases.

Although the maternal mortality is often linked to traditional beliefs in that region, on the other hand high parental mortality (death of both parents) can be attributed to negligence and to the poor road infrastructure in Central Region, which leads to many accidents. Ghana ranks 31<sup>st</sup> in the world when it comes to road accidents.<sup>39</sup>

#### **4.2 Evaluating the psychological state of OVC as a factor in successful Alternative care**

Assessing the importance of the psychological and emotional state of OVC involved in deinstitutionalization was accomplished partly by engaging with RHC leaders, but also by listening to the teenagers themselves, who constitute a key sample group for OVC.

##### **- Data gathered through interviewees with RHC leaders**

The interviews with the leaders revealed some of the typical behavioral patterns they observed in the lives of children involved in the deinstitutionalization process. These can be explained through psychological factors. This data was gathered from the heads of childcare homes (Royal Seed and CCWH), foster parents (selected from GWO database).

The leaders of the RHC explained that children were admitted to RHC generally because of poverty, abandonment and physical or mental disability. Both CCWH and RS leaders confided that at times the family background of children makes it impossible to attempt family-based care. As explained in section 1.2.9, the condition in families can be affected by issues such as HIV/AIDS, which then leads to the deterioration of the family unit. Ultimately, this leads to the weakening of the family networks’ ability to care for OVC because the very members of the extended families, which were supposed to welcome the children, are caught in vicious cycles of poverty and ill health. These kinds of problems in the children’s family backgrounds can have

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<sup>39</sup> World Health Rankings (2017). *Live Longer Live Better*. Retrieved from <https://www.worldlifeexpectancy.com/cause-of-death/road-traffic-accidents/by-country/>

profound psychological effects on them, making them much less receptive to the idea of reintegration into families, and causing behavioral and developmental issues that may prevent a transfer to alternative care.

#### **4.2.1 Attitude of children involved in the process of deinstitutionalization**

The child's memories of their family of origin play a pivotal role in their ability to cooperate with various steps needed for a successful reinsertion into family life. We observe a clear difference in attitude between those with good memories of a family home and those with negative experiences of family life.

In addition, the children involved do not necessarily value the concept of family. Unless the child is lead to understand and appreciate the concept of family, he/she can rebel if life back with the family is of lesser quality than at the RHC. The children in RHC can become reluctant to leave because at least they get beds to sleep on, good food and better clothing than what is available back home in the village. A common observation among the children at Okafor and CCWH is that as the foster home endeavors to give the child the best in life, the children take things for granted and become complacent and lazy.

- The attitude of the non-serious children

For both RHC leaders at Bawjiase and Okafor, children under their care see life as easy and have their needs met at all times, so they tend to take things for granted. They may do this unconsciously, forgetting that one day they will be on their own.

Most adolescents do not know how to look after their personal belongings because at the orphanage they get their items replaced whenever they lose them.

As the children are interned from infancy at the RHC they forget their history and background. Some also do not know where they are coming from so they see themselves as having fantastic opportunities to enjoy life as a needy child. Donors' empathy can also encourage the children to be careless in life.

During arrival of western donors for brief visit, the children can become attached to them, which creates an even greater sense of instability when they leave. Children who become accustomed to people constantly arriving and leaving can struggle to establish stable relationships later in life (as explained with reference to Attachment Disorder in chapter two).

- The attitude of the serious children

RHC leaders describe some children as serious on the basis that they show commitment to their education by studying hard to change their family's poverty status. The leaders say that they are aware of being prepared to a higher level to help their siblings who did not get the opportunity that they have received. An educator at CCWH stated that: "They are therefore very humble and obedient to the Home authorities."



One such child is currently pursuing his degree of Masters of Arts at Legon University of Ghana, where he received a first class degree in accounting. Another serious child is a chemistry lab tech now working with Voltic mineral water and on the way to obtaining a permanent contract. The OVC in most cases forget where they are coming from, and as they are given the support to survive and are given education they turn out to disrespect their caregivers. A child in a home, for example, was told someone wants to adopt him and he said that if the person does not drive a car he will not go. They develop certain tastes and set standards for themselves.

- **Data gathered through first focus group discussion with teenagers**

In this study the importance of children views were examined, this was done through focus group discussion with ten teenagers aged between 14 and 18 years old at CCWH and RS. It was discovered that as children make suggestions their views are not always taken into account. The suggestions revolve around the quality of life in the RHC, the educational opportunities available to them, and how they view the chance to be reintegrated into a family. They were also questioned about their memories of life before coming to the RHC to investigate the applicability of Attachment Disorder theory. The focus group discussions also helped to evaluate the participant's emotional wellbeing this was assessed using the Psychological Wellbeing (PWB) scale developed by Carol D. Ryff, which seeks to measure multiple aspects of wellbeing and happiness relating to personal growth, relations with others and environmental factors (Ryff et al., 2007; adapted from Ryff, 1989).<sup>40</sup> Their experiences also provide an insight into the strategy adopted by the DSW in order to move OVC into family and community based care (see annex for questions).

Sixteen year old S., for example, said concerning her education she explained that she felt more inclined to do dancing but the educators rebuked her stating that there is no future for these type of jobs and after all the money spent on her it seems like "her head is not correct". These kind of responses can make the children feel that their opinions are not valued, and thus make them less likely to commit enthusiastically to Alternative Care options.

When probed about the possibility of going home the majority were not too keen on returning to their places of origin, stating that at least at the RHC they always found something to eat during the day. A few explained that their current friends at the institution were so dear to them that they found it hard to leave them. In other words, they had formed strong attachments within the RHC to the extent that they considered the RHC as their community.

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<sup>40</sup> Stanford University, Psychological Wellbeing Scale (Accessed June 2019); <http://sparqtools.org/mobility-measure/psychological-wellbeing-scale/>

Most of the female teenagers were not keen on going back home for fear of being overloaded with house chores by family guardians. Fifteen year old A. confided in me that at least at the RHC she is given specific tasks to perform at regular hours, unlike her extended relatives' house where she was constantly running around the clock to maintain the household. Many of the girls who participated are very ambitious and feel like they have a better chance of realizing their ambitions at the RHC. In Bawjiase, some of the girls who were sent to their extended families had to return in order to be able to finish school. In many cases the teenagers were aware that the educational opportunities were greater for them at the RHC than at their place of origin. Having discussed some of the emotional and psychological factors that pertain to teenagers and RHC leaders, we will now discuss some of the broad trends observed in the attitudes of people in the community towards OVC from the perspective of extended family care networks and formal foster parenting. Three major observations were made about trends in the reunification of OVC into families. They can be divided in the following axis;

#### **4.2.2 Reunification of OVC to relations**

Section 5 of The Children's Act 1998 affirms the *Right of Children to grow up with parents*. It states that; "No person shall deny a child the right to live with his parents and family and grow up in a caring and peaceful environment unless it is proved in court that living with his parents would:

- (a) lead to significant harm to the child; or
- (b) subject the child to serious abuse; or
- (c) not be in the best interest of the child."<sup>41</sup>

Consequently, with the complicated family lives of OVC in Ghana legal action is sometimes needed and a court order must be obtained to facilitate the return of the child to their biological parents. A striking observation is that when an OVC is reunited with their kin, if the conditions that brought them to the orphanage (i.e. the poverty level) have not changed the relations tend to shy away from their responsibilities. Some heads of families in Bawjiase and Okafor indicated that, at times, the child's presence can remind them of the late sister or brother, and the presence of the child can become a source of grief for the family.

If the relatives have neglected the child for a long time the child will not know them, hence it becomes uncomfortable for the child to stay with them. On the other hand, they can also take the child as a replacement to their lost brother or sister and then are more likely to give care to the orphan.

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<sup>41</sup> NATLEX (1998 December,30). *Ghana Act of the Parliament of the Republic of Ghana entitled The Children's Act 1998*. Retrieved from <http://www.ilo.org/dyn/natlex/docs/WEBTEXT/56216/65194/E98GHA01.htm>

Because in most cases the facilities and food at the orphanage look more appealing than those of the family, returning of children to their families should be feasible if the conditions mentioned below have changed for the better:

- That is, if the child was admitted as a baby but now is grown and can eat solid food and not baby milk.
- That someone in the family is in a better position to care for the child.
- That the broken home has been restored.
- That positive religious teaching has overturned the negative cultural beliefs.
- That the family's disposable income has in some way been supplemented by outside support (i.e. the state, or an NGO/FBO)

In some cases, the loss of the child's parent(s) results in all kinds of misunderstanding and conflicts within the family. This situation can affect the upbringing of the orphaned child, even to the extent that the child can be driven out of the family as most of their kin do not want to have anything to do with them.

When the child has gone past his formative years (i.e., above twelve years of age), they can sometimes be reaccepted into the extended family because the high cost of caring for a baby has been borne by the orphanage. Education has been given to an appreciable level, and the child is now able to do some things for themselves and their dependency on the family is reduced considerably.

#### **4.2.3 Reunifying the abandoned child when relations or parents are not found; the case of Adoption or Foster Parents**

In the process of Alternative Care CELCIS recommends that the immediate or extended family should be considered first when seeking for family-based care for OVC. When these avenues have been exhausted, then the child can be considered for adoption or foster care with non-biological parents. One of the RHC leaders explained that in 2010 a specific child with a severe medical condition ended up being adopted by an American couple because initially none of the extended members of her family were interested in caring for her. Given her health condition, the DSW even contributed by speeding up her adoption papers. After a few years, the child is now doing well and came back to Ghana for a visit. Prospective adoptive parents from overseas tend to be less picky, whereas in the case of local adoption or fostering the tendencies described by the head of training at Bethany Christian Adoption Services were that:

- Female children are preferred to boys. The reason is that girls grow faster and can be more useful at an early age. Boys on the other hand generally take a longer time to mature.

- Adoptive parents who have not had the experience of child birth will often face challenges with their adoptive children.
- The adoptive family exhibit a wariness because of the historical background of the child. They are often concerned and seek to know about the full biological history and cultural background of the child, as in the case of a physically challenged seven year old girl who was adopted from Central Region by an American couple. As the head of Bethany services narrated the story she explained that the couple took time to familiarize themselves with Ghanaian child rearing before concluding the adoption procedures
- When the child's character is already formed, the child may have a behavior that is contrary to their expectations. In some cases, the adoptive parents take in the child with serious reservations.

This raises the question of the value placed on OVC in Bawjiase. A community leader who also serves as a pastor narrated a few incidents involved in the treatment of OVC within the Bawjiase area. He deplored the extravagant lifestyles of members of the community who focused more on outward appearances than on maintaining a positive family environment. He felt that children were neglected by parents or guardians more interested in enjoying their own decadent lifestyles, and related this to the high rate of OVC in the Bawjiase area. He specifically mentioned the popularity of local festivals, as observed in section 4.1.

When probed about the investigative report made by Anas Ameraw at CCWH the foster parents interviewed unanimously downplayed the matter. A lady who is caring for a 10 year-old autistic boy referred from CCWH claimed that Anas Amerayaw was commissioned by a white lady who fell out of grace with the head of CCWH. They had a dispute over financial matters to do with proceeds of fundraising that the white lady had done overseas and transferred to the CCWH Director and her late husband. A community leader backed up her claim, stating that CCWH is doing a good job in Bawjiase and that instead of criticizing the leadership team they should patronize RHC and grant them a license. In general, the interviewees discounted the claims made in the report and said it did not affect their opinion of CCWH. Nevertheless, some respondents did express concern over rogue adoptions carried out by other unlicensed RHC. An experience foster carer affiliated to GWO deplored the fact that some unscrupulous individuals are going into struggling families where OVC have been reinserted to ship them to the capital city as domestic workers and that the follow-up of OVC after reinsertion into community or family based care is not always rigorous.

This first and second axis of this summary of data looked respectively at peculiar cultural factors in Bawjiase and surroundings, and the psychological effects of care on OVC at two RHC studied for this thesis. We then examined some of the data collected from RHC leaders, teenagers and custodian of culture.

The third part of the summary of findings tries to assess the awareness of the community towards the various programmes implemented by the DSW to motivate families to come forward to adopt or sign up for foster care.

### **4.3 Assessing the impact of measure taken at governmental level**

#### **4.3.1 Awareness of deinstitutionalization in the community and criticism of CRI**

Overall, 80% of the respondents interviewed for this study knew about the existence of a DSW and were able to explain that it was a government institution that helps children. As for deinstitutionalization, only the educated respondents confirmed that they had heard of it.

One of the leaders at RS spoke about the ongoing changes in foster care and adoption regulations in 2018. He said that: “The various steps required to be eligible to adopt a child here in Ghana can be complicated so at times people look for short cuts in the adoption papers and in the end the children can be affected because the prospective adoptive parents are not always transparent.” At the time of my field work there was a draft document for legislation to simplify the adoption process available for consideration at the office of the Attorney General. From the Attorney General’s office that will go before the parliamentary sub-committee on subsidiary legislation for further discussion before being presented to parliament.

Five foster parents in Bawjiase and Okafor who are also involved in the GWO network spoke about the LEAP (Livelihood Empowerment Against Poverty) programme and its impact on OVC. They explained that there tends to be a long waiting time between the application and the receipt of the LEAP stipend, and that this delay can put them into financial difficulties. The DSW on the other hand claims that LEAP has impacted positively on OVC. The largest group of beneficiaries are OVC. Beneficiaries attend school regularly, are protected from child labor and benefit from free national health insurance registration and renewal. The LEAP programme began in March 2008 in 21 districts with 1,654 beneficiary households. As of July 2017, LEAP was operational in all 216 districts of Ghana and in 6,451 communities. The total number of households covered as of July 2017 stood at 213,461, which translates to 943,842 individuals benefiting from LEAP. Of the beneficiaries

42% are OVC, 32% are elderly persons, 18% are persons with severe disabilities, 7% are infants and 1% are pregnant women.

The lead educator at CCWH spoke about the role of District Social Welfare Officers that are often sent by the DSW to conduct mapping exercises among the children. These are conducted by the DSW to assess the trends and flows of OVC numbers, and the reasons that push children into RHC. This presence of DSW staff at CCWH shows the commitment of the DSW in accompanying CCWH in the reintegration of OVC in Bawjiase.

#### **4.3.2 Follow-up on reintegrated children**

The follow-up of reintegrated children within the deinstitutionalization process is sponsored by UNICEF and is conducted by three main local NGOs, namely Challenging Heights, Brave Aurora and the Kaeme Foundation (KF). The reintegration programme for OVC in Central Region is mainly conducted by the Kaeme Foundation (KF). They play a pivotal role in tracing extended families and reuniting the children with them. Subsequently KF monitors:

- School attendance
- Health of the children
- General wellbeing of the child, sleeping patterns, and feeding habits

According to the lead educators at RS and CCWH 60% of the children reintegrated into their families return to the RHC because of practical reasons. An article in the Ghana news confirmed that although twenty-five children were removed from CCWH in 2015, some of them had to return to the orphanage because of its proximity to their schools. This criticism of the CRI was articulated by some of the respondents but it is well summed up in literature in the following articles.

#### **4.3.3 Assessment of the CRI in 2006- 2011 and 2017 – 2021 road maps**

There have been two major five-year road maps for the initiative, the first of them from 2006- 2011 and the current one from 2017-2021. It transpired after the assessment of these plans that some of the objectives were unrealistic. For example, in relation to assigning a particular child to a social care worker Oduro & Dako-Gyeke (2013) point out that as “Ghana has just over 800 social workers for the entire country, the prospect of care leavers being supported by aftercare social workers seems very unlikely”.

Moreover critics explain that “there is an absence of a clearly-defined child policy framework and that some of the regulations under the reform are highly unattainable, at least for now, given Ghana’s social work and

social welfare provision.” Frimpong-Manso (2014) quotes Bortey-Doku, Aryeetey et al., (2012) in saying that the major difficulties revolve around the shortage of resources, and that “the DSW does not have the personnel, logistics and funds to carry out its mandate under the reforms.” Also, the Care Reform was not accompanied by detailed guidelines or procedures and has only been guided by issue-specific plans.

Moreover Frimpong-Manso (2014) refers to study made by Casey (2011) where he explains that there is no sector wide approach to the provision for children under the Reform. As a result, while organizations like the Domestic Violence Victim Support Unit (DOVVSU) are establishing shelters for abused children, the DSW is simultaneously pursuing a deinstitutionalization strategy for orphans and abandoned children.

Findings from research studies seem to undermine some of the core reasons underpinning the care reform. One of the main goals of the reform initiative is deinstitutionalization by closing down about 90% of the private unregistered residential care institutions. However, the findings from a study conducted by Colburn (2010) show that many private RHC are sometimes well run and provide good standards of living and care for children.

Kainja (2012) cites Gyapong et al. (2011) study in which they also found that children in orphanages had better education, nutrition and health services than orphans who were in their households within the community.

This point is also echoed when Frimpong-Manso (2014) quotes Lemons (2010), who argues that even though enforcing international standards is laudable, there should not be a rush to close down orphanages just because Ghana wants to receive international aid. The author suggests that the standards set by the CRI should rather be based on Ghana’s own standards, which take into consideration Ghana’s infrastructure and resources. Lastly, Frimpong-Manso (2014) mention Maclean (2011: 133) who is adamant that because no reliable data exists in Ghana on the extent and operation of the informal institutions of reciprocity “many donors and policymakers maintain an overly romanticized image of kinship and communal reciprocity in Africa. When policies are designed based on these assumptions, it is the very poor that increasingly fall through the gaps of the state and non-state system of social welfare”. This thesis has shown some of the factors that can disrupt or complicate these informal care networks, and these are often not fully appreciated by policy makers.

Voyk (2011) is of the view that the Reform’s attempt to shift the care of dependent children from residential care to family and community based care will only succeed if ways are found to address the social

problems these families face. This would require promoting HIV/AIDS awareness, providing education to lessen stigma, discouraging harmful practices and enhancing the income-generating capacities of poor families before reintegrating children. Without this, the author believes that children that are moved from institutionalized care back into the community would be likely to face more hardships than those remaining in orphanage care.

Having discussed some of the complexities involved in the overall concept of deinstitutionalization when applied to a context like Ghana, it remains to be asked why the project appears to have stalled in the short term? Could the psychological state of the OVC, the religious, cultural / traditional beliefs of the community or the childcare policies laid out by the DSW deter potential foster parents from accepting OVC into their homes? The interplay of these factors will be discussed in the following chapter.



# 5

## The Desirability of Opening Homes and Hearts to OVC

### 5.1 Discussion

The ultimate aim of deinstitutionalization is to improve the welfare of OVC, and the DSW asserts that the closure of RHC must always be in the best interests of children and not cause them any harm. One of the arguments used to justify the closing of orphanages is that they do not follow the regulations set up by the DSW. A Government of Ghana (GoG) report shows that 75% of RHC are either unlicensed or operate with an unclear status or license. Moreover, 70% of the RHC care for large numbers of children simultaneously, while the 2010 National Standards for Residential Homes for OVC in Ghana recommends a ratio of seven or less children to a caregiver in order to create a conducive family environment.

The data collected demonstrates that the programme for deinstitutionalization in Ghana is a mammoth task undertaken in a sea of great need. Although the programme is making an impact in urban areas and especially in Greater Accra, the programme is moving at a slow pace in Central Region as witnessed in Bawjiase and Okafor.

In a 2017 study, LJ Spencer et al answer comprehensively one of the most puzzling questions about the process of deinstitutionalization in Ghana using a propensity scoring approach, namely; “*Does family reunification from residential care facilities serve children’s best interests?*” One of their conclusions was that there is a clear difference between the wellbeing of OVC who are reunited with families and the ones reared at orphanages. Nevertheless, children at orphanages have better access to education, health care and the most basic amenities.

In his “*Critical Review of Child Abuse and its management in Africa*”, Badoe (2017) expounded on the high prevalence of sexual abuse of children in Ghana due partly to harmful traditional customs, such as the prevalence of corporal punishment.

Even if the vast majority of Ghanaian homes do not resemble this report’s descriptions, such findings on life in even some homes still casts a shadow over the government’s deinstitutionalization initiative. Moreover, even though the DSW, FBO and other child care practitioners are trying to put children into families, experience shows that the disintegration of the family unit and some socio-cultural practices and norms do not always facilitate this attractive idea.

This discussion will assess the data collected in view of the three factors highlighted in this study namely the cultural, psychological and governmental policies. Firstly, in this study 60% of the respondents interviewed explained that the socio-cultural or traditional practices identified in the previous chapter (namely, the *Attounbam label*) and all its implication were not a decisive factor for them in deciding to foster or adopt an OVC. The main reason given was their current religious faith. In other words, the influence of the Christian and Muslim faith on potential Foster parents helped to swamp out the cultural and traditional values.

When it comes to the influence of traditional customs of child rearing, 16 out of the 20 professional workers who were identified as potential foster parents responded that the key traditional cultural traits pertaining to OVC care in Central Region were not of great importance to them because of their religious beliefs. The group included Christians and Muslims. They explained that the altruistic teachings of their faiths have helped them to surmount these cultural factors. In the case of the foster parents within the GWO network, they all affirmed in unanimity that although fostering comes with challenges they saw giving a helping hand to OVC as a duty derived from biblical teachings. A specific verse from the Bible was often quoted: *James 1:27 "Religion that is pure and undefiled before God, the Father, is this: to visit orphans and widows in their affliction, and to keep oneself unstained from the world."*

If traditional customs and beliefs relating to OVC care are at least somewhat counteracted by the potential foster parents' faiths, we must explore other factors relating to deinstitutionalization. The main theories used to explain deinstitutionalization and the acceptance of children into families in this thesis were Adoption Theory, Attachment and Attachment Disorder Theories.

The Theory of Adoption developed by Bethman and Kvasnicka (2012) can be used to explain the attitude of some members of the community and the underlying causes for their reluctance to open their hearts and doors to OVC. Bethman and Kvasnicka (2012) posit that "there is a higher propensity to adopt among women with high earnings, relatives and infertile adults." This theory was tested by interviewing professionals in the Central Region and the questions were specifically drafted (see Annex) to address

- Relatedness to the child
- Cost of own childbirth
- And the effect of LEAP on their decision to foster or adopt an OVC

This theory is the rationale behind the choice of the 20 professional adults interviewed. They are active in the tertiary and secondary sector, five of them are high earners with university education and five of them are single women without children of their own.

Fifteen people said that the relatedness of the child would be decisive factor in choosing to adopt or foster. The cost of their own children and the availability of LEAP as a financial incentive was also unanimously regarded as a key factor for these potential foster parents.

Therefore, the theory of Adoption as coined by Bethman and Kvasnicka (2012) could be true in this study. Usually, the theories of Adoption and Kin Selection do not fit into the sub-Saharan African context because, although it has a tradition of child fostering, most carers do not receive any money for their services. But in the context of deinstitutionalization, the LEAP programme, in which a small stipend is given to families in need, changes the outcome here in Central Region. Deininger et al. (2003) confirmed that “the traditional familial system of care is overwhelmed. It also lacks the social capital necessary to mobilize and revive the traditional networks of care that have sustained vulnerable children and households for generations.”

After weighing the cultural factors and the potential financial incentives as determinants for successful Alternative care for OVC in Bawijase and Okafor in Central Region Ghana, this discussion will now analyze the role of the psychological state of the OVC on their chances of being successfully reintegrated into family-based care. From the data collected with the teenagers from RS and CCWH we notice that the children involved in the process of deinstitutionalization exhibit a specific behavioral pattern conditioned by some psychological factors.

The theoretical concepts used to design this section of the research were the recent update on Attachment Theory by Dozier et al. (2014) and Attachment Disorder, which was first coined by Ainsworth (1978). Attachment Theory exalts the benefits of family care for children and teenagers. Consequently, the authors discourage group care in orphanages because it is seen as detrimental to the child and can hamper the cognitive faculties of children. The questions put in this category (see Annex) sought to understand whether there were factors at the orphanage that hampered the process of deinstitutionalization in Central Region. In other words, in view of Attachment Disorder do they exhibit negative behavior that could be a deterrent to potential foster parents? The fact that a child’s memories of his family of origin determine whether the child is likely to stay with a family or not can be clearly explained through Attachment or Attachment Disorder Theory. Ruegger (2016) explained that different ingredients are needed in the life of a child before he can be securely attached. They include personal contact and having their needs met, two things which can be ingrained for life in the mind of an OVC and in the absence of which the child can be permanently negatively affected. For Ruegger (2016), secure or insecure attachment is attained between three to five years old. After this period it becomes difficult for the child to “unlearn his old ways of seeing the world and relearn a new way.” Children

with insecure attachment will have a negative working model and see themselves and the caregivers in a negative way.

There is a clear difference in attitude between children who were positively attached to an adult during their formative years and those who were not. Also, the fact that the children involved do not necessarily value the concept of family could be explained with reference to Dozier et al. (2004) who argue that group care is not beneficial for children.

This discussion section was useful in understanding the mental framework of some of the teenagers involved in the deinstitutionalization process. Finally, in answering the research question of this study we set out to examine the response of the communities in our fieldwork towards the measures taken by the DSW to ensure a conducive and holistic transition to deinstitutionalization. Consequently, the data collected shows that there is awareness in the community of the programme of deinstitutionalization spearheaded by the DSW. There is also empirical evidence and literature that highlights the flaws and limitations of the CRI. The few things that stood out when assessing whether some of the policies generated at governmental level through the DSW could be a decisive factor in enabling or constraining deinstitutionalization in Bawjiase and Okafor were:

- A lack of effective governmental coordination at national level, for example more work has been done in the capital compared to rural areas
- Lack of training of potential foster parents

The findings showed that there are 40 foster parents currently active under Bethany Christian Services and they are all concentrated in Greater Accra, indicating a regional inequality when it comes to the training of foster parents. When it comes to the Adoption process, it was claimed by one of the leaders of a RHC that some government officers do not always follow the correct procedure for adoption of OVC. This often results in creating problems for adoptive parents and adopted children.

## **5.2 Conclusion and Recommendations**

### **5.2.1 Ways of improving effectiveness in Alternative Care for OVC in Central Region and in Ghana at large**

Given the magnitude of the OVC population in Ghana, and given the disruption to traditional informal care networks that we have described, along with the simple reality that residential home can often provide better care and access to services for children than many families, it is unrealistic to imagine the RHC will disappear from Ghana at any time in the foreseeable future. This is all compounded by high maternal and paternal

mortality rates, as well as the many people of prime child rearing age who have died as a result of the AIDS pandemic. In the short-term it is more realistic to focus on improving conditions in the RHC than rushing to close down as many of them as possible. However, going forward, alternative care should be part of any holistic program for OVC care, but it should be tailored to suit the realities in Ghana.

This study has given a detailed account of the historical antecedents of deinstitutionalization in Ghana. The theoretical frameworks were derived from sociology, childhood development, and child and adolescent psychology, especially the use of PWB to assess the psychological wellbeing of adolescents at RHC. The interaction of these four disciplines illustrates the multidisciplinary way in which this study was conducted, as they were all instrumental in assessing factors that influence Alternative Care in Bawjiase and surroundings.

This study set out to evaluate whether the psychological state of the OVC, the religious/cultural/traditional beliefs of the community or the childcare policies laid out by the DSW could be a determining factor in influencing potential foster parents from accepting OVC into their homes. At the outset, it seemed that cultural beliefs were a key factor for prospective foster parents, however the empirical evidence indicate that Christian and Islamic values have subdued these factors and that it is more about the economic climate and the failure of the government to provide adequate training. The children involved also have a cold attitude to reintegrating with their families and this hampers their chances of remaining permanently in family care.

The UN Guidelines urges social workers to listen to the children affected by the deinstitutionalization process, and this is echoed in Section 11 of the Children Act 1998. However, at times given the cultural factors this is not always the case. As mentioned previously, in the data gathered through the focus discussion group with the teenagers from the RHC, Akan/ Fante values put a large emphasis on seniority and the role of elders, but it is clear that the OVC themselves must be listened to and communicated with openly if their deinstitutionalization is to be successful. It has been shown that a range of psychological factors can induce children to feel uncomfortable in, or even to reject their foster/adoptive homes. It seems that the best way to overcome such challenges would be through giving the children a voice in determining their future, in giving them agency in the process of deinstitutionalization, and in making sure they understand the benefits and challenges that transfer to Alternative Care can represent. However, it must be understood that, as discussed in Chapter 5 (Part 3), the severe manpower problems faced by the DSW in Ghana will be a major challenge to overcome.

Education on foster care and adoption needs to be intensified to increase the knowledge base of parents and to identify unscrupulous people. These unscrupulous people tend to have distorted idea of OVC care in the sense that they view vulnerable children as cheap manual labor to be exploited.

While a certain amount of training has been rolled out, this has as of yet been almost totally concentrated in Greater Accra rather than in more rural districts. It also appears that the training has been carried out almost solely by Bethany Christian Services Global (BCSG), an FBO headquartered in the USA, with some alleging that the DSW has essentially failed in its responsibility to provide training and left this organization to pick up the slack. BCSG has been criticized for its apparent failure to extend training programs beyond Greater Accra, but it must be kept in mind that providing such programmes across Ghana is first and foremost the responsibility of the DSW. Questions have also been asked about why European Union funding apparently made available for such training has yet to make an impact on the ground in Central Region, where almost no one has received foster parent training as of yet.

Unlicensed Orphanages like CCWH remain open in Central Region today largely because of the lethargy of the deinstitutionalization programme. But as the Ghanaian government pursues the admirable goal of promoting alternative care for OVC, it must be remembered that these institutions provide vital services in their communities. In particular, the schools at CCWH and RS are both of a relatively good standard and are available at a low cost to children from the surrounding area. Simply closing such institutions without making provisions for these services could have a highly detrimental effect on the surrounding communities, even if all of the OVC currently residing there were successfully placed into a family.



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## ANNEX

### Research Questions for fieldwork in Bawjiase and surroundings

Population group interviewed include the following categories:

- Head of Childcare Homes
- Custodian of culture i.e. community leaders
- Foster Parents within Informal Care kin networks
- Head of families
- Teenagers under 18 cared for at an RCH

### BAWJIASE DISTRICT

- *Head of Childcare Homes Interviews*

- ❖ What are some of the reasons given when children are dropped at your orphanage?
- ❖ You are based in Bawjiase East District, what are the socio - cultural practices that are predominant in this region when it comes to the issue of OVC?
- ❖ What are some of the child rearing practices used at your institution?
- ❖ Where do the children spend Christmas or Easter?
- ❖ How do you ensure that children are interacting with the community here in Awutu Senya?
- ❖ Do you have frequent family visits for the children?
- ❖ What are the steps taken to facilitate family atmosphere in your orphanage?
- ❖ Your view on the work of the Ghana DSW?
- ❖ What are the reasons given by the DSW to reduce the number of orphanages in Central Region?

- *Custodian of culture, a community leader from Bawjiase*

- ❖ You are based in Bawjiase, within the family what are the cultural practices that can affect the family unit?
- ❖ What are some the recurrent family issues that are brought to your attention?
- ❖ Number of Children under your care?
- ❖ How are orphans and vulnerable children viewed in your community?
- ❖ What do you make of the allegations made in 2015 by Anas Amerayaw against CCWH?

- *Foster Parents within informal care kin networks*

- ❖ What are some of the reasons given when children are dropped at your house?
- ❖ You are based in Bawjiase, what are the cultural practices that are predominant in this region when it comes to the issue of OVC?
- ❖ What are some of the child rearing practices used in your household?
- ❖ How can the DSW assist you with the upbringing of the children under your care?
- ❖ What do you make of the allegations made in 2015 by Anas Amerayaw against CCWH?

- *Head of families*

- ❖ You are based in Bawjiase, within the family what are the cultural practices that can affect the family unit?
- ❖ Number of Children under your care?
- ❖ What are some of the reasons given when the children are brought under your care?
- ❖ What are some of the child rearing practices used in your home?

### **Questions treated during Focus Group Discussion with teenagers at RS and CCWH**

The Psychological Wellbeing (PWB) Scale evaluates six distinctive indicators of happiness and emotional wellbeing. The six indicators are;

1. Autonomy
2. environmental mastery
3. personal growth
4. positive relations with others
5. purpose in life
6. self-acceptance

The PWB of Ryff et al (2007) resonates with Dozier et Al (2014) Attachment and Attachment Disorder theories which constitutes the theoretical bedrock of this study.

During the FGD, the indicators were grouped into similar themes for the purpose of the evaluation autonomy and environmental mastery were assessed through these five questions

- Can you read or write correctly?
- Do you have any ambitions in life?
- How do you contribute to maintaining the RHC?
- Do you have your personal space here at the RHC
- Who decorated the place?
- Are you allowed to make suggestions about food, your haircut and games?

Questions to evaluate to personal growth and purpose in life

- Can you read or write correctly
- Do you have any ambitions in life?
- How is life here at the Home?
- Do you have any memories of your childhood?

Positive relations with others and self-acceptance were evaluated through the following questions;

- Do you have any memories of your childhood?
- How is life here at the RHC?
- Do you eat a lot?