

UNIVERSITY OF GHANA



CENTRE FOR SOCIAL POLICY STUDIES (CSPS)

**IMPLEMENTATION OF THE CARE REFORM INITIATIVE IN THE SUHUM
MUNICIPALITY**

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**THIS DISSERTATION IS SUBMITTED TO THE CENTRE FOR SOCIAL POLICY
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DECLARATION

This dissertation is the results of my own investigations and that it does not contain any material previously published by another person for an award of other degree at any university. All the sections of the text and results which have been obtained from other authors/ sources have been duly referenced.

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DATE

DEDICATION

This piece of work is dedicated to my parents, Mr. Samuel Kofi Pomeyie and Mrs. Helena Yaa Pomeyie, whose love for Orphaned and Vulnerable Children inspired me to choose this topic. I LOVE YOU MUM AND DAD.

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Finally, to my family, your love, support, sacrifices and enthusiastic spirit have turned me into the man that I am today. I love you.

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ABSTRACT

The research was conducted in the Suhum Municipality. It investigated the implementation of the Care Reform Initiative in the Municipality. A qualitative research approach was adopted for the study. Nine (9) key stakeholders of the Care Reform Initiative were purposively sampled for the study. The respondents were sampled based on their different background in terms of their profession, length of service in their various professions and their role as stakeholders in matters concerning Orphaned and Vulnerable Children (OVC). The data were collected using a semi-structured interview guide. A thematic analysis was used in this study. A recorded tape was played several times until a full transcription of the interviews were made. The study revealed that the Care Reform Initiative was introduced in the Suhum Municipality in 2007. All the aims and objectives of the Initiative are clearly spelt out and known to all the stakeholders interviewed. The Initiative adopts the Top-Bottom approach of Policy Implementation with the Department of Social Welfare being the mandatory body to carry out the Care Reform Initiative. There is high commitment on the part of the Social Welfare officers and some of the stakeholders to achieve the aims and objectives of the Initiative. However, they have not been able to move more than ten (10) children out of the two institutions in the municipality. This is considered an implementation failure. The main challenges leading to the failure in the implementation includes: inadequate logistics, financial challenges, weak staff strength, lack of cooperation from stakeholders, inadequate planning and public education. It was recommended that the Department of Social Welfare (DSW) should be equipped with the necessary logistics for them to operate effectively since the success of the Top-Bottom approach of implementation rests on the designer and

implementer of the policy. The practice of “gatekeeping” which is the thorough assessment of a child placed in an institution and an exit plan should be strengthened to reduce the period that the child will stay in the institution. There should be proper public education to remove the stigma attached to orphans in the society to encourage families to take care of orphans in the event of the death of a parent. The cooperation among stakeholders, especially among the DSW, institutions and the community must be strengthened. The help of traditional and community leaders can encourage fostering among their community members. Lastly, the Government of Ghana should strengthen its social intervention programs to mitigate poverty among the rural communities. This is because the major factor that leads to children ending up in institutions is poverty.

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LIST OF ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
BNA	Basic Needs Approach
CRI	Care Reform Initiative
CBO	Community Based Organisation
CRC	Convention on the Rights of the Child
CSPS	Centre for Social Policy Studies
DSW	Department of Social Welfare
FBO	Faith Based Organisation
FCUBE	Free Compulsory Universal Basic Education
GOG	Government of Ghana
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
JHS	Junior High School
LEAP	Livelihood Empowerment Against Poverty
MDG	Millennium Development Goals
MESW	Ministry of Employment and Social Welfare
MOWAC	Ministry of Women and Children Affairs
MICS	Multiple Indicator Cluster Survey
MMDA	Metropolitan Municipal District Assembly
SDG	Sustainable Development Goals
NCCE	National Commission for Civic Education
NHIS	National Health Insurance Scheme

NGO	Non – Governmental Organisation
OVC	orphaned and Vulnerable Children
PHC	Population and Housing Census
RCF	Residential Care Facility
SADC	Southern African Development Community
UN	United Nations
UNICEF	United Nations Children’s Fund
UNDP	United Nations Development Programme

CHAPTER ONE

INTRODUCTION

1.1 Background

Children are considered the most important members in any country. Whenever “future” – which is probably the most concerned issue for every nation or group of people – is mentioned, children come to mind. This has made it very necessary for every country to focus on the well-being of children. Government and stakeholders are expected to create a good environment for children to develop well, so that they enjoy their childhood. Boyden and Mann (2005) have indicated that when children are exposed to risk, resilience and extreme situations, it affects their adult life. Attention for children due to the above has therefore increased internationally.

With increasing prevalence of HIV/AIDS, children are at a risk globally since it is likely to take away their primary care givers and make them orphans. It is reported that Sub-Saharan Africa has the highest number of orphans due to HIV/AIDS and other contributing factors such as war and migration (UNICEF, 2005). In addition, many children have become vulnerable as a result of indisposition of parents, socio-economic deprivation, child trafficking, child labour, conflicts, disabilities and other various forms of child abuse further increasing their vulnerability. (Aryeetey et. al, 2012).

According to the Children’s Act 560 (1998) of Ghana, a child is a person below the age of eighteen (18) years. The definition of orphans varies from one country or region to another. UNAIDS defines orphans as children who have been affected by adult morbidity and mortality (Aryeetey, 2011). The Demographic Health Survey (cited in Aryeetey et. al, 2011) also defines an orphan as a child who has lost one or both parents. The Children’s Act 560 classifies a child as vulnerable if

the child is exposed to physical, emotional and psychological danger due to activities from his/her environment. According to Afranie (2017), children have to depend on the older people because at this stage, they are not capable of making sound judgements and hence cannot be held responsible for their actions. Skinner and David (2004) are of the view that the causes of child vulnerability are complex, but centres around three areas which are; material problems like, inadequate access to food, clothing, money, shelter, education and health care; emotional problems such as inadequate love, care, support and showing of affection; and social problems including lack of a supportive peer group, risk in the immediate environment and lack of a role model. Orphans are considered the most vulnerable in a devastating way such that, after experiencing the sickness and death of their parents, there is a high possibility of they been poor and less healthy than their colleagues who are not orphans. The experience of witnessing the sickness and the death of their parents can likely affect their cognitive and emotional development. The possibility of they being educated is also less and they are more likely to be subjects of worst forms of child labour (UNICEF, 2005). However, the family, which is supposed to take care of these orphans, in some circumstances contribute to the vulnerability of these orphans by taking their inheritance and at times abuse their social support grants (Skinner et. al, 2006). Therefore, the term Orphaned and Vulnerable Children (OVC) has been broadened to include children who have no or restricted access to their basic needs (Skinner et al., 2006.)

Africa, from the pre-colonial era, has always responded to caring for orphaned and vulnerable children through kin or extended family (Frimpong-Manso, 2014). Formal systems to deal with OVC, such as orphanages and government-sponsored foster care emerged in 1941 with the establishment of the Osu Children's Home (Frimpong-Manso, 2014). Extreme reliance on

orphanages as systems for caring for orphans became common more recently around 1998 (Apt et al.1998; Dozier et al, 2012)

According to the Multiple Indicator Cluster Survey (MICS, 2006) conducted in Ghana, 60 per cent of children who are below the age of 18 years have both biological parents alive and living with them. Fifteen (15) per cent of children live with people who are not their biological parents and about eight (8) per cent of all children in Ghana have a parent or both dead. In 2010 Ghana had about 1.1 million children who were orphans (UNICEF, 2011). These orphans are children who have lost one or both parents. The number of orphans is expected to keep growing due to the unending cases in HIV/AIDS and economic instability (UNICEF, 2005). Orphans in Ghana are largely supported and cared for by their extended families and the community at large. Examples of community-based support for orphans in Ghana include the Queen Mothers in the Manya-Krobo District in the Eastern Region of Ghana. The queen mothers have taken up the responsibility of providing for the orphans since they see it as their duty to the society as well as the parents of these orphans who they believe are watching from the land of the dead and ready to reward or punish depending on how their children will be treated (Lund and Agyei-Mensah, 2008). However, due to economic hardship faced by the extended family and society that serve as safety nets; and social problems such as urbanization, unemployment and underemployment, the traditional type of care for orphans is being supplemented by the efforts of government and private organizations with many children homes and orphanages sprouting up (Nukunya, 2003; cited in Frimpong-Manso, 2014).

In 2010, it was approximated that there were 148 orphanages in Ghana. However, only five out of the number were registered with the Department of Social Welfare (DSW) – the institution responsible to oversee the operation of orphanages and welfare of orphaned and vulnerable children

in Ghana (Colburn, 2010; Aryeetey et al., 2012). This sounds very disturbing as most of these institutions are not registered and thus not regulated. Both the registered and non-registered orphanages have been severally accused of occurrences of carelessness, mistreatment and abuses (Kristiansen, 2009).

Orphanages are growing in numbers because donors and philanthropist who donate money for the running of these institutions are being sent pictures by the managers of such institutions which serve as evidence of what their donations are being used for. This motivates the donors to send more money and other material resources. Whereas in the family setting, there is nothing of that nature (Williamson and Greenburg, 2010). Freidus (2010) in his research reported that children who find themselves in institutions in Malawi, a developing African country, face two problems. Firstly, they are ridiculed by the general public due to their presence in the institutions and ironically, are envied by their colleagues outside the institutions due to the donations such as toys, educational materials that they receive from their donors and the opportunity to meet and interact with some of these donors. Due to this envy, the children in the community refuse to associate with them and hence they risk losing touch with the outer society (Freidus, 2010).

Currently, orphans of AIDS have received much attention globally – probably due to much attention on HIV/AIDS to the extent that Orphans and Vulnerable Children of other causes are at risk of being neglected.

It should be noted that there are other vulnerable groups of children in Ghana. These include children involved in child labour, trafficked children, those on the streets known as street children, children with disabilities among others. Ghana has a poor record of persons with disabilities, but according to Aryeetey et al (2012), an estimate of 10 percent of the Ghanaian population has one disability or the other. About half of this percentage comprises children who may be subject to

social exclusion, inadequate care and neglected by their families (Aryeetey, 2012). This study, however, concentrates on Orphaned and Vulnerable Children (OVCs) who are in Residential Care Facilities since they are the primary target beneficiaries of the Care Reform Initiative. The study is an institutional research, which aims at researching into the implementation of the Care Reform Initiative to move children out of institutions.

In 1990, Ghana ratified the United Nations Convention on the Rights of the Child in order to show their commitment to securing a better future for children living in Ghana. Since then, there have been policies, strategies and programmes embarked on by the Government of Ghana and other stakeholders like UNICEF, USAID, World Bank, which led to the development of the National OVC Policy Guidelines in 2005 (Aryeetey et al, 2011)

Even though there has been series of research to prove that institutions are not the best place for children to grow up, research led by Kathryn Whetten in 2014 in some developing countries which included some African countries such as Ethiopia, Kenya and Tanzania showed that children placed in institutional care do far better than their counterparts in home setting since they receive all their basic needs.

In Ghana, there have been evidence of abuse in institutions further pointing to the fact that indeed children do not belong to institutions. An example of such evidence is an undercover study conducted by an ace investigative journalist, Anas Aremeyaw Anas, at the Osu Children's Home (New Crusading Guide, 2010). The study revealed that the OVCs in the facility were subjected to abuse, poor medical care, and malnutrition among others. This has contributed to a move by government to consider revisiting the community based and family setting type of care for orphans.

The Care Reform Initiative

In 2007, the Government of Ghana adopted the Care Reform Initiative (CRI). The Care Reform Initiative was adopted to reduce the over dependence on institutional care as a system of caring for vulnerable children and move towards family integration and community based services. It was set to establish a solid home and loving family for each child to ensure their safe growth (The Children's Act, 560 1998; the Convention on the Rights of the Child, 1990; the UN Guidelines for the Protection and Alternative Care of Children without Parental Care, 2007; Kristiansen, 2009).

It has four components namely: prevention, reintegration with family, fostering and adoption. By prevention, the Care Reform Initiative would help prevent the disintegration of families through strategic programmes such as the Livelihood Empowerment Against Poverty (LEAP), educational scholarships, food packages and access to National Health Insurance. Reintegration as a component of the CRI will reconnect children who have been separated from their families with their family members either nuclear or extended and also back into their community where loving relatives and community members will create a caring and enabling environment for them to grow well. Where the reintegration cannot be possible, temporary or permanent care with foster families will be arranged to provide a good home for the children. If the above components fail, adoption (preferably local adoption) will be sought after. For the purpose of this study, I will focus on the second and third component of the Care Reform Initiative which are reintegration and foster care respectively.

The expected results of the Care Reform Initiative are to promote in-family care and make institutionalization a last resort for OVCs and should institutional care become necessary, the children were not to stay in a facility for more than three (3) months. The three thousand eight hundred (3800) children identified in institutions as of the year 2007 to be resettled in families or

those who are of age will be transitioned into independent living with the help of a social worker who will be assigned to each person. To increase fostering and adoption by 50% by the year 2012 and sensitize the general public in all districts on the benefits of family care for children and the level of exposure to dangers in institutions. The State to employ and adequately pay social workers to motivate them in order to manage OVC database, care plans and monitoring. It was acknowledged that some OVCs may not be reintegrated back into their families and communities due to reasons such as severe disabilities or stigmatisation as in the case of AIDS orphans. In light of this, the approved institutions would be transformed into model care institutions with not more than 25 children in a family setting and to make them shelter homes for such children.

Stakeholders of the Care Reform Initiative.

According to Boon et al, (2013), people are the focal point of developmental projects since these projects are designed and implemented by and for the people. These groups who hold various interests in the different phases of the projects are known as stakeholders. Therefore, people who constitute stakeholders are those who can affect and get affected by a policy (Smith, 2003). Some identified stakeholders in the social policy sector in Ghana include, the government, civil society (NGOs, FBOs), community leaders, traditional authorities and developmental partners. (Adjetei et al, 2016). It is expected that the Government of Ghana, which is represented by the Municipal Assembly, should create an enabling environment for the Social Workers to operate to achieve the aims of the Initiative. Civil Society Organisations (CSOs), Non-Governmental Organisations (NGOs), Faith Based Organisation (FBOs) and Community Based Organisations (CBOs) are to provide technical as well as financial support to the social workers. Through their activities, they can also educate the public on the need to keep children in families rather than institutions. Their humanitarian responsibilities should also target poor households in communities where poverty in

on the increase. The community and traditional leaders must use their influence and the high respect they have in their communities to encourage the people's acceptance of fostering Orphaned and Vulnerable Children rather than sending them to institutions.

The Eastern Regional Orphan and Vulnerable Children (OVC) Committee

The Eastern Regional OVC Committee was established in 2011 in the Eastern Region, after the official launch of the Ghana National Action Plan for OVCs. A discussion with the Eastern Regional Director for the Department of Social Welfare on 20th December, 2016 revealed that the committee is made up of the Eastern Regional Director for the Department of Social Welfare and the three program heads for the department (community care, justice administration and child rights promotion and protection), the Eastern Regional Director of the Department of Children, representatives from the Eastern Regional House of Chiefs, Ghana Police Service, representatives from some NGOs and managers of some residential care facilities in the region. It is the duty of the committee to put up strategies and plans to achieve the aims of the Care Reform Initiative.

1.2 Problem statement

The UN has made a lot of effort to find a solution to the growing number of OVCs and the difficult situations they go through by identifying their needs and solving them. There was a need to provide the necessary help fit for the situation of these OVCs, which has led to the establishment of Residential Care Facilities.

However, like other African countries, the extended family, which used to serve as a safety-net for the OVCs are not as closely knit together as it used to be due to economic crisis and rural – urban migration. Hence, members of the extended family find it very difficult to take on additional members of the family into their care. Due to this economic hardship, Ghana has witnessed a

sudden proliferation of orphanages motivated by benevolent donations from individuals and international organizations. Unfortunately, these donations are sometimes hardly used to serve the purpose for which they were given. In most cases, just a small fraction of donations poured into the country by philanthropists is used to provide for the needs of the children in institutions (Voyk, 2011).

Various researches (Freidus, 2010; Kristiansen, 2009; Voyk, 2011) have shown that children do not belong to institutions since it exposes them to dangers such as sexual abuse, emotional abuse, physical abuse and exploitation. These exposures will interfere negatively with their growing up and later in their adult life. As Boyden and Mann (2005) have noted that though children will grow tough in the face of hardship and some challenges, it is still unsafe to expose them to these hardships since the toughness may affect their relationship in their adult life or may result in depression.

It is in light of this that the various conventions were adopted and later, the Care Reform Initiative was established to move these children from institutions into family settings where they can grow well. Ten years after its introduction, children are still seen in institutions and the habit of individuals going about soliciting for funds in the name of helping children in these institutions is still on-going. One of such examples is the Suhum Municipality in the Eastern Region of Ghana. The study, therefore, aims at exploring why some children are still living in institutions in the municipality after almost a decade of the introduction and implementation of the CRI and make recommendations for a possible revision to the Care Reform Initiative and its implementation.

1.3 Objectives of the study

The main objective of the study is to examine the implementation of the Care Reform Initiative in the Suhum Municipality.

The specific aims are;

1. To examine the process of placing children with families under the Care Reform Initiative in the Suhum Municipality
2. To explore the successes of the Care Reform Initiative in the Suhum Municipality.
3. To explore the challenges in the implementation of the Care Reform Initiative in the Suhum Municipality.

1.4 Relevance of the study

The research will bring out the implementation challenges in the implementation of the initiative and will make recommendations on how to deal with such challenges. This will help policy makers and implementers make possible revisions to the Care Reform Initiative and its implementation.

1.5 Scope And Limitation Of The Study

The study was conducted in the Suhum Municipality in the Eastern Region of Ghana. This study focused on the implementation of the Care Reform Initiative using Elmore's concept of implementation as a framework. It was an institutional research, which engaged only officials who are responsible for the implementation of the initiative at the national, regional and municipal level.

The first limitation of this study was that a research of this kind has a high bureaucratic administrative procedure. This caused a lot of delay in accessing the respondents who were relevant officials of institutions.

The second limitation was that, this study was not a nationwide research so it could not provide a vivid picture of the implementation of the Care Reform Initiative. However, the sampling was representative, including national level officials. It can therefore be suitable for some level of generalization.

Organisation of the Study

The research is divided into five chapters. Chapter one, which is introductory, consists of the background to the study, statement of the problem, objectives of the study, relevance of the study, scope and limitations of the study and organization of the study. Chapter two reviews the related literature, the theoretical underpinnings of the study and conceptual framework for the research. Chapter three, which deals with the methodology of the study, has the research design, the study area, study population, sample size and sampling techniques, methods of data collection, data analysis and ethical considerations. Analysis and discussion of the results of the research are presented in Chapter four. Chapter five comprises the summary, conclusions, policy recommendations and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter highlights the theoretical framework of this study. Related literature relevant to the study topic is reviewed. Other concepts that clarify the topic under study are also explained. The conceptual framework on which the study is built is also discussed in this chapter.

2.2 The Concept of Children and Childhood

In 1989, the UN presented the Convention on the Right of the Child (CRC) to provide better care for children since it was realised that children needed special care and protection. The CRC defined a child as “a human being below the age of eighteen years unless a particular state sets the years for adulthood younger” (CRC, Art 1, 1989). The African Charter on the Rights and Welfare of the Child (AFCRWC) as well as the government of Ghana through the Children’s Act 1998, Act 560 also defines a child as a person below the age of eighteen years. As the first country to ratify the CRC in 1990, the government of Ghana was committed to protect children from practices that will harm them. Ghana as far back as 1979, had established the Ghana National Commission on Children under AFRC Decree 66 to be responsible for advocating for the survival, protection and development of children.

Childhood as a concept is very difficult to define. It differs across time and space (James and Prout, 1997). In some settings, childhood may refer to the first eighteen years of a human being’s life. However, in some cultures, childhood is associated with responsibilities and expectations (Kristiansen, 2008). In the traditional African society, childhood is a stage to acquire and build a good character from family and community; through learning of social and technical skills which are seen as an important tool to perform future adult roles in order to be a responsible and

independent adult (Afranie, 2017:83-85). Hence childhood can hardly be used to describe particular years of human life. This assertion is influenced by the viewpoint of the New Sociology of Childhood, which sees childhood as a social construct. The new sociology of childhood considers children as active members of the society rather passive members as it was in the case of the Old Sociology of Childhood. (Prout, 2011)

UNICEF (2005), defines the concept of childhood as the quality of years of a child's life. This means that every child must be provided with basic necessities such as education, food, shelter and emotional care. According to the Fund, these are what a child needs in order to have a good childhood. Poverty is one of the causes that have been identified to deprive a child of his/ her childhood. This is usually when the child's activities are the necessities for the family's survival (Kristiansen, 2008). This makes the child "grows faster" than their peers in richer homes who enjoy their childhood longer. It is based on these that policies and legislations are made concerning children.

2.3 Orphaned And Vulnerable Children

There are various ways to define an orphan. These definitions vary depending on the context in which it is being used, whether legally or culturally. Usually an orphan is defined as a child who has lost one or both parents with the loss of one parent being classified as a single orphan (Faith to Action Initiative, 2014). Vulnerable children refer to the children "whose safety and wellbeing, and development are for various reasons threatened" (Subbarao et al, 2004:1). The level of vulnerability exposure of these children differs from one setting to another. Factors that increase the vulnerability of children include inadequate shelter, lack of affection, nutrition and psychological support (Subbarao et al, 2004). This concept will therefore include lots of children in the vulnerable category. Ayerteey et al (2011) define Orphaned and Vulnerable Children as "children who have

been affected by adult morbidity or mortality”. Children who have experienced the death of one or both parents, or if any of their parents is chronically ill, or an adult in their household (aged 18-59) died after suffering from chronic illness are therefore considered to be Orphaned and Vulnerable Children (OVC) (Aryrteey et al, 2011). This will include children who are victims of all forms of abuses. This study will therefore refer to both single and double orphans as well as vulnerable children as OVCs. This is because children found in Residential Care Facilities are hardly distinguished by what brought them there (Colburn, 2010).

2.4 Concept Of Institutional And Residential Care

Browne (2009) defines an institutional or residential care as a group of about ten (10) or more children in a structured arrangement who are living under the care of an adult who is not their parent. Care in such structured arrangement is provided by a number of paid adult carers who may not necessarily be trained professionals. The relationship between these carers and the children is usually a professional one other than a parental one. This leads to the development of artificial attachment behaviours on the part of the children, which will be more likely to cause some form of harm in their later life. Usually the terms: orphanages, residential institutions and residential care facilities are used interchangeably

Morrison et al (1995) in a study in Romania, to see the effects of institutions on children, showed that institutions actually had a negative effect on children. Children who were in institutions because of poverty and abuse did not get their basic needs like clothing, food and family socialisation. The research also pointed out that the longer children stayed in institutions, the more likely they are to delay in development. Children in the Romanian orphanages delayed in development more than children who did not have institutional experience. It was found out that 75% of the orphans within the orphanages where the study was made delayed in areas such as

personal development, social development, language development, fine motor and gross motor skills. This, according to the researchers was as a result of favouritism and limited access to play material as well as space.

Liao (2006) indicated that children's needs are beyond the provision of physical care. They also need love and a figure that they can attach themselves to in order to develop good relationships with. He went ahead to say that it is their right and an important factor to good life. He argued that some aspects such as love and affection which is present in parental love are lacking in institutions. Children in institutions only receive physical care, but not emotional ones. Casky (2009) attributes this situation of lack of emotional care in institutions to the child to adult ratio in institutions. These are some of the factors that justify provisions in the United Nations CRC that institutional care should be a last resort. However, since some children may be better off in institutions, Casky (2009) suggest that if the best interest of the child is to place the child in an institution, it should be such that not more than eight (8) children should be cared for by an adult and the adults too must be stable in the institutions.

2.5 The Importance of Family Care

Poverty is one of the major factors that result in most children ending up in institutions. Most orphans with one or both parents living end up in orphanages because they have been assured by operators of these orphanages of better living conditions. However, most of these orphanages have bad conditions (Morrison et al 1995). A research conducted in some developing countries by The Faith to Action Initiative (2014), claims that even the best institutional care cannot replace that of the family. Governments and donors also think it will be effective in monitoring their money and donations since they would see a physical evidence of the use of their resources given to these institutions through pictures and videos sent to them as evidence (Kristiansen, 2009). However, it

should be noted that there are negative consequences that the children will get as a result of being placed in RCFs. According to Williamson and Greenburg (2010), family support, kinship care, adoption, fostering and KAFALA (a command in Islam in the Sharia Law, which mandates one to take care of orphans in a way a father would do to his own son without cutting the child off his family or lineage) are a better care arrangement than residential care facilities.

Placing children in their original communities gives them their identity, sense of belonging and would go a long way to help them benefit from support networks in the community. This gives them the skills they need to be independent members in the community (Tollfree, 1995).

Bettmann et. al, (2015) in their quest to find out what orphanage caregivers perception of the emotional needs of children are, interviewed ninety - two 92 care givers in orphanages from the Ashanti Region. The majority of them pointed out that children have emotional needs which are complex, hence one has to reach out to the children and adapt to the children's behaviours in order to know their needs. They also acknowledged that the children needed motherly love, time, attachment and protection. By this, they proposed that the children needed them (care givers) to act as their biological parents. Their need for physical love like cuddling, hugging as well as attachment needed to be provided by them. Majority of them also concluded that children actually needed family and parental relationship.

Some of the needs and problems faced by orphans according to a research by SADC in 2008 included nutrition, care, protection from sexual exploitation and disinheritance.

2.6 Reasons For Placing Children In Orphanages

According to Faith to Action Initiative (2014), it was realised that there is an increase in the number of children living in institutions, despite the global call for the drastically reducing the over reliance

on institutions to take care of orphans. In sub-Saharan Africa, this increase is evident with a very significant growth of orphanages hence the growing number of children in these institutions. Uganda, for example, according to Faith to Action Initiative (2014) has had its orphanages increased from 30 in 1992 to an estimated number of 800 in 2013. In Ghana, the increase has been from 99 in 2006 to 114 in 2013. As stated earlier on, one worrying issue is that most of these institutions are not registered with the state, making it difficult for the government and institutions responsible for monitoring these institutions to monitor their activities.

One major cause of children ending up in institutions, according to the researchers was poverty, but not the lack of care givers in the family setting. Parents who find it difficult to take care of their children are at times compelled to resort to orphanages with the aim of addressing the immediate problems they are facing. Literature also points out that it is more cost effective to invest in programs that strengthen the family setting where the child is situated. This will result in the reduction of institutional placement. (Faith to Action 2014, Williamson and Greenburg, 2010)

Williamson and Greenburg (2010), also reveals that another cause of institutionalisation of children is because of the high prevalence of some diseases such as HIV/AIDS, which is usually stigmatised. Therefore, families and communities that are hit with such diseases see institutions as a means to secure better conditions for their children and other children in their care. These institutions, according to Williamson and Greenburg are mostly established by Faith Based Organisations who see it as their religious duty to cater for the less privileged in the society by providing their basic needs.

2.7 Best Interest Of The Child

The “best interest of the child” is used in the Convention on the Right of the Child (CRC) to describe the well-being of a child. This well-being is determined by circumstances such as the age

and maturity of the child, absence or presence of parents and the experiences as well as the environment in which the child finds him/herself (UNHCR, 2008). By this, special attention must be paid to specific situation concerning children in order to enhance effective resource allocation and planning on matters concerning children. As part of fulfilling their international obligations, states must ensure that child protection systems are designed and implemented on the principles of the best interest of the child. (UNHCR, 2008)

Unfortunately the principle of “best interest of the child in all consideration concerning the child” is more honoured in principle rather than in practice in developing countries when looking for other form of care for children (African Charter on the Right and Welfare of the Child, 1990). Governments have to respond to Article 20 of the CRC, which obliges governments to respond to eliminate extreme poverty, which has the tendency of causing children to be orphans and rendering some vulnerable.

It is also unfortunate to note that due to less management and monitoring by governments, it is difficult to determine the number of orphans around the world (UNICEF, 2009). UNICEF estimates that there are about at least two million children staying in orphanages and children’s homes across the world. This number they acknowledge that it is probably a significant underestimate. Even though governments have laid down policies to ensure that RCFs are established properly and standardized after permission has been sought, many of these RCFs are proliferating especially in developing countries operated by individuals and international organisations with little or no government supervision. In Ghana, just five (5) out of 148 known RCFs are registered (Aryeetey et al 2011, 2012). However, the unregistered ones do operate. Colburn (2010) revealed that private institutions in Ghana are better places for orphans to grow up other than public ones which are

saddled with corruption. These facilities are mostly found in the urban areas to solve the high OVC cases in these areas (Deters & Baja, 2008 cited in Bettmann et al 2015).

Though various researchers have pointed to the fact that Residential Care is greatly overused and causes more harm than good to the child, in some countries and looking at some situations, they may be acceptable. For instance, a situation of adolescent living on the street or a child found in an abusive family, it would be a good step in taking them off the street and family in order to reunite them with their families or other loving families to create a conducive environment for them (Williamson and Greenburg, 2010). However, they note that such assertion is not to underestimate family base care neither is it to demonise residential care. Since a study by UNICEF on violence against children cited in Williamson and Greenburg (2010) revealed that child abuse in family setting occur at a high rate. This makes children often end up on the streets (Akinyemi and Okpechi, 2011). Williamson and Greenburg (2010) recommend that there should be supportive interventions to secure the well-being of families to prevent abuse of children. And also RCFs should operate with qualified staff who would care for not more than 8 – 10 children while their families are being traced for reunification. He indicates that a “good enough family may not be an ideal family but it is better than other care arrangements in securing the best interest of the child”. Whetten et al (2014), argued that taking children out of institutions does not necessarily guarantee their well-being. In their three year research across four (4) low and middle income countries with 1300 and 1400 children living in RCFs and family based setting respectively, showed that children in family care setting do no better than their counterparts in RCFs. The research showed that the children in RCFs do far better than their counterparts in family setting in terms of physical health, emotional difficulty, growth, learning ability and memory. This challenges the assertion that keeping children in RCFs results in negative effects on the children’s well-being. It was then

concluded that taking children out of institutions should be coupled with intervention programs to help families take adequate care of those children.

Aryeetey et al (2012), in their publication; “where should we stay? Exploring the options of caring for Orphans and Vulnerable Children in Ghana”, suitable forms of care arrangement for Orphan and Vulnerable Children (OVC) were identified. These were formal institutional care arrangement as well as informal care and support arrangement for OVCs in Ghana. Under the informal care and support arrangement which constituted Community and Household Based Care saw one remarkable arrangement which is the Manya Krobo Queen Mothers Association (MKQMA) which had it as its duty to secure the safety and well-being of women and children especially, Orphans and Vulnerable Children, since the Queen mothers have always been traditionally responsible for the wellbeing of the women in the Manya Krobo traditional area. This is done through home visits, fostering and adoption by these queen mothers (MKQMA WEBPAGE). With funds solicited through their website, 1035 OVCs have been beneficiaries with about six (6) children per queen mother. They provide these OVCs with food, clothing, education and health access. The rationale behind this is to create a suitable home environment for the children to grow in this natural environment, knowing the stigmatization and discrimination that OVCs go through, especially orphans of AIDS. Children under each queen mother refer to the queen mother as “mother” and call each other “sisters” and “brothers”.

According to the UNDP – Ghana 2008 report, family relations and community members still do take care of orphans despite the fast social changes leading to nucleation of the family system in Ghana. The research has shown a number of care arrangements in the informal sector, which included adoption, fosterage and house helps. This makes it possible for the family and community continue to create a suitable or natural environment for the OVCs. However, these living

arrangements are difficult to monitor since it is not formalized and hence any form of abuses would be difficult to be identified early.

The worrying situations of orphans and vulnerable children globally and Africa to be specific has called for various international documentations and conventions on how to tackle the situation facing countries as far as children are concerned. Below are some of the international and local legislation on how to deal with children and for that matter orphans and vulnerable children.

2.8 Gatekeeping

“Gatekeeping” is defined by Tollfree (1995) as the policies, procedures and services that are made in order to reduce the flow of children into institutions, while their progression back to their families or foster families are worked on. This is done by referring families and children to services or other care arrangement so as to limit the number of inappropriate placement into institutions, (UNHCR, 2008). There are various international and local legislations on how to deal with children and for that matter orphaned and vulnerable children. Some of the international and local legislation have been discussed in the next section.

2.9 INTERNATIONAL CONVENTIONS AND LEGAL FRAMEWORKS.

2.9.1 UNCRC

The UN Convention of the Right of the Child defines a child as any person under the age of 18 years. It further goes on to give rights to the child which includes civil, cultural, economic, political and social rights. These Rights are spelt out in articles 2, 3, 6 and 12.

Article 2 talks about non – discrimination which states that it is the state’s obligation to protect children from discriminatory acts of any form and make sure their rights are protected. The best interest of the child must be the ultimate aim in all decisions taken by any organization concerning

children. Articles 3, 6 and 12 state that the State should ensure the child's survival and development as well as participate in decision making in accordance to his/ her age.

It further specifies the need for special protection and care for children who are at risk hence vulnerable. It gives importance to the family's role in caring for the child and the state providing support to the families. These rights include article 7 which states that every child would be registered at birth, have a name and have the right to know and be cared for by their parents. Article 9 states that no child shall be separated from his/ her parents unless the child's presence or closeness to the parent(s) is not in the best interest of the child. Article 18 obliges parents to have joint primary responsibility for raising the child. Protection from sexual and physical abuses, including mental violence, neglect and negligence, maltreatment or exploitation, including sexual abuse is spelt out in Article 19. Article 20 obliges the state to protect a child without family by ensuring that the child grows in an appropriate family care or institutional placement.

A special mention is made of the state protecting orphans of AIDS in Articles 65-67. Ghana's ratification of this CRC puts the Government of Ghana (GoG) in a state in which they are mandated to adhere and formulate policies around these rights (NPA, 2010-2012).

2.9.2 African Charter on the Rights and Welfare of the Child

It was adopted in 1990 and enforced in 1991 as an African Regional Human Rights instrument on the Rights of the Child. The main reason for a different charter even though the Convention of the Right of the Child (C.R.C) existed was because during the drafting of the CRC, Africa was less represented (Johnson, 1992). It was also to address the issues of children which were found to be peculiar to the African Child and to bring out Africa's conception of the duties and responsibilities that the community and nation have as a whole as far as children are concerned. The charter emphatically stresses that every decision taken concerning the child should be made "in the best

interest of the child” (Article 4). Article 19 and 20 states that the parents and family of the child are responsible to care for and protect the child and in the event where there is difficulty in providing the basic needs such as nutrition, health, education, clothing and housing, the state must provide the necessary assistance to the parent and family. The charter also in Article 21 mandates the government to prevent actions that will harm the children and tamper with the development of the children. Taking children away from their parents and family should be a last resort according to the charter. All these things are to be achieved based on each government’s assessment of a better way to make sure that children in their jurisdiction enjoy their rights.

2.9.3 National Plan Of Action For OVC

In 2010, the government of Ghana again showing its commitment to international legislation that it has signed on in ensuring that children and for that matter Orphans and Vulnerable Children enjoy their rights. The government through The Department of Social Welfare (DSW) under the then Ministry of Employment and Social Welfare (MESW) drew a three-year plan to safeguard orphans. This was a follow up on a national conference on OVCs held in 2005 with UNICEF as the sponsor. It was to complement the already existing legislations and provide better care for children in institutions. Though the government of Ghana’s position on OVCs is that institutions should be a last resort for them, it acknowledges that some children would be better off in institutions for some time whiles other alternative care such as family based and community based care are worked out for them.

The strategic plan made up of three components which are preventive, protective and transformative.

By preventive, mothers who are considered to be the best people to take care of their children must be supported and kept alive through good and affordable health care for them to live longer. Cash

transfer like Livelihood Empowerment Against Poverty (LEAP) to mothers and families so that they can be in the position to provide for the family and children (with children being a target for family selection as a beneficiary) was to be introduced. The state and NGOs also were to train and educate families in the prevention of child abuse.

By protection, women and children were to be protected against violence and abuse by providing mothers the needed assistance to be independent especially from abusive males. DSW was to ensure that all children in children's homes are placed there for their safety. Children whose family cannot be traced will be given out for adoption or fostering.

For transformative measures, the operation of institutions and admission of children into institutions should be with the oversight of DSW who will ensure better gatekeeping. Meaning, children brought into these facilities would have their families tracked and reunited. The DSW would be equipped to have access to managing children's home to ensure that quality care standards are in place in these institutions.

2.9.4 Millennium and Sustainable Development Goals

The MDGs, which were enacted to address major problems facing the world, saw eradication of extreme poverty and hunger as it is to lift people above the poverty line which is spending not less than \$1.25 a day as its first goal. This also sought to ensure full and productive work for all people, especially women and young people so as to make them independent and stay longer to look after their children. This will go a long way to reduce maternal mortality and reduce the overuse of institutions since most of the children found in RCF are there due to poverty (Colburn, 2010). The SDGs which came into effect in January 2016 which built on the achievements of the MDGs and to tackle new areas which the MDGs didn't tackle also saw poverty reduction as a first goal since poverty is one of the major threats to human development.

2.10 Ghana's Social Policy Interventions

The Livelihood Empowerment Against Poverty (LEAP) is a programme which is supposed to reduce poverty in Ghana and to provide a sustainable life for the Ghanaian population. It started in 2008. It contains a cash transfer to Orphan and Vulnerable Children, people over 65 years and persons with disabilities. There has never been a programme that provided assistance to the most vulnerable groups in Ghana as mentioned above. (Abebrese, 2011.). Beneficiaries of the LEAP are also entitled to free registration and renewal of the National Health Insurance Scheme (NHIS).

The National Health Insurance Scheme (NHIS) was established under ACT650 in 2003 by the Ghanaian government. It was to replace the out of pocket payment which made it difficult for the poor population to access health care. There are some exemptions to those who contribute to fund the scheme. These people include beneficiaries of LEAP, persons above 65 years and children. It was amended in 2012 ACT 852 to increase the exemptions and diseases captured under it. (“REPUBLIC OF GHANA NATIONAL HEALTH.INSURANCE ACT, 2012. (ACT 852),” 2012)

2.11 Policy Implementation Framework Theory

The theory and concept of policy implementation was brought to light by Pressman and Wildavsky in the 1970s. Their aim was to find out a strong theory of policy implementation. According to Pressman and Wildavsky (1973), implementation is the carrying out, accomplishing, fulfilling, producing and completing a given task. According to them, policy implementation is viewed as an interaction between the setting of goals and actions taken by the public and private individuals which are directed to achieving objectives set out in the policy decision.

Sabatier and Mazmanian (1983) define policy implementation as the carrying out of a decision of policy which is incorporated in a statute. It could be in the form of executive orders or court

decisions. Policy implementation for them starts with authoritative decisions which recognises stakeholders at all levels from top politicians, bureaucrats and any other person or group who are considered important in producing desired results. They identify some factors which affects the achievement of legal objectives. They are; tractability of the problem being addressed, the ability of the statute to favourably structure the implementation process and the effect of political activities in support of the statutory objectives. O'toole (2000) defines policy implementation as what happens between the establishing of an intention by government to take an action and the impact of the actions that have been taken. He asserts that the implementation of the policy is the link that exists between the expression of government's intention and the results achieved. Elmore (1978) cited in Paudel, 2009 identified four elements that have to be present for effective implementation. These are;

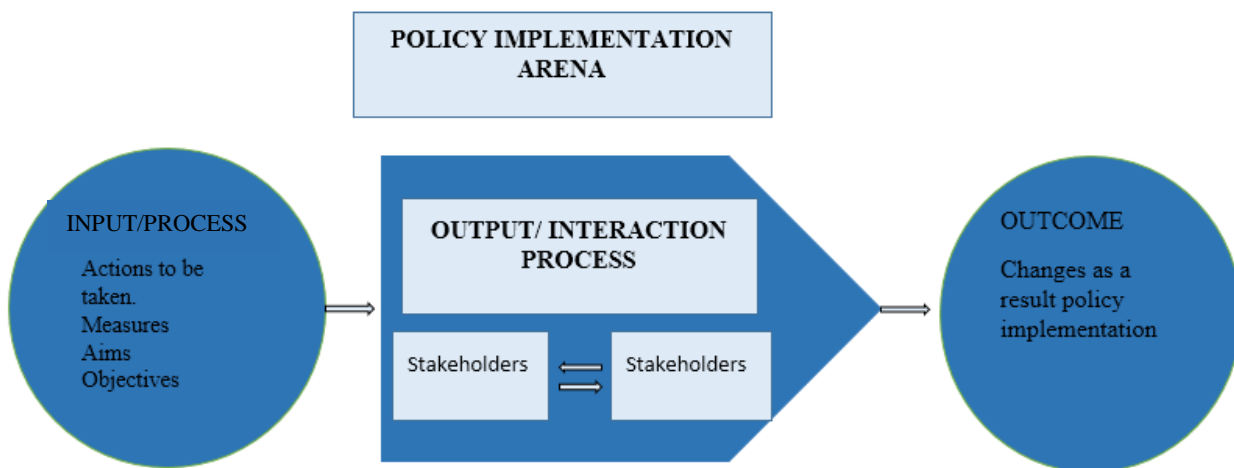
- a) Clearly spelt out objectives and actions to be taken by various bodies which reflect the aim of the policy.
- b) A plan that assigns tasks and standards of performance to subunits
- c) A means of measuring subunit performance
- d) A means to control and sanctions that would hold subunits responsible for their performance.

Elmore also identifies that factors such as poor definition, gaps in planning, specificity and control are the causes of policy implementation failures. However, he acknowledges that the success of policy implementation also rests heavily on motivation and commitment which is based on the implementers' value placed on the policy. External features such as the stability of the policy

environment and internal institutional conditions can also limit the effectiveness of policy outcomes.

From the above discussed issues, implementation can be conceptualised as Input/process, output and outcome. The process consists of the actions that are directed towards bringing an authoritative decision into effect. An important part of the process is the appropriate actions on certain important task linked to carrying out the intention of the policy. By output, the implementation can be seen as the extent to which the goals per the policy have been satisfied. The highest level of implementation is the outcome which refers to the significant change that has been made in relation to the problem which was identified and called for the policy. (Lester et al., 1995, cited in 2006).

Figure 2.1 Conceptual Framework



Source: Author's Construct, 2017

This study follows the framework proposed by Elmore in a way that it explores the various processes that the Care Reform Initiative proposes, the output which include the stakeholder interaction in order to achieve the aims by following the processes and the outcome which is the

significant change as a result of the implementation of the Initiative. It also explores other factors that hinder the implementation of the Initiative.

Fullam (2000) makes it known that even if implementation of policy is successful, the guarantee that it will last is low unless a number of conditions are satisfied before the success will be sustained.

2.12 Evolution Of Implementation

It is believed by Martland (1995) that the implementation concept has evolved across three generations. The first generation being the finding out of problems of policy implementation, the second generation looking at the development of an analytical framework of implementation like top – down and bottom – up approach and its synthesis. The third generation which is not yet known should be concentrated on explicit implementation theory building which has not yet been known, he advises.

The first generation which includes Pressman and Wildavsky's work 1973 focused on how the single policy was carried out at a single location. They discovered that the problem of implementation of the policy was the uncertain relationship between policies and programmes. The first generation was an effort to understand the factors that facilitated or constrained the implementation of policies. (Sabatier and mazmanian, 1981). It indicated how local factors like intra organisational relationship, commitment and institutional complexities affected responses outcome of policies.

The second generation study focused on the analyses between policy and practice. Number of issues was discovered for policy, practice and analysis. The studies were focused on explaining implementation success and failures of policy. It engaged in the development of an analytical

framework. This led to the Top – Down and Bottom – Up perspectives of policy implementation (winter, 2003) which exist till now.

2.13 Top – Down Perspective

The Top – down perspective of policy implementation according to Matland (1995) sees the policy designers as the main actors and attention is concentrated on factors that can be manipulated at the central level. Sabatier and Mazmanian (1979), identified some variables and conditions to be met in order to have effective implementation. These are; clear objectives, good theory, legal structure to implement the policy, committed officials, and supportive interest group in all socio – economic conditions. Matland makes it clear that the top – down approach prioritises clear policies.

This approach is criticised for not paying much attention to local actors, but laying much emphasis on the policy framers as key actors and ignoring the political aspects since it is seen as an administrative process and it hardly considers the importance of previous actions that would help sustain the implementation. Nevertheless, its strength is that it can help develop a general policy with consistent patterns in behaviour in all areas to implement.

2.14 Bottom – Up Perspective

The bottom – up theorist argues that policy is made at the local level by identifying the various actors who are in a way or the other engaged in the delivery of services in one or more areas concerning the policy. Their aims, strategies, activities and contacts are collected. This helps create a network of actors from the local level through the regional to the national actors who are involved in planning, financing and implementing government and non- governmental programmes (Matland, 1995). This helps to give a means of moving from local stakeholders and decision makers to the policy makers who are in both the public and private sectors. (Sabatier, 2005)

This approach is lauded for its taking into consideration, the factors affecting the environment and context in which the policy would be implemented (Cerna, 2013). The various stakeholders, their goals and strategies need to be well known in order to understand and implement the policy. However, it is criticised that policy control should be given to actors who have been given power through sovereign voters who will hold them accountable, but the powers of the local service actors do not derive from such sources (Matland, 1995). The implementation of the Care Reform Initiative uses the Top- down approach of implementation. The Care Reform Initiative was introduced by UNICEF and with the support of OrhanAid and sees the Department of Social Welfare as the mandated statutory body to monitor and oversee the effective implementation of the initiative.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The methodology that a researcher uses in his/her research is very important. In the social sciences, the methodologies usually used include quantitative, qualitative or mixed method approach. The kind of knowledge the researcher is seeking plays a major role in the selection of a suitable and workable choice of methodological approach, with the option for methodology being greatly determined by the objectives of the study and also the personal view of the researcher. As noted by Elliot; the question that the research seeks to answer shall determine the method to be used in the research (Elliot, 1999). This study employed a qualitative approach in gathering and analysing data. According to Dawson 2006, qualitative research takes into account the thoughts, perceptions and feelings of people. Qualitative research also sees knowledge as created in the interaction between the researcher and the informant. In this methodological approach, there is a subjective understanding of knowledge (Limb and Dyer 2001), with the ultimate aim of gaining a deeper understanding of the themes. Also, this study is an institutional research that involves a small sample size, and so the choice of a qualitative approach was imperative as it helped me to examine the CRI and understand the challenges in implementing the CRI very well.

Within the qualitative research, Silverman has acknowledged four methods that can be used. These four methods are observation, interviews, textual analysis and transcripts (Silverman, 2005). The main method that was used for this study is the interview.

An In-depth interview was held with Social Welfare Officers in the Suhum Municipality as well as the Regional Social Welfare Officers, the National Desk responsible for the Care Reform Initiative at the Department of Social Welfare, the managers of the residential care facilities in the

Municipality and the Eastern Regional Orphaned and Vulnerable Children Coordinating Committee members will be used to collect information.

3.2 The Eastern Region

Created in November 1953, the Eastern Region, which is one of the ten (10) administrative Regions in Ghana, shares boundaries with the Greater Accra, Ashanti, Brong Ahafo and Volta regions. It covers an area of 19.32 square kilometres which is about 8.19% of the total size of Ghana making it the 7th largest region in Ghana in terms of land space.

According to the 2010 PHC, the population of the region is 2,633,154. Out of this number, 51% are females while 49% are males. The youth makes up the majority of the population. About 41.2% are aged fifteen (15) years and below, 5.3% are above sixty-four (64) years and the rest being the economically active group. A higher percentage out of the 53.5% of the economically active group are engaged in Agriculture, 10.7% in industrial sector while the service sector has 22%. About 27.8% of the Region's population live in urban communities while 72.2% are found in the rural areas of the region.

The main occupational activities in the region include; agriculture, fishing, mining and trade.

Administratively, the region consists of twenty-six (26) municipalities and districts with ten (10) municipalities and sixteen (16) districts. The area of this research is one of the ten (10) municipalities in the Eastern Region.

Figure 3.1 Map of Ghana Showing the Eastern Region



Source: Ghana Statistical Service.

3.3 The Suhum Municipality

The Suhum Municipality which is the area of this study is one of the ten (10) municipalities in the Eastern Region. It was established by Legislative Instrument (LI) 2048 of 2012 as a result of the split of the former Suhum-Kraboia-Coaltar District into two. It is located in the southern part of the Region. It shares boundaries with the West Akim Municipality to the west, the Akuapim North and

New Juaben Municipal to the east, the Akuapim South District to the south and the East Akim Municipality to the north. The capital is Suhum.

According to the 2010 Population and Housing Census (PHC), there is a population of 90,358 representing about 3.4% of the total population in the Eastern Region with 43,962 (48.7%) being males while the remaining 46,396 being females (51.3%). The projected growth rate is 0.4% owing to the fact that the area is just about 60km from the country's capital, Accra, hence many of its youth have migrated to the capital in search for greener pastures. The major ethnic groups include Akan (37.4%), Ga-Dangme (25.6%), Guan (17.4%), Ewe (17.4%). The system of inheritance in the municipality among the indigenous Akan is matrilineal, while the other tribes are patrilineal. The population distributions are as follows 0-14 years (41.62%), 15-49 years (45.10%), 50-64 years (7.75%) and 65 years and above (5.5%).

Generally, the people in the Suhum Municipality just like many Ghanaian societies stress on communal principles such as family, respect for the elderly, reverence for traditional leaders, and the significance of self-respect and right social behaviour. Personal social behaviour is considered to have an influence on the whole family; therefore, all members of the society are expected to be respectful and honourable in all facets of their life. Naming ceremonies also known as outdoorings, marriage and death are all marked by family ceremonies, and while Suhum has a high percentage of Christians as compared to other religions, belief in traditional animist religions are still common in the municipality. Seasonal festivals serve to bring all members of the community who are in search for greener pastures outside the municipality together in spectacular fashion. The municipality celebrates two major traditional festivals, namely; Odwira and Ohum festivals

Figure 3.2 Map of Eastern Region Showing Suhum Municipality.



Source: Ghana Health Service GHS

The vegetation of the municipality originally was a semi – deciduous forest. But due to activities such as farming, lumbering and tree cutting for fuel, it has been reduced to regrowth thickets and secondary forest.

Economically, the municipality is agrarian with cocoa being the major cash crop produced. Suhum market is one of the major markets in the Eastern Region.

Figure 3.3 Map of the Suhum Municipality



Source: Ghana Health Service GHS

3.4 The Orphans In The Eastern Region

In 2013, Mr. Tetteh Quarshie, a regional social worker told the Ghana News Agency (GNA) that there are fifteen (15) Residential Care Facilities in the Eastern Region, with only one of them registered (GNA, 2013). According to the Department of Social Welfare, all the RCFs in the Eastern Region have about a total of 368 children residing in them. This number is after the closure 6 RCFs by the DSW in 2016 due to the fact that they operate below the set standards that has been laid down by the department for the operation of these facilities, and inappropriate establishment of

these facilities. Out of the 368 children still in these RCFs, 211 of them are boys while 157 are girls. It is proven that most of these children just as those other children in Residential Care Facilities across Ghana and other developing countries have at least one parent living. This number of children in these facilities is not constant. This is because as some children are being taken out of the home; other children keep coming in including those brought to the home by Social Workers in the districts in which these facilities are situated. As at the end of 2016, there had been eight (8) orphanages that have been closed down.

The Suhum municipality, where this research is being conducted, has two RCFs namely Jehovah Rapha Children's Home and Baptist School Complex and Orphanage. Baptist has a total of 67 children with 36 boys and 31 girls. Jehovah Rapha has a total of 19 children with 12 being boys and 7 girls. Even though these facilities operate as Residential Care Facilities as well as a school, there is a clear distinction between children who attend the school and those who are institutionalised.

3.5 Sample And Sampling Technique

Sampling is a process by which a comparatively lesser number of individuals, elements, institutions or events of a bigger population are selected in order to find out something about the entire population (Creswell, 2009). Sampling is economical since it saves cost and also makes it easier for the researcher to deal with a smaller data to analyse which makes analysis effective since the researcher would not have to deal with a larger data which will be burdensome. In light of this, purposive sampling also known as judgmental or deliberate method, which requires that the researcher chooses respondents due to their knowledge on the subject being studied was used in selecting a total sample size of ten (10). All the personnel of the identifiable departments were purposively selected based on their different background in terms of their profession, length of

service in their various professions and their role as stakeholders in matters concerning OVCs. Creswell (2005) as cited in Kusi (2012) states that; the purposive sampling technique requires that the researcher recognizes the distinctiveness and then find individuals that exhibit different dimensions of the characteristics. This will go a long way to help the researcher understand and get a better result on the study topic and make reliable conclusions. Since information gathered are from different point of views, though from the same population.

The interviews were guided by an interview guide which was designed with the objectives of the study in mind.

An interview guide is very important since it creates room for the researcher to ask follow-up questions. It also helps the researcher using the interview guide to get the opportunity to ask for further clarification through probing and expand the responses of respondents to ascertain their feelings and experiences (Kusi, 2012).

Secondary Data

The secondary data for this study included research materials on the socio economic situation in Ghana and also on the situation of the care arrangements available for OVCs in Ghana and Africa. These materials included; reports and documents from government institutions such as DSW and GSS as well as Organizations such as UNICEF and USAID. National websites were also used as a source of information. This was important because it gave first-hand information on the region and municipality in which the research was done. Information was also gathered from the web pages of the Residential Care Facilities (RCF) to know more about the RCFs.

3.6 Data Analysis

The qualitative (interview) data were analysed through thematic analysis. A recorded tape for each interviewee was played several times to be transcribed until a full transcription was made. The analysis and key findings were put into themes of three different tiers (Global, Organising and basic).

These themes presented classification and direction of emerging issues relevant to the study's objectives that sought to examine The Implementation of the Care Reform Initiative in the Suhum Municipality.

All the three objectives were addressed by Global Themes which were; the processes in placing children with families, successes achieved after the introduction of the Care Reform Initiative and the challenges faced so far in the implementation. The Global Themes were further broken down into Organising Themes so as to further explain the Global Themes. The Basic Themes were formed from the Organising Themes by thorough reading of the transcript quotes and relevant quotes were put together as Basic Themes.

From the responses, some of the challenges in the implementation were as a result of the processes on placing children with families as well as logistics available to the institution responsible to see to the implementation of the initiative. Most of the respondents also pointed out to the same challenges faced in the implementation of the initiative.

3.7 Ethical Consideration

An introductory letter was acquired from the Director of Centre for Social Policy Studies (CSPS), University of Ghana. Photocopies of the introductory letter were made and personally presented to all the respondents. The respondents were briefed on the purpose of the research and were assured of confidentiality before the interviews were made. The respondents gave their consent for the

interview to be recorded before the recordings were done. All the interviews were personally conducted by the researcher as well as the transcription.

CHAPTER FOUR

ANALYSIS AND DISCUSSION

4.1 Introduction

This study investigated the implementation of the Care Reform Initiative in the Suhum Municipality in the Eastern Region of Ghana, with regards to the provision of a better living arrangement for orphaned and vulnerable children. As indicated in the methodology, qualitative data were collected through interviews and observation.

Section A of this section focuses on the background information of the respondents. Section B covers analysis of responses on awareness of the Care Reform Initiatives and its objectives as well as the effects the institutionalisation have on children, their families and the society as a whole; the implementation and successes; and challenges to the implementation of the Initiative.

4.2 Background Information Of The Respondents

A total of nine respondents were interviewed for the study. These comprised; four (4) officials of the Department of Social Welfare, one (1) official from the Department of Children, two (2) Heads of orphanages and two (2) members of the Regional OVC committee. Six out of the nine (9) respondents were males, whereas four (4) of them were females. Two respondents worked at the Eastern Regional Office of the Department of Social Welfare. These were the Regional Director and the Programme Head for Child Right Promotion and Protection. The Regional Director of the Department of Children for Eastern Region was interviewed, the Municipal Director of the Department of Social Welfare for the Suhum Municipality, the managers of the two orphanages in the Suhum Municipality (Jehovah Rapha and Baptist School Complex and Orphanage), the National Coordinator for the Care Reform Initiative at the National Head office of the Department of Social Welfare, and a representative each from World Vision and the Anti-Human Trafficking

Unit of the Ghana Police Service in the Eastern Region who are members of the Eastern Regional OVC committee were interviewed. Most of the study participants (with the exception of the representatives from World Vision and the Anti-Human Trafficking Unit of the Ghana Police Service who had worked for six and eight years respectively with their institutions) had worked with the various institutions for more than ten years. Below is a table representing the information of the respondents;

Table 4.1 Demography of respondents.

Institution	Position	Sex	Duration in office
Department of Social Welfare	National Coordinator, Care Reform Initiative and Deputy Programme Head, Child Right, Promotion and Protection	Female	10
Department of Social Welfare	Regional Director, Eastern Region	Male	11
Department of Social Welfare	Programme Head, Child Rights, Promotion and Protection, Easter Region	Female	17
Department of Children	Regional Director, Eastern Region	Male	10
Baptist School Complex and Orphanage	Manager	Male	18
Jehovah Rapha Orphanage	Manager	Male	13
World Vision	Regional Representative, Eastern Region	Female	6
Ghana Police Service	Case Officer, Anti Human Trafficking Department	Male	8

Source: Field Data, 2017

4.3 Discussion

According to Elmore (1978), one of the most important elements that has to be present for the successful implementation of a policy is clearly spelt out objectives, and actions to be taken by various bodies which reflect the aim of the policy. In response to the awareness and knowledge of the aims and objectives of the Care Reform Initiative, all the study participants answered positively

that they had knowledge and understood the aims and objectives of the Care Reform Initiative. One of them had this to say:

“So we are talking about deinstitutionalisation and reintegration back into the families and community. We are talking about kinship care as a form of placement. That is where the biological parents are not available, the uncle or aunt takes care. That is what we call kinship care”. (**Eastern Regional Director, Department Of Social Welfare**)

Another respondent explained:

“So the CRI basically was initiated to deinstitutionalise children and promote family based care through alternative care methods. So when we talk about CRI right now, we like to focus on family based care through ++ alternative care system”. (**National Coordinator, Care Reform Initiative**).

A manager of one of the selected orphanages also said:

“...Yes it says that children are not supposed to be in the institutions for a long time. It says that we should send them to their extended families and also give some for fostering and adoption. Yes, so that is what it says”. (**Manager, Jehovah Rapha Orphanage**).

The intensity and severity of the problem being addressed and the ability of the statutes to favourably structure the implementation process is another factor that has to be considered by stakeholders in the implementation process. In exploring the effects that institutionalisation have on children, the government and the family, almost all the respondents acknowledged that being in institutions have both negative and positive effects, the negative being more prominent. The positive aspect is a motivation for the children being in the institution. On the positive effects, some respondents hinted that based on the reasons that drive children into institutions such as poverty, abandonment, death of parents, stigmatization and the extreme cases of children who are in contact with the law; the institutions are sometimes the safest place for them. Some of the explanations include;

“some are brought there because the home environment gets disturbed over some time like if there is a divorce and the parents are fighting over custody and their parents are confused

and they don't know what to do eerrh at times they bring the children there whiles they solve their difficulties. Or at times children go there from We refer them, the department refer them there because they have been abandoned by their parents or whoever is in charge of them. So we keep them there until such a time that we are able to trace the culprits who did the abandonment, or the child is prepared for adoption or any other placement that we think is suitable within a time frame” (Eastern Regional Director, Department of Social Welfare)

“Some of them, their parents, especially the ladies, some of them got out of the country to the neighbouring countries to practice some of these things that we know of. So they gave birth to children that they don't know even who their father is. They came back to Ghana and time was not on their side because of err++ this HIVAIDS. Some of them died leaving these children not taking care of them leaving them in the hands of may be an old aged grandmother. And you know most of them are farm workers and when somebody become old, especially a woman who doesn't even own the land they are tilling. You can just imagine the level of poverty and lack of so many things”. (Manager, BASCO).

Most of the respondents also agreed that the placing children in the institutions affect their personal growth psychologically and it also robs them of the rich Ghanaian cultures. They made comments such as;

“There are some institutions that don't have a good exit care and plan for these children and then they are there and donation is coming in and feeding them. It is like you are just breeding the child and the child loses touch from where he/she is coming from or where they are going. When the child grows to 16 years and finishes secondary school and you don't have money to take the child to the university, what do you do? Where do you place the child? You have separated that child from the roots. You go to a home and the child tells you from here, I am going to America. Which is not true, but that is what the child has been told and the child cannot come to grasp with the fact that he is not going anywhere”. (National Coordinator for Care Reform Initiative).

“there are abuses even among the children. And because they don't have any affection and it being like a formal care giving, they have to force or pretend to take care of them which makes the attachment and bonding difficult..... a lot of things in the society are not known by the children because they are restricted. Though they do household chores in the orphanages, if they don't understand and are confused, they can't usually ask for direction. (Municipal Director of Social Welfare, Suhum Municipality).

The discussion above also confirms that the children's knowledge of the cultural heritage of the Ghanaian society and family ties could be lost as a result of institutionalisation. Voyk (2011) in her

research on Orphan Vulnerability, NGOs and HIV/AIDS in Ghana, she found out that after orphans have left the orphanages, they become “outsiders in their community”. They usually have little or no kin ties which make it difficult for them to access land, find housing, employment and even marry. The difficulty to access some material goods further separates the orphans from the community since they have developed unrealistic expectations for their living standards.

Before the CRI, the orphanages kept the children until they transitioned into independent living. There was no exploration of options to place the child with a family. A situation which was worrying according to the stakeholders since most of these children needed a family at some stages in the rites of passage in life, for example during marriage. When asked what was done as far as the children are concerned before the introduction of the CRI, these were some of the responses;

“Well, they never did that. I think they took care of the children till they completed school and I don’t know where they go next” (World Vision Representative).

“Well, at first they never did that. The children will grow there and nothing else. When they are out of school then they can’t even go back to their families”. (National Coordinator for Care Reform Initiative)

“Initially, when we have children, instead of exploring the other alternatives like the adoption, we straight away place them in the institutions and according to research upon research, the institutional care have a negative effect on the upbringing of the children so to do away, as Africans and Ghanaians and we have the extended family”. (Programme Head Child Rights Promotion And Protection).

4.3.1 The laid down procedure for carrying out the aims and objectives of the CRI

The process in policy implementation consists of the actions that are directed towards bringing an authoritative decision into effect. An important part of the process is the appropriate actions on certain important task linked to carrying out the intention of the policy (Lester et al., 1995). This process has to be known by the various implementers and stakeholders who play a role in the realisation of the aims and objectives of the policy (Lester et al., 1995). The processes of the reunification and the reintegration components of the CRI were clearly spelt out and known to the

respondents. They had this to say when asked about the laid down procedures involved in reunification and reintegration of OVCs in institutions:

We trace where the child is from and do a needs assessment and all that. It is not every child that can return to the home because the home condition may be very bad that the child cannot be placed there so we explore other kinship and other placement options. (Eastern Regional Director, Department of Social Welfare).

“Well, we go back to the families and we tell them that the children are coming so they should prepare for the children. Then we also tell the child and make them aware that all hope is not lost in life. (Manager, BASCO.)

“When the child is being reunified, eerrhh before the child will move from the home to the family, we counsel the child. It is a process and not a day’s work.....So we psyche them and the family too. So we prepare the child on one hand and the community and the family...Though most of the homes are flashy, tiled and with water closet which is not in their houses, before they go, we talk to them for them to understand” (World Vision Representative).

This procedure is common to the orphanages that are owned and ran by the government. But the difference between the orphanages owned and ran by government and the private ones is that, according to the National Director for the Care Reform Initiative who is also responsible for the Osu children’s Home, some of the children at the Osu children’s home cannot be taken back to their families because of their conditions and what brought them there. She pointed out that most of the children there are children who cannot be even given out for adoption because of their disability and also their health status (this was in relation to HIV positive children). So the government have to take care of them. She had this to say:

“For the government orphanages, the children you find there, it means there is no way you can reunite them. Those they can reunite, they do and those that they can’t they give them up for adoption. The children with Disability and those with HIV, nobody is willing to accept them, not even their relatives.” (National Coordinator for Care Reform Initiative)

4.3.2 Measures put in place to ensure the success of the Initiative.

External features such as the stability of the policy environment and internal institutional conditions can also limit the effectiveness of policy outcomes (Elmore, 1978). By this, the government of

Ghana would have to provide some services which can be in the form of social interventions to mitigate the problems that make it impossible for families to pick up other members of the external families so that children do not end up in the institutions. On the measures that have been put in place to ensure that the aims and objectives of the Care Reform Initiatives are achieved, these were some of the responses from the respondents.

“So our district staff are within the catchment area they are supposed to go and visit them over time, make sure that they are going to school, make sure that their health insurance don’t expire and make sure that everything is going on well in the lives of the children and give us a report. So that is the way of making sure that the children do not fall into a situation where they will come back into the institution” (Eastern Regional Director, Department Of Social Welfare).

“they are on LEAP. The mother, the grandmother, the father, either of them, like guardian or parent is on LEAP.....At least every 3 months, there is this amount of money that would be given out. And then, the money I learnt is not meant to be spent. At least you start something with it like trading, eerrr and you can get some profit to take care of the child. (World Vision Representative).

“well, we have the free education and school feeding to help them when they go to their families. And we also have National Health Insurance. But do they work at all? That is what we must ask because there are children who cannot still go to school because their parents still pay something”. (Manager, Jehovah Rapha Orphanage).

From the above discussions, it is expected that some social interventions programs such as the NHIS, Free Compulsory Basic Education (FCUBE), Livelihood Empowerment Against Poverty should be measures that will support families who have difficulties in looking after their children, hence the children ending up in the institutions.

A strong force for implementing a policy is the presence and inclusion of the stakeholders at all levels who will willingly contribute in one way or the other to make sure that the implementation of the policy is successful (Matland, 1995). The contributions of these stakeholders are equally important since they provide financial and technical advisory support for the realisation of a

positive outcome of the policy (Sabatier, 2005). At the municipal level, some of the stakeholders of the CRI include the managers of the institutions, civil society organisations including NGOs, CBOs and FBOs. When asked about the stakeholders' contribution and their involvement in the implementation of the Care Reform Initiative, this was some of the responses;

the district officer should know... that is the part that the district officer plays, should know how to access these ++ stakeholders to help a family... There are some residential home that say ok I will help this child so that the child won't have to end in the orphanage. Okay I will help you to trace the background of this family because such funds are not available to the district officer. So at the district level and regional level, indirectly, there are actors at play that contribute eerrhh to strengthen the Care Reform Initiative. But at the national level, two main donors that I have been working with is UNICEF and just recently USAID came on board... So it is a system and if one arm is not working, it is a problem. Social welfare knows what to do but their work and success heavily depends on how other actors also respond. (National Coordinator for Care Reform Initiative).

This suggests that the Initiative has to be enforced. However, it is the duty of the Regional and District Social Welfare officers to scout for donors in terms of NGOs, at the regional and municipal level, to help them achieve the aims and objectives of the Care Reform Initiative. A discussion with the district and regional level social welfare officers and other regional OVC committee members brought out responses such as;

“And we don't do that alone, we do that with other people like stakeholders in the community like teachers, assemblymen, pastors and opinion leaders are all involved. (Eastern Regional Director, Department of Social Welfare)

I know of an NGO called project Nyamensa they have a home at Teacher Mante but not in the Suhum Municipality. What they have done is that they are doing the fostering system. It is a home but it is fostering. A mother and six children. (Eastern Regional Director, Department of Children).

“Well, we do our part and the managers to have to do their part. In the communities when we get there, because we are social welfare, the leaders and assemblymen help us a lot. As for that I will commend some of the community leaders”. (Municipal Director of Social Welfare, Suhum Municipality).

This brings to light that if Metropolitan, Municipal or District Assemblies (MMDAs) are not fortunate to get an NGO, CBO or FBO that is committed to the aims and objectives of the Initiative,

it will be difficult for the Initiative to be implemented successfully. One of the managers of the institutions lamented on how they struggle at times to enrol the children on the National Health Insurance Scheme for the children to access health care even when they have to leave the institution to their families. The manager of Jehovah Rapha had this to say to buttress this assertion;

well I don't know of any organization helping us to enroll the children on the NHIS. But at times the municipality help us in accessing the Health Insurance of the children. That is what they used to do but now it is hardly so (Manager, Jehovah Rapha Orphanage).

4.3.3 Successes

A policy is said to be successful when there is a positive outcome. Outcome can be seen as the extent to which the goals per the policy have been satisfied. A positive outcome therefore refers to the significant change that has been made in relation to the problem which was identified and called for the policy (Lester et al., 1995). On the successes achieved since the introduction of the Care Reform Initiative, this is what the respondents had to say;

“If my memory serves me right, I think we have done about ten or eleven reintegration. At Jehovah Rapha orphanage, we have done over the years since the last three years we have reintegrated 11 children and for Baptist too we have done four or five reintegration and the exercise is ongoing” (Eastern Regional Director, Department of Social Welfare)

One of the respondents narrated a situation where a child was reunited with the grandmother. The grandmother had sent the child to the orphanage when the child's mother died. The grandmother who was an old nurse nearing her retirement age took the child there to stay there until she (grandmother) retires.

“yes, I think I am aware of one, the mother was, the grandmother was a nurse and then the mother died, and the grandmother said she can't take care of the child and so, she purposely brought the child there and then would come for her after the child is of age. So by now, she is gone back to her grandmother”. (World Vision Ghana Representative).

According to the Municipal Director of social welfare, the manager of Jehovah Rapha and the Regional Director of the Department of children, there have been about seven (7) successful reintegration since 2007. The Eastern Regional Director of the Department of Social Welfare said that, there have been some years that not even a single reintegration was done. This he blamed on

lack of logistics and support from government. These were some comments from some of the respondents;

“Yes there have been some successes. About seven. The adoption is usually handled by the regional office for some reasons. (Municipal Director of Social Welfare, Suhum Municipality).

“yeah I know Jehovah Rapha has done some reintegration with the Department of Social Welfare and some of the children have been adopted. I know of about 4 or 5 children. But I believe you will get the exact number at the social welfare”. (Regional Director, Department of Children).

“well the social welfare have been able to reunite some of our children with their families. But the problem is that they expect us to trace them in their families to make sure everything is going on well with them”. (Manager, Jehovah Rapha Orphanage).

The success of every policy heavily rests on the strategies and other policies put in place by the government and implementers (Fullam, 2000). On the question of some of the strategies and social interventions that are in place which led to the achievement of the aims of the initiative, this is what the respondents who responded to this question have to say;

“well, we have the free education and school feeding to help them when they go to their families. And we also have National Health Insurance. But do they work at all? That is what we must ask because there are children who cannot still go to school because their parents still pay something”. (Manager, Jehovah Rapha Orphanage).

“If you look at it well, we have LEAP, NHIS, FCUBE and all that is supposed to help even the poor ones to have access to health and education and some money. .. that is the LEAP but the question is if it is enough”. (Municipal Director of Social Welfare, Suhum Municipality).

In spite of all the social interventions available to help the children access basic necessities like better health care, education and a sustainable family, some of the respondents questioned the ability of these interventions to serve their purpose. One respondent had this to say;

“Hmmm they claim there are government interventions that should alleviate the poverty, but I don’t see it. The people are still poor and we still take their children to them. The NHIS is not working, free school programme too the same. Nothing at all and at times it is difficult for us”. (Programme Head Child Rights Promotion And Protection)

From the above inference, there are good social interventions such as the National Health Insurance Scheme, Free Compulsory Universal Basic Education (FCUBE) and LEAP. However, these interventions are facing their own problems. This makes it difficult for effective policy implementation in such an environment as noted by Elmore (1978).

4.3.4 Challenges

From the interviews, respondents lamented over the myriad of implementation challenges they were saddled with, making it quite difficult to achieve its aims and objectives. Some of the challenges that emerged from the interviews included; logistics, financing, staff strength, lack of cooperation from stakeholders (the managers of the institutions and NGOs to provide technical and financial support), lack of public education and inadequate planning.

The Department of Social Welfare which is mandated per the Care Reform Initiative to carry out the specific aims and objectives are lacking the necessary logistics such as vehicles for transportation to operate effectively. Here are some of the quotes from the respondents in relation to this;

“We don’t have the logistics because we are supposed to be monitoring the homes and even the reunification; we have to do a lot of follow ups on the children. But here we are, no funds, vehicles, nothing”. (Programme Head Child Rights Promotion and Protection).

“Logistics funding is a challenge, because tracing comes with a lot of cost. You have to travel to the community you need to talk to people, you must visit there about two or three times and all that before you can do the reintegration. And the whole district has just one pick up. So you can imagine the district”. (Eastern Regional Director, Department Of Social Welfare)

“See as we sit here, we don’t have a car. I went out and it is with my pocket money. If I send any staff, they have to go with money. So how can we go to a far village like two or three times? (Municipal Director of Social Welfare, Suhum Municipality).

“For logistics, it is a problem. Had it not been UNICEF and USAID, we would have had virtually nothing. (National Coordinator for Care Reform Initiative).

The lack of logistics makes it difficult for the social workers to maintain firm and trustworthy relationship between their clients. Colburn (2010) identified lack of logistics and simple necessary tools like stationery to carry out daily administrative task as one problem that makes the relationship between the social worker and client problematic in Ghana.

In terms of finances, the Department has some challenges that make it difficult for them to operate in order to achieve the aims and objectives of the Care Reform Initiative. At times, the social worker will have to support their clients with their own money when they realise that the situation of their client is unbearable. In instances where the social workers cannot provide financial support, they are forced to send such children to institutions. Below is a quote that supports this;

“the social welfare officer would have to dip its own hands into his pocket to say okay, you have this today and let me see what I can do tomorrow because nothing is being provided by government to give welfare to individuals. A lot are doing their best to arrest the situation and some of them also because they have no one to help, they recommend the home because the children simply have to be protected. So at the end of the day, they send the child to the home because the other gatekeeping mechanisms are not available to them”. (**National Coordinator for Care Reform Initiative**).

The staff strength of the department at the regional and municipal level is very poor. This makes tracing of families especially after they have been reintegrated very difficult. From the top – bottom perspective of implementation which is adopted by this initiative, there has to be well resourced staff to carry out the initiative since the success rests on them. But through the discussion with the respondents, it was clear the situation was the opposite. Here are what some of the respondents have to say;

“We cry over the little staff we have. But that is what the government can give us so we work with it anyway”. (**National Coordinator for Care Reform Initiative**).

“Anyway, we work with the staffs that are posted to us by the region. We know the government says they cannot employ so much so we try to work with what we have. Though it is not enough”. (**Municipal Director of Social Welfare, Suhum Municipality**).

“Our number is not enough. But in Suhum and I think the region as a whole, we are even lucky. Some places are worse”. (**Programme Head Child Rights Promotion And Protection.**)

There is lack of cooperation between the social workers and the managers of the institutions. This is very disturbing since successful implementation also rest on the cooperation among some key stakeholders on the ground (Matland, 1995). Some respondents complained about how some managers still go around villages to convince families to bring their children to their institutions for better care. This term is known to the social workers as harvesting. This is done so that the institutions will be full of children in order to attract more donations from philanthropist. Kristiansen (2009) in her research to compare private and government institutions in Ghana to see which one provides the best care for children realised that many institutions are used as money making ventures. This creates a situation where managers scout for children to place in their institution since the more children you have in your institution, the more donations you get from philanthropist and donors. This is what some respondents have to say about cooperation;

“In Ghana, it is like their source of income. So at times it is difficult”. (**Municipal Director of Social Welfare, Suhum Municipality**).

“They have something called harvesting; they go to the eerrhh villages to bring the children to the institutions for more sponsors.” (**Child Trafficking Unit Representative**).

“Some of the homes are not also cooperating with us. They feel taking the child to their families, we are spoiling their business. Because that is where they also get something from. You will go and close it down and tomorrow they will be operation.” (**Programme Head Child Rights Promotion And Protection**).

Lack of public education is also yet another challenge faced by the department and other stakeholders in executing the aims and objectives of the initiative. As a top-bottom implementation process, the public need to be educated; first of all on the importance of keeping children in the family setting rather than the institution and also other qualified fit persons who can foster and adopt these children so that they do not spend their entire life in the institutions. One of the

respondents was of the view that if necessary, there should be some form of motivation in terms of financial support for foster families for the upkeep of the children they will foster. The respondents had this to say about the lack of public education as a challenge;

“Yes we have to educate the public on the need to keep their children with them and not someone who claims they will send them abroad. People too think it is a waste of money to help other people’s children if it is not from their family. I think there should be some motivation.. like money.” (Programme Head Child Rights Promotion And Protection).

“The whole Ghanaian society must be schooled. You know in Ghana, there is a stigma attached to these orphans. Like when their parents die, they see them as witches and a lot of them were brought and nobody looks for them. So sometimes if this is well explained, that is the fostering system, people will now embark on that keep the child, though he is in the family, it is not necessary that he has the child as a bonafide whatever, but he can go and come and he is taking care.” (Manager, BASCO).

“I think people are not getting the campaign on how bad the orphanages are to the children. So once someone says that white people will take care of your children then they are happy.” (Municipal Director of Social Welfare, Suhum Municipality).

The challenge of inadequate planning and training of officers also came as a challenge to the realisation of the aims of the care reform initiative. According to some of the respondents, just tracing and counselling of the families is not enough preparation. They expected that the situations in the families that made the children end up in the institutions will be changed before sending the children to such families. Also, they were of the expectations that the social workers and institution managers will be given enough training on the Care Reform Initiative. Some quotes from some of the respondents that support this include;

“Like if I am a grandmother and I brought my child there, and you want to take the child out of the orphanage and bring her to me, and I have nothing, I would have a problem and the child too will have a problem, because what the child will eat will become a... where will the child sleep? Because where she is, there is a bed, a mattress.” (World Vision Representative)

“We do try to train our officers once in a while, but the problem is that it is not frequent.” (National Coordinator for Care Reform Initiative).

“Well, it (CRI) puts pressure on us to reintegrate the children. And also they say that we should make sure that the children are healthy and the National Health Insurance but I

think it should be a joint responsibility between us and the social welfare.” (Manager, Jehovah Rapha Orphanage).

An observation from the above quotes suggests that the interventions by the Government of Ghana to mitigate poverty and save guard children to grow in their families are facing their own challenges. Under the FCUBE, interventions such as the capitation grant, school feeding program, gender parity access to schools, upgrading and training of teachers among others were considered so as to ensure its smooth implementation. To a larger extent, these interventions have succeeded in increasing the populations in the school yet creating overcrowding as the resources are quite inadequate to cater for the number enrolment. The continuous and persistent delay in the disbursement of funds to the schools by the government sometimes causes the schools to levy parents to pay fees to support the systems. This makes it difficult for some parents to educate their children. (Jaha and Sika-Bright, 2015). Likewise the NHIS doesn't guarantee 100% medical care as some ailments still have to be treated by employing the cash and carry method (Addae-Korankye, 2013). Wherefore the payment of LEAP is delayed, households will have difficulty in meeting their needs. Again, alternate measures to remediate the short term financial stress (approximately 3 months waiting period for LEAP) may be taking loans to offset the bills. This may also accrue interest. (Jaha and Sika-Bright, 2015)

Thus, though the support systems are in place, not much has been done to break the circle of the challenges.

In light of all these challenges, there was a quest to find out if there was a means to report these challenges and also if there are responses and how quick the responses are. It was noted that there are challenges and the only avenue for reporting these challenges are annual reports which are hardly attended to and hence response is not forthcoming as expected to be.

The following quotes buttress this;

“Yes, we do it through our reports. When the reintegration is done, we write it in our report and in the report, we tell them our action plans and the next line of action to be taken. But most of the time it takes a long time for them to respond. And demand other request.”
(Eastern Regional Director, Department Of Social Welfare).

“They report through their reports and we try our best to help. You know we cannot attend to the needs of all the districts, but we try to help them even if it is through advising”.
(National Coordinator for Care Reform Initiative).

“Response... we don't have any response. We write it in our report. Our quarterly report and annual report”.
(Programme Head Child Rights Promotion And Protection).

Discussion

The concept of policy implementation recognises the process by which the policy will be implemented. The process comprises: the actions that are expected to be taken by the actors/ implementers, it also looks at the clarity of the aims and objectives of the policy and whether they are well known to the implementers. The next stage of the implementation looks at how actors and stakeholders interact in order to achieve the aims and objectives of the policy. The Care Reform Initiative adopts the Top-Bottom approach of policy implementation which according to Matland (1995), views the policy designers as the main actors of implementation. According to Matland (1995), the policy designers who act as the main actors in the implementation have to be well equipped with resources in order for them to carry out their mandate to achieve a positive outcome. Matland describes a positive outcome as a significant change in the problem identified that has happened as a result of effective process and output.

The Care Reform Initiative was introduced in the Suhum Municipality in 2007. The main implementers are the Department of Social Welfare. Just as Sabatier and Mazmanian (1979) has indicated that an effective implementation needs clear objectives, committed officials and supportive interest group, the Care Reform Initiative also has clear objectives which are well known

to the implementers, and the Social Welfare Officers who are the main actors are committed to achieving the aims and objectives of the initiative. However, the supportive interest group which will provide financial and technical support to the initiative is lacking. Apart from UNICEF and USAID who provide assistance to the department at the national level, no other agency does at the municipal level. This makes it difficult for the social welfare officers at the regional and municipal level to implement the initiative. The social interventions put in place by Government of Ghana which includes LEAP, FCUBE and the NHIS which are to lessen poverty and give a meaningful livelihood to the poor citizens are not effective to support the implementation of the Care Reform Initiative. Government activities are therefore a major tool to effective implementation (Mazmanian and Sabatier, 1983).

The Care Reform Initiative has been able to reintegrate Seven (7) children in the Suhum Municipality over ten years of its implementation. This cannot be seen as a positive outcome. Therefore, it could be said that the Care Reform Initiative has not done much in reintegrating the children found in the orphanages in the municipalities into family setting. This “failure” stems from the fact that the government seem not to have interest in the Initiative since there is no financial support from government to the Social Welfare Officers. This makes it difficult for the Social Welfare Officer do their part to make the Initiative a success.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter summarises the findings of the research in the previous chapter and its consequence for the implementation of the Care Reform Initiative in the Suhum Municipality. The outcome of the findings will lead to policy recommendation and suggestions for further studies.

The dependency on institutions as care arrangement for orphaned and vulnerable children is increasing in developing and low income countries. However, the effects that institutionalization has on children in Africa, according to research is negative as against some studies in some developed countries where children were found to develop better than their peers in family setting. The increase in orphaned and vulnerable children in Africa and Ghana is a very disturbing issue, and this is as a result of high prevalence of HIV/AIDS in the region. The instability of the economy is also yet a contributing factor which reduces the extended families' ability to cater for orphans and vulnerable children.

This research will contribute to the knowledge and better understanding of the implementation and the challenges faced in the implementation of the Care Reform Initiative in the Suhum Municipality. The research brought to light that the Care Reform Initiative has been introduced in the Suhum Municipality. The various stakeholders, including the managers of orphanages acknowledge that institutionalization has a negative effect on the development of the children psychologically, socially and physically.

5.2 Summary Of Findings

The Care Reform Initiative was introduced to take the children out of institutions in order to safeguard their future. The aims and objectives of the Care Reform Initiative are; prevention, reintegration, fostering and adoption. The Initiative is set to prevent children from entering into institutions by strengthening families. It also seeks to reintegrate the orphaned and vulnerable children found in institutions into their communities and their families and give those who cannot be traced out for fostering. The fourth aim of the CRI is to give the children out for adoption if the aims above fail. All the participants of this study are aware of these aims and objectives of the initiative. A discussion with them shows their commitment to implement the initiative. This commitment stems from their knowledge on the negative effects that institutions have on children placed there.

There have been some successes in the Suhum Municipality which was as a result of the collaboration between the stakeholders and measures put in place by the government in the form of social protection initiatives.

However, there are a lot of challenges to the implementation of the initiative. This has made it difficult to take children out of the institutions, hence their presence there. Even with the introduction of the Care Reform Initiative, the Department of Social Welfare still send children to the institutions for better care and protection. The public's acceptance of fostering is nothing good to write home about. This makes it difficult for the "well – to – do" citizens volunteer to foster children. Families also are still facing financial difficulties and they see the institution as a means of financial support in taking care of their children.

Government interventions and policies that have been rolled out like LEAP, NHIS, FCUBE which are supposed to support families also have their own challenges.

5.3 Conclusion

The conclusion of the study is that, the Care Reform Initiative is a good plan to restructure the care of Orphaned and Vulnerable Children. Yet, the Department of Social Welfare is far from being well equipped to handle the duty of this reform. The Department of Social Welfare which is the statutory body mandated to facilitate the implementation of the Care Reform Initiative is ill equipped with logistics. Though their staff strength is very low, the dedication to implement the initiative is very high, but there are lots of challenges which make it difficult for the social workers maintain a close relationship with their clients. They have no means of doing proper monitoring after a child has to be taken back to his/ her family. The implementation of the Care Reform Initiation can said to be a failure since much has not been achieved in the period of ten (10) of its implementation, hence recommendations have been made on its implementation.

5.4 Policy Recommendations

The research has brought to light some of the challenges in the implementation of the Care Reform Initiative. Considering these challenges, some recommendations have been made.

- Firstly, the Care Reform Initiative's focus on kinship care is a very laudable idea. This is because it seeks to give chance for the child to grow up in a family setting where the child will be able to have access to proper care and affection. This will help the child develop physically and psychologically. But the stigma attached to orphaned and vulnerable children by their community members needs to be dealt with by the Department of Social Welfare and the National Commission for Civic Education. This will encourage kinship and community acceptance of orphans when there is the death of a parent or both parents. Ahiadeke et al (2003) made the assertion that, in some communities, orphans and vulnerable children carry some curses from their families. The Department of Social Welfare (DSW)

can partner with the National Commission for Civil Education (NCCE) to educate the general public so as to rid the society of the stigma attached to orphaned and vulnerable children. This will eradicate the negative attitudes towards OVCs.

- In addition to educating the public on the stigma attached to orphaned and vulnerable children, the general public should also be properly educated by the NCCE and DSW on fostering and the need to place children in a family setting rather than an institution. With the knowledge on the dangers in institutionalization, the general public will be ready to volunteer as foster parents to provide a family setting for orphans.
- The Department of Social Welfare must be transformed and given the necessary logistics and financial support to operate. The study revealed that the Department alongside other stakeholders is committed to changing the situation of placing children in institutions; however they do not have the required logistics and financial support from the Government. This transformation also must include a change in attitude towards the Social Work profession in Ghana. The Department should be able to reach out to the general public on social issues and Social Work. This will increase the support from the public in helping the department achieve its aims.
- The government should also make an effort to employ more social workers who will give counselling to foster families and children placed with them. This will bring about harmonious living between both parties.
- According to the discussion with the managers of the institutions and the officers from the Department of Social Welfare, children will continually be sent to institutions for protection and proper care. Therefore, it will be very important if the policies and practices of “gatekeeping” is strengthened. Before a child is sent to the institution, there should be a

thorough assessment of the family by the social worker to know the family situation and other preferable living arrangements like kinship care that can be made. This will minimize the length of the child's stay in the institution.

- The cooperation among the social workers, institutions and the community must be strong. This will enable the social worker to fall on traditional leaders and authority to educate the members of their communities on the importance of family and kinship care. This would prove effective since the Ghanaian society and for that matter the people of Suhum Municipality have high reverence for traditional leaders and also respect communal principles and high social behaviours. This will also help the children not to misplace their link to their home communities and families if there is a need for them to be in institutions.
- The major cause of children separating from the family is poverty. Therefore the Government should put measures in place to support families in which the children are being reintegrated into. This support can be in the form of training families in income generating activities which will enable the families to get sustainable income. Foster families should also be given some kind of support to serve as motivation and also encourage other families to volunteer as foster families for OVCs. The social intervention programs available to support poor families caring for OVCs should be strengthened by the government. The targeting for the LEAP program should be revised to include households that are truly vulnerable and taking care of OVCs. The state through the Ghana Education Service should ensure the full and effective implementation of the Free Compulsory Universal Basic Education (FCUBE). The strengthening of the FCUBE will make education accessible to OVCs and help achieve 100% enrolment and completion.

- Lastly, the Care Reform Initiative cannot be effectively implemented if there is no political will on the part of government to effect such changes. Currently, the Initiative is running on donations from UNICEF. The Government of Ghana should make a provision in the budget specifically for orphaned and vulnerable children.

5.5 Recommendation For Future Research

There is the need to carry out a future assessment of the quality of life of the children who have been successfully taken out of institutions into family setting to determine whether they are better off in the family setting than the institutions in Ghana.

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APPENDIX

Interview Guide

Topic: Implementation of the Care Reform Initiative in the Suhum Municipality

Socio-Demographics

- a) Name:
- b) Sex:
- c) Number of years worked in the Institution:
- d) Current Designation:
- e) Duration at Post:
- f) Qualification:
- g) Religious Affirmation:

Main Questions

1. Can you please give a brief history about the institution? Including its vision, mission etc.
2. How many staff are currently working in the institution?
3. What are their backgrounds and what is the ratio of a child to a care giver?
4. What are the factors that brought the children to the orphanages?
5. How many orphans are in the Suhum municipality?
6. How does institutionalization of children affect :
 - a. Government
 - b. Community
 - c. Family
 - d. Children
7. In your opinion, what are the positive aspects of institutionalization?
8. The care Reform Initiative was introduced in 2007 to de-emphasize the over reliance on care system for vulnerable children. Can you please tell me more about this Initiative especially its components?
9. When was the care reform initiative introduced in the Suhum Municipality?
10. What are some of the measures (policies) put in place to ensure or achieve the aims of the Care Reform Initiatives?
11. What are some of the successes of the CRI? And how are they linked to the policies implementation?
12. What are the procedures in placing the children in families?
 - a. Are the families willing to receive the children?
 - b. What roles do the managers and staff of institutions play in the implementation of the Care Reform Initiative?
13. What is still bringing them even after the introduction of the CRI?
14. What are the other challenges you face in carrying out the objectives of the CRI?
15. What has been the response to these challenges?
16. What are some of the NGOs helping to achieve the aims of the CRI?
17. What are some of the support services the families in which children are placed get? (what is your opinion on it)
18. In your opinion, what is the future of the CRI?

