

# Child Care Centres as Welfare Institutions in the Northern Region of Ghana: Orphanages in Perspective

**Eliasu Alhassan**

*Department of Social Political and Historical Studies  
University for Development Studies, Wa Campus, Ghana  
aeliasu@uds.edu.gh*

*DOI//<http://dx.doi.org/10.4314/gjds.v14i2.12>*

## **Abstract**

*The social reason for establishing orphanages is flawed following extreme exploitation, abuse and maltreatment of orphans in a number of home(s), signaling an impression that they exist for self-seeking and are conduits for wealth creation for owners. This paper examines the specific role of orphanages as child care centres in the Northern Region of Ghana from the perspectives of welfare services rendered, management styles, compliance and challenges they face. The study used a qualitative research design with a case study approach. A purposive sampling technique was used to select 30 respondents. Sources of data were primary and secondary and the data were analysed thematically. The study shows that orphans and vulnerable children have access to basic welfare service and also, key management style of orphanages was autocratic. Inadequate funding, poor infrastructural facilities, stigmatization and inadequate human resources were the challenges of orphanages. The orphanages play a crucial role by providing basic welfare needs to inmates and vulnerable children. The study therefore recommends an improved budgetary allocation and infrastructure especially by district assemblies and the use of regular volunteers to enhance human resource capacity.*

**Keywords:** Orphanages, Child Care Centres, Children, Vulnerable, Welfare

## **Background to the Study**

The paper is structured as follows: Background of the Study, theoretical framework, methodology, findings, conclusions and recommendations. According to Ansah Koi (2006), the Social Welfare Institutions especially Orphanages have been the core embodiments of society's development and transformational processes globally established to deliver a range of interventions in child welfare. It has been defined as social structures that deliver philanthropically survival services for children who cannot

be cared for by their families due to peculiar reasons. Department of Social Development 2015, for example reports that Children's Homes and Orphanages existed in Ghana during the European missionary's activities and subsequent colonial period. This took the form of informal missionary activities of caring for abandoned and orphaned children.

Children Homes have become very important institutions as they assist the extended family by providing appropriate interventions to stabilize children and the family to hope for a healthy and sustainable future by offering every eligible access to basic needs for orphans and vulnerable children (OVC). According to the DSD (2015), a large number of Children's Homes are in operating throughout the country by individuals, private institutions, such as NGOs, or government agencies, to provide accommodation, care and support for children who require Out-of-Home care due to a variety of social, economic and security reasons. The department further indicates that there are 148 orphanages operating in Ghana, though only 10 are registered. Children from urban communities have a greater need for the services of orphanages because they do not come from small communities where there is a deeper sense of responsibility to care for them. State sponsored and controlled orphanages are required in these instances to provide homes for children when there is no community to care for them until a suitable family can be found.

Several challenges have therefore confronted orphanages for the last decade. These challenges range from flouting of statutory regulations to weaknesses in the management of the homes. The DSD has observed that, the operations of most of these children's Homes do not conform to the required minimum international and national standards as stipulated in the following documents: Children's Act 560 (1998), the UN Committee of the Rights of the Child (1990), Guidelines for the Operation of Children's Homes (2004), Joint Working Paper of UNICEF and International Social Service (2004), UN Guidelines for the Protection and Alternative Care of Children without Parental Care, Legislative Instrument. As a result, there is an increasing tendency for the rights of some of the children involved to be abused, or their human rights violated in some of the Children's Homes.

The rise of orphanages around the country has also been accompanied by corruption as they operate with a profit motive. They seek donations and keep the money for themselves to the neglect of the orphanage. Corruption has deterred people from giving donations to orphanages because they are unsure of where the money is going. A number of orphanages around Accra have been shut down due to sexual abuse, and monetary exploitation. These challenges as well as negative stigmatization surrounding orphanages played a role for the motivation behind the orphans and vulnerable Care Reform Initiative (Onuaha, 2010). The question of how best to care for orphans is of

great concern and becoming more so, because the numbers are huge and still growing. Orphans and vulnerable children in Ghana are estimated at 1,216,770, (MGCSP, 2010); 59 million in Africa and 153 million worldwide (UNICEF, 2010) as of parents who have died from AIDS, infectious diseases, pregnancy complications, violence/conflicts and natural diseases.

The Government of Ghana and international NGOs have partnered each other to introduce the Orphans and Vulnerable Children Care Reform Initiative (CRI) which has since been implemented for the past four years. The CRI is intended to move Ghana away from a reliance on institutionalized care system and towards an integrated family and community based care. Although the programme has formidable goals, it unfortunately does not offer a window of hope in addressing the problems of orphanages. Thus the complete transformation of the orphanage system will take time before any change occurs. Investigation by Tiger Eye Pi, a private Ghana investigative group in 2015 exposed excessive corruption in Osu Children's Home in Accra. This reportage corroborates the findings of Colburn, (2010) and provides enough pointers for further study especially in the Northern Region of Ghana which topped in the countrywide closure of orphanages whereby twenty-five orphanages were closed down due to some of these challenges ( DSD, 2015).

## **Theoretical Bases**

There are several theories which speak to the developmental process of childhood. These theories in one way or the other complement each another. In many instances, theories like psychodynamic, attachment and psychosocial theories by Freud, Bowlby and Erikson respectively had been used conjunctively to complement each other. This study on the role of orphanages in child care services among selected children homes in Northern Region of Ghana relied upon the three theories. These theories are employed together in an attempt to bring together the various facets of psychological and emotional damages as taken from different theoretical standpoints (Mcleod, 2007 Maguire, 2002, Zastrow and Kirst-Ashman 2013).

Child development theories concur that childhood experiences determines the future, social, emotional and psychological dynamics and functioning of individuals in their adulthood life. Psychological theory postulates that adverse and painful childhood experiences are repressed into the subconscious part of the mind and they can return at a later stage of human development as challenges to social functioning of the individual. Barth (2002) in his attachment theory argues that infants have a tendency of developing mutual and reciprocal relationships with constant and favorable caregivers. To this end, attachment theory argues that latter social relationships of individuals

are reflective of their childhood attachment with their care givers. An emotionally cold and detached relationship as is often alleged to be the case in institutional care could be synonymous with trouble in developing intimate and personal relationship. The psychosocial paradigm by Erikson views that human development passes through eight defined stages of growth and development (Maguire, 2002). Like the other two theories, the psychological theory postulate that social dysfunction in adulthood are as a result of unresolved childhood conflict (Zastrow & Kirst-Ashman, 2013).

The main discourse running in all the paradigms outlined above implications are unresolved childhood conflicts. The centrality of these theoretical perspectives in this study stems from the fact that, child care institutions are charged with the responsibility of overseeing children during their most vital and delicate period of development. Zeanah et al. (2005) and Smyke (2007) argue that in most instances, child care institutions are fraught with serious impingements on the wellbeing of children. They allege that there are social and emotional gaps in institutional care as a way of meeting children's needs for care and protection. Stemming from these arguments, the research focuses mainly on how orphanages render child care services to ameliorate the after effects of institutional care with particular reference to psychological and emotional damages suffered as a result of institutionalisation. The significant part of the framework is the analysis of the interaction that goes on between inmates and vulnerable children.

However, Richter, Foster and Sher (2006) reveal that Bowlby may have oversimplified the concept of maternal deprivation. Bowlby used the term 'maternal deprivation' to refer to separation from an attached figure, loss of an attached figure and failure to develop an attachment to any figure. These each have different effects, argued Richter 2006. In particular Richter 2006 distinguished between privation and deprivation and argues that if a child fails to develop an emotional bond this is privation, whereas deprivation refers to the loss of or damage to an attachment.

Also, Maguire (2002) argues that the psychodynamic approach comprises a series of hypotheses, some of which are more easily tested than others, and some with more supporting evidence than others. In any case, whilst the theories of the psychodynamic approach may not be easily tested, this does not mean that it does not have strong explanatory power. Moreover, Gulaid (2008) believes that Erikson also portrayed a masculine psychology in his stages of development. The author noted that he recognized a somewhat different pattern of development for girls and women – one that depends more on intimacy and relationships with others and less on autonomy, separateness, and independence – but that Erikson failed to update his stage descriptions accordingly.

The psychosocial theory is crucial to the study since the study is about children of varying age groups who need special care at every stage of growth: That is taken into account the critical role of orphanages. The psychosocial support framework offers a shared understanding of psychosocial support as a basic requirement for optimum developmental outcomes for vulnerable children and its relationship to other basic needs and the environment in which they and their caregivers live. It also provides explanation of a psychosocial support as a cross-cutting service that should be integrated into all the services for orphans and vulnerable children.

According to it to develop optimally, a child requires a balance of different types of basic developmental needs (psychological, social, emotional, spiritual and physical to be met. For these needs to be addressed in a holistic manner, a comprehensive approach to service delivery is necessary. This should include: Food and nutrition, shelter and care, protection, health, psychosocial, educational skills training, spirituality, economic opportunities and community cohesion. This is essential in order that caregivers are able to use this as a means to ensuring quality care service delivery in orphanages.

## **Methodology**

The study used a case study approach, which involve a qualitative design triangulated with descriptive statistics. A case study method was adopted to carry out the research because the phenomenon under investigation is a real life contemporary developmental issue and needs a combination of methods to investigate. In addition, the case study brings the investigator to a direct contact with the problem in the field.

The method allowed for in-depth collection and analyses of data from selected orphanages/children Homes. Data was collected at the same point in time. A case like an orphanage was used to explain welfare institutions in delivering child care services. This made it possible to investigate, examine, understand and interpret the magnitude and nature of care services for orphans and vulnerable children as well as the social, physical, economic, psychological and cultural conditions of these children. This approach contributed to the process of constructing research knowledge such that the settings were observed, interviewed, recorded, described, interpreted and appraised as they were.

The target population was the total number of population of orphans in three respective Children Homes in Northern Region of Ghana namely: Nyohini Children's Home, Hands of Mercy and Redemption Children's Home estimated at ninety-two. The list of forty (40) caregivers was also useful in engaging with management. List of two (2) key informants was also obtained. Key Officers at the Regional Department of Social Development and DOVVSU-police unit in Tamale were included in this list of informants.

The study adopted a purposive sampling technique. This method is based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which which a lot can be learned. Even though the sample frame was known; not every one of the target population had an equal chance of being included in the sample because some were either infants/babies and could not verbalize or were people that were not closely linked to orphanages and child care activities/issues that were of interest to the researcher.

The second step determined which type of purposive sampling to employ. The common non-probability sampling type employed were purposive and convenience sampling. This made it possible to hand-pick orphanages and particularly orphans who were grown enough to respond adequately to questions and also to give them the opportunity to share their knowledge and insights regarding their life experiences and realities in orphanages.

Data collection was done on the entire population however selection was also judgmental and covered a total of 30 respondents. Twenty-two children out of 92 inmates in the three institutions, 6 caretakers in all three institutions (two each from the three institutions) and 2 officials of the Department of Social Development and DOVVSU. The sampling technique was adopted because it was advantaged by the fact that the units that were selected by their very disposition provided adequate and better information that was critical to the study. Selected orphanages are listed and shown in table 1 with their ownership status.

**Table 1: Districts and the selected orphanages**

<b>District/Metropolis</b>	<b>Selected Orphanages</b>	<b>Ownership Status</b>
Sagnarigu	Tamale Children's Home	Government
Tamale	Hands of Mercy Children's Home	Private
Damongo	Redemption Children's Home	Private

Source: Field Survey, 2016

Thirty respondents were purposively selected comprising orphans and the vulnerable children, caregivers and government officials. In order to ensure a broader understanding and explanation of the issues involved. The study employed triangulation in collecting data. This procedure by prescription required that data is assembled from an assortment of sources and methods.

Key informants interview was conducted with technical and administrative officers of institutions. It was centered on the management/owners of the target institutions of the study and government officials. Caregivers and OVC were also interviewed individually. Orphans physical out-looks and appearances were also observed including

the environment in which they leave OVC relationships with the caregivers by way of interactions were observed as well.

The Focus Group Discussion (FGD) was done to collect descriptive field data from orphan and vulnerable children respondents. Three Focus Group Discussions for each of the selected Orphanages. Each of the FGD comprises 6-10 inmates. The main purpose of FGD was to draw upon respondents' attitudes, feelings, beliefs, experiences and test their reactions on services offered from the group's point of view. It was to also cross-examine with individual responses. An FGD guide was the instrument employed to collect the data.

A review of official documents and published works was done to further examine the situation of orphans in the region. These included documents from the Department of Social Development, Ministry of Gender, Children and Social Protection and Ministry of Youth Employment and Empowerment document on National Plan of Action (NPA) on care of orphans in Ghana which reflected the number of orphanages and orphans in Ghana and Tamale specifically. Documents from other organizations such as Non-Governmental Organizations (NGOs) – 'Orphanage Africa', 'Save the Children', among others were analyzed. Some secondary data were sourced from internet, published theses, dissertations and journals.

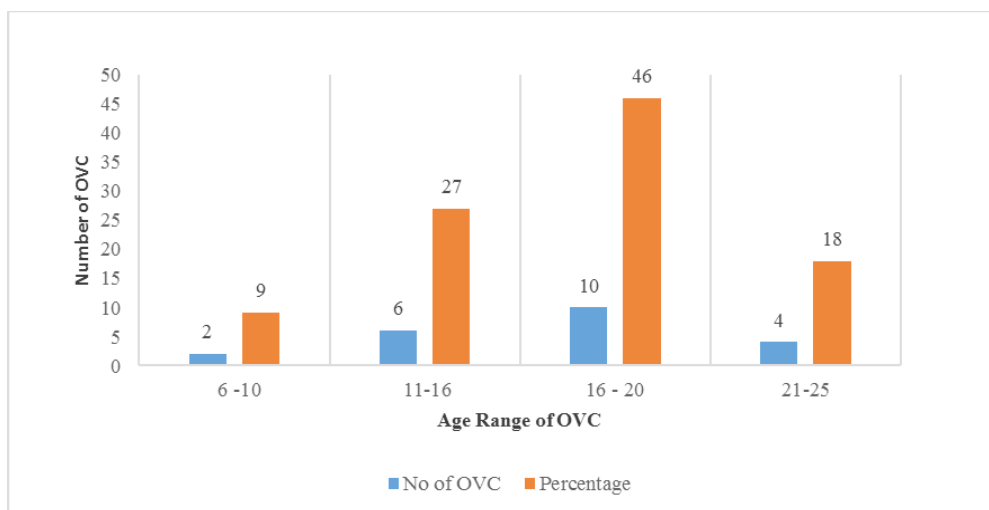
Qualitative data from field notes and the audio recordings were analyzed at each and every stage of the data collection process. This was to make sure that the data collected did not swell up, and thereby making the analysis at the end of the actual data collection extremely tedious. The recordings were transcribed into a notebook. The transcribed recordings and the notes taken during the interviews process were edited in order to improve the quality of the data.

Descriptive analysis was employed in analysing the qualitative data. Themes, percentages, explanations and direct quotations were employed as the means of presenting the data that was analyzed. Findings from these data were interpreted and backed up by literature reviewed in the final stage. Firstly, the findings of the biographical data were used to make a generalisation whilst the findings of the descriptive analyses were used to elucidate the views and responses of respondents. Consequently, the blend made the results more understandable and provided a rich picture that captured the breadth and depth of service delivery in the welfare institutions.

## **Findings and Discussion**

This section of the article presents the findings and discussion for orphanages as welfare institutions in the Northern Regions of Ghana.





**Figure 1:** Age range of orphans and vulnerable children

Source: Field Survey, 2016

The purpose of this was to get grown-up children that could verbalize and answer questions adequately. Twenty-seven percent of the sampled respondents were within the age range of eleven to sixteen years (11-16), while (46%), forming the majority of the sampled orphans fell within the age bracket of sixteen to twenty. Figure 5.3 shows that four respondents, constituting eighteen percent (18%) of the total OVC fell within an age bracket of twenty-one to twenty-five.

The Ghana universal adult suffrage age is pegged at eighteen. Hence majority of the sampled respondents falling within an age bracket of eighteen to twenty five conforms to statutory requirements. The author can consider and accept the overall subjective responses of the orphans as matured ones and not infantile based upon the inferences of the data presented.

It was found that the Tamale Government Children’s Home was set up as early as 1969 with an initial population of seven orphans. Its purpose was to serve as a foster home for the less privileged children in society and to meet statutory welfare programme requirements.

The population had since increased to twenty-four during the time of the study. Similarly, the Redemption Children’s Home established a decade ago (2006) had an initial population of four inmates, which has increased to fifty-four. The main purpose for the operation of this private orphanage initially was to cater for an ostracized child the orphanage has recently expanded its admission class of inmates to include OVC. In 2009, the Hands of Mercy according to its owner got the direction and motivation from



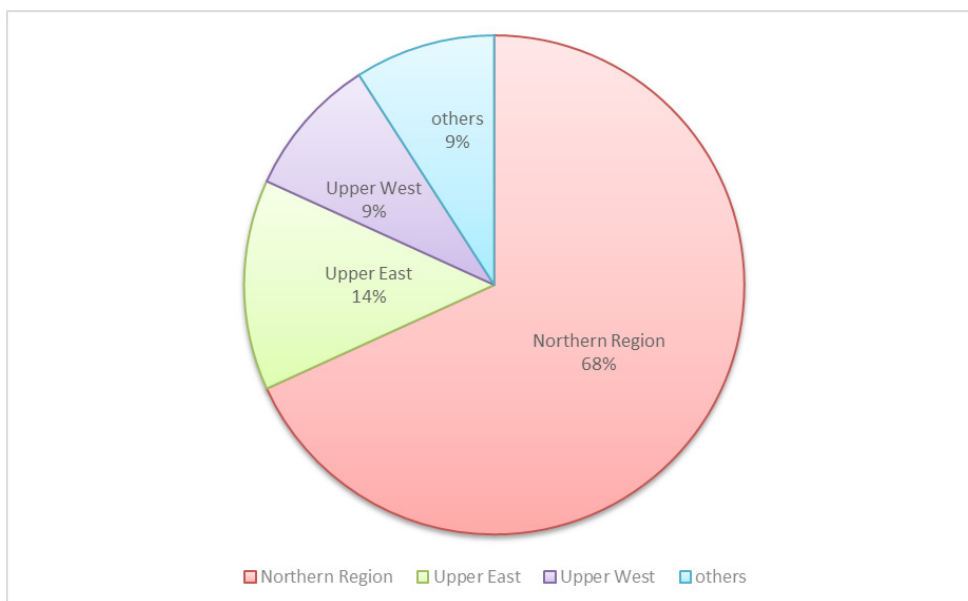
God to set up an orphanage through which he could wipe away tears and put smiles onto the faces of OVC. The orphanage purpose is to show love and care for OVC by giving them hope and a better future. The orphanage commenced with an initial population of sixteen inmates and as at the time of the study the enrolment strength was fourteen

It was further observed that there has been an increase in the number of enrolment in the orphanages except that of Hands of Mercy Children's Home that declined from sixteen (16) inmates from the inception year to fourteen (14). It is further observed that as far as 1969 the Tamale Children Home has been operating in Northern Region of Ghana and remained the only one until in the late 1990s. The inception of private sector activities in orphanages in this part of the country only started in the late 1990. One key observation from the profile history of the sampled orphanages is the purpose and motivations for setting them up. Almost all orphanages were set up for social reasons and not for profit seeking as is the general perception in Ghana recently. Even if that was the case, the author did not expect the privately owned orphanages to suggest that they are profit oriented or they set up the organizations to exploit the inmates economically.

The enrolment of OVC at the Tamale Children Home has been fluctuating over the period 2010 to 2015. In 2010 the OVC enrolment was twenty seven (27), declined to twenty five (25) as at 2011, increased to twenty nine (29) and further increased marginally to thirty (30). There was a decline again from thirty (30) inmates to twenty six (26) as at 2014 and by 2015 the number increased again to 30 OVC housed at the Tamale Children Home.

The Redemption Children Home has had the largest number of inmates in Northern Region of Ghana over the period 2010 to 2015 and therefore has a higher outreach and impact than all other orphanages captured during the study. The annual marginal fluctuation of OVC population observed in the Tamale Orphanages is a reflection of the reintegration of grown orphans as explained by key informants. According to the owner, fear of christianisation of inmates accounted for the withdrawal of two orphans by families in 2014 at the Hands of Mercy Children Home.

Despite the location of these orphanages in Tamale Metropolis, Sagnerigu and Damongo Districts, the institutions enroll children from all over the region and even beyond. It is observed from figure 2 below that as many as sixty-eight percent of the respondents are from Northern Region, while fourteen percent (14%) are from the Upper East Region and nine percent from the Upper West Region. Persons from other locations of Ghana such as the Brong Ahafo Region, Asante Region and unknown areas by inmates classified as others constituted nine percent of the respondents.



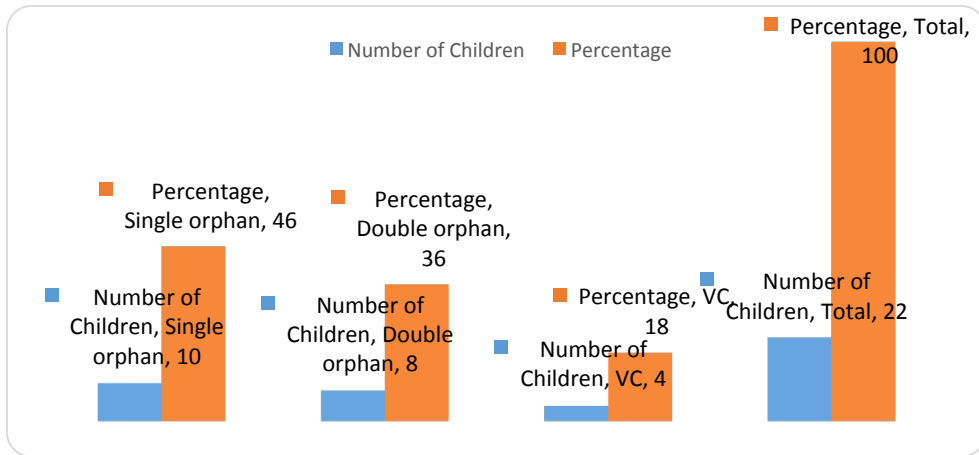
**Figure 2: Catchment areas of Orphanages**

Source: Field Survey, 2016

Orphanages in Northern Region reach out to their immediate surroundings in terms of orphan enrolments than from far locations, although they open their doors to clients from surrounding regions of Ghana. This means that priority should be accorded to the orphanages to enable them play their roles meaningfully. The distribution of children across the region is an indication that the level of awareness on the need for institutional care is high.

The sample for the present study included three categories of orphans namely: single, double and vulnerable orphans. The single orphans are those children who have lost only one of their parents whilst the other parent is incapable of taking care of them. For the double orphans, they have lost both of their parents whilst the vulnerable children are those whose parents are alive but are incapable of catering for them due to poverty, disability, sickness or abandonment.

These categorizations used in the study are presented in figure 3. The number of single orphans were forty six percent. The double orphans were thirty six percent vulnerable children were eighteen percent of the total orphan respondents. The single orphans are the majority while the Vulnerable Children (VC) were in the minority.



**Figure 3: Categories of OVC**

Source: Field Survey, 2016

Majority of the respondents captured in the study fell within the category of single orphanages which is as many as forty six percent (46%) followed by the double orphans with a total representation of thirty six percent (36%). The minority category in the sample is the vulnerable children which constitute only eighteen percent (18%) of the sample.

The quality of welfare and maintenance services available for them revealed very interesting results. All one hundred percent (100%) of respondents generally prefer to live in orphanages than with their family members, both external and nuclear. According to the sampled respondents, aspects of their feeding, beddings and sleeping as well as general care provided them were not bad. From the study, as many as fifty percent (50%) of sampled respondents are satisfied with the care conditions available at the orphanages whiles thirty six percent (36%) are very satisfied with the quality of welfare services rendered to them therein. Only fourteen percent (14%) of the inmates think that the welfare services are not very good for them and mentioned cases of poor feeding and residential accommodation not being good during the study visit.

During the interview sessions, respondents shared their own views on the daily indicators of better welfare and child care services available to them in the respective orphanages. They indicated eating three times daily which normally involves mornings-porridge, afternoon-rice, cowpea, boiled yam or beans with gari and evening. *T.Z* and were just good for them and comparable to children who are not orphans.

It was observed that, the meals provided among OVC was not that bad at all by the Ghanaian standard. If inmates were residing with their parents they will probably

be served the same meals or even worse. Cases of malnutrition and hunger cannot be associated with these inmates. One of the orphans emphatically said: *“I eat exactly the number of times a normal human being eats. Three times a day.”*

By this assertion, it could be interpreted that the children get enough to eat and even by observation, they looked healthy and strong. Other indicators of better welfare service includes the availability of school uniforms, access to the National Health Insurance Scheme to mitigate cost of health care. There is no form of child molestation or bullying emanating from management and fellow inmates at all in the children homes. They mostly sleep at 8: 30pm and wake up at 5: 30am on school days and 6:00am on weekends; times of rest they perceive as adequate for them. The orphans also mentioned that they have enough sleeping spaces, beddings and mattress opportunities that are not synonymous to Ghanaian orphans. No cases of sexual abuse in all the institutions sampled during the study have were registered, a condition that makes them feel they are better catered for than when they were residing even with their parents.

The findings of the study in the Northern Region of Ghana do not support the Tiger Eye Pi, a private Ghana investigative group in (2015) because it did not go undercover like the Tiger Eye Pi which reported that the Countryside Children’s Welfare Home located in the Central Region of Ghana was a home and breeding ground of exploitation of children, starvation as well as torture of inmates (Under cover story by Ghanaian investigative group).

Even though the orphans have indicated that they were well catered for, they have suggested the need for improvement and delivery of key welfare services. They are not opposed to having access to better housing and accommodation and good nutritious and balanced meals. For these inmates, just like any other person wishing for more as a human attribute will not mind if there is an opportunity to vary their clothing and attire routinely. Minding their future careers and desire to be responsible persons in future, the inmates prefer to have access to quality education characterized by good teaching, reading and study materials and other opportunities they will obtain outside the home. The study at both individual and focus group discussions revealed that access to improved health care services will make them better off. Orphans would need more or exposure to social and moral teaching session than happening now. They indicated a need for regular counseling services to make them better fit into the Ghanaian society. The study supports a study carried out by Duke University in 2011, which concluded that institutional care in America in the 20<sup>th</sup> century produced the same health, emotional, intellectual, mental, and physical outcomes as care by relatives, and better than care in the homes of strangers.

About 83% of the caregivers in the study interviewed, revealed that they provided and supervised a number of services on daily basis for the OVC making them believe that they are providing better welfare services. For example they cited donations of food stuffs even from their own farms as well as use of donation and subventions from government agencies and the public.

Other services delivered are clothing, shelter, education, medicals and love for the inmates of the orphanages. Provision of first aid drugs for simple unhealthy situations and regular medical checkups and frequent visitations to hospitals when children are ill is a routine welfare service that is supervised by the caregivers. In fact it was revealed in one of the sampled privately owned orphanage institution that there is an assigned medical nurse who visits the home regularly to address ill health situations, a service the caregivers described as a better welfare service supervised by them. One of them remarked that:

*“My sister, I take good care of my children and you can see for yourself. This is a ministerial calling so I don’t joke with my children. I make sure I provide all their needs for them. They are all attending good private schools. I am a pastor so I will not maltreat them. I personally teach them the word of God. So if they say orphanages are not doing well, it’s not all of us.”*

It can be explained from this statement that caregivers are very proud of the efforts they put in to render welfare service for OVC. The need for counseling services, religious, emotional and family support for the orphanages as revealed by orphans themselves was corroborated by the caregivers as well. They indicated the availability of these services to support the emotional, socio-cultural and spiritual upbringing of the orphans including the provision of ministerial services by teaching them the word of God on daily basis. General sanitation, laundry, washing and spraying of weeds and mosquitoes were also mentioned by caregivers as some of the welfare services they make available at the children homes.

The availability of a fence wall in one of the orphanages and security lights in the remaining three children homes sampled for this study were cited as secured conditions for the children. According to caregivers of Tamale Children’s Home the Government of Ghana own facility, vocational skills are being made available to the inmates to help them acquire the relevant skills needed in life besides the education. Some of the course in which they are trained are vocational, masonry and tailoring skills.

The responses of caregivers was somehow inconsistent with that of inmates as well as from the observations of the researcher. The inmates denied that they were taught vocational skill. The researchers did not see any evidence of these vocational activities available in the orphanage. Never the less the study did not expect all information from

the Caregiver to be absolutely true as the caregivers have a phobia for any information given out in view of the national policy and reforms on the management of orphanages especially the full implementation of the CRI in this part of the country.

Services delivered in the orphanages are generally geared towards meeting the; physical, educational, social, emotional, spiritual and psychological needs of orphans to ensure their optimal growth and development. This reaffirms the psychosocial theoretical framework, which serves as a model for the study. Enquiring about adoption processes, the caregivers revealed that these processes are not done at the orphanage level but that it was a preserve for the Department of Social Development.

The role of regulators and in fact Government agencies was explored by the study. The study attempted to find out their roles, perceptions and views on the quality of welfare services available at the selected orphanages. According to these regulators, their key function is to provide oversight supervision of the orphanages, ensure they comply with the government subsector policies and requirements and as well manage and handle adoption cases. In order to ensure compliance and guarantee quality of care services. They routinely inspect the beddings and sleeping environment of the inmates, the washrooms and sanitation environment of the orphanages. The regulators did reveal checking for the prevalence of common diseases especially seeking to monitor the frequency of visitations of medical professionals assigned to the orphanages and whether the required immunizations have been offered to the children.

The regulators also mentioned that in performing their regulatory roles in orphanages within their catchment area, they organize quarterly meetings and workshops with owners and managers of orphanages, platforms that are used to educate and provide updates on policies and new directives. According to them they also play the roles of helping to re-unify children with their families and communities at age eighteen per the CRI policy and are available always to address cases of violence and criminal cases that occur in children homes. They also occasionally organize sensitization programmes through radio discussions about the CRI for the public.

The regulators disclosed that as far as the sampled institutions have not been shut down it means they are doing well in terms of the maintenance services. They revealed that meals quality and quantity are not bad. It was mentioned during the interview that the orphanages have average space and bedding facilities for the inmates. In their view although the ratio of caregivers to the population of the inmates was small, it was commendable, a key reason why the institutions are surviving and have not been closed down. They as an institution have recognized and taken part in the health delivery currently arranged and provided for operating orphanages in the region. An official asserted:

*“For now the existing ones are up to the task. Those that defaulted were closed down last year, about twenty-five (25) of the homes. But we are still doing the monitoring and re-unification exercise if not when children are over grown in orphanages, they form bad attitudes and habits.”*

The validation of the views of inmates themselves, caregivers and even government officials that the range of welfare services made available at the orphanages are not bad at all, provides some credence that there is improvement in quality of services available to inmates in the Northern Region of Ghana in recent times. The study also solicited the views of the Department of Social Development to gain some insights into how the department manages adoption processes and its frequency of occurrence among orphanages in the Northern Region of Ghana. From the study, it was revealed that the Ghana Social Development Department is the sole state agency that has a mandate of facilitating adoption processes in the region. The study found that children that fall within the category of societal abandonment as well as children whose parents willingly relinquish their rights on their children, qualify for adoption by interested persons.

According to the key informant, adoption of children can either be requested by relatives or non-relatives of the children earmarked for adoption. For any child adoption to be legally compliant, the process will involve pre-adoption, adoption and post adoption stages.

The pre-adoption stage commences when there is a declaration of the intention through a formal application to the Department to adopt a child, where a comprehensive bio-data and medical forms are submitted to collect bio-data and medical history respectively of the applicant. Following the submission of these forms, the Department through its officers embarks upon a social enquiry mission. The mission allows the outfit to validate all the bio-data information submitted in the completed forms through contacts with households, the community and reference persons nominated for the purpose during the application stage. Guarantors named in the application are also contacted for their validation, as they will be expected to provide surety should the unexpected happens. The department then produces a social enquiry report.

The need to validate the credibility of the applicant seeking to adopt the child is the next exercise carried out after the social mission. This begins with the issuance of a police clearance form that requires the police to provide evidence of any criminal record of the applicant or otherwise. Other clearance documents required are; evidence of nationality for example passport, voter identification card or other form of identification. Monthly pay slips are also required to provide proof of the information provided in the application form and to ascertain financial capacity in the case of government workers applicants as well as bank statements to provide more financial information on cash



flow performances of the applicant (in the case of business applicants). In the case of married couples, they are required to additionally provide marriage certificate as evidence of marriage. It was found out that if the application for the adoption is by a relative, then the parents of the child will have to relinquish their parental rights if alive. However, in the event where the parents are dead then death certificates of the parents are needed. Applicants that are successful would cause the Ghana Department of Social Development to send a formal recommendation to the Minister of Gender, Children and Social Protection for a clearance.

Once the clearance is obtained, the next process is to place the child with the prospective parent(s) for a period of three months; a period for the department to do regular checks and assesses the level of bonding of the child with the new parent(s). Certainly, the department can still take back the child if the level of bonding is not encouraging at this stage. Ill-health conditions that are noted of the child within the period are also further grounds to return the child to the department if the prospective adoptive parent wishes. It was very interesting to know from the study that adoption of a child only commences after the level of bonding of the child with the prospective parent(s) can be said to be good enough after the three months period of intensive monitoring.

In an interview with the key informant at the Department it was again revealed that adoption commences through the filing of an application for the order of adoption to the High Court through legal counsel representative with which the Department of Social Development is been served. The department having been served then has to enter appearance within ten days; after which a date is fixed for hearing. During the hearing, the department then agrees or disagrees for the adoption order to be granted. The application is granted by the High Court if the Department consents.

According to the key informant, the post adoption stage in the entire adoption process involves monitoring and counseling to establish the level of welfare and maintenance services provided for the child adopted until the child attains eighteen (18). He said:

*“Adoption is only done as and when adoptable children are available because there are a lot of applications but the children are not there. For instance only one child was given out for adoption last year and this year, none yet. So anytime adoptable children are available, we manage the process.”*

By this statement it could be deduced that the frequency of occurrence of adoption cases is very low in the Northern Region of Ghana. It was again revealed that as per the laws on orphanages, children whose parents do not visit them in the orphanages with a minimum of three months and a maximum of six months constitute child abandonment and hence that child is available and an option for adoption.

There were no arrangements for class/dining/dormitory prefects/leaders as in the case of schools per the views of the orphans of selected orphanages. Key decisions are made by assigned supervisors, caregivers and the owners of the orphanages on daily basis and in fact inmates never are told what type and quantities of donations are received most of the time even though they hold the impression that all donations received are applied appropriately. On rare occasions the donor organizations' names are mentioned otherwise they never knew the sources of the resources that are made available. It would have been a good idea to be engaged at meetings and one of the key informants remarked: *"There are no meetings for us, it is only the caregivers who meet. But it would have been a good idea. If we had, I would've spoken about my school matters/problems."*

It can be interpreted from the above statement that since there is no forum whatsoever for management to engage with inmates on decision making, non-involvement and consultations make most of them to internalize their problems and worries. This does not create room for trust and leadership development of the inmates. This finding is in conformity with Wolff et al. (1995) who conducted five studies in Eritrea between 1990 and 2002 that assessed behavioral characteristics and cognitive performance of children orphaned by war in a variety of residential care situations.

On staffing, the public orphanage has more caregivers than the privately owned ones. The government home has twenty-four staff caregivers with an orphanage population of twenty-four a ratio of 1:1 which is an indicator of good management and care for the inmates. Conversely, the staff to orphan ratio is very low among the private homes. It was observed among the two privately owned orphanages, the ratio of staff to children is 4: 5 and 2: 3 respectively.

High caregiver to children ratio certainly is an indication that, there is improvement in the management of orphanages in recent times in Northern Region of Ghana even as compared to the United States of America in early 2000 this is according to St. Petersburg-USA Orphanage Research Team (2005). The team concluded that the number of children under the care of a single caregiver during their working hours is often high, ranging from 6 to 10 or more children per caregiver, including infants in the first year of life. Many different caregivers often serve the children. These practices give room to neglect and abuse as the number per caregiver seems large. In effect, improper monitoring results in these and even the little or non-attachment due to segregation hampers their social integration.

Key government regulatory officers and collaborators of government organizations perceive a general application of good management practices in the operation of orphanages among the publicly owned. For them the publicly owned orphanages are managed by the DSD according to government formal and official structures. Decisions

pertaining to staff and caregiver's placements, deployments, remunerations and welfare services among others are the preserve of the DSD. Justifiably, they think that orphanages are set up to mimic family care system and typical in the Ghanaian home, children are not involved in key decisions training on the management of homes.

In the case of the private homes, management decisions are taken by owner directors and sometimes managed by couples and family members. Same way children in the private children's homes are not consulted in the management of the homes. There is no form of family orphanage association that will seek to bring together family members and orphanages to address issues and promote the welfare of the institutions. Invariably, no delegation of powers at the orphanages and no decentralization and management style. It is autocratic one both at the privately and public owned orphanages.

According to regulators, owners and leaders of orphanages do their best in obtaining the necessary licenses and regulations with the local authorities such as the District Assemblies. In terms of managing the financial resources and funding of orphanages, many of the owners of orphanages do their best to raise resources to ensure the functioning of these orphanages. The DSD itself is resource deficient to provide bailout for orphanages. The study revealed that one of the key measures used to ensure compliance and monitoring is to ensure grown children are re-integrated with their families and the necessary follow-ups made, thereby making OVC stay brief. This is intended to minimize the development of wrong habits and attitudes whilst residing at the orphanages. The DSD was very clear in the directive that they revoke the licenses of orphanages who do not comply with the good management practices. The researcher however realized during the study that some of the orphanages sampled, one was not licensed and yet was not closed down.

This is a step in the right direction as has been noted by Miller, (2007) that systematic research and supervision on best practices in institutional care, particularly in resource poor contexts with high care burdens, would surely contribute to improving quality care and eliminating abusive practices institutional care must be better understood given that it is an important option in worst-case scenarios or for temporary care.

On the statutory compliance of their respective institutions with that of Government of Ghana. It was not surprising that 95% were not aware of any laws governing the operations of orphanages. Eighty percent revealed that they did not know much about obtaining licenses and the required standards orphanages were expected to operate in Ghana. Just five per cent of the sampled respondents indicated they have heard of the CRI programme but did not know what it was all about. Nevertheless, they had heard some reforms were going on in the. Close to 95% of the respondents confirmed they have observed much improvements on their daily handling at the orphanages and feel better

off now than before especially among the grown ones who lived in the orphanages for some time now. One of them said: *"We now have a bus for school; we used to sit in motor-king. We are all in private schools now and we like our schools. Also we have our own house now. We were in a rented compound house; and we have a playing field now."*

This assertion implies that inmates are fascinated about current improvements in their living standards. The policy is being accepted in the region. This is perhaps because it is a general policy directive, considering some of the earlier reservations from caregivers. However, what could be worrying is whether the families of these orphans can bear the burden considering the poverty level of the region despite the assistance from the LEAP programme. These children probably would not have been in orphanages if their family members could be of help. With this trend of events, the role of orphanages is likely to be undermined in the Northern Region of Ghana.

Some challenges were raised by the inmates which the study categorised into five: The quality and types of meals provided, the threat of closure and adverse effects on education, infrastructure, emotional and funding challenges of the children homes. In terms of meals, 68% revealed that because of their numbers the homes are not able to provide them foods such as 'fufu' which is a major food that they would prefer. They also indicated that continental foods such as fried rice, spaghetti among others which they see on television are not normally provided them at the orphanages. The case of inadequate food supply at times was also cited as a key challenge. In some cases when the food provided was small, the grown ones do not eat and leave the food for the younger ones, a condition they described as a challenge.

The threat of closure of children homes was revealed by all, 100% of the sampled respondents that it was bothering their comfort zones. They also revealed that they have ambitions for serious education and they can fore-see that the closure of the orphanages will adversely affect their future education as they think is a place where they can have better grades. One of the orphans said: *"I don't want our orphanage to be closed down. It will affect my education and I want to be a nurse in future so that I can also help those who will be living here too one day"*. This implies that OVC in the Northern Region of Ghana appreciate the role orphanages are playing in their lives and are afraid of them being closed down.

They complained of lack of money to re-sit for examination whenever they fail. The orphans raised infrastructure related challenges such as; poor residential facilities including leaking kitchen, power for electricity and lack of means of transportation. The orphans complained that due to the deterioration fittings in the buildings and torn nets make mosquitoes to bite and give them malaria. Forty percent mentioned a challenge of the absence of a playing field and recreational facilities for them as inmates to use. Key among their challenges is the absence of library and computer laboratory facilities to

support reading and studies. Inadequate pamphlets and textbooks for personal studies were also cited by the inmates.

The emotional challenges emanating from stigmatization that they receive is notable. During the discussions they complained that they are not called mostly by their names but the use of the title 'orphans. One retorted: "*as if we don't have names*". The study captured the following quotations regarding their emotional sentiments: "*I am neglected because my family members don't visit me. I get emotionally disturbed at times and think about my parents.*"

These statements show that they inmates are sometimes emotionally distressed which could demotivate and inhibit their growth and studies. The finding buttresses Frank et al. (1996), report that the problems associated with institutional care of orphanages in Europe and other Western countries warns against the use of orphanages because traditional models of institutional care generally lack the capacity to meet emotional needs.

Funding is a key challenge among orphanages. Sixty percent noted that the orphanages are challenged with funding characterized by the lack of donor and Government funding, as well as limited philanthropic support. This can hinder effective and efficient service delivery.

The caregivers cited a number of challenges that are working against the effective management of orphanages. According to them the buildings are dilapidated and need renovation, (that is Tamale Children's Home). One caregiver respondent said: "*The buildings are in poor state and need rehabilitation.*"

Inadequate space to accommodate inmates, lack of good kitchens and dining facilities, absence of fence wall and livestock pen to enhance animal rearing, and lack of security man were some of the challenges they raised. The caregivers complained of limited equipment such as cooking utensils, inadequate beds and mattresses, school materials such as exercise books and uniforms. Some other challenges that they encounter are limited qualified staff, stress in taking care of children especially the teenagers give pressure. The inmates and want to have freedom to do whatever they want. An amount of three thousand Ghana cedi (GhC3,000) charged as registration fees for orphanages by DSD was revealed to be on the high side and a major reason why some orphanages are not able to register and comply. Stigma associated with orphanages was also cited as a major challenge adversely affecting the operation of orphanages according to the caregivers of the selected orphanages.

Lack of funds and scholarships as well as broken fittings of building and high utility bills were also revealed as key challenges orphanages face from the perspectives of caregivers.

These problems associated with orphanages could result in poor service delivery. This validates Curtis (1997) study which indicated that the Osu Children's Home receives from the government finance to pay wages and a budgeted amount for expense on a quarterly base. Managing the government fund to provide the necessary services is the challenge of the home. The utility bills like electricity and water are too high for the institute's budget. Other bills like medication and food are expensive. The lack of finance in the light of increasing number of OVC's is driving the institute into debt. The donors of the OCH are not committed except a few who were committed but to a small sector of the institute's operations.

The challenges confronting orphanages are also shared by regulators and government organizations such as the DSD – their views and perceptions about the challenges were solicited. The top-most challenge they face according to these key informants was poor resourcing of the department and funding by Government of Ghana for their regulatory mandate. These resource challenges were manifested in lack of logistics in the form of vehicles and motor cycles for supervisory roles. One of the key informant said: *“Government does not fund orphanage programmes. The DSD receives some limited funding from only UNICEF which mainly is used for quarterly monitoring of orphanages.”*

They revealed that the department has only one vehicle meant for the whole region which they think is inadequate and a bottleneck to undertaking rigorous monitoring of orphanages in this part of the country. It emerged during the interview that the department is actually suffocated by resources as they are not able to afford printing A4 sheets for their secretarial activities. In some cases officers had to use their own money to purchase drugs for inmates of orphanages when prescriptions are made. The key informant narrated: *“I buy for orphans the drugs prescribe for them with my own money. On one such occasion, I had to part with over GHS 200. So if you don't have the passion you can't do this work.”* This assertion shows that personnel at the DSD seem committed and dedicated to their work. This can result to ineffectiveness and inefficiency of service delivery.

The study found that manpower and staffing is limited and a key adverse factor. In fact the DSD has only one officer in each district in charge of three different programmes: (Child Rights Promotion and Protection, Justice Administration and Community Care). Unfortunately the department is not also able to organize any refresher and capacity building programmes for its field officers and caregivers (as most of the caregivers are untrained) due to the resource limitations.

Resources form the bases for decision making and represent the means to achieving goals by measuring the extent to which planned objectives can be achieved. So therefore



It is relevant to recognise the fact that without adequate resources it would be very difficult to accomplish meaningful results.

## **Conclusions and Recommendations**

Orphanages established in the Northern Region of Ghana play a significant role in the area by providing residential welfare facilities for OVC who hitherto would have been at the mercy of streetism and associated vices or better still death. The study concludes that inmates of orphanages on the average have access to clothing, shelter, laundry services, education, medicals, counseling and love for the inmates which majority of OVC are satisfied with. Orphans are not abused during their stay at the orphanages. However, it is concluded that the decisions making processes at the orphanages are top-down and not democratic enough to solicit the views of inmates. Nevertheless, the government of Ghana reforms and CRI programme are being implemented and majority of the orphanages are complying with them. Challenges of funding, infrastructure facilities, stigmatization, resources capacity and policy remain key challenges that adversely affect orphanages in Northern Region of Ghana.

It can be concluded that orphanages in the Northern Region of Ghana are not as bad as in other places and can even do better with the needed support. The study recommends the following:

### **• Infrastructure challenge**

There is the need for the central government and the district assemblies to be concerned about the poor state of the facilities at the orphanages (especially the licensed ones) and allocate some of the Development Projects to these institutions. As part of the District Assembly Common Fund, construction of major buildings such as dormitories, libraries, street light among others could be addressed. It is also recommended that members of Parliament in the respective Districts should allocate some percentages of their Common Fund to fund the cost of renovations, provide food and some of the beddings and kitchen facilities among others. In the long term the Ghana Infrastructure Investment Fund and Ghana Education Trust Fund that have regular tax incomes should consider infrastructure facilities to orphanages in the Northern Region of Ghana.

### **• Funding Challenges**

The Ghana Ministry of Gender, Children and Social Protection should prioritize funding streams for orphanages as part of the CRI programme. The CRI programme should include categorizing orphanages into tiers and each tier category has its standard requirements. Once the orphanages meet the required standards under each category



they receive packages which among others should include scholarships for inmates' education, computer accessories among others. In terms of feeding, all inmates of the orphanages should be allowed to be beneficiaries of the Livelihood Empowerment against Poverty (LEAP). It is also recommended that the Ghana School Feeding programme, Capitation Grant Should be extended to the orphanages especially those that run schools alongside the orphanages. Similarly all inmates should enjoy free NHIS registration, just like the Free Maternal Care programme. There should be a special health insurance scheme for inmates that provides waiver for a lot of diseases that are currently exempted by the NHIS. Again, resourcing the DSD is a statutory obligation and the Ministry of Gender, Children and Social protection should provide the necessary annual and monthly impress to the DSD for their monitoring roles to be undertaken effectively and efficiently.

### • **Human Resources challenge**

There is the need to increase the staffing of DSD to monitor the activities of orphanages better. The Department could also rely on National Service personnel and graduates. Graduates in the field of Social Work, Sociology, and Social Administration could be arranged as part of their training to do some housemanship at least for a year with the department after graduation. It is recommended that volunteers are also posted to the orphanages regularly to support in increasing the caregiver orphan ratio. This would beef up the staffing needs in the short run and in the long run the Department should retain some of these volunteers as core staff.

### • **Emotional and Adolescent Challenges**

Beefing up and deploring professional caregivers in the orphanages could help in addressing the emotional and stigmatization associated with orphan situations. It is recommended that the DSD undertake some sensitization on the situation of orphans on radio, television in churches and mosques and festival grounds. The contents of these communications should be approved by the DSD to ensure consistency and uniformity across all the locations. Organising occasional speeches and use of acclaimed and role model resource persons to speak and interact with teenage girls will help manage some of the adolescent pressures mounted on caregivers.

## References

- Africa – Africa Region Human Development Working Paper Series** (2004). Worldbank.org. Adoptioninformation.com. Retrieved 17<sup>th</sup> September, 2015.
- African Union** (2006). The Livingstone Call for action: From conference entitled “Social protection – A transformative agenda for the 21st Century: Examining the case for basic social protection in Africa,” Zambia. Retrieved 15<sup>th</sup> October, 2015.
- Alhassan, E.** (2013). Gender access gap: Factors affecting gender disparity in enrolment and attendance in basic schools in the Northern Region of Ghana. Available [www.ugspace.ug.edu.gh/handle/.../5182](http://www.ugspace.ug.edu.gh/handle/.../5182).
- Ansah-Koi, A.** (2006). Fostering interventions for children whose parents die of aids in Ghana. [familiesinsocietyjournal.org/.../1044-389...](http://familiesinsocietyjournal.org/.../1044-389...)
- Ayieko, A. K.** (1998). From single parents to child-headed households. The case of children orphans in Kisumu and Siaya District (Study Paper No.7) Rome, Italy. BBC News. 1 April 2009. Retrieved 5 September, 2015.
- Babbie, E. R.** (2010). *The practice of social research*. (12<sup>th</sup> Ed). Wadsworth: Cengage Learning.
- Barth, R.** (2002). Institutions vs. Foster Homes: The empirical base for the second century debate. Chapel Hill, NC: School of Social Work, Jordon Institute for Families.
- Bell, T.** (2011). BBC News – Nepal comes to terms with foreign adoptions tragedy. BBC. Retrieved 17<sup>th</sup> October, 2015.
- Birdthistle, I.** (2004). Understanding the needs of orphans and other children affected by HIV and AIDS in Africa: The state of the science. Working draft. USAID: Washington. Accessed 8<sup>th</sup> August, 2015.
- Borg, W.R. and Gall M. A.** (2004). *Educational research: An introduction*. (6<sup>th</sup> Ed.) New York: Macmillan Publications.
- Cardoso, I. B.** (2010). National plan of action for orphans and vulnerable children: Save the Children UK.
- Colburn, J.** (2010). Orphanages of Accra: A comparative case study on orphan care and social work practices. Independent Study Project (ISP) Collection. Paper 850 [http://digitalcollections.sit.edu/isp\\_collection/850](http://digitalcollections.sit.edu/isp_collection/850). China: Adopted children may have been stolen from their families, Holly Williams Reports – Sky News Video Player. News.sky.com. Retrieved 3<sup>rd</sup> November, 2015.

- Colburn, J.** (2010). Orphanages of Accra: A comparative case study on orphan care and social work practices. Independent Study Project (ISP) Collection. Paper 850. [http://digitalcollections.sit.edu/isp\\_collection/850](http://digitalcollections.sit.edu/isp_collection/850).
- Creswell, J.W.** (2008). *Research design, qualitative, quantitative and mixed approaches*. Los Angeles: CA. Sage Publications.
- Curtis, K.** (1997). Children without parents in Ghanaian society. Retrieved 10th November, 2015. From Sit Graduate institute: <http://digitalcollections.sitedu/cgi/>
- Department of Social Welfare** (2015). Orphans and vulnerable children care reform initiative. Ghana (CRI). <<http://www.ovcghana.org/> Accessed: 20<sup>th</sup> October, 2015.
- Erikson, Paul, Heider and Gardner** (1959). *Psychological Issues*. International Universities Press.
- Frank, D. A., Klass P. E., Earls F. and Eisenberg L.** (1996). Infants and young children in orphanages: One view from pediatrics and child psychiatry. *pediatrics* (97) 4, pp. 569-577.
- Ghana AIDS Commission** (2014). Country AIDS Response Progress Report-Ghana. Available: <http://www.ghanaisds.gov.gh/>
- Ghana Statistical Service** (2013). 2010 Population and Housing Census Regional Analytical Report. Northern Region. Available [www.statsghana.gov.gh/2010phc/](http://www.statsghana.gov.gh/2010phc/)
- Ghera, Mashall and Fox** (2009). The Effects of Foster Care Intervention on Socially Deprived Institutionalized Children's Attention and Positive Affect: Results from the BEIP Study. *Journal of Child Psychology and Psychiatry* 50:3.
- Gulaid, L. A.** (2008). National Responses for Children Affected by AIDS: Review of Progress and Lessons Learned: Inter-Agency Task Team (IATT) on Children and HIV and AIDS.
- Hennink, M. M.** (2007). *International focus group research: A handbook for health and social sciences*. Cambridge University Press: Cambridge.
- Hongkong. Wolff, Tesfai and Egasso, H.** (1995). The orphans of Eritrea: A comparison study. *J. Child Psychiatry*, Vol. 36, No. 633-644.
- Johnson, Browne and Hamilton** (2006). Young Children in Institutional Care at Risk of Harm. No.1, pp. 34-60, s.l: Trauma Violence, and Abuse, Vol. 7.
- Maguire, L.** (2002). *Clinical Social Work. Beyond Generalist. Practice with Individuals, Groups and Families*. Belmont, CA, USA: Brooks/Cole. Cengage Learning.
- McKenzie, R. B.** (2010). The Best Thing about Orphanages. *The Wall Street Journal*.

- McLeod, S. A.** (2007). Maternal Deprivation Theory – Simply Psychology. [www.simplypsychology.org/bowlby.html](http://www.simplypsychology.org/bowlby.html). Retrieved on 27<sup>th</sup> September, 2015.
- Miller, C.** (2007). Children affected by AIDS: A review of the literature on orphans and the vulnerable. Health and Development Paper. Centre for International Health and Development. Boston University School of Public Health. 85 East Concord St., 5<sup>th</sup> fl. Boston, MA 02118 USA.
- Monasch and Boerma, J. T.** (2004). Orphanhood and childcare patterns in Sub-Saharan Africa: An analysis of national Surveys from 40 Countries. *AIDS*, 18, S55-S65. [www.ncbi.nlm.nih.gov/pubmed/15319744](http://www.ncbi.nlm.nih.gov/pubmed/15319744). Retrieved 10th January, 2016.
- Mydans, S.** (2001). U.S. Interrupts Cambodian adoptions. *The New York Times* (Cambodia). Retrieved 17th October, 2015.
- Nawgrahe, P.** (2010). Orphanage Scam grows. *Mid-day.com*. Retrieved 17th October, 2015.
- Nagy, F. and Amira, F.** (2010). Psychosocial and development status of orphanage children: Epidemiological study, Zagazig University.
- National Social Protection Strategy “Investing in People.”** (NSPS) Government of Ghana, Ministry of Manpower, Youth and Employment [www.un.org/.../ Ghana\\_social\\_protection](http://www.un.org/.../Ghana_social_protection). Retrieved 10<sup>th</sup> February, 2016.
- Oliver, C. and Peter A.** (2000). Coram’s children: Growing up in the care of the foundling hospital:1900-1955. *Coram Family*.
- Onuaha, F. N. and Munakata, T.** (2010). Gender psychosocial health of children orphaned by AIDS. *Vulnerable Children and Youth Studies*, 5(3), pp. 256 – 267. Policy Framework for Children and AIDS in India. Orphan Aid Africa (PDF). <http://www.newadvent.org/cathen>. Retrieved 27 December, 2015.
- Smyke, A. T.** (2007). The care-giving context in institution-reared and family-reared infants and toddlers in Romania. *Journal of Child Psychology and Psychiatry*, Vol. 48. (2).
- Tiger Eye Pi,** (2010). Osu Children Home of Hell. Retrieved 22 January, 2016 From Bookmark:[http://www.adeparadio.com/index.php?option=com\\_content&view=article&id=878:osu-childrens-home-of-hell-the-full-story&catid=1:adepa\\_news&Item](http://www.adeparadio.com/index.php?option=com_content&view=article&id=878:osu-childrens-home-of-hell-the-full-story&catid=1:adepa_news&Item)
- Richter L, Foster G. and Sher, L.** (2006). Where the heart is, meeting the psychosocial needs of young children in the context of HIV/AIDS. *HSRC*.
- USA Orphanage Research Team** (2005). Characteristics children, caregivers, and orphanages for young children in St. Petersburg, Russian Federation. *Journal of Applied Developmental Psychology*, pp. 477-506.

**UNICEF** (2010). "Statistics." <[unicef.org/infobycountry/ Ghana\\_statistics.html](http://unicef.org/infobycountry/Ghana_statistics.html)>. Ghana\_statistics.html>. Accessed: 22<sup>nd</sup> November, 2015.

**UNICEF** (2010). Report of the mapping and analysis of Ghana's child protection system. Child Frontiers Ltd. World Commerce Center, Harbour City, 7-11 Canton Road, Tsimshatsui Kowloon.

**Zastrow, C. H. and Kirst-Ashman K. K.** (2013). Understanding human behaviour and the Social Environment (9<sup>th</sup> Ed). United States: Brooks/Cole Cengage Learning.

**Zeanah and Koga** (2005). Attachment in institutionalized and community children in Romania, Child Development. Vol. 76, p. 5.