

NATIONAL PLAN OF ACTION FOR  
ORPHANS AND VULNERABLE CHILDREN

**GHANA**

**JUNE 2010-2012**

MINISTRY OF EMPLOYMENT  
AND SOCIAL WELFARE

UNICEF

## FOREWORD

Ghana has made significant progress in legislation and social policy development for the protection of Ghanaian children during the past two decade. This is because the Ministry of Employment and Social Welfare and for that matter the Government of Ghana has always recognised it imperative to improve the quality of care for its children.

Following Ghana's ratification of the United Nations Convention on the Rights of the Child (UNCRC) in 1990, the country also initiated steps towards law reforms as an attempt to affirm its moral and legal obligation towards the survival, development and protection of Ghanaian children. National laws were harmonized with the UNCRC beginning with the 1992 Constitution which saw the inclusion of Article 28. This article guarantees the rights and freedom for children. It is also similar in terms as the principles of the UNCRC, and was followed by the passage of the progressive Children's Act, 1998 (Act 560). As a complement to these legal frameworks, the government in 2005 developed the National Policy Guidelines on Orphans and other Children made Vulnerable by HIV/AIDS. Furthermore in 2007, a National Social Protection Strategy (NSPS) was developed to provide safety nets for the vulnerable and excluded groups including children.

The development of the three year National Plan of Action for Orphans and Vulnerable Children (OVC) was spearheaded by the Ministry of Employment and Social Welfare (MESW) together with the Ministry of Women and Children's Affairs following a national conference on OVC in 2005 with the Support of UNICEF. It is to complement and reinforce existing legislature and other social policies for vulnerable groups. The OVC NPA framework sets out time bound goals and objectives and outlines key activities and indicators for measuring progress towards addressing vulnerabilities faced by children. It is also a framework for providing care and support to vulnerable children in care institutions. Although Government's policies on child care emphasize a preference for family based care due to the emotional, social and development conditions of families, it however recognizes the fact that for some children, limited institutional care could be beneficial while more durable family based alternatives are worked them. Together with the National Social Protection Strategy (2007) this national plan of Action not only protects children from increased vulnerability but also reduces their risk of abuse.

The OVC NPA offers a mechanism for coordination and places the oversight responsibility for this function on the Department of Social Welfare on behalf of the Ministry of Employment and Social Welfare.

The Ministry of Employment will like to encourage the District Assemblies and invite its development partners, the private sector, non-governmental organisations and community groups to build and strengthen partnerships in the implementation of this

National Plan of Action. The OVC NPA should be seen as an enabling framework for which progress and success will largely depend on the collective effort of all.

I will like to take this opportunity to sincerely thank UNICEF, Ghana for providing funding and technical support during the process of developing this NPA and to equally thank all government and non government organizations whose diverse and valuable contributions and comments have resulted in the development of this document.

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**MINISTER OF EMPLOYMENT AND SOCIAL WELFARE**

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Above all the Ministry will like to acknowledge with immense gratitude the funding and technical support received from UNICEF in the development of this costed, time-bound National Plan of Action developed to the needs of this country for the protection, care and support of vulnerable children in Ghana.

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## APPENDIX

Outcomes Matrix

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
BCC	Behavioural Change Communication
CBO	Community-based organization
CRI	Care Reform Initiative
DOVVSU	Domestic Violence and Victim Support Unit
DSW	Department of Social Welfare
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
FBO	Faith Based Organization
GAC	Ghana AIDS Commission
GDHS	Ghana Demographic and Health Survey
GH¢	Ghana Cedis
GLSS	Ghana Living Standards Survey
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IPEC	International Programme for the Elimination of Child Labour
LEAP	Livelihood Empowerment Against Poverty
MICS	Multi Indicator Cluster Survey
MDGs	Millennium Development Goals
MESW	Ministry of Employment and Social Welfare
MMDAs	Metropolitan, Municipal and District Assemblies
MOH	Ministry of Health
MOWAC	Ministry of Women's and Children's Affairs
MTCT	Mother to Child Transmission
NACP	National AIDS/STI Control Programmes
NGO	Non Governmental Organisation
NHIS	National Health Insurance Scheme
NSPS	National Social Protection Strategy
OA	Orphan Aid
OVC	Orphans and Vulnerable Children
PLHIV	People Living with Human Immunodeficiency Virus
PMTCT	Prevention of Mother to Child Transmission
PPP	Public Private Partnerships
STI	Sexually Transmitted Infection
UNAIDS	United Nations Programme on HIV and AIDS
UNCRC	UN Convention on the Rights of the Child
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
VSO	Voluntary Services Overseas
WFP	World Food Programme

## **Executive Summary.**

Ghana developed a National Policy Guidelines on orphans and other children made vulnerable by HIV and AIDS in 2005<sup>1</sup>. There is also a useful part situation analysis of OVC carried out in 20 districts in 2002/3<sup>2</sup>. The plan draws on the National Social Protection Strategy (NSPS) and its implementation through LEAP. However there is neither a recent national situation analysis of children nor any national plan of action for children from which a plan for the most vulnerable children can be developed. The Ghana plan of action for OVC tries to develop and integrate international definitions for this category of children within a framework of rights. Building on this and recent papers<sup>3</sup> the plan uses a social protection framework and recognizes that raising the capacity of the Department of Social Welfare is critical to improving social protection and child protection.

At the heart of this 3 year National Plan of Action (2010 - 2012) is the view that preventative social protection measures like cash transfers, improved access to education and health will keep parents alive and support families to stay together and look after their children. This should reduce the number of children, becoming orphaned or homeless, needing protection and counter the cycle of poverty and violence. However the protective services will still need to be in place for those children who fall through the safety nets. Alongside social and child protection is the need for transformative policies and upgraded systems that improve the capacity of government, in particular Department of Social Welfare to deliver quality services.

Social protection is increasingly seen as an overarching framework, in which social transfers are accompanied by an integrated range of support services and policies that focus on family support, child protection, alternative care and livelihoods promotion, which will in turn enhance social equity for the most vulnerable.<sup>4</sup>

### **Ghana Plan of Action for Orphans and Vulnerable Children: goals and outcomes for children:**

**Prevention Goal: Vulnerable Children are supported to continue to live with their families within their communities through social protection interventions and improvements to health and Early Childhood Development (ECD) services.**

#### *Desired outcomes for children:*

- Parents but particularly mothers remain in good health and are supported to care for their children;

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<sup>1</sup> National Social Protection Strategy "Investing in People." (NSPS) Government of Ghana, Ministry of Manpower, Youth and Employment (MMYE) February 2007

<sup>2</sup> An assessment of the OVC situation in Ghana prepared by the OVC Committee under the auspices of the Ghana Aids Commission 2002 - 2003

<sup>3</sup> IDS Working Paper 232 Transformative social protection Stephen Devereux and Rachel Sabates-Wheeler October 2004, IDS, Brighton, Sussex, UK

<sup>4</sup> Social Protection for Vulnerable Children in the Context of HIV and AIDS, IATT, 2008.



- Families are supported to stay together to care and protect their children.

Protection Goal: Improving commitment to child protection by using social work and specifically targeted social protection mechanisms to support children, who are separated, exploited or exposed to abuse so they can return to their (extended) families or other family placements.

***Desired outcomes for children:***

- Children inappropriately placed in Children's Homes are reunified with their families;
- Children enjoy well planned care in a stable family environment;
- New families are found for children who cannot be placed with parents or relatives;
- Children and their mothers who are abused and exploited are protected.

**Transformative Goal: Improving the capacity of the state and other stakeholders to promote the rights and wellbeing of OVC.**

***Desired outcomes for children:***

- An improved knowledge base on OVC and children in need of care and protection;
- There is greater clarity between ministries who are duty bearers with regard to responsibilities for OVC;
- All service providers understand and comply with policy, the Children's Act and legislative instruments
- Resources redirected towards community care;
- Standards for the care of children in the homes are implemented which improves child care;
- Effective gate keeping: children are only admitted to homes as a last resort;
- District Social Welfare teams have manpower and financial resources to commission and pay for NGO care services;
- Improved coordination of child care and protection services;
- DSW manages effective social work and social protection services.

## **INTRODUCTION.**

The National Plan of Action for Orphans and Vulnerable Children (OVC) is a three-year plan subject to review and focuses on children who are the most vulnerable and at risk in Ghanaian society. The National Plan of Action for OVC should be seen as a catalyst for the full implementation of the rights enshrined in the Convention on the Rights of the Child that would take into account the objectives and goals of the outcome document entitled “A World Fit for Children” of the United Nations General Assembly Special Session for Children (UNGASS). Quantifying and defining this group of children is an important step in this plan.

There has not been a recent comprehensive assessment of OVC in Ghana and the first part of the plan attempts a brief assessment of OVC in relation to their care and protection. The National Policy Guidelines on Orphans and other children made vulnerable by HIV and AIDS 2005 outlines a broader framework for the protection and provision of comprehensive and integrated developmental services for OVC as contained in the seven OVC Programme Implementation strategies whose priority areas are listed below.

- i) Advocacy, behavioural change communication (BCC), and community mobilisation aimed at strengthening responses to reduce OVC vulnerability.
- ii) Capacity development of caregivers and stakeholders aimed at strengthening institutional capacity for providing a continuum of care for children living with HIV and AIDS
- iii) Care and psychosocial support aimed at reducing infection among OVC and their parents aimed at reducing infection among OVC and their parents.
- iv) Food and nutrition security aimed at implementing interventions through local structures and networks and increase capacity.
- v) Increasing access to education aimed at using the school system to provide opportunities for emotional support, interaction with other children, and the development of social capital among others.
- vi) Child protection and socioeconomic security which include initiatives that prevent violation of the rights of the children in relation to serious risks and hazards
- vii) Monitoring, evaluation and research aimed at building systems, structures, resource base, and decision making

This National Action Plan is based on those key strategic areas and programmatic interventions but takes into account other recent international and national developments such as the National Social Protection Strategy and the findings made in the assessment below.

**Consultation Process.**

The Ministry of Manpower, Youth and Employment put together a Technical Working Group that supervised the formulation of this strategy. Membership consisted of the Ministry of Women and Children's Affairs, Department of Social Welfare, Ministry of Education, Ministry of Health, Ministry of Food and Agriculture, Ministry of Finance and Economic Planning and various Civil Society Organizations with Technical and financial support provided by UNICEF.

## PART ONE

### CHAPTER 1.

#### 1. Background.

The National Action Plan for OVC is placed in a framework of rights for children.

**1.1 The UN Convention on the Rights of the Child:** Ghana was the first signatory to the UN Convention on the Rights of the Child (CRC.) The CRC defines a child as any person under the age of 18, and sets out a wide range of political, civil, cultural, economic and social rights for children. The following articles, which have particular application for OVC, are the general principles that are basic to implementation of all rights contained in the CRC:

- **Non-discrimination** (article 2): It is the state's obligation to protect children from any form of discrimination and to take positive action to promote their rights.
- **The best interests of the child** (article 3): All decisions taken by states and other organizations regarding the care and protection of children should be in the child's best interests.
- **Survival and development** (article 6): The state has an obligation to ensure the child's survival and development.
- **Children's participation and influence** (article 12): The child has a right to participate in decisions in accordance with his/her age and maturity.

The CRC highlights the need for special protection and care for children who are vulnerable and at risk. There is emphasis on the role of the family in caring for children and the state in providing support. The following rights of the child set out in the CRC are particularly relevant to the NPA for OVC in Ghana:

**Article 7 – Name and nationality:** the child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

**Article 9 – Separation from parents;** the child's right to live with his / her parents unless this is deemed incompatible with his / her best interests; the right to maintain contact with both parents if separated from one or both; the duties of States in cases where such separation results from State action.

**Article 18 – Parental responsibilities:** Parents have joint primary responsibility for raising the child and the State shall support them in this.

**Article 19 – Sexual and physical abuse:** Children should be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

**Article 20 – Protection of a child without family:** The State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate family care or institutional placement is available.

**Article 24 – Health and health services:** Children have a right to the highest level of health possible which includes a right to health and medical services, with special emphasis on primary and preventive health care, public health education and the diminution of infant mortality.

**Article 28 – Education:** All children have the right to education, and this right should be achieved progressively and on the basis of equal opportunity. It is the State's duty to ensure that primary education is free and compulsory.

## **1.2 United Nations General Assembly Special Session on HIV/AIDS**

In June 2001 in an effort to set common targets that effectively respond to HIV/AIDS and alleviate its impact, the international community adopted a Declaration of Commitment at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), Ghana is a signatory to the UNGASS Declaration of Commitment on HIV and AIDS.

## **1.3 United Nations Declaration of Commitment on HIV/AIDS:**

This Declaration is particularly relevant to children growing up without families. Articles 65–67 of this Declaration clearly spell out the obligations of states in relation to the care and protection of orphans and other children made vulnerable by HIV/AIDS:

**Art 65.** By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

**Art 66.** Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

**Art 67.** Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa.

#### **1.4 2002 World Summit for Children**

The U.N. General Assembly Special Session on Children held in May 2002 was a follow up to the 1990 World Summit for Children. Recommendations of this meeting are documented in 'A World Fit for Children'.<sup>1</sup> Together with other world leaders, the Government of Ghana signed this declaration, committing itself to a time-bound (2002-2010) set of specific goals for children and young people and to a basic framework for getting there:

**46.** To combat the devastating impact of HIV/AIDS on children, we resolve to take urgent and aggressive action as agreed at the special session of the General Assembly on HIV/AIDS, and to place particular emphasis on the following agreed goals and commitments:

**(a)** By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

**(b)** By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

**(c)** By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect

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<sup>1</sup>A world fit for children: Report of the Ad Hoc Committee of the Whole of the twenty-seventh special session of the General Assembly. General Assembly Official Records Twenty-seventh special session Supplement No. 3 (A/S-27/19/Rev.1)

orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

### **1.5 Regional commitments: - African Charter on the Rights and Welfare of the Child.**

Ghana has also signed the African Charter on the Rights and Welfare of the Child, the first regional child rights treaty. The Preamble recognizes that the child occupies a unique and privileged position in the African society, but also notes with concern the critical situation of most African children. Furthermore, the Charter puts special emphasis on the protection against harmful social and cultural practices and the responsibility of children towards parents and the wider community. It also stresses the importance of the family as the natural unit and basis of society and, like the CRC, emphasizes the responsibility of the parents.

### **1.6 Other Recent External Developments and Guiding Principles**

This plan will also consider the five strategies outlined globally in Framework for the Protection of Orphans and Vulnerable Children.<sup>2</sup> These are intended to target key action areas and provide operational guidance to governments and other stakeholders as they respond to the needs of orphans and vulnerable children:

- Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support;
- Mobilize and support community-based responses;
- Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others;
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities;
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.
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The Companion Paper to *The Framework*<sup>3</sup> articulates the vulnerabilities and protection risks of children affected by AIDS and proposes specific actions to address them, including:

- Recognizing social welfare as part of basic social services, and detailing ways to strengthen this sector to better address vulnerability, abuse and exploitation.
- Backing up protective laws and policies with the capacity to implement them, so that they can make a real difference in children's lives.

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<sup>2</sup> The Framework for the Protection Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS; UNICEF July 2004

<sup>3</sup> Child Protection and Children Affected by AIDS A Companion Paper to The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. UNICEF August 2005

- Improving the formal care system, and supporting and monitoring the well-being of children in informal care.
- Involving other sectors such as justice, health and education, that can reduce and respond to protection risks.
- Mobilizing and equipping communities to work with government to protect children.

This companion paper provides additional information and outlines recommended actions:

- for protecting affected children from increased vulnerability from HIV and AIDS that include:
  - Income poverty;
  - Lack of access to health, education, birth registration and social services;
  - Loss of parental care;
  - Stigma.
- For reducing the higher risks they face of abuse, exploitation and neglect, such as exploitation, trafficking, child labour, child marriage, violence and sexual abuse. Here the priority actions are considered to be:
  - social protection;
  - legal protection and justice;
  - alternative care.

More recently The Government of Brazil in collaboration with a number of stakeholders has developing a set of UN guidelines<sup>4</sup> for the appropriate use and conditions of alternative care for children. The guidelines emphasise the role of government and link together policies and activities in social protection and child care towards promoting the desirability of the care of children by their family or finding permanent solutions like adoption or kafala, and only where these are not possible or not in the best interests of the child securing the most suitable forms of alternative care.

The Committee on the Rights of the Child recommends Ghana ratify the 1993 Hague Convention No. 33 on the Protection of Children and Cooperation in Respect of Inter-Country Adoption and ratify the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and on the involvement of children in armed conflict.

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<sup>4</sup> Draft UN Guidelines for the appropriate use and conditions of Alternative Care for Children, 18 June 2007 – presented by the Government of Brazil



## CHAPTER 2

### 2.1 THE CURRENT GHANA CONTEXT

At the 2000 census the population was 18.9 million which at an annual growth rate of 2.7 percent is an estimated 22 million people in 2008. Children comprise 47.5 percent of the population with 41 percent between 0-14 years

Infant and child health indicators and maternal mortality rates did not improve between the 1998- 2003 Demographic Health Survey periods. Child malnutrition is also significant, accounting for up to 60 percent of child mortality requiring improvements to nutrition, care and food security, especially amongst the poorest households. The under five mortality rate is 112 per 1000. Nationally estimated maternal mortality stands at 214 deaths per 100,000 live births, although the adjusted figure published by the United Nations is 540 deaths per 100,000<sup>5</sup>. Ghana may struggle to reach the MDGs for maternal mortality and infant mortality. The pre-paid National health Insurance Scheme (NHIS) was introduced in 2004 bringing in health financing for poor and vulnerable groups and recent indications are that the HIV prevalence rate may be dropping. Malaria is still a significant cause of mortality and costs the equivalent of 3 percent of gross domestic product annually.

More children are enrolling in school and progressing through the education system, this is attributable to abolition of school fees for basic education and the introduction of capitation grants through the country in the 2005/6 academic year. Ghana seems on track to achieve both MDG2 (Universal Primary Education) and MDG3 (gender parity in primary enrolment) by 2015. Improving access and quality in basic education are the central challenges. These include ensuring that children outside the school system (estimated presently at about 700,000 children) are enrolled and those at risk of dropping out are encouraged to complete primary education. Access problems are exacerbated for at risk groups, including girls, children from deprived regions, disabled children and the extremely poor in rural and urban areas.

Urbanization in Ghana is accelerating<sup>6</sup>; in 2000, the level of urbanization in Ghana stood at 44 percent, and this is expected to increase to 58 percent by 2008. Nearly 34 percent of the urban population lives in Accra (estimated to be 3.2 million people) and in Kumasi (estimated to be 0.8 million).

### 2.2 Poverty and Social Protection

Preliminary estimates from the GLSS 5 (Ghana Living Standards Survey) indicate that though poverty levels have generally declined in Ghana; the incidence is still high at about 28.5 percent. Similarly, the size of the *extremely*

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<sup>5</sup> [http://www.unicef.org/infobycountry/ghana\\_statistics.html](http://www.unicef.org/infobycountry/ghana_statistics.html) accessed 25/01/08

<sup>6</sup> <http://www.worldbank.org/urban/upgrading/ghana.html>

*poor* population appears to have decreased from 26 percent in 1999 but it is still quite high at 18.2 percent in 2007.<sup>7</sup> Overall poverty has declined from 52 percent in 1992 to 28 percent in 2006, and Ghana is on course to exceed the 2015 Millennium Development Goals of halving her poverty<sup>8</sup>

The previous GLSS 2003 poverty profile of Ghana indicates that an estimated 40 percent of Ghanaians are “*poor*”. This refers to people who have the capacity to meet their basic nutritional needs, but are unable to cater for additional necessities such as health, shelter, clothing and education. 14.7 percent of the population live in “*extreme poverty*” and are unable to cater for basic nutritional requirements and suffer from poverty across generations. The rural and gender dimensions of poverty are evident within the rural food crop sector where nearly 35 percent of all household heads are female. Since 2005 numerous efforts have been made to improve social welfare services:

- The capacity of the Department of Social Welfare has been enhanced to monitor orphans and vulnerable children.
- Life-cycle indicators have been developed to facilitate monitoring.
- Core-staff have been trained and indicator tested in 21 districts.
- Guidelines for the operation of orphanages have been put in place.
- District Response Initiative Survey on profile and location of OVC service providers was completed.

Helping people to meet user charges for basic services and meeting the social needs of people who are ill forms a considerable part of the DSW caseload<sup>9</sup>. In 2007, 3,722 needy patients were assisted to pay hospital bills and hospital related costs or expenses. 2,450 needy patients were assisted to pay medical bills through instalments. 389 medical social reports were written. 347 needy patients were recommended for free treatment, 1,414 patients were counselled and 487 visits were made to homes of patients’ relatives. 449 needy patients were assisted to register with the National Health Insurance Scheme (NHIS)

In 2006<sup>10</sup>, a baseline survey was conducted to obtain information on the OVC situation in Ghana to enable the DSW and other relevant stakeholders develop community based intervention strategies and provide indicators for monitoring. Following the study a comprehensive programme for OVC was started. Through this programme 1,443 caregivers were supported to care for 2,530 OVC in 21 high prevalence districts. The support encompasses healthcare, education and social grant scheme which provided monthly stipends. With each monthly stipend the guardians must ensure that the children are enrolled and retained in school, receive full immunization, have NHIS card and have a birth certificate. In 2007,

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<sup>7</sup> Final LEAP Report, March 2008

<sup>8</sup> [www.worldbank.org/.....ghana](http://www.worldbank.org/.....ghana) accessed 25/01/08

<sup>9</sup> DEPARTMENT OF SOCIAL WELFARE ANNUAL PERFORMANCE REPORT – 2007

<sup>10</sup> GHANA NATIONAL REPORT ON THE PROGRESS OF THE UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION (UNGASS) DECLARATION OF COMMITMENT ON HIV AND AIDS Jan 2006 to Dec 2008 - Compiled by Dr. Agnes Dzokoto

Health Insurance Scheme (NHIS) premiums were paid for 2,847 OVC and 1,325 caregivers. A further 426 people living with HIV (PLHIV) were assisted – logistically and financially in the rest of the country. Increasingly the DSW is linking with counseling and health services to provide for some of the social dimensions of care for PLWHAs. It is expected that an upgraded version of this scheme will be expanded to reach up to 25,000 households in 2008 through LEAP.

Following successful highly indebted poor countries HIPC debt relief in 2004, and further cancellations by donors, Ghana's external debt, about \$6 billion in 2001, is almost entirely written off. This has assisted Ghana to consider new social protection strategies as it looks to share the benefits of economic growth.

Finalised in 2007 the National Social Protection Strategy (NSPS)<sup>11</sup> represents the Government of Ghana's vision of creating an all inclusive society through the provision of sustainable mechanisms for the protection of persons living in situations of extreme poverty, vulnerability and exclusion. The NSPS will endeavour to achieve its poverty reduction goals by implementing the Livelihood Empowerment against Poverty (LEAP) scheme. The LEAP programme is designed to assist OVC and other groups to become socially empowered by increasing their access to education, healthcare, and other human services. LEAP will provide direct cash transfers to extremely poor caregivers of orphans and vulnerable children in order to provide support for their basic livelihood needs. Since the people who support vulnerable children are often women who are poor themselves, a cash transfer scheme can reduce this burden of care.

It is timely that Ghana is developing a social protection system and is learning from other countries that have undertaken similar processes and are further down the road in administering cash transfer systems.

### **2.3 HIV and AIDS**

The HIV epidemic in Ghana<sup>12</sup> is categorized as a generalized epidemic and the median HIV prevalence<sup>13</sup> was on a downward trend from 3.6 percent in 2003, to 2.6 percent in 2007 among pregnant women. However using the National Estimates and Projections for HIV, the National HIV prevalence in 2007 was 1.9 percent. HIV prevalence in Ghana varies according to geographic area, gender, age, sexual behaviour, and, to some degree urban areas recorded a slightly higher prevalence than rural areas. The HIV prevalence at sentinel sites ranged from 0 percent to 8.4 percent.

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<sup>11</sup> National Social Protection Strategy "Investing in People." (NSPS) GOVERNMENT OF GHANA Ministry of Manpower, Youth and Employment (MMYE) February 2007

<sup>12</sup> Information Sourced from: GHANA NATIONAL REPORT ON THE PROGRESS OF THE UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION (UNGASS) DECLARATION OF COMMITMENT ON HIV AND AIDS Jan 2006 to Dec 2008 - Compiled by Dr. Agnes Dzokoto

<sup>13</sup> Monitored by the HIV Sentinel Surveillance

By 2007, the cumulative cases of AIDS reported by the Ministry of Health stood at 290,202 adults and 21,828 children in 2007. The total number of PLHIV in need of Anti Retroviral Treatment (ART) in 2007 is 74,060 (69,599 adults and 4,461 children) in 2007. The percentage of people needing ART who are receiving it is increasing and stands at Adult and Children 15.6 percent. 10.1 percent of HIV+ women received antiretroviral therapy during their delivery period. The estimated AIDS deaths for 2007 are 17,348.

## 2.4 Orphans and Vulnerable Children

The figures for orphan and vulnerable children in Ghana vary according to the definition of orphan and the criteria for vulnerability. Most of the figures are based on child population estimates or from sample surveys where the percentage of orphans in the survey is small and not reliable when disaggregated by age or sex. Similarly not all surveys use the UNCRC definition of a child as a person below 18 years of age. There is also occasional uncertainty whether percentages are for the whole population or just for children. The accuracy of the data and the ability to make comparison is also affected by almost exclusive linkages by some organisations of OVC to HIV and AIDS.

The accepted international definitions<sup>14</sup> are now that: an orphan is a child below the age of 18 who has lost one or both parents. Whereas a child made vulnerable by HIV/AIDS is below the age of 18 and:

- i) has lost one or both parents, or
- ii) has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or
- iii) lives in a household where in the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died, or
- iv) lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months, or
- v) lives outside of family care (i.e. lives in an institution or on the streets)

The usual definitions of OVC include all orphaned children. Definitions regarding vulnerability are wide and it is often not clear who should be included and who should not be included. It appears that through some HIV/AIDS intervention strategies, the “orphan” becomes the predominant descriptive vulnerable category and a social phenomenon, which communities and individuals try to assist, and recognize that by widening the definition “orphans” become a greater potential resource<sup>15</sup> The same issue arises with orphanages which in many countries house children due to reasons of poverty rather than because they have no parents or other relatives to provide care.<sup>16</sup>

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<sup>14</sup> GUIDE TO MONITORING AND EVALUATION OF THE NATIONAL RESPONSE FOR CHILDREN ORPHANED AND MADE VULNERABLE BY HIV/AIDS. UNICEF February 2005

<sup>15</sup> Ibid

<sup>16</sup> See generally, *The Last Resort – Save the Children* 2003

These definitions also tend to exclude children affected by violence, abuse and exploitation. The extent to which other children share aspects of vulnerability characterized as applying to orphans should not be lost in the plan<sup>17</sup>.

## 2.5 Definitions of OVC in Ghana

- Definition for the purposes of the OVC Policy Guidelines<sup>18</sup> “a child orphaned by AIDS is defined as a child under 18 years of age who has lost at least one parent to AIDS
- DSW defines an OVC<sup>19</sup> as “Any person below 18 years who has lost one or both parents, and who is exposed to moral, physical and psychological danger as a result of neglect and/or abuse or incapacity whether or not one of the parents is alive”
- For purposes of the NSPS, the term orphan is defined as a child under the age of 18 who has lost one or both parents to HIV/AIDS or other causes. The strategy also recognises other children living in difficult circumstances. The following groups comprise the general representation of OVC in Ghana<sup>20</sup>:
  - Orphan;
  - Children infected/affected by HIV/AIDS
  - Children abused or neglected
  - Children in conflict with the law
  - Children in need of alternative family care
  - Children with disabilities
  - Children in ‘hard to reach’ areas
  - Children affected by worst forms of child labour
  - Children living on the streets
  - Children in need of care and protection under section 18 (Act 560).

Below are some examples of the figures available on orphans:

- National HIV/AIDS and STI Policy August 2004 Ghana AIDS Commission stated that in 2000 it was estimated “while about 140,000 children had been orphaned from AIDS.”
- OVC Policy Guidelines Estimates 132,000 AIDS Orphans for 2004<sup>21</sup>
- According to one situational analysis of OVC<sup>22</sup>, 133,779 OVC are receiving care and support from 314 Organisations.
- ECD HIV/AIDS Action Plan for Ghana April 2004 numbered 755,642 OVC and also used figures of 198,000 orphans from HIV/AIDS as 26.2 percent of the total orphan figure and projected 773,885 Orphans by 2010.

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<sup>17</sup> See SPINNING THE EPIDEMIC The making of mythologies of orphanhood in the context of AIDS. Meintjes and Giese, University of Capetown

<sup>18</sup> National Policy Guidelines on Orphans and Other Children made vulnerable by HIV and AIDS January 2005.

<sup>19</sup> National Forum on Orphans and Vulnerable Children August 30 to September 2. Report March 2006

<sup>20</sup> NATIONAL SOCIAL PROTECTION STRATEGY: “INVESTING IN PEOPLE.” (NSPS) GOVERNMENT OF GHANA, MINISTRY OF MANPOWER, YOUTH AND EMPLOYMENT (MMYE) FEBRUARY 2007

<sup>21</sup> National Policy Guidelines on Orphans and Other Vulnerable Children made vulnerable by HIV and AIDS

<sup>22</sup> National Forum on Orphans and Vulnerable Children August 30 to September 2. Report March 2006

- The estimated number of AIDS orphans in Ghana will double over the next ten years increasing from 230,000 in 2005 to 291,000 by 2015<sup>23</sup>. The figure is likely to surge to an estimated 400,000 with the expanded definition of orphans.
- A District Wide Survey is cited as source for the Ghana Report to the UN Committee on the Rights of the Child 1997-2005 gives an estimate of 217,099 OVC in 96 Districts
- The Ghana AIDS Commission estimates that “there are about 169,754 AIDS orphans (all children aged below 18 years) in Ghana.”
- Orphans, Children (0-17 years) orphaned by AIDS, 2005, estimate 170,000. Orphans, Children (0-17 years) orphaned due to all causes, 2005, estimate 1million<sup>24</sup>

The latest<sup>25</sup> figure for all orphans in Ghana is 7.7 percent; however the survey sample is very small with regard to disaggregated data on orphans. And according to this study, 1.6 percent of children aged 10 -14 have lost both parents. Among these 90 percent are currently attending school. Among children age 10 -14 who have both parents alive and are living with at least one parent, 86 percent are attending school. The ratio of school attendance in orphans to non-orphans in 2006 is 1.04, an improvement of 0.8 in 2003. These results indicate that being orphaned does not affect the school attendance negatively. This improvement may in part be due to the Free Compulsory Universal Basic Education (FCUBE) and the capitation grant. It also may indicate that these services are adequate to ensure school attendance for orphaned children

The most reliable figures could be from the GDHS 2003 which states that maternal orphans are 1 percent. Paternal orphans 4 percent, double orphans 0.6percent making a total number of all orphans 5.6 percent. Using 2008 child population estimates; all orphans are about 6 percent and about 0.7percent double orphans. However recent Orphan Projections for 2008<sup>26</sup> Technical Report – Estimates state a total of all orphans 1.3 million which would be about 12percent of all children and 127,000 double orphans which would be 1.2 percent approximately.

It appears generally in common with other African countries that the rates for orphanhood rise with a child’s age, from less than 1percent among children under age 2 to 10percent among those aged 15-17. Children living in the Upper West Region of Ghana are most likely to be orphaned at 8percent.

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<sup>23</sup> National Social Protection Strategy “Investing in People.” (NSPS) Government of Ghana, Ministry of Manpower, Youth and Employment (MMYE) February 2007

<sup>24</sup> [http://www.unicef.org/infobycountry/ghana\\_statistics.html](http://www.unicef.org/infobycountry/ghana_statistics.html) accessed 25/01/08

<sup>25</sup> MICS 2007

<sup>26</sup> Technical Report – Estimates and Projections of National HIV Prevalence and impact in Ghana using Sentinel Surveillance Data adjusted with DHS+ Data

Depending on the inclusiveness of the definition used and particularly age ranges, orphans constitute between 0.6 percent and 12 percent of children. The discrepancies in the data are considerable. Even for outline figures they would seem unreliable for planning purposes especially for costing and targeting services if orphanhood is used as criteria for assistance. It is important to make a clear distinction between definitions developed for 'quantitative use' and for 'targeting purposes' and to establish a "firewall" between them<sup>27</sup>. Problems occur when definitions established for quantitative purposes are used for program targeting or eligibility criteria in policy and program implementation.

For monitoring progress the definition of an OVC must have clear boundaries and allow for absolute distinctions. In contrast, developing and implementing programs and services must take into account local variations in the factors that cause or constitute vulnerability. For programming and service delivery no one specific definition will suffice for every context. The concept of vulnerability is complex and may include children who are at risk and vulnerable from causes other than HIV/AIDS.

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<sup>27</sup> Uganda RAAPT 2004

### CHAPTER 3. The Current Situation of Orphans in Ghana

A situational analysis of OVC<sup>28</sup> was conducted in 2002-2003 in 20 districts out of the 110 districts of Ghana. The study sites were 2 districts per a region in Ghana and at least 2 communities per district (one with low HIV/AIDS prevalence and the other with high HIV/AIDS prevalence). The study which was funded by the Ghana AIDS Commission and UNDP was conducted using quantitative and qualitative methods. Among the findings were:

- The proportions of OVC are 52.0 percent for boys and 52.5 percent for girls
- Average age of an OVC is 11.4 years
- Educational background of caregivers – 45 percent are without education; and 46 percent with only basic education
- Highly skilled and or professional personnel are not found among the caregivers
- Living conditions of OVC are varied with 74.2percent sleeping in a bedroom; 20.5 percent in living rooms; 1.4percent in kitchens; 1.1percent on verandas; and 2.5 percent in kiosks/streets/lorry stations/uncompleted buildings.
- A little more than one in three community members appear to stigmatize families who have OVC. However, whilst there is sympathy for “ordinary” orphans, the “AIDS” orphans do not receive any sympathy. According to the study, there are about 169,754 AIDS orphans in Ghana.
- Many care givers are over-burdened and often lack the socioeconomic capacity to provide adequate care and support for these children. Community-based organizations (CBOs), Faith Based Organisations (FBOs) and other civil society organizations are contributing in various ways by providing information, vocational skills, basic education, medical care, counselling, micro-credit services and nutritious food.<sup>29</sup>

Consequent recommendations include:

- Promotion of foster parenting within the extended family and community.
- Capacity building of caregivers.
- Sustainable livelihood strategies for caregivers.
- Support to District Health units.
- Community-based supervisory/monitoring groups.
- Census of OVC in Ghana.

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<sup>28</sup> an assessment of OVC situation in Ghana prepared by the OVC Committee under the auspices of the Ghana AIDS Commission

<sup>29</sup> National Report on the Follow-up to the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. Reporting Period: 2004-2005  
Ghana AIDS Commission



## **3.1 Living Arrangements of Children in Ghana**

### **3.1.1 Family Care**

According to the GHDS 51.5 percent<sup>30</sup> and in the MICS, 59.8 percent of children live with both parents, 25.4 percent live with mother and 4.7 percent live with father. There is evidence that fathers are not supporting their children. In 2007, DSW dealt with 470 Paternity cases; 6,498 Maintenance cases; 393 Custody and 1,730 Family Tribunal cases were also handled.<sup>31</sup>

### **3.1.2 Informal or Kinship Care**

There are a considerable number of children that appear to be “fostered” by extended family members. 13.1 percent of children live with neither parent but have both parents alive, this percentage rises with age (age 10-17 years = 19.6percent) and particularly for girls (all girls = 16.4 percent.) There is little data that describes these living arrangements or the reasons behind them. Similarly there is no data that indicates the living arrangements for children who have been orphaned. Fosterage is common across Africa and for a fuller discussion of the issues see Kinship Care.<sup>32</sup> In a study of child domestic work and fosterage in Northern and Upper East Regions of Ghana<sup>33</sup> it was stated that “the social arrangements for some girls can be viewed as an extension of the fostering structure, while for others the arrangements amount to child labour.” It seems that it is in many cases a fine line between fosterage and child work which has “gone beyond the level of social arrangement and traditional training and has taken on an increasingly commercial nature”

## **3.2 Alternative Care Provision**

- Residential Care.

There are 3 DSW managed Homes and 2 subvented homes looking after 440 children. These 5 homes are legally approved as eligible to receive and look after children.

The number of privately run residential care homes for children has increased dramatically during the last decade from less than 5 in the 1990s, while by 2004<sup>34</sup> there were 39 Private Homes. In June, 2008 DSW estimates that there are over 100 privately managed Homes. There is now some data on 110 Homes and the residential care population is estimated at 4,500. Data has been collected on the conditions in these homes, and includes the status of the children, their family circumstances or the reasons for their admission<sup>35</sup>.

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<sup>30</sup> Ghana Demographic and Health Survey 2003 (GDHS)

<sup>31</sup> DSW Annual performance Report 2007

<sup>32</sup> Kinship Care; providing positive and safe care for children living away from home. Save the Children 2007

<sup>33</sup> A study of child domestic work and fosterage in Northern and Upper East Regions of Ghana, Nana Araba Apt, CRS UNICEF 2005

<sup>34</sup> Figures from the Ghana Report to UNCRC 2005

<sup>35</sup> Department of Social Welfare report June 2008

The Children's Act – Act 560 of 1998 is variably applied by DSW. Although there is no data, anecdotally there are few children who have gone through the legal processes with regard to admission into the non government homes.

Studies from other countries would suggest that many children are residing in the homes because of poverty with relatively few being double orphans or there because of abuse or neglect.

- Formal Foster Care.

The use of formal foster care by non relatives is common with other Sub Saharan Africa is minimal. In Ghana 13 Foster care orders were made in 2004<sup>36</sup>. The foster care programme in Manya Krobo District provides supervised family care for orphaned children. However in a recent evaluation many of the children were related to their carers: "25 percent were children of the respondents and over 80 percent were related to their foster parents."<sup>37</sup> The project in Manya Krobo highlights some of the issues with regards to the definition of fostering and how it is applied.

- Permanent care/adoptions.

In 2006 a total of 255 Adoption cases were handled by DSW made up of 197 Relative Adoption and 58 Non Relative Adoptions were handled during the year.<sup>38</sup> They were placed with prospective adoptive parents for fostering prior to their adoption.

### **3.3 Homeless Children and Child Labour.**

In 2003 the Ghana Statistical Service and the ILO International Programme for the Elimination of Child Labour (ILO/IPEC) surveyed 2,314 street children throughout the country, most of whom lived in the urban areas of the Greater Accra and Ashanti Regions and had migrated from northern rural areas. Of those surveyed, 45.7 percent had never attended school, 98.1 percent were engaged in economic activity within the last 12 months, and 80 percent stated the work was demanding. Over three-quarters of street children surveyed reported that both parents were alive, indicating poverty was the main cause of the problem. There are no recent figures on the number of children who are both homeless and working in Ghana.

The Ghana Statistical Service estimated that approximately 27.2 percent of children aged 5 to 14 years in Ghana were working in 2001. The report indicates that in rural areas, children can be found working in fishing, herding and as

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<sup>36</sup> Figures from the Ghana Report to UNCRC 2005 – there are no more recent figures available

<sup>37</sup> Assessment of the Orphan Foster Care Programme of Manya Krobo Queen Mothers – GAC - Dr Tuakli- Ghartey

<sup>38</sup> DEPARTMENT OF SOCIAL WELFARE ANNUAL EVALUATION REPORT – 2006

contract farm labour. Children also work as domestics, porters, hawkers, mine and quarry workers, and fare-collectors. In urban centres like Accra, street children work mainly as truck pushers, porters, and sales workers.

### **3.4 Children Affected by Violence and Abuse.**

The statistics available only tell of the cases that have been reported. What percentage they represent of all the violence and abuse that takes place in Ghana is not known. Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service is responsible for investigating and prosecuting domestic violence perpetrators. DSW has a presence in some units where they provide social welfare services including alternative dispute resolution. DSW also provides services to victims anxious of cooperating with the police because they fear loss of household income to maintain their families if the perpetrator is prosecuted. Not many of the DOVVSU figures are disaggregated for children.

DOVVSU has recorded 11,471 cases of domestic violence nationwide in 2007. The unit recorded 3,694 cases of assault, 348 cases of rape, 854 cases of threat and 489 cases of offensive conduct.<sup>39</sup>

Regarding children, during the first 11 months in 2007, DOVVSU dealt with 10 cases of child trafficking. 1459 cases of defilement and 13 cases of child abuse

170 vulnerable/abused/trafficked children were provided care, protection and psycho social support by DSW.<sup>40</sup> 198 cases of abused/missing children were successfully handled at the Shelter for Abused Children at the South La Girls Correctional Centre and 66 trafficked children were reintegrated into society;

Early Marriage. 12 cases of forced marriage were handled by DSW in 2007.

Children in conflict with the law: 276 Juvenile Delinquents Cases were handled by DSW in 2007. The remand homes admitted 201 children and discharged 172. A total of 648 social enquiry reports (SERs) were written and submitted to the courts. The DSW provided 168 children with through care in the correctional centres.<sup>41</sup>

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<sup>39</sup> [www.myjoyonline.com](http://www.myjoyonline.com) – accessed 06/10/2008

<sup>40</sup> DEPARTMENT OF SOCIAL WELFARE ANNUAL PERFORMANCE REPORT – 2007

<sup>41</sup> Ibid

## CHAPTER 4. Early Childhood Care and Development.

1,504 day care centres were inspected and supervised and 142 day care centres were registered by DSW in 2006. One of the major issues with day care and pre-school education is to improve access to these services for the poor and extremely poor. The ECCD policy targets are:

- Achievement of immunization against vaccine-preventable diseases for, at least, 80 percent of infants in Ghana (0-11 months) by 2005;
- Reduction in Infant mortality rate from 57 infant deaths per 1000 live births to 50, and the child mortality rate from 108 to 50 per 1000 live-births by 2006;
- Reduction in the maternal mortality rate from 214 to 150 maternal deaths per 100,000 live births;
- Provision of ante-natal care to all pregnant women by 2006;
- Decrease in the incidence and rates of low birth weight babies from 8percent to 5percent by 2003;
- Eradication of severe child malnutrition;
- Achievement of exclusive breast-feeding of infants aged 0-6 months by 50percent of mothers by 2006;
- Eradication of poliomyelitis by the year 2000;
- Expansion of primary school enrolment to 95 percent by 2020;
- Provide 60percent of public primary schools with two kindergarten classrooms by 2015
- Increase gross enrolment ratio at pre-school level to 75 percent by 2015
- Development and publication of national policy on pre-school;
- Expansion of ECCD programmes for survival, growth and development to 80percent of children 0-8 especially in rural and urban poor communities by 2020;
- Development of curriculum for teacher training (including training in pre-school education) by 2005;
- Elimination of gender disparities in Primary School enrolment by 2010;
- Strengthening of the information base by improving the availability of quality data on children and their families; and
- Promotion of universal birth registration by the year 2005

The new ECCD<sup>42</sup> policy specifically relates to HIV/AIDS in the following ways:

- The Ministry of Health has a special assignment to consider safe motherhood HIV/AIDS issues.
- The Ministry of Manpower Development and Employment is to provide protection and care for children, especially disadvantaged children including the disabled and those affected by HIV/AIDS. However, the specific attention to children 0-8 infected and affected by HIV/AIDS is rather minimal.

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<sup>42</sup> See <http://www.mowacghana.net/>

## **CHAPTER 5. INSTITUTIONAL FRAMEWORKS**

### **5.1 Knowledge Management and Information Systems.**

Ghana has limited systematic collection of information on the state of its children especially as regard to children in need of care and protection. The inadequate sources of data reduce the ability to prioritize resources and advocate with and on behalf of children. The problem of data and information on children was discussed in the last concluding observations from the Committee on the Rights of the Child.

“The Committee recommends that the State party strengthen its system of collecting disaggregated data for all areas covered by the Convention as a basis to assess progress achieved in the realisation of children’s rights and to help design policies to implement the Convention.”

While there is more data on the efforts of government and NGOs in assisting OVC; the absence of up to date information on the scale and depth of the problem issues constrains policy making and planning.

### **5.2 Policy Framework.**

The Ministry of Manpower, Youth and Employment together with the Ministry for Women and Children are between them responsible for policy making in the area care and protection of OVC. However the lives of OVC are also affected by the policies of other Sector Ministries in charge of Health, Education and Justice. Similarly the allocation of finance and human resources by government are important for the implementation of any plan.

The following policies have been developed that have a child focus:

- Early Childhood Care and Development Policy, 2004
- Draft Street Children in Ghana Policy Framework, 1995
- National Gender and Children Policy, 2004

The policies are supplemented by:

- National Policy Guidelines on Orphans and other children made Vulnerable by HIV/AIDS
- An Early Childhood Development HIV/AIDS Action Plan for Ghana April 2004 – Final Draft

The observations from the Committee on the Rights of the Child are that Ghana expedite its efforts in adopting and effectively implementing a comprehensive National Plan of Action for the full implementation of the rights enshrined in the Convention, taking into account the objectives and goals of “A World Fit For Children” of the United Nations General Assembly Special Session for Children.

### **5.3 Enabling Legal Framework**

The legal framework has been modernized and the statutory responsibilities of Government are stated in the Children's Act. The Child Rights Regulations 2002 provide further interpretation and procedures to support the Children's Act. It appears that existing regulations cover most child protection issues:

1. Deprivation of parental rights;
2. Legal and investigative aspects of dealing with cases of abuse and neglect (though not referral mechanisms);
3. Adoption, foster care, care and supervision orders, including role of DSW in providing social enquiry reports to the courts;
4. Child panels – mechanism for more informal handling of civil and minor criminal issues involving children. These regulations provide policy support for the use of diversion in minor juvenile justice cases;
5. Registration, inspection and supervision of child care institutions, both public and private;
6. Maintenance of children;
7. Registration, inspection and supervision of day care facilities;
8. Monitoring – requirement of information from service providers;

Domestic Violence Act, 2007 (Act 732) provides for protection of women and Children

The Persons with Disability Act, 2006 (Act 715) provides protection for people with disability.

### **5.4 Service Provision and Implementation**

The Department of Social Welfare is the main government department responsible for managing the care and protection services to OVC. The Department of Children is responsible for the important area of early childhood development. It is anticipated that with decentralization being accelerated, District Assemblies will slowly begin to take over greater responsibility for the care and protection of children.

The DSW has recently undergone a capacity assessment and has produced a capacity building plan. A detailed assessment of the department is therefore unnecessary for the purposes of this plan. Suffice to say that there are assessments being conducted into the capacity of similar departments in Africa as they embark on delivering social transfers which is a new and expanding area of work for traditionally under resourced departments. Current poor funding, human resources, low salaries, traditional caseloads and work practices, coupled with managing residential facilities for children and people with disabilities create a challenge for DSW to deliver on social protection and on child protection.

## CHAPTER 6.

### 6.1 RECOMMENDATIONS AND PLAN

Although frequently inter-related; problems affecting children that arise from poverty, absence of care and abuse and exploitation require a range of solutions that may compete for resources. The plan will prioritise interventions that target social protection interventions, child care/protective interventions at the most vulnerable children.

### 6.2 OVC: Defining the category.

The child protection and OVC sector have not proved easy to define and categorise without assembling a list of vulnerable and at risk groups of children. The concepts of orphan and vulnerable child are social constructs that vary according to culture and socio economic development. For the purposes of the plan the term orphan refers to a child who has lost his/her mother (maternal orphan), or his/her father (paternal orphan) or both parents (double orphan). The term orphan should be used only as an indicator of potential need and has most applicability for double orphans. The concept of vulnerability is even more complex. The most vulnerable children in need of special measures for care and protection are those who, for whatever reason, face a high risk of neglect and discrimination, emotional, physical or sexual abuse and violence and/or economic and sexual exploitation. Children's vulnerability will vary during childhood according to their own and the family's circumstances – economic status, ethnicity, size, age and gender, health and family situation. The National Plan for OVC will concentrate on the following children as per the National Social Protection Strategy with additions and the understanding that poverty will be the criteria for providing financial support<sup>43</sup>:

- children who are defined as poor and needing assistance under the LEAP Programme;
- orphan, but especially double orphans;
- children infected/affected by HIV/AIDS, especially children whose parents are not receiving health services or treatments;
- children who are abused or neglected;
- children in need of alternative family care especially children in need of care and protection under section 18 (Act 560;)
- marginalised children in 'hard to reach' areas who are not able to access services;

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<sup>43</sup> NATIONAL SOCIAL PROTECTION STRATEGY: "INVESTING IN PEOPLE." (NSPS) GOVERNMENT OF GHANA MINISTRY OF MANPOWER, YOUTH AND EMPLOYMENT (MMEYE) FEBRUARY 2007

- children exploited by the “worst forms of child labour” or trafficked;
- children who are homeless and living on the streets or in conflict with the law.

### **6.3 Timeframe**

The plan will last for 3 years and as a living document will be reviewed and amended annually jointly by MMYE/DSW and MOWAC upon the recommendations of the OVC committee.

### **6.4 A Communication Strategy**

What the plan tries to achieve in terms of outcomes needs to be communicated to a wide audience including other ministries, local government, donors and NGOs. The plan asks for improved prevention, implementation of existing legislation in the field of protection and a real dialogue with children’s homes and faith based organizations as regards the care of OVC. Major elements of this will be

1. Policy statements by MMYE/DSW on the benefits of keeping families together through LEAP and social work support rather than using residential care as a first resort and to redirect incoming resources to that end.
2. Awareness campaign with mass media
3. Stakeholder consultations including community based dialogue sessions

### **6.5 Greater participation of stakeholders including children**

The plan needs to be discussed with children and other stakeholders to ensure that it meets their requirements and it should be amended if there are gaps or more effective strategies for helping OVC.

### **6.6 Resource Mobilisation**

Development of a fundraising strategy and ensuring OVC and protection issues are explicit and form part of relevant national budgets to maximise existing, and mobilise additional, resources. It is necessary to develop decentralised mechanisms to ensure resources are channelled directly to communities if appropriate with assistance of NGOs and public private partnerships ensuring transparency and accountability.

### **6.7 Coordination and Implementation**

National Government is not the only stakeholder for OVC. Regional and local government and the NGO/private sector also provide services. Mechanisms need to be in place at the various levels to coordinate assistance to OVC to ensure national equity and social justice.

It is recommended that further capacity building with a strong focus on the content of the Care Reform Initiative of DSW focal persons at district and regional levels be prioritized for the implementation of the NPA on OVC.



It needs to be ensured that the families and children assisted under LEAP also include those children at risk of going on the streets or being placed in a children's home. The social work and the cash transfer mechanisms need to work hand in hand at district and community levels.

### **6.8 Research, Information, Monitoring and Evaluation**

As a first step in year 1 the OVC Committee together with relevant staff in MMYE/DSW will draw up a terms of reference for the collection of data on children who are vulnerable and at risk in Ghana, leading to OVC Situation Analysis

It is recommended that a team (including MOWAC and other stakeholders) coordinated by MMYE/DSW produce an annual monitoring and evaluation report for the OVC committee. The plan will be a living document and should be reviewed and amended on an annual basis in the same time cycle as the budget and planning is prepared within DSW.

### **6.9 Capacity Building**

It is crucial to strengthen the financial, technical and human resource capacity of DSW<sup>44</sup> and MOWAC to manage the National Plan of Action for OVC. The DSW should be responsible for the training of its decentralised staff and other service providers in OVC issues including law, policy, National Plan of Action and LEAP.

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<sup>44</sup> See DSW Capacity Assessment and Plan

## CHAPTER 7.

### 7.1 PLAN OF ACTION – NARRATIVE STRATEGY

The plan is organized with in 3 broad based strategies:

- **The Preventive** – doing everything that is possible to keep vulnerable children with their families within their communities. These are mainly social protection interventions with social transfers and improving housing, health and education services
- **The Protective** - using social work and specifically targeted cash transfers to support children who are already separated, exploited or exposed to abuse return to their (extended) families or other family placements. Improving commitment to child protection.
- **The Transformative** – strategies that equip the state and other stakeholders with the capacity to promote development and opportunity for children who are vulnerable and at risk.

### 7.2 Prevention Strategies

It appears that insufficient attention and resources are devoted to prevention. If resources are used for social transfers, social protection and improving housing, health and education, it is arguable that the need for social services for providing care and protection for children would be much reduced. It is important resources are used to:

➤ **Keep mothers alive and support them to care for their children:**

Generally mothers are the best people to provide care for their children. As part of this strategy it is necessary to provide:

- **Family & community support groups are needed** that can support mothers to go for voluntary counselling and testing and adhere to ART. It is still necessary to provide this local support and de-stigmatise HIV infected and affected families. Women need support to overcome community and family prejudices with regard to taking active steps to protect themselves. These centres are needed in more communities especially large towns, or informal peri-urban settlements where it is difficult to provide services to large populations
- **The provision of quality health care** including where necessary **ART** (at no cost) is essential to prevent mothers from dying and children being orphaned. However HIV & AIDS are not the only causes of parental death. More must be done to reduce parental mortality. See generally “Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support.”<sup>45</sup>In

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<sup>45</sup> Follow-up to the outcome of the twenty-sixth UN General Assembly special session: Implementation of the Declaration of Commitment on HIV/AIDS. Scaling up HIV prevention, treatment, care and support March 2006

- the 2005 World Summit Outcome (resolution 60/1), world leaders committed to a massive scaling up of HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all who need it.
- **Early Childhood Development:** these services not only support the growth and development of young children but also provide support to mothers of young children. Please see **Towards An ECD HIV/AIDS action plan for Ghana.**
- **Keep families together and support them to look after their children in their communities**
- **Cash Transfers to poor households should continue through LEAP,** especially for single parent households, and this needs to be done not just for families caring for orphaned children but also for single mothers and for families where adults are too ill or too old to be productive. It is important to transfer sufficient amounts of money to parents and carers to enable them to care for their children and facilitate school fees and health charges exemptions (Please see section on Poverty and Social Protection).

Many children in Ghana are being cared for by extended family members. Some of these family placements appear to be made because parents have insufficient resources to care for their children and either the parents migrate for employment or the children move. To be effective in preventing families splitting up the cash transfer systems could have criteria for helping these families where children are at risk.

Generally there is insufficient social work or financial support targeted at preventing children entering children's homes, going on to the street or being abandoned. To this end District Social Welfare Offices could be provided with "at risk" money to distribute to prevent family breakdown and enable mothers thinking of abandoning their children to look after them.

To give better effect to keeping families together and mothers alive the following strategies could be considered:

- NGOs and State providers to facilitate community vigilance and enable their support role. If cash transfer systems rely upon community assessors it should be possible for these same people to receive basic training in child protection and for them to act as first line of contact for families and children at risk.
- Coordination between agencies is critical if children are to be protected. In some communities it seemed as if the issues raised through the support work done by NGOs and community groups (e.g. concerns with regard to alcohol abuse, violence, isolation or dying parents) are not being shared with the state social workers in a coordinated manner, There needs to be

some mechanism developed where children at risk can be monitored by the agencies.

### **7.3 Protection Strategies:**

#### **➤ Improved protection for women and their children against violence and abuse**

Generally there are very few places of safety available to women to escape violence or for mothers to shelter their children from abusive males in the household. More places of safety are needed for women and children that give emergency protection while they are seeking justice but also they need support including economic support to become independent and move out of abusive environments.

#### **➤ Protecting and supporting children in extended family care.**

After examining the formalizing of extended family care through foster care orders and grants in South Africa<sup>46</sup> – it is not envisaged that a similar system is either necessary or could be managed in Ghana. However there are issues that would benefit from research, discussion and resolution:

- Are there criteria like the age of the carers or the distance in relationship that would suggest a need to review the placement? Would the development of guidelines be helpful to social workers and other interested parties?
- Would a simple method of awarding guardianship to relatives caring for children be helpful for protecting children's rights? It can also be envisaged that if cash transfer means testing becomes more sophisticated that some method of proving parental responsibility may become necessary.
- Continue and extend LEAP.
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#### **➤ All placements of children in children's Homes will be in accordance with the law.**

The DSW will work to bring children's homes and the children living in them under the protection of the state for the benefit of society and ensure that all such placements are in the best interests of the child. Assessments; case management, case review and care plans will be put in place for all children residing in homes, on fit person orders or being formally fostered.

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<sup>46</sup> Children "in need of care" or in need of cash? Social security in the time of AIDS. Children's Institute, University of Capetown

➤ **Reunification Programmes for children inappropriately placed in Children's Homes.**

Reunification programmes will be established for children inappropriately placed in the homes: the absence of documentation, assessments and court suggests that the existing placement of children in the homes needs to be carefully reviewed and children reunified with parents or relatives where this is in their best interests. Regional task forces should be set up to do this with DSW and NGOs working in partnership.

➤ **Finding New Families for Children in need of protection.**

New families are needed to provide either temporary foster care or permanent homes through adoption. It should be possible to provide foster care for all babies and young children who need individual attention. DSW and NGOs could work together to recruit and pay foster parents. New methods of marketing adoption need to be explored with simple, less costly but unimpeachable processes. This should go together with providing pre adoption counselling to mothers not wanting to raise a child.

➤ **Improving Child Care Services at District Levels.**

If children are to be better protected, cash transfers will be of considerable benefit but equally critical is the need to improve child protection services at District level. It is strongly recommended that all the district units of the DSW should be well resourced with personnel and funds to be able to deliver on improving child care services.

#### **7.4 Transformation Strategies**

Gate keeping: the current Government approach to the use of residential care for children in children's homes needs to be modified. The establishment of homes; their management and staffing; admission processes and case management should be brought within the current law and regulation. Gate keeping needs to be put in place to prevent the present abuses of the system and of children's rights.

Joint Policy Statements should be issued by MMYE and MOWAC on the use of residential care as a last resort, emphasising care in the community and support to parents and extended families. This would also include the operationalising of the Children's Act and the Legislative Instrument 2002 with regard to the establishment and management of Homes

➤ **Giving District Social Welfare teams control of resources; paying for care placements.**

At the present time neither central government nor the Districts have much control over the externally funded children's homes. The resources provided for residential care need to be redirected towards reunifications, family and community care and away from the Children's Homes. This will

be difficult to achieve and in the meantime it is suggested that along with donor/government money for cash transfers that funds are sought to enable District Social Welfare teams pay for placements of children in homes. This will place District Social Welfare in charge of placement funding including paying and taking over responsibility for residential care placements. It will also give Districts greater leverage in enforcing the quality care standards and reduce the control of the external funder

Improving the knowledge base through research and information collection that will assist DSW and Department of Children target the children most vulnerable and most at risk.

Strengthen DSW and MOWAC Data Collection and Information Management Capacity:

There is insufficient information or analysis of informal and formal alternative care. It is recommended that the database is further improved and developed to help DSW manage:

- The data from Children's Homes
- Information from Inspection Visits. It is recommended that an assessment form be developed to assist the monitoring of Homes
- Information on children in the homes, reasons for their admission, length of stay, capacity of parents or the (extended) family to provide care for the child and what level of resource or supervision would be needed to ensure the child's good care within their family.
- Informal Care: There is little national data on informal care in the extended family. Research will be undertaken to study whether the informal family placements are always in the child's best interests. There research will look at the benefits to the child of staying with relatives and why these benefits are not available to the child at home with the parent(s). There are some concerns voiced that many grandparents may not have the capacity to look after all the children they are taking in. There are also risks of child domestic and farm labour.

➤ **Redirecting of existing manpower and financial resources within the field of child protection.**

There is insufficient technical/professional staff stationed in the Districts. It further appears to be the case that DSW are unlikely to be allowed to recruit more social workers. There is a concentration of staff within DSW and within some NGOs/Faith Based Organisations towards the provision of residential care. (There is probably no alternative to government managing child justice sector facilities). It is recommended that DSW carry out a review of its existing facilities and selected services (residential facilities, maintenance, custody, access, paternity) with a view to considering reducing the level of government

provision through, commissioning of services, privatisation or management take over of some facilities or services.

- **Strengthen the existing policy and coordination structures for OVC programmes (within GAC/DSW/MOWAC) and increase resource mobilization by end 2010.**
  - Strengthen DSW with training and financial resources required to effectively coordinate and supervise programs for OVC;
  - Implement DSW Capacity building plan;
  - Strengthen MMYE Social Protection Policy Directorate to develop broad based social protection strategies.
  - Review role and undertake capacity assessment of MOWAC
  
- **Sign and Ratify Hague Convention and UNCRC Optional Protocols.**

The government will be expected to ratify the 1993 Hague Convention No. 33 on the Protection of Children and Cooperation in Respect of Inter-Country Adoption and ratify the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and on the involvement of children in armed conflict.

## GHANA'S NATIONAL PLAN OF ACTION FOR ORPHANS AND VULNERABLE CHILDREN (2010 - 2012)

### Outcomes matrix

Goal Prevention	<b>Vulnerable children are supported to continue to live with their families within their communities through social protection interventions and improvements to health and ECD services.</b>						
Outcomes	Activities	Indicators and performance targets	Time frame	Total Cost	Available funding/Source	Funding Gap	Responsible Person/Agency
<b>1)Parents particularly mothers remain in good health and are supported to care for their children.</b>	1.1) Ensure periodic update of mothers receiving ART/ PMTCT services.	800,000 pregnant women to be tested; 11,000 HIV women put on ARV prophylaxis to prevent MTCT and 6,600 HIV exposed infants screened for HIV.	2010 -2012	USD Global Fund (NACP) \$3,000,000	USD Global Fund (NACP) \$3,000,000		MOH, GAC, DSW District Assemblies, Ghana National AIDS Control Programme
	1.2a) Conduct stakeholders assessment of additional requirements for support to families living with HIV in each District (in addition to cash transfer through LEAP).	Number or percentage of parents receiving additional support, Type of support available to families.		Food Rations to 3,150 PLWHIV	USD 300,000 (for the assessment and response)		MOH, GAC, DSW District Assemblies, Ghana National AIDS Control Programme, MESW
	1.2b Respond to additional requirement including food rations.	Number of PLWHIV provided with food rations .	2010 -2012	Food Rations to 3,150 PLWHIV			MOH, GAC, DSW, District Assemblies, Ghana National AIDS Control Programme, MESW



	1.3) Strengthen and increase community support groups in each district including PLWHIV	3) Reported reduction of stigma and discrimination for people who are HIV+, Increased number of family and community support groups in each district.	2010 -2012				GAC, MOH, MOWAC , MESW/NGOs, UNAIDS, WFP, UNFPA, MEDIA
	1.4) Advocacy and support from UNICEF, UNAIDS (CBOs,& NGOs to be included).	Number of meeting/forums where issues of PLWHAs are raised. Number of communities sensitized against discrimination & stigmatization.	2010 -2012				UN Agencies , MEDIA
	1.5) Provide quality health care including VCT, ART (at no cost).	40% reduction in fees charged for ART and allied services.	2010 -2012	Removal of user charges on ART = USD 60.00 per person per year.			MOH, GAC, DSW District Assemblies, Ghana National AIDS Control Programme
	1.6) Food and nutrition support to parents and children who are infected or affected.	20% reduction in mortality of parents from HIV and AIDS.	2010 - 2012				WFP, MOH, MMDAs, UNICEF
	1.7) Strengthen and increase Early Childhood Development Centers that have plans for inclusion of OVC & other poor children.	30% Increase in number of poor families eligible for LEAP and ECD centers. 20% of OVC being accepted in schools.					MOWAC, DSW

	1.8) Identify & link extremely poor families to the LEAP Programme.	45% of LEAP households having OVC.	2012	USD 25,000,000 (45% of this figure)	USD 25,000,000/GOG /MESW (45% of this figure)		DSW MESW/DSW /MoE, Children's Dept –/MOWAC/UNICEF/ILO/DFID
<b>2) Families are supported to stay together to care and protect their children</b>	2.1) Ensure family welfare services of DSW receive adequate budget to cover costs of existing caseload.	15% Increase DSW spending at district level to support families staying together	2010	USD 513,000,000	USD 307,000,000/GOG/DSW (60% of total cost from GOG budget)	USD 206,000,000	DSW , DCD, UNICEF, DOC & NGOs, DFID, MESW
	2.2) Expand & strengthen Child Protection Committees at village level and train LEAP CLIC Members in Child Protection.	Number of Community child protection /vigilance schemes in operation through CLICs.	2010 2012	Average of USD 1,000 expenditure in each district for prevention activities.	USD 40,000.00 for 80 districts –UNICEF	USD 131,000.00 for 91 districts	DSW, DOC, NGOs, UNICEF, MMDAs
	2.3) Conduct an assessment of risk of separated children and children on the move from the northern districts.	Risk assessment conducted and plan of action developed for reduction in separations of children.	2010 - 2012	USD 25,000.00		USD 25,000.00	DSW, DOC, NGOs, UNICEF, MMDAs,
	2.4) Establish inter sectoral planning and co-ordination of services to provide Education and vocational training in northern districts.	No. of vulnerable children re-united Northern district children enrolled in educational & vocational training.	2010 -2012	USD 10,000.00		USD 10,000.00/UNICEF	DSW, MLG&RD, UNICEF DCD
<b>Goal Protection</b>	<b>Improving commitment to child protection by using social work and specifically targeted social protection mechanisms to support children, who are separated, exploited or exposed to abuse so they can return to their (extended) families or other family placements.</b>						

Outcomes	Activity	Indicators and performance targets.	Time frame	Total Cost	Available funding/Source	Funding Gap	Responsible Person/ Agency
<b>3) Children inappropriately placed in Children's Homes are re unified with their families</b>	3.1) Trace and re-unite children from children's homes.	60% of children reunited from children's homes (baseline = 4,000children).	2010 - 2012	US \$ 200.00 per child US \$ 480,000	US \$ 280,000.00 - UNICEF	US \$ 200,000.00	DSW, Orphan Aid, UNICEF, MMDAS & NGOs
	3.2) Provide standard reintegration package to children/carers until they are enrolled on LEAP.	60% of baseline number of children in residential care returned home (10% year 1 25% year 2 25% year 3).	2010 -2012	Estimated minimum of resettlement from children's Homes is U\$150 per child over a 3 year period = USD 450,000.00		USD 450,000.00	MESW, DSW, NGOs, UNICEF, OA
	3.3)Provide re unification package/cash transfer through LEAP to families of reunited children	No of families provided with re unification package.	2010 - 2012	450,000.00			MESW/DSW, UNICEF
		No. of families provided with cash transfer through LEAP.					
	3.4) Develop regional – specific resettlement plans for children based on available data	No. of Resettlement plans developed.	2010				

	3.5) Document profile of each child in a home.	No. of children in homes profiled.	2010				
	3.6) Establish database of children living in the Homes at district, regional & HQ levels.	No of regional offices with functional database of children living in Homes No. of districts with functional database of children living in Homes	2010	US \$ 100,000.00			
	3.7) Provide psycho social support to child/family	No. of children/family receiving psycho social support	2010 -2012	USD 150,000.00		USD 150,000.00	DSW, UNICEF, NGOs
	3.8) Provide cash transfer to family receiving reunified child through LEAP.	No. of families that have risen above the poverty line.	2010 -2012	US \$ 30,000.00	US \$ 30,000.00		MESW/DSW
<b>4) Children remaining in children's Homes enjoy well planned care as in a stable caring environment.</b>	4.1) Develop Case management records and assessment tools.	!00% of children in Homes have Case records, management records developed Number of care developed & implemented No. of assessment tools developed.	2010	US \$ 20,000.00		US \$ 20,000.00	MESW/DSW
	4.2) Train Home Managers in gate keeping and staff supervision.	No. of Home Managers trained in gate keeping and staff supervision 75% Reduction in admissions by 2011.	2010 -2012		USD 30,000	US \$ 50,000.00	DSW

	4.3) Train DSWOs in the use of prepared assessment and case management tools.	No. of DSWOs trained in use of assessment and case management.				USD 60,000.00	DSW, UNICEF, MMDAs, MESW, DOC, ORPHAN AID
	4.4) Review & adopt curriculum for training in child care & parenting skills.	curriculum for training in child care & parenting skills developed.					DSW, UNICEF, MMDAs, MESW, DOC, ORPHAN AID, OA
	4.5) Conduct training in child care & parenting skills for care givers	No. of caregivers trained in child care & parenting skills.				US \$ 60,000.00	DSW, UNICEF, MMDAs, MESW, DOC, ORPHAN AID, OA
<b>5) Adoptive/Foster families identified found for children who cannot be placed with parents or relatives.</b>	5.1) Implement child care & parenting skills for foster care/adoptive families in homes.			US \$ 60,000.00		\$60,000	DSW, UNICEF, MMDAs, MESW, DOC, ORPHAN AID, OA
	5.2) Develop guidelines for foster care.	Guidelines for foster care developed and being used.	2010 - 2012	US\$20,000 per year for 3 years = USD 60,000		\$60,000	DSW, FBOs, UNICEF & NGOs
	5.3) Register and retain Foster families for child placement.	No. of foster families registered.					
	5.4) Train registered foster families.	No. of foster families trained on child care practices.					
		75% Increase in use of foster care for Under 5s per year over 3 years.					

		*90% increase in adoptions of children <5 who would have otherwise stayed in babies homes*					
	5.5) Promote the adoptions of older children (>5years) for Ghanaian nationals.	50% increase over baseline value in adoptions of older children (>5years) for Ghanaian nationals.	2010				
<b>6) Abused mothers and Children are better protected</b>	6.1) Train and deploy Social Workers in specialized child care & protection skills.	No. of Social workers trained in Specialized child care & protection skills & deployed.	2010	USD 60,000.00			MESW, MOWAC, DSW, DOC, DOVVSU, DFID
	6.2) Establish a functional referral system for abused and exploited women and children at all levels (community, district, regional & national).	No. of functional referral systems established for abused and exploited women and children at the community, district, regional and national levels.	2010-2012				
	6.3) Provide shelter and places of safety in three major cities - Accra, Kumasi and Tamale.	Places of safety for women and their children established in Accra, Kumasi and Tamale.	2010 – 2012	USD 200,000.00		USD 300,000.00	MOWAC, DOVVSU, DSW and NGOs
<b>Goal Transformation</b>	<b>Improving the capacity of the state and other stakeholders to promote the rights and wellbeing of OVC</b>						
<b>Outcomes</b>	<b>Activity</b>	<b>Indicators and performance targets</b>	<b>Time frame</b>	<b>Total Cost</b>	<b>Available funding/Source</b>	<b>Funding Gap</b>	<b>Responsible Person/Agency</b>

<b>7) An improved knowledge base on OVC and children in need of care and protection</b>	7.1) Conduct OVC and child protection assessment	Full OVC and child protection assessment conducted and monitoring framework for child protection and OVC developed.	2010	USD150,000		USD150,000	DSW, MOWAC, GAC, UNICEF DOVVSU.
	7.2) Develop monitoring frame work for child protection and OVC activities.	Monitoring frame work for child protection developed.	2010				
<b>8) Clarity of responsibilities of relevant ministries and other stakeholders for OVC established</b>	8.1) Conduct mapping of stakeholders' mandate including MDAs in Child Protection.	Mapping of Stakeholders and MDAs mandate conducted.		USD22,000		USD22,000	MOWAC, MESW, DSW, DOC, MLGRD, NGOs
	8.2) Implement capacity building plan based on findings/recommendations of mapping.	Capacity building plan for stakeholders developed and implemented.					
	8.3) Identify and collaborate with NGOs with capacity.	No of NGOs identified and networking.	2012	USD 10,000		USD 10,000	MESW/DSW
	8.4) Develop Service delivery plans.	Number of service delivery plans developed.		USD 10,000 for development of plan			
	8.5 Pilot PPPs.	No. of districts piloting PPPs.					

<b>9) All service providers understand and comply with OVC related policies, guidelines and laws</b>	9.1) Develop joint communication strategy on OVC related policies, guidelines and laws.	Joint Communication strategy developed.	2010	\$50,000.00		USD 50,000.00	DSW, MOWAC, MESW, UNICEF
	9.2) Disseminate OVC related policies, guidelines and laws .	Number of OVC related policies, guidelines and laws disseminated.	2010 – 2012	USD10,000		USD10,000	
	9.3) Include Policy statements on community care in high level MESW/DSW/MOWAC speeches to external audiences.	Number of community care policy statements made on public platforms.	2010 - 2012				
	9.4) Organize stakeholders' meetings to disseminate policy on community care.	. Number of community care policy dissemination meetings held . Number of NGOs, FBOs and other partners supporting community care . Number of children in community based care	201 -2012	USD 10,000.00		USD 10,000.00	



	9.5) Issue joint statements on restricting the use of residential care and gate keeping.	No of Policy statements published in the media. Number of media houses publishing policy statements on restricting the use of residential care and gate keeping.					
	9.6) inspect and register homes that comply with standards						
<b>10) Resources redirected towards community care</b>	10.1) Advocate for the redirection of resources to community care.	Increase in resources allocated to support community care.	2009	USD 13,000.00	USD 13,000.00 – GOG/DSW		DSW, UNICEF, NGOs, National OVC Committee
	10.2) Assess impact of community care on child well being.	Report of impact of community care.	2011				
		Percentage of total child care resources going into community care.					
<b>11) Standards of Child Care in all Homes improved</b>	11.1 Establish Inspectorate, Licensing and regulatory unit at DSW HQ and in regions.	Inspectorate, Licensing and regulatory units established at various levels.	2010	DSW Recurrent Budget			

	11.2 Inspect & register Children's Homes which are complying with policies, guideline & regulations.	Number of children's homes Children complying with policies, guideline & regulations. Number of sub standard homes closed down.		USD 30,000.00		USD 30,000.00	UNICEF, DSW, ORPHAN AID
	11.3 Train in case management services leading to de-institutionalization.	Number of Social Workers provided with technical support in case; management of children in need of care & protection.	2010 – 2012	U\$50,000		U\$50,000	UNICEF, DSW, ORPHAN AID
	11.4) Conduct Social work assessments on each child prior to placement.	Number of children in need of care assessed prior to placement.					
	11.5) Develop case recording Systems at all levels.	Case reviews, and care plans that are recorded in District Offices by year 3; Number of District case recording systems developed; Number of Regional case recording systems developed ; National case recording system in place.	2010 -2012	U\$50,000.00; US \$ 50.00 per visit			DSW
	11.6) Undertake regular inspection visits to homes.	Number of inspection visits undertaken.	2010 - 2012				DSW, Task Force (REHMOT)

	11.7) Close down Children's Homes not complying with policies, guidelines & regulations.	Number of Homes provided with technical support in case management of children in need of care & protection.		DSW Recurrent Budget			DSW
<b>12) Effective Gate keeping: Children are only admitted to homes as a last resort</b>	12.1) Obtain Court Orders for all children in need of care.	80% reduction over baseline admissions to children's homes.	2010	DSW Recurrent Budget			DSW;
<b>13) District Social Welfare teams to collaborate with NGOs for service delivery.</b>	13.1) Identify & collaborate with NGOs with capacity.	No of NGOs identified & net working.	2010 -2012				DSW; NGOS
<b>14) Improved coordination of services</b>	14.1) Appoint a National OVC Co-ordinator.	National OVC Co-ordinator appointed.	2010 - 2012				
	14.2) Form Regional and district OVC committees.	Number of functional regional OVC committees formed; Number of functional district OVC committees formed; Number of OVC committee meetings organized at all levels.	2010 - 2012	USD 100,000.00		USD 100,000.00	MESW/DSW/MOWAC/UNICEF/ DAs/NGOs

	14.3) Assign DSW staff at the regional & district levels to co-ordinate OVC activities.	Number of DSW staff at the regional level assigned to co-ordinate OVC activities; Number of DSW staff at the district level assigned to co-ordinate OVC activities.					DSW, NGOS; DOC
<b>15) DSW manages effective social work and social protection services</b>	15.1) Implement DSW Capacity Plan.	See capacity plan indicators.	2010 - 2012	USD \$ 2,986,666.00	USD \$ 2,986,666.00 – GOG/DFID	-	MESW/DFID/DSW/UNICEF

2)