

Early Childhood Care and Education: Orphans and Vulnerable Children in Public and Private Care in Ghana

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Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy (Proverbs 31:8-9, The Holy Bible, New International Version).

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IV

Abstract

This thesis is a comparative qualitative study concerned with care and education for Orphans and Vulnerable Children (OVC) in the early years in Ghana with a focus on human rights, policy implementation and practice. The study is situated within the Frankfurt school of critical theory and Nussbaum's (1999) capabilities approach. It adopts Tomasevski's (2006) rights-based approach to education framework giving detailed attention to the access component of the framework on accessibility, adaptability, availability and acceptability.

The location, Ghana, was selected because of its political and historical involvement in the United Nations Convention on the Rights of the Child (UN CRC) (1989). The Osu and SOS children homes in the Accra and Tema Metropolitan areas of Ghana respectively were the centre of focus. The study adopts the qualitative narrative approach using semi-structured interviews with 15 OVC in early years, teachers, caregivers and policy makers.

The findings of the study indicate that although the government has the legal instruments (Early Childhood Care and Development and OVC policies and other child related documents), localisation of the content of the UN CRC (1989) policy is quite challenging in Ghana. This is mainly because the concept of childhood varies both at the international and local context from subject (right bearer) to an object of adult charity. Also, non-OVC were admitted in the schools together with the OVC to enhance the social competence of the OVC. Finally, based on the responses from participants it can be concluded that efforts to develop the OVC capabilities through care and education is being attended to and future studies should be conducted into the quality of provision of services.

Key words: Early Childhood Care and Education, Orphans and Vulnerable Children, CRC

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Abbreviations

ADEA:	Association for the Development of Education in Africa
AMA:	Accra Metropolitan Area
CT:	Critical Theory
DfC:	Department for Children
DSW:	Department for Social Welfare
ECCD:	Early Childhood Care and Development
ECCE:	Early Childhood Care and Education
ECD:	Early Childhood and Development
EFA:	Education for All
GES:	Ghana Education Service
MOWAC :	Ministry of Women and Children Affairs
NGO:	Non-Governmental Organisations
OECD:	Organisation for Economic Co-Operation and Development
OVC:	Orphans and Vulnerable Children
SOS :	Save Our Souls
TMA:	Tema Metropolitan Area
UN CRC/CRC:	United Nations Convention on the Rights of the Child
UNESCO:	The United Nations Organization for Education, Science and Culture
UNICEF:	The United Nations Children’s Rights and Emergency Relief Organisation

1 Introduction

Children are prepared better for life when given a head start through early care and education (ECCE). ECCE gives them the opportunity to engage in preparatory activities for school - academic, physical and social, as well as a foundation for later life. Its fundamental role in creating a foundation for later development makes ECCE a central policy area (Waldfogel, 2014). Many argue that all children are entitled to early care and education just by being humans (Nussbaum, 1999), thus placing an emphasis upon non-discriminatory principles (Convention on the Right of the Child [CRC], 1989). This is stated in the Education for All (EFA) goal 1 and subsequently supported by current research (Twum-Danso Imoh and Ansell, 2014; Britto & Ulkuer 2012; The United Nations Children's Rights and Emergency Relief Organization [UNICEF], 2008). Furthermore, EFA goal 1 aims at increasing and improving care and education for the most vulnerable and marginalised children in society (World Education Forum, 2000).

Childhood is perceived differentially depending upon culture, though there are some commonalities. Yet, many define ECCE as the period from birth to the age of eight¹. This period is viewed as critical to the total development of a child and, consequently, requires the use of a holistic approach to ensure that caregivers are well equipped to help with the development of children (Global Monitoring Report, 2007). Additionally, ECCE is regarded as a right and an opportunity to improve the well-being of children (Global Monitoring Report, 2007). This has led to the organization of international and national conferences such as the United Nations Convention on the Rights of the Child (UN CRC) (1989), Education for All (EFA) and Millennium Development Goals (MDGs) have declarations, goals and targets to pursue and contribute to the development of every child especially the Orphans and Vulnerable.

The words Orphan and Vulnerable are interwoven although researchers have attempted to separate the two concepts. An operational definition of an orphan is as follows: 'a child under 18 years of age whose mother, father or both parents have died' (The United Nations Children's Rights and Emergency Relief Organisation [UNICEF], 2006, p. 4). Here, the death of the parent could be due to either known or unknown factors such as poverty, failed

¹ <http://www.unesco.org/new/en/education/themes/strengthening-education-systems/early-childhood/>

health, or conflicts. Regarding vulnerability, the World Bank and UNICEF (2002) assert that vulnerability is not strictly associated with age and parent loss but also poverty, HIV/AIDS and conflict. Consequently, the vulnerable child in the early years is a child in a state of weakness based on parental loss, poverty or neglect and cannot support him/herself. Therefore, an OVC becomes the responsibility of society. Where all attempts to provide care and education in foster homes fail, they are usually placed in care homes or institutionalized. It is, therefore, within such homes or institutions that ECCE is provided for OVC.

Evidence from existing literature shows that various interventions are given to children in the early years, especially regarding their physical health, but less on the provision of care for their emotional, social and learning abilities (Britto & Ulkuer 2012, p.100). These are conducted by both public and private early care providers through institutional care or fosterage as part of its welfare provision for all children. In relation to care and education for the OVC, a principle of inclusive education is encouraged by policy formulators to ensure that the global strategy of education for all is achieved. Those interventions that do exist, globally and nationally, provide various systematic intervention services in terms of quality learning resources and care plans that are intended at promoting child security, protection and survival (Britto, Cerezo & Ogbunugafor, 2008).

Some studies carried out show the increasing number of OVC and the need to give extra support in terms of care at school and after school. However, Chitiyo, Changara and Chitiyo (2008) reveal that, increasingly, OVC, especially in developing countries, have no specialized services provided for them in terms of care and education and argue that for example, the curriculum used for instruction in schools fails to account for the special situation of the OVC. This study focuses on exploring the perspectives of relevant stakeholders in public and private care homes in Ghana regarding policy making and implementations that enable early years OVC develop their capabilities.

1.1 Rationale

This study has four rationales, early care and education (section 1.2.1), orphan and vulnerable children (section 1.2.2), institutional care (section 1.2.3) and the context of Ghana (section 1.2.4). These identified rationales emphasise the importance of the study.

1.1.1 Early care and education

ECCE is critical for preparing children for success in a formal school setting. Ruhm and Waldfogel, (2012) argue that beneficiaries of ECCE perform better than those who did not receive ECCE. This and other concerns of early education are a topic of major concern in many western and developing countries (Howe, Nina & Prochner, 2012). Ball (2008) argues in this regard, the introduction of a new phase of education cannot be achieved overnight without careful preparation and training of the actors (teachers and caregivers) responsible for the children in their early years. The responsibility on nations to implement the relevant measures hence becomes obligatory. Care in itself involves devoting time to support and also provide for the basic needs of children, specifically those in the early years, by older members of the society known as caregivers or attendants. Hence there are procedures that are followed to ensure that caregivers are given the necessary skills and training to assist with the total development of children as they also learn to interact with their care givers.

Also, from a child development perspective, Almond and Currie (2011) argue that early education increases the chances of a better future for the child. This has implications for global goals such as the Education for All and the Millennium Development Goals. Moreover, Gambaro, Stewart and Waldfogel (2014) write that ECCE is a central policy area in many countries of the world. They argue that children are the hardest hit in the absence of permanent breadwinners as the household income is affected during period of crises in the family. Meanwhile, You, Wardlaw, Salama and Jones (2009) claim that the number of deaths of children before attaining the age of 5 increased in the developing countries to 8.8 million in 2008 as a result of inappropriate education and care to care givers and attendants. These significant numbers would have been reduced if educational institutions had strengthened their commitment and attachment to children in the early years.

Additionally, studies on early education demonstrate that inadequate care and education have a negative effect on children's development. For instance, Perry (2002) observes that

gross neglect of children in their early years leads to severe sensory deprivation which in turn impacts negatively on their development and future livelihood. The neglect of these children are influenced by factors such as the socio-economic status of parents, broken homes, family loss and weak institutional arrangements in the country. Based on these studies, there is a need to conduct a study on children in the early years in order to contribute to knowledge on early education and provide research-based insights that can be used for effective policy formulation.

1.1.2 Orphan and vulnerable children

As mentioned earlier, orphans are below the age of 18 and have either lost one or both parents. OVC can also be defined as children in a female-headed household who have lost their mother, and where the father has abandoned the family or was never present (Deters, 2008). In 2005, about 18 million children were made orphans, of which 12 percent are reported to live in sub-Saharan Africa (Engle & Black, 2008). Available records indicate that many countries are faced with the difficulty of how to care for and educate OVC as their numbers increase annually (Care International, 2008) and are projected to further increase over the next decades (Deters, 2008). This calls for responsible actions to be taken to provide adequate care and education to OVC in order to reduce future challenges.

Extended family members and local communities often have limited resources to care for and educate OVC; as such early education remains a lesser priority to them. Indeed, UNICEF (2009, p xiii) states that ‘children’s ability to enjoy their rights depends on a wide range of interrelated circumstances, including the family into which they are born, the community in which they grow up and the situation of the country of which they are a citizen’. Meanwhile, Subbarao, Mattimore and Plangemann (2001) argue that OVC who face difficult situations such as emotional stress merit immediate public action in a stable environment. In this regard, Kelly (2000) asserts that education planning in recent times takes into consideration both formal and non-formal educational settings. Hence planners, policy makers, private practitioners and social workers are becoming more aware of and sensitive to the need to care for and educate every child, including OVC, in order to build the nation’s future workforce. Given the likely rise in OVC in the near future, and particularly in conjunction with the importance of ECCE, this study is important in

providing policy-makers with a better understanding of the situation as it stands now and what needs to be done in the future to best meet the needs of those individuals involved.

1.1.3 Institutional care

Chitiyo, Changara and Chitiyo (2008) argue that children from the most disadvantaged background are more at risk for poor health during their adult life due to the lack of care in their early years. Without parental support and instruction children are less likely to develop a positive conception of their own identity, which could help them in becoming successful adults. Chitiyo, Changara and Chitiyo, (2008, p. 390) claim that ‘children who grow up without both or either of their parents face innumerable challenges some of which will interfere with their schooling’. This has resulted in resorting to alternative care programmes.

Turnbull and Turnbull (2001) argue that family members depend on the family support system to provide them with both their individual and collective needs. The family support system provides eight functions to every family member; affection, self-esteem, spirituality, economics, daily care, socialization, recreation and education (Turnbull & Turnbull, 2001). In order to deliver these functions when the family support system falls apart, policies in favour of institutional care arrangements has to be developed (Chitiyo, Changara & Chitiyo, 2008; Turnbull & Turnbull, 2001). Orphan and vulnerable children lack the support of a proper family support system. In this regard, institutional care becomes necessary although it is considered as a last resort especially within the African context.

Institutional care can serve as a channel for fulfilling the functions of the lost family. However, Zeanah, Nelson, Fox, Smyke, Marshall, Parker and Koga (2005) argue that for institutional care arrangements to have a negative or positive impact on the development of OVC it will depend on the quality of the functions they provide. Meanwhile, Gunnar, Bruce and Grotevant (2000) admit that adopting children out of institutional care entails several problematic issues which is collaborated by Quinton and Rutter (1988) state that children under residential care are usually emotionally and behaviourally unstable. Nevertheless, evidence indicates that children placed in these institutional care homes do not suffer negative emotional consequences. Institutional care is therefore used to care for and educate OVC in some countries. Given these concerns about institutional care and its widespread use, the findings from this study are therefore important.

1.1.4 Ghana

Ghana gained independence from the British on March 6, 1975 with a promising future for growth and development. However, the country has faced several political, economic and social challenges. Amidst these challenges, measures to ensure that Ghanaian children receive education and care have been enforced, but these measures are often inadequate. In 1989, Ghana became the first country to ratify the Convention on the Rights of the Child (CRC), human rights law. It is worth mentioning that the Ghana National Commission on Children was already set up to observe the cognitive development of children when Ghana ratified the CRC to gain international recognition in child care and education. This clearly shows the importance the country attaches to the welfare and total development of its future workforce and its aim to become the gateway to Africa.

Subsequently; Ghana participated at the EFA conference in Jomtien, Thailand, on the theme “Learning begins at birth. This calls for early childhood care and initial education” (Pence, 2004, p. 6) and later made the institutional arrangements to implement the EFA goals. As early as 1992, a 10-year national action plan was drawn up and by 1998; the Children’s Act (560) was formulated. However, it was not until 2004 that the Early Childhood Care and Development (ECCD) policy was implemented, thereby giving a holistic approach to care and education (Pence, 2004). In addition, the Orphans and Vulnerable Children (2010-2012) policy document was adopted to purposefully take Article 2 of the UN CRC (1989) and EFA goal 1 into account.

It is also worth mentioning that many children in the early years have become OVC and placed in public and private institutions due to poverty, HIV/AIDS and conflict (though at a small scale). Although education and care for OVC has not been a major challenge because of the strong family system in the Ghanaian society, recent global trends (economic downturn) seem to be threatening the situation of societal support. Nevertheless, some measures taken to provide OVC in early years with proper education and care include institutional care although this is considered a last resort in the country. Still many institutional care homes have been established, while at the same time the regulatory body for OVC have issued directives to merge and expand facilities in existing homes and also regulate their activities.

Several studies exist on the education and care given to children globally by governments and other organisations. However, there is a lack of studies on early care and education in Ghana in the existing literature. The aim of this research is therefore to add to the body of academic literature and contribute knowledge that can be used to formulate educational policy.

1.2 Research aims

The study specifically explores the measures adopted and the implementation strategies (policies and practices) of the Ghanaian government to meet its obligation on the right to care and education of OVC in the early years. Ghana's current approach to care and education of children in the early years is contained in two written policy documents. The first is referred to as the ECCD. This document contains five key issues. One of the issues relevant to this study states that *an obligation to meet the tenets of international conventions and treatise, as Ghana was the first member state to ratify the UN convention on the rights of the child in 1990* (Boakye, Etse, Adamu-Issah, Moti, Matjila & Shikwambi, 2007).

The second document is the National Plan of Action for Orphans and Vulnerable Children based on the idea of social protection for OVC. Additionally, the study analyzes the approaches used, if any, by the government to ensure that OVC in the early years can benefit from the social protection strategies it has adopted.

1.3 Research questions

In order to examine how OVC in the early years are being attended to in relation to their rights to care and education, the study is guided by the following research questions:

- *How is the government responding to the care and education of Orphans and Vulnerable Children in the early years in the country?*

- *To what extents are the responses adopted by the government and co-opted institutions influencing the activities of the OVC in the early years?*

- *What are the factors influencing the efforts made to reach out to the Orphans and Vulnerable Children in the early years?*

1.4 Methodology

The study takes a qualitative approach based on empirical evidence to examine early education for OVC in public and private care in the Accra and Tema Metropolitan Areas in Ghana. In total fifteen participants were interviewed in the selected institutions. These participants included children, policy makers, educationist and caregivers. Data were gathered from both primary and secondary sources. Relevant secondary data and scholarly articles were retrieved from different sources in library archives and on the internet. The transcribed data were analyzed using a narrative analysis approach. Likewise, to ensure that the findings presented in this work are authentic, trustworthy and can be applied to other findings, attention has been paid to the researcher's positionality, data triangulation and peer examination. Additionally, in order to meet ethical considerations relevant steps were taken to make sure the sampled population and empirical data collected were protected.

1.5 Outline of chapters

The thesis will be organized into six individual chapters. *Chapter one* has presented the introduction to the study. This included the purpose statement, the research problem and questions. It has also given an outline of the study according to chapter presentations. *Chapter two* discusses some relevant theories and framework that will be used as lenses for the study discussion These theoretical concepts include critical theory, Human rights and Nussbaum's (1999) capability approach. *Chapter three* provides a review of existing literature on early childhood care and education and an introduction to the Ghanaian context. The literature review further considers the historical backdrop to other country cases which are significant for understanding the case of Ghana. *Chapter four* outlines the

methodological approach used. The chapter discusses the selection of participants and study site as well as the procedures adopted for gathering the data. It also presents the data gathered and discusses the process of transcribing and coding the data. *Chapter five* presents the findings of the research conducted. *Chapter six* discusses the findings presented in chapter five and the conclusion with suggestions for further research.

2 Theoretical Framework

The purpose of this chapter is to introduce the theories, concepts and analytical framework which are relevant to the study. Firstly, critical theory is presented, based on the work of the Frankfurt school of thought and a radical humanist approach according to Burrell and Morgan's (1979) sociological paradigms 2.1, followed by the author's reflections on the theory and its relevance to this study in section 2.2. In section 2.3 the Human rights and Nussbaum's capability approach to justice (Nussbaum, 1999) is discussed whilst section 2.4 presents the framework for the discussion. Finally, section 2.5 gives a brief chapter summary.

2.1 Critical theory

Critical theory (CT) in itself can be summarised as counter revolutionary theory to, for instance, the defined goals and existing knowledge, and is usually political and requires instrumental reasoning to achieve the purpose or goal (Marcuse & Kellner, 1991). It examines and offers critique to the norms and values of the society and originates from different histories and ideologies, that is, the Marxian School and the Frankfurt School (Nixon, 2012). Burrell and Morgan (1979, p. 283) refer to CT as a 'category of sociological thought' which has been established over time by different individuals and schools of thought. Therefore, research perspectives and concerns raised vary from issues of justices to politicizing of social problems aimed at improving the human conditions and human life (Horkheimer, 1947, 1974); such various perspectives make it difficult to create a unitary narrative of CT (Cox, 2005, p. 16).

This study, however, adopts the perspective of the Frankfurt School. CT within the Frankfurt school of thought championed by Horkheimer, Adorno, Marcuse and Habermas, aims at bringing about change in the society by addressing social problems (Cox, 2005). This introduction of new ways of implementing ideas nevertheless creates unstableness in the status-quo (Marcuse & Kellner, 1991). Subsequently, Marcuse & Kellner (1991) claim the knowledge of the status-quo is redefined by the realisation of the need to implement changes that are in themselves evolutionary in nature thus creating new paradigms. Further, Marcuse and Kellner (1991) claim that in order to achieve this revolution there must be

recognition of the existence of contradictions that must be changed among societal members. This paradigm shift regarding society, its practices and methods is, therefore, an attempt to think in a new way that negates the contradictions to experience an improved society (Marcuse & Kellner, 1991; Horkheimer, 1947/1974).

Consequently, CT offers the platform for evaluating practices in society such as care and education from a political perspective and makes the results of the analysis relevant for people. In the field of education, for instance, in which this study is conducted, CT facilitates the reconstruction of pedagogy and informs practices in schools and policy formulation to achieve social justice (Kellner, 2003). Here, the theory of communicative action becomes useful. This theory places emphasis on language as a means of communication to develop a mutual understanding between actors in order to form an identity and establish solidarity (Habermas & McCarthy, 1985). Communication thus helps to create agency and give voice to groups and individuals facing issues of marginalization (Habermas, 1972). This new way of enhancing human life through discourses and instructional methods helps to understand and also create a better life.

Furthermore, CT of education promotes critical thinking in the classroom due to its multidisciplinary nature. This enables students to relate abstract information they receive through the communicative discourses to effectively communicate their experiences (Leonardo, 2004). This does not bring the interactive process in communication to an end but rather leads to the creation of a culture of maintenance and also adaptation to the new environment that is created (Habermas & McCarthy, 1985). Relating abstract information to the practical way of interpretation thus generates transformative knowledge which is necessary for the development of the individual and society at large (Leonardo, 2004).

Likewise, Habermas's (1972) theory of communicative competence, which emphasises reflexivity of language during an interactive process, becomes very important. This is because effective communication is needed to reach a rational consensus that is established on mutual and consensual norms. For example, during classroom sessions pupils are able to communicate effectively with the teacher and classmates based on the knowledge they have acquired and the care they have received. Correspondingly, policy makers use this interactive process to develop competent curriculum for classroom instruction and also in making laws and regulations to guide educational processes. Basically, attaining good life and good society mean placing appropriate structures in place to give equal opportunity to

all in responding to their basic needs. Reaching a mutual understanding and agreement is relevant to integrate the various groups and different actors in society working to institute change based on rational knowledge (Kellner, 2003). In this regard, Freire's (2006) argument that a special pedagogy should be made for the marginalized with relevant themes to support the development of their capabilities should be encouraged. This is where language, rational knowledge and advocacy play an important role towards the development of concepts, themes as well as different options in pedagogy to accommodate the peculiarities of specific groups (Kellner, 2003; Habermas, 1972).

2.2 Author's reflections: Application to the study

The application of Critical Theory (CT) is necessary as it addresses the historical, political and social changes that have been witnessed in the study context concerning the discourses pertaining to child care and education for OVC. This makes CT a useful approach to apply to this study on education and care for OVC because education and care for OVC is not only a social but also a political concern. CT can, therefore, be used to critique some perceived ways of attending to care and education that did not serve the purpose of bringing out the basic, combined and internal capabilities of all children. A CT of education aids the perception of educational practices in supporting efforts to meet the needs of all categories of people and thereby obtaining justice in the study areas chosen. This, in itself, is achieved through the efforts of policy makers and implementers making care and education accessible, adaptable, available and acceptable to promote human rights while giving a voice to the voiceless living in the care homes thus raising their profile. Additionally, critical theorists hold the worldview that reality is fashioned based on the existing structures of society and reified over a period of time into the social structure.² Consequently, the reality or social world of the OVC is enhanced by the available institutional structures. These structures are crucial towards the development of the intrinsic and instrumental values of OVC in early years. For instance, every child possesses basic capabilities used through the knowledge of the social world to interact effectively. Thus available policies to enhance these basic capabilities add value to the care and education already given to function adequately in the future. In the same vein, CT of education seeks to situate education in the

² <http://www.qualres.org/HomeCrit-3518.html> (04.03.2014)

socio-political affairs of the society by influencing the structures of the society through policy making decisions. This is carried out through the implementation of the appropriate pedagogy and method of delivery in classrooms to develop the full capabilities of children. Bringing care and education to OVC forms one of the major dramatic changes that have happened in the society. This is due to the critique of previous education systems which failed to include all classes of people (including the OVC in the early years) over a time (Friere, 2000). It is equally relevant to add that reconstructing and restructuring of care and education is relevant as life experiences and demands keep changing. Consequently new methods of care and pedagogical approaches are necessary to accommodate society and its people as societal change is inevitable.

2.3 Human rights and Nussbaum's capabilities approach

Human rights are inherent to all human beings with moral principles guaranteed by the human rights laws. Human rights are not only expressed as moral principles but also as legal rights because they form part of national and international laws (UNICEF, 2003). These laws are universal as people living everywhere can lay claim to them and these include treaties, declarations, principles and guidelines established under the United Nations since 1945 (UNICEF, 2003, p. 5). They are said to be applicable everywhere and are egalitarian in nature. The frameworks that have emerged in relation to human rights are seen as the basis upon which key decisions are taken to effect changes in society based on the norms and values they represent (ibid). There have been several academic discussions concerning the background of human rights. Human rights are a broad concept from which several theories have been developed and gained ground.

Various researchers from different fields and schools of thought, based on different philosophical traditions (modernist, postmodern and poststructuralist), have contributed to the development of human rights theories. Nussbaum's (1999) theory of justice and human rights is particularly useful, for example, for understanding the concepts within this study. Firstly, it focusses on the state of the specific situation of the OVC. Secondly, it addresses a dual intuition regarding human beings - 'all just by being human are of equal dignity and worth and the second that the primary source of this worth is a power of moral choice within

them' (Nussbaum, 1999, p 54), also fundamental in this study. In this regard, human beings are considered to be rational and moral agents of society who take decisions irrespective of their status to achieve an end. Based on these two underlying concerns raised, three types of capabilities were advanced namely, *basic*, *internal* and *combined* (Nussbaum, 1999). These three categories offer sufficient grounds for seeing human beings as individuals rather than a group. The capability approach, therefore, places emphasis on providing for the exact needs of a group of people considering what they are 'able to do and be'. In relation to this, the intrinsic capabilities of individuals are attended at one level and then on another level that of the entire group is focused upon by the institutional arrangement in the society.

Accordingly, basic capabilities (ibid) are defined as those which focus on the innate competence of individuals, that is the intrinsic capabilities-what they are able to achieve independently of the group. This is perceived as a sufficient condition or a prerequisite for building upon the advanced (combined) capabilities. Successively, children are the main tenets when discussing basic capabilities in man. The idea is that as children develop; attending to their education and developmental needs will help them advance in their innate competences (practical reason and imagination). Similarly, the internal capabilities are placed above the basic capabilities and are referred to as those that build on the basic capabilities. This, according to Nussbaum (1999), internal capabilities require a structured educational environment to be developed and suggest socialization as a means by which the internal capabilities are developed adequately.

In relation to combined capabilities Nussbaum (1999) focuses on both the internal and external conditions suitable to express the talents and skills that have been developed through socialization of the individual. The internal conditions develop through socialization and external resources which are provided through institutional arrangements. Nussbaum (ibid) subsequently notes that the role of public policy in this regard is to promote these capabilities in children through care and education. Maintaining that, this can be achieved by making the resources that are needed available to support the development of the basic capabilities. Consequently, governments have sought to develop social protection strategies such as placing OVC in institutions with the focus of making early care and education available to develop these capabilities for future use.

2.4 Framework - Right to education approach

Social change is unavoidable due to modernity and globalization. In this regard, children in the early years that have been made vulnerable by way of these changes are the most affected and need attention. It is expedient to state that these children belong to the society and are endowed with capabilities that will be useful for building the society in the near future. In this regard, care and education is one means used to develop the capabilities needed to participate actively in society while maintaining social justice (Samuelsson & Kaga, 2008). In order to be part of the change, Tomasevski (2006) argues that education and care should be mandatory to create a sense of responsibility and collective identity in children by the society. She emphasizes that when children are denied these opportunities the nation is subsequently deprived of a future as the capabilities of all the children in the early years must be developed and utilized. She continues to state that international human rights put forward a framework outlining the duties and rights of all actors including; the government which has to ensure the enjoyment of the right to education, the child as the privileged subject and duty bearer, the child's parents and professional educators.

Meanwhile, Emily Vargas-Barón (2006) also claims that although most countries have put in place measures through legislation, decrees and declarations, the enforcement, monitoring and reporting mechanisms to secure early year education and care are weak. This makes it difficult to reach every child and those left behind are usually the OVC. In this regard the 4A's concept of Accessibility, Adaptability, Availability and Acceptability, which is a right to education approach initiated by the UN committee on Economic, Social and Cultural Rights, mandates duty bearers to increase the capacity of the right holders to claim their education and care rights as an entitlement. The framework is explained below and is used as the analytical lens in this thesis.

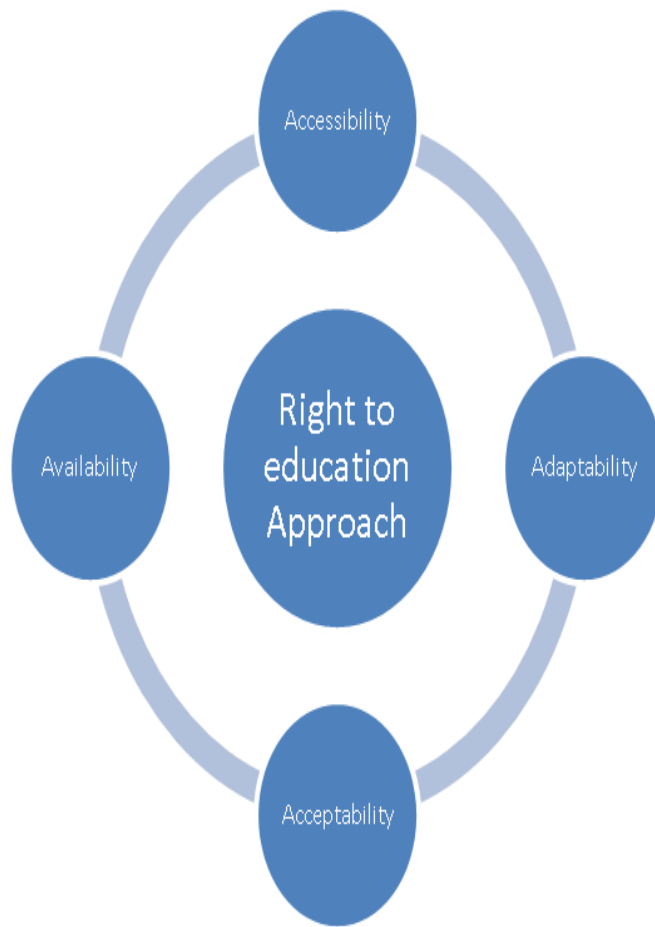


Figure 1: The right to education framework. Adopted from Tomasevski, 2006

Availability

Availability refers to making education compulsory and free for all people in the country. Some key issues raised include freedom of education for the best interests of the child. Here also the budgetary allocation by government in relation to educational rights is to be accessed.

Accessibility

Accessibility maintains that there must be no ground for exclusion and denial of education based on any criteria such as race, colour, sex, language, religion, opinion, origin, economic status, birth, social or HIV/AIDS status, minority or indigenous status, disability (CRC, 1989) and this also includes all forms of gender discrimination.

Acceptability

Acceptability involves setting minimum standards for education such as mode of instruction, contents of curriculum and teaching methods in order to ensure that these are observed by the educational institutions in the country. In addition, it enjoins duty bearers to make available quality resources in conformity with all other human rights.

Adaptability

Here education is to be given in the best interest of a child especially regarding children who are faced with difficulties – disability and OVC. This places an emphasis on education that is tailored to be enjoyed by all (Tomasevski, 2006).

2.5 Summary

In this chapter, I have presented critical theory, Nussbaum (1999) capabilities and Tomasevski (2006) right to education framework to be used as analytical lenses in this study. These have been deliberately selected as they mirror the measures and standpoints used by some theorists to address issues relating to social and political phenomena such as care and education. These concepts are also necessary for discussing the development of the individual capabilities to participate fully in society which is a right and an entitlement of the individual bringing about change. The next section reviews relevant literature for this study.

3 Literature Review

This chapter reviews the literature on early care and education. It begins by examining the concept of childhood 3.1 and the historical and political perspectives on early care and education 3.2. Sections 3.3 and 3.4 present discussion of the United Nations Convention on the Rights of the Child (CRC) (1989) and the development of ECCE and OVC policy respectively. Further, sections 3.5-3.7 examine the care and education offered to early years OVC at a macro level within Ghana, the context of this study.

3.1 Concept of childhood

The history of the concept of childhood begins with the work of Philippe Ariès and the publication of *L'Enfant et la vie familiale sous l'Ancien Régime* in 1962 (King, 2007). His contribution is to conceptualize childhood as dynamic emphasizing how it changes across time as a result of biological and psychological phases in a child's development (King, 2007). One significant definition of childhood can be found in Article 2 of the Organisation of African Unity 1990 Charter which defines a child/childhood within the African context as vulnerable, taking into account the various cultural, social, economic and historical developments which vary within the sub region (Thompson, 1992). The CRC similarly portrays a child as one who bears rights just as the adult and must not be discriminated against.

The concept of a child, as expressed in public policy, has changed from an understanding based on needs to an understanding based on rights (Woll, 2000; Fottrell, 2000). In countries like Brazil, for example, children have been regarded as rights bearers since the drafting of the Brazilian Children's Act (The statute on the child and adolescent). Thus Brazilian society changed its perception on the concept of childhood since the ratification of the CRC (1989). Rizzini and Barker 2002 (as cited in Twum-Danso Imoh & Ansell, 2014) claim that many other countries including Brazil have elevated the status of a child to right bearer and subject of rights prior to being regarded as 'objects of adult charity' (Veerman, 1992, p. 184).

Similarly, Lloyd (2002) argues that the conception of a child within the African context is a result of the CRC (1989). Subsequently, Twum-Danso Imoh and Ansell (2014) affirm that both the CRC (1989) and the Organisation of African Unity Charter has influenced the characterization of childhood within the African context. In their view, the ideas of non-discrimination and the right to life found in both the CRC and the Charter have not gained much recognition within the African context and they, therefore, argue for the active implementation of these legal instruments to promote and protect the rights of children. As a result, several countries in Africa such as Uganda (1997), Kenya (2001), Nigeria (2003) have ensured that national laws and policies include measures to protect not only the needs but also the rights of the child, irrespective of their background (Twum-Danso Imoh & Ansell, 2014). In this case, the educational rights of every child are assured although there are some challenges such as religious and cultural practices, especially in developing countries.

3.2 Early childhood care and education in perspective

Available evidence shows that children who have attended early childhood centre's are more ready to attend primary schools and excel better in most of the subjects in the curriculum than their colleagues who have not been exposed to early childhood education (OECD, 2006). In the same vein children who have been through ECCE have been identified as having a better and broader perspective of life as compared with those who have not as their individual needs are met within the school environment. ECCE is advantageous to the child in the sense that it improves their physical, social, and emotional well-being and health status needed for learning and understanding core subjects such as science, math, arts, literacy, and language development. In addition, ECCE provides other forms of psycho-social skills that are crucial for future schooling.

In this section, the historical overview of ECCE in terms of accessibility and quality is addressed in sub-section 3.2.1. Additionally, sub-section 3.2.2 investigates the political concerns of early year's education for OVC focusing on inclusive education.

3.2.1 Historical development

Early Childhood Care and Education is believed to have started in Europe in the 1800s, and later in the USA, during the Industrial Revolution where toddlers were placed in churches, private homes and factories with the idea of starting ‘infant schools’ while their parents went to work (Kamerman, 2006). Records available indicate that in the USA, ECCE started in the state of Wisconsin and later spread to other states with the establishment of National Associations to ensure the care and education of children from birth to the age of eight. In Africa, ECCE began with the arrival of the European missionaries (Morrison, 2001) who established schools to inculcate the locals with their Christian values and belief system. In contrast, few children were sent to day care in Europe and in Sub Saharan Africa in the pre-modern era; the majority of children were left in the care of older siblings and grand-parents, partly due to growing economic and household demand (Morrison, 2001).

It is worth mentioning, however, that over the years both at the global and local arena, nations have struggled with deciding which level of education to prioritize due to resource scarcity and availability coupled with world economic crises. As a result, access to ECCE facilities and participation of individual households differ from one area to the other. This has resulted in the development of policies to enhance access. For instance, in the Nordic countries such as Norway, planned social welfare allows working mothers to maintain their jobs after childbirth and find it less stressful to send their children to early childhood centres. On the contrary, in regions such as Sub Saharan Africa, where the state takes less responsibility for educating and caring for children in the early years, parents have resorted to alternative arrangements such as depending on other family members for support, although this system is gradually fading out and replaced house helps or the nanny system.

Decades of education and care for children in the early years also reveals variations in the quality of service provision (such as adequate teaching and learning resources and caring techniques) in terms of race and location. Magnusen and Waldfogel (2005). In their study of race and ethnicity in relation to education in the US, they note that although blacks and Hispanics enroll their children early, the quality of the services they receive is poor compared with the quality enjoyed by children of white Americans. Magnusen and Waldfogel (2005) Locational advantages and disadvantages influence the quality of service provision. Facilities located in urban areas are noted to have higher quality of service compared with rural areas. This is partly due to competition from private sector involvement

and practices of different philosophies of ECCE and also due to rapid urbanization. Locational issues also imply the need to contextualize services to reflect the culture of the people and this has impacted on the nature and quality of delivery across nations.

3.2.2 Political development

The concept of inclusive education, as stated in EFA goal 1, is relevant to ECCE, thus making it a political agenda. The original conception of inclusive education is taken from the field of special needs education and disability and is endorsed internationally by the UNESCO's Salamanca Statement (Winter & O'Raw, 2010). Within inclusive education, special modules are used to resolve the difficulties caused by the segregated approach, whereby the majority group was taught differently and placed in separate classrooms from the minority group (Pijl & Meyer, as cited in Winter & O'Raw, 2010). However, Winter & O'Raw (2010) studies show that the segregated educational model enhanced both the performance and development of both the minority (special children – OVC) and majority group.

The 1960s saw a rise in world-wide civil rights and this led to the questioning of the segregated models in education (ibid). During this period, minority groups began to challenge the limiting nature of their models of education which led to their stigmatization. This further led to discussions on equality of access in education and care, leading in turn to the concept of integration rather than segregation in schools (op-cit ibid, p. 5). This resulted in various transformations in the educational sector as new global and national policies began to reflect the new pressures from the minority. Thomas, Walker and Webb (1998, p. 4) write that inclusive education based on moral imperatives is 'an appropriate philosophy and a relevant framework for restructuring education' and Ainscow (1999) states that inclusive education is important for the transforming the lives of all learners regardless of physical or mental status.

With its roots in the human rights agenda, inclusive education is a clear philosophy which states

... That progress is more likely if we recognize that difficulties experienced by pupils result from the ways in which schools are currently organized and from rigid training methods. It has been argued that schools need to be reformed and pedagogy needs to be improved in ways that will lead them to respond

positively to pupil diversity – seeing individual differences not as a problem to be fixed, but as opportunity for enriching learning (UNESCO, 2005, p. 9).

This statement affirms inclusive education as a political road taken by countries to ensure that all children, irrespective of their family's socio-economic and religious background, are able to study together in the same environment with the same methods of teaching and learning. This also includes the use of academic resources (books, furniture and relevant curriculum) that will facilitate the development of their social skills and brain development. The concept of inclusive education is perceived, however, as a global agenda which is highly debated and difficult to define in policy documents as the meaning and best practices concerning its implementation differ (Slee, 2001). In addition, less developed countries with less available resources (human and material) find it difficult to effectively implement policies of inclusive education.

3.3 The Convention on the Rights of the Child and the Rights to Education

The CRC (1989) is based on the principles of non-discrimination, best interest of the child, participation and the survival and development of children (Stahl, 2007, p. 804-5). It was adopted in 1989 by the UN and came into force just one year after its adoption in 1990 with specific goals and targets towards its implementation (UNICEF, 2007). Twum-Danso Imoh & Ansell (2014, p. 1) write, however, that the CRC dates back to the 1924 and 1959 discourses/treaties which were not mandatory. The adoption and near universal ratification of the CRC (1989) together with a 'World Plan of Action' give a voice to children. The CRC is almost universal in the sense that most countries in the world, except Sudan and the United States of America, have signed and ratified it.

The UNICEF (2007) report claims that although Asian and African countries welcomed the idea of the CRC (1989), they showed limited initial participation because they perceived the norms and values expressed in the CRC as a reflection of the children in the west. However, in recent times, there has been active participation both at the global, regional and national

level of almost all the countries in the world. In connection with this, Twum-Danso Imoh and Ansell (2014) assert that signatory nations to the CRC have rendered immense support to the rights of the child within their constitutions.

The CRC (1989) has put pressure on nations to make children active and inclusive members of society (Alen et al., 2007). This is as a result of a paradigm shift in the ideology and conceptualization of childhood, from seeing children as vulnerable to conceptualizing them as active persons entitled to full dignity and respect as a matter of rights (Hammad, 2004). Consequently, Alen et al., (2004, p. 3) see this reconceptualization of childhood in the era of globalization as a ‘threat to many societies holding deeply entrenched values and traditions’ in the sense that not all societies see the child as an independent being and this tends to influence the interpretation of the rights of the child. In this regard, several researchers have argued whether conceptualizing childhood must be considered through the ‘rights’ perspective or culture (Hammad, 2004). This is because; over the past decades, culture has been seen as a hindrance to the full actualization of the CRC (1989), especially in countries that strongly attach their national identity to their beliefs and practices as a way of life.

On the other hand, there is the Right to Education, which is an indispensable means of realizing other human rights and is also universally recognized. It gained international recognition under the Universal Declaration of Human Rights (1948) stating that ‘Education shall be free at least in the elementary and fundamental stages. Elementary education shall be compulsory’. Prior to 1989, the International Covenant on Economic Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political rights 1966 (ICCPR), under Articles 13 and 18 respectively, recognized the right to education. In this regards, Articles 28 and 29 of the CRC (1989) are reflections of the 1984 and 1966 conferences which are legally binding to all the States Parties.

In addition, the UN Declaration further emphasizes the need to give free and compulsory early start education to every child up to at least the elementary level. The right to education does not only focus on the instructor inculcating knowledge but is also concerned with the need to respect the views of the child and facilitate their active participation in class and other social settings. Children are recognized as active participants and must, therefore, be guided to benefit from education. The active participation of children is clearly stipulated in Article 12 of the CRC (1989) emphasizing the importance of school life as children are

encouraged in their learning environment to interact and strengthen their capabilities and values.

Furthermore, Parkes (2013) identifies the need to meet the basic needs of children in the area of education and care especially in the early years and hence, acknowledges that the Right to education also implies the provision and promotion of quality schools (learning materials, furniture and first aid). He argues that promoting this right through the school system whereby children are encouraged ‘... to be curious, to argue, to challenge, to be creative, to explore and find out, to be listened to and respected’ (Parkes, 2013, p. 125) instils confidence in them as they grow older to become active members in the broader society. This implies actual care and not only school work.

3.4 ECCE and OVC policies

These policies have been formulated to guide signatory countries to the Convention of the Rights of the Child to advance them in their various jurisdictions. The proceedings of the meetings and subsequent conferences are, therefore, tailored to suit the particular countries’ social and cultural context. This is carried out to avoid any dangers that come with direct transfer and implementation of policy statements from the global platform. This section is focused on the (3.4.1) policy agenda (the need for education and care), (3.4.2) policy development (factors that necessitated their formation) and (3.4.3) policy transfer (localization of policy statement).

3.4.1 Policy agenda

In the 1980s and early 1990s, ECCE began to gain both international and local recognition and support partly due to the increasing demand and rise of the female workforce which also generated an upsurge in childcare services provision (Pence, 2004). This further resulted in a rise in ECCE policy agenda all over the world. Consequently, it became mandatory for governments to provide ECCE and ensure that appropriate measures are put in place which include systems of provision and policies suitable for the country’s resources. In this case,

governments in many countries subsidized ECCE services to make them affordable and ensure patronage (Gambaro, Stewart & Waldfogel, 2014).

On the policy agenda, the goal of ECCE is typically to guarantee the availability and affordability of educational facilities (Stewart & Waldfogel, 2014). Thus the goal of the policy has implications for child development in the long run. Hence, provision of care and education for children in the early years demand that written statements in policy documents of the measures to be taken for effective delivery must be clearly expressed.

The major objective of the ‘World Fit for Children’ global movement initiated by the UN General Assembly General Session is a call to *Care for Every Child* (UNICEF, 2008). The concept of care for every child states that each child must be offered the best possible start in life in terms of physical, emotional, social and mental development in an environment suitable for learning (Britto & Ulkuer 2012, p. 99). In sub-Saharan African countries have organized transforming proceedings in the form of conferences, meetings and donor support concerning ECCE. From the 1970s, many countries have been supported by the Bernard van Leer Foundation (BvLF) in the Netherlands (Engle, 2008). African countries which signed up to the CRC (1989) declaration began to formulate and implement policies to encourage the care and education of children in the early years. Notable among these conferences is the 1993 EFA International Forum in New Delhi where the early year’s policy of Kenya was presented and the 1996 conference held in Mauritius which is part of a follow-up of the EFA 1993 conference.

3.4.2 Policy development

For the purpose of guaranteeing and promoting the rights set forth in the present convention, State Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children’ (Article 18 of the CRC, 1989).

In line with article 18 of the CRC and several worldwide conference proceedings nations began to take initiatives to develop policies favourable to the proceedings of the meetings. For instance, in response to OVC crises in the world, the US government has offered

comprehensive and effective legislative assistance to ensure that the increasing number of OVCs are cared for and protected. Similarly, the Association for the Development of Education in Africa (ADEA) has conducted policy studies in Ghana, Namibia and Mauritius focusing on how governments could be encouraged to support the development of early year's policies (Vargas-Barón, 2004). The report presents a mixed result in the quality and character of policy development, formulation and implementation. This led to the involvement of ADEA in supporting the drafting of international early childhood development policies in Africa (Vargas-Barón, Feb 29 2004, p. 5). Subsequently, the Early Childhood Development Virtual University was established in cooperation with the World Bank to fund and promote ECD in Africa. Also, after the World Summit for Children in 1990 nation states began to commit to the development of National Action Plans for children as illustrated in the statement below (de Bruin Cardoso, 2010).

‘...States Parties need to develop a comprehensive national strategy for children based on the Convention on the Rights of the Child. The strategy must set realistic and achievable targets and must include adequate allocation of human, financial and organization resources...’ (de Bruin Cardoso 2010, p. 8).³

It is for this reason that Africa, a region with a high number of OVC in the early years, has developed policies and plans of action to support the growing number of OVC. The need for institutional frameworks, therefore, becomes necessary as the extended family system, upon which OVC traditionally depended, has weakened in recent times. For example, UNICEF (2003, p. 2) writes: ‘In the past, people used to care for the orphans and loved them, but these days they are so many, and many people have died who could have assisted them, and therefore orphanhood is a common phenomenon not strange. The few who are alive cannot support them’.

The period 1999 to 2005 witnessed three key conferences in sub Saharan Africa, Kampala 1999 (Uganda), Asmara 2002 (Eritea) and Accra 2005 (Ghana), which paved the way for the development of policy frameworks on education and care for children in the early years. Kenya is regarded as the leading country for the implementation of ECCE issues in Africa as its focus on preschool education and care dates back to 1971 when other independent African states failed to take the initiative on ECCE such as providing for school buildings, books, trained teachers and food and health needs (Pence, Amponsah, Chalamanda, Habtom, Kameka, & Nankunda, 2004).

³ <http://resourcecentre.savethechildren.se/sites/default/files/documents/3191.pdf> (retrieved 23.10.2014)

The policy and institutional framework involves the participation of other sectors in charge of children in the early years. Country studies carried out in Tanzania report that having a programme that is inter-sectoral in nature is challenging as it involves greater coordination, cooperation and communication across ministries for the various aspects of the policy. Yet inter-sectoral programmes may ensure more effective delivery of policy goals as the work to be performed is shared according to each sectors capabilities and experiences. Meanwhile, a study on Ghana reveals gaps in knowledge of the policy and its workability at the institutional level (Pence, et al., 2004). Moreover, lessons learnt from Uganda suggest the need to strengthen existing structures in the community in order to offer care and educational services to OVC (Sayson & Meya, 2001, as cited in Strebel, 2004).

Likewise in Malawi, it became evident at the initial stage of policy development that the policy did not get the essential support in the development of action plans, monitoring and updating of the policy to bring to fruition the intent of the policy. But in 1999, the government with support from UNICEF, developed policies, guidelines and training modules at the central level followed by local action plans at the district level to assist its OVC in the early years (UNICEF, 2001). Related examples from Abidjan, Côte d'Ivoire (Strebel, 2004) and Zimbabwe (Siwela & Germann, 1996) show the ardent involvement of the government and private sector/NGOs in caring for and educating the countries' OVCs.

Also in Zambia, Robson and Kanyanta (2007) reveal the provision of these services in the form of reading and writing materials and health care assist the children to develop their psycho-social skills to grow and develop in their body and brain. Results from Zambia, (Nsutebu, Walley, Mataka & Simon, 2001, as cited in Strebel, 2004) show how the intervention and involvement of the Zambian government in caring for its OVC in the early years lead to high patronage of ECCE facilities. Similarly, in South Africa, the education department and several Non-Governmental Organisations (NGOs) have teamed-up to turn schools into what is termed *caring schools*, with the view of making them a safe haven providing and promoting quality education for OVC (Williams, 2010). The study conducted in South Africa illustrates how nations respond to both policy and practices across nations by transforming schools into *caring* places for the lives of the OVC. Williams (2010) writes that schools are potential sites to carry out these social policies given the declining support provided by the community. While that policy makers and practitioners have made

tremendous efforts to develop the capabilities of schools to provide essential services for children.

Cheney (2013) writes that the CRC (1989) drives international policies on OVC. Meanwhile OVC policies vary globally depending on the causal conditions (HIV, conflict or poverty). In the case of children in the early years, the policies are articulated based on the worldview of the nation concerning how they perceive the situation at hand. Chirwa (2002 as cited in Twum-Danso Imoh and Ansell) mentions that the African worldview of an orphan is deeply rooted in the vernacular translations – ‘left behind or abandoned’. The idea of ‘left behind’ in relation to OVC in Africa means that the individual does not have any relative to lean on for provision; it also suggests homelessness of the individual (ibid).

In Uganda for instance, in 2006 the country had a total orphaned population of 19 per cent which is approximately 2 million of the national population (Twum-Danso Imoh & Ansell, 2014). The situation of Ugandan OVC is said to be largely due to the country’s experience of several deaths due to HIV/AIDS in 1992 (Cheney, 2010) but it has taken the nation over a decade to produce a national action plan for the OVC left behind as a result. In this regard, Twum-Danso Imoh and Ansell (2014) argue that the social definition, attitude and responsibilities of the family within the African context delay the development of the OVC policy framework in many countries. Nevertheless the media and NGOs project the increased number of OVC in such countries and this has subsequently led to the proliferation of residential homes in order to give care and education (Freidus, 2010).

3.4.3 Policy transfer

Crossley and Watson (2003, p. 29) warn of the dangers involved in the wholesale importation / imposition of educational systems of one nation (global and powerful) to another (local and less powerful) as in the case of the British in Africa. In light of this, policies directly handed over from the global to the local setting lead to educational dependency and shortsightedness on the part of the dependent nation (Kubow & Fossum, 2007). This is because the wholesale adoption of policies and programmes do not reflect the cultural values of the nation implementing them as they are embedded in those of the imposed nation. In this case, contextualization of the policy must be carried out as to suite the new environment. Mahon (2006) advises that the policies outlined on paper must be

matched with the situation on the ground and then embedded into each other for effective implementation.

Engle (2008) asserts that the development of National Plans of Actions at both the global and local level would serve as tools directing the policy makers and teachers on how to care for and educate the OVC in the early years. Meanwhile most of the policies and plans of actions are vague towards the actual steps that are needed to be taken during implementation (Engle, 2008). In this regard, Gambaro, Stewart and Waldfogel (2014) reveal that for a successful policy outcome, there need to be a critical examination of the policy instrument itself, the designs and policy learning based on some selected country studies.

ECCE literature broadly produces two perspectives; these are the quality imperative and benefits component to the child (Ruhm & Waldfogel, 2012). Basically, what pertains in the setting is critical towards the development of the child and not only the admittance into the facility. Hence, there is the need to develop modules to enable school staff to give relevant guidance to the children. Besides, Gambaro, Stewart and Waldfogel (2014) argue that ECEC is embedded in the national socio-economic systems, cultural values and norms, and this also explains the national variations in the school system for children in the early years. Hence, wholesale adoption of a particular country's model can lead to failure.

One other relevant issue to consider in the transfer of policy is what is considered as the policy tools. These include the nature of provision and the mechanisms used. In looking at the nature of provision, two types of providers were identified – namely, public and private providers (Gambaro, Stewart & Waldfogel, 2014). On their part, the effectiveness and impact of these providers on the children in the early years will depend on the staff quality, the environment under operation, the ethos, as well as the opening and closing hours of the facility.

3.5 The macro context in Ghana

The population of Ghana is approximately 25 million and affiliated with three basic religions (Ghana Statistical Service, 2012). These are Christianity (71.2 percent) consisting of Catholics, Protestants, Pentecostals and Charismatics, Islamic (17.6 percent), and Traditional (5.2 percent), the original religious beliefs of the people of Ghana before the

arrival of the Christian and Islamic religions and non-affiliated accounts for 5.3 percent of the population (Ghana Statistical Service, 2012). Consequently, the norms, values and beliefs expressed in these religions concerning children (vulnerable and non-vulnerable) influence the acceptance and implementation of the CRC (1989).

Although all three religions value and give respect to children in the early years, they see them as vulnerable and incapable of taking personal decisions without proper family guidance. The family system is formed through blood ties and also non-blood ties in the form of marriage and the presence of house helps (if any) (Ghana Statistical Service, 2012). This creates a bigger family for the new born with responsibilities shared by the larger group, thus substantiating a local adage paraphrased to mean that when a child is born; it doesn't belong to only the couple but to the entire village. Hence, the child becomes the responsibility of the broader society (religious, social and cultural settings) in which it lives.

Ghana, now a middle income status economy, was early in signing the CRC (1989) due to its long history of respect for human lives. Culturally, humans are highly esteemed in the country although there are variations based on religion and ethnicity as regards the position of children. However, children in the society are considered an asset and given the necessary support within the socio-economic context of families. It is at this stage that both the families and nations are required to ensure that their rights to education and care are fully exercised. Hence, several progressive steps have been taken since the nation's adoption and ratification of the CRC (1989).

Examples of tangible steps taken include the adoption of the Children's Act (560) of 1998 (Manful & McCrystal, 2010), ECCD (2004) and OVC (2010-2012) policies. These serve as road maps to the implementation of the Articles 2, 28 and 29 of the CRC (1989), the EFA goal 1 and the MDG goal 2. These have, therefore, been incorporated into the constitution and other legislative instruments for recognition by all on the care and education of children. Besides, officials from relevant ministry/agencies frequently attend conferences and meetings to ensure that success stories from other nations are used as pointers and examples in the country to develop and improve the current conditions.

3.6 Early education in Ghana

Education in Ghana generally has developed over time. This section provides a brief overview in subsection (3.6.1) of the formal school system which meets the needs of children in their early years while sub-section (3.6.2) introduces the situation of OVC in early years in the country and how they are engaged in the society with respect to care and education.

3.6.1 Past and present – what has changed?

In Ghana, the first ‘school’ to be founded was recorded in 1592 in Elmina, Central region, by the Portuguese colonizers (Morrison, 2001). These schools were initially meant for the children of the colonizers born with the indigenous people; though, some children from other villages were admitted. The main subjects that were taught prior to 1745 were religious teaching, reading and writing (Kimby, 1965). From the period after 1745 a proper education system was introduced by the Basel Missionaries with the central focus on converting the traditional beliefs of the Ghanaian into the Christian Faith while at the same time developing reading, writing and numeracy skills (Morrison, 2001).

In the year 1843, preschool education was introduced in the country by the missionaries (Opong, 1993). Later, the government of Gold-Coast, now Ghana, began to play a role in education of children in the early years by putting in place policies aimed to restructure the country’s education to include infants (Morrison, 2001). As a result, many mothers began to enroll their children in both public and private day care to also increase their contribution at work. Later, the Ghana Education Service (GES) was mandated under the 1961 Education Act to develop and supervise preschool institutions which are both public and private by the Nursery and KG Unit within the GES (World data on education, 2010/2011). Subsequent education reforms resulted in the establishment of the National Nursery and Teacher’s Training Center to contribute to and emphasize the provision of the child right to care and education.

Like many other nations, Ghana has identified five domains of KG education through research in childhood studies and this is critical knowledge considering the fact that contextualization of ideas is crucial for implementation success. In this regard, the country acknowledges that there is no universal template defining the appropriate responses and

methods for developing quality KG education. According to GES (2012) the identified domains are a) the right sort of “climate” or “atmosphere” which enables children to develop and learn: b) the physical environment: c) relationships and the human environment; d) the influence of the community; and e) the support services provided by government to assist individuals in operating and implementing the relevant methods in Ghana. Additionally, Afenya (as cited in Morrison, 2001) asserts that the number of female headed-households and those present in the labour force rose in the 1990s and this called for the application of practical provision of ECCE within the GES, the local community and private ownership participation. This was the year Ghana had coincidentally ratified the UN CRC (1989) and, therefore, the initiation of the human rights law in early education.

Empirical evidence and research show that the country is one of the few African countries which understands the importance of and shows keen interest in educating children in the early years. Thus facilities to accommodate the identified age groups were established. These are (0-2) years – crèche, (2-3) years – day care, (3-4) years – nursery and (4-6) years – KG (Afenya as cited in Morrison). Also, institutions such as the DSW, the Ministry of Health, the 31st December Women’s Movement and the Ministry of Local Government and Rural Development were co-opted to collaborate with the GES to promote ECCE through training, service delivery and expertise knowledge (Morrison, 2001). In this regard a policy framework backed by legislative instruments guides the distribution of the available resources to be allocated to the needed places. This also includes extending the facilities to the rich and poor, orphans and non-orphans and boys and girls although access to these facilities is unevenly distributed. For instance, the three northern regions have been under-served over the years as access and availability of school facilities are limited to the urban areas.

Another issue of concern is the quality assurance mechanism available. It is evident that there are enough checks and balances in the system; however, they are almost non-existent as they fail to work in practice (Ghana Education Service, 2012). For example, it is recorded that over 30% of KG teachers have no teacher certificates and this contradicts the best practices of teaching and learning especially at this level of child brain development (ibid). Additionally, discrepancies exist between the actual classroom practices and the expectation of the curriculum. There is a gap between what is written down in the curriculum and the actual situation characterized by lack of books, furniture, lateness to school and absenteeism

by both teachers and pupils. Also, documented evidence states that the pedagogical methods are less child-centered while the large class sizes reflect a poor pupil-teacher ratio.

Although comparatively, Ghana has made tremendous efforts and gained successes in early years education since its introduction in terms of access, it still has much work to undertake as a result of the almost non-existent checks and balances, such as probity and accountability towards the implementation of the early childhood policy framework. The next section looks at the state of early years OVC and how they are being engaged in the country currently.

3.6.2 OVC situation

The population of OVC in the early years in the country varies due to the different definitions for orphan-hood and various criteria for vulnerability (Ministry Of Employment and Social Welfare & UNICEF, 2010). This is also partly because OVC is a social construct and varies from one society to the other. However, their needs during the stages of growth and development do not vary much spatially. Urbanization and modernization as a result of the construction of the Tema harbor and the Akosombo dam in the country have led to rural– urban migration with its attendant challenges such as casual relationships, broken homes and OVC. This has resulted in the establishment of care homes in these areas to absorb the increasing number of OVC present.

Berchie (2013) seeks to clarify and distinguish between two key terminologies, orphanages and children/residential homes as used in Ghana. In her view, orphanages are seen as places where deprived children obtain parental care whereas a residential / Children's Home is discussed with the view of children in need of care and protection (Berchie, 2013). Regarding these separate definitions Berchie (2013) asserts that the DSW prefers the name Children's Homes which it believes exactly suits the status of most of the children living in these places although some of these homes are also called villages due to their internal policy make-up. In light of this, the period of early childhood (2-6) years in the homes is dedicated to developing the children's ability to perform both physical and intellectual abilities while attention is also paid to their bodily development.

In Ghana, Children's Homes are established on the grounds of providing care (food, shelter, and so forth) and protection to those who need them, such as missing, orphaned and destitute children under Section 105 (45) of Act 560/98 (Berchie, 2013). Furthermore Section 16 (1) of Act (560) stipulates that District Assemblies are to protect the welfare and promote the rights of all children within their jurisdiction (ibid). Children's Homes are not the best place for children due to stigmatization by the larger society, low self-esteem development as a result of multiple care-givers among others, yet the country faced with this situation encourages their setting up to fully express its local and international mandate on care and education.

The Osu and SOS homes (study sites) operate in accordance with the statutory requirements in Ghana to ensure that the children in their custody have the care and education needed as a matter of right. There are measures put in place to cater for their physical, emotional and mental / health and educational needs by the caregivers in the homes. Both homes operate early childhood development centers where the children are sent daily to be taught by qualified teachers using various teaching and learning methods to bring out their cognitive and psycho - social skills that are needed to participate in society.

3.7 ECCD and OVC policies

As a consequence of Ghana's ratification of the CRC and attendance at the World Summit for Children, the ECCD policy and the OVC policies were adopted. It is worth noting that prior to the ratification of the CRC (1989), Ghana was already engaged in caring and educating its children. However, it was after the Convention and the Education for All (EFA) conference in Jomtien Thailand that a 10 year national Action Plan to promote the Rights of the Child became a reality. In this regard, The Children's Act 1998 (Act 560) was drawn up and implemented (Ministry of Women and Children Affairs [MOWAC], 2004). Hamlin (2011) notes that the Children's 1998 (Act 560) gave direction to the District Assemblies, other decentralized units of the government and private partners to establish day care centers and Children homes.

Based on this, in 2004, the ECCD policy was formulated to cater for these children. The policy is a comprehensive government policy backed by Article 25 and 28 of the 1992 Republican Constitution of Ghana, the Children's Act (560) as well as the bye-laws of Metropolitan, Municipal and District Assemblies (MMDAs). The drafting and adoption of the ECCD policy began in the late 1970s (Morrison, 2001). Yet, it was in the 1990s that sufficient attention was paid to the request by the government. Effectively, the Ghana National Commission on Children works with organizations and government departments working on children to draft and implement the policies at present.

The ECCD policy is comprehensive with the view of bringing all agencies and departments in charge of the welfare of the child under one umbrella (MOWAC, 2004). The UNICEF (2008-2010) report states that the ECCD policy framework provides and ensures an appropriate platform is created due to the inclusion of various stakeholders in its formulation and implementation. Zaney (Daily Graphic, July 5, 2012) likewise mentions that the policy is linked to other pro-poor policies which include the National Policy and Guidelines on Orphans and other Children Made Vulnerable by HIV/AIDS 2005, the National Plan of Action for Orphans and Vulnerable Children 2010-2012 and the Ghana Education for All National Action Plan 2003-2015.

The aim of the policies is to incorporate other safety net programmes for children at the pre-school level which include health and protection services (Pagano, 1999). According to Opong (1993) these safety nets programmes are engaged by various expertises from ministries and organisations in order to advancement the policies. The need to include expertise advice in the formulation of policies and programmes is seen as beneficial and encouraged. For example, Grotberg (1977) suggests the use of school psychologist when formulating policies on children in the early years. In his view, the involvement of school psychologists would help with the selection and establishment of programmes that will help with the growth and learning perspectives of the individual. This further gives the school staff the opportunity to relate to the different background characteristics of children (Grotberg, 1977).

3.8 Summary

The chapter has looked at the various antecedents to early education and its application to all children irrespective of their background. It came to the realization that various countries have had some form of policies either prior to the CRC (1989) or began to put National Plan of Actions in place thereafter. What is also worth mentioning is the way policy drawn at the global level has been translated at national levels taking into account the differences in ethnicity, cultural norms and values. From the literature review it is evident that the education and care of OVC in the early years is a global concern, as relevant measures are put in place to guarantee their care and education.

4 Methodology

The chapter begins with the research questions (section 4.1) followed by an outline of the different levels at which sampling was done (section 4.2). Thereafter, the research instruments (section 4.3) and procedure (section 4.5) for collecting the data is described. Also the method of analysis (section 4.7), trustworthiness and authenticity (section 4.8) of the empirical data gathered and ethical issues (4.7) guiding this study are explained.

4.1 Research questions

The study has been guided by the following research questions:

- *How is the government responding to the care and education of the Orphans and Vulnerable Children in the early years in the country?*
- *To what extent are the adopted responses from the government and co-opted institutions influencing the activities of the OVC in the early years?*
- *What are the factors influencing the efforts made to reach out to the Orphans and Vulnerable Children in the early years?*

4.2 Sampling

The section is divided into four sub-sections. These describe the study location (4.2.1-3), the institutions (4.2.4) and participants (4.2.5) relevant to the study. The following sections give detailed descriptions of the sample used and the measures applied to authenticate the study.

4.2.1 Country

Ghana is in the Western corner of the continent of Africa. It is bordered to the South by the Gulf of Guinea and three French speaking countries. These are Burkina Faso to the North,

Togo to the East and La Cote D'Ivoire to the West (Dickson, Benneh, & Essah, 1988). Ghana has an undulating topography with several water bodies and is rich in renewable and non-renewable resources such as crude oil, gold, diamond and cocoa. (The 2010 national population census gives a total population of 24,658,823; with the urban area population at 12,545,229 and the rural population at 12,113,594 (Ghana Statistical Service, 2012).⁴ According to the census report the country's literacy rate is 70 per cent. Additionally, the 2010 census report captures different population dynamics, including birth and death rates and migration patterns and states that the country has a youthful population (Ghana Statistical Service, 2012).⁵

Ghana is divided into two artificial zones. These are the North and South zones. The Northern zone is almost flatland and less populated compared to the Southern zone which is made up of undulating areas with major water bodies like the Lake Volta (Dickson, Benneh, & Essah, 1988). In recent times, Ghana has improved its transportation network, although it is still below expectation, and the country is faced with many challenges both in the rural and urban areas (Agyemang, 2014). It has only one functioning railway system, although this system is not absolutely reliable. Several of its main roads, especially in the urban areas, are tarmacked tarred although the link / feeder roads are still in poor shape. Yet there are many who travel on long journeys to seek better opportunities.

Migration is a common feature especially among the youth in the country. In some ethnic groups, for instance, among the Frafra's the ability to migrate from the north to the south is held as a pride (Sow, Adaawen and Scheffran, 2014). According to the authors, boys especially those in the transition period to adulthood, see the inability to migrate at that period in life as a non-achievement. The pattern of migration is usually from the north to the south of the country. One commonly held belief is that the country's natural, physical and human resources are concentrated in the south. For instance, in the early 1960s the construction of the Akosombo Dam and the Tema harbour saw most people migrate to these areas (Adarkwa, 2012).⁶ As previously stated, Ghana was chosen specifically because of its involvement in international affairs on children, convenience and researcher's own interest in children development and rights issues.

⁴ http://www.statsghana.gov.gh/docfiles/2010phc/Census2010_Summary_report_of_final_results.pdf (Accessed 14/03/2013)

⁵ http://www.statsghana.gov.gh/docfiles/2010phc/Census2010_Summary_report_of_final_results.pdf (Accessed 14/03/2013)

⁶ <http://www.ajol.info/index.php/aref/issue/view/9918> (24.02.2014)

4.2.2 Region

The Greater Accra region is one of the 10 administrative regions in Ghana. It is located in the south – eastern part of Ghana and borders to the Atlantic Ocean in the south. The Greenwich Meridian passes through one of its major cities, Tema. The people in this region are known as Gas and speak the Ga and Ga-Dangbe language as their mother tongue besides English which is the official language used in Ghana. However, due to the impact of migration, for example, the introduction of other people's culture into the migration area, several other Ghanaian languages are widely spoken in the region. These include; Akan, Ewe, Dagbani and Fante. The Greater Accra region is also the most urbanized and densely populated region in the country due to the localization of major industries and companies.

The Greater Accra region is made up of a total of 16 Districts, including Municipals and Metropolitan areas.⁷ There are two metropolitan areas and these are the Accra Metropolitan and the Tema Metropolitan areas. This study is situated in both the AMA and TMA. These areas were selected due to their commonalities such as diversity of people culture, socio-economic status and interesting history regarding their set up of the care homes.

The Greater Accra region is chosen because it is one of the regions that witnessed the establishment of both a public and private care homes (Berchie, 2013). Also, it is the most populous region and therefore likely to have the highest population and variety of the OVC population (Ghana Statistical Service, 2012)

4.2.3 Accra and Tema Metropolitan Area

Accra and Tema are well known areas which exhibit a huge social divide, hence the development of squatters and shanti towns like Tema Newtown (Tema) and Nima and Maamobi (Accra). The huge social divide caused by in-migration (movement within country) has placed huge responsibilities and burdens on those at the lower bottom on the socio-economic ladder. The high cost of living makes it difficult for parents to provide education, clothing and food to their children. For this reason, parents often engage their children in other commercial activities on the streets to generate income and share responsibilities, thus making the children vulnerable. Similar to other urbanized communities in the world, Accra and Tema are faced with numerous challenges including

⁷ <http://www.ghanadistricts.com/region/?r=1> (24.02.2014)

high prevalence of street children, slum areas, overcrowding, drug addicts and also head potters, called 'kayayoo' in Ghana (Awunbilla, Manuh, Quartey, Tagoe and Bosiakoh, 2008).

The prevalence of these conditions in these two metropolitan areas is a result of the migration of people from all parts of the country to search for better opportunities. Although some of the migrants are financially prepared to start a new life, the expensive life style, including the high cost of accommodation, does not permit them to implement their plans. It is also worth mentioning that, in these cases, those most affected are women and children. The challenges of night life in the capital which include rape and armed robbery place various challenges upon these groups. For instance, some of the women raped become pregnant and after child birth due to high cost of living most of these children are left to the streets thus making them vulnerable. This has led to the establishment of many child care homes in these areas (Berchie, 2013). These areas have been chosen because they are typical large urban areas in Ghana. Both are situated within the capital city of Ghana, Accra and as mentioned earlier are prime areas of in-migration, therefore, they are likely to be representative of different categories of OVC.

4.2.4 Institutions

Two key residential homes (Osu and SOS children homes) in the Greater Accra region were purposively selected for this study. The selection of these two homes is based on their commonalities and differences. This includes the role which they play in their various localities. I decided to use residential homes as my study sites because as a researcher it is expedient to consider not only issues of representation, but also the availability of resources such as time and finance when finding an appropriate sample from the population. Besides the homes selected are well known and established. In this case the different background (abandoned, destitute, HIV/AIDS, etc.,) of the children, age and sex groupings became the key for the choice. Hence using an organized unit for this study became relevant.

The SOS children village was established in 1974 by a Ghanaian who travelled to Norway and saw the Norwegian system (SOS) and, therefore, asked for support to put a similar structure in place in the country.⁸ The institution was then established to address the needs for care and education of vulnerable children in the society. At SOS, the main focus is

⁸ <http://www.sos-kdiafme.org/Ghana/wwa/message.php> (18.02.2014)

placed on the individual needs of the child. It also aims to provide a safe and stable home especially for the destitute and abandoned children.⁹ Since its inception, it has been the main channel by which abandoned, destitute and orphans have received a stable family life in Ghana. Currently, it has four residential homes in Ghana. The first of this is the Tema home, the purposively selected site for this study. At the SOS village in Tema, children live together as siblings with their SOS mothers, a concept that is modelled after the nuclear family system.

The home has a kindergarten system which enrolls children from the home and from the community. The ECCE center is headed by a headmistress who works closely with a social worker, teachers and non-teaching staff at the kitchen. The school has two classes, that is, A and B at both the nursery and kindergarten level. Each class is handled by two well-trained teachers and made up of 32 children (Orphans and non-orphans). Although the school is for the orphanage, the institution is responsible for paying the school fees of its children. The on-site school is also open to non-orphaned children, that is, the children are not segregated.



I

⁹ <http://www.sos-kdiafme.org/Ghana/www/overview.php> (18.02.2014)



II

Figure 2 : (I&II): School area of the SOS care home in Tema

Source: Fieldwork, October 2013.

Similarly, the *Osu Children's Home* started its operations in 1962 under the statutory laws of Ghana overseen by the Department of Social Welfare (DSW). It was originally under the care of Child Society established by a Norwegian Lady and some Ghanaian women in 1949 with the aim of caring for the OVCs in the area and the country at large.¹⁰ The total number of OVC is approximately 200 although the number tends to fluctuate as a result of adoption, fosterage and reuniting children with family members as this is highly encouraged.¹¹

In addition, the ECCE centre enrolls both children from the mainstream and the OVC in the home. It has a head of home that acts as the principal for the school and works closely with the social worker from the DSW, the teachers and other non-teaching staff. Currently, children in the home are within the ages of 0-23 years old. Although saddled with challenges which include teacher, the mission and vision of the home and, therefore, the school is to provide a better future for the children.¹²

¹⁰ <http://www.osuchildrenshome.com/> (18.02.2014)

¹¹ <http://www.osuchildrenshome.com/> (18.02.2014)

¹² <http://www.osuchildrenshome.com/> (18.02.2014)



I



II

Figure 3: (I&II): Osu care home in Accra Metropolitan Area

Source: Fieldwork, 2013, and <http://www.vautandassociates.com/Chapters/Chapter009.htm>

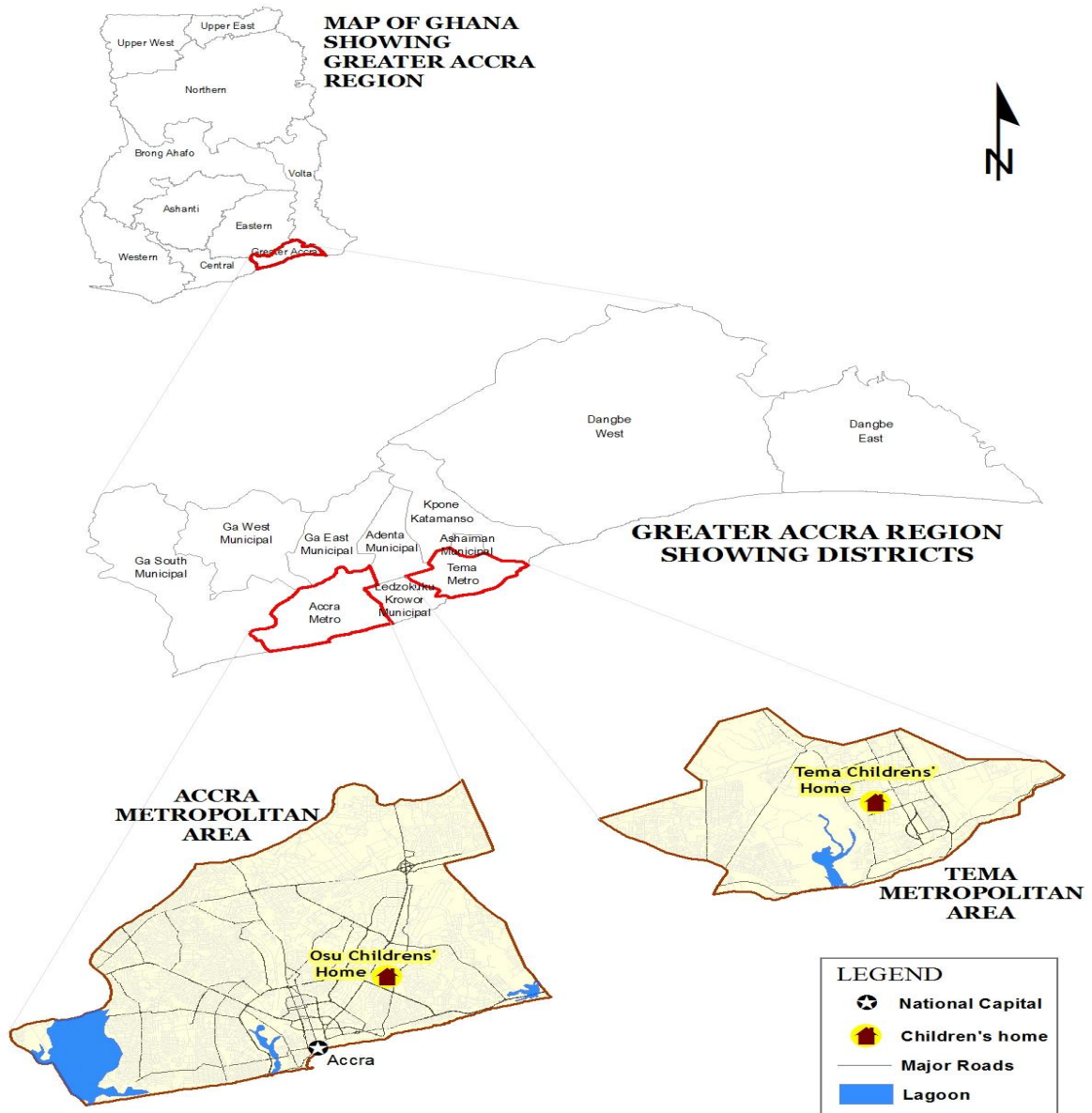


Figure 4: Map of Ghana showing study area

Source: Center for Remote Sensing and Geographic Information Service, Legon-Ghana, fieldwork, October, 2013.

4.2.5 Participants

A total of 15 participants (male and female) were sampled for the study. Children between the ages of 4-8 and employees of the institutions were interviewed. I chose the age range of 4-8 leaving out 0-3 because the children in this age group are old enough to give their voice on their educational experiences and their future plans in life. I took into consideration gender differences and sought to ensure equal participation of both groups at this level. Ten children were selected, 5 from each school, but interviews were only granted for those children from the private residential home. Below is a table listing the participants who were interviewed. The table gives the name, age and role performed by each of the participants. In addition, it gives the location, time, day, and setting of each interview.

Table 4. 1:

Table 1: List of participants at the study area (Tema and Accra)

Participant	Age	Capacity/Role	Place	Time of interview	Day
Helen	48	Focal person	DSW	13:07 pm	Tuesday
Faith	53	Dep. Director, ECCE	GES	09:46 am	Wednesday
Joy	49	Head of ECCD activities	Dept. for Children	11: 47 am	Wednesday
Ayeley	54	head of home/sch	Osu home premise	11:04 am	Thursday
Tracy	48	head of school	SOS home premise	9:50 am	Friday
Akutu	41	social worker	Osu home premise	9:30 am	Thursday
Aba	43	social worker	SOS home premise	10:23 am	Monday
Karley	38	Teacher	Osu home premise	10:09 am	Thursday
Kosi	29	Teacher	SOS home premise	11:00 am	Friday
Ama	27	Teacher	SOS home premise	11:30 am	Friday
Dora	4	Pupil - KG 1	SOS home premise	14:00 pm	Monday
Kofie	4	Pupil – KG 1	SOS home premise	14:15 pm	Monday
Tina	5	Pupil - KG 2	SOS home premise	10:35 pm	Monday
Kwodwo	7	Pupil – Class 2	SOS home premise	14: 50 pm	Monday
Kobla	6	Pupil – KG 1	SOS home premise	15: 10 pm	Monday

Source: Fieldwork, October, 2013.

At the Osu public home most of the children were between the ages of 0-5. Those who are between 6-8 years old attended a separate school outside the home and were not selected for this research because including them in the interviews would compromise the premise on which this research was based. This is because the focus of this study is not to assess the living status at the residential home but the education received on the premises of the home. Besides, the teaching environment and the supervision of the teachers in the other school attended are not under the directives and care of the social worker and head of the residential home. Hence, as a researcher I deemed it appropriate to exclude this group.

Also, the key informants (head) of each ECCE center (Osu and SOS) in the homes were interviewed. The selection of this category did not require any special sampling technique as they were the obvious choice to be made in this case. The interviews with the key informants were carried out in order to know the historical backdrop, the current state of the children and the future plans put in place for them. Also, three teachers were purposively selected by the head of the ECCE centers upon request to grant interviews. Two female teachers from the private home and one from the public residential homes provided information for this study. The reason for the unequal number of teachers is the limited number of teachers in the public home. The teachers were interviewed to give information on the nature of the curriculum and the responses from the children on the school system.

Additionally, social workers from the DSW responsible for ensuring compliance of the laws on OVCs and working directly at the homes / schools were interviewed. The reason for their inclusion was based on a recommendation from the DSW and head of ECCE centers. The main idea was for these social workers to act as supervisors to my research and to help with the selection of children to be interviewed as they are a vulnerable group. They, therefore, acted as a shield / defence system for the children. Furthermore, representatives / coordinators at the selected ministries concerned with the topic gave the personal and institutional views. These representatives include The Ministry of Gender, Women and Children (specifically, Department for Children- DfC) Affairs, The DSW, and The Ministry of Education / Ghana Education Service (GES) – ECCE division. The DSW was selected because it forms the primary body for ensuring that children are not abused and enjoy their rights as expressed in the CRC (1989) especially by operators of residential homes. Also, to study the OVC in Ghana, permission had to be obtained from the DSW. Hence, the social group (OVC) selected for this study made it justifiable to include the DSW.

4.3 Research instruments and sources of data

This study adopts a qualitative research approach to examine early childhood care and education for OVC. Such a qualitative approach is preferred because answering the above-mentioned research questions, particularly research question 3, require words/narratives of participants' real life experiences rather than numbers (Bryman, 2008; Patton, 2002). A qualitative approach makes it possible to reproduce and tell the stories from participants' viewpoints by listening attentively to them in their social and locational settings. Savin-Baden and Major (2013, p. 227) suggest that humans make their life meaningful by recounting and telling stories, thereby attaching meanings to their lived experiences. Moreover, the sensitivity of this research (exploring the world of orphans and vulnerable faced with traumatic conditions) also demanded the appropriate methods and procedures are used.

Data were obtained from both primary and secondary sources. For the primary sources a *semi-structure interview schedule* served as a guide to gain information related to the purpose and questions stated earlier in this chapter. The *semi-structure interview schedule* was selected among other tools such as a structured interview schedule or a standardized questionnaire to allow for flexibility and in-depth knowledge of topical issues (Patton, 2002). The schedule was developed to include interviews with focal persons involved in policy making and implementation (ministries and schools) and the OVC. This was then used to conduct narrative interviews with the selected participants. Appendix I gives a detailed outline of the interview schedule. Here, topics and themes discussed include OVC, child right, early education and care and the curriculum used. Examples of questions asked include,

- ✓ Can you tell me what the definition of a child is in Ghana? Do you follow any particular definition?
- ✓ What are your values, beliefs and understandings concerning ECCE?

The study relies on several sources or methods to collect data. This is referred to as data triangulation in the methodological literature. For instance, Berg (1998, p. 4) recommends combining different lines of sight which include theories, data sources and methods to overcome biases in qualitative research. The *tape recorder*, a digital device was used to record all the interviews that were conducted at the private residential home and also with

the policy makers. Participants in the public home refused the use of the digital device and hence the need to take notes. Subsequently, the *field notebook* was used to record interviews and daily *observations* during all the visits made to the institutions. Thus, the data captured in the field notebook gave additional information which otherwise couldn't have been recorded with the digital device. Similarly secondary data sources were used to augment the primary data gathered. For instance, Yin (2003) states using secondary sources help to corroborate and give orientation to the study. Therefore, scholarly articles from the internet, books, journals and other relevant materials were used.

4.4 Procedure

Primary data collection began in September and ended in early November 2013 while secondary sources were included as and when it was needed until the entire writing process was completed. Permission was sought from participants before conducting the interviews. Consequently, having gained access, certain steps were made to collect both the primary and the secondary data. First, a preliminary visit was made to introduce the purpose of the research and seek advice on whom to address letters to at the institutions. Second, an introductory letter from the Department of Education at University of Oslo with an additional personally written letter requesting for specific information was presented to the identified participants at the institutions and homes (see appendix II).

The interviews were carried-out in different locations. Heads of school were interviewed at the school premises, social workers in the care homes in which they worked, whereas government officials at the ministries, teachers and children were interviewed in different settings (see table 1 in this chapter). This enabled an atmosphere characterized by comfort where participants could safely discuss the issues raised at both the policy and practice levels. Individual interviews with children lasted between 5-8 minutes while those with policy makers and teachers lasted between 30-35 minutes. During the interview sessions, prompts were introduced to delve into the responses received when these were incomplete (Bryman, 2008; Patton, 2002). To catch the full attention of the children, the social worker offered them sweets to keep them at ease while I engaged them in conversation.

4.5 Analysis

I used a narrative research approach to collect in-depth interview data from participants. Narrative analysis is an approach in qualitative research linked to philosophical positions such as critical (social) theory, pragmatism, post structuralism, constructionism and constructivism (Savin-Baden & Major 2013). Data analysis (secondary data sources) began at the onset of the research. Subsequently, I engaged in an intentional immersion in the data (primary and secondary) to understand the different lines of sight the data offer (Marshall & Rossman, 2011). Here, a back and forth movement was carried out through each page of transcribed interview data. First of all, the raw data set was transcribed for further steps such as coding to take effect. This was done to reduce the level of irrelevant information while maintaining the information that addresses the research questions.

Transcription of the data began on the field and continued after all the data were gathered. Here, audio interviews were transcribed from voice into text. This was done by carefully listening and paying attention to the participant's voices to write them out. For *coding* to be achieved, the transcribed texts were read several times to generate larger units of discourses. A coding schedule was used to record the larger units generated from the raw data to structure the thematic. *Levels and units of analysis* were done at the geographic levels. At the geographic level, the location and operational environment of the different homes were compared with each other. The units of analysis include the care and education provided in terms of curriculum and pedagogy used in the Osu public and SOS private institutions. The themes that emerged after coding was completed are used in the discussion chapter.

4.6 Trustworthiness and Authenticity

The concepts of validity and reliability applied in qualitative research have gained much contestation from their quantitative research counterparts. This is mainly because of the way qualitative research is conducted, making the researcher's role vital in producing valid (trustworthy/dependable) and reliable (authentic) findings. In line with this, trustworthiness and authenticity (Lincoln & Guba, 1984, as cited in Marshall & Rossman, 2011) are used instead of validity and reliability. One main reason for applying these concepts by social scientists is for the acceptance of their findings in relation to other findings. I applied

various strategies to my study from the data sampling technique stage to the reporting of the findings in order to achieve trustworthiness and authenticity. These strategies include triangulation (interviews and observations), peer examination, member checks and prolonged time in the field.

Although I come from Ghana and have spent most of my life in the Greater Accra region, I saw myself as a stranger during the fieldwork. This is because I have been away from the culture of the people for a couple of years and have acquired a new status as a student/researcher in a different country (Norway) and been influenced by this culture and environment. In this regard, Mohammad (2002) advises researchers to think carefully about their roles at every point of the research to avoid putting the entire research in jeopardy. To achieve this, I defined clearly my identity as a Ghanaian and my role as a researcher to prevent any conflict of image and stand.

The transferability (external validity) of the research makes it possible to generalize the findings even though the study's focus is not generalization, but to provide rich contextual data to contribute to available knowledge and further research on the topic. For data credibility (internal validity), preliminary visits were conducted to ensure that the right people were selected for the interviews through enquires. This was done to make sure that the data collected were relevant and that participants provided honest responses reflecting the issues at hand. The study in this regard is dependable, credible and applicable to other parts of the country.

4.7 Ethical issues

As a social scientist, it is an essential duty to protect the sample population and the data received through their responses. This responsibility is of particular importance for qualitative researchers who intrude into the lives of the people studied, thus leaving an indelible mark on them. In this regard, Berg writes that;

‘Social scientists, perhaps to a greater extent than the average citizen, have an ethical obligation to their colleagues, their study population and the larger society. The reason for this is that the social scientists delve into the social lives of other humans’ (Berg, 1998, p. 39).

In relation to this, measures were adequately put in place to ensure that all ethical guidelines were followed in order to present an objective, trustworthy and authentic data set that represents the views of the studied population. Prior to the fieldwork, electronic mails and telephone conversations were carried out to create rapport and ascertain the willingness of participants to engage in the research. Also, the research proposal and the research instruments were put under scrutiny by the Norwegian Data Protection Authority ensuring compliance with research ethics. Consequently, a letter of authorization affirming the researcher and the research purpose was administered by the Department of Education for assistance with the fieldwork. In addition, a letter with specific requests was attached to a photocopy of my student identification card and given to the research participants. Finally, letters of acceptance to participate in the fieldwork were provided by participants prior to data collection (See Appendix III). In order to ensure that participants felt safe about the decision to participate a briefing of the topic and what was required from them was conducted. During the narrative sessions participants were offered a choice to opt-out or continue with the process. A debriefing was conducted to re-affirm their participation.

Pseudonyms were employed in the presentation of participants' views to preserve their anonymity. On the issue of gifts in appreciation for their contributions, participants were generous and did not ask for compensation for the time lost in providing information. This, I believe, is due to the understanding that emerged from the letter of authorization affirming my status and their own credibility as both individuals and an institution.

4.8 Summary

This chapter provides a description of how this empirical study was conducted in Accra, Ghana using the narrative interview approach with participants in Osu and SOS children's home.. It has outlined and justified the methodological decisions taken and presented issues ranging from sample size and levels of analysis to the development of the instruments for data collection and the actual process of data collection. It has also discussed the ethical considerations taken into account, the methods of analysis and the procedures that were engaged for data validity and reliability. In line with this, the next chapter, therefore, offers the findings of this study

5 Results

In this chapter the findings of the study are presented. The results are organized into themes and sub-themes under four main sections. Section (5.1) gives a summary in the form of an overview of the practices of the policies. Also section (5.2) offers the internal institutional arrangement and its impact on the OVC. In section (5.3) the main concepts: ECCE, OVC and Rights to care and education are discussed. Further (5.4) states the strategies and platforms engaged in care and education. Finally in (5.5) the experiences and perceptions of the OVC are presented.

The chapter examines the approaches offered by the public and private institutions, the guiding principles and how these principles have influenced the lives of the OVC in the chosen localities. Additionally, direct quotations from participants are used to contextualize the findings where this is appropriate and needed. Furthermore, pseudonyms were applied in order to protect the identity of participants. The issues that emerged on the care and education provided to the OVC in these areas, though context-specific to the visited locations, are also relevant to other areas in Ghana.

5.1 Summary of practice of policies - An overview

The interviews raised a number of key issues related to ECCD and OVC policies, in particular concerning, the definition of ECCE, OVC, formal education, caregivers and health care practices in the home and school. For instance, *Joy*, head at the Department for Children (DfC) stated that since educating and caring for OVC in the early years is essential, an efficient way of delivering such a holistic programme has been through working closely with service providers. Details of the practices of the policies, which include capacity building and stakeholder training, are presented in section 5.4 of this chapter. The empirical evidence gathered shows that the national definition of ECCE programmes contained in the ECCD policy document guarantees the child a growth, survival and development plan beginning from 0-8 years old. However, some of the participants, including *Tracy*, head of SOS home, view the child in the early years as aged 0-5 years.

The Department for Social Welfare (DSW) and the Ghana Education Service (GES) have the responsibility to oversee all ECCD activities with help from private proprietors and NGOs in the country. They specifically target parents and caregivers as stated in the policy and offer integrated services on health and nutrition. In this regard, the policy covers prenatal care, attended births, registration, postnatal care, parent education, nutrition interventions and schooling. One of the major implementation strategies in the area of health is the immunization of the children against the six-killer disease. In this regard, Joy a focal person at the DfC raised a concern that the trend of new diseases discovered in children more recently has led to the administering of the rubella virus vaccine to prevent infant deaths. She noted that all caregivers received training on care and education for the OVC. However, at SOS Aba (43, office hours), a social worker, claimed that *'there is limited and almost non-existent training received by the institution from the government besides those which we receive on all health related issues conducted in-house from our pediatrician'*. Aba thus refutes Joy's of the DfC statement which generalizes the training given to all caregivers.

A formal education programme is offered to the OVC alongside the care given in the homes. The children are classified under normative age groups, namely 0-2 year's crèche, 2-3 years day care, 3-4 years nurseries and 5-6 years KG. The classification enables the implementation of appropriate curriculum and pedagogy at every stage of development in their lives. However, evidence at the homes indicates that there are overlaps in some of the classes as the categories defined in the policy document are not strictly followed. For example, the social worker at Osu home mentions shortage of teachers at the ECCD facility as one of the many reasons why classes had to be combined on school days, but adds that this is not the norm. During the interview session, she remarked *'actually when it's like that we just combine and because only one person is handling, we tend to play and sing to while away the stress and time because they want to sing and play'*(Akutu, school session).

The school's curriculum is applied to ensure that the OVC's brain development is attained and that their social capabilities are developed to the utmost. In this regard, classrooms are equipped with play items such as toys for their psychomotor development. Moreover, teachers emphatically argued that storytelling from the Bible during Friday worship service develops the moral and ethical standard of the OVC in both institutions. Other subjects

taught to the OVC are psycho-social skills, mathematics, creative arts, language and literacy, environmental studies, nutrition and health. Additionally, some teachers argued that an average of 7 instructional hours is enough time to teach the subject areas on the curriculum to the children. Regarding the language of communication both in the school setting and at home, the English language is used alongside a local language familiar to the instructor to give clarification where necessary. The teachers also mentioned that children learn best through play. Hence play items and the play-way method are, therefore, applied in school, and most of the activities are conducted both indoors and outdoors in both centers.

Concerning the composition of classes, teachers shared similar views on the need to combine both the OVC and the non – OVC. Participants in both the public and private care mentioned the idea of socialization as the reason for including the non-OVC in the schools. A caregiver in the private home emphasized that these children do not live in isolated community and will one day be part of the broader society, hence the need to socialize them in the early years. This was also confirmed by a caregiver in the public home. At both the public and the private home the school is made up of two streams allotted to the normative age groups of development. However, shortages of teachers in the public home make it difficult to maintain these streams while the private care is not faced with this challenge.

5.2 Internal institutional arrangement - impact on OVC

The study found that both the public and private caregivers had in place a system of care and education which eventually reintegrated the OVC back into the society though implemented differently. At the SOS private home this is conducted through a four phase transition programme described below; beginning from the day the child is admitted until he or she is ready to enter the broader society. The first phase is given more emphasis because it is more relevant to the study. Also the Osu public home focuses on family tracing and unification or adoption and, therefore, has no long term programme in place like the SOS detailed below. Nevertheless the section presents a comparison between the two care systems. The figure below gives a description of the care system in the SOS private care.

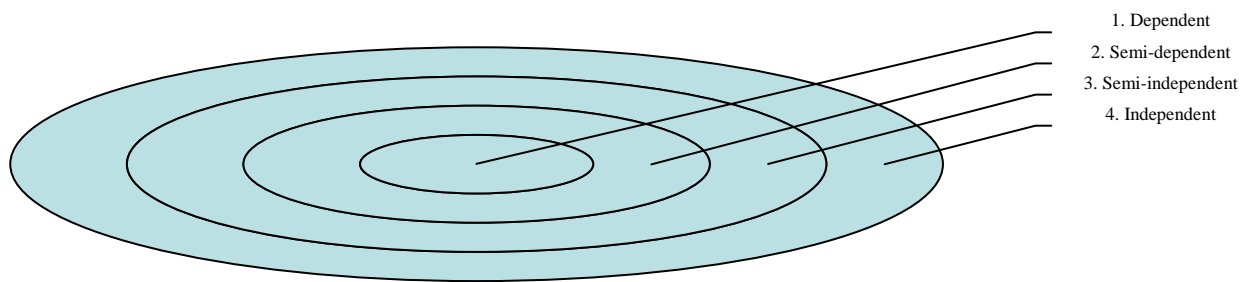


Figure 5: A four phase care system at the private care

Source: Fieldwork, October, 2013.

In phase 1, also termed the dependent stage; the child is brought in after a carefully planned investigation has been completed by a team which comprises a paediatrician, a social worker, head of home and school. The OVC admitted at this level fall within the age range of (0-16) years where a child would have completed basic education before moving to the next phase. In phase 1 intensive care and education is administered to develop the individual capabilities of both boys and girls. *Tracy*, the head of school, SOS home, specifically added that this is necessary as they are in their formative years. The child is also taken through a step by step upbringing and taught how to establish relationships with the other family members at the home.

At the public home, it was recorded that the OVC similarly receive the utmost care and education relevant for the future. *Kosi*, teacher at SOS claimed that the introduction of the ‘Mother and Auntie’ system whereby these secondary parents are engaged in parenting roles is useful as children automatically become part of a family life of their own. In all a total of 107 OVC (boys and girls) lived in 15 individual family housing units comprising a maximum of 10 OVC in each unit. Each house is made up of a maximum of 10 OVC. At the housing unit, the mother monitors the daily activities of the OVC while the aunties take their turns in each housing unit to assist the mothers in performing their duties. This is because they do not match up with the number of available housing units at the premise. A social worker, *Aba*, articulated the presence of a father-figure for the children. She stated:

We have the village director who is a father figure for them. Together, we go round constantly unannounced to check on the feeding and the kind of care that is being given them so they bond together’ (*Aba*, School session).

Meanwhile, at Osu home, the head stated that the system run in the home differs from the private home as they do not have the same arrangements, such as the ‘Mother and Auntie’ system highly recognized at the SOS. Resources are made available both at the home and school center to cater for the basic needs of the children but the Osu home is seen as a temporary shelter with adoption being the goal of . Besides, efforts are made to reunite the OVC with their families. Also, both the head of Osu and SOS admitted that they receive children aged between a week old up to 7 years old for the early years. It was made evident that there had been instances where an entire family of three siblings with one or two older than early years had been admitted. OVC cases in both homes are submitted either by individuals in the community or the DSW. While the case is being processed with the police and courts, these children either live with the case lodging client or at the home until all documentations are finalized for their admission. It is from this stage that all benefits in terms of medical, shelter and education are provided. The head of Osu home stated that:

Before a child is admitted we do carry out a thorough investigation into the background. But we receive a formal application first from whoever is referring the case with a formal written statement kept on file, then we carryout thorough investigation to the background to verify if whatever story they came with is true. For all you know when you carryout investigation it is all a fabrication of the story, but when it is true, when you go round in the community where the child lives you will receive a confirmation (Ayeley , School session).

In Phase 2 in the private home, the children are moved to a youth home within the community (TMA). The youth home is grouped according to the male and female gender categories. The OVC at this stage are seen as mature enough to take care of their personal needs. Hence, children at this stage live separately without a ‘mother and auntie’ daily monitoring them but rather youth leaders who interact with them. This is different from the family house units seen in Phase 1 for the OVC. This phase last for a period of 4 years by which they would have attained secondary education and then the OVC are moved to the next phase. All OVC at this stage take a candidate examination into the British school system (GCE ‘A’ and ‘O’ level) and when successful are admitted into the international school of the SOS open for all on competitive basis.

Additionally, OVC who do not excel in this particular exam but have been successful in the West African Basic Education Certificate Examination either enroll in a government

secondary or vocational school. At this level, those admitted in boarding houses leave and return only during school vacations while those in the private schools commute daily to and from home. Similarly, those who excel in the basic education in the Osu home enroll in any government secondary or vocational training schools to receive training for the future. Meanwhile, at Osu, *Ayeley*, head of home emphasized that older orphans who are not adopted continue to receive care and education in the same environment they were raised during the early years until they are ready for marriage and then sent off.

Phase three is referred to as the semi-independent phase for the OVC. As a result, they are moved from the youth home and given a rented accommodation in the community, preferably, a self-contained room and provided for. Here, they live in pairs according to gender for a maximum period of 4 years until they enter the next and final phase. In this phase, the OVC live without a youth leader because of their level of maturity and exposure. Moreover, in this phase they have reached the tertiary education level or gained some vocational and technical training experience to enable them to earn income for a better livelihood. The final phase is where the OVC are regarded as matured and able to take care of the challenges confronted with in life because they have achieved educational and career goals. Similarly, accommodation is rented for them for a period of 4 years and is equipped with the basic things to start life with such as cooking utensils, beddings and money until they are laid off as OVC into the larger society. This is not experienced in the public care but rather, OVC who are reunited with their families or adopted are laid off by providing them with a package to support them in their new environment.

5.3 Views on key concepts

This section presents the findings on the perceptions, values and beliefs of participants on the three main concepts that has been discussed in the previous chapters, namely ECCE (section 5.3.1), OVC (section 5.3.2) and Right to care and education (section 5.3.3). The responses to these concepts have been discussed separately even though there are some overlapping explanations to them.

5.3.1 ECCE

Participants viewed ECCE as an important concept and gave profound concern about its relevance in the society and for the child. The views presented below come from interviews with focal persons at the ministries, head of homes and teachers (participants 6, 7; 1, 3 and 2, See appendices B and C). The participants linked ECCE to a specific age range and interest of a caregiver. For instance, a participant stated how people not working within the field of ECCE perceive those within the field in a negative way. According to her, this negative perception is unnecessary as those working within the ECCE field are qualified enough and besides it is a matter of interest. A similar view was expressed by another participant:

People think ECCE is being handled by people who are daft, sick, if you cannot perform then they take you to the early childhood but it is not so. People have their master's and it is interest to like to go down the level of children (Faith, office hour)

In the same vein, the environmental conditions under which children are placed became a factor determining how participants value ECCE in both public and private institutions. The participants agreed that institutional care is the safest way / place to bring up a child provided that the conditions pertaining are non-abusive and child-friendly. A participant at Osu states

Some of the environment are not that child-friendly and if the environment is child-friendly, one looks at the way the rooms are constructed, the compound, the security that is in place, the type of furniture used even the way the colours of the rooms are, the floor tiles – because there are guidelines for putting up school structures especially if it is for early years (Akutu, school session).

The focus placed on the security of the child is as a result of how the OVC in the early years are basically viewed. The understanding that children at this stage need care more than education becomes a determinant factor for ensuring safety rather than education / school work. At the public home a participant narrated

Education is strictly letting the child know what you have written down but this is a gradual learning through play and trying to share in a very lively way for the children to acquire knowledge is what we do here. (Aba, office hour)

Similarly, at the private care in Osu a participant expressed

I believe that learning occurs through doing and that in ECCE phase, social and emotional growth is more important than intellectual growth. So that is why we don't force them to write, write, write and do rote learning. It's free playing. (Ama, school session)

The above responses link the values and understanding held concerning ECCE to the nature of curriculum and teaching methods applied as some participants echoed that the nature of the curriculum and language of instruction plays a major role in their understanding and value of ECCE. During the interview sessions, it also became evident that children who found it difficult to learn during the free playing lessons as directed are helped to succeed by engaging them in a different form of learning through play activity. At both the private and public centers participants agreed that children learn through play and that playing is relevant for their development.

Participants also mentioned that without ECCE children find it difficult to interact. It was noted that children who started early with the caregivers were able to express themselves unlike those who were brought in late, thus emphasizing the importance of ECCE. Likewise, a participant in the public home expressed two concerns in relation to her beliefs on ECCE. The first is that ECCE is a form of school work and children who are engaged early become brighter than those who do not and secondly, that ECCE helps the children to develop their social capabilities, emotional well-being and also increase their self-esteem. At SOS, *Tracy*, head of school, argued that ECCE is more care than classroom work:

ECCE is more of the care than education itself. This is because education is strictly letting the child know what you have written down. But ECCE is gradual learning through play and trying to share in a very lively way for the children to acquire knowledge. So ECCE prepares children for school (*Tracy*, school session).

5.3.2 OVC

At the narrative sessions in both homes, the participants used different terminologies to describe the conditions that lead to admitting children into the home, including orphans, abandoned and destitute. (See question 3, 4, 5 and 10 in the interview guides in inquiring into the local criteria and definition of OVC).

In both Osu public and SOS private care, participants agreed that an orphan is a child who has lost a parent or both and has no one in a responsible position to meet their basic needs. In the case of a destitute child, however, one or both parents are still alive; but may be terminally ill or faced with financial issues so that there is no one in the family to care for them. Abandoned was used to refer to children who have been neglected by irresponsible parents and live on the streets. All participants argued that the word *vulnerable* is the term which embodies these three categories identified, thus linking vulnerability with a particular state of an individual. It became apparent from the narratives that a child in the early years is prone to attacks and must be cared for in many aspects as they totally depend on their caregivers. In this regard, a participant stated that *'I think OVC are all the same because they all need somebody to take care of them and make decisions for them to help shape their lives as children so they don't fall as prey'* (Ayeley, school session).

It was mentioned, however, that though there is a connection among the terminologies, there are distinctions between an orphan and a destitute although they are all vulnerable children. *Karley*, a teacher in the Osu public care home noted that a destitute child who is not an orphan becomes susceptible to attacks / accidents due to the inability to make the rightful decisions. It is in line with this that they are also admitted into their care homes. Meanwhile, *Ama*, a teacher in the private home identified the need to financially equip the destitute parent as a major step used to cut down on the number of children in the home. She claims that

Here, we have a family strengthening programme which gives support in cash to destitute families in the neighbourhood to work with and support the children. This is a major project to reduce the number of in-take into the homes as things become expensive year after year (Ama, School session).

It was emphatically stated in both homes that all preventive measures are being made available to prevent institutionalization. At both homes, all the children are OVC. Orphans,

however, formed the majority followed by abandoned children, whereas destitute children are insignificantly represented. The head of both the Osu public home and SOS private home argued that cases are prioritized according to the intensity of the vulnerability due to resource scarcity.

5.3.3 Right to care and education

On the issue of whether children in the care home have a right to care and education, participants in both the Osu public and SOS private home emphasized this as the reason for them being admitted in the first instance. They argued that it is mandatory that these children gain early education and that is why they have an early childhood development learning center at the home premises. In addition, *Karley*, a teacher at Osu public home, expressed that they have the same rights as those living with their biological families and hence should receive care and education. In this regard, *Helen*, a focal person at the DSW noted that significant efforts have been made to improve the knowledge of the care-givers at the home regarding the entitlements of the OVC.

In addressing a question on rights to education for the OVC a teacher in the private home narrates that at the home, each OVC is considered as an individual whose rights are respected:

Sometimes children have different qualities especially in a place like this where children from different background form the majority. Sometimes one child needs your attention in class immediately and another needs it in another area altogether. So even though they all have their rights, sometimes it varies and also comes at different times. So when you are dealing with them, you deal with them differently...there are times when every child will be learning but one may not be ready to learn and you have to respect that as they also have their stress but they eventually come in to learn (*Kosi*, school session).

Participants also mentioned that the right to education is necessary as children within the early years who were admitted into the care homes found it difficult to cope without early education. One of the participants in the Osu public home specifically reported that ‘some have come here within the age bracket and have never been in school so we have to start them here and it hasn’t been easy and some have had learning difficulties’ (*Karley*, school

session). A similar view was expressed by a teacher in the SOS private home adding that this has influenced their development as some of them face ridicule from their friends in the classroom although they eventually pick up what they are taught.

Concerning the provisions made to ensure their rights are enjoyed, government officials mentioned the use of the care homes, both public and private, as a major place of transition. At the Dept. of Children the focal person mentions this is done in close cooperation with the DSW and the GES. She emphasized that the right of the child is best expressed in the care and education that they receive from the institutions overseeing its implementation in the localities.

5.4 Strategies and platforms engaged in care and education provision

To make ECCD service delivery holistic and to ensure efficient use of resources, ECCD programmes shall be presented as packages that will take care of the physical, mental, social, moral and spiritual needs of the child. Agencies which provide these services will, therefore, be encouraged to collaborate and complement each other's efforts (ECCD, p 16)

Participants mentioned and gave in-depth knowledge of the various approaches, arrangements and some challenges faced with while ensuring adequate care and education provision for the early years OVC in the Accra and Tema localities. At the institutional level, the government coordinating agencies and the public and private care and education providers shared their views on the various backgrounds of the children. Additionally, the concerns of children who needed specialized attention, the curriculum used, the institutional philosophy and how the organisation of all activities influence the daily lives of the children were shared.

The narratives with participants at the ministries show a line of convergence as they all mentioned the existence of a collaboration and coordination of activities between the various government agencies and departments. They also mentioned the interaction that the

government has between itself; that is, its agencies, and private providers of ECCE in the country. For instance, at the ECCE section of the GES a participant stated that;

In education, some of the things that we do, because we are implementers, we document something's like the curriculum and even that it is in collaboration with curriculum development division. When we have such documents, we go out to train stakeholders in KG education. So private personnel, practitioners, colleges of education, regional and district coordinators, we train them in the use of the curriculum (Faith, office hour).

The first level of collaboration takes place within the government departments and agencies working on children and these include the DSW, GES, Ministry of Women and Children Affairs-DfC. The second level of collaboration is that which exists between the government and the private sector. A participant at the SOS private home, however, mentioned that although they collaborate with the government, it is not very often as the government pays less attention to their day-to-day running cost and activities. In relation to this, *Tracy*, the head of KG talked about the initial meetings they had attended and how their needs were not met. This participant mentioned specifically that the government focuses on public sector ECCE and not on the private homes and schools. She asserts that

We do liaise with GES, there are times they come round for statistics and some form of information. So I believe we are not completely left out. I have attended one or two meetings which were primarily tailored towards public schools so we were just there and I don't think our needs would be met so we stopped attending the meetings. But they do come round (*Tracy*, school session).

This participant noted that the call for meetings denotes a willingness on the part of the government to work together with the private practitioners although they also have a forum in which such issues are channelled. In order to secure the education and care rights of the OVC the government collaborates with and coordinates activities of caregivers and stakeholders, that is, both private and public in the field of ECCE. These responses take the form of stakeholder training, capacity building, monitoring, supervision and evaluation (detailed discussion follows in the next sub-sections). These have not been conducted without hindrances or constraints (detailed discussion in next chapter-6.3.3) as claimed by some participants. These were identified to include inadequate finance and human resources, lack of cooperation, facilities and play equipment.

5.4.1 Stakeholder training

At the interview sessions with selected government departments, some of the participants mentioned that the upbringing of the child, that is the care and education given to them, requires staff and caregiver training. At the DfC, *Joy*, head of ECCD activities, cited the different tools used by the government to ensure that children in the early years are catered for. These include implementation of the Children's Act (Act 560) of 1998, the ECCD and the OVC policy document. She pointed out that the Ministry of Women and Children Affairs has responsibility for overseeing the successful implementation of the ECCD policy as stipulated in the policy document. The ECCD policy considers not only children but also parents and caregivers and involves all sectors. This is captured below:

The new approach to ECCD is to formulate comprehensive policies and programmes for children from birth to age eight, their parents and caregivers. This is with the aim of protecting the child's rights to develop his or her full cognitive, emotional, social and physical potential. This relatively new approach promotes and protects the rights of the young child to survival, growth and development. (GoG ECCD policy document)

To achieve this, institutional arrangements exist among sector ministries and other childcare partners to offer training services. The training is done at different levels and areas. First is the training in the use of appropriate curriculum of instruction in the schools. In particular, the participants mentioned that training in the use of the ECCE curriculum is important for the delivery of information at that stage. The training programmes are arranged in the area of caring for the child to promote growth, survival and development between the ages of (0-8) years.

Faith, deputy director at the GES asserts that when they have such documents, they go out to train stakeholders in KG education, including private personnel in the country, n bringing up the child in a better way. She states:

After the curriculum has been developed, then we develop guidelines for establishing kindergarten schools in Ghana. So when we do all these things, we train them and let them know what is expected (Faith, office hour).

Helen, focal person at the DSW added that training on how to use the curriculum is necessary due to the required needs of children at this stage of their life. She added that

children are delicate and their brain formation and development is crucial to their adult life, in this regard, the information they receive and process is important. She further stated that this is in line with the Children's Act (Act 560) of 1998, which reveals Ghana's obligation to the advancement of the mental and social well-being of Ghanaian children. In light of this, a focal person at the Ministry of Education says that the curriculum developed is tailored to suite the developmental stages that a child experiences. Furthermore, guidelines are created on the implementation of the curriculum and also for the setting up of ECCE facilities in general for both the private and public practitioners.

The involvement of all sectors, it was said, brings about uniformity in what children learn at a particular age bracket irrespective of their background and location. In addition, it was affirmed that staff and caregiver training is conducted on the use of the curriculum to understand the various developmental stages of the child. Some of the participants argued that it equips them to give the needed support at every age of the child. Government ECCE officials at the GES also mentioned that caregivers are oriented and trained on the dress code while on duty because it is important to appear presentable in order to take care of children in early years as it forms an impression on their mind. In addition, practitioners are trained on the appropriate methods of correcting a particular negative behaviour identified with a particular child as all children are different.

Similarly, the homes are required to form a management committee at the school level to include a social worker, a health worker, an educationist, environmentalist, a member from the community, a teacher and a caregiver. Workshops and training sessions are organized for committee members to equip them with the needed tools to manage the homes. It was added that these stakeholders in ECCE receive training on how to implement the guidelines outlined in the document concerning the location of the facility, nature of the compound, resources / funding, number of children to start with and the professionalism of the caregivers.

5.4.2 Capacity building

In the course of the narratives, government representatives asserted that they have implemented capacity building programmes for managers and staff of ECCE facilities for the OVC. In addition, they work to raise awareness among caregivers of destitute children on the importance of early care and education and provide them with the necessary support.

Another area of capacity building which was mentioned was child assessment tools for ECCE practitioners. In this respect, the tools needed for assessing children in the classrooms are developed and documented. Also child assessment tools in the homes are documented; hence both teachers and parents are brought together to review the performances of the children to assess the impact of the care and education given.

It was stated that the child assessment tools assist with the consistent and coherent development of the child. This is because of the parental involvement as care and education does not end up only in the classroom. She claims that ‘if you look at children who do very well, you see that their parents play greater role in their education’ (*Karley*, 38, school session). In light of this, the caregivers in the name of ‘auntie / mother and father’ at the care homes fill the gap of the original parents of the OVC. At both homes, teachers agreed on giving after school assignment to ensure that pupils at KG1 and KG2 have additional work to perform at home. The aim is to ensure continuation of the school work and clarity with the assistance from older siblings (OVC) in the home and caregivers (mothers and aunties). According to a participant, the reason for introducing caregivers to the academic life of the child is to give them knowledge of the academic progression and to assist at home in areas of non-performance. The focus here is to ensure that extra care is organized and where the child needs support both the parent and teachers are able to identify and make arrangements for its provision.

Another area of capacity building is the birth and death registration exercise for the OVC. This is considered necessary for record keeping at the home and also at the national level. In relation to this a participant at the government ministry stated that caregivers are equipped with the right information and given directions during the capacity building exercises on how to carry out the registration process. A participant claimed that registration is needed to acquire a birth certificate which informs caregivers to engage the OVC at its present stage of development.

5.4.3 Monitoring, Supervision and Evaluation

Another strategy to advance the rights entitled by the OVC in the early years is the monitoring, supervision and evaluation of the activities of the care homes by the DSW and the GES. Based on this, *Helen* at the DSW state that if children are not exposed to the right information at the early stages it is very difficult to undo any coded messages once they

become older. In light of this, comprehensive monitoring and supervision exercises are carried out to ensure untrained caregivers are not engaged in handling the OVC in the early years. According to her,

It is not safe for all of us and it's not the best because they will not expose the children to the right information, the right attitudes, the right way to do things and they will grow knowing the negative things that the caregiver who is supposed to be a role-model has exposed to them (Helen, office hour).

In view of this routine checks are conducted to monitor and supervise the facilities, certificate of operation and qualification of caregivers. Additionally, records are reviewed during this process to find out the health status of the children. For instance, ante-natal and post-natal documentations are scrutinized and where there are discrepancies caregivers are educated and advised during the monitoring and supervision to correct the process. Another area which was mentioned in terms of monitoring, supervision and evaluation concerns the facility itself. It was mentioned that caregivers are advised and corrected in instances where items such as towels, combs and undergarments are shared by more than one OVC. *Helen*, focal person at the DSW again claims that 'we do not immediately close them down when we realize they are not doing the right thing, we correct them and most of them respond quickly because they don't know'.

In the same vein, the dressing code of the caregivers mentioned earlier was again referred to as relevant both in the home and the classroom. In light of this, teachers and after school caregivers are monitored and supervised to ensure that their dressing makes the OVC comfortable around them and that they are able to manage them effectively. A participant argued that

You cannot wear long earrings, have long and unkempt hair, be in high heels and take care of the OVC in their condition because they may feel uncomfortable around you (Aba, school session).

This is because caregivers are advised by the DSW to be moderate in dressing. In a similar conversation, another participant mentioned that emphasis is placed on assessing the interest of the caregiver in making the children happy rather than seeing the facility as a money making venture. Additionally, the caregivers are supervised and evaluated on the knowledge, understanding and application of the various developmental stages of the child.

Akutu, social worker at the Osu public home asserts that this enables them to identify what children are able to do at a particular stage and what their weaknesses are so that the caregivers don't frustrate themselves by thinking that a child knows many things and is treated like an adult. Subsequently, caregivers - teachers are monitored and supervised on the kind of activity they engage the children in at every stage to know whether it corresponds with the age of the OVC in the early years. For instance, it was mentioned that some caregivers had no knowledge of child care and education and abuse the children by screaming at them in class and giving them corporal punishment instead of loving them.

Similarly, caregivers are monitored and evaluated on how they carry out the care order given by the court in the child care plan. The care plan, *Aba* at the SOS private home explained, is an individual plan for each OVC prepared at the court and defines the age, background, interest, behaviour, health status (whether the OVC has any physical or mental disability) of the OVC. In the public home, each OVC in the early years admitted is given a maximum of three years within the care plan from the court before he or she is put up for adoption or reunited with the family. *Helen*, at the DSW argued that during evaluation, they ensure that caregivers renew the care plan if the child has exceeded the stay in the home and has not been adopted by anyone. Meanwhile the situation was different in the private care as the principle of non-adoption demands that they create a renewable care plan for each child as children under their care and education are never put up for adoption.

5.5 Experiences and perceptions - OVC

The questions on the interview schedule (see appendix I) explored the activities these children are engaged in towards their growth and development. During the interviews with the OVC on their daily interaction (school work, people, friends, teachers and extra curricula activities) and future aspirations, several interesting ideas were captured. The responses of the OVC show the level of care and education they receive which affirms the views of the government and partner institutions on the efforts and measures taken to develop their full potential beginning from the early years.

During the inquiry on basic information of the schooling activities, the answers of these OVC demonstrate that they are well informed about their school and what it stands for. In addition they showed concern for each person in class as they had the number of pupils they study together with in mind. Furthermore they identified their teachers name without

difficulty and discussed the relationship they shared in class during lessons. For example, a pupil in KG states that ‘when I don’t understand I ask teacher and teacher teaches me to understand’ (*Tina*, aged 5,). While another child in primary 1 mentions that the teacher usually asks to know if they understand the lesson every time and repeats when they are in doubt.

Additionally, it was evident that they knew their curriculum as some did not just mention the subject studied but also the content of the subject and the teaching styles of the teachers. Subject areas mentioned include math, English, french, science and religious and moral education others stated the content of the subjects. A participant asserts that ‘we learn about Math, English and weather forecast’ (*Kwodwo*, aged 7) while another claimed that ‘they teach us to write 1, 2, 3 and A, B, C D’ (*Dora*, aged 4). Subsequently, the OVC interviewed addressed the language of instruction by asserting that the main language used in class is English, however, in instances where they did not understand their teachers used local languages they are familiar with.

In relation to the care they receive at home, they emphasized that a cordial relationship exists amongst them, their parents and siblings. For instance, the children talked about after school care services which include getting prepared for extra curricula activities. One child noted that ‘I like to dance after school so mum helps me get my dance dress and join my other sisters and brothers for dance class’ (*Tina*, 5, school session). Another in our conversation claimed that his mother or siblings, helps with his homework when faced with difficulty. This is how he expressed himself: ‘sometimes mummy helps me and sometimes my brother helps me’ (*Kofie*, 4, school session). Another important area of care is the bonding aspect, which was evident as some of the children never went anywhere without the other. This was obvious in my interview session with a child whose ‘sister’ wanted to be present to know about the interaction process.

The future goals and aspirations identified by these children indicate the role of the care-givers in shaping their lives for a better future. This has subsequently led to the adoption of a coping and survival strategy to belong within the broader society and be independent adult as shown in the responses given. Some of these OVC argued that they wanted to be nurses and doctors to attend to patients while others wanted to be social workers and rich businessmen. One also added ‘I want to be a pilot and see the big world’ (*Kobla*, 6, school session).

Probing into knowing how they were brought into the home and school indicated that some had knowledge of them being abandoned on the streets while some had no information as they were raised in the home as infants and babies. They, however, viewed the care home as a safe haven.

5.6 Summary

The chapter presented the empirical data on the measures that have been adopted by the Ghanaian government to care and educate the OVC in the early years. The views shared by relevant participants in the institutions that were contacted resulted in some major findings that follow:

- The availability of local policy documents regarding international policies on children
- ECCE was linked to age; interest of a caregiver, curriculum and teaching methods while vulnerability characterized OVC.
- Inclusive education and care is offered the OVC in the early years at both the public and private care home.
- Evidences show an imbalance relationship between governments, public and private homes. Unlike the public homes, the private homes are denied access to national resources.

The next chapter, discusses the findings that have been presented in this chapter, gives suggestions for future research and offers conclusion to the study.

6 Discussion and Conclusion

The chapter is divided into two main sections. Firstly, a discussion of the key findings presented in the previous chapter, and secondly, the conclusion to this study. In the discussion section, a summary of the results is presented (6.1), followed by a discussion of the main themes which emerged (6.2). The conclusion states the study limitations and makes suggestions for policy and further research to conclude the study.

6.1 Summary of the findings

The study has explored how the Orphans and Vulnerable Children in the early years are being attended to in Ghana in relation to their rights to care and education. The main focus of the study has been on the measures adopted and the platforms used by the government to meet its obligation in accordance with the CRC (1989) for this group of children. In this section, a brief summary of the findings is presented.

Participants at the government ministry responsible for the OVC indicated that there are relevant measures put in place through collaboration and coordination of the activities of all institutions working with children in the studied localities. They stated this helps to provide training while also providing an opportunity to exchange expertise advice to develop the capabilities of the children. In that case some of the strategies adopted include stakeholder training, capacity building, as well as monitoring, supervision and evaluation, especially of the activities of the care homes and the early development centers/schools. Also, participants mentioned that the children's physical and mental development has improved immensely compared to when they gained admission. This is evident in the responses from the children in the private care as they showed self-confidence and optimism during the interview sessions.

Additionally, it was confirmed that the existence of and easy access to the health post has improved the health status of the children. Finally, some enabling factors such as good inter-organizational relationship, staff strength and other constraining factors such as funding, limited space for expansion, inadequate play and learning facilities influenced the efforts made to reach out to the OVC in the early years.

6.2 Main themes

The section discusses the main themes from the findings by relating them to the theory and literature from other countries that were presented. These are (6.1.1) ECCE (6.1.2) OVC and (6.1.3) Rights to care and education.

6.2.1 ECCE

Narratives with participants show that ECCE is relevant and requires adequate planning. Participants argued that ignoring the importance of ECCE could lead to the nation losing its future workforce. Meanwhile, some participants agreed that education in itself has undergone several changes and ECCE is no exception. This confirms Kellner's (2003) findings that education is a process of evolution and that changes happen without challenging the status-quo concerning the beneficiaries, the curriculum and also the method of teaching and learning. Some participants claimed that the instrumental value of children, led to the government putting the relevant structures in place to work towards the development of their *capabilities* (Nussbaum, 1999). The finding is consistent with Garcia, Pence, Evans' (2008) study on ECCE policy development in sub-Saharan Africa where in section 4 of their study they note the relevance of policy development studies on care and education for early years for the benefit of society.

Further, participants stated that an increased level of communication leading to consensus towards the realization of the policy at the local level existed between them, the government and other agencies. This, therefore, brings to the fore Habermas' (1972) theory of communicative competence stating the importance of language reflexivity for reaching a consensus during the interactive processes. This enables participants to connect their thoughts and develop innovative concepts appropriate for the children in the early years. In this regard, the *critical* assessment of the previous structures and policies that needed restructuring and reconstruction were carried out both at the local and national level. This was attributed to the value placed on ECCE, which was seen as the safest way of bringing up a child. Hence, care and education practices perceived as especially useful to OVC in early years are encouraged.

Participants claimed that caring for the needs of the children in the classroom, the curriculum and pedagogy style are areas that have witnessed major changes. In the SOS private home, teachers claimed that they now have and use a new tool kit for studying mathematics referred to as *Abacus* although at the public school this is not practiced. In addition to these new developments is the introduction of computer studies (ICT) in the classrooms. Here, participants argued that the world is not static but dynamic and hence the children in the early years must be exposed to new developments. This affirms Kellner's (2003) argument regarding the application of the appropriate curriculum and teaching methods to develop the children's potential to adapt properly to life ahead.

Regarding the content of the early care and education policy, participants mentioned that planning for the children in early years takes a comprehensive approach and includes caregivers. According to the policy, caregivers are persons who have in their custody a child in the early years, from the period of conception to the age of 8 (MOWAC, 2004). The purpose of their inclusion is basically to adequately equip them with the right training and skills. Additionally, the services provided are categorized into a four stage program: from 0-2 years (crèche), 2-3 years (day care), 3-4 years (nursery) and 4-6 years (kindergarten). The findings on participants' perceptions of ECCE confirmed the essence of this categorization and the importance of the role of caregivers at each stage. This supports Britto and Ulkuer's (2012) study on policy goals in a country setting.

Also the institutional arrangement contained in the policy, Moreover, *Helen*, the focal person at the DSW claims that the institutional arrangements contained in the policy are significant for carrying out the global policy at the local level to benefit the children in the early years. This confirms findings that this prevents the dangers of policy transfer from the global to the local context (Kubow & Fossum, 2007; Mahon, 2006; Crossley & Watson 2003), Besides, Strebel (2004) states that inter-sectoral programs are result-oriented although some of the challenges that could be encountered include the workability of the policy at instances where sector operational guidelines vary.

6.2.2 OVC

From the findings, the term OVC is seen more as a social construct than a definite term as the categories mentioned were strongly contested. For example, some participants claim that

the term vulnerability relates more to a child who has lost its parents than the child whose parents are destitute. In such instances, participants state that these different definitions have influenced the prioritization of cases received in the care homes. In the interviews, the participants discussed reasons for admitting the OVC in the care homes and the effectiveness of the care homes in developing their basic, internal and combined capabilities. Participants saw their services as a form of providing social protection. Social protection is a set of interventions aimed at curbing risk, vulnerability and chronic poverty (Townsend, 2010). The major role it plays includes protecting the OVC by reducing their level of vulnerability and thus catering for their well-being (ibid). Obviously, the country has followed other countries engaged in social protection for OVC like Uganda and South Africa to mention but a few.

Participants in both the private and public care indicated that the OVC in institutional care are no different from those living with their parents, apart from the negative label of *children without parents* and occasional passive disposition. In light of this, they specifically mentioned that OVC is a general term that describes children in need of care, support and love. The circumstances surrounding their admittance in the home, however, were classified into three; abandoned, orphans and destitute and participants argued that the word vulnerable is an embodiment of the three. They agreed that in most cases the OVC are marginalized in society and need special attention from the government and private persons for security. This finding is consistent with Chitiyo, Changara and Chitiyo's (2008) study on OVC in Zimbabwe, in particular their conclusion that OVC are special needs children and must benefit from psychosocial support from society. Because of lack of nutrition and care at an age when their development is vulnerable, their special needs are provided for through the implementation of social protection strategies such as institutionalization.

Participants also added that the prevalence of OVC in the studied site has resulted from urbanization and labor migration. This supports the state of the nation's report on migration and its attendant challenges such as an increase in the number of OVC and the development of slums (Awunbilla, Manuh, Quartey, Tagoe & Bosiakoh, 2008). In both the SOS private and Osu public homes, participants noted that the OVC deserve the same support as the non OVC because they are equally humans with dignity and worth confirming Nussbaum's claim (1999, p. 54). They also mentioned the abusive languages used to refer to them and

mistreatment from some community members who believe these OVC are *evil* and responsible for their own predicament. Subsequently, *Faith* at the Department for children, *Akutu* and *Aba* social workers at Osu and SOS stated that orphanages are not new in the country. As a precautionary measure to reduce their level of loneliness and trauma, children in both institutions receive professional counselling to come to terms with their state of life. This is done with care and love especially when adoption has delayed as in the case of the Osu public home. This corroborates Tolfree's (1995) study on the global existence and use of institutional care over decades to serve as a home for the abandoned, vulnerable and children who have lost both parents to illnesses or death.

6.2.3 Rights to care and education

Participants examined and discussed at length the right to care and education of the OVC in general and how it is expressed in their institutions. It was agreed that children's rights and the care-taker dynamic as expressed in the CRC (1989) Article 2 cannot be neglected. In view of this, participants explicitly stated the significance of the localization of the content of the CRC (1989) due to variations in cultural, social and economic settings by which they have been articulated. This is equally seen in the provision of services at both Osu and SOS homes base on their specific institutional philosophies on care and education to build the *capabilities* of the OVC. In the light of this, *Ama*, a teacher at the SOS private home claims that this takes into account the capacities and developmental needs of the OVC in order not to over burden them.

According to some participants, the steps taken to offer specific needs and development require the use of the individual care plan of each OVC. For instance the care plan for each of the OVC at the Osu public home is used for a maximum of three years. The care plan is subsequently extended in cases of delay or non-adoption to cover the care and education structure particularly needed. It was stated that this principle conforms with the national plan of action for OVC in general regarding the procedures in cases where a second home has not been found for the child to reintegrate into the larger society On the other hand, at the SOS private home participants stated that the children admitted into their home receive the best care and education to give them a hope for the future.

In addition, even though there are differences in the institutional philosophy, these homes provide the individual and collective needs of the OVC through a family support service

structural system. Turnbull and Turnbull (2001) emphasize the dependence of these children on such family support systems. In their view, the family support seeks to engage all members in providing affection, self-esteem, spiritual, economics, daily care, socialization, recreation and education (Turnbull & Turnbull, 2001). Chitiyo, Changara and Chitiyo (2008) note the impediments that children without parental support face later in life, such as the lack of affection and deviances in behavior and attitude. Therefore, the introduction of the secondary parents (family support) in both homes serves to fulfill this mandate of caring for the OVC in the early years to correct any traits of deviance and offer affection.

Moreover, after school services to improve the social and relational aspect of their lives are offered. Here, participants claim that the children are engaged in extra- curricular activities and games that require the children to make choices concerning their aspirations in life. Another area of importance that was discussed is the nature of the education given in the schools, in particular, whether an inclusive or segregated approach is used. For instance, Chitiyo, Changara and Chitiyo (2008) state the need to get a specialized curriculum and pedagogy for these children. Although the participants indicated that the right pedagogy and method of transmission in the classrooms was their target, inclusive education is practiced. This is because other children from the community, as well as the use of the mainstream curriculum provided by the Ghana Education Service. Participants in both the Osu public and SOS private educational centers claimed that they experienced minimum challenge where inclusive education is concerned. Therefore, undermining the arguments submitted by Chitiyo, Changara & Chitiyo (2008) regarding their ineffectiveness.

Also, Slee (2001) claims that implementing inclusive education can be difficult and less effective in developing countries, yet this is the practice in both the public and private care schools visited. When asked, some participants gave the reasons for implementing inclusive education as increases the confidence level of the children and create a better avenue for socialization, thus confirming the findings on the benefits of inclusive education (UNESCO, 2005, p. 9). Nevertheless, the heads of both Osu public and SOS private education unit stated that those with learning difficulties are catered for adequately and this affirms Britto, Cerezo and Ogbunugafor's (2008) study on the provision of quality learning resources in the schools where needed. Additionally OVC who as a result of traumatic experiences and illnesses are missing a lot of education are catered for by giving special lessons at their convenience.

On issues pertaining to educational funding, the headmistress of Osu public home, *Ayele*, stated that although education is free, the stationery were not free and she argued that this was inconsistent with the EFA's *free education* campaign. However, she stated that their home is heavily subsidized by funding from the government and other benevolent foundations. This supports findings on national plans of action for OVC in sub-Saharan Africa (Engle, 2008). On the other hand, the headmistress of the SOS private home school facility, *Tracy* stated that school fees were charged to the OVC and non-OVC alike.

6.3 Reflections on the findings

The main aim of the study was to explore the measures adopted and the implementation strategies of the Ghanaian government to meet its obligations on the right to care and education of the OVC in the early years. The focus here is on how the government has internalised the CRC (1989) to achieve EFA goal 1. For instance, de Bruin Cardoso (2010) states the need to mainstream international policies into national legislations or localize them. The priority given to early years is the resultant effect of the growing demand of labour, female workforce and an upsurge in child care services (Pence, 2004). Therefore, considering the workability of the ECCD and OVC policy the necessary institutions were co-opted to help internalise and also make the nation less dependent on the international community (Kubow & Fossum, 2007) and consequently making care and education available, accessible, acceptable and adaptable (Tomasevski, 2007).

6.3.1 Right to education approach

Availability

Once the OVC are admitted, availability of care and education is assured through the resources received and owned by the care homes. For instance, at Osu public care home, the headmistress stressed that the source of their major income comes from government subsidies and individual donations. Similarly, at the SOS private care home it was revealed

that funds mainly came through sponsorship from organizations. Despite all the challenges that ensue while waiting for government or donor support these institutions ensure that the OVC basic needs are met through the use of qualified caregivers and teachers. For instance, at both homes the care givers have been trained and equipped with the needed resources which enable them to reach out to meet the emotional, mental and health needs of the children. Hence, circumstances that otherwise would have prevented them from living a normal and good life is attended to, thus raising their level of confidence and giving them a voice to engage in social activities (Habermas, 1972).

Furthermore, clothing, food and beverages and other household items from the government and organizations are made available towards the physical development of the children at both care homes. Participants also mention the presence and provision of services from pediatricians, psychologists and social workers assisting with the development of the basic, internal and combined capabilities of the OVC (Nussbaum, 1999). Additionally, at both care homes, the teachers indicated that the government ensures that teaching and learning materials are made available at the beginning of each academic term and when needed as stated in the ECCD policy document. They also claimed that the standardisation and use of the curriculum provided by the GES helps to socialise the OVC into the larger society.

Accessibility

The available resources at the Osu public and SOS private homes were made accessible to the OVC as beneficiaries into the homes and an entitlement of their citizenship. The CRC (1989) charges signatory countries to provide care and education to all people regardless of race, colour, sex, language, religion, opinion, origin, economic status, birth, social or HIV/AIDS status, minority or indigenous status, and disability. In this regard, the care and education provided by the caregivers at both the private and public homes is based on the non-discrimination principle and thus made accessible to all. For example, the daily needs of all the OVC with respect to food, toiletries and clothing are provided for adequately. According to Britto and Ulkuer (2012, p. 99) the best possible start in life ensures that all the developmental areas are catered for in a suitable environment. In that case both homes operate on these principles; including giving children the best care in terms of love, health and affection in the early years in order for them to have a better perspective of life. Based on this, efforts are made to create the right environment in order to administer quality care

and education services both during and after school through their caregivers. In addition, all OVC have access to the hospital facilities and toys and other play items in the classrooms without preference and restrictions except when necessary.

Acceptability

Keller (2003) suggests that education must be practical and modelled after society and its people to improve their condition without domination and oppression through imposition of ideas. Likewise getting a head start in areas such as cultivation of good habits and manners, thinking skills and personality development gives the child an opportunity to improve their innate or potential capabilities. In this regard, all participants mentioned that subjects such as science, math, arts, literacy, language development and other forms of psycho-social skills taught in class increase the chances of these children integrating properly into the larger society. In line with this, the minimum standards for education and care both in the home and classrooms are maintained. This includes the method of instruction, hence, the play-based system which allows educators to observe, monitor and direct the initiatives of children.

Moreover, Gambaro, Stewart and Waldfogel (2014) state the need to enhance the process of implementing policies aimed at the development of the child. In this case, after school care services such as preparing the children to engage in healthy activities, and taking afternoon siestas, are conducted in both the public and private homes. For instance, it was mentioned that items used for ECCE were highly subsidized to ensure patronage (Gambaro, Stewart & Waldfogel 2014). Participants at the government ministries also mentioned the need to localize decisions that are reached at the international level regarding the implementation of acceptable standards in care and education of the OVC.

Adaptability

According to Freire (2006), a special pedagogy should be made for the underclasses and the oppressed based on the view that education should not be indoctrinated. He argues that the relevant themes to support the development of their capabilities should be advanced in order for them to participate in the educational process. The OVC generally face oppression and are considered an underclass and this is the basis for their marginalization. It is in view of this that EFA goal 1 refers to improving care and education for the most vulnerable and

marginalized (orphan, abandoned and destitute) in society. Similarly, Chitiyo, Changara and Chitiyo (2008) mention the need for a special pedagogy and curriculum. Subsequently, the OVC are made to adapt to the mainstream curriculum and pedagogy as the long-term (private) and short to medium term goal (public) is to eventually socialize them into society. Moreover, this concept of adaptability looks at those physically challenged. In this regard, Tomasevski (2007) stresses that education for these children which include *care* (my emphasis) must be in the best interest of the child.

Subsequently, children with hearing difficulties were provided with hearing aids to improve the quality of hearing in class and after school. Additionally, the blind and those with autistic traits were sent to a special school outside of the home premise as the facilities in-built were not fashioned to the standard. Furthermore, concerning the premises, attempts have been made to elevate the status of the play-ground in both homes to meet the international criteria although some differences exist between the public and private care.

6.3.2 Enabling factors in meeting obligations to OVC

Since the 1960s, significant efforts have been made to reach out to the OVC in the country through institutionalization. Even though keeping children in these institutions is considered as a last resort; it is used to meet the needs of OVC in the early years. From the results of this study it is evident that relevant steps have been taken to complement and facilitate the efforts made to give the best care and education in order to develop the capabilities of these OVC to function appropriately in future. Some of the steps taken include the maintenance of good partnership among institutions and the availability of adequate child friendly infrastructure facilities and human resources (teachers and caregivers). Furthermore a well-established relationship exists between the partner institutions and the government which is strengthened by organizing meetings to update these institutions on the status of OVC.

The focal person at the Department for Children indicated that this facilitates their efforts to solicit for funding from these partner institutions and claimed that these contributions are meaningful. Additionally, all the teachers interviewed including the headmistress at the schools in the care homes indicated that the activities of voluntary social workers and teachers complemented the activities of the teachers already at post and claimed that their contributions during school hours are useful as the children get to interact with new people.

Also, these voluntary workers and organisations support in keeping the environment clean through organized communal labour to prevent the children from contracting preventable diseases. Likewise, individual donations were mentioned as an important source for supplementing government allocations and institutional support. In addition, *Tracy* the headmistress of the SOS private home stated that her institution, unlike the Osu public home, charged school fees to sustain and support the funding received from sponsors which at times is insufficient for the running of the home and school. She indicated that these school fees promote the expansion of the infrastructure in the home and school

6.3.3 Constraining factors in responding to obligations

From the empirical data gathered a number of factors were identified as hindering the efforts being made in responding to the OVC, namely funding, staffing, limited space and facilities. These factors were observed and shared by participants at the government ministry and in the public and private care. Concerning funding, government representatives stressed that there is usually minimal amount allocated to the early years as education at that level is not totally free. In that case, they depended heavily on donations but the recent economic crisis has led to a drastic reduction of support from donor agencies. Meanwhile, similar sentiments were shared by the care homes. At the public home, a participant suggested that the government's decision to remove all subventions coupled with already insufficient funding hinders their operational activities. Also, participants in the private home mentioned late delivery of funds as a challenge due to inflation thereby affecting their budget.

Furthermore, directly linked to the inadequate funding is the inability to secure the right facilities to be used by the OVC. For instance, at the public home, it became evident that although the children had access to facilities in the homes and school they were insufficient. The playground which is a major place in the lives of these children at their early years was almost out of order as the limited funds available were not enough to bring it to the required standard. Similarly, in the private home a focal person mentioned the inability to expand the infrastructure due to funds as well as space. The architectural design of the school in the private home lacks room for expansion and this limits the number of children they can admit and care for. Also added is the lack of support from the government. Meanwhile a peculiar constraint to the public care in Osu is inadequate teachers, learning and play items.

6.4 Conclusion

This section gives a very brief summary of the findings under the headings of the research questions. This is followed by a discussion of the implications for policy makers / future research and limitations to the study.

6.4.1 Summary of findings based on research questions

How is the government responding to the care and education of the Orphans and Vulnerable Children in the early years in the country?

Participants emphasized that the government is unable to execute this social protection responsibility of care and education for the OVC in the early years entirely on its own. Hence in order to make care and education accessible, affordable, available and adaptable (Tomasevski, 2006) to the OVC in the studied localities and the country at large the involvement of other partners working with the same mission and vision regarding OVC situation is necessary. In this case, participants first mentioned that collaboration exists among government ministries working on children affairs, namely the Department for Children within the Ministry of Gender, Children and Social Protection, the Department for Social Welfare and the Ghana Education Service at the Ministry of Education.

Another way in which the government responds to the OVC care and education provision is through partnership with co-opted institutions from the private sector (Kubow & Fossum, 2007). These were mentioned to include private practitioners and individual caregivers in the field of ECCE such as UNDP, UNESCO and Orphanages / care homes. The key issue here is about how the government conducts itself through its collaborative efforts. Here, participants at the ministerial level stressed institutionalization even though they argued it is not the best solution for the OVC. Through personal observation and from the interviews conducted, participants from the government ministries claimed that they coordinate the activities of the orphanages visited and others in the country. This coordination is carried out through stakeholder training, capacity building, monitoring, supervision and evaluation.

The study also examined two issues related to the background of these children, namely inclusive education and specialized care. Participants interviewed claimed that the school facilities in the homes are opened to non-OVC and assert that this measure improves the socialization skills of the OVC as contact with the outside world is made at an early stage. Moreover, there is no specialized curriculum to guide the studies due to strong activism in favour of inclusive education and against a segregated approach to care and education (Winter & O'Raw, 2010). In the same vein, participants mentioned that efforts are made by the government to ensure non-discrimination while providing social protection. For instance, OVC in the early years who are physically and mentally challenged are given the needed care in accordance with their disability.

To what extent are the adopted responses from the government and co-opted institutions influencing the activities of the OVC in the early years?

Participants indicated that the Early Childhood Care and Development (2004) and the Orphans and Vulnerable Children policies (National Plan of Action -2010-2012) have guided their operations to ensure that the OVC in the early years benefit from the right to care and education for a better future. These documents list the education and care procedures in addition to the institutional arrangement for effectively carrying out the social protection plan for the OVC in the early years. The procedures for care and education are grouped into two types, namely transformative and preventive goals (National Plan of Action -2010-2012). The transformative goals describe the measures taken to build the capacity of the government departments and private institutions while the preventive goals include making life conditions suitable, for example giving cash as support to poor families, guardians and the community to keep the children at home.

Participants agreed that the transformative measures prevent the institutionalization of the OVC at that early stage when they need their family the most (Turnbull & Turnbull, 2001). Participants' responses reveal a positive impact of the adopted measures and strategies in the life of the children. Firstly, the existence of the care homes and the functions they perform show that the OVC are in a better place and condition than they found themselves at the onset. Secondly, at the private care home, observation in the classrooms and interaction with the OVC show their ability to read, write and communicate effectively. An additional factor is the good body language and contact they have developed among themselves regardless of

their biological differences. Moreover, each OVC is entitled to a care plan and this has ensured their ability to secure and enjoy their full rights. The responses from the OVC also show that they are developing progressively as future targets and goals to be achieved have been set without placing any limitation based on them being different from their classmates living with their biological parents. Occasionally the OVC ask for a tracing of their own biological parents which social workers conduct based on the information provided by the OVC and what is placed on file. In addition these children have found for themselves a source of livelihood as they engage in extracurricular activities to develop their basic, internal and combined capabilities as described by Nussbaum (1990).

What are the factors influencing the efforts made to reach out to the Orphans and Vulnerable Children in the early years?

Two different set of factors were identified, namely government ministries and the care homes for the OVC. Strebel (2004) mentions the strengths of institutional arrangements and warns against the challenges that are bound to occur. Relating to this, participants at the ministry identified lack of cooperation from private operators as the main factor influencing their effort to reach the OVC with quality care and education. They argued that efforts to direct their undertakings are met with indifferent attitudes, for example, it was noted that most private operators use untrained attendants and care givers and attend less to the health component of the care and education. One of the other factors mentioned was in the area of developing quality programmes for the OVC.

Directly linked to this is the issue of inadequate finance and human resources to draw up and develop the appropriate programmes for the OVC. At the homes, the specific concern raised by the public care participants related to staffing, that is, the teachers and caregivers. Participants specified that insufficient staffing prevents them from meeting the demands of the children. However, participants in both homes indicated that the presence of occasional voluntary workers / attendants complimented their efforts to give the OVC in the early year's quality care and education. In addition, responses from the private care indicated the availability of enough trained staff at the school and caregivers ensuring the OVC received the best care and education. Participants in both private and public homes mentioned that they have limited financial resources to fund the activities considered relevant for the

children. In light of this, the facilities and play equipment for conducting extra curriculum activities during and after school were considered limited and in some cases not child friendly due to lack of support to construct and equip them to the international standard.

6.5 Implications for policy and future research

Based on the discussion of the results presented, below are some suggestions for policy and ideas for future research.

Suggestions for policy

As stated earlier, Almond and Currie (2011) argue that early education is important because it increases the options of the child in the future. In this regard, policies should be made to support the OVC with the national resources. Equality of access should be the focus in supporting the OVC in the country. In this case, government policies should allocate national resources to support private providers and not limit the use of such resources to the public care homes, as is the current practice. Although these private providers aim at profit generation their activities serve to provide the children a future by developing their *capabilities* through care and education.

Furthermore, adequate training of caregivers and teachers in the education section is necessary in order to implement the changes that have been suggested (Ball 1994 as cited in Miller and Campbell, 2013). For instance, Adamson and Morris (as cited in Bray, Adamson & .Mason, 2007) makes it clear that it is necessary to know the context of a curriculum before it is implemented in a particular context. Based on this study, children's behaviour cannot be generalised and labelled as OVC per se since interviewees in both institutions responded differently, although there were definite similarities. In light of this, caregivers and teachers, especially in the public home, must be trained on how to assist the children to be self-confident and assertive. Although there are on-going degree programmes in ECCE in general, the introduction of degree programmes on special needs and children with disability will equip caregivers with the required skills.

Additionally, the cultural and social context within which curriculum and pedagogy was developed at the regional or international level should be reviewed to avoid wholesale

importation (Crossley & Watson 2003, p. 29). One example of this is the *Abacus* system which was introduced in the private home. However, a better way to study mathematics is not much needed at the age of these children because the early year's education and care focuses on children's social and emotional growth rather than their intellectual development.

Finally, since ECCE is a central policy area (Waldfogel, 2014) and considering OVC makes it a sensitive issue, policies aimed at the total development of these children should be more explicit concerning the institutional arrangement. There should be clearly defined responsibilities and adequate resources to fund activities. Thus, the practicalities must be clearly spelt out in the policy document as this is lacking in the existing policies. Besides, community involvement and frequent meetings to review activities of all institutions regarding the OVC are needed.

Future research

- To investigate the quality of services provided by the public and private providers. Time and space did not allow for this to be completed in this study, besides the focus has been on how the government is meeting its international obligations generally.
- Impact study to investigate how service provision has influenced the lives of the children in early years. This should be a before and after study using the care plan of selected participants available in the home. OR;
- Impact study to investigate how service provision has influenced the lives of the children in early years in care and non-care.
- Comparative qualitative study on children's life experiences should be conducted for the OVC and non-OVC in the same institution (public only or private only). This would assist caregivers in knowing the rate of development of each individual to help them improve where needed.

6.6 Limitations

In this study, two main challenges encountered were related to the selection of participants / institutions and time factor.

Participants

Lack of balance in the number of participants made it difficult to make comparison within the children interview category presented in Appendix A. Here, only children from the private home gave responses to the questions and the views of the public home OVC were not obtained. As a result, the comparative dimension on OVC did not gain priority in this study, although the responses of the children in the private care were presented in the results chapter. Moreover, although both institutions aim at giving care and education to the OVC, differences in their internal institutional *policies and goals* were a challenge to comparative study. For instance, whereas the public home focused on giving the OVC up for adoption within the earliest possible time the private home did not. This made it difficult to assess how the government policies implemented in these homes influenced the lives of the OVC. Also, the public care participants failed to give access to the use of the tape recorder. In that case note taking became the only option. This was extremely challenging as the pace of writing and talking varied immensely.

Time

Time was a major challenge to the research. The time period for conducting the fieldwork was limited for two reasons. Firstly, gate keepers delayed access to the study area. As a result, selected participants were given short notice and had to adjust their schedule to accommodate this research. Subsequently, this affected the responses to the questions as participants were forced to take a series of breaks during the interview sessions to make way for other already scheduled appointments. As a result, some clarification on some responses given and follow-up questions were not conducted. Secondly, a general strike conducted by the government workers / civil servants working at the ministries and the public home posed a significant challenge. The strike lasted for almost two weeks and had a great impact on the data collection with limited time to conduct the study. Therefore, some secondary

participants who could have been contacted for positive input had taken the strike action as an opportunity for their annual leave and were thus left out.

Nevertheless, the study took these challenges into consideration and focused on presenting the exact views of participant's while justifying each of the choices made in the methodology section (chapter 4). This has resulted in the presentation of results that do not undermine the study.

6.7 Concluding remarks

The study specifically investigated how the Orphans and Vulnerable Children in the early years are being attended to in relation to their rights to care and education. Chapter 1 discussed the initiative the Ghanaian government took in 1989 when it became the first country to append its signature to the CRC and subsequently participate in the EFA conference in Jomtien Thailand. The study then demonstrated how these meetings led the government to establish the relevant institutions to enable it to carry out its obligation locally. Throughout the literature, the conceptions and dynamics of childhood were presented based on right and local contexts. Fottrell (2000) study claims that ECCE is a central policy and critical area for exploration. In this regard, early care and education is necessary because it prepares the child for formal school (Ruhm & Waldfogel, 2012) and lead to the development of their innate *capabilities* (Nussbaum, 1999).

Recent studies have shown how the family system, which is the primary setting for the child to receive care and education, has been challenged, leading many families to abandon their responsibility. This development has forced nations such as Ghana to make policies aimed at developing the *capabilities* of the OVC. Critical evaluation of existing care and education systems and structures created new avenues for improving the lives of the OVC in the early years. One of the major channels used is through care homes or institutionalization even though it is a last resort to social protection to reduce future risk (Townsend, 2010). The findings of this study show that the government has co-opted institutions from both the public and private sectors working with the OVC in the Accra Metropolitan Area and Tema Metropolitan Area areas to meet its obligation stated in the ECCD and OVC policies.

In this way, the government has created the institutional arrangement necessary for making care and education available, accessible, acceptable and adaptable. Meanwhile responses from the private care participants reveal that government support towards the OVC is almost non-existent contrary to what government participants stated. The study's aim was not to expose weaknesses in the government policy initiatives but to reveal its responsiveness to the UN CRC (1989) and EFA goal 1 at the local level. The study thus informs policy making, especially on the measures needed to provide care and education to orphans and vulnerable children both at the global and within the local context (Ghana).

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Appendices

Appendix 1: Semi-structured interview schedule

A. Ministries / Persons in charge of education at residential homes

Who:
Role/Capacity
Place..... Time
Day

1. Can you tell me what the definition of a child is in Ghana? Do you follow any particular definition?
2. Thinking about the rights of children and what they are entitled to, do all children have the same rights?
3. What are your values, beliefs and understanding concerning ECCE?
4. Is there a difference between an orphan and a vulnerable child in policy and in your personal opinion?
5. How are you able to meet the education and care needs of the children?
6. Can you tell me about accessibility of these provisions?
7. In the light of what you just said, are there special arrangements made to meet the needs of individual children?
8. Do all children follow the same curriculum in school?
9. Is there any particular language used for instruction in the classrooms?
10. Which policy documents do you rely on to provide the education and care needs of these children?
11. What are the aim of these documents?
12. How is policy implemented?
13. What do you see as barriers to carrying out the policies?
14. How are you able to overcome them?

15. Is there anything else you think I need to know which is relevant and I have not covered.

B. Residential Homes: Focal persons

Who:
Role/Capacity
Place Time.....
Day

1. How did you begin your home?
2. How many children live here?
3. Are all the children orphans and vulnerable?
4. Is there a difference between an orphan and a vulnerable child in policy and in your personal opinion?
5. So, how does one qualify to be accepted in your home?
6. Tell me about how your home defines children in the early years?
7. What are your values, beliefs and understanding concerning ECCE?
8. What did you do when the ECCE and OVC policies were formulated?
9. Are these policies practical? For instance, is there anything been done differently from what you had already been engaged in?
10. What do these OVCs in the early years have in common / different?
11. So how are you able to attend to their basic needs?
12. I am interested in how you ensure that these children get the best education and care?
13. Is it likely that you are able to carry-out every detail in the policy documents without any challenges as a home?
14. How are you able to finance the operations / activities of the home?

- 15. Tell me about your problems so far as a home caring for children in the early years.
- 16. What are your future goals or the way forward regarding your home and the children?
- 17. Have there have been any instances where people have shown up claiming to be the parents or relatives of the children?
- 18. What else do you think I need to know which is relevant and I have not covered.

C. Residential Homes: Teachers

Who:
Role/Capacity
Place Time.....
Day

- 1. So how many children do you have in your class?
- 2. What is the age range in your class?
- 3. How does this affect the teaching and learning process?
- 4. Can you tell me about the nature of the curriculum
- 5. Do you think that it is helpful for these children considering their status?
- 6. What would you like to be added in the curriculum?
- 7. What is the language of instruction during classes?
- 8. Do you think this medium of delivery of the curriculum is beneficial considering their various backgrounds?
- 9. What do you do when the children are not following what you teach them?
- 10. How are you able to motivate the children to learn?

11. Is there a specific policy relating to OVC?

12. In your opinion, what can you say are the challenges to policy delivery?

13. Have you tried to find solutions and how did it go?

D. Residential Homes: Pupils

Who:
Role/Capacity
Place Time.....
Day ial activity:

1. How long have you been living here?

2. What is the name of the school you attend?

3. Do you go every day?

4. Are there many other children in your class?

5. Who is your teacher?

6. What do you learn at school?

7. What type of things do you do in school?

8. Do you have homework?

9. Who helps you with this?

10. Tell me the language your teacher use to teach you?

11. Do you understand what you learn in class?

12. Do you like school?

13. Where did you used to go to school?

14. What do you like to do after school?

15. What would you want to be in future?

Appendix 2: Request and clearance letters to conduct fieldwork in Ghana

Norsk samfunnsvitenskapelig datatjeneste AS
NSD - NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Postboks 1047 Blindern
N-0316 Oslo
Tlf: +47 22 35 41 00
Faks: +47 22 35 46 50
E-post: nsd@datatjeneste.no
GSM: +47 47 22 35 42

Fengshu Liu
Pedagogisk forskningsinstitutt
Universitetet i Oslo
Postboks 1092 Blindern
0517 OSLO

NR til ut: 12.09.2013

Vnr nr: 35030/13/13

De ansatte:

Dato: 13

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 24.07.2013. Meldingen gjelder prosjekter:

35030	<i>Early Childhood Care and Education for Orphans and Vulnerable Children in public and private residential homes- Ghana, Home - Ghana.</i>
Behandlingsansvarlig	<i>Universitetet i Oslo, ved institusjonens øverste leder</i>
Daglig ansvarlig	<i>Fengshu Liu</i>
Student	<i>Yvette Anthon Agye Lagbe</i>

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningslovens forskrift. Personvernombudet ber om at prosjektet gjennomføres.

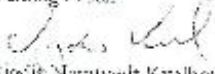
Personvernombudets tilføydning foreslår at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondansen med ombudet, ombudets kommentarer samt personopplysningsloven og helsepersonelloven med forskrift. Behandlingen av personopplysninger kan settes i gang.

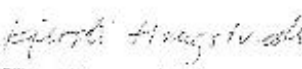
Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysningene som ligger til grunn for personvernombudets vurdering. Meldingsmeldingen gir via et eget skjema, <http://www.datatjeneste.no/personvern/meldingskjema/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig tilgjengelig database, <http://www.datatjeneste.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 31.05.2014, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen


Vigdis Maritveit Kvalhaugen


Kjersti Haugstvedt

Kontaktperson: Kjersti Haugstvedt tlf: 55 55 29 55

Vedlegg: Prosjektvurdering

Kopi: Yvette Anthon Agye Lagbe, Oslo M Trorøks Vei 64, H0210, 0864 OSLO

To whom it may concern

Date: 08.09.2013
Your ref:
Our ref.: Camilla.hakke@ped.uio.no

Letter of Support for conducting field work


I hereby confirm that Yvette Anthea Adzo Lago, born 28.09.1981, is a full time student in the Master of Philosophy in Comparative and International Education master programme at the Department of Education at the University of Oslo.

In the second year our students are required to write a Master Thesis of 80 to 120 pages. This thesis should preferably be based on field studies conducted in countries outside of Norway. The fieldwork may incorporate interviews with educational practitioners and decision-makers, classroom observation and documentary analysis. The type of data gathered should of course be discussed with the relevant authorities. It is our hope that the work produced by this student will not only benefit him in his academic career but also be of use in the future

Yvette Anthea Adzo Lago is planning to do her fieldwork in Ghana during the period of September 23rd until November 2nd 2013.

We kindly ask you to give her all possible assistance during her fieldwork in Ghana.

Best regards,


Camilla Hakke
Senior Executive Officer
Department of Education



Department of Education
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www.uio.no
Org. no: 021 630 654

Department of Education,
University of Oslo,
Norway.

30th September 2013.

The Director,
Department of Social Welfare,
Child Rights Promotion & Protection Unit,
P.O. Box MB 230, Accra Ghana

Dear Sir/Madam,

REQUEST FOR DATA ON FOR ECCE FOR OVC IN OSU AND SOS HOMES

I am a student at the University of Oslo and I humbly request your outfit to assist me collect some data from both the Osu and SOS Children's Homes. The purpose of this is to enable me carry out a research into *Early Childhood Care and Education for Orphans and Vulnerable Children in Ghana*.

I will be grateful if you can refer me to key persons in charge of the planning and implementation of both the Early Childhood Care and Education and the Orphans and Vulnerable Children policies, in the Ministry of Women and Children Affairs and the Ghana Education Service.

The data received through interviews and observations in the classrooms will be carefully protected as it is a requirement and my responsibility as a researcher to my respondents.

Kindly find attached to this request an introductory letter from my department.

Thank you.

Yours faithfully,

Yvette Anthea Adzo Lagbo

Department of Education,
University of Oslo,
Norway.

30th September 2013.

The Head of Human Resource and Administration,
SOS Children Villages
P. O. Box 16657, Asylum Down,
Accra.

Dear Sir,

REQUEST FOR DATA THROUGH OBSERVATIONS AND INTERVIEWS

I am a student at the University of Oslo and I humbly request your outfit to assist me collect some data from your institution. The purpose of this is to enable me carry out a research into *Early Childhood Care and Education for Orphans and Vulnerable Children in Ghana*.

I will be grateful if you can assist me with any form of documentation's either hard or soft copies relevant for my studies. I am also requesting for you to assist me get in touch with the following persons:

- Head of the institution in charge of education(national office and Tema home)
- Two teachers of children in the early years.
- Four children in the early years.

Kindly find attached to this request an introductory letter from my department of the University of Oslo, Norway and a photocopy of my student ID card.

I thank you in anticipation of a favourable response.

Yours faithfully,

Yvette Anthea Adzo Lagbo

Department of Education,
University of Oslo,
Norway.

30th September 2013.

The Manageress,
Osu Children's Home
P. O. Box 640,
Accra.

Dear Madam,

REQUEST FOR DATA THROUGH OBSERVATIONS AND INTERVIEWS

I am a student at the University of Oslo and I humbly request your outfit to assist me collect some data from your institution. The purpose of this is to enable me carry out a research into *Early Childhood Care and Education for Orphans and Vulnerable Children in Ghana*.

I will be grateful if you can assist me with any form of documentation's either hard or soft copies relevant for my studies. I am also requesting for you to assist me get in touch with the following persons:

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Yours faithfully,

Yvette Anthea Adzo Lagbo

