

**Orphans and Vulnerable Children in Ghana  
A Contextual Analysis: ECCD Stakeholders Adapting the Safety Net**

An Integrative Paper presented by

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## Acronyms:

AACT	Autism Awareness, Care and Training Centre
ACT 560	The Children's Act, 1998 (Ghana)
ADEA – WGECD	Association for the Development of Education in Africa – Working Group on Early Childhood Development
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CHH	Child headed households
CRC	UN Convention on the Rights of a Child
CRI 2006-2011	Care Reform Initiative, Ghana
DSW	Department of Social Welfare (Ghana)
ECCE	Early Childhood Care and Education
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECDVU	African Early Childhood Development Virtual University
EFA	World Declaration on Education for All (1990)
FBO	Faith Based Organization
FCUBE	Free Compulsory Universal Basic Education
GAC	Ghana AIDS Commission
GoG	Government of Ghana
GPRS	Ghana Poverty Reduction Strategy
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IDIF	Integrated Development in Focus
INGO	International Non-governmental Organization
LEAP	Livelihood Empowerment against Poverty
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOWAC	Ministry of Women and Children's Affairs (Ghana)
MMYE	Ministry of Manpower Youth and Employment
NACP	National AIDS Control Program
NGO	Non-Governmental Organization
NNTTC	National Nursery Teachers' Training Centre
OA	OrphanAid
OVC	Orphans and Vulnerable Children
QMA	Queen Mothers' Association
S.Aid	Street Girls' Aid
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	The UN Refugee Agency
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
YHH	Youth headed households

**Abstract:**

This paper analyzes an independent research project conducted in Ghana. Findings provide a contextual situation analysis of orphans and vulnerable children (OVC) within Greater Accra, Ghana, including a critical examination of early childhood care and development (ECCD)<sup>1</sup> as a response to support OVC and their communities. It examines efforts and challenges characterizing the OVC situation in the Ghanaian context including examples of holistic interventions of early childhood care and education (ECCE), focusing on early childhood development (ECD) practices and programs in existence.

Ghana's OVC situation; although not as severe as other African nations, has grown due to the HIV and AID's epidemic and changing migration patterns from rural to urban environments. Other influences include social and economic factors which have caused a growing number of children to require care and support outside of their immediate or extended family home, creating a population of vulnerable children. According to a 1999 report from the Ministry of Health (MOH) and the National AIDS Control Program (NACP), there will be an increase in Ghanaian orphans to more than 603,000 in 2014 (MOWAC and UNICEF, 1997-2005).

Ghana's response to their rising OVC situation includes both the official shift towards deinstitutionalization<sup>2</sup> and towards developing community based approaches.

Evidence on best care practices has led prominent international organizations as UNICEF

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<sup>1</sup> There are numerous acronym combinations (ECD, ECCD, ECCE and ECEC) to refer to early childhood education, care and/or development. Some organizations prefer one over the other; for example, the World Bank and ADEA prefer ECD whereas UNESCO tends towards ECCE. Throughout this paper, they will be used interchangeably as they are within Ghanaian policy and practice.

<sup>2</sup> Ghana's government has taken specific measures to put an end to institutionalization and provide for OVC in a manner that best reflects the rights of children according to the International Convention of the Rights of the Child (CRC)<sup>2</sup> and the Republic of Ghana's Children's Act, 1998 (ACT 560).

and USAID to advocate for community-based care for OVC as being the best practice developmentally for children and the most sustainable for nations. Ghana's ECD initiatives include local institutions and non-governmental organizations (NGOs), faith based organizations (FBOs) and community based organizations (CBOs) that have begun to effectively engage dominant aspects of OVC frameworks, being community participation and providing alternatives routes to support OVC. The Government of Ghana (GoG) supports these alternatives valuing an early investment in their children to secure a healthy future for their nation.

***“Mokome ni fɔɔ dzee mokome ni kw εo”***

*It takes a village to raise a child.*

*~ Translated from Ga spoken in Greater Accra Region, Ghana*

**An introduction: The state of children in Africa**

Orphans and vulnerable children (OVC) continue to maintain a spot at the forefront of the international agenda with millions of children worldwide being orphaned or made vulnerable by HIV/AIDS and with the numbers projected to increase in the next decade. Large and growing numbers of OVC children are a worldwide concern; in overview, Asia’s absolute number of orphans reached over 87 million in 2003 and sub-Saharan Africa’s absolute number of orphans reached estimates of 43.4 million. Whereas sub-Saharan Africa has the highest proportion of children who are orphaned, where more than one in seven children are orphaned (UNAIDS, UNICEF, USAID, 2004). In 2005, the numbers show that more than 46 million children were orphaned in Africa as a single orphan, maternally or paternally, or a double orphan<sup>3</sup> (Garcia, Pence and Evans, 2008). The statistics show that the numbers of African children orphaned, due to multiple reasons, are expected to double by 2010 (Foster, 2002).<sup>4</sup> Still, the most publicized region continues to be sub-Saharan Africa where an estimated 12.3 million children are orphaned by AIDS (UNAIDS, 2004; World Vision, 2005). Across sub-Saharan Africa, UNAIDS estimates that of the children orphaned in 2010, 36.8 percent are likely to be orphaned by AIDS (2004).

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<sup>3</sup> Double orphans include a child with both parents deceased and a child in a female-headed household where the mother dies and the father has abandoned the family or was never present (International Federation of Red Cross and Red Crescent Societies, 2002).

<sup>4</sup> The relevance of this research study draws heavily on Foster’s contributions and research in Africa concerning OVC and their psychosocial well-being, the coping mechanisms and community responses towards OVC, including an examination of fostering and the capacity of the extended family safety net (Foster, 1996, 2000 and 2002).

Of ultimate concern for the state of the children in Ghana is that Ghana's population is young. According to Ghana's AIDS Commission (2005) the population of Ghana includes over fifty percent who are below the age of eighteen years of age. Children aged five and under make up more than fourteen percent of the population, considered to be the critical period of development in the early childhood years. In addition, the elders of the country, sixty-five years of age and older, make up a little more than three percent of Ghana's population, but carry the weight of caring for the OVC in traditional communities and as elders in their family systems. With the majority of the population being children, and the minority of the population responsible to care and support the OVC being elderly, the problematic reality is that the demand for care outweighs the supply. There are more children than elders to adequately care for the children, and overall relying solely on traditional elder care is not sustainable for numerous reasons.

Despite the fact that Ghana's OVC statistics are lower than other African nations, and regardless of the preciseness of the available statistics on OVC, there is cause for concern and action.<sup>5</sup> What remains true is that more than half of Ghana's population constitutes children, of which a great percentage of the children fall in the vulnerable category. Ghana's large vulnerable children population needs care and education, ideally provided through early childhood care and education (ECCE). The Government of Ghana (GoG) seeks to invest wisely and early in their children to secure a healthy future for their nation.

### **Defining OVC**

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<sup>5</sup> The reliability of statistics are continually questioned and challenged as the figures depend upon the inclusiveness of the definitions used for both orphanhood and vulnerability (GoG, 2008).



It is essential to have a clear and working definition of orphanhood and vulnerability. An orphan defined in this paper includes all children under the age of eighteen who are maternal, paternal or double orphans<sup>6</sup>. Notably, UNICEF provides that the vast majority of children are single orphans, maternal or paternal (2008, ¶ 1). Defining an orphan as a child under the age of fifteen who is a maternal, paternal or double orphan confers with the once mainstream definition of orphan used within the international community and found in much of the literature; however, it failed to account for the children who are orphaned and just as vulnerable between the ages of fifteen to eighteen years of age. In accordance with the Convention on the Rights of the Child (CRC) “a child means every human being below the age of eighteen years” which recognizes that OVC should include children beyond the age of fifteen. The latest *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action* (UNAIDS, UNICEF and USAIDS), updates the international community’s definition of OVC as all children under the age of eighteen.

The Ghanaian orphan<sup>7</sup> is similarly defined under the two variables of age and parental loss; a child under the age of eighteen with at least one deceased parent is considered an orphan. Guided by the CRC, Ghana similarly defines a child as a person below the age of eighteen in the country’s Children’s Act, 1998 (ACT 560). In Ghana, 16.3 percent of children under the age of fifteen have at least one parent dead (excluding

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<sup>6</sup> This paper follows the Ghanaian recognized definition of orphans, including all children under the age of 18 as an orphan if the mother, father or both parents have died by any cause. In addition, a maternal or paternal orphan results in the death of the mother or father with the other parent *known to be living* (Case, Paxon and Ableidinger, 2003).

<sup>7</sup> Bicego, Rustein and Johnson (2003) state recent Demographic and Health Survey data finding Ghana’s maternal, paternal and double orphan prevalence rates, percent of children under age of fifteen years, to be less than five percent. In addition, Ghana’s orphans show greater vulnerability through higher poverty indexes than non-orphans. In 1998, the poverty indexes measured the percentage of children living in poverty, orphans at 51.3 percent and non-orphans at 44.6 percent.

children with parental status missing), 6.6 percent of children under the age of fifteen are not living with either parent and are included in the vulnerable category (Ghana Demographic and Health Survey 2003). When figuring out the numbers of children orphaned by AIDS,<sup>8</sup> the Ghana AIDS Commission reports that the HIV/AIDS rates in Ghana are 2.7 percent, resulting in 270,000 orphaned children by the disease, all under the age of seventeen (IRIN, 2007).

Defining vulnerability does not include such concrete indicators as age and parental loss. Instead, “vulnerable children are those who belong to high-risk groups who lack access to basic social amenities or facilities. The main sources of vulnerability include HIV/AIDS and conflict,” according to the World Bank and UNICEF (2002, p. 17). Vulnerability in Ghana spans neglect, abuse, unregistered births, malnutrition, mental and physical handicaps, poverty, precarious family situations and other classified high-risks that may involve the material, social and emotional. The highest risk of vulnerability continues to be orphans and street children.

According to the International Federation of the Red Cross and Red Crescent Societies, children are also defined as vulnerable if they have had such specific experiences: withdrawal from school, discrimination and stigma, emotional need and grief over illness or death of parent(s), increase of poverty, loss of property and inheritance rights, loss of shelter, inadequate health care, vulnerability to physical and sexual abuse or are found to be in youth headed households (YHH), child headed households (CHH) or engaged in child labor (2002). The other precarious living situations are further described as including children living with old and ill caregivers,

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<sup>8</sup> The term *AIDS orphan* has been abandoned in OVC literature due to the fact that it promotes an undesirable stigma and stress by labeling children as well as misrepresented the orphan situation (Meintjes and Giese, 2006).

within households that absorb orphans and with parents dying of AIDS which all increase a child's vulnerability. Quite obviously, vulnerability is not limited to orphans and often supersedes the numbers of absolute orphans, as World Vision describes vulnerability:

Children are often even more vulnerable than orphans, because they are coping with the psychosocial burden of caring for dying parents, while simultaneously bearing the family economic burdens stemming from the loss of parental income and increased health care expenses. Other vulnerable children include those who are living in households that have taken in orphans. When a household absorbs orphans, existing household resources must be spread more thinly among all children in the household. It is more difficult to quantify vulnerable children, however, it is estimated that the number of vulnerable children is at least two to three times the number of children who are orphaned. (2008, ¶ 5)

Furthermore, due to a lack of overall child participation, children remain inherently vulnerable because they are just that, children whose voices continue to be unheard, not considered and undervalued in many national and international forums. The World Declaration on the Survival, Protection, and Development of Children in 1990 stated it best:

The children of the world are innocent, vulnerable, and dependent. They are also curious, active, and full of hope. Their time should be one of joy and peace, of playing, learning, and growing. Their future should be shaped in harmony and co-operation. Their lives should mature, as they broaden their perspectives and gain new experiences. (Smart, 2003, p.7)

By recognizing children as possessing these innate qualities - innocence, vulnerability and dependency - then it sets up the standard to protect, develop and care for all children.

### **The literature review: Background information on Ghana**

Ghana's history mirrors that of other colonized African nations.<sup>9</sup> Ghana, once a British colony, gained independence in 1957. The Republic of Ghana, formed in 1960, was the first independent nation in sub-Saharan Africa. Presently, Ghana is considered

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<sup>9</sup> Interestingly, Pence (2004) describes how ECD was a part of colonization activities in Africa referring to the Infant School Society of London's records from the 1830s. The colonial structures indeed brought preschools, nurseries, crèches and kindergartens that reflected those in Europe.

as a stable and secure African nation in the context of Africa, particularly in the region of West Africa.

Demographically, Ghana consists of numerous ethnic groups, including multiple spoken languages. Ghana has a reputation for being an overtly and proudly spiritual country composed of dominant Christian beliefs alongside Muslim and indigenous beliefs. Ghana's open spirituality is best reflected in the common symbol *Gye Nyame* literally meaning *except God* symbolizing the omnipotence and immortality of God. A symbol found on postcards, bumper stickers, carved or painted onto all types of souvenirs and even worn in the clothing and jewelry that serves to remind all of the presence of spirituality in the lives of Ghanaians.

According to the Human Development Index (HDI), Ghana ranks high in comparison to other West African countries. The HDI for Ghana in 2005 was 0.553, placing the country at a rank of 135 out of 177 countries with data (UNDP, 2007-2008). The state of the children in Ghana is often assessed through some basic indicators provided by Ghana's Demographic and Health Survey 2003 (Ghana Statistical Service, Noguchi Memorial Institute for Medical Research, Measure DHS+, 2004). Ghana has an infant mortality rate (per 1,000 live births) of sixty-four per 1,000; the less than five mortality rate is at 111 per 1,000. (According to UNICEF (2008, Basic indicators section) these statistics increased in 2006 with the less than five mortality rate at 120 and the infant mortality rate at seventy-six). When considering basic education about eighteen percent of children enter primary school.

Research indicates that Ghana has the potential to meet the Millennium Development Goals (MDGs) by the year 2015 (IRIN, 2007). The Ghanaian government

has made great strides. The success of meeting the MDGs includes the fact that Ghana has a government committed towards educational initiatives. In 2005, the government removed school fees for primary education, bolstering school attendance rates. A part of the free and compulsory universal basic education (FCUBE) proposals by the Education Reform Review Committee in 2004 included that four and five year olds' two year preschool education is both free and compulsory. Although, due to the increase of students, the educational budget and resources are strained, creating barriers to the achievement of the MDGs. The education sector requires more schools, funding for direct and indirect educational costs and trained teachers (GoG and UNICEF, 2006). The challenge is in providing quality education for all.<sup>10</sup> Ghana's Poverty Reduction Strategy (GPRS) addresses such inequities by including programs such as the Livelihood Empowerment Against Poverty (LEAP) which is a direct cash transfer program. It focuses on family empowerment where mothers are given cash transfers to foster entrepreneurship, mirroring similar initiatives as Mexico's Progresá or Brazil's Bolsa Escola programs. Presently, LEAP has been piloted in twenty-two impoverished districts in Ghana.

### **The existing OVC safety net**

Indigenous to Africa is the concept of absorbing OVC into extended families and within the community. Ghana takes ownership of *it takes a village to raise a child*, an adage prevalent in the Ga language used in the Greater Accra region. It well reflects the use of traditional communal living and the extended family system as the indigenous responses to the provision and protection for OVC (Addison, 2007). Spiritual attitudes

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<sup>10</sup> Reimers, DeShano da Silva and Trevino (2006) highlight the poor quality of education in Africa due to the sheer increase of students from the abrupt removal of school fees.

and beliefs also reflect this communal and loving concept that humans are called to care for one another. Conversely, due to the growing number of OVC resulting from the AIDS epidemic, civil unrest and weakened economies plaguing countries in Africa, the capacity for the extended family to absorb and fully support OVC is reduced. The absorption of an orphan often results in the decline in household income and the household living standards. When a child is absorbed into an already impoverished household, it strains poor resources and results in all children in the home being identified as vulnerable. Case et al. (2003, p.10) find that “in all countries, orphans are more likely to live in households with a higher fraction of elderly members, and with less well-educated heads. In addition, orphans are more likely to live in households headed by women.” These already vulnerable households, due to age, economics, and gender, do not have the material means to absorb an orphan. Along with the fact that these households headed by the elderly are becoming less existent, reflected in Ghana’s young population. Good ECE practices advocate for parents as the first and foremost educators in a child’s life; however, when the parents, the extended family or the traditional elders cannot act as a substitute, other means must be considered.

In any country orphaned children deserve protection and provision through a set protocol. In other words, of utmost importance is keeping children in families and communities before opting for other measures. Ghana’s OVC Care Reform Initiative (CRI) sets up protocol that requires children to be provided with appropriate alternative care and ensure that institutional care is used only as a last resort. The CRI’s first objective is to provide families access to extra resources in the form of scholarships, national health insurance and the social grant program (LEAP) to prevent the

disintegration of the family unit. When children are already separated from the immediate family, then the objective is to reintegrate them with the extended family. Adoption into a Ghanaian family is another option if prevention and reintegration are not possible, followed by a form of foster care. This hierarchy of alternative care is organized by local NGOs, FBOs and CBOs through informal familial fostering, formal fostering and community care-givers (Ntozi, Ahimbisibwe, Odwee, Ayiga and Okurut, 1999). The logistics of providing necessary resources and support for children in familial or formal fostering continues to be problematic with the constant request of NGOs, FBOs and CBOs for adequate funding to provide scholarships, food packages and overall support for their programs.

Concerns continue to be raised with informal familial or formal fostering (Foster et al, 1996). Fostering of OVC can be referred to as “crisis fostering” and is seen as problematic when children are taken in out of obligation and not voluntarily (Madhavan, 2004, p. 1444). Madhavan (2004) continues to explain that voluntary fostering, for example due to kinship or apprenticeship, strengthens ties; whereas, crisis fostering can lead to discrimination, deprivation and exploitation of a child. Case et al. (2003, p. 4) present how “foster parents may not have the same altruistic ties to the children, and may be less likely to realize financial gains from investments made in orphans, leading to weaker incentives to invest in such children.” Furthermore, according to Case et al (2003):

Children living in households headed by non-parental relatives fare systematically worse than those living with parental heads, and those living in households headed by non-relatives fare worse still. Much of the gap between the schooling of orphans and non-orphans is explained by the greater tendency of orphans to live with more distant relatives or unrelated caregivers. (p.2)

The opinion in Ghana seems to hold that the traditional response of fostering, kinship fostering or absorbing OVC into the community may lead to the occasional case of abuse, but the majority of the cases are healthy.

A portion of a focus group hosted in New York City amongst international educators and developers included discussing local practices as an indigenous coping mechanism labeled as absorption. According to one participant:

The larger issue of the population of orphans not being able to be absorbed into the communities that they live in which has been traditionally what has happened to orphans across the world, but they are usually absorbed in extended families. So, I think it is a dual problem of having the AIDS issue expanding the number of orphans to no longer be absorbed...or basically too much of a burden on a community, but also that's become the reason why they are in the international community's mind if you will.

Continuing on the dangers of absorption, one participant, who serves on a board of an orphanage in Tanzania, added:

With absorption, the only kind of negative consequence that I have seen is that often times the children will become slaves or servants in the households...I mean that in varying degrees...all the children that are at the orphanage I work with have all been severely neglected or abused because of that reason.

It is important to know what OVC support efforts exist and in what capacities. A comprehensive understanding is necessary on this existing safety net for OVC in order to best influence and inform emerging and desired government policies and practices.

### **Moving forward: Deinstitutionalization**

Orphanages in Ghana were brought with the European missionaries who took up the activity of caring for orphaned children who were, for certain reasons, seen as undesirable to be absorbed into families. The need for orphanages grew with the increase of rural to urban migration and overall modernization of Ghana introduced with the construction of the Tema harbor, the Akosombo dam and railways which attracted the



migration of people towards Greater Accra (DSW, 2008). The new developments resulted in a heterogeneous mix of tribes and cultures, with a restructuring of traditional community practices within urban environments.

The barriers inhibiting communities and even individuals to assist OVC go beyond the shifting traditional attitudes and values, and include the resource burden of taking on an orphan in already impoverished conditions, the sheer volume of OVC, the ambiguity of community programs and the stigma associated with HIV and AIDS. These challenges to support OVC, the socioeconomic and socio-cultural factors in light of the aging care providers, the elderly, compounded with the AIDS epidemic, civil unrest and a weak economy reduces the capacity for the extended family to absorb and fully support the growing numbers of OVC; therefore, institutionalization in the form of children's homes and orphanages was presented as the solution.<sup>11</sup> Due to the rise in OVC numbers, Ghana has seen an increase in children's institutions, homes and orphanages established and run by individuals, private institutions and NGOs as one response to this problem.

External aid agencies establish and fund orphanages in response to aiding OVC which continues to create a dependency upon external donors.<sup>12</sup> This not only continues to purport a hegemonic effect, but as a practice is unsustainable. The effects of institutional care are generally neither successful nor financially sustainable. Fonseca, O'Gara, Sussman and Williamson (2008, p. 104) find that supporting OVC in their homes and communities is in fact more cost-effective than supporting OVC in orphanages. Research continually shows that institutions are not the most cost-effective

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<sup>11</sup> The first officially recognized children's home was started by an NGO called The Children's Society, based at Kaneshie, in Accra in 1949 (DSW, 2008). Later in 1962 the Osu Children's Home was founded by the National Trust Fund (Akpala, 2007, p. 1071).

<sup>12</sup> Again, informed by William Easterly's book (2006) entitled *The White Man's Burden* as well as CICE's online journal (2008), "Are NGO's Overrated?"

ways of caring for OVC (Linbald, Jones and Hunter 1998). Extensive international research, undertaken by UNICEF and Save the Children, has proven that institutionalization has harmful effects on children and should be used only as a last resort (DSW, 2008, Why Not Orphanages section, ¶ 5). Children need families to successfully integrate and thrive in the society, as the family is the best context for a child to successfully develop (DSW, 2008).

The Ghanaian government's measures to end institutionalization reflect the rights of children. ACT 560's welfare principle stresses that any matter will surrender to the best interest of the child. Another right shaping OVC policies is the "right to grow up with parents" and/or in a "caring and peaceful environment" (ACT 560, p. 7). In January 2005 the National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS was created by MOWAC and Ministry of Manpower, Youth and Employment (MMYE) in partnership with Ghana AIDS Commission (GAC). Informing the current progress for the rights of the Ghanaian child include key state policies such as the Orphans and Vulnerable Children Care Reform Initiative (CRI 2006-2011) in response to the pragmatic yet problematic institutionalization of OVC. The government's CRI 2006-2011 provides training and resources to encourage appropriate parental or alternative care through the Department of Social Welfare (DSW), ensures that institutional care is used only as a last resort and supports deinstitutionalize by increasing the social protection of children by better utilizing families and communities (DSW, 2008):

It is clear from the preliminary findings of the nationwide data collection exercise that was part of the first year's activities of the CRI, that most children living in orphanages in Ghana are not actual orphans, and that the main factor leading to institutionalization is poverty, not death of the parents. Extended families are often the first protective safety net for children who lose their parents. However, policies and programmes to strengthen extended family childcare have been

overlooked and under resourced in Ghana. With or without external support, extended families continue to play a role in rearing children, even where AIDS and poverty have struck hardest. Through this project this existing support network will be harnessed and empowered. (The Care Reform Initiative section)

The CRI 2006-2011 lists five concrete ways to approach deinstitutionalization: prevention, reintegration with the extended family, adoption, fostering and professional fostering in or out of a residential care setting. This DSW initiative was collaboratively designed by the DSW and OrphanAid (OA) encourages and supports a return to an indigenous approach of family care through a multi-faceted manner to deliver social protection in three ways: cash social transfers, family support services and alternative care (DSW, 2008). In addition, in 2006 the LEAP program funded by UNICEF, OVC were supported through social transfers such as cash. Other noteworthy documents provided by the DSW include the Guidelines for the Operation of Orphanages/Children's Homes (2004) informed by governmental documents including The UN Committee of the Rights of the Child (1990), The Children's Act 1998 (ACT 560), a Joint Working Paper of UNICEF and International Social Service (2004) and the UN Guidelines for the Protection and Alternative Care of Children without Parental Care (to be approved).

### **Global Recognition of ECCD**

Early childhood education (ECE) has gained international legitimacy and consensus due to the latest discoveries in brain development, program evaluation and economic research which support investing in young children as a means to positively impact their long term development. A belief that a highly respected and influential early childhood practitioner and academic, Sharon Lynn Kagan of Teachers College, Columbia University shares (personal communication, October 23, 2008). Holistic ECCD benefits the child, the adult, the community and the society as a whole.

There are multiple international documents that recognize the importance of ECE. The most critical and influencing include the CRC, the 2000 World Summit leading to the Millennium Development Goals (MDGs), World Declaration on Education for All (EFA) and the World Fit for Children goals.

The Jomtien World Declaration on EFA (1990) promotes the use of ECCE as an investment in the health of a nation beginning at the earliest years as initial learning and development begins from birth, establishing the need for early childhood care through families, communities or institutional programs.

The Dakar Framework for Action

furthermore states the first EFA goal as “expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children” (2000, p.8). UNESCO’s EFA report (2006) defines ECCE holistically:

ECCE supports children’s survival, growth, development and learning – including health, nutrition and hygiene, and cognitive, social, physical and emotional development – from birth to entry into primary school in formal, informal and non-formal settings. ECCE programmes encompass very diverse arrangements, from parenting programmes to community-based child care, centre-based provision and formal pre-primary education, often in schools. Programmes typically aim at two age groups: children under 3 and those from age 3 to primary school entry (usually by age 6, always by age 8). (p.17)

According to this EFA report, there is a 12.4 percent gross enrollment ratio of children in pre-primary education for sub-Saharan Africa. Significantly, Ghana is recognized as a

#### Box 1: Ghanaian ECD Timeline

- 1843 Missionaries created nurseries
- 1989 Adoption of CRC
- 1990 World Summit for Children
- 1992 Ghana’s Constitution
- 1993 ECD Conference in Accra, the Accra Declaration
- 1996 FCUBE
- 1997 WGECD created
- 1998 Children’s Act of Ghana (Act 560)
- 2001 MOWAC established
- 2002 UN General Assembly, Special Session on Children, Ghana commits to ECD Policy
- 2002-2004 Going Global Early Learning Standards & Indicators Project
- 2004 National Policy of ECD passed
- 2004 Education policy sector reform, includes KG1 and 2
- 2005 3<sup>rd</sup> African ECD Conference in Ghana
- 2005 National Policy Guidelines of OVC
- 2006 30,000 copies of KG curriculum printed and distributed
- 2007 KG 1 and 2 fully operational in all government schools

leader in the ECCD movement within Africa (Boakye, Etse, Adamu-Issah, Moti, Matjila and Shikwambi, 2008).

Since 2001, Ghana’s Ministry of Women and Children (MOWAC) has promoted the welfare and rights of children. In 2004, kindergarten was incorporated in FCUBE and piloted in forty marginalized districts and the following year, kindergarten became a national requirement for schools. Table 1 illustrates the almost doubling enrollment of young children in kindergarten over three years.

Table 1: Kindergarten Enrollment in Ghana (absolute figures)				
	Enrollment Kindergarten			
Distribution	2003-2004	2004-2005	2005-2006	2006-2007
Girls	316,176	362,312	500,295	551,784
Boys	320,939	369,019	498,524	552,995
Total	637,115	731,331	998,819	1,104,779
Source: MOESS, GHANA, EMIS (2003/2004 to 2006/2007)				© UNICEF

Further statistical research shows that in 2006/2007, the lowest net enrollment rates in Ghana were in the Greater Accra region hosting more than sixty-five percent of the kindergarten aged children not enrolled (Mr. Madeez, personal communication, June 16, 2008).

The National Center for Children and Families (NCCF) with the support of UNICEF is assisting developing countries to identify and establish standards and indicators to monitor the development of young children in a joint project entitled, “Going Global with Indicators of Child Development.” Sharon Lynn Kagan, Ed.D. and Pia Rebello-Britto, Ph.D. of Yale University head up this project. In fact, Ghana, through the development of standards and indicators to monitor the development of young children, developed a comprehensive kindergarten curriculum that has been printed and

distributed throughout the nation along with teacher training programs for some districts.<sup>13</sup>

Ghana's Early Childhood Care and Development (ECCD) Policy in 2004 created awareness about the critical early years and the need to integrate the issues at the national and district levels amongst stakeholders inclusive of children, parents, communities, traditional authorities and governmental ministries and departments. The Early Childhood Care and Development Policy was produced by the Ministry of Women and Children's Affairs (MOWAC) in August 2004:

Through the policy, the Government is putting into practice its constitutional obligation of enhancing the fundamental human rights and freedoms of her young citizens, and promoting national legislation, as well as confirming international Conventions and Agreements concerning children. (p. 36)

Ghana now boasts a thirty-seven district ECCD committee out of 138 districts (Lund and Agyei-Mensah, 2008, p. 95). This national committee provides a platform for ECCD stakeholders to implement policy through a sharing of the best practices within the thirty-seven districts. It provides an avenue from which to integrate ECCD services.

Other policies to develop and protect children include the gender and children policy and other national policy guidelines related to OVC or HIV/AIDS orphans, street children, disabled children, child laborers, children with special educational needs; additionally, there are policies on improving the health of children under five, reproductive health standards and MOWAC's three year strategic implementation plan. Ghana has shown political commitment by taking the essential steps to provide a legal

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<sup>13</sup> The standards and domains are not imposed; rather, they are evoked from discussions consisting of an array of ECD stakeholders. The developed standards provided and continue to elicit a basis for professional development and teacher training, national capacity building, public advocacy and national monitoring.

basis for fundamental change, and like most nations, Ghana continues to work at lessening the gap between their policies and practice.

Presently, the ECCD field is advocating for the indigenous, foundational and motivating influences on children's development and childcare within Africa to be added to the global ECD dialogue, which is prominent within the World Bank. The 2008 World Bank publication, *Africa's Future, Africa's Challenge: Early Childhood Care and Development in Sub-Saharan Africa*, stresses participatory early childhood development planning and community-based approaches. A major consideration for Ghana continues to be how to appropriately design and support such community-based approaches as there is "an urgent need to develop and scale up family- and community-based care opportunities for the small but highly vulnerable proportion of boys and girls who are living outside of family care" and for the proportion of boys and girls who are living inside institutional care (UNAIDS et al., 2004, p.4).

## **Methodology**

The research was conducted with the purpose of gaining knowledge on the current situation of OVC in Ghana, and with the desire to identify any intersections between the OVC and ECCD situation occurring in the Greater Accra region of Ghana. The results provide a comprehensive overview of the OVC situation and ECCD situation in Ghana supplied by interacting with key informants involved in the governmental ministries and an array of ECD stakeholders, including the government, NGOs and international development partners.

The conceptual and theoretical framework founding this research study begins from the position of the Ghanaian view of the child. The Ghanaian theories of child

development are based on the ACT 560, “an act to reform and consolidate the law relating to children, to provide for the rights of the child, maintenance and adoption, regulate child labour and apprenticeship, for ancillary matters concerning children generally and to provide for related matters” (p. 6). ACT 560 begins with the welfare principal, the non-discrimination concept and the moral concept of child upbringing. The welfare principal maintains the best interest of the child. All children are viewed in totality with concept of non-discrimination. The moral concept of child upbringing refers to the socialization and integration of a child into the community. The child is regarded as part of a society; therefore, society is responsible to ensure a child’s developmental and moral upbringing. Mrs. Margaret Okai, the National Coordinator of ECD with Ghana Education Services (GES) elaborates that the Ghanaian view of the child respects children and their “holistic development from the head to the foot, every part – physical, emotional and social” (personal communication, June 12, 2008). These driving theories of child development set the groundwork for addressing the needs of OVC.

As an independent research project, this study provides an objective overview of the progress Ghana is making in regards to ECCD and the support of OVC through an examination of the ECCD network. The first part of the study, the fieldwork, was conducted within Ghana, being a pivotal African country in the advancement of ECCD and OVC policies. Ghana was also chosen as it is an Anglophone country, allowing me to conduct interviews without a translator. I lived in Accra, Ghana for a little over a month, arriving at the end of May and staying through June 2008. During this time, I stayed at a FBO, the Salvation Army, also involved in the care and education of street



children. During my fieldwork, all of my observations and thoughts were recorded in a journal.

The study was qualitative; therefore, the data collection consisted of interviews, observations, interactions and personal experience within an authentic setting (Creswell, 1998). The focus was on exploring the roles of CBOs, FBOs and NGOs as stakeholders in the rights and care of OVC in addition to examining the network emerging amongst these stakeholders and distinct ministries of the government. The research project design began with the support of four critical contacts. Four focal women in charge of change and collaborations within the ECCD network in Ghana, a network wherein OVC falls under their umbrella, included: Stella Etse, the coordinator of Association for the Development of Education in Africa, Working Group on Early Childhood Development (ADEA-WGECD), Ruth Addison, the director of the MOWAC, Evelyn Quartey-Papafio, the head of National Nursery Teacher Training Center (NNTTC) and Susan Sabaa, involved in OA, the DSW and UNICEF. They provided me access to key informants to interview and access to key documents. Along with sharing their personal experiences and insights on working to create change and better young children's livelihoods.

Twenty-three on-site interviews were conducted with a cross section of governmental organizations, non-governmental organizations and development partners in Accra, the capital, and the Greater Accra region. The full list of interviews is found in Appendix C. All interviews were conducted in English. These key informant interviews were conducted as semi-structured interviews on ECCD and OVC policies and practices with representatives from CBOs, FBOs and NGOs; those interviewed are central to an intricate support network for OVC in Ghana. Semi-structured interviews held with

directors of organizations were often followed by on-site observations and tours of their programs and facilities. Documentation was collected, including the Children's Act, 1998 (ACT 56), Ghana's Report to the UN Committee on the Rights of the Child 1997-2005, the Early Childhood and Development Policy, National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS, Orphans and Vulnerable Children Care Reform Initiative, Ghana (CRI 2006-2011) and the Government of Ghana and UNICEF Country Programme Action Plan 2006-2010. Overall, a thematic content analysis method was used when analyzing the data, the journal entries, interviews and personal observations.

The second part of the study, the literature review, an analysis of the data collected and a focus group were conducted in New York City. A smaller yet personally significant add-on was the use of a focus group after completing on-site research in Ghana. The focus group was held in New York City. It was included to enhance the findings by determining the informed American, involved in some capacity with international development, position towards the international OVC children situation in the African context. The focus group also provided a more complete understanding of the interaction between the international versus the local in issues regarding aid and development.

The focus group included eight participants either involved with international developmental organizations (INGOs) or current graduate students in international development studying issues of OVC. The data collected included the participants' personal beliefs and values and experiential knowledge of INGOs' responses regarding the OVC situation in Africa. The data analysis indicated that there is an awareness of the

need to provide for OVC, in which education and holistic development play a role and indigenous practice should be included; however, the challenge remains how such educational and holistic development will be provided and sustained. Personally, the focus group served to confirm the concerns raised by respondents in Ghana regarding the international development community's involvement in OVC.

This independent research study, as with all research, had limitations. The fact that the study was conducted over a short period of time is most obviously limiting. Foster (2000, p.8) discusses that when in engaging in contextual analysis, it is through “a considerable investment of time” that the researcher is able to understand the “depth and resilience of local culture” when considering indigenous responses. International development researchers are now aware of this, facing the realism that it takes a great deal of time and funds to accomplish long-term contextual analysis. For this study, as it was independent, it held personal interest and meaning and so I spent as much time in Ghana as I could manage. I had a glimpse into a dynamic country and people, and hold a desire to return and learn more. Overall, this qualitative research study provides a contextual understanding of Ghana's current efforts, successes and challenges, in caring for and protecting their OVC through ECCD.

## **Results**

### **Strengths of Ghana's ECD Network**

From my observations, the strength of Ghana's ECD network can be attributed to their constant and core leaders in ECD: Stella Etse, Ruth Addison, Evelyn Quartey-Papafio and Susan Sabaa. They hold pivotal positions that allow them to interact and coordinate with other stakeholders in ECD. These four women not only hold positions of power and influence, but they also hold deep and intrinsic beliefs about the necessity of

ECD. They are motivated and dedicated advocates of ECD. Two main elements that account for their continued success in developing ECCD in Ghana are their commitment to professional development and their commitment to their religious faith. The four women were involved in the African Early Childhood Development Virtual University (ECDVU) M.A. program, adding to the academic discourse on ECD through a generative curriculum model (Pence and Schafer, 2006). They were also active in the project to create early learning standards and indicators that shaped the National ECD Committee, ECD policies and the KG curriculum. As previously mentioned, Ghana's religiosity is evident throughout the urban and rural landscape with all religious factions serving to promote a sense of human responsibility towards the less fortunate. The same is true of the four women, whose religiosity was evident as they openly shared their beliefs, which guided their social responsibility to the most vulnerable. This center of Ghana's ECD network consists of committed individuals, who share of themselves wholly for the betterment of the OVC situation.

Ghana's ECD network is further strengthened by an active participation in the Working Group on Early Childhood Development (WGECD), a working group<sup>14</sup> stemming from the Association for the Development of Education in Africa (ADEA), that includes involvement in research, capacity building, advocacy and networking activities surrounding ECD. It provides an opportunity for networking with other participating African nations.

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<sup>14</sup> In 1989 the Working Group on Education Sector Analysis (WGESA) within the Association for the Development of Education in Africa supported an educational sector analysis of Ghana informing future educational reforms (Samoff, 1999, p. 251).

The strengths of Ghana's ECD sector also rest in their efforts towards teacher education. Ghana has a National Association of Teachers (GNAT). It has two main roles to organize teachers into unions or group associations to best solve problems and to organize in-service trainings free of charge for public and private school teachers. GNAT strongly supports the ECD network by targeting preschool educators through periodic in-services. Ghana also has fifteen teacher training colleges training in ECD (Boakye, Etse, Adamu-Issah, Moti, Matjila and Shikwambi, 2008, p. 172).

The GoG's one and only certified training institute for pre-school and kindergarten teachers is the NNTTC. Located in Accra, predominantly women are trained at the NNTTC through an eight week course, which enrolls around one-hundred and fifty students at a time. The students are from all regions of Ghana as the NNTTC campus includes a dormitory as well as a model school. The learning is divided into classes based on the national kindergarten curriculum: ECD curriculum, environmental studies, creative activities, play, language and literacy, music, mathematics, classroom management, observation and teaching practice. There are also special visiting lectures on child rights, disabilities, first aid, nutrition and health needs. Evelyn Quartey-Papafio summarized an integrated approach used at NNTTC as "bits of philosophies coming together, not just Montessori or Reggio Emilia...all bits for the best interest of the child" (personal communication, May, 28, 2008). At the end of eight weeks, the students earn a certificate of participation that qualifies them to teach kindergarten.

In addition to the NNTTC, the GoG has provided extra training and workshops on the new kindergarten curriculum during its distribution. Currently, Ghana has trained ECD coordinators and practitioners in all ten regional offices and all 138 district offices

in the country who have disseminated the new kindergarten curriculum with some basic training amongst 20,000 kindergarten teachers (Mr. Madeez, personal communication, June 16, 2008). There are plans to do even more in this area highlighted in the GoG and UNICEF's country action plan.

### **Framing ECCD efforts towards OVC**

There are numerous frameworks that exist to address the needs of OVC, developed by development and humanitarian agencies, which include valuable and similar aspects. Most tend to focus on comprehensive and holistic responses outlining how to address all of the issues surrounding OVC from vulnerable children to girls' education to ECD. However, out of these well planned and detailed frameworks, I argue that the main focus should be to strengthen the ECD programs. A review of existing frameworks is necessary to support this paper's call for greater emphasis on ECD for OVC.

All of the frameworks discuss similar interventions by multilateral and bilateral donors, INGOs, NGOs and the governments, including a mixture of building the capacity of families and communities to foster or absorb and support OVC. In addition, the discourse includes the need to strengthen children's capacities to take care of themselves. Frameworks also note the need to pay attention to the psycho-social needs at the familial, communal and individual OVC levels.

World Vision, a FBO, designed a 2005 Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS which was finalized in July 2004. It serves as one example of a framework outlining key strategies to best support OVC. For World Vision, the main priority is to strengthen the

capacity of families and communities through improved policy and legislation. By raising awareness, advocacy and social mobilization World Vision works to ensure access for OVC to education, health care, birth registration and government protection. This framework has been widely endorsed by governments and other non-governmental organizations. It provides operational guidance to all stakeholders involved in responding to the needs of orphans and vulnerable children. Each strategy suggests a series of actions, though care is taken to emphasize the importance of varying the approach “according to locally identified needs, capacities and priorities” (World Vision, 2005, ¶ 9).

Save the Children is an INGO that utilizes a key global policy document, the inter-agency *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* (2004). This multi-sector approach specifies key principles and strategies for any global response, targeting the strengthening of families and communities. The framework was produced by the UN, governments, FBOs, CBOs, the private sector, the academic sector and NGOs to guide policy-makers and practitioners when designing effective national responses for OVC, specifically affected by HIV and AIDS. Save the Children solutions specifically include a focus on better care for mothers and children affected by HIV and AIDS, as well as support for orphaned children through national government support to provide national social welfare systems, an increase in community involvement at the national and local level and national healthcare or an increased investment in health systems. The discourse surrounding the framework for action for OVC repeatedly focuses on strengthening the capacity of families, mobilizing community-based response, ensuring access to essential

services such as birth registration and health care, in addition to improving the policy and legislation to protect children and advocating for a supportive environment for children (UNAIDS et al., 2004).

A repetitive component in all frameworks for responding to the OVC is through community based approaches. This includes the idea of participatory early childhood development planning where the leadership and design roles are played by key community actors that understand the local need to maintain a focus on family and community empowerment. As Foster (2002) points out:

Most community initiatives grow out of the concern of a few motivated individuals who work together to support vulnerable children. They spring from a sense of obligation to care for those in need, in a context characterized by inadequate or non-existent public services...In fact, most activities are carried out by concerned charitable women, widows and mothers, who see their involvement as “ministry.” (p.9)

In the past however, Foster (2002) shares that “care and support at the household community level was granted limited attention, in part because constraints imposed by the ‘project’ approach to development made it difficult for external agencies to support activities at the local level and in part because inadequate information was available” (p.6).

Ghana’s OVC framework includes similar elements, encouraging community based responses and providing initiatives that strengthen the capacity of families. Ghana’s Plan of Action for Orphans and Vulnerable Children (2008) boasts a social protection framework delivered by the DSW. Preventative social services are included such as the use of cash transfers and prioritizing access to education and health. Other assistance provided by the GoG includes the use of grants, feeding programs and ECD policies. In 2004, the National ECD policy passed and two years of kindergarten



education were incorporated into FCUBE. The policy included a cost-sharing scheme to cover non-tuition fees, parents were expected to bear limited expenses and no child was to be turned away for non-payment of fees, but the initiative did not work. The introduction of the public school’s capitation grant, entitling each school pupil to a certain amount of funding each year so that schools need not charge any other fees, made primary enrolment more accessible (Adamu-Issah, Elden, Forson and Schrofer, 2007). Further, Ghana has initiated the Ghana School Feeding Program, encouraging enrolment and improving education services. Other GoG collaborations in education include the World Bank’s EFA Fast-Track Initiative, UNAIDS, UNESCO, UNFPA and UNHCR. All working to keep children enrolled school to secure and maintain the holistic development of each child. Other programs include the aforementioned LEAP. Beneficiaries specifically target OVC in society.

The Ghanaian community based approaches responding to OVC that I observed included the principles of good community initiatives: reciprocity, consensus based decision making, self-reliance, local leadership, volunteerism, innovation and an association or reliance on faith based organizations.<sup>15</sup> The faith based organizations provide an already existing structure and authority within communities from which to mobilize interest and action.

Box 2: Components of Community Initiatives in Accra, Ghana <sup>16</sup>
Home visits
Promotion of fostering
Daycare for young vulnerable children
Sponsorship of OVC in schools
Raising money for school fees
Income generating projects
Referral to other agencies

<sup>15</sup> The mentioned principles of community initiatives are explained in greater detail by Foster (2002).

<sup>16</sup> Box 2 is adapted from a box used by Foster (2002), but with components of community initiatives additions and deletions specific to Ghana.

Advocating for children Raising concerns to community and traditional leaders Fostering apprenticeships Job training skills
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The preliminary findings of my research consist of an overview of how local institutions and organizations such as NGOs, FBOs and CBOs based out of Accra have begun to effectively engage dominant aspects of OVC frameworks, focusing on community participation and providing alternative routes to support OVC. In describing the local organizations, it is my hope to showcase their efforts, challenges and successes in the Ghanaian context. These organizations and the dynamic individuals directing, supervising and working for them create a network of important local actors. Many of these organizations receive support from influential international partners and are critical to Ghana's accomplishments in moving forward with both the OVC and ECD policies and practices. The next section will profile a variety of community based initiatives in the Greater Accra region.

A key feature of Ghana's progress towards their OVC is through these community based initiatives dominantly supported through local NGOs, providing funding for holistic responses, encompassing immediate care for OVC and addressing the root causes of orphanhood and vulnerability. Community initiatives, involvement and ownership are necessary as sources<sup>17</sup> have identified how unrealistic it is to rely solely on INGOs and

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<sup>17</sup> Sources here are in reference to the works published in the tenth volume of the Current Issues in Comparative Education (CICE) online journal and William Easterly's book entitled *The White Man's Burden*.

NGOs to meet and sustain a community's needs. Not to undermine the work of the NGO within Ghana, as many Ghanaian NGOs and CBOs effectively engage the community, working to create a sense of belonging and voice amongst the younger generations.

### **The contribution of CBOs**

Street Girls Aid (S.Aid) is a Ghanaian NGO that has been operating since 1994. The main office is located in Achimota, Accra. S.Aid promotes the psychological, social, and physical and the overall holistic wellbeing of street children by recognizing their human rights. Their mission statement reads as "Street Girls Aid, a non-profit organization, provides a safe and challenging environment where girls/babies who live on the streets are assisted in restoring and building self-esteem and finding alternatives to life on the street" (October 20, 2008, <http://www.said-ghana.com/>). S.Aid realizes that every child is unique and valuable and deserves care and support in every possible way. Programs range from skills training, early childhood care, health education, and literacy classes. It provides temporal residential facilities for young mothers, day care facilities and outreach programs for street children, skills training for girls, literacy programs and education on reproductive and health issues. The early childhood centers for children of street girls are smartly located near market centers where many of them work. These street girls:

Work long hours for a mere pittance. Girls will toil in the markets selling food or ice water and many serve as porters - carrying heavy loads on their heads that seem to defy the frailty of their neck. With the number of street children increasing every day, even these jobs are becoming increasingly scarce and as an unfortunate consequence, prostitution is becoming a main source of income for some street girls. At night, they mostly sleep in the open air, rain or shine, on small mats or cardboard. These children usually sleep in groups to protect and support each other. (October 20, 2008, <http://www.said-ghana.com/>)

The organization effectively reaches vulnerable children of varying ages depending on the needs of the community.

Another exemplary local NGO is the Youngsters Peer Education Program (YPEP) founded in 1992 to focus on adolescent reproductive health, HIV and AIDS prevention, peer education, vocational skills training, income generation activities and education for all ages of vulnerable children. The director of YPEP discussed areas for continued growth including that “young people should be more empowered...the importance of vocational skills and access to services and a desire to move into gender equity” (personal communication, June 6, 2008). Their programs have three dimensions: to provide adequate information on reproductive health, promote access to services and empower and train youth. The head office is located in Accra from which they are expanding their work into the Eastern Region, known for the highest HIV prevalence rates and an area where culturally, children are sexually active at early ages such as eight years of age.<sup>18</sup> It is an area where Plan, an INGO, works with them to provide early childhood care in the form of nurseries in rural communities. YPEP clearly defines specific community entry strategies and targets young people as a critical intervention. The secondary target is the parents. All of the programs include child and adult support.

YPEP has a program for HIV/AIDS education for vulnerable children project in Chorkor, a deprived fishing community located in the northern part of Accra, where statistics show that teenage pregnancy is high and that education is undervalued. YPEP

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<sup>18</sup> There are long standing traditional practices allowing children to be sexually active (Addison, undated). The traditional practice of child marriage often results from poverty as families seek the child's bride price. An extreme example is how in the Volta Region young girls are offered as fetish slaves or *trokosi*, a ritual bondage of female child virgins, to fetish priests (Addison, personal communication, May 26, 2008). Young girls are offered to appease the gods, ensure success in war or as a commission for crimes in the family. Due to government intervention, some fetish priests in Ghana have agreed to try to prevent families from handing over their daughters by accepting goats instead.

runs a daycare center in Chorkor to support mothers so that they can attend school. The mothers are given the incentives of a stipend and childcare, while their children receive one full meal and free tuition, to remain in schools, including informal education by means of training or apprenticeship programs. OVC due to HIV and AIDS are also provided for in this daycare, receiving one meal and free tuition. A constantly unresolved issue facing many local NGOs is the fact that their teachers and materials are donated or funded through international organizations such as UNICEF, but the contracted support always ends. The daycare staff advocate for the need to keep YPEP involved in this community, even if it means sharing the costs and purchasing snacks for the children with their own money. One of the daycare's educators shared:

There is no fishing on Tuesdays, it is forbidden, it is a belief...another belief before YPEP came to the community was that if you contracted AIDS and then drank salt water from the ocean, that it would wash it away, cleanse it, heal it...there is a need for this school. (personal communication, June 9, 2008)

As sustainability has not yet been achieved, it leaves YPEP in the position to face a major setback. Chorkor's daycare is facing a funding or sponsorship dilemma, regardless of how desirable and effective the programs have shown themselves to be in a needy and deprived community.

Integrated Development in Focus (IDIF) is a local CBO which registered in 2005 as a NGO, receiving support through UNICEF for ECD programs in the Greater Accra region, mostly in Agbogbloshie, a settlement near Jamestown with migrant squatters from different regions of Ghana. Although, at the conception of IDIF the focus was solely on adult education, the organization realized that the issues affecting adults were intertwined with the issues affecting children, such as HIV and AIDS, so they branched into support of OVC. Currently, the organization can sponsor thirty children, due to the

personal contributions of the director since UNICEF funding was cut. On the issue of funding Mrs. Josephine Agbo, IDIF's executive chairman and director, responds that "everybody's [CBOs] in the same soup, with the same money problems" while advocating that "we [CBOs] can reach the communities they [GoG] can't reach." She therefore continually supplements her organization, giving of her personal resources as she believes that OVC deserve "opportunities in God's realization" to fulfill their innate potential (personal communication, June 10, 2008). The children to receive sponsorship are chosen by the community through participatory meetings; sponsorship provides the children with their school fees, uniforms and basic needs such as a spoon, cup, plate and a chamber pot. The thirty OVC receiving support are spread amongst various public schools in order to provide them with as little stigmatization as possible by integrating them into a "normal" school situation. Therefore, IDIF works to liaise with Ghana Health Services, parent teacher associations and "adopts" the school that their sponsored OVC attends. The thirty OVC are monitored on a weekly basis in school and in their foster homes where they provide counseling services for the children and their caregivers. IDIF responsibly recognizes that there are psycho-emotional needs surrounding orphanhood and fostering. IDIF attempts to offset the financial burden of another child by offering the foster family nutritional supplements and food rations. The support that these thirty children receive is exceptional; however, quality care and education comes with a price that will require the introduction of sustainable funding practices of some means.

The Assemblies of God Relief and Development Services (AGREDS) is a FBO that coordinates all the development and relief program of the Assemblies of God

Church, Ghana. AGREDS seeks to minister to the material and social needs of the poor and disadvantaged in given communities through community initiatives, including programs directed towards OVC. In example, a pre-school education program services 120 children at the Buduburam refugee camp. A child development program sponsors over 1,600 children in basic schools in eight communities within the Nanumba district. There is a Life Line project targeting street children in Agboghloshie, Accra, particularly the female porters in the market places, the *kayayes*. Included in the project are children below the age of six who are fed and cared for while their mothers work in the markets. Alexis Day, a Senior Officer at AGREDS finds the OVC situation in Ghana to be “unique – that each child belongs to a community, a family...goes to a school...so don’t neglect those factors. Therefore, child sponsorship is meant for a family, a household...it focuses on sustainability, community and school. It addresses the basic critical infrastructure, the needs of a family, a community and a school” (personal communication, June 11, 2008). Their OVC sponsorship includes over 2,000 children solely in the northern districts, helping to enable entire communities. AGREDS work also includes a HIV/AIDS Education Awareness program that focuses mainly on abstinence, faithfulness, counseling, care and support for people and communities living with HIV and AIDS.

Teshie Orphanage is a private orphanage run by Mrs. Parker, a woman who has dedicated her life, energy and resources towards orphaned children in and around Teshie Township in the Greater Accra region. Although, Teshie Orphanage bears the label of a private orphanage, it truly was a community initiative. It works to keep the OVC within their home community, in a natural setting and in their native language. Mrs. Parker, as a concerned member of her community, transformed her own home into an orphanage

which gives the children a sense of the familial and home quality. At the time of the visit and interview, she had thirty-five children from one to sixteen years old; eight of these children are under the age of five. The children refer to her as Grandma and it is obvious even to an outside observer that she does treat them as her own. She proudly says, “I take them as my own children” (personal correspondence, June 3, 2008). Mrs. Parker sends the appropriately aged children to the kindergartens and community crèches where she hopes they benefit from holistic care. She receives no government funding; instead, she relies on private donations, many from churches and visiting expatriates. Again, it is important to note the guiding spiritual beliefs that contribute to many community leaders’ dedication and commitment.

Although Osu Children’s home is not a community based initiative, it deserves to be mentioned as it provides an example of a government managed orphanage as opposed to Teshie Orphanage. It is a children’s institution funded by the GoG, managed through the DSW. It is located in the Osu neighborhood in Accra. Osu Children’s Home offers temporal care for OVC until children are reunited with parents or extended families, and encourages local adoption when no family is found. The children are separated by age and gender and cared for in separate houses – a nursery, house one, house two and house three – all within the same grounds. On the home’s ground is a well equipped preschool, the Alkot Early Childhood Development Center, for pre-nursery children through kindergarten two and a nursery housing babies from zero to three years old. All children, 167 in total on the day of my observations, receive education, food, clothing, health care and psychological care. Similar to Teshie Orphanage, Osu Children’s Home receives visiting expatriates or volunteers to help care for and play with the children. One



childcare staff discussed the impact of the volunteers as “the whites come – some come and some go...they like to play with the children” (June 19, 2008).<sup>19</sup>

Further outside of Accra, in more rural communities, the care of OVC continues to follow absorption practices by traditional authorities or leaders. For example, in Manya Krobo,<sup>20</sup> an hour outside of Accra and distanced enough from urban areas, the Queen Mothers take on the traditional responsibility of the care and support of OVC. It is a community based initiative in that the Queen Mothers facilitate the absorption process, taking young children into their own homes and finding homes for other young children. “Every child is our child – period” and “[Queen Mothers] accept a child as our own, no stigma and no discrimination” explained a Queen Mother in Manya Krobo (personal communication, June 24, 2008). Queen Mother Esther shared “I have my techniques with caring for infants, what God has given me – I put special songs into the children’s ears” (personal communication, June 24, 2008). For the OVC in fostering situations, the Queen Mothers play a supervisory role, making home visits and financially supporting the families by paying the child’s school fees and feeding costs. The Queen Mothers engage in income generating activities through the making and selling of batik, tie dye and beads which are supplemented by the Ghana AIDS Commission. The Queen Mothers’ Association (QMA) in Manya Krobo is an excellent example of a successful local response, reflecting indigenous practices. As this generation of Queen Mothers ages, there is concern of what will happen as it is becoming more difficult to maintain

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<sup>19</sup> Impacts of such voluntary global work, overseas volunteer placements of young Western people in low-income economies, also referred to as volunteer-tourists (Simpson, 2004), provide an area for further research (Jones, 2007).

<sup>20</sup> The Eastern region, an area with high AIDS rates, is also home to a Queen Mothers’ Club consisting of about seventy-one queen mothers. The mothers provide the same care as in Manya Krobo, absorbing some OVC and supervising others. This Queen Mothers’ Group is highly recognized and receives funding from Ghana AIDS Commission.

traditional practice and interest young girls into training to become the next generation of socially responsible queens. Traditionally, Queen Mothers are born into royal homes or are girls displaying desired qualities and then groomed as a royal daughter. Most importantly “common to all Queen Mothers is that they are recognized as leaders for other women within the community” (Lund and Agyei-Mensah, 2008, p. 95). These girls are screened as candidates and are voted upon in a final selection. The QMA is a valuable initiative; Ruth Addison, the director of MOWAC, recognizes the need to “tap into traditional authority and expertise of the Queen Mothers’ Association” (personal communication, May 26, 2008).

Finally, SOS Children’s Villages, developed by SOS Kinderdorf International out of Austria, present another option of community based care for OVC, but it involves some controversy due to differing perspectives on their model. For the sake of this paper, I present the debate on why they are considered problematic. The homes for OVC in SOS Villages provide one house mother to ten children from zero to seventeen years of age. It attempts to model as closely as possible a real family situation. Some argue the homes that are set up, however, are unrealistic and forced. Due to the fact that they create artificial “home” care (Mr. Adongo, personal communication, June 19, 2008), the SOS Villages provide a home and a family for OVC, but care qualified as formal institutional care (Susan Sabaa, personal communication, June 5, 2008). A key problem with the homes is a lack of psychosocial support for the house mother caring for ten OVC under her care. The SOS Villages attempt to create a sense of community, but most Ghanaians find them to simply promote a false sense of community initiated from a top-down and external approach.

Providing a holistic approach to early childhood care and development generated through the needs and beliefs of the local community in the best interest of the child is a dignified and necessary first response to OVC. Realistically, it seems that community initiatives are ideal but offer certain limitations due to the reality of limited economic and unstable situations in many communities. Therefore, a greater understanding and study of the viability of successful local community initiatives needs to be done and emphasized within Ghana, as well as the global context, in order to empower and foster community action. Table 2 profiles all of the main activities of the organizations individually highlighted for their contributions towards caring for OVC in Greater Accra.

Table 2: Organizations Profiled in Greater Accra, Ghana		
Organization	Founded	Main Activities
AACT	1998	<ul style="list-style-type: none"> <li>○ Support and educate children with autism</li> <li>○ Support and educate parents with autistic children</li> </ul>
AGREDS	1991	<ul style="list-style-type: none"> <li>○ Assist and encourage OVC, street children</li> <li>○ Health centres</li> <li>○ Peacebuilding and reconciliation</li> <li>○ HIV/AIDS education and awareness, and counseling</li> <li>○ Girls' education</li> <li>○ Youth skills training</li> <li>○ Refugee support</li> <li>○ Child development and sponsorship</li> <li>○ Micro credit support to women.</li> </ul>
DIF	2005	<ul style="list-style-type: none"> <li>○ Mobilize resource and stakeholders to empower poor vulnerable women, youth and children</li> <li>○ Support OVC in the Korle Wonko area of Ashiedu Keteke in the Greater Accra region.</li> </ul>
QMA	1998	<ul style="list-style-type: none"> <li>○ Provide for an orphans' basic education, medical care, food, clothing and miscellaneous expenses</li> <li>○ Supports leadership training and capacity building in the community</li> </ul>
S. Aid	1994	<ul style="list-style-type: none"> <li>○ Promote the proper development of the street girls/babies (OVC)</li> <li>○ Assist pregnant street girls with antenatal and postnatal care</li> <li>○ Reconcile girls with their families</li> <li>○ Create awareness concerning the plight of street girls in Ghana</li> </ul>
SOS Children's Village	1970	<ul style="list-style-type: none"> <li>○ Protect and care for OVC</li> <li>○ SOS run schools and training facilities</li> <li>○ Assist with foodstuff, medical drugs, school fees, creation of self-help projects</li> <li>○ Emergency relief aid</li> </ul>
YPEP	1992	<ul style="list-style-type: none"> <li>○ Support for vulnerable women and children (OVC)</li> <li>○ Adolescent reproductive health</li> <li>○ HIV and AIDS prevention</li> </ul>

		<ul style="list-style-type: none"> <li>○ Peer education and support</li> <li>○ Vocational skills training</li> <li>○ Income generation activities</li> </ul>
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**Discussion**

**Program challenges: Reciprocal responsibility**

Providing holistic care and development for OVC will require an investment in ECD. It will require a long-term commitment based upon the belief that helping young children now, providing them with good nutrition, education and psychosocial support will be more cost-effective than providing support for a generation of stigmatized and uneducated adults (International Federation of Red Cross and Red Crescent Societies, 2002). Stover, Bollinger, Walker and Monasch (2007) present an estimated budget of US \$1.7 billion annually by 2010 needed to provide essential support services to all OVC within sub-Saharan Africa. Clearly, Ghana’s budget is a great deal less, but the truth remains that essential support services come at a financial cost. Of course, there are numerous financial strains with government funding and international donors’ financial commitments being limited in their ability to expand the capacity and quality of ECD providers in Ghana. It then breeds typical frustrations of having ratified supportive and dynamic policies in place for ECD and OVC, but having a lingering gap between policy and practice that remains unabridged. The GoG boasts an impressive ECD policy, ready to radically change the status of ECCE in Ghana, but does not offer the resources to create such transformation. UNAIDS et al. (2004) hold out hope that:

Closing the gap is possible, but it will require the combined efforts of all those able to respond – governments, donors, nongovernmental organizations, faith-based organizations, the private sector, and the thousands of community groups already struggling on the front line of response. Through committed partnerships and collaboration, millions of children and adolescents will have a chance of a better future. (p. 5)

The question remains of the level of dedication of the GoG to practice and not just with their policies.

On top of a long-term financial commitment, authentic development in the ECD for OVC sector will require investing the funding into practices that are sustainable. Dependency on external funding makes too many of the CBOs, even the QMA, vulnerable (Lund and Mensah, 2008). The QMA, involved in income-generating activities selling artistic goods, still remains economically dependent on external donors and limits their abilities to provide enough individual support and care for all OVC (Lund and Mensah, 2008, p. 104). Further research need assess what programs are absolutely sustainable and how by which funding can then support directing organizations towards sustainability. Regarding financial sustainability, Jaramillo and Mingat (2008) advocate discerning if the program's benefits outweigh the costs (p. 460), and if so to identify a "concrete design" of the effective community based program noting the organization and implementation (p.482).

### **Equity through ECCD: The solution?**

Ghana is touted as an example of how ECCE can develop a nation. The GPRS includes ECCD services as a key strategy for poverty reduction. ECCD is seen as a way to promote social development and social equity while reducing poverty. The theoretical underpinning is that the poverty cycle must be broken at the beginning, the earliest years of a child's development, to reduce social and economic inequalities (Mr. Madeez, personal communication, June 16, 2008). Therefore, the GPRS and the National Policy of ECD present ECCD services as a way to reduce poverty. ECD provides an essential service to support OVC, seen as an intervention providing a comprehensive program for

young children to support their nutrition, health, education and psychosocial support. An advantage of ECD is that it also provides a venue to educate and support OVC's care providers whether they are parents, grandparents, older siblings or foster parents.

Not surprisingly, there are opponents of ECD, believing it to provide a false hope for social development or believing it to be yet another area to spend large amounts of funding for something with no direct long-term outcomes. The limitations of ECD do have the potential to disappoint in both ways depending upon the quality of the programs, which is why Ghana needs to focus on creating and maintaining quality ECCE and enabling them to be the key location to support OVC.

### **Future research Implications**

Through this research and contextual analysis, the need emerged to gain a more thorough understanding of the large numbers of older vulnerable children in the streets of Accra. In regards to the older vulnerable child, more research is needed to determine why there is such a high rate of street children in Accra. There is a need for creative and community based approaches to care for the growing number of street children and a better understanding of community care-giving. A valuable area for research is to identify how communities can prevent adolescent OVC from resorting to the streets. Thurman (2006) used focus groups of older OVC to examine their relationships between themselves and their communities. Thurman utilized open-ended questions to gain greater insights into the emotions of marginalized youth headed households (YHH) and child headed households (CHH). Informed by Thurman's approach, research questions to ask Ghanaian street children could include: Who can you turn to for help? Do you feel safe during the day and the night? What makes you happy? How do you spend your

day? How are you part of the Accra community? Of course, it is necessary to be aware of the ethical considerations when researching vulnerable street children, particularly if interviews or focus groups are involved. YouthNet (Ruland, Finger, Williamson, Tahir, Savariaud, Schweitzer and Shears, 2005) advocates for researchers to go into the communities and identify what kinds of psychosocial interventions would also help the vulnerable adolescent child to smoothly transition into adulthood.

Another area of personal interest from this research is the emerging importance of child participation within the African context. Presently, in fact the children of Ghana are being included and involved through the advocacy work of MOWAC to draw attention to child participation, a child's right maintained in the CRC. The CRC includes a mandate on child participation, and according to the pamphlet on children's rights for early childhood educators, Ghana targets four principles of child rights: non-discrimination, participation, the best interests of the child and survival and development. In consideration of OVC and ECD, child participation is an emerging area on which to concentrate. Ghana's African Union Day of the Child, June 16, 2008, brought attention to this issue, with the celebratory theme: Right to Participation: Let Children Be Seen and Heard. Through listening to the children, Ghana believes it can improve developmental services. "Paying attention to the voices of youth...can help policy makers in government, NGOs, international organizations, and foundations develop a richer and more nuanced understanding of the complexities of delivering education in place such as southern Africa" (Bajaj, 2008, p.324). More research on how children actually influence policies and practices in Ghana is encouraged, particularly when considering the young child.

Lastly, more research is needed to identify what determines emotionally underdeveloped OVC. As little research has been done on the psychosocial health of OVC, there is a need to better understand how best to provide psychosocial support when dealing with emotions as detachment, solitude and aggression. This paper advocates that ECCE needs to address psychosocial skills, and can do so through designing curriculum around self-esteem and peace education principles. More extensive research can identify emotional indicators and culturally appropriate practices to both prevent poor emotional health and support psychosocial well-being.

**Adapting the safety net  
Curricular Necessities: ECD Psychosocial skills**

In my opinion, Ghana is in a prime position to strengthen and increase their ECCD programs; in other words, to adapt the safety net for OVC through ECCD. They have the knowledge and the experience of key leaders in influential positions who are working on the infrastructure to support and improve their capacity. Efforts and funding need to be directed towards training teachers in child development principles, in addition to the development of the zero to three year old curriculum, incorporating principles of peace education through teaching psychosocial skills. The safety net for OVC needs expansion and adaptation to include the psychosocial health of a child to best provide holistic care and education.

The situation analysis of the ECD sector in the GoG and UNICEF's Country Programme Action Plan (2006) discusses many challenges facing ECD services throughout the nation. Poorly trained or untrained caregivers remain a detriment to ECD services, alongside the constant struggle to provide greater access, funding, physical structures, healthcare and nutrition to all young children. The GoG's action plan for 2006



through 2010 supported by UNICEF divides the focus on education into three categories: basic education, preschool education and the HIV/AIDS alert school model. In the division of preschool education, I advocate for serious efforts to target the zero to three year old curriculum for all ECD providers. The zero to three year old curriculum has the potential to support the youngest OVC with psychosocial, self-esteem and peace educational initiatives. Ghana's key kindergarten learning indicators already include for social and emotional development and should be targeted at the earliest stage of a child's development. The learning standards for four and five year olds under the domain of social and emotional development seek to have children understand and express feeling appropriately, develop a sense of self, develop social skills and positive peer and adult relationships and develop a positive and open approach to learning.<sup>21</sup> This is not an exhaustive list, but provides a basis to support psychosocial, self-esteem and peace education initiatives.

When looking at the gains thus far for the zero to three year old OVC population, securing a space for a nursery to care and “develop” them at their critical age is just the beginning. There is a need to create a curriculum specifically for the zero to three year olds. This is not a novel idea as it is mentioned in the action plan; however, it is something that should be pushed to the forefront of Ghana's ECD agenda. Presently, what is occurring in the nurseries and crèches is that the KG curriculum is being adapted

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<sup>21</sup> This learning standard, to develop a positive and open approach to learning, deserves greater attention and further research. It is getting at an important issue dominating the current ECD discourse, the issue of how young children approach learning. Marilou Hyson's recently published book, *Enthusiastic and Engaged Learners* (2008) provides a better understanding of the approaches: intrinsic motivation, interest and joy, engagement, persistence, planning, ability to focus and control attention, flexible problem solving, inventiveness and tolerance for frustration. These approaches need to be harnessed when developing educational strategies and creating curriculum for all children, particularly disadvantaged OVC.

to supply zero to three year olds with some songs and crafts. This is a suitable interim practice until a curriculum for infants and toddlers is designed.

Psychosocial skills are defined in Ghana as “skills needed by an individual to operate effectively in society in an active and constructive way” (Psychosocial Skills for Early Childhood Educators, p. 3). The Psychosocial Skills for Early Childhood Educators pamphlet organizes the skills in three ways: (1) skills of knowing and living with oneself, (2) skills of knowing and living with others and (3) skills for making effective decisions. ECD psychosocial skills include a fostering of a positive self-image for all OVC. OA Africa also stresses this in their work with OVC. Healthy development includes developing a strong sense of self as a high self-esteem is vital to healthy cognitive development (Susan Sabaa, personal communication, June 5, 2008).

As OVC experience complex emotions, ranging from marginalization to abandonment to vulnerability. Chitiyo, Changara and Chitiyo (2008) find that the special emotional needs of OVC result in the fact that without stable families or homes, children are deprived in varying degrees of affection, self-esteem, spirituality, economics, daily care, socialization, recreation and education. They realize at some point that other children in their nurseries or crèches have mommies, daddies and homes, whereas such familial bonds are not a daily part of their lives as loved ones may have died or are too sick to care for them. The inescapable exposure to the realness of sickness, death and absolute poverty at a young age must be taken into consideration when working with the OVC population.

A curriculum on self-image does not formally address disease, disparity and death; instead it informally addresses these issues by providing emotional health so that

children are better able to respond when dealing with sickness and death. In fact, happy and confident children will have a higher degree of resilience. As Dunlap (2002, p. 135) explains how “resilient children seem to readily attract others’ attention in positive ways and have at least one very close relationship with another person but not necessarily a parent.” Happy and interconnected children will provide support and influence each other in a healthy and positive manner.

Inevitably as they mature and develop, becoming more aware and sensitive to their unique circumstances, the issues will be addressed with greater depth and new needs will arise; however, the value of self-identity remains constant. Even children in healthy homes with a parent, two parents or a relative have a need for a sense of security, belonging and worth provided by their caregivers. Therefore, when caring for OVC, even with the luxury of having consistent early childhood teachers, caregivers and volunteers, the situation requires extra effort and care to ensure that the children feel a sense of belonging and worth. Dunlap (2002, p. 122) stresses that “children who develop multiple attachments tend to view others as kind and trustworthy, are more willing to interact in positive ways with others and experience lower levels of stress when separated from primary attachment figures.” Early childhood educators and caregivers, after instilling trust and attachment, can then instill a sense of worth and specialness through intentional activities and stories with children, planting the seed of self-worth as young as the zero to three year old range.

All children deserve to feel cherished and special for simply being a beautiful little human being, regardless of extenuating circumstances as poor health or abandonment. It is their human right. Under article twenty-nine of the CRC, children

have the right to develop the full potential of their personality, talents and abilities (Castle, 2001) which results in empowered and cherished children through investing in their own self-worth. Dunlap (2002) gives more support to the need for children to belong and be valued by considering theorists such as Maslow, Locke and Erikson (1980) who champion ideals of self-esteem being critical to cognitive growth and a need for environments to support the development of self, recognizing children's unique needs. Castle (2001, p. 11-12) also adapted right number thirteen of the CRC to state the perspective of children: "allow us to tell you what we are thinking or feeling. Whether our voices are big or small; whether we whisper or shout it, or paint, draw, mime, or sign it – listen to us and hear what we say." ECD educators believe that even young children can begin to openly think and share their thoughts. Children's participation can and should be encouraged from the earliest of ages.

Clearly, children need physical provisions in the form of shelter, clothing, adequate food and medical care. However, what eludes many OVC is the lack of emotional and moral attention, care and development, not from the lack of well intentioned caregivers, rather from the appropriate material or curriculum to help address the development of the children's self-image and worth. OVC's educational needs are exceptional, requiring a special curriculum to ensure growth and development.

### **Relevance of Peace Education**

From the perspective of an early childhood educator and a human rights advocate, the argument to appropriately develop each and every child, especially the vulnerable and marginalized, through care and education is relevant. This position illustrates authentic peace education. Bajaj (2004, p. 21) recognizes that "education has long been viewed as

a vehicle for the socialization of culturally and politically identified values.” Therefore, peace education must insist that educators and development workers value and promote human rights through education; human rights education grounds the necessity of appropriate ECD for OVC. Furthermore, Fountain (1999, p.1) defines UNICEF’s role in peace education as “the process of promoting the knowledge, skills, attitudes and values needed to bring about behavior changes that will enable children...to create the conditions conducive to peace, whether at an intrapersonal, interpersonal, intergroup, national or international level.” Personally, I believe that the relevance of peace education in this research on OVC supported through ECD is simply that good ECD upholds the principles of good peace education. “It is clear that we must have peaceable, decent, and caring children. It must be our priority goal in early childhood education and I would suggest for every community group” (Swick, 2006, p.280). Dr. Maria Montessori, a true advocate for ECD as a realization of peace education; suggested that ECD focus on the, “development of the whole child and prized the creative and critical thinking skills, as well as relational skills, which are so critical in men and women who will be both inspired and equipped to build lasting peace” (Duckworth, 2008, p.3).

By providing a curriculum that directly addresses caring and learning through the values of peace and human rights, OVC can engage in specific play and activity, providing an environment and experiences that meet the children’s underlying need for a positive self-image. There are multiple issues and needs that arise when working with an OVC population, more needs and issues than a peace education self-esteem curriculum can fully and adequately address. However, the curriculum’s main concern should be in instilling a positive sense of self and a healthy self-image. Through fostering self

confidence, esteem and selfhood, an early childhood peace educator can provide an essential aspect, even a moral imagination, in eradicating inequities in an early childhood environment (Rivage-Seul, 1987).

This research project, based on my interest in ECCD, human rights and peace education, concludes in a natural intersection, a clear starting point from which to further pursue research. I identify myself as an early childhood peace educator; I am concerned with improving the rights of vulnerable and marginalized young children. Through creating spaces of trust and safety to allow and encourage the sharing of what children think and feel, to develop consciousness on inequities and exercise their moral imagination (Rivage-Seul, 1987), OVC will benefit in their long term development.

**Overall: Increasing ECCD capacity and quality**

Samoff (1999) aptly stated that “education is, and is likely to continue to be, the most contested of public policies. For education, everyone in society is a stakeholder” (p. 268). When a nation truly believes this, as does Ghana, the possibilities for growth and achievements in the ECD sector are complicated and exciting. Ghana has the potential to encourage integrated approaches to ECCD involving all stakeholders. Drawing on other educational frameworks, and continually developing their own to increase access and quality of ECD, Ghana’s ECD sector has made a lot of progress, though it is still young. It does require an expansion of services to allow for greater access to all. In addition, it will require more time and energy spent on improving the quality of how the existing kindergarten curriculum is supported and on developing a national zero to three year old curriculum. Ghana has shown such dedication and if the rate of progress continues, the ECD centers, nurseries and crèches will become the essential centers of support for OVC.

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Appendix A: Maps



© [http://greateraccrarcc.gov.gh/nature\\_of\\_land/accra\\_map.html](http://greateraccrarcc.gov.gh/nature_of_land/accra_map.html)



© <http://www.ghanaweb.com/GhanaHomePage/geography/region.php>

## Appendix B: Semi-structured Interview Questions

1. What do you believe is Ghana's view of the child? What are the driving theories on child development in Ghana?
2. What is the role of ECCD in Ghana presently? What is the desired future role? What are the driving policies on ECCD in Ghana?
3. What are essential early childhood developmental standards or goals for Ghana?
4. How are indigenous knowledge, Afrocentrism or Afrocentric knowledge and literacy respected, maintained and cultivated within ECCD in Ghana?
5. How does, should and can ECCD address OVC in Ghana? – or – How is Ghana responding to the OVC situation?



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## Appendix C: Persons Interviewed

<b>Interviews</b>			
<b>No.</b>	<b>Site of Interview</b>	<b>Nature of Interviewee</b>	<b>Date</b>
<b>1</b>	MOWAC	Stella Etse, Ruth Addison	May 26, 2008
<b>2</b>	MOWAC	Clarke – project officer Pearl – assistant program officer	May 27, 2008
<b>3</b>	GNAT Ghana National Association of Teachers	Kofi Nyiaye – president of OMEP, head of GHNAT, founding father of ECD policy in Ghana	May 27, 2008
<b>4</b>	NNTTC National Nursery Teachers Training Centre	Mrs. Evelyn Quartey-Papafio – director of NNTTC	May 28, 2008
<b>5</b>	NNTTC	Teachers and students	May 30, 2008
<b>6</b>	Merton Schools	Mrs. Otoo – school head	June 2, 2008
<b>7</b>	Teshie Orphanage	Mrs. Parker – founder and head	June 3, 2008
<b>8</b>	Merton Schools	Marian Opukua Nontwiri – head KG teacher	June 4, 2008
<b>9</b>	MOWAC	Stella Etse, Susan Sabaa	June 5, 2008
<b>10</b>	YPEP office	Mr. Robert Laryea	June 6, 2008
<b>11</b>	YPEP in Chorkor	ECCD Center – 4 teachers	June 9, 2008
<b>12</b>	Integrated Development in Focus	Mrs. Josephine Agbo – founder and head	June 10, 2008
<b>13</b>	AGREDS	Mr. Alexis Day – Senior Officer	June 11, 2008
<b>14</b>	Princess Marie Hospital	Patience – Social worker Deborah – Senior staff nurse Stella – Nutrition officer	June 11, 2008
<b>15</b>	Ghana Education Services (GES)	Mrs. Margaret Okai – National Coordinator of ECD	June 12, 2008
<b>16</b>	Integrated Developmt in Focus on-site	Nana Owusu Ansah – Tribal chief of Agbogbloshie Central Mosque - teachers Patience Daycare School - teachers	June 13, 2008
<b>17</b>	UNICEF	Mr. Madeez – Education Specialist Agnes Arthur – Program Assistant	June 16, 2008
<b>18</b>	Autism Awareness Centre	Mrs. Serwah Ouaywor – founder and director	June 17, 2008
<b>19</b>	AGREDS on-site	Crèche/nursery/kindergarten teachers	June 18, 2008
<b>20</b>	Ministry of Social Welfare	Mr. Adongo	June 19, 2008
<b>21</b>	Osu Children’s Home	Staff	June 19, 2008
<b>22</b>	Street Girls’ Aid	Vida - director	June 20, 2008
<b>23</b>	Queen Mothers’ Association – Manya Krobo	Esther Manye Kpabitei – Queen Mother	June 24, 2008



## Appendix D: Programs Observed

No.	Organization	Contact Person
1	Assemblies of God Relief and Development Services (AGREDS)	Mr. Alexis Day
2	Autism Awareness Centre	Serwah Ouaywor
3	Integrated Development in Focus (IDIF)	Josephine Agbo
4	Merton Schools	Mrs. Otoo
5	National Nursery Teacher Training Centre (NNTTC)	Mrs. Evelyn Quartey-Papafio
6	Osu Children's Home	Mr. Adongo
7	Princess Marie Louise Children's Hospital	Patience Allotey Annan
8	Queen Mothers' Association (QMA)	Esther Kpabitei
9	Street Girls Aid (S. Aid)	Vida Asomaning-Amoako
10	Teshie Orphanage	Mrs. Parker
11	UNICEF	Mr. Madeez Adamu-Issah
12	Youngsters Peer Education Programme (YPEP)	Robert Laryea



IDIF's Patience Daycare © Lisa Deters 2008

## Appendix E: Focus Group Question Route

1. First, I'll begin by asking broadly: What are your beliefs on caring for the OVC in Africa?

PROBE:

- What do you believe are the causes of the OVC situation in Africa?

2. In your personal opinion, is there an “American” perspective on the care for orphans – considering orphans domestically and internationally?

PROBE:

- Are Americans well informed on the orphan situation – domestically and internationally?
- How is the OVC situation in Africa perceived through the media?
- Are there any differences in the domestic versus the international care given?
- What American organizations are highly visible that provide aid or support to African orphans?

3. Considering your personal experiences with INGOs and NGOs, what do you see as their beliefs on how to address the OVC situation in Africa?

PROBE:

- Describe some of their initiatives/programs/projects?

4. In what ways are international development organizations best responding to the OVC situation in Africa? In other words, are there any best practices you can describe or share?

PROBE:

- What beliefs do most INGOs and NGOs share about orphanages?
- What are the beliefs on foster care?
- What are the beliefs on adoption?
- Are there any indigenous practices being incorporated?

5. Again, in your personal opinion, how should the international development organizations best respond to the OVC situation in Africa?

PROBE:

- Which organizations do you believe are providing the best services/relief?
- Should “Western” organizations be involved (actively/financially)?

6. All things considered, what do you believe is the greatest concern when thinking about responding to the situation of OVC in Africa?

PROBE:

- What do you believe is the greatest challenge/obstacle?
- What do you believe is the driving belief/value to uphold?