REPUBLIC OF GHANA

MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION

MAPPING OF RESIDENTIAL HOMES FOR CHILDREN IN GHANA

Care Reform Initiative (CRI) Ghana

#FamilyBestPlaceForChildren

ANALYSIS OF CURRENT TRENDS, FLOWS AND DRIVERS OF CHILDREN RESIDING IN RESIDENTIAL CARE INSTITUTIONS IN "HOT SPOT" MAPPING DISTRICTS

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ACRONYMS

BCC	Behavior Change Communication
BCCC	Better Care for Children Committee
C4D	Communication for development
CAA	Central Adoption Authority
CDO	Community Development Officer
CFWP	Child and Family Welfare Policy
CRI	Care Reform Initiative
CSO	Civil Society Organisation
DCD	Department of Community Development
DCOF	Displaced Children and Orphans Fund
DOC	Department of Children
DSWCD	Department of Social Welfare and Community Development
DOVVSU	Domestic Violence and Victim Support Unit
DSD	Department of Social Development
FBO	Faith-based organisation
GASOW	Ghana Association of Social Workers
GHC	Ghana Cedis
GOG	Government of Ghana
GPS	Ghana Police Service
HPNO	USAID/Ghana's Health, Population and Nutrition Office
ILGS	Institute of Local Government Studies
INGO	International non-government organisation
KMA	Kumasi Metropolitan Assembly
LEAP	Livelihood Empowerment against Poverty
LGSS	Local Government Service Secretariat
MDA	Ministries, Departments and Agencies
MIS	Management information system
MMDA	Metropolitan Municipal and District Assemblies
MoGCSP	Ministry of Gender, Children and Social Protection
MoLGRD	Ministry of Local Government and Rural Development
MOV	Means of verification
NGO	Non-government organisation

OA	OrphanAid Africa
OVC	Orphan and vulnerable child
RHC	Residential Home for Children
SOP	Standard Operating Procedures
SSW	School of Social Work
SSWAG	School of Social Work Association of Ghana
SWCD	Social Welfare & Community Development Department
SWCDO	Social Welfare and Community Development Officer
SWO	Social Welfare Officer
TA	Technical Assistance
TOR	Terms of Reference
UDS	University of Development Studies
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

DEFINITIONS

Adoption	A social and legal protective measure for children. Adoption is the permanent placement of a child into a family whereby the rights and responsibilities of the biological parents (or legal guardians) are legally transferred to the adoptive parent(s).[1]
Alternative care	Where in his or her best interest a child temporarily or permanently cannot be in his is her family environment, formal alternative care must be provided by the State. Alternative care is the responsibility of the State and must be carried out lawfully through competent authorities (UN Guidelines for the Alternative Care of Children, 2009). Alternative care includes formal and informal care of children without parental care. Alternative care includes kinship care, foster-care, other forms of family-based or family-like care placements, supervised independent living arrangements for children and residential care facilities.
Child participation	All children should be enabled to participate in decision making to the best of their ability.
Child protection	Measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children.
Child	A child is any human being below the age of 18 unless, under the law applicable to the child, majority is attained earlier (UN Convention on the Rights of the Child, Article 1).
Competent authority	An officially designated body, such as a court, social service or other State or non-State body, entrusted with the right and responsibility to make decisions relating to alternative care (UN Guidelines for the Alternative Care of Children, 2009).
Family-based care	Under family-based care, the child is looked after in the family home of the carers. This may be on an informal basis, including informal kinship care, or on a formal basis. The main formal family-based arrangement is foster care, ordered, or approved by a competent authority. Family-based care can take different forms in different countries, including formalised kinship care and certain types of guardianship where the child lives with his/her guardian.[2]
Foster-care	Situations where children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family other than children's own family, that has been selected, qualified, approved and supervised for providing such care (UN Guidelines for the Alternative Care of Children, 2009).

1 Better Care Network and UNICEF (2015) Making Decisions for the Better Care of Children: *The role of gatekeeping in strengthening family based care. Five Country Studies. Better Care Network Working Paper Series.*

2 Save the Children Fund (2009) Keeping children out of harmful institutions: Why we should be investing in family-based care.

Formal care	All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures (UN Guidelines for the Alternative Care of Children, 2009).
Gatekeeping	A recognised and systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs.[3]
Informal care	Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ('informal kinship care') or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body (UN Guidelines for the Alternative Care of Children, 2009).
Kinship care	Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature. Informal kinship care is: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends … at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. Formal kinship care is care by extended family or close friends who have been ordered by an administrative or judicial authority or duly accredited body. This may in some settings include guardianship or foster-care.[4]
Reintegration	The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin) in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.
Residential care	Residential Care is care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes (UN Guidelines for the Alternative Care of Children, 2009). In Ghana, residential care facilities are officially called Residential Homes for Children (RHCs), but are often labeled as 'orphanages'.

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3 Better Care Network and UNICEF (2015)

4 Better Care Network and UNICEF (2015) Making Decisions for the Better Care of Children: *The role of gatekeeping in strengthening family based care. Five Country Studies. Better Care Network Working Paper Series.*

EXECUTIVE SUMMARY

Displaced Children and Orphans Fund (DCOF)/USAID are supporting the efforts of the Ministry of Gender, Children and Social Protection (MoGCSP) and UNICEF Ghana to accelerate on-going childcare reform efforts through a 5-year programme, the ***DCOF/UNICEF/MoGCSP Accelerating Child Care Reform Programme*** 2015 – 2020. One of the activities is to conduct a comprehensive geographical mapping and analysis of Residential Homes for Children (RHCs) in Ghana to identify the "hot spots" - high concentration of RHCs and/or children in RHCs - and develop a comprehensive understanding of current trends, flows and drivers of children in RHCs in these "hot-spot" (priority) areas.

The geographic mapping identified 115 RHCs in Ghana as at October 2016, caring for 3 586 children. Just over half of all RHCs (53 percent) were located in three Regions: Greater Accra (21 percent); Ashanti (18 percent) and Volta (14 percent), and two-thirds of all children in RHCs in Ghana were in three Regions: Greater Accra (30 percent), Ashanti (22 percent) and Central (12 percent). RHCs are found in 65 (31 Percent) of Ghana's 216 Districts, with most (82 percent) having one or two RHCs and the remainder (12 Districts) having three or more RHCs with Adenta and Ga West in Greater Accra and Kumasi Metropolitan Assembly (KMA) in Ashanti having the highest number of RHCs, five each in Adenta and Ga West and eight in Kumasi. Twenty-four RHCs in ten districts in the four "hot-spot" regions (Ashanti, Central, Greater Accra and Volta) were selected for in-depth assessments. The mapping exercise was undertaken in the first quarter of 2017. Qualitative and quantitative data was collected from Regional and District Department of Social Welfare (DSW) officials and RHCs. Regional and District DSW staff participated in each of the RHC site visits.

Key findings:[5]

It is encouraging to note that there has been an overall decline in newly established private RHCs in the mapping "hot-spot"/priority Districts, with no new (known) RHCs established since 2016; a success that can be attributed to the efforts of the Care Reform Initiative (CRI) over the years. It is also very positive to note that many RHCs in the mapping Districts were voluntarily scaling back on the number of children admitted into their facilities and planned to further reduce these numbers. DSW, through the CRI, has played an important role in facilitating this shift, as most RHCs indicated they had either stopped admitting new children or were focusing on reintegrating children in response to directives from DSW.

Monitoring and regulation of RHCs has started to see some improvements through the CRI efforts, with 25 percent of known RHCs licenced in the first quarter of 2017 (29 out of 115), although this number still remains unacceptably low. Inadequate Government of Ghana (GoG) budget allocations to DSW place a substantial constraint on the ability of National, Regional and District DSW staff to conduct inspections and enforce directives to close. Of the 24 RHCs assessed against the 2010 National Standards for RHCs during the mapping exercise, 10 RHCs complied sufficiently for immediate licensing; six could be considered for licensing only if substantive compliance gaps were met; while six RHCs were recommended for closure.

The detrimental effects of residential care on children's health, development and life chances have been confirmed through eighty years of research, and are especially harmful when children are placed at an early age and/or for long periods of time, and in institutions with large numbers of children and few caregivers. It is therefore positive to note that only nine percent of all children currently in the 24 RHCs were aged 0 – 3. Of concern though, is that 28 percent of children currently in care were admitted when aged 0 – 3 with many of them having lived in residential care for a number of years. Most children in the 24 RHCs remained in care for at least one year, in some cases up to nine years.

5 Note: the findings of the "hot-spot" mapping exercise only reflect the situation of 24 RHCs in the 10 "hot spot" (priority) Districts and do not provide a national picture of the situation of RHCs in Ghana.

Poverty, financial or material, should never be the only justification for removing a child from parental care, receiving a child into residential care, or preventing his/her reintegration, but should be seen as the signal for the need to provide appropriate support to the family. Currently, in many of the 24 RHCs visited the main reason for children in residential care appears to be for poverty related reasons.

Many children currently in RHCs were not admitted with the involvement of District officials, and (some, not all) children in only 10 of the 24 RHCs had care orders. However, an encouraging trend noted, albeit anecdotally, was the increased involvement of DSW officials in the placement of new children in RHCs, although this did not necessarily mean that the children would have care orders.

Inconsistencies in recording data on children make it difficult to draw any meaningful conclusions about the origin areas of children currently in RHCs. This highlights the need for a standardised monitoring system for children in formal care. Available data shows that in many cases children are moved across Regions and Districts to be placed in a particular RHC. It was not possible to establish why these children were not placed in RHCs in their own Regions/Districts.

Volunteering in orphanages continues to be a popular activity in Ghana especially for young travellers, many of whom combine spending a week or more "giving back" in an orphanage with other tourism activities. Orphanage volunteering has become a serious international child protection issue in recent years despite being a popular staple of the gap year and voluntourism industries. Revisions to the RHC Standards and CRI Behaviour Change Communication (BCC) activities need to directly address this issue to ensure that young, inexperienced "volontourists" are not used in any capacity in RHCs.

Functional administrative systems for enumerating RHCs and children in residential care are absent and as a result, reliable numbers of RHCs and children in RHCs are not yet available. Reasons for this include the lack of resources and investment in establishing a standardised system for collecting and reporting on reliable data. Lack of knowledge and capacity in child protection case management, including the role of District officers as case managers of children in alternative care is also a contributing factor.

Family-strengthening services to prevent the separation of children from parents were largely absent in Districts. Without support, family care and family based care, especially kinship care, can be inadequate.

Much still needs to be done before formal foster care can provide a viable family-based care alternative to residential care. While the current pool of approved foster parents in Ghana is small (98), the number of children placed in foster care is even less (32), indicating that District officers are underutilizing foster care as an alternative to RHCs.

Key recommendations:

- The placement of children 0 – 3 in family-based care alternatives (i.e. formal foster care) pending reunification with family or adoption must be prioritised to minimise the negative impacts on the development of these children.
- District officials need to play a more active role in the case management of children in RHCs, participating in the development of care plans and ensuring that it includes a plan for reintegration and/or permanency plan. District officials also need to be actively involved in the assessment of children before they are admitted to a RHC and identifying and making use of family-based care alternatives to ensure that children are only ever admitted into residential care as a last resort and for the shortest period possible.
- Address the challenges, including lack of political will, at National and District Assembly level to allocate and disburse adequate funding for child protection services, including prevention and family-strengthening activities. This is a systemic issue that needs to be dealt with if Ghana is to realise its goals of preventing family separations, providing sufficient and effective family-based

care options for children in need of alternative care, and ensuring that children are only admitted to residential care as a last resort and on a temporary basis.

- Develop Standard Operating Procedures (SOPs) that clearly articulate the roles and responsibilities of National, Regional and District DSW in fulfilling the GoG's statutory mandate in relation to the inspection, licencing and closure of RHCs. These SOPs need to be enforced from the highest levels.
- Undertake a census/mapping of RHCs at national level with a particular focus on identifying "unknown" RHCs.
- Strengthen systems to monitor RHCs and children in RHCs. All RHCs should be required to maintain a register of children in their care and report to DSW on a quarterly basis. DSW should provide the standardised template. Include this requirement in the revised RHC Standards.
- Include targeted BCC activities as part of the current Child Protection Social Drive campaign, for District Assemblies on their Constitutional/legislated responsibilities in terms of their mandated responsibilities in relation to child protection and alternative care and allocating sufficient finances for these activities. Given the reliance of many RHCs on international donor funds, BCC activities should also target these donors with key messages encouraging funding of family strengthening and family-based care services rather than orphanages.
- Develop a national database (with regional and district level details) of NGOs providing prevention and early intervention services for families. This database could be linked to the Social Drive website and serve as a resource for SWOs and others working with vulnerable and at risk children. National DSW has a mandate to register NGOs so have ready access to information on most NGOs operating in Ghana. This could provide the starting point for a national survey/mapping of NGOs working with vulnerable and at risk children and families.
- A financial strategy for operationalising foster care under the new Regulations must be developed, including the funding of the Regional Foster Placement Committees, foster care related operational work at District levels and the Foster Care Fund. Sources of funds for the Foster Care Fund have not yet been worked out and this is something that has to be addressed through the Ministry of Finance. This funding strategy should be included in the Strategic Plan for DSW, which will be developed with DCOF funds.

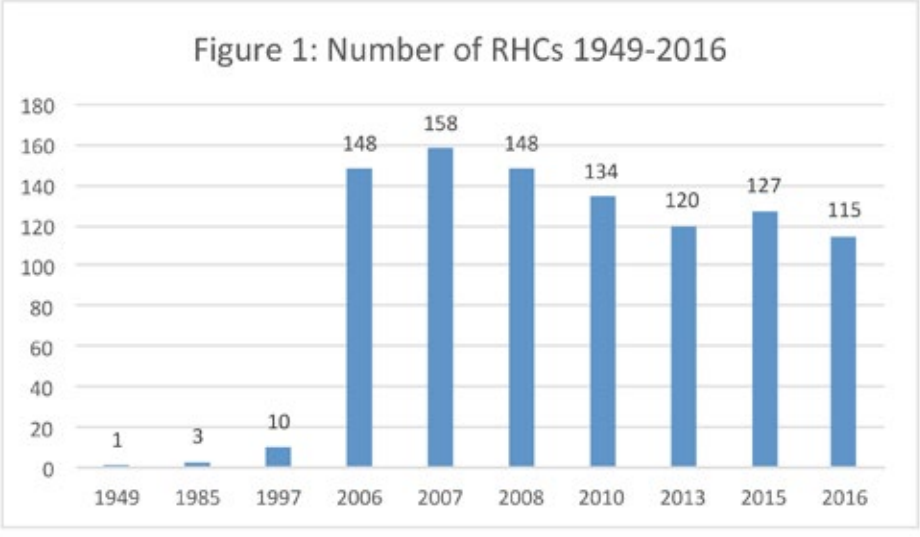
SECTION 1

INTRODUCTION

In Ghana, residential care has historically been the main formal alternative care option for children whose parents or extended families are unable or unwilling to care for them.[6] Between 1996 and 2006 there was a 91 percent increase in the number of Residential Homes for Children (RHCs) (from 13 to 148) with about 4 000 children in care in 2006.[7] A national Orphanage Survey conducted in 2006 revealed that most children (more than 80 percent) were not orphans with many placed in care because their parents were poor and unable to pay for their education, and there were reports of some orphanage staff actively 'harvesting' children to boost numbers and attract more funding.[8] Most RHCs were not operating in line with the requirements set out by the Children's Act, 1998 (Act 560) or the Child Rights Regulations (L.I.11705), 2003.[9]

In response to this situation, the Care Reform Initiative (CRI) was established in 2007, under the Department of Social Welfare (DSW) to prevent the unnecessary placement of children in RHCs, close down sub-standard RHCs and reintegrate children with families. Emphasis was placed on family-strengthening and family-based care alternatives including kinship care and formal foster care.

Since the establishment of the CRI, progress has been made in reducing the number of RHCs and number of children in care, with a 22 percent decrease in RHCs (148 in 2006 to 115 in 2016) accompanied by a 10 percent decrease in the number of institutionalised children (4 000 to 3 586).



6 Kinship care is the main informal alternative care option for children whose parents are unable or unwilling to care for them. Approximately 17 percent of children in Ghana (1 874 509 of the 11 026 524 children aged 0 - 17) do not live with biological parent/s and most are cared for by extended family members in informal foster- or kinship care arrangements. Source: Ministry of Gender, Children and Social Protection and UNICEF (2014) Child protection baseline research report; Source for number of children in Ghana: UNICEF (2013) Ghana: Advocating for development that leaves no child behind.

7 All figures are estimates of available information and known RHCs. Source: Messmer, A. (2014) Collected viewpoints on international volunteering in residential care centers: Country focus: Ghana. Better Volunteering Better Care

8 The Care Reform Initiative (CRI) Overview, prepared by Yvonne Norman, CRI Unit, Department of Welfare.

9 OrphanAid Africa, 2008, Towards the Development of Sustainable Community Care for OVC in Ghana: Situation Review, PowerPoint Presentation

However, these figures remain estimates, as reliable numbers of RHCs and children in RHCs are not yet available. A government audit in 2013 found that only 2 out of 33 of sampled private RHCs were licensed (6 percent) with many operating below the 2010 Standards for Residential Homes for Children and were not consistently monitored by DSW.[10]

However, monitoring and regulation of RHCs has started to see some improvements through the CRI efforts, with 25 percent of known RHCs licenced in June 2017 (29 out of 115), the remaining 75 percent of RHCs are unlicensed mostly due to non-compliance with the Standards but also because of administrative challenges in conducing and finalising licensing inspections and/or officially closing RHCs directed to close.

USAID's Displaced Children's and Orphans Fund (DCOF) [11] is supporting the efforts of the Ministry of Gender, Children and Social Protection (MoGCSP) and UNICEF Ghana to accelerate these on-going child care reform efforts through a 5-year programme, the ***DCOF/UNICEF/MoGCSP Accelerating Child Care Reform Programme*** 2015 – 2020.

Objective 3.1 of the Programme requires conducting a comprehensive geographical mapping and analysis of RHCs in Ghana to identify the "hot spots" (high concentration of RHCs and/or children in RHCs) and develop a comprehensive understanding of current trends, flows and drivers of children in RHCs in these "hot-spot" areas.

The intention beyond this activity is to use this information to focus social drive and behaviour change interventions/responses on areas with high concentration of RHCs and address specific drivers.

This report presents the findings of the mapping exercise undertaken in 10 Districts located in four Regions of Ghana. **It is important to note that the findings of the "hot-spot" mapping exercise only reflects the situation of 24 RHCs visited in 10 "hot spot" (priority) Districts and do not provide a national picture of the situation of RHCs in Ghana.**

During the planning phase of the mapping exercise it was decided to use the site visits to the Regions, Districts and RHCs as an opportunity to collect information that could inform other related activities in the DOCF programme, namely;

- The RHC monitoring system (Objective 5.1);
- Supporting the operationalisation of Foster care Regulations, including establishing a database on foster parents and children's case files (Objective 2.2); and
- The assessment of the implementation of the 2010 Standards for RHCs and the review of these standards (Objective 3.2).

The report is structured as follows:

- Section 2 - Methodology used for the mapping exercise;
- Section 3 - Key findings on trends, flows and drivers of children in RHCs;
- Section 4 - Key findings on system to monitor children in RHCs;
- Section 5 - Key findings on formal foster care;
- Section 6 - Key findings on implementing the RHC 2010 Standards; and
- Section 7 - Conclusions and recommendations

Data reports for each of the four Regions are provided in Annexures K - N.

10 The audit was undertaken from August 2011 to November 2012 and included a sample of 38 RHCs in four Regions (Ashanti, Greater Accra, Northern and Western). Reference: Ghana Audit Service (2013) Performance audit report of the Auditor General Regulation of Residential Homes for children (orphanages) by the Department of Social Welfare (DSW). Report prepared under section 11 of the Audit Service Act 2000 for presentation to Parliament in accordance with section 20 of the Act. 26.

11 In partnership with USAID/Ghana's Health, Population and Nutrition Office (HPNO)

SECTION 2

METHODOLOGY

The mapping exercise involved the following activities:

- Identification and selection of "hot spot" priority Districts.
- Identification of RHCs in the "hot spot" priority Districts for in-depth assessments.
- Data collection in the priority Districts.
- Collation and analysis of data.

2.1 Identification and selection of RHC "hot spot" mapping districts

The RHC "hot spot" mapping Districts were identified in November 2016 through an analysis and geographic mapping of recent available information on RHCs. At that time, the most recent information was the Updated List of Orphanages October 2016 provided by the CRI Unit in DSW. This list was compiled from information shared by Regional DSW offices and District Departments of Social Welfare and Community Development (DSWCD).

Informed by the analysis, 24 RHCs in four Regions and five Districts were initially selected for in-depth data collection:

- Ashanti Region - Kumasi Metropolitan District (8 RHCs);
- Greater Accra Region - Adenta Municipal District (5 RHCs) and Ga West Municipal District (4 RHCs); and
- Volta Region - Ketu South Municipal District (4 RHCs) and Kpando Municipal District (3 RHCs).

Following consultations with the Regional DSW officers on the proposed Districts, and with consideration given to available time and budget, some amendments were made to the initial list:

- In **Ashanti Region**, Asokore Mampong District was included as this District had one large RHC (SOS Children's Village) with 120 children and a shelter that had not been included in official reports to the CRI (Kiku Children's Shelter).
- In **Greater Accra Region**, one of the RHCs (Haven of Hope) was actually in Amasaman District not Ga West but it was decided to still include this RHC as there were questions about whether it should be licensed or registered as a boarding school.
- In **Volta Region**, Ketu South and Kapando Municipal Districts were replaced with Ho Metro and Hohoe Municipal. The Regional Director and Programme Head were unsure if RHCs in these two Districts were still operating, as they had not been recently monitored. The RHCs were understood to have few children (less than 10 per RHC) and were located in remote and difficult to access areas. They therefore proposed focusing on the larger more accessible RHCs in Ho Metro and Hohoe Municipal.
- A decision was made to include some Districts in **Central Region**, as historically this Region has been associated with a higher number of RHCs but the 2016 list showed a significant drop in the number of RHCs 2015 to 2016 (only 13 RHCs were listed in 2016 compared to 28 in 2015). Five RHCs in three Districts were visited: Awutu Senya East, Gomoa East and Gomoa Fettah District.

As a result of changes made before and during the site visits, data was collected from 24 RHCs in four Regions and 10 Districts. All changes were made in consultation with National, Regional and District DSW officials. See Table 1 for details.

Annexure A provides for the details of the analysis of the October 2016 data, with additional DSW inputs, and Annexure B provides the geographic maps.

Table 1: RHCs "Hot Spot" mapping data collection sites 2017

Region	District	RHC site visits
Ashanti	Asokore Mompang District	■ King Jesus Charity Home
		■ Kiku Children's Shelter
		■ SOS Children's Village
	Kumasi Metropolitan Assembly (KMA)	■ All Nations Charity Home
		■ Cherubs Children's Home
		■ Kumasi Children's Home
		■ Missionaries of Charity
		■ Trinity Foundation
Central	Gomoa East District	■ Challenging Heights
		■ Ghana Make a Difference
	Gomoa Fettah District	■ Hope Children's Village
	Awutu Senya East District	■ Good Shepherd
		■ Royal Seed
Greater Accra	Adenta	■ Christ Faith Foster Home
		■ Nyame Dua Children's Home
		■ Safe Haven
		■ West Africa Mercy Mission (WAMM)
	Amasaman District	■ Haven of Hope
	Ga-West District	■ Chance for Children
		■ Rafiki
Volta	Ho Municipal District	■ Madamfo Ghana
		■ Remar Ho
	Hohoe Municipal District	■ House of Hope
		■ Obi Kudoe

2.2 Data collection tools

Data collection tools were developed to collect information from the Regional, District and RHC levels. The tools were developed together with the national DSW team members and were refined following the Regional and District interviews (Greater Accra) and the RHC site visits in Ga West District.

For Regional and District interviews, a consolidated tool was developed for gathering information on mapping related questions i.e. RHCs trends and drivers; monitoring systems and tools; and the implementation of the 2010 RHC Standards as well as inputs on proposed revisions.

At the RHC level, specific mapping related questions were asked, followed by an in-depth assessment of the implementation of the 2010 RHC Standards. Four checklists were developed for this assessment: Manager, Caregivers, Premises and Children.

2.3 Mapping team

The mapping team included staff from national DSW, UNICEF and the NGO Kaeme[12] (brought in to assist with interviewing children at RHCs). Team members included:

1. Fred Sakyi Boafo, Programme Head, Child Rights Promotion and Protection (DSW- Head Office)
2. Yvonne Norman, CRI Coordinator (DSW-Head Office)
3. Daniel Nonah, Head of Monitoring and Evaluation Unit (DSW- Head Office)
4. Sylvia Obeng Asante, DSW- Head Office
5. Theresa Wilson, Consultant (UNICEF)
6. Iddris Abdallah, UNICEF (Ashanti Region only)
7. Gifty Rhoda Afful, UNICEF (Volta Region only)
8. Patricia Eshun, Social Worker (Kaeme)
9. Margaret Agyei Frimpong, Psychologist (Kaeme)

Regional and District DSW staff also participated in each of the RHC site visits and through this process received a hands-on orientation to the RHC assessment tools. Some Regional and District staff also conducted interviews with children.

2.4 Data collection process

A structured data collection process was followed to enable the collection of information from multiple sources.

DSW Regional Office:	■ Interview with the Regional Manager and Programme Head on roles and responsibilities in terms of monitoring RHCs and their views on trends in number of RHCs in the region.
DSWCD and District Assembly:	■ Interview with the District Head and SWCD involved in alternative care (this interview was often conducted jointly with the Regional Office). ■ Interview with District Assembly representative (not for KMA as due to the recent elections there was no Chairperson and the Gender Desk representative was not available).
RHCs:	■ Interviews with the RHC manager/proprietor, social work staff (where available) caregivers and children ■ Review of RHC monitoring system and files on children. ■ Observations of the premises.

Data collection activities for the mapping exercise took place in the first quarter of 2017 (from 13 February to 24 March 2017). See Annexure C for a detailed programme of activities undertaken and Annexure D for details of people interviewed.

2.5 Data analysis

Drawing on available information from registers and records of children, RHC data on children was captured in a standardised MS Excel format, which allowed for quantitative analysis. Individual data reports were prepared for each RHC using a standardised template while data from Regional and District interviews was collated thematically. Findings from the Regions/Districts and individual data reports were triangulated and Regional data reports were prepared. Key findings from these Regional data reports were synthesized and are presented in this report.

12 Kaeme is a Ghanaian NGO (with a parent body in the United States) that works to eliminate barriers to placing an orphanage-housed child into a home, offering more children the chance to grow up in a loving family. Kaeme teams with DSW to canvas orphanages across Ghana, scouring records, talking with caregivers, and interviewing children to create a profile on the child's history, health, and personality. Information contained in these profiles allows DSW to determine the best care option for each child, identify information gaps, and match each child with an appropriate loving family. See: www.kaeme.org

2.6 Limitations of the methodology

Reliable numbers of RHCs and children in RHCs are not available because functional administrative systems for enumerating children in formal alternative care in Ghana do not yet exist. Given this, it was recognised that the October 2016 Updated List of Orphanages was likely to be indicative of current national trends rather than an accurate representation of the number and spread of RHCs in Ghana. In spite of this limitation, it was agreed that the information was good enough to provide an initial entry point for the "hot-spot" mapping exercise.

It would have been helpful to have a national situation analysis of trends, drivers and flows of children in RHCs against which to compare the situation in the "hot spot" districts. Without this bigger picture, it was difficult to draw meaningful conclusions as to why there was concentration of RHCs in a few Districts and not in others.

The inclusion of data collection for additional DCOF related activities resulted in a very tight programme with little time for team reflection and de-briefing during the fieldwork. De-briefings had to be scheduled when the team returned to Accra but this meant that Regional and District officials could not be part of the discussions on how to interpret the findings.

See Section 7: Conclusions and Recommendations for lessons learned and recommendations for future mapping exercises.

SECTION 3

KEY FINDINGS FROM 10 DISTRICTS ON TRENDS, FLOWS AND DRIVERS OF RHCS AND CHILDREN IN RHCS

This section presents a summary of key mapping findings from 24 RHCs, and children in these RHCs, in 10 Districts.

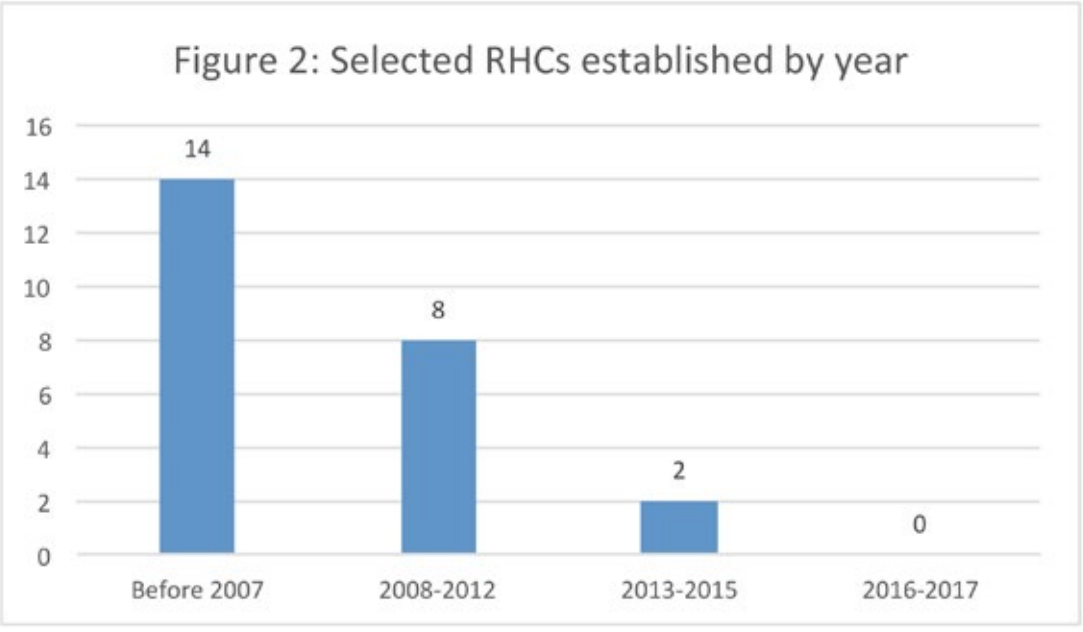
3.1 RHCs: TRENDS AND DRIVERS

(a) Trends in RHCs in the "hot-spot" Districts

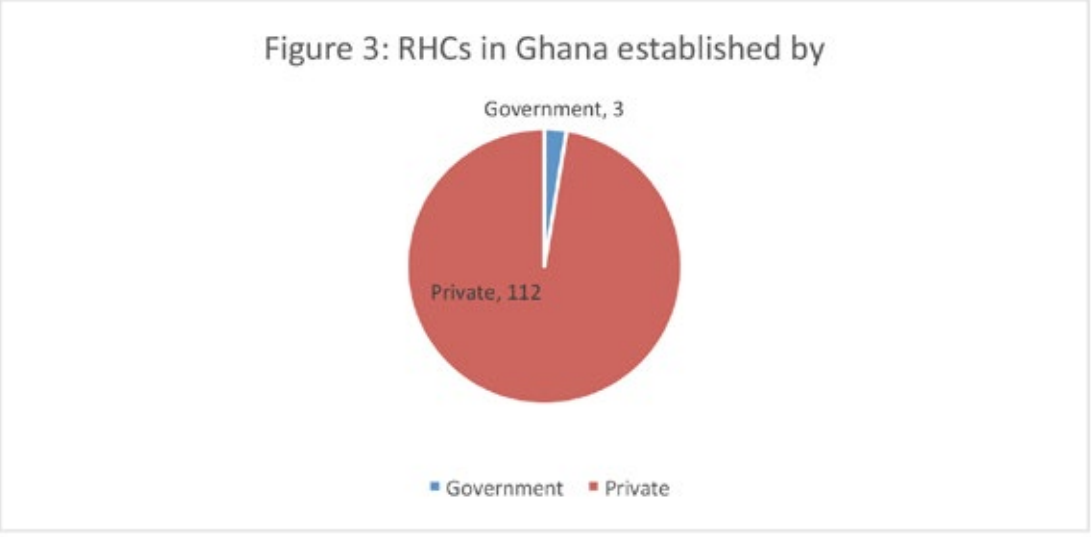
Overall, the 24 RHCs with 944 children in 10 priority Districts have 21 percent of all RHCs in Ghana, and 26 percent of all children in RHCs in Ghana.

Over half (58 percent) of the 24 RHCs were established before the introduction of the CRI initiative in 2007, with 33 percent established between 2008 and 2012 (See Figure 3 below). KMA (Ashanti) has some of the longest running RHCs in Ghana: Kumasi Children's Home (1965), Missionaries of Charity (1988), and King Jesus Charity Home (1995).

The most recently established RHCs were both in Ashanti Region (Trinity Foundation, KMA in 2013 and Kiku Children's Shelter, Asokore Mampong in 2015), highlighting the need for this Region and Districts to be more active in taking steps to prevent the opening of any new RHCs. In Volta Region, a "newly discovered" RHC was reported during the site visit (Obi Kudoe Child Care Centre, HoHoe), however it was later determined that this was an "old" RHC, established in 1992, it had just fallen off the radar of the Regional and District office for a few years.



With one exception, the government-run Kumasi Children's Home in KMA. Ashanti, all the RHCs were privately run. Private RHCs were established by International NGOs and/or FBOs; Ghanaian NGOs and/or FBOs; and Ghanaian individuals either on their own or in partnership with foreigner. Most (97 percent) of RHCs in Ghana are privately run (see Figure 4).



Following their establishment, with one exception (Christ Faith Foster Home, Adenta, Greater Accra) all were registered as NGOs. Christ Faith Foster Home was only registered as a company with the Registrar General. Ghana legislation and RHC Standards currently do not require private RHCs to register as NGOs.

In conclusion, it is encouraging to note an overall decline in newly established private RHCs across all the priority Districts, with no new (known) RHCs established since 2016 a success that can be attributed to the efforts of the CRI over the years and which have recently been strengthened through DCOF funded programme activities. Inconsistencies and gaps in Regional and District reporting on RHCs, including those classified as "shelters" and those earmarked for closure, were noted and will be addressed in the upcoming activity to develop a standardised system to monitor children in formal alternative care.

(b) Size of RHCs in the 10 Priority Districts

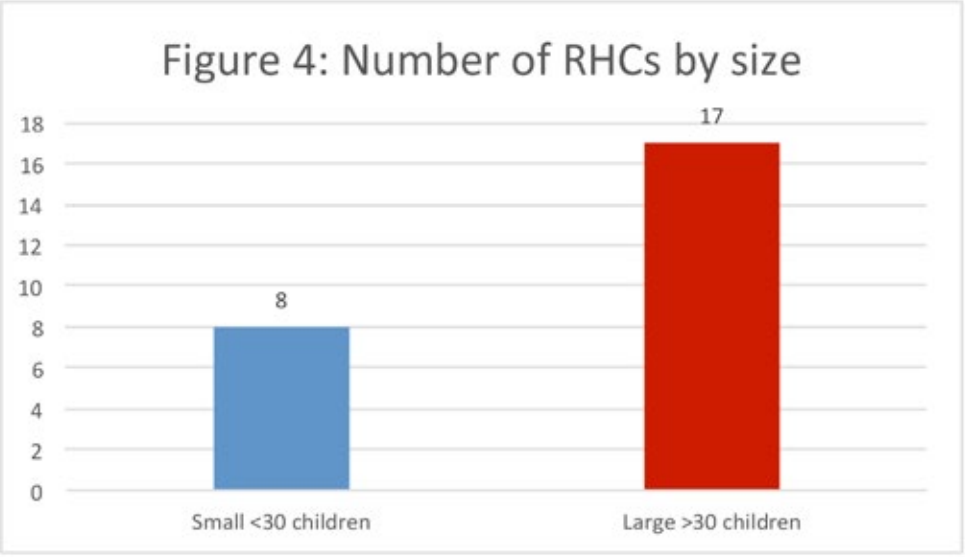
In Ghana, RHCs can be classified as follows:

1. Small: < 30 children
2. Large: > 31 children

The majority of RHCs in Ghana (70%) are large facilities, caring for more than 30 children. The remainder (30%) are small, accommodating 29 or less children. [13]

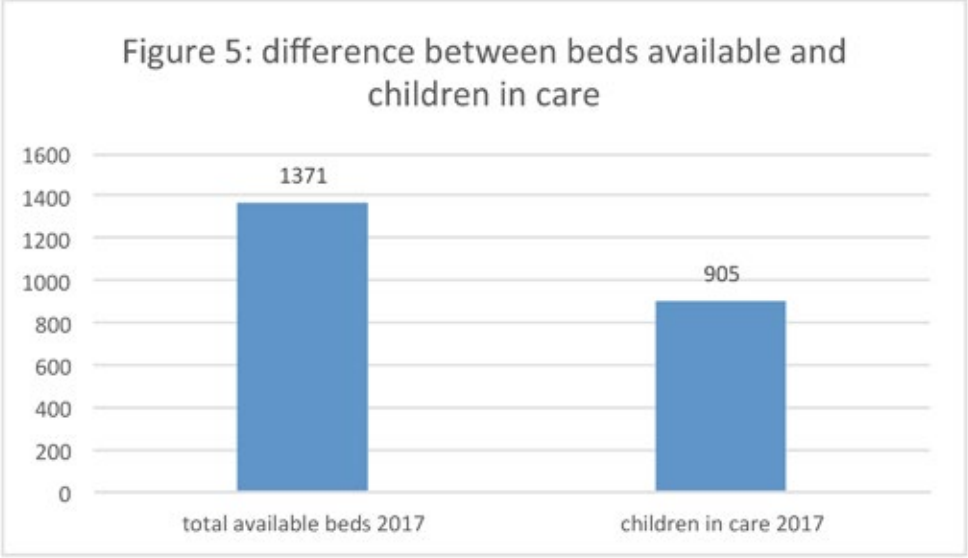
Most, 71 percent, of the 24 mapping RHCs were large (See Figure 5 below). Five of the 17 large RHCs could accommodate between 100 – 120 children.

13 Information on numbers of children was only available for 110 of the 115 RHCs.



The 24 RHCs in the 10 priority Districts has a combined total of 1 371 beds.[14] However, many RHCs reported not operating at full capacity either in response to DSW instructions or because they had decided to scale-back and focus on promoting family-based care, and at the time of the mapping exercise only 905 beds were occupied, which in means RHCs were operating on average at 66 percent of their total capacity (see Figure 6).

A notable example was SOS Children's Village (Asokore Mompang, Ashanti), which has recently expressed ambitions to lead the implementation of family-based care in Ghana. The organisation is currently profiling all the children in their three SOS Children's Villages in Ghana to determine who is ready to be reintegrated. They have adopted a case-by-case approach and the exercise will finish at the end of 2017. They plan to work towards at least 20 percent of children reintegrated with their families by the end of 2018. SOS Children's Village also plans to move towards establishing family-type cottages in the community (small family homes with not more than 10 children per home). They will pilot this in 2018 and if it works will move the remaining children in the Village to these community homes, thereby ending "artificial environments".



14 Data for Volta (Ho & HH) excludes Obi Kudoe as figures of available beds and numbers of children in care could not be confirmed.

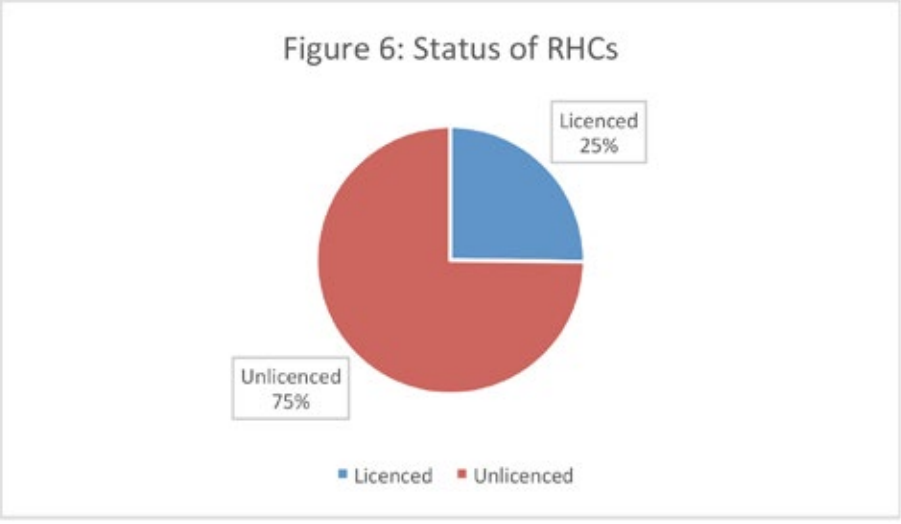
In conclusion, it is very positive to note that many RHCs are voluntarily scaling back on the number of children admitted into their facilities and plan to further reduce these numbers. DSW, through the CRI, has played an important role in facilitating this shift, as most RHCs indicated they had either stopped admitting new children or were focusing on reintegrating children in response to directives from DSW (National, Region and District).

(c) Status of RHCs in the 10 Priority Districts

Of the 29 RHCs licensed in Ghana in June 2017, just under a quarter (7) were in the 10 mapping Districts (this includes Kumasi Children's Home which as a government-run RHC is automatically considered to be licenced).

According to Regional staff, RHCs had not been licenced mainly because they didn't meet the Standards. In Ashanti Region, the Regional and District staff reported working with existing RHCs to improve their standards so they could be licenced. A national embargo was apparently placed on licensing RHCs for a few years[15] and RHCs were told that they should wait until the embargo was lifted before applying. This could also help to explain why so few RHCs have been licenced. Another factor that could have delayed the licensing and/or closure of RHCs was the absence of guidance/SOPs on how to assess RHC compliance with the 2010 RHC Standards (see Section 6.2).

The site visits to each RHC gave national DSW an opportunity to make a final decision on whether or not to licence the facility and five private RHCs were licenced shortly after the mapping exercise was completed. Most RHCs indicated that they wanted to be licensed and operate within the law and showed a willingness to comply with directives given by DSW.



In conclusion, despite the Children's Act, 1998 (Act 560), Child Rights Regulations, 2003 (L.I> 1705) and 2010 RHC Standards, which require all RHCs to be licenced, private RHCs continue to operate without the required government approval, licensure or inspection. Inadequate GoG budget allocations to DSW place a substantial constraint on the ability of National, Regional and District DSW staff to conduct joint inspections of RHCs. It was clear from the site visits to the RHCs that National DSW cannot licence a RHC without having conducted an inspection visit.

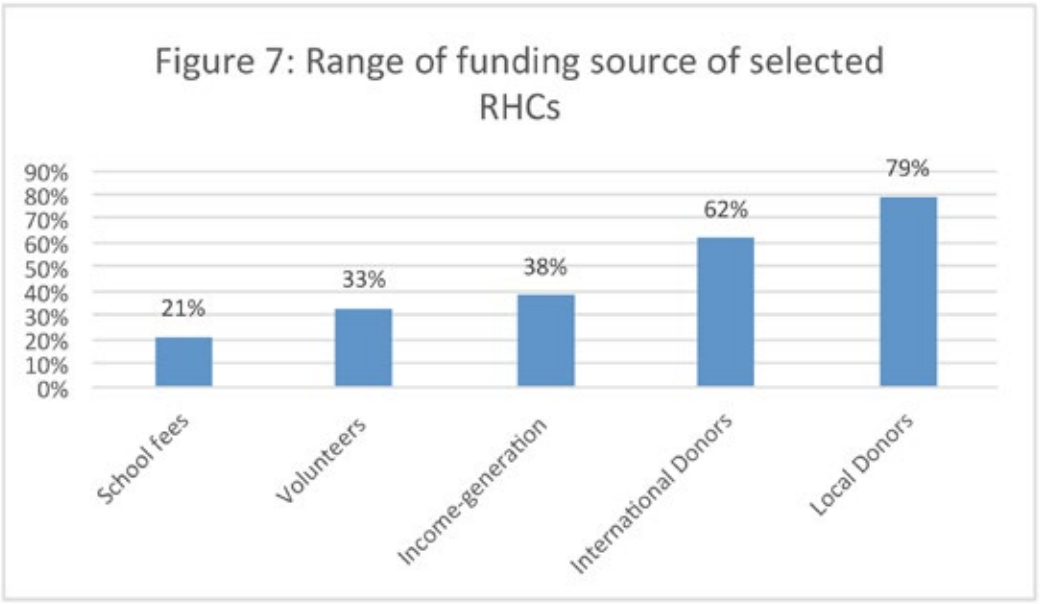
(d) Funding of RHCs in the 10 Priority Districts

The range of funding sources accessed by RHCs in the 10 priority Districts included: local donors (79%); international donors (62%), income-generating activities - including poultry and agricultural farms,

15 Feedback from RHC, need to find out from DSW the period of this embargo, the reason and when it was lifted.

guesthouses, a restaurant and a recycling business (38%); volunteers (33%); and, for RHCs with schools on the premises, school fees (21%).

The diagram below displays the range of income sources that RHCs reported accessing. This is not the same as the size of the contribution of the income source to the RHC budget.[16] For instance, for the 62 percent of RHCs that accessed international donor funds, this funding source was reported to be, in most cases, the **primary source of income** for the Home. This supports findings from the literature that identifies funding from international donors as contributing to the growth of RHCs in Ghana.[17] Local donors tended to provide more in-kind support (clothes, food) than financial support and, for most RHCs, were **not** a reliable source for meeting the running costs of the Home. The diagram does not include government funds, as with few exceptions, it is not government policy to fund private RHC's.[18] The one state-run RHC, **Kumasi Children's Home** (Ashanti Region) received government funding, although ***"it is not regular"*** (Manager), and only about 30 percent of funding needs are covered by government[19] with the remaining 70 percent of funds coming from local donors and income-generating activities.



According to RHC managers/proprietors, income from volunteers was not in the form of direct fees (the fee tended to be paid directly to the placement agency) but rather through paying for accommodation and food, which the RHC provided. In a few cases volunteers had raised funds for the RHC when they returned home, but this did not often happen. Managers reported that **volunteers contributed very little to the funding of the facility**. It was not possible to assess the veracity of this claim, which contradicts the commonly held perception that financial support from volunteers is driving the establishment and continued operations of RHCs.[20] The fairly recent Ebola outbreak in West Africa had reportedly led to a substantial drop in volunteers coming to Ghana, which could be a reason why income was this source was reported to have decreased.

However, for some RHCs, volunteers played an important role in supplementing inadequate numbers of caregivers (see next Section).

16 In many RHCs financial reports were either not available or outdated and it was beyond the scope of the mapping exercise to obtain and analyse financial records.

17 Better Care Network, Better Volunteering Better Care: http://www.ovcghana.org/docs/Collected-Viewpoints-on-Int-Volunteering-in%20Res-Care-Centres%20Gh.pdf

18 Government partially funds two private RHCs in other Regions ('Subvented' RHCs)

19 Government funding includes direct funding and funding through LEAP. In 2016, RHC children were profiled by a team from LEAP and the District SWCD office and were placed on the LEAP programme. The LEAP allowance is paid directly into the RHC account.

20 Central Region in particular reported that many of the RHCs in the Districts used international volunteers who supported the RHCs financially ***"to some extent"***. The Region was of the view the presence of these volunteers encouraged the establishment of more RHCs and tried to discourage existing RHCs from using them.

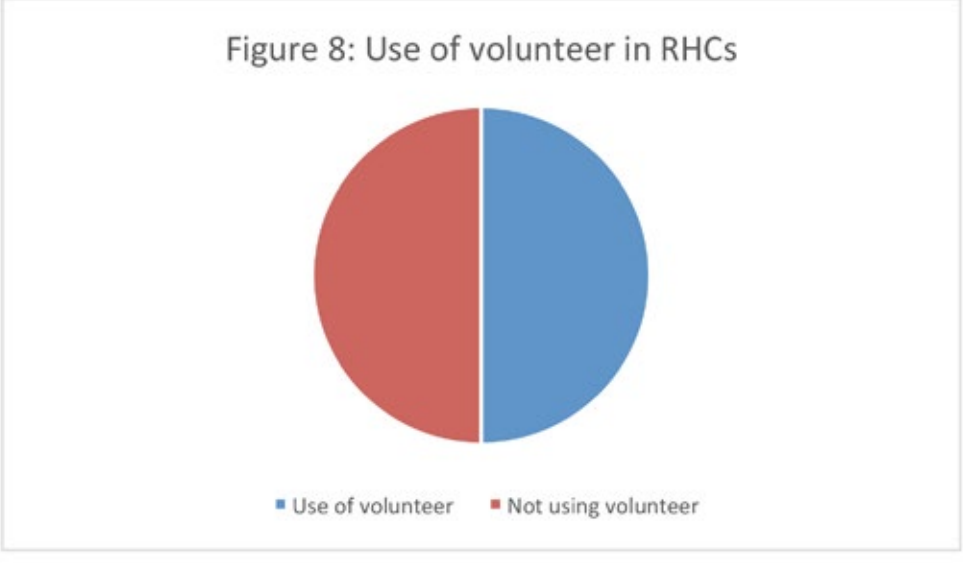
Well-meaning international donors may see immediate tangible benefits of supporting the building of well equipped residential care facilities to impoverished children but they don't see the long-term negative developmental consequences or understand that a beautiful Residential Home is no match for the irreplaceable value of permanent, safe and loving family care. For international donors, funding a Residential Home is often seen as more straightforward and less "messy" than helping poor families secure a decent livelihood and supporting them to provide love and care for a child, but the long-term negative costs to the child far outweigh these short-term benefits.

(e) Use of volunteers in 24 RHCs in the 10 Priority Districts

Twelve RHCs (50 percent) reported using international volunteers in their facilities (See Figure 9 for trends). Of these, five mainly used volunteers 25 years or older with some kind of professional qualification e.g. teacher, doctor, social worker, physiotherapist. The other seven RHCs used younger volunteers mostly aged 18 – 20 for short periods of time ranging from one week to one month.

Most RHCs reported not using volunteers for primary caregiving tasks. However **Kumasi Children's Home** (government-run facility in KMA, Ashanti) appeared to rely on international volunteers who came through a ***"recognised agency through DSW"*** (Manager), to supplement low numbers of caregivers. At the time of the mapping visit (March 2017) they had hosted about 30 volunteers, aged 18 - 20 who assisted with a range of educational and caregiving activities.

Volunteers were sourced either through an independent volunteer placement organisations (Solution for Life; Project Abroad, Student and Youth Travel Organisation - SYTO or the RHC's international headquarters or primary international donor (e.g. German Oldenwaldenheiden Mission; Feed the Orphans; New International Church; Rafiki International). Screening of volunteers is done by the volunteer placement organisations and donor agencies each using their own selection criteria. DSW may be informed in some instances of the presence of these volunteers but is not involved in the screening of these volunteers. This is contrary to the RHC Standards (2010) which require DSW to approve volunteers who would need to comply with provisions laid out on the Standards e.g. criminal clearance, health certificate.



In conclusion, volunteering in orphanages continues to be a popular activity in Ghana especially for young travellers, many of whom combine spending a week or more "giving back" in an orphanage with other tourism activities.[21] Most people who want to volunteer in an orphanage have very good intentions

21 Collected viewpoints on international volunteering in residential care centers. Country focus: Ghana. Better Volunteering Better Care. 2014

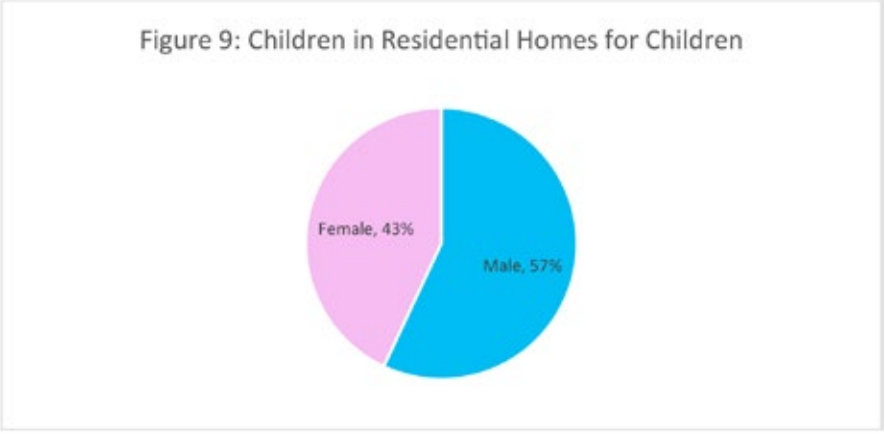
and the best interests of the children at heart. However, they may not realise that this is not in the best interest of children as orphanage "volontourism' has been shown to not only impact negatively on children's well-being but also to actively encourage the proliferation of residential homes.[22]

Orphanage volunteering has become a serious international child protection issue in recent years despite being a popular staple of the gap year and voluntourism industries and CRI Behaviour Change Communication (BCC) activities need to directly address this issue to ensure that young, inexperienced "volontourists" are not used in any capacity in RHCs.[23]

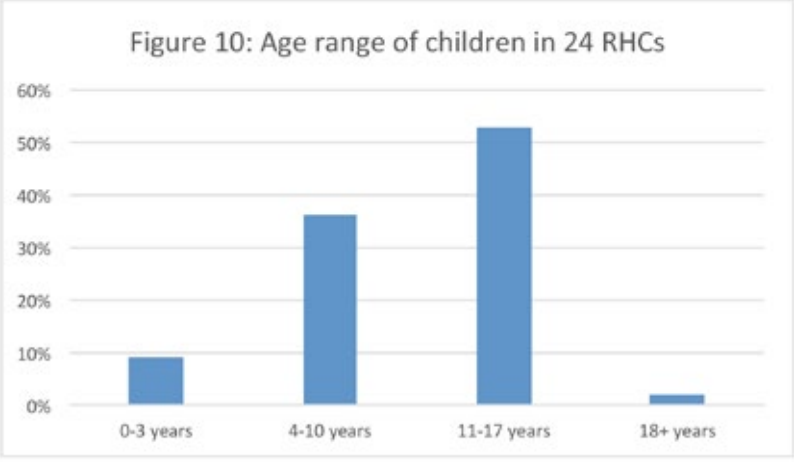
3.2 CHILDREN IN RHCS: TRENDS, FLOWS AND DRIVERS

(a) Number of children in RHCs by age and sex

As indicated in the previous section, there were a total of 944 children In 24 RHCs in the 10 Priority Districts, with a combined share of 26 percent of all children in RHCs in Ghana.



The majority of children in the 24 RHCs were male, with Volta Region having the highest number. The matrilineal system of inheritance in Ashanti Region was thought by one RHC manager to be the reason for a higher number of boys in care than girls, as under this system *"girls are more cherished than boys"*. However, this view was not shared by Regional or District officials and remains open to debate.



22 Browne, K. (2009). The risk of harm to young children in institutional care. Save the Children, UK and The Better Care Network; Richter, L. & Norman, A., "AIDS orphan tourism: A threat to young children in residential care", *Vulnerable Children and Youth Studies*, 2010 (5(3)), 217-229. DOI: 10.1080/17450128.2010.487124

23 There are many global initiatives and resources advocating for an end to orphanage volunteering. See for example: Better Care Network. Orphanage Volunteering – why to say No: http://bettercarenetwork.org/bcn-in-action/better-volunteering-better-care/activities-and-outputs/orphanage-volunteering-why-to-say-no; Responsible volunteering campaign: http://www.responsible-volunteering.com/2016/09/orphanage-voluntourism-campaign/; and Think Child Safe: http://thinkchildsafe.org/volunteers/

As indicated in the Figure above, most children in the 24 RHCs were aged 11 to 17 (53 percent), with the average age ranging from 14 years to 10,7 years.

A total of 56 children were aged 0 – 3 in the 24 RHCs (9 percent).[24] Two RHCs in KMA in Ashanti Region had the highest share of these children (42 children), namely K**umasi Children's Home** (32 children) and **Missionaries of Charity** (10).

A slightly different picture emerges when comparing the current average age of children in RHCs aged 0 – 3 with the age when children were admitted. Available data shows that 28 percent were admitted when aged 0 – 3.[25] With the average length of stay in the 24 RHCs ranging from 3.5 years to 5 years it is likely that many of the children admitted aged 0 – 3 have spent at least one or more of their early years in institutional care. The Table below shows the percentage of children admitted per age category, average age admitted and average length of stay for children currently in the RHC.

Table 2: Age children admitted and length of stay

Children in Residential Homes by Region/District	Age Admitted			Total # of children admitted	Average Age Admitted (years)	Average Length of Stay in years (as of March 2017)
	0 – 3 years (%)	4 – 10 years (%)	11 – 17 years (%)			
ASHANTI (AM& KMA)	125 (37%)	169 (50%)	42 (13%)	336	6	4 (5 excluding Kumasi CH)
CENTRAL (ASE, GE & GF)	26 (12%)	132 (63%)	53 (25%)	211	12	3
GREATER ACCRA (GA, AD & AM)	72 (32%)	96 (43%)	55 (25%)	223	6	5
VOLTA (HO & HOHOE)	2 (8%)	10 (38%)	14 (54%)	26[26]	11	4
TOTAL	**225 (28%)**	**407 (51%)**	**164 (21%)**	**796**	**8.75 yrs**	**4 yrs**

While averaging out the length of stay in RHCs provides an overall picture of trends, it does not reflect the nuances of individual RHCs. For instance:

1. Children in Kumasi Children's Home (KMA, Ashanti) tend to stay on average for only 3 months, although there are exceptions where children stay for years particularly in the case of children with special needs.

2. In Good Shepherd (Awutu Senya East, Central), children currently in care have stayed on average for seven years. This RHC has had a policy of keeping children in case until they complete their education. This is one the main reasons that this RHC was directed to close in 2015 as it was operating like a boarding school and not a RHC, and was not willing to shift its focus to providing temporary care for children admitted only as a last resort.

3. Most children in Rafiki (Ga West District, Greater Accra) have stayed in the RHC for nine years, with 56 of the children having being admitted in the 0 – 3 age group. As with Good Shepherd, the policy of this RHC is to keep children in the facility until they have completed their education. It is only recently that the RHC has allowed children to visit family members during school holidays.

24 Data on ages of children in the 24 RHCs was available for 651 children.

25 Of the 125 children aged 0 – 3 admitted to RHCs in Ashanti Region in 2016, 55 were admitted to Kumasi Children Home (44 percent), seven of these children were less than one month old with the youngest child being only four days old.

26 Incomplete data on children in Volta RHCs.

In conclusion, the detrimental effects of residential care on children's health, development and life chances have been confirmed through eighty years of research, and are especially harmful when children are placed at an early age and/or for long periods of time, and especially in institutions with large numbers of children and few caregivers. It is therefore positive to note that only five percent of all children currently in the 24 RHCs were aged 0 – 3. Of concern though, is that 24 percent of children currently in care were admitted aged 0 – 3 with many of them having lived in the RHC for a number of years. Most of these children currently aged 0 – 3 are in **Kumasi Children's Home** (KMA, Ashanti), which has a high caregiver to child ratio (1:13). However, children in this facility tend to stay on average for shorter periods than children in other RHCs. The placement of children 0 – 3 in family-based care alternatives (i.e. formal foster care) pending reunification with family or adoption must be prioritised to minimise the negative impacts on the development of these children.

(b) Children with special needs

Kumasi Children's Home had the highest number of children with special needs, with 55 percent (26 children) of the 47 children with special needs in all 24 RHCs. Missionaries of Charity had the second highest number of children with special needs (11 children/23 percent). Five of the 24 RHCs (21 percent) in the 10 priority Districts cater for children with special needs but not all of them are set up to provide the specialist care required:

RHCs caring for children with special needs in the 10 priority Districts

Kumasi Children's Home, KMA, Ashanti (26 children) – limited equipment to stimulate children with special needs, and high child – caregiver ratio (average 1:13).

Missionaries of Charity, KMA, Ashanti (10 children) – target children with special needs including disabilities and HIV/AIDS, has specialised on-site rehabilitation facilities and equipment.

Ghana Make a Difference, Gomoa East, Central (4 children)- this RHC has a dedicated unit for children, providing specialist care in a small family-type environment with a caregiver to child ratio of 1:1.3.

Royal Seed, Awutu Senya East, Central (1 child) – the RHC will admit children with disabilities but does not have the infrastructure to provide proper care or stimulation.

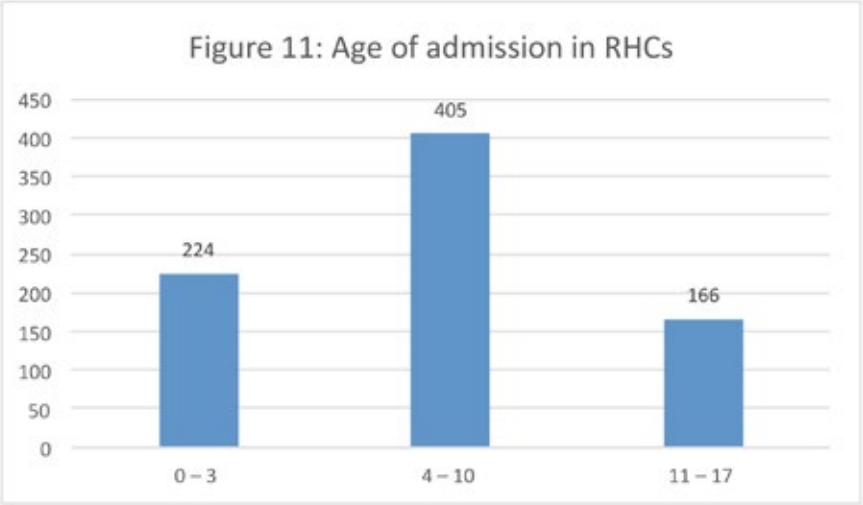
West Africa Mercy Mission (WAMM), Adenta Municipal, Greater Accra (5 children) – provides care for children with disabilities in a small family-type environment.

(c) Reasons for admission of children to RHCs

With the exception of Greater Accra Region, most children, were admitted to RHCs for reasons other than those directly related to child protection. Inconsistencies in record keeping by RHCs made it difficult to single out one main reason why a child ended up in the RHC. There were often multiple factors at play, usually exacerbated by material or financial poverty.

The category "other" in the Figure below includes vulnerabilities related to poverty, financial constraints and parental ill health. However, these reasons excluded all the other reasons provided in the table: abandonment, double orphan, child trafficking, child protection (abuse, neglect) etc.

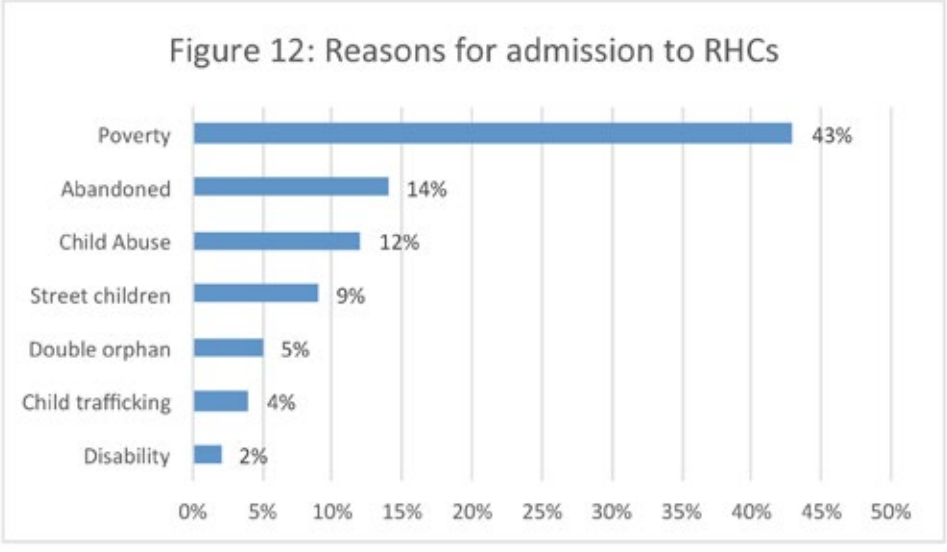
Volta has the highest number of children admitted for "other" reasons (72%). In Greater Accra most children are admitted to RHCs due to abandonment followed by child protection concerns. The reason for the "other " category being so high could also be due to inconsistencies in RHC reporting. This highlights the importance of standardising forms and building capacity.



In conclusion, poverty, financial or material, should **never** be the only justification for removing a child from parental care, receiving a child into residential care, or preventing his/her reintegration, but should be seen as the signal for the need to provide appropriate support to the family. Currently, in many of the 24 RHCs the main reason for children in residential care appears to be for poverty related reasons. District officials need to play a more active role in the case management of children in RHCs, participating in the development of care plans and ensuring that it includes a plan for reintegration and/or permanency plan. District officials also need to be actively involved in the assessment of children before they are admitted to a RHC and identifying and making use of family-based care alternatives to ensure that children are only ever admitted into residential care as a last resort and for the shortest period possible.

(d) Admission of children to RHCs and formalisation of placement

Children were mainly referred to and/or admitted by RHCs by DSW, DOVSU/Police or family members, with different Regional/District trends. In Volta most children were referred by DSW, while in Greater Accra most children were referred by family or other people.



Placements of children in RHCs must be authorised by a care order, however many children in RHCs did not have care orders. It is the responsibility of the District officer to obtain this care order. Reasons given for not obtaining the care orders include financial and capacity constraints.

Table 3: Details of who referred children to RHCs and status of care orders

Region	Care Orders
ASHANTI (AM & KMA)	3 out of 8 RHCs
CENTRAL (ASE, GE & GF)	All 5 RHCs
GREATER ACCRA (GA, AD & AM)	1 out of 7 RHCs
VOLTA (HO & HH)	1 out of 4 RHCs

In conclusion, many children currently in RHCs were not admitted with the involvement of District officials, and children (some, not all) in only 10 of the 24 RHCs have care orders. However, an encouraging trend noted, albeit anecdotally, was the increased involvement of DSW officials in the placement of new children in RHCs, although this did not necessarily mean that the children would have care orders.

(e) Areas children referred from

Information on districts and towns/villages where children were referred from was patchy and inconsistent. Further analysis of available information is needed to determine whether there are any obvious trends, and to decide whether there is sufficient detail to inform targeted Behaviour Change Communication (BCC) activities. Once the standardised RHC monitoring system is established the information needed to do this kind of detailed analysis should be more readily available.

Available information for **Ashanti** Region shows that the majority of referrals to RHCs in KMA and Asokore Mompang were from KMA area in Ashanti Region. According to the KMA District officer, these children may not have originally come from the area, but would have migrated to KMA from the Northern regions and other parts of Ghana. This was confirmed by All Nations Charity Home and Cherubs, who said that children may have been picked up in the KMA area, but many of them would have originally came from other Regions including Brong Ahafo; Eastern, Central and Western Region. Some children might even have originally been from Togo and Burkina Faso.

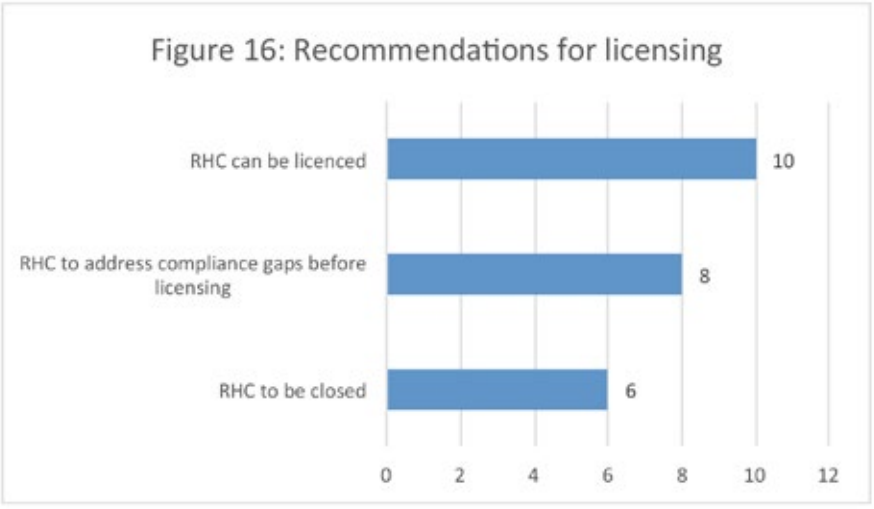
In **Central** Region, on average 18 percent of children were referred from Central Region, the rest from areas outside the Region. The majority of children currently in Challenging Heights were rescued from Yeji-Pru and area on Lake Volta in Pru District, Brong-Ahafo. Many of these children originally came from Central Region.

In **Greater Accra**, 36 percent of referrals to the seven RHCs were from Greater Accra Region, with the majority of children in three RHCs coming from the same Region (Chance for Children, Haven of Hope and Nyame Dua). According to the **Rafiki** Child Care Director, at least 60 percent of the children were from **Techeman area** (Techiman Municipal, Brong Ahafo Region). In this RHC, DSW officials suspected that the previous social worker was involved in ***"harvesting"*** children.

In the two priority Districts in **Volta** Region, the manager for **Obi Kudoe** RHC indicated that all the children came from the surrounding communities (Akpafu Mempeasem, Hohoe). In addition, many of the children were related in some way to some of the caregivers. For the other three RHCs, over half (58 percent) of referrals were from Volta region. **Remar Ho** had the lowest number of referrals from Volta region (14 percent). According to Regional DSW staff, Remar Ho was ***"fond of"*** admitting children from the Greater Accra Region to their facility.

Inconsistencies in recording data on children makes it difficult to draw any meaningful conclusions about the origin areas of children currently in RHCs. This highlights the need for a standardised monitoring system for children in formal care. Available data shows that in many cases children are moved across Regions and Districts to be placed in a particular RHC. It was not possible to establish why these children were not placed in RHCs in their own Regions/Districts.

(f) Flows of children in RHCs



At the end of 2016, there were a total of 925 children in 23 RHCs in the priority Districts. During the course of 2016, a total of 200 children were admitted while 226 were discharged.[27] The Figure below shows flows of children in the different Districts, however these average numbers are not reflective of the situation in most RHCs.

The high number of children admitted and discharged was limited to two RHCs in Ashanti, which discharged 74 children; four RHCs in Central, which discharged 131 children (Challenging Heights discharged/reintegrated 77 children[28]); and three RHCs in Greater Accra, which discharged 23 children. Children in other RHCs tended to remain in care for at least one year, usually more.

In conclusion, most children in RHCs in the 10 priority Districts remain in care for at least one year, often longer. Reintegration of children with parents or into family-based care arrangements (or adoption as a permanent solution) needs to be prioritised to ensure that children only stay in residential care for the shortest period possible.

27 On 31/12/2016 there were 925 children in care in the 24 RHCs. This number is slightly less than the number of children in care in March 2017 when the mapping was conducted (944). This information was only available for 23 RHCs (excluding Kumasi Children's Home).

28 Challenging Heights targets trafficked children and they have a specific programme dedicated to "rehabilitating" these children and then returning them home within 6 months to one year. Most (59 percent) of the discharged children in Central were from Challenging Heights.

(g) Prevention and family strengthening activities

When asked about available prevention and family-strengthening services that could help to prevent the removal of children from their families, Regional and District staff mentioned the following types of services:

Informal family-based care	▪ Most child protection cases are solved through informal alternative care arrangements i.e. kinship care/informal fostering and District SWOs only refer a few children to RHCs. ▪ Data on the number of cases resolved through these informal arrangements was not immediately available and it remains unclear as to how these cases are recorded and tracked.
LEAP:	▪ Not all RHC priority Districts are also LEAP Districts. In Central Region about 1 615 people have been registered in two Districts (Awutu Senya East and Gomoa East). ▪ Apart from Kumasi Children's Home no children in RHCs are on LEAP. ▪ No families with reintegrated children were reported to be on LEAP. Reasons included families not living in LEAP targeted communities, or not meeting targeting criteria or excluded due to inadequate targeting measures.
National Health Insurance:	▪ District Assemblies assisted needy families to register for NHIS, with one Assembly (Awutu Senya East) paying the registration fees of about 700 families. Other Districts did not provide this financial support.
Services for children with disabilities:	▪ Some District Assemblies provide funding for schooling for children with disabilities (Awutu Senya) ▪ There are few schools for children with special needs scattered around Ghana. [29]
Child Protection Toolkit:[30]	▪ Not implemented in all priority Districts. ▪ Implemented in five Districts in Central but not Awutu Senya East or Gomoa East
Out-reach services from RHCs:	▪ Most RHCs had some kind of community out-reach programme, supporting children living with their families.

District officers were usually unable to access operational funds from the District Assembly Common Fund even when they submitted annual budgets and workplans. Donor project funds were seen as the only reliable source of income for implementing the Districts child protection related activities, including prevention and family-strengthening services.

Out of the ten priority Districts, there was however one exception. The Gomoa East DSWCD had proactively secured funds from the District Assembly for children with disabilities and was confident they could do so again in the future. They were of the view that a proposal requesting funds for CRI activities, including monitoring reintegrated children and foster care, could also be successful: *"If the Assembly is given the push to support foster care it will happen, the political will is there. Need to sensitise the District Assembly) on foster care. If the District Assembly understand why it is important to not put children in orphanages and rather in foster care it will happen. District Assembly also needs to know that part of the job of the DSW officer is to monitor reintegrated children" (District SWO).* This District SWO had also proactively compiled a list of NGOs in the area who could be approached to assist vulnerable children and families.

In conclusion, family-strengthening services to prevent the separation of children from parents are largely absent in Districts. Without support, family care and family based care, especially kinship care, can be inadequate. [29] [30]In Ghana most children separated from their parents live in extended families, many of whom are unable meet all their needs, and some children in the care of relatives are treated less well than the relative's own children. .[31] [32]

29 Ministry of Gender, Children and Social Protection and UNICEF (2014) Child protection baseline research report

30 Apt, N. A. (2005) A study of child domestic work and fosterage in Northern and Upper East Regions of Ghana, CRS and UNICEF in Ministry of Employment and Social Welfare (2010) National Plan of Action for Orphan and Vulnerable Children 2010 – 2012

31 Ministry of Gender, Children and Social Protection and UNICEF (2014) Child protection baseline research report

32 Apt, N. A. (2005) A study of child domestic work and fosterage in Northern and Upper East Regions of Ghana, CRS and UNICEF in Ministry of Employment and Social Welfare (2010) National Plan of Action for Orphan and Vulnerable Children 2010 – 2012

SECTION 4

FINDINGS FROM 10 PRIORITY DISTRICTS ON MONITORING OF RHCS AND CHILDREN IN RHCS

This section presents some of the key findings in relation to systems to monitor children in RHCs including DSW monitoring visits and monitoring tools and record-keeping at District and RHC levels.

4.1 DSW monitoring of children in RHCs

DSW has a statutory obligation to conduct quarterly inspection/monitoring visits of RHCs (or more frequently as required). It was reported that funds were generally not available or inadequate for Regional and District officers to conduct these inspection visits.

Some District SWOs reported having more frequent contact with the RHCs in their District especially when it came to admission of children and reintegration cases. Record keeping at Regional and District levels on monitoring visits was inconsistent.

None of the RHCs reported ever receiving written feedback on a DSW inspection/monitoring visit. Reporting from Districts to Regions and National is usually in response to specific requests rather than an established standard operating procedure.

The CRI Unit requests quarterly information on RHCs from Regions for the compilation of an Updated List of Orphanages and provides a standardised reporting template for completion. However the information provided is often incomplete, mainly because there are no guidelines for completing the template; lack of resources on the part of the Region/District to collect information in the field; and lack of accountability on the part of the Region/District when it comes to reporting to National. This means the CRI Unit has to approach RHCs directly for the information (e.g. number of children). However, a mechanism to verify and ensure data quality received from RHCs, Districts and Regions is not in place.

Standardised tools for monitoring children in RHCs have not been developed, however there is a standardised tool for the inspection/monitoring of RHCs, the *National DSW checklist of the Standards*, but some Regional and District staff did not have a copy of this document. The checklist was developed around 2013/2014 (date uncertain) as a licensing and/or monitoring tool for RHCs. The checklist includes some requirements from the 2010 RHC Standards, a few RHC provisions in the Regulations and additional requirements not in the Standards or the Regulations.[33] Some Regions and Districts reported using this checklist when they did monitoring visits and also to gather information for licensing purposes, while others conducted monitoring visits without the aid of a tool.

33 Former CRI Unit staff (all have since left the Unit) developed the Checklist so it was not possible to clarify why additional requirements not in the Standards or Regulations were included.

4.2 District level information on child protection cases including children in alternative care

A standardised system to register and track children referred to District SWOs for investigation does not exist. In some Districts, handwritten registers were available for SWOs to record the names of children and the outcome of the case. Individual SWOs reported recording and keeping track of cases in their personal diaries or notebooks.

District SWOs reported that they did not keep individual case files for children (all child protection cases, including alternative care), although some records were kept on a RHC file.

No case files were opened for children in RHCs and there were no registers or databases of children in the Districts RHCs. Lack of funds for stationary and lack of space and/or a cabinet to store files were cited as reasons why children did not have individual files.

4.3 RHC Record keeping

All 24 RHCs in the 10 "hot-spot" mapping Districts had some kind of system to record and track the number of children in their care, ranging from rudimentary handwritten registers to MS Excel databases with detailed information on children. In addition, all 24 RHCs maintained files on children although the types of records kept were not standardised and records were not always consistently maintained. See Regional Data Reports in Annexures K – N for details.

While some gaps were identified in RHC record keeping, with few exceptions, most RHCs recognised the importance of maintaining some form of records on children in care and have the basics in place from which to strengthen and standardise record keeping in RHCs.

Some RHCs submitted quarterly and/or annual reports to the District and/or Region either using their own format or a format provided by the Region. The submission of annual reports to DSW is a requirement in the RHC Standards but not all RHCs complied with this.

4.4 Conclusion

Functional administrative systems for enumerating RHCs and children in residential care are absent and as a result, reliable numbers of RHCs and children in RHCs are not yet available. Reasons for this include the lack of resources and investment in establishing a standardised system for collecting and reporting on reliable data. Lack of knowledge and capacity in child protection case management, including the role of District SWOs as case managers of children in alternative care is also a contributing factor.

The roles and responsibilities of National, Regional and District DSW in fulfilling the GoG's statutory mandate in relation to children in RHCs needs to be officially documented and enforced from the highest levels.

Strong political will is needed to ensure that accurate and reliable data on RHCs and children is RHCs is available as this is an essential starting point for implementing the care reform agenda.

SECTION 5

FINDINGS FROM 10 PRIORITY DISTRICTS ON FOSTER CARE

5.1 Current status of foster care services in Ghana

While the Children's Act, 1998 (Act 560) and the Child Rights Regulations 2003 (L.I.1705) enable placement of children in **formal foster care,** this is historically not a well-established practice in Ghana. Formal foster care is only practiced in a few Districts and usually implemented by NGOs (notably Bethany Christian Services and Orphan Aid Africa). As a result, there is limited experience or expertise in DSW to implement formal foster care programmes. Placement of vulnerable children in foster-care is uncoordinated making it impossible to track the whereabouts and welfare of children who come into the alternative care system.[34] There is no officially recorded data on approved foster parents or children in foster care.

As mentioned, formal foster care in Ghana is implemented primarily by two NGOs: Bethany and OrphanAid Africa (OA)[35]:

1. Bethany identifies prospective foster parents, screens them (e.g. home study report) and makes recommendations to DSW to register them as "fit parents", following which they are trained and are then ready to receive children into their homes. Placements of children are only made through DSW. Bethany has a database of 82 approved and trained foster parents countrywide but only has 20 children in foster care, due to a combination of ignorance, reluctance and/or apathy on the part of DSW officers to make use of this alternative care option.

2. OA identifies, screens and trains foster parents. The Regional or District DSW are not involved in this process. However when a child has been placed with a foster parent, OA ask DSW to prepare the care order. OA covers the costs of these care orders (approximately GHc 200). OA supports eight foster parents to each care for a child with disability or HIV/AIDS (total of eight children in formal foster care).

Both Bethany and OA have databases of children in foster care but this information has not been shared with DSW.

During the mapping exercise, one government-led foster care programme was identified in Bekwai Municipal, Ashanti. The District officer had partnered with a RHC (Save Our Lives) to implement the programme. The District SWO has screened about eight foster parents and children from Save Our Lives are placed with these foster parents. The foster parents have not been trained but are supported by both the District and RHC social workers. The District SWO monitors the cases, providing counselling and psychosocial support where needed, while the social worker from Save Our Lives provides support in the form of monitoring visits and material support. This foster care programme could serve as a good practice example for other Districts and RHCs and should be documented as a lessons learning exercise.

34 Children's Amendment Bill, 2016 Memorandum. Date of Gazette Notification: 15 June 2016.

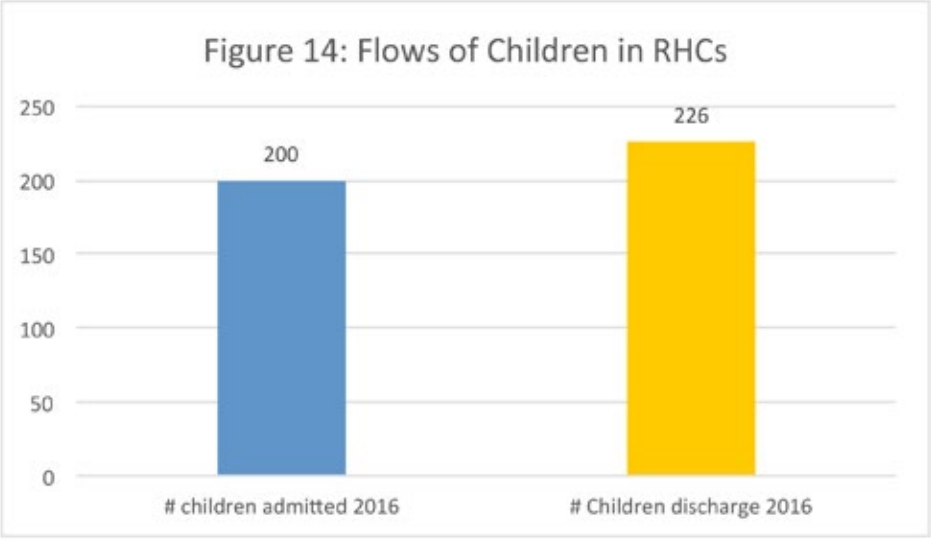
35 Personal communication with Bethany and OA. Both of these organisations operate as Foster Care Agencies, which are not recognised under the current Regulations but will be when the new Regulations are promulgated

5.2 Recruitment of prospective foster parents

Under the DCOF Programme, funding was made available in 2016 for recruiting prospective foster parents. All four Regions reported holding sensitisation workshops in 2016 with FBOs, churches, NGOs and other child protection actors to raise awareness on formal foster care and recruit prospective foster parents.

Through these sensitisation activities, 89 people came forward expressing an interest in becoming foster parents (see Figure below). These prospective foster parents still have to be screened, trained and registered but Regions and Districts are waiting for the new Foster Care Regulations to be passed before they do this.

However, in spite of interest shown by some people in becoming foster parents, a shared view from Regional and District officials was that most people were not willing to volunteer as foster parents unless some form of remuneration was attached. For example in Volta Region, 15 prospective foster parents were identified, but five withdrew on hearing there was no remuneration. Thorough screening was needed to weed out people with the wrong motivation, which included adopting children rather than providing short-term, temporary care and older people wanting children as house helps.



Regional and District officers also raised concerns about the funding of the foster care programme and the sustainability of the programme. One District official explained: *"Things in Ghana happen like a flash in the pan. There was a (government) project where we got girls educated in a male dominated trade. When the funds stopped the training stopped…fear we are going to start something and then leave people hanging"*.

5.3 Conclusion

Much still needs to be done in ensuring that formal foster care can provide a viable family-based care alternative to residential care. While the current pool of approved foster parents in Ghana is small (98), the number of children placed in foster care is even less (32). This shows that District officers are underutilizing foster care as an alternative to RHCs and actions should be taken to address this gap including sensitising DSW staff on the importance of family-based care alternatives to RHCs and encouraging the transfer of children in RHCs into foster care placements pending reunification with family.

The existing pool of 89 prospective foster parents is likely to diminish unless they are soon screened, trained and approved. Existing Children's Act and Regulations should be used pending the approval of the new Foster Care Regulations (likely to take place October/November 2017).

SECTION 6

FINDINGS FROM 10 PRIORITY DISTRICTS ON IMPLEMENTING NATIONAL 2010 RHC STANDARDS

6.1 DSW and RHC Knowledge of the National 2010 RHC Standards

The National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana, 2010 were developed to ensure that the GoG met its obligation to ensure that *"every vulnerable child not in family-based care but in a residential care facility lives in a supportive, protective and caring environment."* The Standards attempt to harmonise best practices from domestic and international frameworks, notably the Child Rights Regulations (LI 1705) of 2003 and the 2009 UN Guidelines on Alternative Care.

The Standards are intended for DSW to use as a tool to inspect and monitor RHCs in line with its mandated responsibility to ensure a minimum standard of care in these facilities.[36] The decision to licence (including licence renewal) or close a RHC should be informed by an assessment of whether or not the RHC complies with the 2010 Standards.

While most Regional staff, District Heads and Officers reported being aware of the RHC Standards the extent of their knowledge of the content of these Standards and their application during inspections was unclear. In Awutu Senya East (Central Region) the District had a copy of the Standards but: *"I haven't read them so don't know much about the content"*.[37] He had not trained his officers on the Standards so they were unaware of them. Also in Central Region, the Gomoa East District officer reported not having a copy of the National Standards or being aware of them.

With one exception, all the RHC Managers were aware of the Standards, having attended DSW training on them or receiving a copy. Rafiki in Greater Accra reported having no knowledge of the RHC Standards. The Manager, his wife (Child Care Manager) and social worker had all been appointed about 12 - 18 months earlier and had been in contact with DSW, but claimed to be unaware of the existence of the Standards.

6.2 Inspections and Monitoring of RHC compliance with the RHC Standards

A number of challenges in relation to the inspection and monitoring of RHC compliance with RHC Standards were identified:

1. Absence of a standardised tool and checklist, as well as Standard Operating Procedures (SOPs) to conduct inspections and assess compliance with the RHC Standards. A checklist was developed (date not known, possibly around 2012/2013) and includes some provisions from the Children's Act, the Regulations, the 2010 RHC Standards and a other provisions not provided for in any of the legislative provisions, most in relation to administrative requirements and the premises (including some which contradict provisions in the Regulations and 2010 Standards). The checklist is the

36 The Children's Act, 1998 (Act 560) and Child Rights Regulations L.I 1705 (Part VII - Approved Residential Homes) require inspections of RHCs for (1) licensing, (2) renewal of licenses (although not currently provided for in the Act/Regulations) and (3) post-licensing inspections.

37 According to the CRI Unit, this District received training on the Standards in 2015/2016.

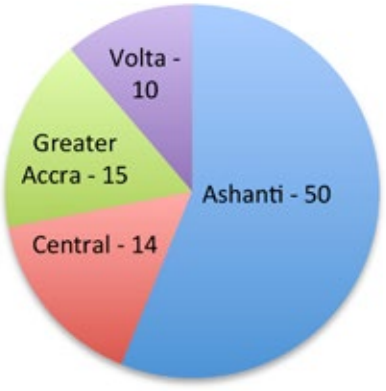
primary tool currently used, albeit not consistently, by Regions and Districts when they conduct inspection/monitoring visits. Because the checklist is not aligned with the Regulations or RHC Standards it has created a lot of confusion in the sector as to what exactly the requirements are for licensing and/or closure.

2. Inspection visits to RHCs should be a standard practice for National, Regional and District DSW officials, however the frequency of these visits is largely determined by the availability and/or non-availability of funds.

3. Neither the Act nor Regulations specify which sphere of DSW is responsible inspecting RHCs and making or enforcing decisions for licensing or closure. The national Director of DSW signs directives to licence or close a RHC, but it is unclear which sphere of DSW (National, Region or District) is responsible for making the final decision for the Director to sign-off on or enforcing this decision (see Section 6.3 for more details).[38]

6.3 RHC compliance with the National RHC Standards and recommendations

Figure 15: Prospective foster parents per Region



Most RHCs known to DSW have been operating unlicensed in Ghana for years.[39] A 2013 government audit of RHCs found that many of the sampled private RHCs (38 in total) were operating below the 2010 Standards for Residential Homes for Children.[40]

The assessment of RHC compliance with the Standards during the mapping exercise found that none met all the Standards to the required level. During the process of administering the checklist to assess compliance, it became evident that that some requirements were either unrealistic or unnecessary and could be removed. It also became evident that some Standards could be interpreted in different ways and the expectations needed to be clarified. Finally, it was clear that for some Standards there were degrees of compliance, and guidance was needed on what was an acceptable versus unacceptable "degree" of compliance. These findings will inform the review of the RHC Standards (DCOF Objective 3.2).

38 To address this situation, under the *DCOF/MoGCSP/UNICEF Accelerating Child Care Reform programme,* DSW is developing a five-year road-map to facilitate a structured approach to the licensing and closure of RHCs.

39 Of the 105 RHCs recorded in October 2016, 13 were licenced. This number increased to 29 by May 2017.

40 The audit was undertaken from August 2011 to November 2012 and included a sample of 38 RHCs in four Regions (Ashanti, Greater Accra, Northern and Western). Reference: Ghana Audit Service (2013) Performance audit report of the Auditor General Regulation of Residential Homes for children (orphanages) by the Department of Social Welfare (DSW). Report prepared under section 11 of the Audit Service Act 2000 for presentation to Parliament in accordance with section 20 of the Act. 26.

Following the assessments of the 24 RHCs compliance with the RHC Standards, the following recommendations were made:

1. RHC can be licenced, but needs to address identified compliance gaps before renewal of the licence – 10 RHCs.
2. RHC needs to address substantive compliance gaps before licensing can be considered – 8 RHCs.
3. RHC must be closed as is clearly not in a position to address substantive compliance gaps – 6 RHCs.

Table 4: Recommendations for RHCs following assessment of compliance with Standards

Region	RHC can be licenced, address compliance gaps before renewal	RHC to address substantive compliance gaps before licensing	RHC to be closed
Ashanti	Kiku Children's Shelter Kumasi Children's Home* SOS Children's Village	All Nations Charity Home Cherub's Children's Home Missionaries of Charity Trinity Foundation	King Jesus Charity Home
Central	Challenging Heights Ghana Make a Difference Hope Children's Village Royal Seed		Good Shepherd**
Greater Accra	Chance for Children Nyame Dua Children's Home West Africa Mercy Mission (WAMM)	Rafiki Safe Haven	Christ Faith Foster Home Haven of Hope
Votla		Madamfo Ghana House of Hope	Remar Ho Obi Kudoe***

* Automatically licenced even though substantive compliance gaps identified for some Standards

** Directed to close in 2015 so "earmarked for closure" but time-frame for closure not realistic (10 years time)

*** Unclear if it was in fact still operating but "closure" needed to be made official

There were a few RHC Standards where most RHCs fell short to some degree namely:

- **Adhering to the 1:7 caregiver to child ratio**. Fourteen RHCs had ratios higher than this with the highest being 1:15.
- **Training of caregivers** in childcare skills including positive discipline practices. Few RHCs have structured training programmes for their caregivers many of whom are uneducated and employed because of their ***"love of children"***. Children interviewed in many of the RHCs reported the use of corporal punishment and, in one case, withholding of food as punishment. At one RHC (House of Hope) the mapping team witnessed a caregiver beating a child with a stick. When reported to the manager she appeared unconcerned.
- **Compliance with minimum wage** and leave provisions in Ghanaian labour law. While most caregivers were paid on or slightly above the minimum wage, many did not receive the prescribed leave and were expected to be on duty 24/7 for weeks on end. This was justified by again referring to their ***"love for children"*** and the fact that they got some time off when children went to school. Some of the caregivers had their own families but could not spend any time with them because they were taking care of the children in the RHC.

- **Written documentation** of governance, human resource and child care policies and procedures. Many RHCs were uncertain about what needed to be documented and had not thought about how to practically implement some of the provisions in the Standards.
- **Providing care in a family-type environment** for less than 30 children. Most RHCs provided dormitory-style accommodation, with 16 providing care for more than 30 children.

6.4 Enforcing decisions to close RHCs that do not comply with the National RHC Standards

National DSW has experienced on-going challenges in enforcing directives for RHCs to close. Three RHCs in the "hot-spot" mapping sample, had already received directives from DSW to close, but remained open, namely Good Shepherd (Awutu Senya East, Central Region) and Remar Ho (Ho) and Madamfo Ghana (Hohoe) in Votla Region. See Box below for description of challenges.

A key challenge with enforcing decisions to close RHCs relates to a lack of clarity as to which sphere of DSW (District, Region, National) is responsible for (a) making a decision to close a RHC and (b) enforcing that decision. Ideally the decision to close a RHC should be made collectively by all three spheres of government who would then work together to officially close the RHC.

The Votla Regional Director identified the lack of power on the part of DSW to prosecute RHCs which don't comply with directives to close: ***"If a child is undocumented in a home (i.e no court order) in legal terms this means the child has been abducted. This person (RHC proprietor) needs to be dealt with in court".*** Given than the Children's Act, 1998 (Act 560)[41] gives DSW the authority to take legal action against RHCs that don't comply with directives to close, it seems that the issue is less about the lack of prosecuting power and more about lack of shared political will.

41 See: Section 114—Offences Under this Sub-Part.(1) The penalty for contravention in respect of the rights of the child and parental duty in Section 15 of this Act shall apply to any person in a home who fails to uphold the rights of the child.

Challenges enforcing directives to close RHCs

Good Shepherd was directed by National DSW to close in 2015 due to non-compliance with the RHC Standards and thirty-four children were reunited with their families. However, two years later, in 2017, there are still 22 children living in the RHC, as according to the manager ***"it has been difficult to trace the children's families"***. The youngest child (6 years old) is currently in Class 1 and is due to complete JHS in **10 years time**. **It is at this point that the RHC plans to officially close down**. The RHC say they will not admit any new children but will continue to run the boarding school. This RHC does not have a social worker and the District officer did not appear to be actively involved with the RHC in providing assistance to profile children and trace families for reunification. The CRI Unit subsequently discovered that this RHC is continuing to receive funding from an international donor who was unaware that the RHC had been directed to close due to non-compliance with the RHC Standards.

Remar Ho was directed by National DSW to close in 2016 due to non-compliance with the RHC Standards. In spite of this, a year later, the RHC remains open, with 11 children in its care. The manager referred to a letter from National DSW regarding approval for health insurance of the children as an indication that the RHC could remain open. Following the mapping site visit (March 2017), the decision was made by the Regional Director and the national DSW team members to **officially close down the home**. Closing this home includes (a) immediately reunifying children with their families where possible and if in their best interest; or (b) transferring children to another RHC pending reintegration with their families. It would also require informing the police that the home is closed. At the time of writing this report (July 2017) there was no evidence of action taken by the Region or District to close the RHC.

Madamfo Ghana Children's Shelter[44] was directed to close by National DSW in 2015. National DSW was of the view that the facility was set up to be a boarding school rather than an RHC. During the inspection visit in 2015, it was established that most of the children in the RHC were not orphans and had family members who could take care of them. One of the key provisions of the RHC Standards is that children must be in a RHC for the shortest possible time and a child should only be in the home for their protection. None of the children needed protection, they just come from poor families. It was for this reason that a decision was made to close the facility. Following the mapping visit in March 2017, Madamfo Ghana has resubmitted their application for licensing to national DSW and await a decision.

6.5 The special case of Government RHCs

The three government-run RHCs in Ghana[43] are automatically licenced regardless of whether they comply with the National RHC standards or not.

The assessment of **Kumasi Children's Home** identified a number of gaps in meeting the standards, particularly in relation to caregiver to child ratios for children aged 0 – 3 and children with special needs. The Home has a consistently high number of children aged 0 – 3 and children with special needs (26 at the time of the mapping exercise). The RHC has 28 caregivers, but they work on a shift system (7am – 2pm; 2pm – 8pm; and 8pm – 7am) so there are only nine caregivers on duty per shift. This gives an average caregiver to child ratio of 1:12 when the Standard is 1:7 and requires an even lower ratio for children 0 – 3 and those with special needs. The RHC consistently reports this challenge to the Region but so far a solution has not been found. National youth service candidates are posted to the RHC,

42 Madamfo Ghana Children's Shelter used to be called Madamfo Ghana Children's Home. The change of name appears to have been in response to challenges with obtaining a RHC licence.

43 Osu Children's Home, Accra, Greater Accra Region; Kumasi Children's Home, Kumasi, Ashanti Region and Tamale Children's Home, Tamale, Northern Region.

they also have social work students and international volunteers, but there are still not enough primary caregivers. It would also be better for the children, especially the babies, if the same caregiver could stay with the child for longer periods of time.

6.6 Conclusion

The assessment of compliance by RHCs with the National Standards found that while on the whole the Standards are realistic and achievable, none of the RHCs complied fully with all the Standards. Of the 24 RHCs assessed, 10 RHCs (42 percent) complied sufficiently for immediate licensing; six (25 percent) could be considered for licensing only if substantive compliance gaps were met; while eight RHCs (33 percent) were recommended for closure.

Some examples of good practice were evident including the Ghana Make a Difference's model of care for children with disabilities and use of volunteers; the comprehensive approach to reunification of children followed by Challenging Heights; the case management system implemented by Chance for Children; and the successful accessing of District Assembly funds for child protection services by the Gomoa East DSWCD. These good practices should be documented and shared with government and RHC stakeholders.

SECTION 7

CONCLUSIONS AND RECOMMENDATIONS

This section highlights conclusions from the mapping exercise and makes recommendations that can inform DCOF programme activities.

The mapping of 10 RHC "hot-spot" Districts in Ghana provided valuable insight into trends in the establishment, type and funding of RHCs as well as the drivers and flows of children in and out of RHCs. The data provides a baseline against which to monitor trends in the priority Districts and a starting point for further mapping exercises in the remaining 47 Districts in Ghana with RHCs.

While it was possible to collect some primary data from RHCs, accurate numbers children in the 24 RHCs and the situation of these children was not always available and highlighted the need for a standardised monitoring system for children in formal care. Accurate and reliable estimates of the numbers of children living in RHCs are essential for Ghana to successfully meet care reform initiative objectives namely, to reduce the number of children in RHCs, prevent institutionalisation in the first place and reunite children with their families. The data showed that many children in RHCs had been admitted for poverty related reasons and either had parents or families with whom they could potentially be reunited. In-depth profiling of these children and their families was required to determine the suitability of reunification as well as the kind of support parents and families might need to be able to provide the necessary care for their children.

With a few exceptions, the policy of many of the 24 RHCs in the 10 priority Districts is to keep children in care until they have completed their Junior and/or secondary education. Some RHCs pay for children to attend boarding schools for their secondary education, with most of these children returning home to their families during school holidays. Residential care cannot replace the loving care of family and too often fails to meet the developmental needs of children so should **never** be used as a primary or long-term solution which is currently the case with many of the 24 RHCs in the priority Districts.

Reunification with family or a longer-term family-based care placement must be actively sought to ensure that the child stays in residential care for the shortest period possible. It doesn't matter what the Residential Home is called - orphanages, children's homes, children's villages, baby homes, shelters for abused, trafficked or street children or care facilities for children with disabilities - children should only stay in these institutions on a temporary basis (ideally less than six months, especially in the case of children aged 0 – 3 years) before returning home to their families, a longer-term family-based care alternative or adoption. Residential homes that don't want to reintegrate children with their families in the shortest time possible should not be allowed to operate.

The GoG Child and Family Welfare Policy Ghana policy (2015) recognises that residential care may be considered as a last resort temporary solution if no immediate placement in the community is found while a longer-term family-based alternative is sought. This means that Ghana needs some residential homes to provide emergency/temporary care. DSW should decide on the number and location of these residential homes in Ghana and should ensure that no RHC operates without a licence.

The lack of political will at National and District Assembly level to allocate and disburse adequate funding for child protection services, including prevention and family-strengthening activities, is a systemic issues that needs to be addressed if Ghana is to realise its goal of preventing family separations, providing sufficient and effective family-based care options for children in need of alternative care, and ensuring that children are only admitted to residential care as a last resort and on a temporary basis.

7.1 Social Drive and Behaviour Change Communication (BCC) Strategy[44]

Information on districts and specifically towns/villages where children were referred from is patchy and inconsistent. Available information showed that with few exceptions (Chance for Children, Rafiki and Good Shepherd), there wasn't an obvious flow of children from one specific location. This makes it difficult to determine where to target for example the Child Protection Toolkit activities as these are implemented on a community-level basis. The findings did however confirm that DSW/UNICEF are on the right track in terms of the planned Social Drive activities and the additional content to strengthen a focus on family-based care in the Child Protection Toolkit.

Recommendations:

- Consider including all Districts with known RHCs (57 from 2016 data) in the rollout of the Child Protection Toolkit to 200 Districts in 2018.
- Include reasons why children are referred to RHCs in Social Drive messages:
  - » Children living on the street with their parents have also grown up on the streets. *Need multi-sectoral response to address the challenges facing these families. Are there any existing responses that can be harnessed?*
  - » Parental health issues including mental illness, physical illness, substance abuse. *Also requires a multi-sectoral response to prevent unnecessary family separation.*
  - » Children sent by parents to live with a relative in the hope of the child receiving an education and having a better life. However, this is not always the case and the child may end up being used for child labour in the home or family income-generating activities or trafficked. *Key Social Drive message around sending children to extended family. Parents must stay in contact.*
  - » Absent fathers (divorce, desertion, casual relationship) leaving mothers to take care of children single-handedly. Mothers start relationships with other men, who may not accept her children and become abusive or neglectful. *How can extended/non-biological family members show all the children in the household they are valued and loved? Why are children in these kinds of households so often neglected, abused or ostracised?*
  - » Children accused by extended family members of being wizards/witches. Parents and/or child has to leave the area for safety. *What is the cultural issue around this and is there anything that can be done to counter/change it?*
- Include targeted Social Drive communication for District Assemblies on their Constitutional/ legislated responsibilities in terms of child protection and alternative care and allocating sufficient finances for these activities (all the activities of the DSWCD in relation to child protection and alternative care fall under the mandate of the District Assembly so should receive sufficient funds from the Assembly).
- The Volunteer Policy that is currently being developed by the NGO Unit of the Department needs to include provisions for the use of volunteers in RHCs. Some RHCs only use volunteers over a certain

44 DCOF Activity 3.6: Support implementation of Communication for Behavioral and Social Change Strategy for promoting family-based care. Interventions will include media, advocacy and community engagement and other social change processes conveying the message of "Family is the best place for a child". Interventions also include specific engagement with volunteer organisations to prevent 'voluntourism' to Ghana

age (e.g. 25 years or more) and who have a professional qualification or specialised skill to offer (social work, teaching, physiotherapy). These volunteers also tend to stay for extended periods of time. There seems to be some value in keeping the policy open to allow these kinds of volunteers, particularly if providing specialised support to improve services for children with special needs.

- Given the reliance of many RHCs on international donor funds, it is recommended that Social Drive activities specifically target these donors with key messages including:
  - » Donor support for 'orphanages' and other types of Residential Homes for Children diverts much needed resources away from family-based care alternatives and perpetuates the use of residential care. The lack of investment in family-strengthening services to prevent unnecessary family separation is a key factor driving children out of parental care.
  - » If donors want to make a meaningful difference in the lives of children they should support organisations that provide family-strengthening services to prevent the removal of children from parental care. Donors should also support family-based alternative care options including support for kinship care and formal foster care.
  - » Donors currently funding 'orphanages' or other types of Residential Homes for Children should direct funding efforts to support the residential home to deinstitutionalise. [45]
  - » Donor funds should never be used to fund the establishment of new residential homes in Ghana. Ghana already has too many residential homes. The focus of funding should be on deinstitutionalisation and finding family-based care alternatives for children who can't be reunified with their families.

7.2 Operationalise formal foster care under the new Regulations[46]

Foster care has the potential to provide a viable family-based care alternative to residential care, but is undeveloped and the existing pool of 80 approved and trained foster parents willing and available to provide care is underutilized.

The lack of financial resources at National, Regional and District DSW levels to operationalise foster care, including providing material/financial support to foster parents caring for children with special/additional needs was identified as a constraint that will have to be addressed if foster care under the new Regulations are to be operationalised once they are promulgated (quarter three of 2017). If this issue is not addressed, foster care will remain an attractive alternative on paper only and DSW officers will continue to have no option but to recommend residential care for children who can't be cared for by parents, extended family or other informal care arrangements.

Recommendations:

- All prospective foster parents must participate in an ***orientation programme*** (half or full day) to ensure they understand exactly what they are committing to and the kind of support (including material) that can be provided. The foster care manual (currently in development) should include content for this orientation programme and guidance on how to conduct it.
- A ***financial strategy*** for operationalising foster care under the new Regulations must be developed, including the funding of the Regional Foster Placement Committees, SWO foster care related operational work and the Foster Care Fund. The source of funds for the Foster Care Fund have not yet been worked out, this is something that has to be addressed through the Ministry of Finance. This strategy should be included in the Strategic Plan for DSW, which will be developed with DCOF funds.

45 Lumos. In our lifetime: How donors can end the institutionalisation of children. See: https://wearelumos.org/sites/default/files/In%20Our%20Lifetime_2015_Sept2015_0.pdf

46 DCOF Objective 2: Support the Ministry Of Gender, Children And Social Protection to strengthen the formalised alternative care system

- Foster Care Manual to provide clarity on how the Foster Care Fund will operate and how funds can be accessed. The purpose of this fund is to cover some of the additional expenses that might be incurred for children with special needs. For example a child with disability is likely to have more expenses than someone with an able-bodied child. Support will not be financial but in-kind support can be provided e.g. medical care, wheelchair.

7.3 Family strengthening and promotion of family and kinship care[47]

Activities under the Social Drive and BCC are geared towards strengthening families and promoting family and kinship care through awareness raising and advocacy. The Child Protection Toolkit provides a means to engage with communities on actions they can take to address child protection issues. In addition to these advocacy and awareness raising strategies, a range of community based support **services** are needed to strengthen the capacity of parents and/or other close family members to care for their children and **prevent** the unnecessary separation of children from their families.

The mapping exercise found few family strengthening **services**. Beyond LEAP, the National Health Insurance Scheme and the school capitation grant, government services to strengthen families and prevent family separation are limited. Those that do exist are mostly implemented by NGOs. Greater investment in parenting and community-based child protection programmes is needed. The DCOF programme has an activity on promoting family based care through social protection interventions in particular LEAP, [48] however making progress with this activity has been a challenge since the start of the CRI in 2007. [49] District Assemblies provide limited financial/material support to "needy" families, including registering with NHIS, particularly those with family members with disabilities. However LEAP, NHIS, school feeding schemes and the school capacitation grant are unlikely to be sufficient to address the multiple vulnerabilities that lead to a child ending up in residential care.

NGOs are understood to be a potential resource for DSW officers as they provide a range of community-based prevention and early intervention services for families and children. There is however limited information on the nature and scope of these NGOs, the types of services they provide, areas of operation and their reach. [50]

RHCs can also potentially serve as a hub for the provision of prevention and family preservation services. In South Africa, one of the requirements for licensing RHCs is the provision of family-strengthening out-reach services, with an expectation that over time the number of children reached through family/community based services will increase as the number of children in the RHC decreases.

Apart from promoting LEAP, the Social Drive and Child Protection Toolkit, the DCOF/MoGCSP/UNICEF Accelerating Child Care Reform Programme does not have anything on the provision of community-based support services. Recommendations for introducing these kinds of services are presented below, recognising that it may not be possible to implement them with DCOF funding, however it still important to highlight for future consideration.

47 DCOF Activity 4.1: Support community engagement processes in at least 100 communities in 20 districts that will result in greater awareness of child protection issues, including importance of family-based care and unnecessary separation of children. Community members, traditional and religious leaders, teachers, health workers at community level and children themselves are expected to be engaged. Following the community engagement process, local solutions to child protection problems will be identified. This will include solutions for those who have been separated from families and prevent future unnecessary separation of children. the community engagement process will be facilitated by trained district and regional level officials, NGOs/CBOs and INGOs.

48 Objective 2.8

49 A decision to place a child who does not meet the criteria can't be made at the District level; a special case has to be made to the Minister of Gender Children and Social Development to decide. The CRI Unit and Social Protection Unit do not have a way of interacting at departmental level. Initially LEAP was not in every District, although coverage has not expanded, and also not every vulnerable child is eligible for LEAP. UNICEF is currently advocating for a universal coverage of the LEAP and doesn't promote the inclusion of another category of beneficiary.

50 One District SWOs reported compiling his own list of NGOs that he could draw on as resources for vulnerable and at risk families, he was an exceptionally proactive social worker which was not the norm.

Recommendations:

- Develop a national database (with regional and district level details) of NGOs providing prevention and early intervention services for families. This database could be linked to the Social Drive website and serve as a resource for SWOs and others working with vulnerable and at risk children. National DSW has a mandate to register NGOs so have ready access to information on most NGOs operating in Ghana. This could provide the starting point for a national survey/mapping of NGOs working with vulnerable and at risk children and families.

- Include the requirement for RHCs to have a structured out-reach programme in the revised 2017 RHC Standards.

- Consider introducing a structured parenting programme for vulnerable and at risk families to address social and behavioural vulnerabilities in the family. Some RHCs expressed the need for such a programme especially for families of reintegrated children. The Child Protection Toolkit has activities for engaging directly with families and this potentially provides a starting point for developing a more structured programme that could be implemented with parents/families identified as vulnerable and at risk. The design of the programme could also draw on current initiatives including Parenting for Lifelong Health (PLH)[51] and Sinovuyo Caring Families Teen Programme[52]. The use of evidence-based programmes versus homegrown programmes needs some thought, as evidence-based is not always best. Any new programme introduced would need to be tested to determine its contextual relevance in Ghana. The operational side of such a programme is also essential to its success including funding streams and ownership.

7.4 Review of 2010 Standards for Residential Homes for Children[53]

The assessment of RHC compliance against the 2010 RHC Standards during the mapping exercise was the first time this has ever happened (See Section 4.3 for details of a checklist that was developed for this purpose but also not consistently implemented). The process of assessing RHC compliance against the 2010 RHC Standards provided an opportunity for DSW and UNICEF to identify requirements that were unclearly formulated, repetitive or redundant and identify additional requirements needed to strengthen the quality of care provided. Proposals for revisions/additions will be further refined with the DSW task team, followed by a small stakeholder workshop to validate and finalise the revisions to the standards.

Substantive proposed revisions include:

- Adding a requirement for RHCs over a certain size to employ a social worker. This will help to facilitate the development and implementation of care plans and ensuring children are reintegrated in the shortest period of time.

- Simplify the scoring of the Standards: suggest limiting scoring categories to four options along the lines of: no evidence of compliance (0); limited evidence of compliance (1); complies with most of the requirements (2); and full compliance (3).

- Clarify governance arrangements for RHCs that are registered NGOs but run as family "businesses". How is accountability ensured if all the NGO Board and RHC management team are all family members?

- Require RHCs to maintain an up to date register of children in the facility (preferably electronic and preferably MS Excel) and share this information with DSW on a regular (monthly) basis. DSW to provide the standardised template.

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51 PLH a parenting programme for different age groups (toddlers, young children, adolescents) developed to prevent violence in low-resource settings. Developed through a collaboration between WHO, Stellenbosch University in South Africa, the University of Cape Town in South Africa, Bangor University in Wales, the universities of Oxford and Reading in England, and UNICEF. http://www.who.int/violence_injury_prevention/violence/child/plh/en/

52 Developed through review of evidence-based components, qualitative research with South African families in 2012, and with the expert input of over 50 academics and practitioners working with high-risk families in low- and middle-income countries. Partnership with Clowns Without Borders South Africa, UNICEF South Africa, the World Health Organization, the South African Department of Social Development, the South African Department of Basic Education, NACCW and the Keiskamma Trust.

53 DCOF Activity 3.2: Review the 2010 "Standards for Residential Homes for Orphans and Vulnerable Children in Ghana" and analyse the extent to which the standards have been implemented and enforced. Based on such analysis, revise the standards as required

- The RHC Standards require one caregiver to seven children, with more caregivers (not specified) for children with disabilities. Children 0 – 3 are not mentioned. Provisions for these two categories of children need to be strengthened. The Regulations stipulate the number of children per caregiver as follows: The number of children recommended for each attendant by the Department is (a) one attendant for five children from birth to three years (this is high); (b) one attendant for eight children over three years of age; (c) one attendant for ten children from six years to eleven years (higher than RHC Standard of 1:7); and (d) one attendant for five children over eleven years (this is lower that the RHC Standard). Need to clarify if the RHC Standards (referred to in the Children's Act) are legally "superior" to the Regulations.

7.5 Five-year Road Map for RHCs[54]

DSW has set a target of reducing the number of children in RHCs in Ghana to 2 000 by the end of the DOCF/DSW/UNICEF programme. The Road Map is intended to help DSW achieve this target.

The closure of RHCs in Ghana post 2007 has taken place in an ad hoc and un-strategic manner and the absence of a real-time monitoring system on (past and current) RHCs has made it difficult to keep track of:

1. RHCs that need to implement actions to comply with the RHC Standards or face closure;
2. RHCs that have been earmarked for closure and need to follow a planned process to reintegrate all the children before the facility is officially closed;
3. RHCs that have been closed and the whereabouts of the children who were formerly in these RHCs; and
4. RHCs that have been closed but have subsequently reopened.
5. And those of boarding school, rehabilitation (reforming)

Comprehensive plans of action, with activities, roles and responsibilities and time frames need to be developed for all the RHCs assessed during the mapping exercise.

The CRI Unit and respective Regional and District officials should develop the plans jointly. A process also needs to be put in place to track/monitor the implementation of plans of action.

In making decisions about these and other RHCs, Road Map, consideration should be given to the following:

1. DSW needs to adopt a two-pronged strategy (reduction and containment) in response to the uneven distribution of residential care facilities across Ghana and there should be a **prioritization of short-term and temporary care** when developing the roadmap. The high number of long-term care institutions in the 10 priority Districts suggests that these facilities are not being used as a temporary or a last resort, despite the well-known problems associated with keeping children in institutions for lengthy periods (back up by many researches). While there are more than sufficient long-term residential care institutions, facilities specializing in short-term care are lacking. DSW needs to promote short-term care where possible. The transformation of long-term care into short-term care facilities should also be considered as an option. DSW also needs to promote smaller size facilities.
2. Clarifying and enforcing the roles and responsibilities of the different spheres of DSW in inspection of RHCs, making recommendations for licensing/closure and enforcing decisions. A collaborative partnership is the preferred approach, but in cases of disagreement or inaction, the final authority to enforce a directive issued under the MoGCSP to close a RHC needs to be clear.

54 DCOF Activity 3.8: Develop a 5-year roadmap for the closure of sub-standard and unregistered institutions with concrete milestones and timeframes. Such roadmap will have concrete and realistic plans for placement of the children residing the in the homes marked for closure.

3. Very few RHCs in Ghana admit children with special needs and even less that provide quality care for these children. Given that children with special needs are much harder to place in foster care or adoption, the Road Map needs to ensure that more RHCs are set-up to cater for this category of children. RHCs that admit children with special needs but don't provide sufficiently specialised quality care should be encouraged to upgrade their services.

4. Children aged 0 to 3 are most vulnerable to the negative effects of long-term residential care and placement of these children in kinship care or formal foster care should be prioritised. The Road Map should prioritise the reintegration of children in these facilities. If reintegration or formal foster care is not an option for these children then adoption should be pursued.

5. Government RHCs need special attention. They are automatically licenced by virtue of being a state-run facility regardless of whether they comply with the standards or not. The Road Map should explore upgrading the three government facilities to ensure that they comply fully with the RHC Standards and (although perhaps too ambitious) serve as model RHCs in Ghana.

7.6 Monitoring of RHCs and children in RHCs[55]

Information gathered through the mapping exercise has provided substantive baseline data on 24 RHCs and children in RHCs, which can inform the development of the monitoring system for children in RHCs.

In developing monitoring system of children in RHCs, a distinction needs to be made between **inspections** of residential homes for children (RHCs) and **monitoring** of RHCs, as each of these activities, while inter-related, have a different focus. The inspection of RHCs focuses on suitability of RHCs to provide care and the necessity of placements of individual children in their care, while the monitoring of RHCs focuses on tracking **key indicators** to determine national, regional and district trends RHCs and children in RHCs. The main differences between focus of inspection of RHCs and monitoring core RHC indicators are as follows:

RHC inspections	1. Suitability of individual RHCs to provide care 2. Necessity of care for individual children 3. Compliance with the RHC Standards
Monitoring RHCs and children in RHCs	1. Trends in opening, licensing and closing RHCs 2. Number and flow of children in and out of RHCs 3. Trends in family-based care placements versus residential care

Recommendations:

- The RHC Standards should require all RHCs to maintain a register of children in their care and report to DSW on a quarterly basis. DSW should provide the standardised template.
- A historical record of all RHCs should be maintained to enable more accurate tracking of trends in RHCs and children in RHCs. RHCs that were officially closed should be monitored periodically to ensure that they remain closed:
- As a starting point, the information in the MS Excel spreadsheet (RHC historical record) should be reviewed by the DSW Mapping Core Team, gaps filled-in where possible and then shared with Regional and District officers for verification and to clarify and rectify inconsistencies.
- Any RHC that is earmarked for closure should continue to be monitored and reported on until it is officially closed (i.e. no children staying in the RHC).

55 DCOF Activity 5.1: Develop a nation-wide monitoring system to provide 'real-time' data and information on children in residential care and status of children's homes

- Standardised tools and processes for District officers to collect and report on RHCs need to be developed. The tools developed for the mapping exercise provide a good starting point for identifying the kind of data that needs to be collected. The RHC monitoring system will be piloted from July 2017 and will provide an opportunity to test standardised data collection tools and processes.

- Prepare updated geographic maps of RHCs annually. This will require the building of capacity in DSW to produce these maps. Open source (free) software is available to develop these maps and training and technical assistance could be provided through UNICEF.

7.7 Case management in alternative care[56]

The mapping exercise confirmed an absence of a case management system for child protection and alternative care by DSW officers. The case management training in alternative care to be provided with DCOF funds is intended to start to address these gaps.

It is **recommended** that the training focus on addressing some of the following case management related issues:

- Overview of the generic case management process and locating alternative care within this process.[57]
- Clarification of terms used: case manager[58] (the SWO?), case plan, care plan, case conference, and case consultation.
- Gatekeeping: review of the concepts and how good case management can serve as a key gatekeeping mechanism.
- Case management forms: initial assessment, Social Enquiry Report; case plan, care plan, case notes. Case management forms were developed for the current Reintegration project implemented with DCOF funds and these will provide the basis for developing a set of standardised case management tools. The intention is to refine the reintegration tools once the project is complete and similarly with the tools developed for this first case management training, tools will be refined after SWOs have used them for a few months.
- Record keeping: register of cases referred to the DSWCD office; maintaining individual files for children.
- Allocation of cases and caseload management.
- Conducing a social enquiry investigation and preparing a case plan, and in the event that a child has to be removed and placed in a RHC, includes a permanency plan with an emphasis on reintegration.
- Networking with NGOs and other service providers who can support family-strengthening efforts and prevent the removal of a child from his/her family, and creating a personal "go to" resources list for referring cases.
- Role of case manager when a child in in a RHC: joint preparation of care plan with the RHC social worker and/or caregivers, with an emphasis on reintegration; implementation and review of the care plan.
- Reintegration: reintegration as an activity that starts even before the child is admitted to the RHC. Role of the case manager in preparing the family and child and providing post-reunification support, role of the RHC in the process. If child is reunited with family in a different District the role of that SWO.

56 DCOF Activity 1.4: In the short-term, strengthen capacity of social welfare/development officers through training, coaching and mentoring with regards to alternative care, case management, gatekeeping, monitoring and reporting focusing on districts with high concentration of children in residential care. In the long-term, continue reform capacity building at district levels (ILGS)

57 The Global Social Service Workforce Alliance has a special interest group on case management and has produced a concise definition and description of case management that can be used for this section.

58 In many countries when it comes to statutory care, this person is a qualified social work practitioner. Given current capacity constraints in DSWCD this is not immediately possible to implement but what is the long-tem plan for Ghana? Some DCOF activities are supporting the establishment of a Council for Social Workers so it seems that the country is moving towards qualified, licenced social workers providing statutory services?

7.8 Lessons learned from assessing compliance with the RHC standards

The following lessons were learned from the mapping exercise to assess compliance with the RHC Standards, some of which could help to inform the next steps in implementing the revised 2017 Standards:

Simplified checklist for gathering of evidence

Four assessment tools were developed for the mapping exercise to cover all the provisions in the Standards (Management/Administration; Child Care; Premises; and Children). A small team was allocated responsibility to collect information for one of the tools. However, even with this division of labour, administering these tools was very time-consuming and laborious effort and not all the requirements were covered (average of four hours per RHC). The size of the RHC did not necessarily influence the time needed, as the information requirements are the same as for a large RHC. A **simplified checklist** could help streamline the on-site data collection. The checklist should contain all the requirements but cluster similar provisions for ease of data collection. For example, many of the provisions on child care need to be captured in a Child Care Policy and Procedure Manual and it would help if there was one checklist item called Child Care Policy and Procedure Manual, with tick-boxes for all the different provisions, rather than addressing individually.

Allocation of sufficient time for inspections

With the revised streamlined Standards and the checklist the inspection process is likely to be shorter, but **sufficient time (at least four hours) should be allocated to each RHC for a comprehensive inspection**.

Pre-assessment preparation – RHCs and DSW

The manager assessments often took longer than necessary because delays often occurred when evidence was asked for but was not readily available and required the manager to go off and find it (often coming back empty-handed with a promise of sharing electronically which did not always happen and creates additional follow-up work for the team post-assessment). In future, **RHCs pre-assessment preparation** should include sharing the RHC Standards checklist, which clearly stipulates what evidence needs to be produced during the assessment visit. If, after a week or so of advanced notification the RHC is unable to produce the evidence it is likely that this is because it does not exist.

Similarly, DSW needs to prepare for the inspection visit. This includes a review of correspondence and RHCs, recent annual reports and other information shared with DSW. Key documentation should be taken along to the RHC visit for easy reference. This information should be shared with team members before the visit so they can also prepare.

Child participation

Interviewing children proved to be difficult as most of them were at school during the assessment visit. The views of children on the nature and quality of care provided is critical and **inspections should be planned so that there is sufficient time to engage directly with children** e.g. schedule the inspection for afternoons and be prepared to work through to the early evening.

Post-inspection team meeting

The schedule for the mapping exercise was very intensive, with at least two RHCs per day. The schedule did not allocate time during the day for debriefing and joint team scoring of the RHC. It proved difficult to do this in the evenings, as everyone was exhausted. These meetings were held over to when the team returned to Accra and are still in the process of being conducted. While everyone made notes on the assessment tools, some of the 'freshness' and details of the visit are lost if too much time elapses. Scheduling of **post-inspection team meetings** is critical to discuss evidence gathered and allocated scores. These should be scheduled as soon as possible after the assessment. For instance, if the inspection was conducted in the afternoon, the post-inspection team meeting should take place the following morning, allowing about two hours for the discussion.

Standard Operating Procedures for RHC inspections

The administration of the tools, and preliminary scoring, by different team members provided much insight into how different people interpret standards and what evidence is needed to validate these standards as well as how they make scoring decisions. For example, one team member who gathered information from caregivers consistently scored a zero if there was no evidence, however another team member asking the same question but to a manger would allocate a score of one or even two on the basis of what the manager said. These differences highlight the need for **Standard Operating Procedure** (SOP) on how to conduct inspections for the purpose of incensing RHCs and renewals of licenses. The SOP should address:

1. Inspection team composition and roles and responsibilities of the different spheres of DSW (National, Regional, District) before, during and after the inspection.
2. Clear instructions on the evidence needed to verify compliance, how to distinguish between the different scoring options and the importance of maintaining objectivity when scoring.
3. Guidance on how to plan and conduct an on-site inspection, including allocation of evidence gathering tasks to team members,
4. Pre-inspection preparations e.g. collating previous inspection reports for easy reference on site.
5. Post-inspection team debriefing/discussion for joint scoring of the inspection and decision-making on whether or not to licence the RHC.
6. Report-writing requirements following the inspection, including written feedback to the RHC. Guidance on allocation of responsibilities and time frames should also be addressed.

7.9 Data gaps and further research

- Conduct a census of RHCs in Ghana, with the focus on identifying "unknown" RHCs.
- Conduct in-depth mapping in the other 47 Districts with RHCs.
- Further understanding from which regions the majority of institutionalized children are coming from.
- Further research on the drivers of institutionalization.
- Violence against children (VAC) in RHCs.
- Analysis of why more school-aged children are being institutionalized than younger children.
- Analysis of the gender ratio e.g. why more boys in care than girls.
- Analysis of disability type and quality of care provided for children with disabilities.
- Comprehensive breakdown of characteristics of children living in residential care (status of orphanhood, status of poverty). This requires a detailed profiling of children and their families.
- What are the alternative forms of care in the 160 Districts that do not have RHCs?

ANNEXURE A:

SUMMARY FINDINGS FROM THE ANALYSIS OF THE DSW 2016 UPDATED LIST OF ORPHANAGES

Key findings from the DSW 2016 Updated List of Orphanages and additional inputs from DSW:

- There were 115 RHCs in Ghana as at October 2016:
  - 3 government run homes; the rest (97%) were privately run.
  - 13 privately run RHCs were listed as licensed (11%).
  - 3 586 children were cared for in these RHCs.[59]
  - The majority of RHCs (70%) were large facilities, caring for more than 30 children. The remainder (30%) were small, accommodating 29 or less children. [60]
- 65 Districts, just under one third (31%) of Ghana's 216 districts, had RHCs.
- Just over half (53%) of all RHCs were located in three regions: Greater Accra (21%); Ashanti (18%) and Volta (14%).[61]
- Two-thirds of all children in RHCs in Ghana (2 282) are in three regions: Greater Accra (30%), Ashanti (22%) and Central (12%).
- Of the 65 Districts in Ghana with RHCs:
  - 39 (60%) have one RHC.
  - 14 (22%) have two RHCs.
  - Seven (11%) have three RHCs.
  - Two (3%) have four RHCs –Greater Accra; Bolga Municipal, Upper East; and Ketu South Municipal, Volta.
  - Two (3%) have five RHCs – Adenta and Ga West in Greater Accra.
  - One (1%) has eight RHCs – Kumasi, Ashanti.

59 Numbers of children in 5 RHCs were not available.

60 Information on numbers of children was only available for 110 of the 115 RHCs.

61 Central Region used to have a high number of RHCs, but there were not included in the October 2016 list as the Region only reported on RHCs that had not been earmarked for closure. It was subsequently discovered that the RHCs earmarked for closure were still caring for children pending their reintegrating with family.

Table 1: Total RHCs and total children in RHCs in Ghana

Region	Total RHCs	Total Children In RHCs	Region share of all RHCs (%)	Region share of all children in RHCs (%)	Districts with RHCs	# Districts in Region	% Districts in Region with RHCs
Ashanti	21	773	18%	22%	10	30	33%
Brong Ahafo	9	182	8%	5%	5	27	19%
Central	13	429	11%	12%	9	20	45%
Eastern	7	164	6%	5%	6	26	23%
Greater Accra	24	1 080	21%	30%	11	16	69%
Northern	8	327	7%	9%	5	26	19%
Upper East	8	138	7%	4%	5	13	38%
Upper West	3	53	3%	1%	3	11	27%
Volta	16	274	14%	8%	7	25	28%
Western	6	166	5%	5%	5	22	23%
Total	**115**	**3 586**	**100%**	**100%**	**66**	**216**	

The Table below provides details of the analysis of RHCs per District and Region as provided in the DSW October 2016 list, and with additional information from DSW:

Table 2: RHCs per District and Region in Ghana, 2016

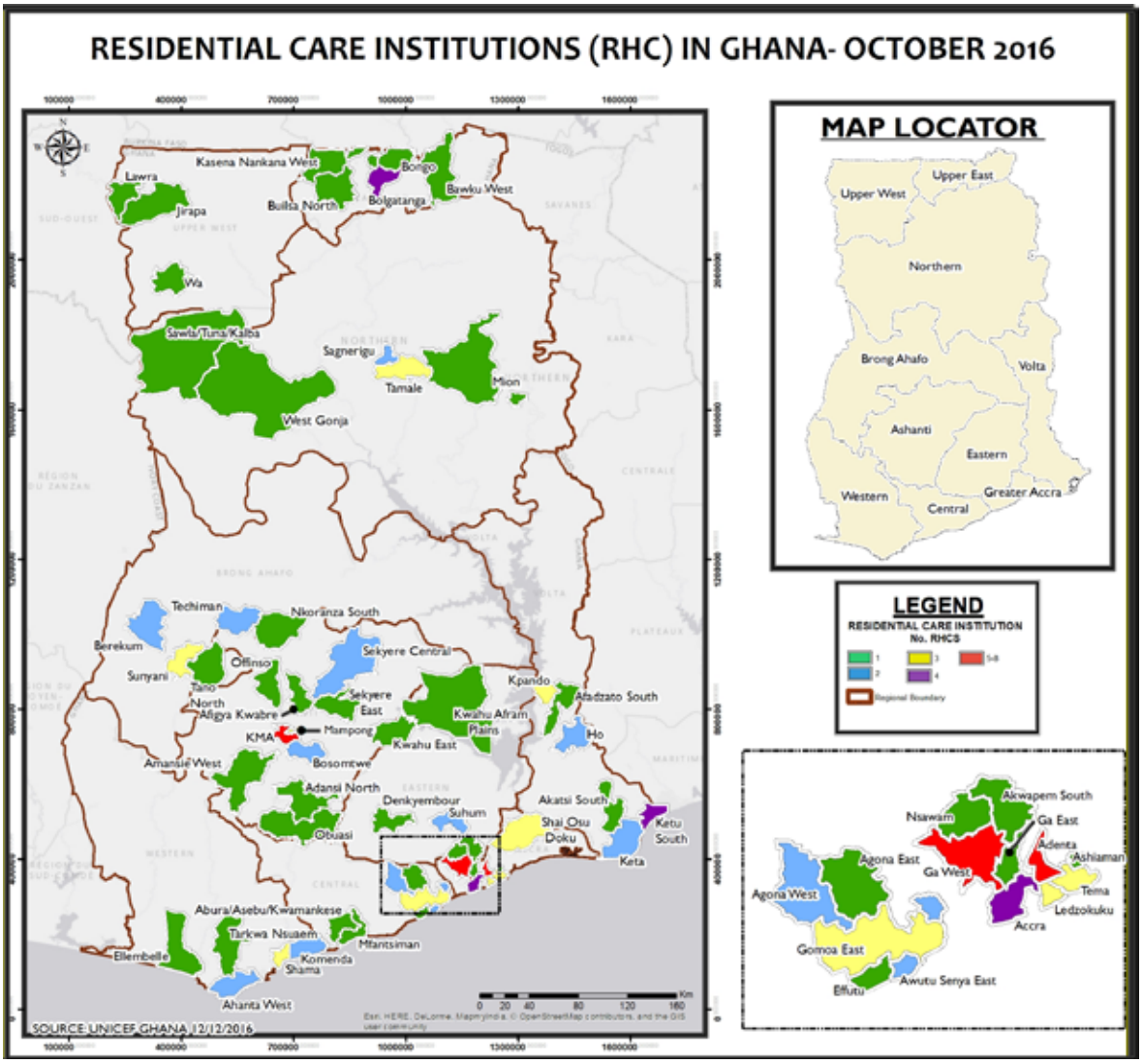
Region	District	# RHCs per District	District % share of RHCs in Region	# Children In RHCs	District % share of children in Region	# Large RHCs per District
Ashanti	Adansi North	1	5%	31	4%	1
	Adansi West	1	5%	47	6%	1
	Afigya Sekyere	1	5%	35	5%	1
	Amansie West	1	5%	51	7%	1
	Asokore Mampong	3	14%	156	20%	2
	Bosomtwi	2	10%	70	9%	1
	Kumasi	8	38%	250	32%	2
	Sekyere Afram Plains	1	5%	25	3%	
	Offenso-South	1	5%	50	6%	1
	Sekyere Central	2	10%	58	8%	1
Ashanti Total		**21**	**100%**	**773**	**100%**	**11 (52%)**
Brong Ahafo	Berekum Municipal	2	22%	28	15%	0
	Nkoranza	1	11%	19	10%	0
	Sunyani Municipal	3	33%	83	46%	2
	Tano North	1	11%	24	13%	0
	Techiman Municipal	2	22%	28	15%	0
Brong Ahafo Total		9	100%	182	100%	2 (22%)

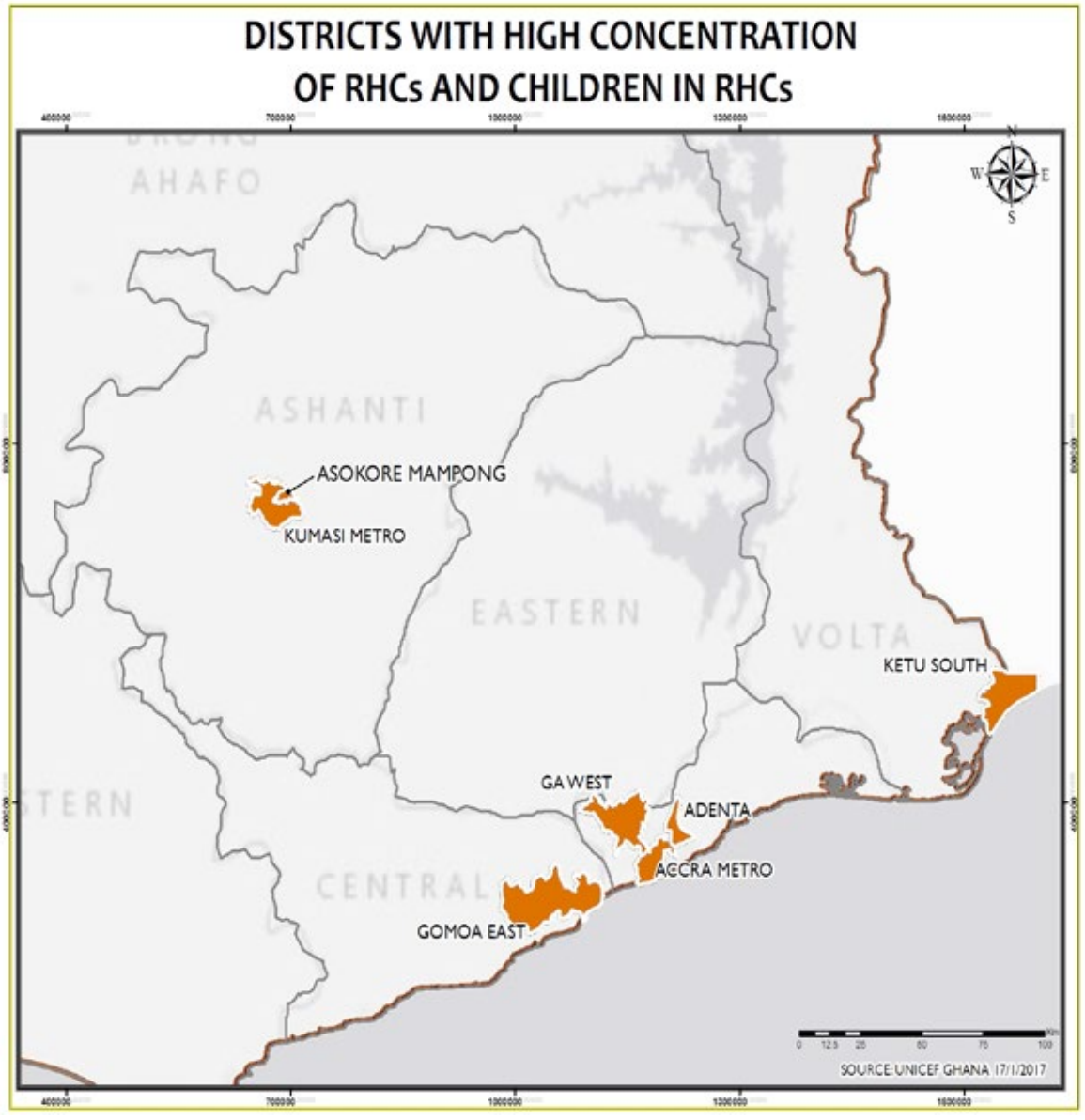
Region	District	# RHCs per District	District % share of RHCs in Region	# Children In RHCs	District % share of children in Region	# Large RHCs per District
Central	Abura Asebu Kwamankese	1	8%	22	5%	0
	Agona East	1	8%	35	8%	1
	Agona West	2	15%	76	18%	1
	Awutu Senya East	2	15%	64	15%	1
	Efutu Municipal	1	8%	18	4%	
	Gomoa East	2	15%	65	15%	1
	Gomoa Fettah	1	8%	109	25%	1
	KEEA	2	15%	29	7%	0
	Mfantsiman West	1	8%	11	3%	0
Central Total		**13**	**100%**	**429**	**100%**	**5 (38%)**
Eastern	Akwapim South	1	14%	18	11%	0
	Denkyem Bour	1	14%	27	16%	0
	Kwahu Afram Plains North	1	14%	16	10%	0
	Kwahu East	1	14%	28	17%	0
	Nsawam Adoagyir	1	14%	32	20%	1
	Suhum Kroboa Kotar	2	29%	43	26%	0
Eastern Total		**7**	**100%**	**164**	**100%**	**1 (14%)**
Greater Accra	Accra Metropolitan	2	8%	183	17%	2
Greater	Adenta	5	21%	94	9%	1
	Ashaiman Municipal	1	4%	7	1%	0
	Bubuashie	1	4%	?	-	0
	Dangame West	3	13%	189	18%	3
	Ga East	1	4%	68	6%	1
	Ga West	5	21%	294	27%	4
	Ledzokuku-Krowor Municipal	2	8%	58	5%	1
	Lekma	1	4%	35	3%	1
	Tema Metropolitan	3	13%	159	15%	2
Greater Accra Total		**24**	**100%**	**1 080**	**100%**	**15 (63%)**
Northern	Mion	1	13%	42	13%	1
	Sagnarigu	2	25%	28	9%	0
	Swala-Tuna-Kalba	1	13%	50	15%	1
	Tamale Metro	3	38%	157	48%	1
	West Gonja	1	13%	50	15%	1
Northern Total		**8**	**100%**	**327**	**100%**	**4 (50%)**

Region	District	# RHCs per District	District % share of RHCs in Region	# Children In RHCs	District % share of children in Region	# Large RHCs per District
Upper East	Bolaga Municipal	4	50%	76	55%	0
	Bongo	1	13%	20	14%	0
	Bulisa North	1	13%	8	6%	0
	Bwaku West	1	13%	16	12%	0
	Kasena Nankana West	1	13%	18	13%	0
Upper East Total		**8**	**100%**	**138**	**100%**	**0**
Upper West	Jirapa	1	33%	13	25%	0
	Lawra	1	33%	4	8%	0
	Wa Municipal	1	33%	36	68%	1
Upper West Total		**3**	**100%**	**53**	**100%**	**1 (33%)**
Volta	Afadzato South	1	6%	2	1%	0
	Akatsi South	1	6%	7	3%	0
	Ho Municipal	2	13%	62	23%	1
	Hohoe	3	19%	34	12%	0
	Kapando Municipal	3	19%	76	28%	0
	Keta Municipal	2	13%	83	30%	1
	Ketu South Municipal	4	25%	10	4%	0
Volta Total		**16**	**100%**	**274**	**100%**	**2 (13%)**
Western	Ahanta West	2	33%	66	40%	1
	Ellembelle	1	17%	17	10%	0
	Shama	1	17%	20	12%	0
	Takoradi	1	17%	45	27%	1
	Tarkwa Nsuaem Municipal	1	17%	18	11%	0
Western Total		**6**	**100%**	**166**	**100%**	**2 (33%)**

ANNEXURE B:

GEOGRAPHIC MAPS OF RHCs IN GHANA – RHC DATA OCTOBER 2016




DISTRICTS WITH HIGH CONCENTRATION
OF RHCs AND CHILDREN IN RHCs
AHAFO
ASHANTI
EASTERN
VOLTA
CENTRAL
ASOKORE MAMPONG
KUMASI METRO
KETU SOUTH
GA WEST
ADENTA
ACCRA METRO
GOMOA EAST
N
W
E
S
SOURCE:UNICEF GHANA 17/1/2017

ANNEXURE C:

"HOT SPOT" MAPPING FIELD WORK ACTIVITIES

Date	Activity	Location
13/2/2017	Interview with Regional and District DSW staff	Accra, Accra Metro, Greater Accra
14/2/2017	Chance for Children site visit	Ga-West District, Greater Accra
15/2/2017	Haven of Hope site visit	Amasaman District, Greater Accra
	Rafiki site visit	Ga-West District, Greater Accra
20/2/2017	Meeting at Adenta Municipal with District DSW staff	Adenta Municipal, Greater Accra
	Safe Haven site visit	Adenta Municipal, Greater Accra
	West Africa Mercy Mission (WAMM) site visit	Adenta Municipal, Greater Accra
21/2/2017	Nyame Dua Children's Home site visit	Adenta Municipal, Greater Accra
	Christ Faith Foster Home site visit	Adenta Municipal, Greater Accra
27/2/2017	Interview with Regional and District DSW staff	Awuta Senya District, Central
	Royal Seed site visit	Awutu Senya East District, Central
28/2/2017	Challenging Heights site visit	Gomoa East District, Central
	Ghana Make a Difference site visit	Gomoa East District, Central
1/3/2017	Hope Children's Village site visit	Gomoa Fettah District, Central
	Good Shepherd site visit	Awutu Senya East District, Central
8/3/2017	Interview with Regional and District DSW staff and RHC managers	Ho, Volta
	Remar Ho site visit	Ho Metro, Volta
9/3/207	House of Hope site visit	Hohoe Municipal, Volta
	Obi Kudoe site visit	Hohoe Municipal, Volta
10/3/2017	Meeting with Regional DSW	Ho Metro, Volta
	Madamfo Ghana site visit	Ho Metro, Volta
21/3/2017	Interview with Regional and District DSW staff	KMA, Ashanti
	SOS Children's Village, site visit	KMA, Ashanti
22/3/2017	Kumasi Children's Home, site visit	KMA, Ashanti
	Trinity Foundation (House of Grace), site visit	KMA, Ashanti
	King Jesus Charity Home, site visit	KMA, Ashanti
23/3/2017	All Nations Charity Home, site visit	Asokore Mampong, Ashanti
	Kiku Children's Shelter, brief site visit	Asokore Mampong, Ashanti
	Missionaries of Charity, brief site visit	KMA, Ashanti
	Remar (site visit cancelled as no management staff present)	KMA, Ashanti
	Cherubs Children's Home, site visit	KMA, Ashanti
24/3/2017	Save Our Lives, brief site visit	Bekwai Municipal, Ashanti
	Adullam Orphanage, brief site visit	Obuasi Municipal, Ashanti

ANNEXURE D:

LIST OF INTERVIEWEES

(1) Ashanti Region

Organisation/Location	Name/Position
DSW – Ashanti Region	Patricia Kyeremateng, Regional Director
DSW – Ashanti Region	Love Lucy Adu, Programme Head (CRPP)
DSW- Kumasi Metropolitan Assembly	Susana Sackey, Metro Head
DSW- Kumasi Metropolitan Assembly	Rebecca Aidoo, Metro Officer (DSW)
DSW- Kumasi Metropolitan Assembly	Hannah Yeboah, Metro Officer (DSW)
DSW- Asokore Mampong Municipal	Esther AprakuNyarko, Municipal Head
Asokore Mampong Municipal Assembly	Hon. Kwame Nkrumah Arthur, Chairman Social Services Sub-Committee
Adullam Orphanage, Obuasi Municipal, Ashanti	Peter Beidu
All Nations Charity Home, Asokore Mampong, Ashanti	Rev Philip Kwasi Nyamekye, Manager
Cherubs Children's Home, KMA, Ashanti	Nicholas Oseibonsu, Director
Kiku Children's Shelter, Asokore Mampong, Ashanti	Anthony Agyemang
King Jesus Charity Home, Asokore Mampong, Ashanti	Rev. Nimako Boateng, Director and Emanuel Osu Afriye Asanti, Manager
Kumasi Children's Home, KMA, Ashanti	Mabel Boamah, Manager
Missionaries of Charity, KMA, Ashanti	Sister Lorentia
Save Our Lives, Bekwai Municipal, Ashanti	Paulina P. Opei
SOS Children's Village, KMA, Ashanti	Eric Laate, Manager
Trinity Foundation (House of Grace), KMA, Ashanti	Rev Samuel Odan, Director

(2) Central Region

Organisation/Location	Name/Position
DSW – Central Region	Monica Siaw, Regional Director
DSW – Central Region	Daniel Wallace Akyeampong, Programme Head Community Care
District Assembly - Gomoa East District	Hon. Ato Nyame, Chairman Social Services Sub-Committee
DSW- Gomoa East District	Eric Agyapong, District Head
District Assembly - Awutu Senya East District Assembly	Paul Eyial, Member, Social Services Sub-Committee
DSW- Awutu Senya East District	Jacob Asiedu, Municipal Head
DSW- Awutu Senya East District	Christiana Boateng, District Officer (DSW)
Challenging Heights, Gomoa East District, Central	Nozipho Pomaa Arthur, Shelter Manager
Ghana Make a Difference, Gomoa East District, Central	Richard Sakite, Manager
Good Shepherd, Awutu Senya East District, Central	
Hope Children's Village, Gomoa Fettah District, Central	Kwaku Sarkodie, Manager
Royal Seed, Awutu Senya East District, Central	Naomi Esi Amoah, Manager

(3) Greater Accra Region

Organisation/Location	Name/Position
DSW - Greater Accra Region	Phyllis Emefa Senyo, Regional Director
DSW- Greater Accra Region	Simon Nangwa, Programme Head
DSWCD- Adenta Municipal	Clara Sowah, District Head
District Assembly – Adenta Municipal	Hon. Gladys Addo Osei, Member Social Services Sub- Committee
DSWCD- Adenta Municipal	Martha Adu, District Officer (DSW)
DSWCD- Ga West District	Eunice Annor, District Officer (DSW)
DSWCD- Ga West District	George De-Graft Assan, District Head
DSWCD- Ga West District	Mabel Jacklin Obeng, District Officer (DSW)
DSWCD – Ga West District	Ernest Nii Noi Addo, District Officer (DSW)
Chance for Children, Ga-West District, Greater Accra	Awley Nartuy, Manager
Christ Faith Foster Home, Adenta Municipal, Greater Accra	Kophy Adu-Boahene, Manager
Haven of Hope, Amasaman District, Greater Accra	Rita Agyemang-Barima, Director
Nyame Dua Children's Home, Adenta Municipal, Greater Accra	Paul Anaba, Manager
Rafiki, Ga-West District, Greater Accra	Scott Nelson, Manager
Safe Haven, Adenta Municipal, Greater Accra	Samuel Kloba, Manager
West Africa Mercy Mission (WAMM), Adenta Municipal, Greater Accra	Rev. William Tetteh Deku

(4) Volta Region

Organisation/Location	Name/Position
DSW – Volta Region	Nat Khing Tackie, Regional Director
DSW – Volta Region	Stella Agbezuhhor, Programme Head (CRPP)
DSW- Ho Municipal	Cyril Deawai, Municipal Head
DSW-Ho Municipal	Wisdom K. Karikari, Officer (DSW)
Ho Municipal Assembly	Hon. Diana Agbo, Chairperson, Social Services Sub-Committee
DSW-Hohoe Municipal	Henry Yanpalleh, Municipal Head
Hohoe Municipal Assembly	Hon. Emma Amuzu, Chairperson, Social Services Sub-Committee
House of Hope, Hohoe Municipal, Volta	Pel Tugbe Cudjoa, Manager
Madamfo Ghana, Ho Metro, Volta	Happy Afun, Manager
Obi Kudoe, Hohoe Municipal, Volta	Adjei Visentia, Manager
Remar Ho, Ho Metro, Volta	Isaac Ansah, Manager

ANNEXURE E:

HISTORICAL TRENDS IN RESIDENTIAL CARE IN GHANA

1. Introduction

Data on numbers of RHCs and children in RHCs can be found in official government and UNICEF reports as well as NGO publications but reported numbers of RHCs/children in RHCs are not consistent (see Table 1). The rate of children in formal care in Ghana in 2016 was approximately 32 per 100 000 children (the majority were in residential care). This is very low compared to children in formal care in Central and Eastern Europe and the Commonwealth of Independent States countries (CEE/CIS) where the rate is 666 per 100 000 children and West and Central Africa countries (WCAR) with 51 children per 100 000. [62]

Table 1: Summary of information on trends in RHCs from 1949 – 2016

Date	RHC trends	Report/source
1949	The Child Care Society, a charity organisation, established the first children's home (Osu Children's Home) to take care of orphans and abandoned children.	Payne and White, 1979 in Frimpong-Manso, K. (2014) Child Welfare in Ghana: The Past, Present and Future. Journal of Educational and Social Research, 4:6, p 411 – 419
1985	Only 3 RHCs in Ghana all run by the state (names not provided)	Messmer, A. (2014) Collected viewpoints on international volunteering in residential care centers. Country focus: Ghana. Better Volunteering Better Care steering group
1996	13 RHCs, 3 government homes and ten private homes (names not provided)	As above.
1997	10 RHCs	Ghana's 3rd, 4th and 5th Consolidated Report to the UN Committee on the Rights of the Child. May 2015, pg. 86
2006	A national Orphanage Census estimated that there were 148 RHCs in Ghana; 107 facilities were contacted and of these 95 provided information on numbers of children in their care, namely 3 388 children 98 RHCs caring for 3 517 children	OrphanAid Africa (2008) Toward the development of sustainable community care in Ghana. PowerPoint presentation Information from available RHC databases 2006 – 2016
2007	158 RHCs	Ghana's 3rd, 4th and 5th Consolidated Report to the UN Committee on the Rights of the Child. May 2015, pg. 86
2008	148 RHCs	Ghana's 3rd, 4th and 5th Consolidated Report to the UN Committee on the Rights of the Child. May 2015, pg. 86

62 The rate is obtained by dividing the estimated number of children in residential care by the population of children under 18 in that country for the available data and multiplying by 100 000. See: Petrowski, N., et al. (2017) Estimating the number of children in formal alternative care: Challenges and results. Child Abuse & Neglect, http://dx.doi.org/10.1016/j.chiabu.2016.11.026. Number of children 0 – 17: 11 020 524. Figures accessed from UNICEF (2013) Ghana: Advocating for development that leaves no child behind.

Date	RHC trends	Report/source
2010	134 RHCs	Ghana's 3rd, 4th and 5th Consolidated Report to the UN Committee on the Rights of the Child. May 2015, pg. 86
2012	104 RHCs caring for 44 15 children	Information from available RHC databases 2006 – 2016
2013	114 residential care facilities caring for a total of 4 432 children; three government run and the rest are private	GoG/UNICEF Country Care Report Ghana, 2014
	120 RHCs	Ghana's 3rd, 4th and 5th Consolidated Report to the UN Committee on the Rights of the Child. May 2015, pg. 86
2015	127 RHCs caring for 4 520 children 134 RHCs caring for 4 510 children	List of Orphanages, 2015, Department of Social Welfare. Information from available RHC databases 2006 – 2016
2016	115 RHCs caring for 3 586 children	Updated List of Orphanages, Department of Social Welfare, 2016 and Information from available RHC databases 2006 – 2016

2. Development of historical database of RHCs using available primary data

One of the activities of the development of the Monitoring of Children in Formal Care system is to compile a MS Excel database of RHCs in Ghana with available primary data on known RHCs in Ghana. The database will be updated quarterly and currently includes the following information:

- 2006 and 2012 MS Excel database of RHCs. Developed by OrphanAid Africa (OA) for the national Orphanage Census undertaken in 2006/2007, and updated in 2012. 63
- Kaeme's MS Excel spreadsheet on children profiled in 103 RHCs between 2010 and 2016;
- DSW List of Orphanages, 2015 (only hard copy available);
- Ashanti Region list of RHCs 2014, 2015 and 2016;
- DSW Updated List of Orphanages, October 2016;
- Information collected on the 25 RHCs during the 2017 mapping exercise; and
- List of RHCs licensed in 2017.

The available primary data has gaps in information on the District location of the RHCs, status of RHCs (i.e. open or closed) and numbers of children in RHCs. The process of compiling this database has highlighted the importance of maintaining a historical **and** current record of RHCs. For instance, one of the RHCs visited in Hohoe (Volta Region) during the mapping exercise was reported by the Region to have been ***newly discovered,*** however this RHC was on the 2006 and 2012 database, which means that it had been known to DSW in the past but had subsequently dropped off their radar.

63 Officials working in the CRI Unit were aware that such a database had existed but multiple staff changes and loss of electronic records meant that the Department no longer had a copy. Fortunately, OA still had a copy and this was shared with UNICEF in December 2016. OA also shared another MS Excel database dated 2007 that included most of the 2006 information in addition to the names, sex and age of children in some of the RHCs.

3. Analysis of primary data on RHC historical database

An analysis of the historical database shows a 27 percent increase in the number of RHCs from 2006 to 2015, with a 14 percent drop from 2015 to 2016. Numbers of children in RHCs also increased from 2006 to 2015, with a 20 percent drop from 2015 to 2016.

The drop in number of RHCs and children in RHCs from 2015 to 2016 can be explained partly by increased efforts on the part of DSW to reintegrate children in the RHCs with their families and the closure of sub-standard RHCs. Another reason is because Central Region did not include RHCs earmarked for closure in their 2016 figures. According to the Region, 24 RHCs were operating in 2015, with four RHCs in Gomoa East and five RHCs in Awutu West. In 2017 the Region only reported on seven RHCs. They have stopped reporting o on the remaining 17 RHCs as these were all "earmarked for closure" on the directive of National DSW in 2016, the majority of them were in the Gomoa East District. So far, only four RHCs have been officially closed i.e. no children are in the facility. The rest still have children in their care and will only be officially closed once all the remaining children are reintegrated with their families.

Over the past 10 years, the spread of RHCs has fluctuated to some extent in all regions, with Upper West remaining the most consistent, showing no increase or decrease in RHCs since 2012. Votla and Greater Accra Regions have had the largest share of RHCs over the years. Central Region shows the largest fluctuation, with a big increase in RHCs from 2012 to 2015 and then a decrease in 2016. See Table 2 below.

Table 2: RHCs and children in RHCs – information from available RHC databases

Region	2006		2012		2015		2016	
	# RHC	# Children	# RHC	# Children	# RHC	# Children	# RHC	# Children
Ashanti	14	845	21	1000	20	866	21	773
Brong Ahafo	14	261	14	302	10	183	9	182
Central	11	633	13	729	29	906	13	429
Eastern	8	301	8	375	13	367	7	164
Greater Accra	16	617	16	999	23	1078	24	1 080
Northern	5	138	6	232	9	343	8	327
Upper East	6	92	7	183	7	202	8	138
Upper West	2	43	3	36	3	72	3	53
Volta	16	382	14	521	17	444	16	274
Western	6	205	2	38	3	49	6	166
Total	**98**	**3 517**	**104**	**4 415**	**134**	**4 510**	**115**	**3 586**

4. Data Sources for Historical Trends of RHCs

Table 3: Data Sources for Historical Trends of RHCs

Source	Region	District	RHC	Location	Contact person	Email	Tel	N. Children M/F/T	Child Name	Date of Birth	Children reunited M/F/T	Status	DSW Officer
Updated list of orphanages 2016, National DSW, October 2016 - MS Word	✓	✓	✓	✓	✓	✓	✓	✓				✓	
List of orphanages 2015, National DSW, undated - MS Word (hard copy only)	✓	✓	✓	✓	✓	✓	✓	✓				✓	
Data from Kaeme (profiled children 2014 – 2016) – MS Excel	✓			✓				✓*			✓*	✓	
Statistics of Orphanages in Ashanti Region 2014 – 2016 and as at March 2016, DSW Ashanti Region, Undated (Accessed from Region during 2017 mapping exercise) - MS Word			✓					✓			✓		
Children in residential care 2006 – 2012, 30 October 2012 (Accessed via OA) - MS Excel	✓	✓						✓			✓		
List of orphanages December 2007, 28 May 2008 (Accessed via OA) - MS Excel Not included in database	✓	✓	✓	✓	✓		✓	✓	✓	✓			✓
List of RHCs licenced May 2017	✓		✓										

ANNEXURE K:

ASHANTI REGION DATA REPORT ON RHCS IN PRIORITY DISTRICTS

1. OVERVIEW OF RHC TRENDS IN ASHANTI REGION 2006 – 2016

There are 30 Districts in Ashanti, and according to available data, 13 have RHCs. A historical analysis of RHCs in Ashanti Region shows that 36 RHCs have operated at one point or another between 2006 and 2016 [64], with RHCs increasing by over 70 percent from 14 RHCs in 2006 to 24 RHCs in 2014 and dropping slightly in 2015 (se Annexure E). Total numbers of children in care in 2016 have dropped by 23 percent from 2012 numbers due to increased efforts on the part of the Region and Districts to reunify children from some RHCs (see Table 1).

Table 1: RHC trends in Ashanti 2006 – 2016

Region	2006		2012		2014		2015		2016	
	# RHC	# Children	# RHC	# Children	# RHC	# Children	# RHC	# Children	# RHC	# Children
Ashanti	14	845	21	1 000	24	864	20	866	21	773
Nat. Total	98	3 517	104	4 415	-	-	134	4 510	115	3 586
% of Total	14%	24%	20%	23%	-	-	15%	19%	18%	22%

Regional and District officials attributed the high number of RHCs in Kumasi Metropolitan Assembly[65] – eight in total - (KMA) to the fact that it is an urban area with many commercial and business opportunities, as well as private and government schools and health facilities, so people come from rural areas all over Ghana to find work and income-generation opportunities. However, more often than not, people are unable to find work once they arrive in the city and unemployment levels are high.

Many children end up working work on the streets of Kumasi as "kayayes" or porters. Most kayayes are young girls from the rural, northern regions of Ghana who are from poor families and have little or no education and few skills. They make very little money and often find it hard to survive and is one of the reasons why child prostitution has become a growing problem. These girls should be in school but are sleeping on the streets. They fall pregnant, are unable to care for their children, who end up in need of care and protection due to abandonment, neglect or abuse. The large number of RHCs in the area means *"the ground is fertile for people who want help for their children"*.

District officials were of the view that while most people running the RHCs in Ashanti were pastors (*"doing the work of God"*) some saw the establishment of RHCs as a lucrative business venture that could be supported by international visitors: *"international visitors they give nice promises and people think why don't we start an orphanage, then the outside people will come with support"*. The more children in the "orphanage" the more support from well wishers it is likely to attract. There are reportedly many international volunteers working in NGOs in Ashanti throughout the year, including in RHCs. The RHCs think if they have more children they will get more support from these volunteers. The Region said they were unfortunately *"not on top of the volunteers"*.

64 A more detailed analysis of trends in opening and closing of RHCs can be done after the historical data has been verified and updated with the Region.

65 Kumasi is the capital of the Ashanti Region and the second largest city of Ghana, with approximately 1.5 million inhabitants. Rural poverty remains widespread in Ghana, and Kumasi, as a big economic centre, attracts a lot of people who hope to find a job, even if it is only a temporary one.

2. RHCS PROVIDING CARE FOR CHILDREN IN THE SELECTED PRIORITY DISTRICTS

Mapping data was collected from eight RHCs in Ashanti: two in Asokore Mampong District and six in Kumasi Metropolitan Assembly (KMA).

Table 2: RHCs included in the 'hot-spot' mapping exercise in Ashanti Region

District	Name of RHC	Area
Asokore Mompang	Kiku Children's Shelter	Peri-urban
	SOS Children's Village	Peri-Urban
KMA	All Nations Charity Home	Urban
	Cherubs Children's Home	Peri-urban
	King Jesus Charity Home	Urban
	Kumasi Children's Home	Urban
	Missionaries of Charity	Urban
	Trinity Foundation, House Of Grace	Peri-urban

2.1 Reason for establishment of RHCs

Kiku Kinderhaus/Children's Shelter was established by a woman from Germany and a retired DSW official (from Ashanti Region) in response to a need they had identified for a shelter for trafficked children in Ashanti. The Ashanti Regional Director for DSW officially opened the RHC in 2015.[66] Region stated that they did not think that the facility needed to be licensed as a RHC as it is a "***shelter, not an orphanage.***" As such, the Region has not reported on the RHC or children in its care to National DSW.

SOS Children's Village in Asokore Mompang was established under the auspices of SOS Children Villages Ghana and the international SOS Children's Village Federation.[67] In 1972, the wife of the past president of Ghana (President Akufo-Addo) travelled to Europe and after visiting some SOS Children's Villages decided to bring the concept to Ghana. In 1974 the first SOS Children's Village was built in Tema; the Village in Kumasi followed in 2009 and Tamale in 2010. Their main focus was to provide long-term family-like care for children in need. Children used to be admitted by their relatives, but in the past few years, admissions are only through DSW.

All Nations Charity Home was established in 2003 by a Ghanaian pastor to provide care and protection for children. The RHC provides long-term care only. Children are mostly admitted by relatives due to poverty/financial constraints and wanting their children to further their educations.

Cherubs, established in 2005, falls under the auspices of Cherubs Foundation International Ghana and was established by the pastor in charge of evangelism in his church. Through his work in the area he came across a lot of orphans and vulnerable children including street children. While conducting an evangelism campaign, he had the vision of helping these children. The RHC is a registered NGO but run as a family concern. The Manger is directing/training his children to take over from him when he retires. His wife is the childcare supervisor, the administrator/social worker is his son and the treasurer is son. One son and one daughter are also part of the work indirectly. The RHC provides mostly long-term care. Children attend the school that is on the premises (registered with Ghana Education Authority) along with about 60 children from the community.

66 The RHC was officially opened in 2015, however Kaeme profiled children there in 2014, which means it started operations in 2014.

67 The first SOS Children's Village was founded by Hermann Gmeiner in Tyrol, Austria, in 1949. As a child welfare worker, Gmeiner saw how children orphaned as a result of World War II suffered. He was committed to helping them by building loving families and supportive communities. With the generous support of donors, child sponsors, partners and friends, Gmeiner's vision of providing loving, family-based care for children without parental care, and of helping families stay together so they can care for their children, has grown steadily over six decades.Today, SOS Children's Villages International is active in 134 countries and territories around the world, helping hundreds of thousands of children each year through family-based alternative care, schools, health centres, family strengthening programmes, and other community-based work. See: http://www.sos-childrensvillages.org/who-we-are/about-sos/history

King Jesus Charity Home was established in 1995 by a concerned citizen who, after a lot of deliberations and prayer, decided to provide care for children in the area who were in need. As with Cherubs, this is a family-run facility: the manager is the Directors son and other family members are involved in administrative and caregiving roles.

Kumasi Children's Home is a government-run facility. Established in 1965, it provides short-term/ temporary care (shelter) and long-term care mostly for children with special needs. The facility has a school on the premises for children in the RHC and community children (up to primary level 6).

Missionaries of Charity Kumasi was founded in 1988 under the auspices of the Catholic Archdiocese of Kumasi. The facility caters mainly for abandoned babies with disabilities and severely malnourished babies some of whom come with their mothers. The facility also accommodates adults with physical and mental disabilities (children accommodated upstairs, adults downstairs). This is a well-resourced facility for children with disabilities; physiotherapist and other specialists visit once a week and there is a specially equipped physiotherapy room as well as a sensory deprivation room for children with neurological disabilities. The Region does not include Missionaries of Charity on their list of RHCs as they reported not knowing how to classify the facility.

Trinity Foundation (House of Grace) was established in 2013 by the Trinity Foundation, which has churches in the Northern parts of Ghana. Their parent church group is in the United States. The current Director (a pastor in the church) received reports of young girls who had lost both parents and extended families were struggling to care for them due to financial constraints.

The Director arranged for money to be sent to these families but over time it became clear that the girls were not benefitting from the support. The president of the parent church came to Ghana and offered to help establish an "orphanage" as he had already successfully done this in Thailand. They decided to use the Directors home to provide long-term care to 10 needy girls. The girls live with pastor and his wife (Director and Manager) in their home, with one caregiver providing additional support. The RHC is in the process of being licenced.

2.2 Key features of RHCs

The table below describes some of the key features of each RHC.

Table 3: Summary of RHC features

RHC & District	Date Established	Established by	Governance	Type/Capacity[70]	Licenced
ASOKORE MAMPONG					
Kiku Children's Shelter	2015	International and Ghanaian individual	NGO	Large residential home – dormitories (30)	No
SOS Children's Village	2009	International NGO	NGO	Large residential home – cottages (120)	No
KMA					
All Nations Charity Home	2003	Ghanaian individual	NGO	Large residential home – dormitories (70)	No
Cherubs Children's Home	2005	Ghanaian individual	NGO (expired)	Large residential home – dormitories (50/60)	No

68 Type/Capacity: Small group home: <30 children in a family-like environment; Large group home > 30 children in family-like environment; Shelter: a form of residential care with limited duration of stay for children, can be small or large; Small institution: < 30, dormitory style accommodation; Large institution: > 30, dormitory style accommodation.

RHC & District	Date Established	Established by	Governance	Type/Capacity[70]	Licenced
King Jesus Charity Home	1995	Ghanaian individual	NGO (expired)	Large residential home – dormitories (70)	No
Kumasi Children's Home	1965	Government	Government	Large residential home – dormitories (150)	Yes
Missionaries of Charity	1988	FBO	FBO	Small residential home – dormitories (25?)	No
Trinity Foundation, House Of Grace	2013	International FBO	NGO	Small residential home – cottage (10)	No

KMA has some of the longest running RHCs in Ghana: Kumasi Children's Home (1965); Missionaries of Charity (1988), and King Jesus Charity Home (1995).

In KMA, with the exception of Kumasi Children's Home, all the RHCs were established by either FBOs or individuals with a strong religious (Christian) motivation and focus. In Asokore Mompang however, neither of the RHCs were established out of an explicit religious motivation and operate as secular facilities.

Most of the RHCs are large institutions, with the exception of SOS Children's Village, which has a "village" type set-up of 12 family houses with one caregiver for up to 10 children. There is also a small family home, where 10 children live with a married couple in their home.

2.3 RHC funding sources

Table 4: RHC funding sources

Residential Home for Children by Region/District	Funding Sources					
	Int. Donor	Local Donor	Income Generation	School Fees	Volunteers	GoG
ASOKORE MAMPONG						
All Nations Charity Home		X		X	X	
Kiku Children's Shelter	X	X				
KMA						
Cherubs Children's Home		X	X			
King Jesus Charity Home		X	X		X	
Kumasi Children's Home		X	X			X
Missionaries of Charity	?	X	?			
SOS Children's Village	X	X				
Trinity Foundation, House of Grace	X					

Only one RHC, **Kumasi Children's Home**, accessed government funding, although *"it is not regular"* (Manager). About 30 percent of the RHCs funding comes from government with 70 percent from local sources and income-generating activities. In addition to direct government funding, in 2016 the children staying in the RHC were profiled by a team from LEAP and the District SWCD office and were placed on the LEAP programme. The money is paid directly into the RHC account. Kumasi Children's Home also have a farm inside the property where they grow cassava, vegetables and plantain and rear animals. The produce is used to supplement the feeding of children in the RHC. The RHC makes use of international volunteers who come through a *"recognised agency through DSW"* (Manager), but no fees are paid. Volunteers stay from two to six weeks, in 2017 so far they have about 30 volunteers who assist with a range of education and caregiving activities.

SOS Children's Village said only thing they "enjoy" from government waivers on import duties for building materials brought in from overseas. Their main source of income is sponsorships from the International SOS Children's Federation and local donors. These funds are kept in accounts for individual children. The RHC has a dedicated fund-raising department. The Manager has to raise a certain amount of funds annually (GHc 100 000 in 2017): Friends of SOS Children's Village, corporates and individuals, make monthly contributions to the RHC (GHc 50 per month). Volunteers are not encouraged and if they do visit it is usually as part of a daily excursion.

Trinity Foundation (House of Grace) depends entirely on funding from their partner in the United States - Global Servants. Funding comes in the form of sponsorships for each girl.

Three RHCs (All Nations Charity Home, Cherubs and King Jesus Charity Home) depended on local donors and some income-generation activities for funding including farming, and volunteers who may not pay fees directly to the RHC but raise funds when they return back to their home countries[69].

The Danish Fund used to support **Cherubs** but no longer did so. The Director of Cherubs is also a builder with his own construction company and when the need arises funds the RHC from this business. The RHC makes use of volunteers who come annually and stay for three weeks to one month. The last volunteer they had came in in February 2017 and stayed for three weeks. Volunteer placements are arranged by organisations like Solution for Life. The Manager said that while the volunteers don't pay fees directly to the RHC, they stay on the premises and pay for accommodation and food.

King Jesus Charity Home used to have a mineral water business but *"it doesn't work right now"* (Manager), and they relied on the goodwill of local donors for cash and in-kind support. The RHC last had volunteers in 2016, who came through a placement organisation (name not provided), but there has been a reduction in numbers since the Ebola outbreak in the region. Volunteers don't pay fees although *"sometimes when they go back home they raise funds for us"* (Manager).

2.4 Licensing and/or closure of RHCs

There are three licenced RHCs in Ashanti Region: Kumasi Children's Home, Mampong Babies Home and Save Our Lives Ghana. The Region and Districts reported that they are working with the existing RHCs to improve their standards so they can be licenced. All government RHCs are automatically licenced regardless of whether they meet the RHC standards or not and the assessment of **Kumasi Children's Home** identified a number of gaps in meeting the standards, particularly in relation to caregiver to child ratios for children aged 0 – 3 and children with special needs.

The assessments of the RHCs against the 2010 RHC Standards identified a number of gaps that RHCs would have to address before licensing can take place. There were two RHCs (All Nations Charity Home and King Jesus Charity Home) where doubts were expressed as to whether they should be even considered for licensing given the extent of upgrades/improvements needed.

69 See: https://www.youcaring.com/all-nations-charity-home-638487 for an example of fund-raising activities from a former All Nations Charity Home volunteer.

The site visit to **All Nations Charity Home** identified a number of areas of concern that required attention before licensing could begin to be considered, in particular the absence of any railings for the staircase and first floor dormitories for the girls which posed a serious safety hazard. As an interim measure it was recommended that the children currently sleeping on the first floor be moved to a room downstairs until the railings are installed. An open well on the premises also needed to be covered urgently. The capacity of the manager to run the RHC was questionable as was the sustainability of funding.

The premises of **King Jesus Charity Home** are run-down and in need of serious upgrading. Interviews with children and caregivers raised questions about the actual number of children living in the RHC and who was providing care. The capacity/competence of the manager and Director to run the facility was questionable as was the financial sustainability of the RHC. Governance arrangements were weak because this is a family-run affair and external accountability/oversight mechanisms are absent.

3. PROFILE OF CHILDREN CURRENTLY IN THE RHCS

1.1 Number of children in RHCs by sex and age as at March 2017

Available data shows that more boys (55%) than girls (45%) are in RHCs, with less than one fifth of children (18%) between 0 – 3 years. The average age of children in the RHCs is 10.7 years.

Table 5: Number of children in RHCs by age and sex and caregiver:child ratio @ March 2017

RHC & District	Total	Sex*		Age*				Average Age	Caregiver: Child Ratio
		Male	Female	0 – 3	4 – 10	11 – 17	18+		
ASOKORE MAMPONG									
Kiku Children's Shelter	12	6	6	-	2	5	-	12 yrs	1:12
SOS Children's Village	124	67	57	-	62	62	-	10.4 yrs	1:10
KMA									
All Nations Charity Home	35	22	13	-	9	18	-	12.9 yrs	1:9
Cherubs Children's Home	28	16	12	4	7	17	-	11.2 yrs	1:9 (children 4+) 1:4 (0 – 3 yrs)
King Jesus Charity Home*	26?	?	?	?	?	?	?	?	1:10
Kumasi Children's Home[72]	111	68	43	32 (approx.)	?	?	?	?	1:12 (including 0 – 3 and children with special needs)
Missionaries of Charity	23	11	12	10	11	2	-	5.6 yrs	?
Trinity Foundation, House Of Grace	10	-	10	-	-	10	-	12.4 yrs	1:10
Total	**343**	**190**	**153**	**46**	**91**	**114**	-	**10.7 yrs**	
%		**55%**	**45%**	**18%**	**36%**	**45%**	-		

* Data gaps

70 Information on children in Kumasi Children's Home was only for children admitted in 2016 and 2017. The RHC only has a hand-written register, which lists names of children admitted and provides details if the child was discharged/deceased or absconded. Readily accessible records of all children currently in care were not available.

Kumasi Children's Home has the highest number of children aged 0 – 3 and children with special needs (26). According to the manager there were more boys in care because in Ashanti region due to the matrilineal system of inheritance and so girls are more cherished than boys. Girls belong to the family the boys do not naturally belong. The RHC does not have enough caregivers to meet the caregiver: child ratio set out in the RHC 2010 standards particularly for children 0 – 3 and children with special needs. The facility has 28 caregivers, but they work on a shift system so there are only nine caregivers on duty per shift. Staff work three shifts (7am – 2pm; 2pm – 8pm; and 8pm – 7am). The RHC documents this challenge in their reports to the Region but so far a solution has not been found. National youth service candidates are posted to the RHC and they also have social work students who assist as well as international volunteers, but there are still not enough primary caregivers. It would also be better for the children, especially the babies, if the same caregiver could stay with the child for longer periods.

1.2 Age of admission and length of stay

The age at which children are admitted presents a slightly different picture to the current ages of children in care, with higher numbers of children admitted aged 0 – 3 (37%) compared to 18 percent currently in care.

Table 6: Age children admitted and length of stay

Residential Home for Children by Region/ District	Age Admitted*				Average Age Admitted	Average Length of Stay @ March 2017
	0 – 3	4 – 10	11 – 17	Total		
ASOKORE MAMPONG						
Kiku Children's Shelter	-	2	5	7	10.5 yrs	1.5 yrs
SOS Children's Village	34	85	2	121	5 yrs	5.5 yrs
KMA						
All Nations Charity Home	4	19	3	26	7.3 yrs	5.7 yrs
Cherubs Children's Home	12	7	9	28	6 yrs	5.2 yrs
King Jesus Charity Home	?	?	?	?	?	?
Kumasi Children's Home (ONLY for 1/1/2016 – 17/3/2017)	55	43	23	121	5,5 yrs	3 months
Missionaries of Charity	20	3	-	23	1.7 yrs	3.9 yrs
Trinity Foundation, House Of Grace	-	10	-	10	7.5 yrs	5.4 yrs
Total	**125**	**169**	**42**	**336**	**6.2 yrs**	**3,9 yrs (excluding Kumasi – 4,5 yrs)**
%	**37%**	**50%**	**13%**	**100%**		

* Data incomplete for some RHCs

Of the 55 children aged 0 – 3 yrs admitted to Kumasi Children Home in 2016, seven were less than one month old with the youngest child being only four days old.

With the exception of Kumasi Children's Home, and Kiku Children's Shelter, flows of children in and out of RHCs tend to be static (see Table 7). For children in these RHCs, the average length of stay from admission to March 2017 was 4,5 years and likely to be much longer depending on plans for reunification.

Kiku Children's Shelter attributed the decline in their caseload to *"non-referral of cases by the relevant institutions"* (2016 Annual Report).

According to **Cherubs**, children stay until RHC can find a family for them or reintegrate them or they become independent. The longest any child has stayed in the RHC is eight years (the oldest child arrived when she was 11 years old, now she is 19). The shortest time could be one week. Abandoned children are referred from DSW/DOVSU for temporary shelter while parents are traced or adoption arranged. Tracing of parents for some children proves difficult. For example, in July 2014 temporary shelter was provided for 14-year-old boy found on the streets while DSW traced his parents. Nearly three years later, this child still is still in the RHC.

All Nations Charity Home has not admitted any new children since 2013 due to budget constraints. They pay the costs of each child's education including senior high and needed to put a ceiling on the number of children they could pay for.

King Jesus Charity Home has not admitted any new children since July 2016 on instruction by DSW.

Compared to the other RHCs, **Kumasi Children's Home** has constant flows of children in and out of the facility but, apart from a handwritten register, don't have a system in place to track these children which makes it very difficult to establish trends. In 2016, the 74 children "discharged" from the RHC included four children who died while in care and four children who absconded. Three of the children who died were under one year old and one was 13 years old. Another child admitted by DOVSU on 15/12/2016 aged two months died on 6/2/2017.

Table 7: New admissions and discharges/reunifications in 2016

Name of RHC	Number of Children @ 31/12/2016	Number of NEW Children admitted 2016	Number children DISCHARGED/ REUNITED 2016
ASOKORE MAMPONG			
All Nations Charity Home	35	0	0
Kiku Children's Shelter	12 (all admitted 2015)	8	8 (all admitted 2016)
KMA			
Cherubs Children's Home	28	8	0
King Jesus Charity Home	26?	?	?
Kumasi Children's Home	111?	121	74 (4 died; 4 absconded)
Missionaries of Charity	23	0	0
SOS Children's Village	121	6	0
Trinity Foundation, House Of Grace	10	0	0

1.3 Reason for Admission

The analysis of available records on reasons for admission shows that two-thirds of children were admitted to RHCs for children protection related issues (64%), while just a third of admissions overall were due to families inability to care for children due to poverty/financial constraints.

Table 8: Reasons for Admission to RHCs

Name of RHC	Abandoned	Double Orphan	Child Trafficking	Child on Street	CP	Disability	Other	Total
ASOKORE MAMPONG								
Kiku Children's Shelter	-	-	2	-	10	-	-	12
SOS Children's Village	4	8	-	2	40	-	67	121
KMA								
All Nations Charity Home	-	-	-	-	-	-	34	34
Cherubs Children's Home	4	-	-	8	-	-	15	27
King Jesus Charity Home	1?	2?	?	?	?	?	1?	?
Kumasi Children's Home	25			37 (missing child)	51			113
Missionaries of Charity	3	-	-	-	8	6	6	23
Trinity Foundation, House Of Grace	-	8	-	-	-	-	2	10
Total	**37**	**18**	**2**	**47**	**109**	**6**	**130**	**349**
%	**11%**	**5%**	**1%**	**14%**	**31%**	**2%**	**37%**	**100%**

* Information gaps

Looking at individual RHCs, most children were admitted to **All Nations Charity Home** and **SOS Children's Village** by relatives due to poverty/financial constraints and wanting their children to further their education. All the admissions to **Kumasi Children's Home** and most of the admissions to **Kiku Children's Shelter** were child protection related.

Children were admitted to **Cherubs** mainly due to poverty, death of parents, abandonment and parents who *"don't have any care"* (Manager).

King Jesus Charity Home (incomplete data) reported children being admitted due to abandonment, orphanhood and families unable to support their children due to poverty.

Missionaries of Charity receive a large number of cases of babies with special needs as well as severely malnourished babies, while some children are accused of being wizards/possessed and have to leave the area for their safety, as illustrated in these file extracts:

- Child mother ran away and left the child (10 months old, disabled) with the father who is looking after her with three other children. Father help with the child until he gets a job and can get someone to look after her. Child has been in the RHC for six months.
- Child's mother is paralyzed, sickle cell patient. Child (14 months) is malnourished. Father ran away. They are very poor. Grandmother taking care of her daughter and her two children but struggling to cope. Child has been in care for six months.
- Child born with two teeth. Family and village people (Bimbilla, Nanumba North district, Northern Region) don't accept the baby and want to kill him. Admitted at 22 months, has been in the RHC for eight months: When child is grown he will be returned to the family.

3.4 Referrals of children to RHCs and formalisation of placement

Table 9: Details of who referred children to RHCs and status of care orders

District	Referral From*						DSW Social Enquiry Report	Care Orders
	DSW	DOVSU/ Police	NGO	Family	Other	Total		
ASOKORE MAMPONG								
Kiku Children's Shelter	10	2	-	-		12	No	No
SOS Children's Village	-	-	-	-	-	-	No	Group care order for some children
KMA								
All Nations Charity Home	-	-	-	35		35	No	No – trying to organise through DSW
Cherubs Children's Home	8	6	2	12		28	No	No
King Jesus Charity Home	0	?	0	?		26?	No	No
Kumasi Children's Home[73]	21	75		-	25	121	Some, but not for all children	Some, but not for all children
Missionaries of Charity	-	-	-	10	1	11	No	No
Trinity Foundation, House Of Grace	-	-	-	-	10 – church pastors	10	No	Care orders for 6 children (30/10/2013)
Total	**39**	**83**	**2**	**57**	**36**	**217**		
%	**18%**	**38%**	**1%**	**26%**	**17%**	**100%**		

* Data gaps

In most cases (82%), persons other than DSW referred children to the RHCs, with just over a third of children referred by police/DOVSU. Family and concerned community members accounted for 43 percent of referrals. There were few Social Enquiry Reports (SERs) from DSW on file for children and most children did not have care orders. Group care orders had been issued for some children e.g. SOS Children's Village but there was no record of the DSW SER on the children's files.

The Ashanti Regional office is directly involved in the management of child protection cases, including referring children to RHCs. The Regional office is in the same building as the KMA District SWCD office and people go to the Regional office if no one is in the District office. Child Protection cases referred from other Districts in Ashanti go through the Regional office. According to the Region, when a missing or abandoned child and reported to the police, the police send a record of the report to the Regional Programme Head and these are referred to the RHC (mostly Kumasi Children's Home). Communication lines, including information sharing, between the Region and KMA District are unclear.

71 Kumasi Children's Home had the most complete records in relation to referrals. The Anti-Human Trafficking Unit (AHTU) is included also under Police/DOVSU and 22 of the "Other" referrals were from Komfo Anokye Teaching Hospital (KATH) Welfare.

According to the former Regional Director, a few years ago there used to be a standardised form for referring children to RHCs This form would be submitted by the SWO officer together with the SER and medical report, requesting permission from the Regional Director for a child to be admitted to a RHC. The referral letter would go Region to the RHC. The District officer who initiated the case would go with the child to the RHC and admit the child. At that time there was no case where the Region or District was not aware. However this is no longer the case and now both the Region and the District refer cases to RHCs with little coordination or sharing of information.

Regarding a standardised template for SERs. This does not exist however it was reported that: ***"DSW officers are aware of the template. They are taught this during in-service training"***. The problem is when people are employed as SWOs without a social work background. The Districts have been told they should use community development staff but ***"they are not social welfare staff and they are not committed to social work"***.

Children used to be admitted to **SOS Children's Village** only through concerned citizens. However the new Director (from 2011) changed this. He wanted children who came to the RHC to be routed through DSW. This is how they have done it since 2011/2012. Now all the SOS Children's Villages in Ghana are doing this.

3.5 Areas Children Referred From

Table 10: Referrals to RHCs in the priority Districts by Region⁎

Region	ASOKORE MAMPONG		KMA					Total
	All Nations Charity Home	Kiku Children's Shelter	Cherubs Children's Home	King Jesus Charity Home	Kumasi Children's Home	Missionaries of Charity	Trinity Foundation	
Ashanti	19	12	26	1	118	2		178
Brong Ahafo	8							8
Central	3							3
Eastern				1			1	2
Greater Accra								
Northern							9	9
Volta								9
Upper East	2							
Total	**32**	**12**	**26**	**2**	**118**	**2**	**10**	**202**
% Children from Ashanti	**59%**	**100%**	**100%**	**50%**	**100%**	**100%**	**0**	**88%**

⁎ Data gaps

Information on districts and towns/villages where children were referred from is patchy and inconsistent. Further analysis of available information is needed (with the DSW mapping team) to determine whether there are any obvious trends, and to decide whether there is sufficient detail to inform targeted social drive activities. Once the standardised RHC monitoring system is established the information needed to do this kind of detailed analysis should be more readily available.

Available information shows that the majority of referrals to RHCs in KMA and Asokore Mompang were from Ashanti Region. The Region reported that most children with end up in RHCs in the region were from Kumasi area. According to the KMA District officer, these children may not have originally come from the area, but would have migrated to KMA from the Northern regions and other parts of Ghana. This was confirmed by All Nations Charity Home and Cherubs, who said that children may have been picked up in the KMA area, but many of them would have originally came from other Regions including Brong Ahafo; Eastern, Central and Western Region. Some children might even have originally been from Togo and Burkina Faso.

Records were not available for **SOS Children's Village**, but the Manager reported that children came from different areas of Ghana.

2. REINTEGRATION OF CHILDREN

Table 11: Reintegration of children in Ashanti RHCs

Residential Home for Children	RHC has a social worker	Care Plan Addresses Reintegration	Children with parents/ extended family	Children Reintegrated 2016	Post-Reintegration Support
ASOKORE MAMPONG					
Kiku Children's Shelter	Yes (1)	No	All	8	Not mentioned
SOS Children's Village	Yes	No care plan, but agreement with family	Majority	0	Not yet
KMA					
All Nations Charity Home	No	No	All	??	-
Cherubs Children's Home	Yes (1)	Has care plans but don't address reunification	Majority	??	Yes – school fees where needed
King Jesus Charity Home	No	No			
Kumasi Children's Home	Yes (4)	No care plans on files reviewed	?	66 discharged	Material support for 3 children
Missionaries of Charity	No	No	?	0	Not mentioned
Trinity Foundation, House Of Grace	No	Has a care plan – but does not address reintegration	9	0	N/A

Available information shows that in 2016, seventy-four children were discharged from two RHCs; Kiku Children's Shelter (8) and Kumasi Children's Home (66). In most of these cases, the children had been in the RHC for short periods of time, ranging from a few hours to a day or week or month.

Kumasi Children's Home has for staff social workers who work together with DSW social workers and police to trace families and reunify children. They take a case-by-case approach with the aim of reunifying the child with their family in as short a time as possible, but every case is unique. Some children are more difficult to reintegrate than others, especially abandoned children with special needs and abandoned babies. Abandoned children with special needs tend to *"stay in the RHC for a long time, unless Hand in Hand (NGO) comes around and picks one or two children and take them to their RHC"* (Manager). Abandoned babies also tend to stay longer than six months as it is usually impossible to trace their families. Older abandoned children from other areas of Ghana, or other countries, who don't speak Twi, also pose a challenge, as the social workers can't communicate with them.

Cherubs started reunifying children about three years ago and so far, have reintegrated about 20 children. Where needed they continue to pay for the child's educational expenses.

SOS Children's Village has only recently engaged with the practicalities of reintegrating children. One of the reasons they have taken long to reintegrate children is their sponsorship system. When a child is admitted to SOS Children's Village his/her name is put on a sponsorship list and when money is

received (each child has sponsors) it becomes difficult for the child to leave if there is still money in his/her account: *"once you hit the SOS database, you don't just go out"* (Manager). This has been a bone of contention for some years now between the District DSWCD and SOS.[72]

However, SOS Children's Village has recently expressed ambitions to lead the implementation of family-based care in Ghana as this is considered better for the children and it has also been found to be cheaper to support children in their families than in a residential set-up. SOS Children's Village Ghana are currently profiling all their children (in all three SOS Children's Villages in Ghana) to determine who is ready to be reintegrated. They have adopted a case-by-case approach and the exercise will finish at the end of 2017. They plan to work towards at least 20 percent of children reintegrated with their families by the end of 2018. To prepare children for reintegration they are sent home for the school holidays. This time is used as an opportunity to assess the family situation and identify committed family members to take care of them. SOS Children's Village also plan is to push for family-type cottages to be established in the community (small family homes, not more than 10 children per home). They will pilot this in 2018 and if it works will move the remaining children in the Village to these community homes. Children will be living with the mothers they have in the communities instead of the Village, thereby ending "artificial environments". SOS Children Village has this model in South Africa.

The **Trinity Foundation (House of Grace)** only plan to reintegrate the children after they have completed schooling: "*Currently the girls are focusing on their GHS. Their academic performance would help determine what happens to them next. One of the girls has been talking to her sister and if she can get to GHS we could allow this, for her to stay with her sister. We might let her do this"* (Director).

3. MONITORING OF RHCS AND CHILDREN IN RHCS

In 2016, the Region was able to visit five or six of the 13 Districts in Ashanti with RHCS in 2016, with funds from National DSW (DCOF funds). District DSWCD are constrained by lack of funding. They reported preparing budgets for the District Assemblies but don't receive any funding for care reform related activities including monitoring RHCs and children in their care or tracing of families and monitoring children who have been reintegrated.

The Region occasionally collects information from the District DSWCD, as and when needed. This information is requested via calls/texts/emails. The Region has no forms for requesting information from Districts or for monitoring RHCs. It was thought that Districts may have their own forms but there is no standardised template. The Region normally sends requires to National DSW on a quarterly basis. At Regional level there is no register or database of children in residential care.

The need for a Regional Monitoring Team was identified, made up of police, DOVSU, Health and DSW social workers. The Region reported, *"we used to have a wonderful time monitoring but then funding became an issue. Head Office told us how many people should be on the team. Now the team only has DSW staff on it".* For the last two years there has been no multi-sectoral team.

The Region has a file of referral letters and correspondence with RHCs. These are kept in a loose file, not a lever-arch file (referral letters files in a file called Admissions to the Kumasi Children's Home). KMA District has individual files for the RHC, which includes quarterly reports on the RHCs with details and updates on the children.

RHCs keep their own records on the children including registers and files. RHC have developed their own forms and processes and a standardised system is not in place (see Table below).

72 On some children's files there is a bilateral contract between SOS Children's Village Ghana and the child's family which stipulates that: *SOS Children's Villages Ghana hereby agrees to take care of the child(ren) (child's name) to such a time that the child(ren) shall complete his/her/their basic education that is Basic Nine (JHS 3) therefore the children shall go and live with the natural family who shall be responsible for the further training of the child whilst SOS Ghana shall give the necessary support.*

Table 12: RHC monitoring, record keeping and reporting systems

District/RHC	Monitoring, record-keeping and reporting systems*
ASOKORE MAMPONG	
All Nations Charity Home	■ No register, data to be extracted from children's individual files ■ National DSW form requesting list of children residing in the RHC: name, age, sex, date of admission, referral source, name of district officer/ respondent ■ Children's files: » All Nations Charity Home Child Admission Form: date of admission, identifying information, parents details, parent/guardian declaration, brief background history » All Nations Charity Home Child Admission Information » All Nations Charity Home/School Declaration by Parent/Guardian » Case notes – handwritten
Kiku Children's Shelter	■ Kiku Shelter Discharge Records (handwritten/A4 book): name, age, sex, date brought in, referred by, date of discharge, remarks ■ List of children released to their parents (typed and handwritten): name (in brackets reason for admission), age, sex, admission date, referred by, date of discharge, recipient (name/relationship to child), contact address ■ Annual Report: ■ Admission and discharge for the year: name, age, sex, date brought in, referred by, date of discharge; number of staff and position. ■ No individual files for children. One file with form for each child: Kiku Children's Shelter Profile of Child Form – name, DOB, sex, parent details, other family relations, home conditions, education background, reason for admission, date of admission, case referred by
KMA	

District/RHC	Monitoring, record-keeping and reporting systems*
Cherubs Children's Home	■ Register (undated but typed): name, sex, DOB, mothers name, fathers name, hometown address, name/No/Address of surrenderer, care order if any, reason for being in the home (no date of admission) ■ List of inmates (undated): name, age ■ Children's files: » Police extract » Application for temporary placement from police/medical officer in charge of hospital/DSW » Family Tribunal decision on care order, with affidavit of applicant » Cherubs Children's Report: name, surname, sex, hometown, age, date of admission, mother/father name, guarantors, address, brief description of why the child was admitted » Cherubs Foundation Ghana registration form: photo, identifying details as per report above. » Case management report: case #, registration, child profile and history, child needs, available options/alternative services, placement decision, date and place of placement, name and signature of case worker (no indication if DSW or RHC) » Intervention plan: case, DOB, date, domain (living conditions, family and social relations, health, education, household economy, other needs), for each domain risks/needs, objectives, activities, services/equipment needed, intervention requested (quantity/cost)
King Jesus Charity Home	■ Register (handwritten, undated): » Name, age, sex, reason of stay (no admission date) » Children relocated back to family: name, place, telephone (no date) » Children relocated back to parents (2015): name of child, age, sex, person in charge, telephone, place of stays, date ■ Children's files: » Copy of birth registration » National health insurance card » Information on child: general Information (name, age, sex, date of birth), family history, personal history (no date of admission) » Handwritten note on reason for admission of child
Kumasi Children's Home	■ Handwritten register in A5 book: Admission: name/surname, date admitted, age, referred by, sex. Discharge: date, name of person discharged to, contact details, reason for admission. ■ Children's files: » Letter requesting admission from Regional Director » Typed and/or handwritten SER from DSW (background and recommendations) » Police extract » Medical report » Handwritten notes on child's progress
Missionaries of Charity	■ No register, data to be extracted from admission form. ■ Admission form: Reg. No., name, sex, date and place of birth, religion, tribe, name/address of guardian, reason for admission, declaration by guardian/ person admitting the child (indemnity). ■ Children don't have individual files.

District/RHC	Monitoring, record-keeping and reporting systems*
SOS Children's Village	▪ MS Excel spreadsheet: date information updated, #, surname, first name, gender/sex, name/number of family house, DOB, actual age, place of birth, date of admission, reason for admission, family situation, siblings, development plan, date development plan update, date development plan assessment, actual class, class repeated, health situation, year of transfer to YF1/biological family/foster family, reasons of transfer to biological/foster family, remarks ▪ Children's files: » Birth certificate » Care order (no SER or letter from DSW) » SOS Children's Villages Ghana Child Admission Form: name, sex, place of birth, DOB, date of admission, age on admission, SOS family house, religion, child's status (orphan etc.), child's educational background, state of health on admission, documents submitted on admission, medical history of child, information on child's family, mother/father religion, child's condition before admission into the village, reason child admitted, name of person who filled the form, date » Background information on child; name, DOB, date of admission, father/mother name & hometown, place of residence of family, source of information, characteristics of child » Statutory declaration act – signed by person admitting the child (commitment to visiting the child and other provisions Children's files: » Birth certificate » Care order » SOS Children's Village Social Investigation Report: child details, family relations, background, observations, recommendations, name of social worker, date (no designation but report written by SOS social worker) » Agreement by the guardian on behalf of the child on acceptance to SOS Children's Village (agree to child's personal information/photos to be used to attract and inform sponsors and donors whose financial contributions are essential to the work of the SOS Children Village in general and the child's needs in particular). » SOS Children's Village Child Registration Form (for inputting on computer): contains details in the Child Admission Form and SOS SER report
Trinity Foundation, House Of Grace	▪ No register, data to be extracted from child's file. ▪ Children's files: » Birth certificate » Care order (no SER or letter from DSW) » Photo of child, child's name; paragraph with details of date of birth, parents names, reason for admission and date of admission. » Care plan: photo of child, name of child, paragraph with – date admitted, reason, academic performance and plan for education through to senior high school

* Not all files had all the documentation listed.

4. AVAILABLE PREVENTION AND FAMILY-STRENGTHENING SERVICES

Kinship care/informal alternative care

The Region reported having done a lot of training of RHC proprietors and caregivers on the importance children staying with their families. They have noticed that RHCs are increasingly consulting with DSW before admitting children and are also encouraging the children who are in the RHCs to keep in touch with their families. For those children who are already visiting family during the holidays, they encourage them to reunite. The Region has also done a lot of education in churches and on radio on the importance of family-based care.

Child Protection Toolkit

The Child Protection Toolkit is being implemented in five pilot Districts in Ashanti Region (see Annexure O). Asokore Mampong is one of the pilot Districts and the SWO reported using it with communities.

Financial support and income-generation

According to the District SWOs, LEAP is the main family strengthening service in KMA and Asokore Mampong.

Out-reach services provided by RHCs

- **All Nations Charity Home** pays school fees for 10 children who are living with their families.
- **King Jesus Charity Home** supports about 32 children who live with their parents by paying school fees and providing food and clothing.

5. AVAILABLE FAMILY-BASED ALTERNATIVE CARE OPTIONS

The only example of foster care operating in the Region was from Save Our Lives a RHC in Bekwai Municipal has partnered with the District DSWCD on foster care. The District SWO has about eight foster parents who he uses to place children from Save Our Lives.

The foster parents have not been trained but are supported by both the District and RHC social workers. The District SWO monitors the cases, providing counselling and PSS where needed, while the social worker from Save Our Lives provides support in the form of monitoring visits and material support where needed.

In 2016 the Region trained all the District SWOs to do sensitisation on foster care with FBOs, churches and community groups. So far, 50 people have come forward saying they are interested. Most of the people who came forward were from Tepa (near Kumasi).

The Asokore Mampong District said that they continued to look for opportunities to educate people and that funding was needed to publicise foster care more. The KMA District have informed their District Assemblies to assist with raising awareness.

SOS Children's Village said they introduced one potential foster parent to DSW for training. DSW needed to take the lead on training and registering foster parents. All SOS could do was introduce the person to DSW. SOS was willing to provide support to the foster parent is needed and could also assist with monitoring cases.

ANNEXURE L:

CENTRAL REGION DATA REPORT ON RHCS IN PRIORITY DISTRICTS

1. OVERVIEW OF RHC TRENDS IN CENTRAL REGION 2006 – 2016

Table 1: RHC trends in Central Region 2006 – 2016

Region	2006		2012		2015		2016	
	# RHC	# Children	# RHC	# Children	# RHC	# Children	# RHC	# Children
Central	11	633	13	729	29	905	13	429
Nat. Total	98	3517	104	4415	134	4510	115	3586
% Nat. Total	11%	18%	13%	17%	22%	20%	11%	12%

The historical analysis of RHCs in Central Region shows that 47 RHCs have operated at one point or another between 2006 and 2016,[73] with annual numbers of recorded RHCs fluctuating from 11 to 29 over the 10-year period (see Annexure E). Reasons for the large increase in recorded number of RHCs in 2015, are unclear, except perhaps for more accurate reporting for this year?

According to the Region, 24 RHCs were operating in 2015, with four RHCs in Gomoa East and five RHCs in Awutu West. Most of the 24 RHCs were established after 2007 and without the involvement of DSW. In 2017 during the mapping visit, the Region reported only 7 RHCs remaining with 17 RHCs having been earmarked for closure/closed on the directive of National DSW in 2016, the majority of them from the Gomoa East District. The Region reported that they were not actively involved in closing down these RHCs. The Region is not reporting on RHCs earmarked for closure even though children are still living in these facilities. None of these RHCs are admitting children and once all the remaining children are reintegrated (Kaeme supported the profiling of children in many of the RHCs to facilitate the reintegration process) the RHC will be considered officially closed. The RHCs are reportedly not happy about the situation. So far, the RHCs that have totally closed down are; Helping Hands, Meet Kate, Blessed Little Angels and Grace Masack.

Awutu Senya East officially has two RHCs namely; Royal Seed and Good Shepherd Home (although this RHC was earmarked for closure in 2016 and is not on the DSW 2016 list). The Region heard about two RHCs that had sprung up and investigated them. One was not a RHC and was closed.

The Region was of the view that seven RHCs in Central Region are too few for the demand. Some Districts like Upper Denkyira or Twifo Praso have no RHCs but there is a need for at least one RHC in either of them.

Reasons why RHCs are operating in higher numbers in some Districts in Central Region

According to the Region and District respondents, there are many RHCs in Gomoa East District because of the poverty of the area. The only major activity in the District is farming but the price of food is very low in the rural areas so farmers can't make a profit and struggle to pay for their children's education and other material needs and end up send them to the Homes. Another contributing factor is families with many children: ***"parents have eight children, they need to look at family planning"*** (District Assembly).

73 A more detailed analysis of trends in opening and closing of RHCs can be done after the historical data has been verified and updated with the Region.

The RHCs have sprung up in response to this demand and most children in these facilities come from the Districts.

Similarly in Awutu Senya, poverty is the main reason why children are admitted to RHCs: *"A parent sees that the child will get everything free - food, education - and thinks why don't I send two or three or my children so I only have to take care of one"* (Region). All the children have families who live around the area of the RHC, even if their parents came from Kumasi or Volta.

2. OVERVIEW OF DSWCD STAFF AND CAPACITY

Awutu Senya District has two Social Welfare Officers (SWO), a male and female who do the monitoring. They visit the two RHCs every week. There is no focal person in the District for CRI related work. Awutu Senya East District has seventeen staff, three for DSW, and fourteen for Community Development.

Gomoa East has three DSW staff and five Community Development staff.

The Region was of the view that ideally people dealing with statutory cases should be social workers. But most staff in the District DSWCD don't have a background in social work as Local Government recruits and employs staff. A new scheme of service for officers working in the DSWCD is currently being developed which will hopefully resolve this issue i.e. specifying the qualifications needed for officials appointed as SWOs. There is a difference between social welfare officer and social worker – a social welfare officer could be a psychologist, or social sciences or some other unrelated discipline, while a social worker has a professional qualification in social work.

3. RHCS PROVIDING CARE FOR CHILDREN IN THE SELECTED PRIORITY DISTRICTS

Mapping data was collected from five RHCs in Central Region:

Table 2: RHCs included in the 'hot-spot' mapping exercise in Volta Region

District	Name of RHC	Area
Awutu Senya East	Good Shepherd	Peri-Urban
	Royal Seed Home	Peri-Urban
Gomoa East	Challenging Heights	Rural
	Ghana Make A Difference	Rural
	Hope Children's Village	Rural

3.1 Reason for establishment of RHCs

The Great Word of God Church established **Good Shepherd** in 2002 in response to a need identified by its 23 parishes in Ghana for care and educational support for orphans. Church members identified orphans in their parishes and brought the children to the Home. In 2006 the RHC started a boarding school which was also open to community children, on advice from DSW who said that children in the Home needed to mingle with community children. The RHC was directed to close in 2015 due to non-compliance with standards but remains open with 22 children still in the facility.

Royal Seed, established in 1997 by a Ghanaian woman who wanted to help settle Ivorian refugees, both adults and children. With the Ivorian refugee crisis coming to an end, the focus turned to providing short-term transit care (six months or less, but depending on the case the child can stay longer). The RHC provides shelter, medical care and education (school on the premises).

Challenging Heights was founded in 2005 by a survivor of trafficking, James Kofi Annan. He started Challenging Heights with intention of preventing more children going through what he did and to rescue the children still working on Lake Volta. In 2011 the Shelter was established with assistance from Hovde House Foundation. The Shelter aims to provide a comprehensive and specialised treatment/

care for young boys and girls who are survivors of trafficking[74] With few exceptions, all the children who are admitted to the Shelter have been rescued from Lake Volta by the Challenging Heights Rescue Department in collaboration with the Anti-Human Trafficking Unit and DSW.

Ghana Make a Difference was founded in 2012 under the auspices of Ghana Make a Difference USA. The aim of the RHC is to preserve families and protect vulnerable children, including children with special needs. The facility has dormitories for "mainstream" children in need of short-term care and protection (not more than six months) and a family-style home to provide long-term specialist care for a small number of children with special needs (most of them are transferred from Osu Children's Home). The RHC is passionate about children with special needs and have developed an extremely well resourced service to meet their needs and help them develop to the best of their potential.

The Church of Christ (Ghanaian FBO) founded **Hope Children's Village** in 1996 with the intention of helping vulnerable children and orphans, including those living on the streets, as ***"this is part of Gods work"*** (Manager). Referrals are mostly from the Church of Christ parishes found all over Ghana. The RHC provides long-term care with a view to seeing children through their primary and secondary education years. The RHC is increasingly focusing on family-based care and hasn't admitted any children for the past four years. As a result, the number of children in the facility has dropped from 183 in 2010 to 108 in 2017.

3.2 Key features of RHCs

The table below describes some of the key features of each RHC.

Table 3: Summary of RHC features

RHC & District	Date Established	Established by	Governance	Type & (Capacity)	Licenced
AWUTU SENYA EAST					
Good Shepherd	2002	Ghanaian FBO	Registrar General	Large residential home – cottages (52)	No. Directive to close end 2015
Royal Seed Home	1997	Ghanaian individual	NGO	Large residential home – dormitories (70)	Yes - 2016. Renewed 2017
GOMOA EAST					
Challenging Heights	2011	Ghanaian individual	NGO	Large residential home (Shelter) – dormitories (65)	Yes – 2017
Ghana Make A Difference	2012	Ghanaian NGO	NGO	Small residential home - dormitories/ cottage (19)	Yes – 2017
Hope Children's Village	1996	Ghanaian FBO	Registrar General	Large residential home - cottages (108)	No

74 There is very little data on the extent of child trafficking in Ghana due to the nature of the crime. Most parents don't know what they are doing is illegal when they send their children to live with an extended family member in exchange for goods and/or money. In a lot of cases they are led to believe the extended family member will look after their child better, whereas in actual fact when presented with the reality of what is happening (child being used for child labour) they want their children back. ILO research conducted in in 2008/2013 established that there were 49 000 children engaged in child labour on Lake Volta. According to the Global Slavery Index there are 103 000 slaves in Ghana while Ghana Statistical Services (2014) estimates there are 1.2 million engaging in hazardous labour. Not enough research is done to get statistics. Trends can be measured in the Trafficking in Persons Report. In 2015 Ghana was on Tier 2 (watch list). The country is likely to be on Tier 3 in 2017 due to government inaction on the prevention of trafficking, prosecution of traffickers and protection of survivors. Source: Challenging Heights staff.

Three RHCs were established before the CRI was introduced in 2007, with two in operation for 20 years (Hope Children's Village and Royal Seed Home). Challenging Heights and Ghana Make a Difference opened after the CRI initiative was introduced in 2007. Both with the intention of providing short-term emergency care to children in need of care and protection. Ghana Make a Difference is the only RHC in Gomoa East (and Central Region?) that cares for children with special needs.

3.3 RHC funding sources

Table 4: RHC funding sources

Residential Home for Children by Region/ District	Funding Sources					
	Int. Donor	Local Donor	Income Generation	School Fees	Volunteers	GoG
AWUTU SENYA EAST						
Good Shepherd		X		X		
Royal Seed Home		X	X			
GOMOA EAST						
Challenging Heights	X	X	X			
Ghana Make A Difference	X	X	X		X	
Hope Children's Village	X					

All three RHCs in Gomoa East access international funds, primarily from the United States. Most (90%) of **Ghana Make a Difference** funding is from Ghana Make a Difference USA, some of which is in the form of sponsorships for children (the funding is pooled for all the children). **Challenging Heights** has a diverse mix of international funders including Hovde Foundation; Breaking the Chain Through Education, Mercy Project, Free the Slaves, Engage Now Africa, United Nations and individuals. **Hope Children's Village** receives small donations from individual members of Church of Christ in the United States, however their primary source of income is local donors from their founding church (Church of Christ) and corporate donors. Some children (about 20) receive individual sponsorships.

Good Shepherd and **Royal Seed** receive funding from local donors, including churches and in the case of Royal Seed, family members.

Income-generating activities are an additional/supplementary source of income for some RHCs. **Royal Seed** has a yam and poultry farm. **Ghana Make a Difference** also has a poultry farm and a guesthouse. **Challenging Heights** has a restaurant in Winneba (Run-Off) that is used to support the RHC with profits made. They also receive some income from NGOs that place rescued children in Challenging Heights (NGOs pay for their upkeep). **Good Shepherd** has a Primary and Junior High School (JHS) school and boarding school on the premises with 156 children (of which 22 are from the RHC). Community children pay school fees.

According to the Region many of the RHCs in the Districts used international volunteers who supported the RHCs financially to some extent. There is an organisation called SYTO (located in Swedru) that recruits international volunteers.

The Region was of the view the presence of these volunteers encouraged the establishment of more RHCs and tried to discourage existing RHCs from using them. RHCs were requested to bring volunteers to DSW for screening but they don't do this. The Volunteers Policy that is being developed by the NGO Unit of the Department will hopefully address some of these issues.

Two RHCs, reported using international volunteers**: Ghana Make a Difference** and **Royal Seed**.

Ghana Make a Difference only used older volunteers (25 year and over) and those with specialist skills, particularly in relation to the caring for children with special needs e.g. physiotherapists and occupational therapists. These volunteers spend a few months at the RHC to build the capacity of their team. Their support is considered an essential resource in a country like Ghana where there are few facilities and limited capacity to care for children with special needs. These volunteers pay for their accommodation at the RHC guesthouse.

Royal Seed used to have international volunteers but after the Ebola outbreak in neighbouring countries (2015), volunteers said they were scared and no longer came. The RHC used to have on average between 20 – 50 volunteers a year, for visits of between one week to three months. They would assist with kitchen duties, caring for babies and teaching. They all came through SYTO and Project Abroad. They would pay the RHC for accommodation and other related costs.

3.4 Licensing of RHCs

Of the seven licenced RHCs in Central Region, four are in the two priority Districts: Challenging Heights, Ghana Make a Difference, Hope Children's Village and Royal Seed Home.

Challenging Heights plan to continue focusing on their strategic goal, which is to end child trafficking in Lake Volta in the next five years, and will continue to operate the shelter until the time when trafficking ends.

Royal Seed plan to move the facility to another property and build 12 cottages with seven rooms per cottage (accommodating up to 20 children). Each house will be walled, but will be part of the larger estate. In this way they plan to comply with the RHC standard for care to be provided in family-type homes. However, they will have to scale back on the number of children per cottage as the standard stipulates not more that seven children per individual caregiver or eight children per caregiver couple.

Ghana Make a Difference have a long-term vision to move from shelter-based care to family-based care and are directing their efforts towards reunification. This shift in vision requires bringing the international donors who built the facility on board.

As mentioned previously, **Hope Children's Village** have prioritised family-based care for the past few years and have seen numbers of children in the facility dropping from 183 in 2010 to 108 in 2017. They want to increase support for family-based care services (supporting families to care for their children at home) and substantially reduce the number of children in the facility.

3.5 Closure of RHCs

As mentioned previously, in 2015, **Good Shepherd** was directed by National DSW to close due to non-compliance with standards. Thirty-four children were reunited with their families in 2015, but there are still 22 children living in the RHC, as it has proven difficult to trace their families. The youngest child (6 years old) is currently in Class 1 and is due to complete JHS in **10 years time**. **It is at this point that the RHC plans to officially close down**. They will not admit any new children but will continue to run the boarding school. The role of the District and Region in providing assistance to the RHC to trace families and reunify children was not clear. This RHC does not have a social worker and DSW needs to take the lead in this process.

The exact number/name of RHCs in the two priority districts that were earmarked for closure in 2015 but remain open needs to be clarified with the Region and Districts. These RHCs were earmarked for closure/ directed to close because the facilities were not complying with the RHC standards, which means that the care provided to children was sub-standard and children should not be staying in the facilities. A plan of action to officially close these RHCs needs to be put in place, including the reunification and/or other care arrangement for children remaining in the facility, time-frames and clearly defined responsibilities of the RHC and DSW at National, Regional and District levels.

4. PROFILE OF CHILDREN CURRENTLY IN THE RHCS

4.1 Number of children in RHCs by sex and age as at March 2017

Table 5: Number of children in RHCs by age and sex and caregiver:child ratio @ March 2017

RHC & District	Total	Sex*		Age				Average Age	Caregiver: Child Ratio
		Male	Female	0 - 3	4 - 10	11 - 17	18+		
AWUTU SENYA EAST									
Good Shepherd*	22	10	12	-	6	15	1	13.6 yrs	?
Royal Seed Home	48	24	24	5	29	13	1	5.6 yrs	1:9 (average) 1:3 (children 0 - 3)
GOMOA EAST									
Challenging Heights	25	21	4	-	9	19	-	13.7 yrs	1:8
Ghana Make A Difference	17	9	8	-	8	9	-	11.1 yrs	1:6 (mainstream) 1:1.3 (special needs)
Hope Children's Village	110	57	53		20	87	-	11.7 yrs	1:14 (per caregiving couple)
Total	**222**	**121**	**101**	**5**	**72**	**143**	**2**	**11.1 yrs**	
%	100%	56%	45%	2%	32%	64%	1%		

* Incomplete data available from RHCs

There were a total of 222 children in the five RHCs with more boys in care (56%) than girls (45%). Two thirds of children were in the 11 - 17 age group with the average age of children in care ranging from 5,6 yrs to 13, 7 yrs. Only one RHC - Royal Seed - has children aged 0 - 3 (5 in total). The caregiver to child ratio is above the standard in three RHCs for children aged 4+, but for children aged 0 - 3 and children with special needs the ratio is a lot less indicating that these children are receiving more individual attention.

4.2 Age of admission and length of stay

Most children (63%) were admitted were between 4 - 10 years old, with the average age of admission being 11.6 years. The average length of stay for children currently living in the RHC from the date of admission to March 2017 was 3.5 years.

Table 6: Age children admitted and length of stay

RHC/District	Age Admitted*				Average Age Admitted	Average Length of Stay from date of admission to March 2017
	0 - 3	4 - 10	11 - 17	Total		
AWUTU SENYA EAST						
Good Shepherd	6	15	1	22	6.6 yrs	7 yrs
Royal Seed Home	16	27	5	48	5.6 yrs	3.4 yrs
GOMOA EAST						
Challenging Heights	-	9	19	25	13 yrs	6 months
Ghana Make A Difference	-	9	8	17	11.1 yrs	1.8 yrs
Hope Children's Village	4	72	20	98	8 yrs	5 yrs
Total	**26**	**132**	**53**	**211**	**11.6 yrs**	**3.54 yrs**
%	**12%**	**63%**	**25%**	**100%**		

* Data incomplete for some RHCs

Good Shepherd used to admit children of all ages, including 0 – 3 age group. However the last admissions were in 2015 (two children referred by DSW).

Royal Seed admits children aged 0 – 10 years. According to the manager, ideally children are moved within six months and the longest period of stay is one to one and a half years. However as the data shows, the average length of stay of children currently in the RHC has been 3,4 years.

Challenging Heights only admits children aged 7 to 17 years. Children stay on average for not more than six months, with some children spending two weeks or less, it all depends on how long the child spent at the Lake and the needs they present with. The RHC believes wholeheartedly that the child's best place is the family and there primary focus is on reunifying the child.

Ghana Make a Difference only admit children from age four to 12 as they do not have facilities for children 0 - 3. On a rare occasion if DSW refers a child under- 4 years and are desperate for assistance, the RHC will make a temporary arrangement and put measures in place to care for the child adequately, however this kind of situation is an exception not the norm. The youngest child currently in their care is eight years old.

Hope Children's Village used to admit children of all ages; however there have been no new admissions to the RHC since 2015 (one child admitted in that year).

Table 7: New admissions and discharges/reunifications in 2016

Name of RHC	Number of Children @ 31/12/2016	Number of NEW Children admitted 2016	Number children DISCHARGED/ REUNIFIED 2016
AWUTU SENYA EAST			
Good Shepherd	22	0	11
Royal Seed Home	48	2	0
GOMOA EAST			
Challenging Heights	25	28	74
Ghana Make A Difference	17	3	21
Hope Children's Village	108	0	22
Total	**220**	**33**	**128**

* Data not available

4.3 Reason for Admission

Table 8: Reasons for Admission to RHCs

Name of RHC	Abandoned	Double Orphan	Child Trafficking	Child on Street	CP	Disability	Other	Total
AWUTU SENYA EAST								
Good Shepherd*	-	-	-	-	-	-	-	-
Royal Seed Home	-	-	-	9	5	2	32	48
GOMOA EAST								
Challenging Heights	-	-	25	-	-	-	-	25
Ghana Make A Difference	2			1	4	4	6	17
Hope Children's Village	-	21	-	-	-	-	89	110
Total	**2**	**21**	**25**	**10**	**9**	**6**	**127**	**200**
%	**1%**	**11%**	**13%**	**5%**	**5%**	**3%**	**63%**	**100%**

* Information not available

Most children were admitted to the RHCs for reasons other than directly related to care and protection. However, the limited information on some of the registers and/or files made it difficult to assess which cases required emergency/temporary removal and those which were related to poverty in the family and their inability to pay for the child's education.

Records on reasons why children were admitted to **Good Shepherd** were not available. The Manager said that most children were orphans with a few double orphans. The District SWO explained that children admitted to the RHC with affiliated with the founders Great Word of God church: "*when parents find out that the upkeep of children in the RHC is free, they tend to enroll their wards there. Most of them are farmers and they don't get many proceeds from their goods. Some parents come and say 'I want to leave my child with you, my wife is a drunk can't look after them'. The parent comes back for the child after five years.. Some children are also related to the staff.*"

Records on children in **Royal Seed** have few details on why children were admitted. Most children aged 0 – 3 were abandoned. Their annual report to DSW lists 41 children "orphan", however a review of some files, discussions with caregivers and children revealed that the majority of these children had either one biological parent and most has extended family. One Social Enquiry Report recommends admission of five children from the same family. In this case, the father had died and the mother was unable/unwilling to care for them. The children were left in care of their grandparents who already had six children staying with them. They had reached a point where they were unable to support all 11 children, as there was no source of income for the household. The RHC also admits missing children (children found on the streets) from all over Ghana including Accra, Ashanti. Volta and other countries like Togo. Usually they have travelled to Central Region to come and stay with a family member and then get lost and stranded. These children are admitted temporarily to Royal Seed while DSW tries to trace their parents. Often, missing children arrive in the morning and return home in the afternoon when their parents come to the RHC to see if they are there. There are a few, but not many, cases of abuse (often by step-parents and/or relatives).

All the children admitted to **Challenging Heights** had been rescued from trafficking situations at Lake Volta.

Ghana Make a Difference has a dedicated unit for children with disabilities and serve as a resource for other RHCs who refer children with disabilities who are in need of long-term specialist residential care. Children are admitted to the shelter because they were found to be in need of care and protection including children living on the street, trafficked children and abandoned children. The RHC social worker and DSW social worker are constantly doing family tracing with much success. Children are also admitted to the shelter for poverty-related reasons. For example in one case three siblings from a family of eight children were admitted. The family was described as being "cohesive" but struggling to make ends meet to support the children. The children were admitted on the 22nd of December 2016 and reunification was planned for the 1st of April 2017.

Most, but not all, children are in **Hope Children's Village** because of poverty, but others not. Some children live with mentally ill parents who are unable to care for them. The RHC also has children who are total orphans with no extended family willing to care for them and abandoned children found living on the streets.

4.4 Referrals of children to RHCs and formalisation of placement

Roughly two thirds of cases referred to the RHCs were from sources other than DSW. DSW investigated cases referred from DOVSU and community members and, following the assessment, and "exhausting every possible option for family-based care" (Region), agree with the family to place the child temporarily in the RHC.

When the DSW officer goes to the field to conduct the investigation s/he normally involves the local opinion leader (chief). However, the opinion leader is not involved in the decision to move the child. Some families go directly to the RHC with the child, which is difficult for the Region or District to control other than requesting the RHC to inform them immediately of this referral so that they can investigate the case.

Most children have care orders, indicating that even where children are admitted by relatives, the RHC informs DSW who will then investigate the case and formalise the placement where needed.

Table 9: Details of who referred children to RHCs and status of care orders

District	Referral From			Care Orders
	DSD	Family/ Other	Total	
AWUTU SENYA EAST				
Good Shepherd	2	20	22	Care order for 1 child
Royal Seed Home	48	-	48	Care orders for 22 children
GOMOA EAST				
Challenging Heights	24	1	25	Care orders for 24 children
Ghana Make A Difference	9	8	17	Care orders for 13 out of the 17 children
Hope Children's Village	0	108	108	All 108 children have care orders. Some expire 2024.
Total	**83**	**137**	**220**	
% of Total	**38%**	**62%**	**100%**	

4.5 Areas Children Referred From

Information on districts and towns/villages where children were referred from is patchy and inconsistent. Further analysis of available information is needed (with the DSW mapping team) to determine whether there are any obvious trends, and to decide whether there is sufficient detail to inform targeted social drive activities. Once the standardised RHC monitoring system is established the information needed to do this kind of detailed analysis should be more readily available.

The available documented information shows that on average, 18% of children were referred from Central Region. The Majority of children currently in Challenging Heights were rescued from Yeji-Pru and area on Lake Volta in Pru District, Brong-Ahafo. Ghana Make a Difference said that many children came from Central Region. The District DSW for Gomoa East was of the view that most children in the RHCs were from the District, only a few came from Greater Accra or Volta regions. The Awutu Senya East SWO said that most of the children in the RHCs were from Kumasi, Papase, and communities around Swedru and Bawjiase, among others.

Table 10: Referrals to RHCs in the priority Districts by Region

Region	AWUTU SENYA EAST		GOMOA EAST			Total
	Good Shepherd	Royal Seed Home	Challenging Heights	Ghana Make A Difference	Hope Children's Village	
Ashanti				1		1
Brong Ahafo	1		24		1	26
Central	2	1	4		1	8
Eastern	1	1				2
Greater Accra		1				1
Volta				5	2	7
Total	**4**	**3**	**28**	**6**	**4**	**45**
% Children from Central	50%	33%	14%	-	25%	18%

2. REINTEGRATION OF CHILDREN

Four RHCs reported reintegrating children in 2016, with a total of 131 children reintegrated that year. DSW officers were understood to be responsible for the reunification of children with their families, but due to funding constraints were often unable to do this effectively e.g. no funds available for transport, which makes it difficult to trace families, and monitor children reunified. The District DSWCD reported preparing composite budgets, which include reunification and monitoring activities and submitting this to the District Assembly: "***but the money does not come***". In 2016 Awutu Senya East DSWCD received no funds from the Local Government's Internally Generated Fund (IGF), apart from GHS 3 000 in the last quarter of the year.

Table 11: Reintegration of children

Residential Home for Children	RHC has a social worker	Care Plan Addresses Reintegration	Children with parents/ extended family	Children Re-integrated 2016	Post-Reintegra-tion Support
AWUTU SENYA EAST					
Good Shepherd	No	Care Plan focuses on health and education only	Family of 20 out of 56 children can't be traced	11	Assist where possible with school fees. Follow-up through parishes.
Royal Seed Home	No	Reintegration one of the Care Plan domains but not evident in the actual plan		0	No capacity for monitoring.
GOMOA EAST					
Challenging Heights	Yes	Addressed in Care Plan on admission		77	Yes – monitoring and where needed, material and PSS
Ghana Make A Difference	Yes	Addressed in Care Plan on admission	49 children reintegrated since 2015	21	Yes. Material support/school fees.
Hope Children's Village	Yes	Yes - phased reintegration after completion of JHS	?	22	Yes. Social worker monitors and where needed material and PSS

As mentioned previously, **Good Shepherd** had been directed to close in 2015. Of the 50 children in their care, they were able to reunify 30. Twenty-two (22) children whose relatives were difficult to trace remain. DSW has done follow-up visits to fifteen of the reunified children. The others were not visited because of limited funding.

Royal Seed reported reintegrating 25 children over the years (however details were vague and could not be verified against a register). The RHC works with the District SWO to try and find families and DSW facilitates the reintegration process. Royal Seed does not have the capacity to follow-up on any children reintegrated. Some assistance is provided to children to go to university after they leave the RHC (seems like this is for children who have stayed in the RHC until completion of secondary school, rather than support for children who have been reunited).

Challenging Heights reported reintegrated over 400 children reintegrated since they started the shelter in 2011. Not all children are reunited with their biological parents; some go to extended family/ kinship care arrangements.

The RHC has a designated Reintegration Team that spends most of its time in the field tracing families and providing support to reunified children and their families. In 2016, 61 children (43 boys, 18 girls) were reintegrated with biological or extended family. The reintegration starts when the child is admitted to the RHC. A family tracing exercise is undertaken to determine if there are any biological or extended family members who could care for the child. The Reintegration Team also conducts assessments to determine the readiness/suitability of the child and the household for reintegration. The team also provides parenting classes developed by the NGO, for parents/caregivers of children while the child is being rehabilitated in the shelter.

Depending on the needs of the child/family, a structured reintegration package is available when the child is reunited. This includes financial support for the child's education; health insurance fees; and livelihood support e.g. buying fish, petty trading goods for small businesses.

Linking needy families to LEAP has proved challenging and this has not been done for any of the families with reunified children. Children are monitored at home and at school and the frequency of monitoring visits depend on the risk determined through the child and family assessments. Community Child Protection Committees (CCCPs), established and trained by Challenging Heights, provide additional monitoring support. They keep an eye on reunited children and report any concerns to Challenging Heights. There are CCCPs in seven communities in Winneba and surrounding areas. These monitoring systems have been successful in preventing children from being re-trafficked. Challenging Heights have a good working relationship with the Winneba District Social Welfare Officer (Deputy Municipal Director). The District SWO visits children who have been reunited with families in Winneba. These visits are usually undertaken jointly with Challenging Heights. Where children are reunited with family outside of Winneba, the engagement and involvement of District SWOs in these other Regions/Districts has proven more difficult.

Ghana Make a Difference has reintegrated about 49 children since its establishment in 2012, with 21 children reintegrated in 2016. They are assisting 14 reintegrated children with material support and payment of school fees.

Hope Children's Village started prioritising reintegration of children in 2010/2011, before this most children stayed permanently the RHC until leaving secondary school. All the 22 young people reintegrated by Hope Children's Village in 2016 were 15 years or older with six over the age of 18. The approach taken for most children is one of "partial reintegration" where they child stays with the RHC until completion of primary school and in the holiday between primary and secondary school will go and stay with family members. After completion of JHS, the child is no longer considered a "residential" child. When s/he leaves for secondary high school (usually around age 15) s/he attends boarding school (paid for by the RHC) and returns home for the holidays. The RHC social worker does all the work related to reintegration including tracing of families and preparing children and families for reintegration. He currently has a caseload of 200 children. His work involves a lot of travelling as children in the RHC are from all over the country. The main challenge is when a child is from a district other than Gomoa East because the District SWO in the receiving district needs to be involved and the Gomoa East District SWO is not facilitating this. The RHC has discussed this challenge with DSW and it was decided that the RHC should contact the officer in the district where the child is going. Reintegration is not possible in all cases, especially double orphans and abandoned children.

3. MONITORING OF RHCS AND CHILDREN IN RHCS

As indicated previously, funds are not available/inadequate for the Region and District SWOs to monitor RHCs and children in RHCs. At District level no case files are opened for children in RHCs and there is no register of children in the RHCs. Information is requested periodically from RHCs, and some submit quarterly and/or annual reports. Table 12 below documents the way RHCs keep track of children in their care and the kind of case management documents kept on file. All the RHCs had some kind of system in place (from handwritten/rudimentary to MS Excel databases) to record and track the number of children in their care. All children had their own files, with a variety of records and official documents concerning admission, care plans and reunification. Within RHCs record keeping was not always consistent, with some files containing more detailed information than others.

Table 12: RHC monitoring, record keeping and reporting systems

District/RHC	Case Management and Monitoring System
AWUTU SENYA EAST	
Good Shepherd	■ Handwritten register in an A5 book. ■ Children's files: » Admission form with identifying details, an assessment of the child's academic and medical history and questions for the child (forms not completed). » Reunification certificates make provision for the date signed, but none of the forms have this information. » Care Plan: "Good Shepherd Orphanage Care Plan for Inmates", focuses on health and education. Sections on roles/responsibilities of family/relative if any; orphanage; DSWCD (generic responses – relatives to pay him a visit to cheer him up; orphanage to provide all the necessary amenities; DSWCD to monitor and supervise the operations of the orphanage. » Progress reports (every 4 months): focuses on health, education, and general information. (brief updates, no forward planning)
Royal Seed Home	■ No register, data has to be extracted from files. ■ Quarterly reports to DSW. (1) List "Names of Kids" with: name/surname, age, date of birth, date of arrival, class, hometown circumstances (no sex); (2) Summary of number of children by circumstances; (3) Discharges – name/surname; where discharged to (name and district of DSW officer, no contact details); (4) Staff – name and position only. ■ Group care order. ■ Children's files: » Royal Seed Admission Form with photo » Police extract » Transitional Plan » Development Plan with updates » Certificate of Discharge » Reunification certificate

District/RHC	Case Management and Monitoring System
GOMOA EAST	
Challenging Heights	■ No register. Data kept on children's file. Information has to be extracted from the file. ■ Challenging Heights Rescue List – month and year, name of child, estimated age ■ Independent Assessment Report on Survivors of Child Trafficking signed off by the Director of Social Welfare – name, age, sex, yrs in slavery, trafficker, parents, community (all details blocked out on the form due to confidentially issues) ■ Children's files: » Police report » Authorisation letter from DSW for transporting of rescued children to Challenging Heights Shelter. » Admission form with identifying details including plan for reintegration (who the child will return to and by when).- Challenging Heights Hovde House Face Sheet. » Challenging Heights Child Traffick/Child Labour Interview Form – child's experience of trafficking/child labour. » Challenging Heights Hovde House Survivor Intake Form – background details on trafficking experience » CHHH Initial Inventory – Assessment Form - physical health of child on entering the shelter, possessions and items required (clothes, healthcare etc.) » Challenging Heights Hovde House Shelter Profiles of Survivors of Trafficking – identifying and background details. » Challenging Heights Hovde House Rehabilitation Shelter Behaviour Change Assessment Form – list of positive and negative behaviours, points allocated per week » Handwritten case notes on children's progress. » Challenging Heights Rehabilitation Centre: Rehabilitation Progress Overview – initial progress review 4 – 6 weeks following admission; overall impression of child's readiness for reintegration » Exit interview questionnaire for the child when leaving the shelter. Focusing on how the child will adapt when returning home.
Ghana Make A Difference	■ No register, information to be extracted from files. ■ Group care orders ■ Children's files: » Child Profile (Ghana Make a Difference) – identifying information and history, very brief » Ghana Make a Difference Child Intake Form – name of child, age (no DOB), sex, name of parents, contact details, referred by, reasons, accompanying documents, name of referral focal person and contacts, » Social Investigation Report from DSW – details of children in need of care and protection, details of parents, problem, family background, family home and living conditions, general observation, conclusion/recommendations » Case Front Osu Children's Home – child referred from Osu Children's Home – identifying details, medical history and handwritten welfare officers report » Ghana Make a Difference Caregiver Information – identifying information and details of referral (type of admission form) » Social Services Department Ghana Police Hospital Abandoned Baby's Form - Medical Certificate for Admission into Children's Home – identifying details and medical history » Service/Reunification Plan – name of carer, name of child, date (not completed), development goals (health, education, accommodation, documentation, monitoring, reunification process –all with goal, measurement of success, client role, time frame. Typed. (no space for the child to sign/acknowledge participation) » Ghana Make a Difference Child and Family Reunification Form - child's information, family/guardian present, social welfare officer present, signatures, date reunited

District/RHC	Case Management and Monitoring System
Hope Children's Village	■ MS Excel spreadsheet of children in the RHC: first name, middle name, last name, sex, age, date of birth, date of admission, special circumstances. ■ Children's files: » Village of Hope Residential Programme Application Form – details of child, details on birth certificate, physical details, medical details, mother/father details, other children other relatives » Village of Hope Child Release Undertaking – consent form for parents/extended family for Village of Hope to keep the child in its care. » Village of Hope Child Development and Integration Plan – name of child, age, sex, date admitted, education plan, reintegration plan, review of plan » Hope Children's Village Acculturation/Reintegration – release of child to parent/guardian for holidays/visit

* Not all files had all the documentation listed.

4. AVAILABLE PREVENTION AND FAMILY-STRENGTHENING SERVICES

The Awutu Senya DSWCD actively engages NGOs to support vulnerable households and reintegrated children. The District SWO has a list of these NGOs which includes:

- Heaven Helps Foundation – educational/health.
- Passion for Widows – general welfare of orphans.
- Palace Gold – general welfare of children, they refer children to the assembly for support.
- Point Hope – will bear costs of transport to reunite children with families in Brong Ahafo.
- Cheerful Heart – support to HIV and trafficked children.
- UNITA Ghana – sanitation, construction of schools.

Social protection programmes

Both Awutu Senya and Gomoa East are LEAP districts. In Awutu Senya there are about 700 households benefitting.

In Gomoa East, 915 people have recently been registered on the LEAP Programme but payment has not yet started. In both Districts, no children in the RHCs are on LEAP and neither are reunified children. It was unclear how the Region or District could facilitate this.

Child Protection Toolkit

The Child Protection Toolkit is being piloted in five Districts in Central Region, but not in Gomoa East or Awutu Senya East (see Annexure O).

Healthcare

The Awutu Senya District DSWCD has helped about 700 families get onto the NHIS; these funds came from the District Assembly Common Fund.

The Gomoa East SWOs assists children and people with disabilities to register for NHIS cards but there is no financial support from the District to pay for the registration. The District Head was of the view that families needed family planning services as the inability to support large families was one of the reasons children were ending up in RHCs.

Financial support and income-generation

Nothing mentioned.

Services for children with disabilities

The Awutu Senya District DSWCD has a programme to support disabled children, which involves the payment of their school fees. The funds come from the District Assembly Common Fund. The DSWCD developed a proposal (for these and NHIS support) and put this to the Assembly for consideration. They received some, but not all the funds requested, but see this as a good start. They were of the view that they if they developed a proposal requesting funds for CRI activities, including monitoring reintegrated children and foster care, that this could also be successful: *"If the Assembly is given the push e.g. to support foster care it will happen, the political will is there. Need to sensitise them on foster care. If they understand why it is important to not put children in RHCs and rather in foster care. District Assembly also needs to know that part of the job of the DSW officer is to monitor reintegrated children".*

People with disabilities in Gomoa East are also supported through the District Assembly Common Fund.

Out-reach services provided by RHCs/other NGOs

Good Shepherd pays school fees for some children living with family members (parish members).

Royal Seed provide material support (food, clothing) to about 35 families in the community. Three hundred community children attend the school that is on the premises and the RHC provides free education for all of them and also provides pencils and breakfast and lunch for children who can't afford to pay the GHS 2 per day.

Ghana Make a Difference are currently paying school/college fees for 14 children in the community and gave one child a sewing machine. They are putting a livelihood programme in place to eradicate poverty in Ghanaian families, which involves training, and equipping families to do poultry farming. Officials will come from United States to train family members, build a coop for 100 birds, and provide feed and vaccinations for about six months.

5. AVAILABLE FAMILY-BASED ALTERNATIVE CARE OPTIONS

There are currently no children in foster care placements in either of the priority Districts and a pool of trained, licenced foster parents does not yet exist.

The Region and Districts have done sensitisation on foster care with FBOs, churches and NGOs in 2015 and 2016. So far, eight potential foster parents have been identified in Gomoa East. In Awutu Senya East, seven prospective foster parents have been identified, but most of them are retired (aged 60+) and have the idea that the children will be in their homes to assist with chores and take care of them. All the people who have come forward showing an interest have asked whether government will give them some support. When they hear there is no support, they don't withdraw, but they continue to ask about it. Screening and training of these prospective foster parents still needs to take place.

The District Assembly respondent said he was currently informally fostering two children (he is a trained Social Service teacher), but commented that "now I am tired and I don't have money to support them". He was also interested in finding out if foster parents will receive any financial remuneration from DSW.

ANNEXURE M:

GREATER ACCRA REGION DATA REPORT ON RHCS IN PRIORITY DISTRICTS

1. RHC TRENDS IN GREATER ACCRA REGION 2006 - 2016

Table 1: RHC trends in Greater Accra 2006 - 2016

Region	2006		2012		2015		2016	
	# RHC	# Children	# RHC	# Children	# RHC	# Children	# RHC	# Children
Greater Accra	17	617	17	999	23	1078	24	1080
Total Ghana	**99**	**3517**	**104**	**4415**	**134**	**4510**	**115**	**3586**
% of Total	**17%**	**18%**	**16%**	**23%**	**17%**	**24%**	**21%**	**30%**

The historical analysis of RHCs in Greater Accra Region shows that 43 RHCs have operated at one point or another between 2006 and 2016, with an average of 20 RHCs in operation annually (see Annexure E for details)[75]. Since 2006, there has been a 29 percent increase in RHCs and 42 percent increase in children in RHCs. This increase could also be attributed to more efficient reporting on RHC data.

There are currently six licenced RHCs in Greater Accra, three of them in Ga West:

- Chance For Children (Ga West)
- Kinder Paradise (Ga West)
- N.I.C. Safe Haven Children's Home (Adenta)
- New Life Nungua Children's Home (Lekma)
- Nyame Dua Children's Home, Accra (Ga West)
- Osu Children's Home (Accra Metro)

1.1 Reasons why RHCs are operating in higher numbers in Adenta and Ga West

According to Regional and District respondents, the high numbers of RHCs and children in RHCs in the two Districts was due to high levels of poverty and vulnerability in the areas leaving parents unable to provide for their children.

Children living and working on the streets was identified as a big problem in these areas and one of the main reasons why children ended up in RHCs. Police pick up children loitering on the streets and either take them directly to Osu Children's Home or refer to DSW. Some parents/relatives can be traced but this takes time, as children are often reluctant to share these details. Children were understood to end up on the streets for the following reasons:

- They misbehave at home and when punished run away to Accra. Many children come from other parts of Ghana, including Northern Region, and other countries like Togo;
- They follow their friends to Accra in search of work or just to "play around";
- They relocate to Accra with their parents and live and work on the streets with them.

75 A more detailed analysis of trends in opening and closing of RHCs can be done after the historical data has been verified and updated with the Region.

Children also end up in RHCs due to abandonment. Abandoned children were mostly children with special needs who are "dumped" by parents. Some parents left their children in the care of relatives or friends and never come back for them.

There are also cases of missing children (lost children) who need a temporary shelter while their parents or relatives are being traced.

Some children are removed from their families due to mental illness of one or both parents e.g. mother in psychiatric hospital. In some cases children abused by a parent has to be removed for their own safety, often in these kinds of cases the extended family stigmatises the child and the only option for care is the RHC.

There are also some "real orphans" who don't have any family members.

The Regional Director was of the opinion that RHCs had not been established as business ventures but rather in response to the high numbers of vulnerable children in need of care and protection. Profit making was not a priority for these facilities. The primary aim of using volunteers was to support the care of children, not to raise funds. Volunteers preferred to stay at the RHCs so that they could donate funds by paying for accommodation, and many of them on returning home raised funds for the RHC so that the condition of the facility could be improved.

2. OVERVIEW OF DSWCD STAFF AND CAPACITY

Adenta DSWCD has the following staff complement:

- 1 District Coordinating Head;
- Unit Heads (Social Welfare and Community Development);
- 5 Social Welfare Officers (SWOs) who report to the Social Welfare Unit Head; and
- 16 Community Development Officers (CDOs) who report to the Community Development Unit Head.

Child Care Services are understood to be the responsibility of DSW and CDOs refer these cases to the SWOs. In-service training for all DSWCD staff is conducted ***"now and then".***

Ga West DSWCD has one officer (Head?) responsible for Child Care Services with six people to support this work. There are also 15 CDOs who are not directly involved in Child Care Services. SWOs and CDOs conduct joint child protection sensitization programmes in communities using the Child Protection Toolkit.

District DSWCD rely on funds from the Government of Ghana (GoG) and District Assemblies to do their work. Sources of social welfare funds are annual fees for day care centres, NGO registration and RHC licensing, however these funds go directly to the GoG and ***"when the GoG is ready you get your funds***", however this is not always forthcoming and limited funding is available for operational costs including transport for home visits and monitoring of RHCs, and often SWOs have to use their own money for transport.

Adenta District does not have a market so they have limited ability to raise funds, compared to Ga West District has more scope to raise funds through their market. However even in Ga West, according to the District respondent: ***"if a project is in your budget you can get assistance (from the Assembly), but the budget is always cut, it is very lean"***.

3. RHCS PROVIDING CARE FOR CHILDREN IN THE SELECTED DISTRICTS

Mapping data was collected from seven RHCs in three Districts in Greater Accra: four RHCs in Adenta Municipal, one RHC in Amasaman District and two RHCs in Ga West District.

Table 2: RHCs included in the 'hot-spot' mapping exercise in Greater Accra Region

District	Name of RHC	Area
Adenta Municipal	Christ Faith Foster Home	Urban
	Nyame Dua Children's Home	Urban
	Safe Haven Foster Home	Urban
	West African Mercy Mission	Urban
Amasaman District	Haven of Hope	Urban
Ga West District	Chance For Children	Urban
	Rafiki	Per-Urban

3.1 Reason for establishment of RHCs

Established in 1972, **Christ Faith Foster Home** started as African Christ Faith Fellowship with the intention of setting up a Christian organisation with a school, vocational institution and orphanage on the side. Never intended to make a profit from these activities. The parents of the current manager and a Christian Mission in Germany – Oldenwaldenheiden Mission - founded the RHC. The Mission still visits and monitors the RHC but it has become more autonomous over the years. African Christ Faith Fellowship set up the first school in the area and handed it over to government in 1993"***when education standards were falling",*** and subsequently started their own primary school with the RHC on the same premises. Their focus is on providing long-term care, with an emphasis on education and the last child admitted to the RHC was in 2015. They have only once provided temporary shelter for missing children brought by DSW.

Nyame Dua was founded in 2009 by a Ghanaian couple for "humanitarian purposes". The RHC moved to Adenta in 2015 from Lechma District in Greater Accra. The focus is mostly long-term care for abandoned children, children rescued from the streets, children from "broken homes" and some abused children. Short-term transit care is also provided for stays of less than a week to two to three months. The RHC was licenced in 2017.

Safe Haven Foster Home (NIC) was established in 2011 by Pastor John Sego, a Ghanaian who also established a charismatic evangelical church in Switzerland called the New International Church (NIC)[76]. Pastor Sego's mission was to reach people in need so he started going to children's homes in 2001 to ***"bless"*** them with money and other things. He subsequently decided that it would be better for him to take in children who he could personally take care of. He bought the land for the house and built the house specifically for the purpose of providing long-term care for street children and women with unwanted pregnancies, with a strong emphasis on sharing the Christian doctrine. The manager said their intention is to "*groom the children to be someone responsible in the future*". The last child admission to the RHC was in 2013. According to records, the first child was admitted in 2003, and four children admitted between then and 2010 (this odd given that the home is said to have opened in 2011?) Every year Pastor Sego brings visitors from Switzerland and they donate to the RHC.

West Africa Mercy Mission (WAMM) was founded in 2010 by Rev. Bryne Mackintine from West African Mercy Ministries in the USA with the aim of catering for the needs of children with special needs (disabilities and HIV/AIDS). The RHC is managed by Rev Deku and his wife. The focus is in providing long-term care, or until child is adopted. Since 2010 there have been 18 children in the RHC.

76 Pastor Sego has become a Swiss citizen and lives with his family in Switzerland.

In 2002 Every Child Ministries established **Haven of Hope**[77] to provide care for street children and other children in need of care and protection. Sunday school teachers trained by Every Child Ministries had been doing out reach work with street children every Sunday since 1999, providing food and assistance with school uniforms and any other needs that came up. Through this interaction the church decided to start a home where these children could receive proper care. Children were admitted to the RHC with the help of DSW. The RHC also built a school - Haven of Hope Academy – to provide free education to the children. Initially the school was only for the children from the RHC, but then later decided to include community children. The focus is mostly on providing long-term care while the child completed primary school. When children move to senior high school they no longer stay at the RHC, but Haven of Hope assists with health care if health insurance doesn't cover.

Chance for Children was established in 1997 by a Ghanaian and Swiss national who both had a calling to help street children. The RHC is geared to provide long-term care with children staying on average for up to six years. Most children are referred to the RHC from the Chance for Children drop-in centre.

Rafiki was established in 2001 by the Rafiki Foundation (US Faith Based Organisation) to cater for children in need of care and protection in Ghana. The RHC provides only long-term care for *"true orphans"* (no father or mother). DSW has raised questions about how some of the children were admitted to the facility (allegations of "harvesting") and the last time a child was admitted to the RHC was in 2012. Rafiki's website describes the RHC as follows: *The Childcare Program provides a loving home for up to 100 orphans in the Rafiki Training Villages. The goal of the Childcare Program is to rescue these children from physical death through medical care and nutrition, and to rescue them from spiritual darkness by teaching them to know God.*

3.2 Key features of RHCs

The table below describes some of the key features of each RHC. Four of the seven RHCs were established before the CRI started in 2007, with Christ Faith Foster Home being one of the oldest private RHCs in the country (1972) and also the only RHC not registered as an NGO. Five RHCs have a strong Christian focus, established either by an international FBO or Ghanaian FBO (in partnership with an international FBO). Three RHCs are licenced, two in Adenta and one in Ga West.

Table 3: Summary of RHC features

RHC & District	Date Established	Established by	Governance	Type & (Capacity)	Licenced
ADENTA MUNICIPAL					
Christ Faith Foster Home	1972	Ghanaian FBO	Registrar General registration	Large residential home – dormitories (60)	No
Nyame Dua Children's Home	2009	Ghanaian couple	NGO	Small residential home – cottage (24)	Yes - 2017
Safe Haven Foster Home (NIC)	2011	Ghanaian FBO	NGO	Small residential home – cottage (15)	Yes - 2017
West African Mercy Mission	2010	US FBO	NGO	Small residential home – cottage (8)	No – applying

77 This is how the home is described on the website: Haven of Hope Academy (also called Haven of Hope Boarding School on the site) offers quality Christian education Nursery through Junior High School (US equivalent of 9th grade). HHA aims to help the next generation in Ghana prepare for the future through academic, skills and character development. The school also offers a boarding section with about 36 students in a loving, homelike atmosphere, and offers scholarship assistance to children in crisis situations through child sponsorship. Haven of Hope Academy is a project of Every Child Ministries.

RHC & District	Date Established	Established by	Governance	Type & (Capacity)	Licenced
AMASAMAN					
Haven Of Hope	2002	Ghanaian FBO	NGO	Large residential home – dormitories (60)	No
GA-WEST DISTRICT					
Chance For Children	1999	Ghanaian & International individuals	NGO	Large residential home – dormitories/ cottages (65)	Yes. Expires 08/2017
Rafiki	2001	US FBO	NGO	Large residential home - cottages (110)	No

3.3 RHC funding sources

Table 4: RHC funding sources

Residential Home for Children by Region/District	Funding Sources					
	Int. Donor	Local Donor	Income Generation	School Fees	Volunteers	GoG
ADENTA MUNICIPAL						
Christ Faith Foster Home		X	X	X	X	
Nyame Dua Children's Home	X	X	X		X	
Safe Haven Foster Home	X	X		X	X	
West African Mercy Mission	X	X				
AMASAMAN						
Haven Of Hope	X	X			X	
GA-WEST DISTRICT						
Chance For Children	X	X	X		X	
Rafiki	X			X		

RHCs are funded primarily through international and local donors.

Christ Faith Foster Home is the only RHC that does not receive any international funding. The manager reported that his late fathers business supported the home and income was also generated from school fees. Funds are also generated from school fees paid by community children who attend the school (GHc 3 p/d) and boarding school fees (GHc 3 p/d). Community children who are also boarders stay in the same dormitories as the RHC children, the only difference is they have to bring their own mattress.

Nyame Dua receives international funding from Feed the Orphans USA. The manager runs a taxi service and rents out an apartment and uses profits as an additional source of income for the RHC.

Safe Haven Foster Home's primary source of income is from the founder Reverend John Sego who provides cash for the daily running of the home and also foodstuff like yams. Salaries of RHC staff are paid from funds raised through school fees paid by community children who attend the RHC school.

West Africa Mercy Ministries (WAMM) receives international funding from West Africa Mercy Ministries (USA) and some funding from local churches.

Haven of Hope has four international sponsors all international churches including Every Child Ministries. All children in the RHC have sponsors with at least four to five sponsors each. Sponsorship money is pooled and shared between the children. Sponsorship funds are collected by Every Child Ministries in the United States and then sent to Haven of Hope (the manager didn't know how much income was generated from the sponsorships). Sponsors receive regular updates on the child/ren they are sponsoring including photos and letters from the children. Sponsors can reply to children's letters and keep in touch this way. Some sponsors come to visit the children at the RHC and have a personal relationship with the child. The RHC also has a guesthouse which generates some income for the RHC.

Chance for Children receives most of its from funding from a pool of 4 000 individuals and churches in Switzerland. The RHC is also registered in Switzerland as charity organisation under Chance for Children for fund-raising purposes. They don't encourage individual sponsorships of children as they want funds to be pooled for all the children. The RHC generates some income from a small on-site recycling and bead making business.

The main source of income for **Rafiki** is individuals from the United States who sponsor children for $25 per month (US sponsors). Sponsors receive updates on individual children, including photographs and letters. The RHC also generates some funds from school fees from 10 community children (pre-primary 250C p/a; 400 primary; JHS GHc 800; senior GHc 1000). The school has 100 community children of which 90 are from the RHC.

Volunteers are also a source of some (limited) income for the majority of RHCs.

Christ Faith Foster Home receives volunteers (aged 18 – 20) from the German Oldenwaldenheiden Mission. They stay for one year (gap year), live on the premises and pay for their upkeep. Volunteers assist with mostly teaching related tasks and maintenance of the premises. Volunteers don't come every year and the manager said that the RHC didn't want volunteers in 2018 because *"they are becoming more like tourists"*.

Volunteers go to **Nyame Dua** through Feed the Orphans (US organisation). They don't pay fees and their costs are covered by Feed the Orphans. However, when the volunteers return home they usually find a way to support in whatever way they can (could also be financial). Volunteers are screened by Feed the Orphans, are usually over 25 years old and stay for up to three months assisting in whatever way they can. No volunteers were at the RHC in 2016.

Safe Haven Foster Home has volunteers from the New International Church in Switzerland. They pay for their upkeep, which Safe Haven provides. All the volunteers have been about 30 years old and are usually professionals (teacher, doctor) who stay for three to 12 months.

Chance for Children has regular volunteers, mostly teachers and social workers including social work students from two universities in Switzerland. The Chance for Children Foundation in Switzerland is in charge of recruiting volunteers. This person conducts interviews in Switzerland and selects volunteers who come to Ghana on short-term or long-term basis. The volunteers pay for accommodation and food but the RHC emphasised that they are not dependent on the volunteers either for funding or service provision. Some volunteers help raise funds for the organisation when they return to Switzerland. One volunteer came to the organisation in 2001 and now a manager in charge of products.

Haven of Hope makes use of volunteers from the United States "from time to time". The RHC doesn't charge a fee, but volunteers stay pay for accommodation and food provided by Haven of Hope. They reported not having been successful in bringing in volunteers because the Department of Immigration want to see a work permit, so getting a visa "poses a challenge". The RHC last had international volunteers in 2014.

Rafiki said they don't have volunteers but "mini" missionaries come from the United States, usually during school holidays to run camps with the children.

3.4 Licensing and closure of RHCs

As indicated previously, three of the seven RHCS have been licenced as RHCs by DSW:

- Nyame Dua Children's Home (2017)
- Safe Haven Foster Home (NIC) (2017)
- Chance for Children (2016)

The assessments of these RHCs using the 2010 RHC Standards found that while not all the standards were being met, there was sufficient compliance to warrant licensing. A number of areas for improvement were identified particularly for **Nyame Dua** and **Safe Haven Foster Home**[78] and will need to be followed-up in the quarterly monitoring of these facilities and also reviewed before the renewal of the licenses (annual renewal). Nyame Dua has plans to expand and build a bigger facility somewhere in the community including providing care for children under three as well as becoming "disability friendly". However all of these plans will have to be discussed with DSW as the RHC Standards do not promote expansion, but rather the provision of care in small family-type environments. In addition, caring for children 0 – 3 requires higher caregiver:child ratios as is the case with children with disabilities as well as specialised training and facilities to ensure quality care is provided.

West Africa Mercy Mission (WAMM) is one of the few RHCs providing care for young children with disabilities and does so in a small family-type environment with a high caregiver:child ratio. Licensing of this RHC is desirable. The main area that requires attention is increased/improved training of caregivers in caring for children with disabilities and improved toys and assistive devices for these children (it would be very beneficial for WAMM to visit the Ghana Make a Difference facility in Central Region and explore possibilities for accessing some the specialist resources that Ghana Make a Difference have at their disposal). The RHC want to expand their facility and plan to build five cottages on a piece of land they have purchased, The property would have a small clinic attached to it and a playground and other facilities. It would be based in the community and, according to the manager, ***"have the community feel"***. As with Nyame Dua, any new expansion needs to be consulted with DSW to ensure that the RHC standards are complied with. It would be preferable for WAMM to focus on strengthening the care provided to the children in the current set-up before pursing any expansion plans.

The future of some RHCs was unclear and needs further consideration and decision-making by DSW. Some RHCs had more features of boarding schools than RHCs and it was unclear whether licensing as a RHC was warranted.

Christ Faith Foster Home is looking at reducing the number of children in the RHC and concentrating on the school. They do not plan to take in any more children and will eventually close the RHC in " another 10 years or so" after which time there will only be a school with boarding facilities. However, the RHC Committee hasn't made a final decision on this.

Safe Haven Foster Home has a *Certificate of Recognition of Orphanage* from the Municipality dated 31 October 2016. They were of the view that this served as a licence to operate but it was clarified that this merely provided additional evidence that the RHC was of good standing and that a licence from DSW was still required. The RHC doesn't plan to close down but are also not planning to take in more children. When the oldest child in the home goes to secondary school there will be no more children in the RHC (in about six years time). It was unclear what the plan was for the RHC after this. The founder is willing to sponsor all the children's tertiary education either in Switzerland or China (the Manager's son is currently being sponsored to attend university in China). The organisation does however plan to continue with, and expand, the shelter for women with unwanted pregnancies.

78 The RHC is licenced as Safe Haven Children's Home, but the NGO registration is Foster Home so this is something that needs to be changed when the RHC renews its NGO registration. The caregiver:child ratio is high at 1:15 and this is something that will also need to be addressed.

For the past two years **Haven of Hope** has been considering ceasing RHC operations and registering as a private boarding school. According to the manager this is still the intention, and they have spoken to the Education Service in Amasaman for advice on how to register as a private boarding school. However, the national Director of Every Child Ministries indicated that in addition to running a separate boarding school he still wants Haven of Hope to be able to provide temporary support to children from DSW (?). Discussions also need to be held with the International Director of Every Child Ministries to clarify the way forward. The national Director was also of the view that changing to a boarding school is *"technically just a change of the name"* as funding will still come in to support the children in the facility. Comments like this highlight the need for a decision to made as to whether the facility continues as an RHC and in which case makes the necessary changes to comply with the RHC Standards so that it can be licenced, or converts to a private boarding school. In either case a plan needs to be put in place to enable the organisation to transition from the old (current) set-up to the new set-up (licenced RHC or private boarding school).

4. PROFILE OF CHILDREN CURRENTLY IN THE RHCS

3.1 Number of children in RHCs by sex and age as at March 2017

Table 5: Number of children in RHCs by age and sex and caregiver:child ratio @ March 2017

RHC & District	Total	Sex*		Age*				Average Age	Caregiver: Child Ratio
		Male	Female	0 - 3	4 - 10	11 - 17	18+		
GA-WEST DISTRICT									
Chance For Children	64	31	33	-	24	40	-	14 yrs	1:9
Rafiki	90	44	45	-	-	3	1	15.2 yrs	1:11 (average)
ADENTA MUNICIPAL									
Christ Faith Foster Home	26	19	7	-	2	17	6	14 yrs	1:6.5
Nyame Dua Children's Home	24	11	10	1	7	9	-	9.8 yrs	1:6
Safe Haven Foster Home	15	9	6	-	5	9		12 yrs	1:15
West African Mercy Mission	5	2	3	2	3	-	-	3.6 yrs	1:2
AMASAMAN									
Haven Of Hope	39	7	6	-	-	11	2	13.7 yrs	1:7 (girls) 1:13 (boys)
Total	**263**	**123**	**110**	**3**	**41**	**89**	**9**	**11.7 yrs**	
% of Total		**53%**	**47%**	**2%**	**29%**	**63%**	**6%**		

* Data gaps – totals different to total number of children in the RHC.

A total of 263 children were living in the seven RHCs in March 2017. Of these, 53 percent were boys and 47 percent girls. The majority of children 67 percent were aged 11 – 17, with an average age of 12 years.

3.2 Age of admission and length of stay

Table 6: Age children admitted and length of stay – children currently living in the RHC

RHC/District	Age Admitted (yrs)*				Average Age Admitted (yrs)	Average Length of Stay from date of admission to March 2017 (yrs)
	0 – 3	4 – 10	11 – 17	Total		
ADENTA MUNICIPAL						
Christ Faith Foster Home	3	15	5	23	8.1	6
Nyame Dua Children's Home	2	6	6	12	8.6	2.3
Safe Haven Foster Home	4	8	2	14	6	6
West African Mercy Mission	5	-	-	-	2	1.5
AMASAMAN						
Haven Of Hope	2	10	1	13	7	8
GA-WEST DISTRICT						
Chance For Children	-	24	40	64	11	2,8
Rafiki	56	33	1	90	3,3	9
Total	**72**	**96**	**55**	**223**	**6.5 yrs**	**5 yrs**
% of Total	**32%**	**43%**	**25%**	**100%**		

* Data incomplete for some RHCs

Just under a third of children currently living in the RHCs were admitted when they were 0 – 3 years old, with the average age of admission being 6.5 years. Children currently living in the RHCs had stayed an average of five years from the date of admission to March 2017.

Most of the 42 children currently in **Haven of Hope** were admitted around 2002 when the home was started. **Chance for Children** is geared to provide long-term care with children staying on average for up to six years, however over the past three years they have started to intensify efforts to reintegrate children in a shorter period of time. The RHC does not admit children younger than five years old as they do not have the facilities to care for them.

According to **Rafiki's** records, the last time a child was admitted was in 2012. Children have stayed at Rafiki from four to 15 years. Some children were admitted as young as one week old and have lived their entire lives at Rafiki, and for most of that time not being allowed to visit family members (children have only recently been allowed to visit family members under supervision of the Rafiki social worker).

Table 7: New admissions and discharges/reunifications in 2016

Name of RHC	Number of Children @ 31/12/2016	Number of NEW Children admitted 2016	Number children DISCHARGED/ REUNITED 2016
ADENTA MUNICIPAL			
Christ Faith Foster Home	26	0	0
Nyame Dua Children's Home	24	5	8
Safe Haven Foster Home	15	0	0
West African Mercy Mission	5	2	1 (deceased)
AMASAMAN			
Haven Of Hope	39	0	2 or 3
GA-WEST DISTRICT			
Chance For Children	62	16	13
Rafiki	90	0	0
Total	**261**	**23**	

Of the total number of children in the seven RHCs on 31/12/2016, 8 percent were admitted in 2016 indicating that most of the children had been in care for at least one year. During 2016, 23 children reunified (also eight percent), while there was one death in **West Africa Mercy Ministries (WAMM)**. This child was three months old when admitted with advanced hydrocephalus. He died two months later. Notes on the file describe his condition as *"severe and little could be done to correct through surgical operation and could only be manage until he is deceased"*.

3.3 Reason for Admission

Table 8: Reasons for Admission to RHCs

Name of RHC	Abandoned	Double Orphan	Child Trafficking	Child on Street	CP	Disability	Other	Total
ADENTA MUNICIPAL								
Christ Faith Foster Home	3	-	-	-	21	-	4	28
Nyame Dua Children's Home	1	-	-	-	1	-	12	14
Safe Haven Foster Home	4	-	-	2	2		5	13
West African Mercy Mission	-	-	-	-	-	4	1	5
AMASAMAN								
Haven Of Hope	1	-	-	2	6	-	4	13
GA-WEST DISTRICT								
Chance For Children*	1	-	-	5	8	-	8	22
Rafiki	57	-	-		13	1	17	88
Total	**67**	-	-	**9**	**51**	**5**	**51**	**183**
% of Total	**37%**	-	-	**5%**	**28%**	**3%**	**28%**	**100%**

* Information gaps

The available information shows that over a third of children (37%) were admitted to the RHCs due to abandonment, followed by child protection issues (28%) and other reasons (28%), mostly related to poverty and other vulnerabilities in families. Children in the street only accounts for five percent of admissions however this was due to gaps in information on record from **Chance for Children**. The majority of children come to the RHC through the Chance for Children drop-in center for street children. According to Chance for Children the majority of children in their care had both parents still alive and many children removed from the street were second and third generation children on the street, who lived and worked with their parents on the street. An analysis of 31 files found that only one child was reported to be living independently on the street. Some of these children were reported to be children of parents who had fled the conflict in Northern Ghana (Kokumbaan) in 1992.

Children were reportedly admitted to **Christ Faith Foster Home** because of poverty. The last time a child was admitted was in 2015.

Children are admitted to **Nyame Dua** mostly due to poverty and other vulnerabilities in families, with only one obvious child protection case, as illustrated in these file extracts:

- Child sexually abused by a neighbour and case is currently in court. Mother divorced her father and left her three daughters with their "irresponsible father who leaves her at the mercy of men who sexually abuse her. Her father always chase her mom with cutlass when she tried visiting them". Child was sent to the orphanage with her younger sister who was also at risk. Admitted by DSW Adenta, age 12, at Nyame Dua for I year.

- Family of 15 siblings (five deceased). Mom died recently, father taking care of remaining 10 children. Needs support. Child admitted with two siblings. Admitted by DSW Ada District, Greater Accra. Child admitted age six, at Nyame Dua for one year.
- Father died and mother has five children to cater for and finds it difficult to maintain them. Child needed educational opportunity and hope for a better life. Admitted to Nyame Dua age seven, has been there for four years.
- Father deceased. Child sent to relative but was made to work instead of going to school, when mother found out she took the child back. Child lives with mother in one roomed hut but "lacks parental care, love and protection". Admitted by DSW Zone A Officer, Greater Accra. Admitted age 13, at Nyame Dua for three years.

Most children admitted to **Safe Haven Foster Home** is due to poverty and other vulnerabilities in the family and abandonment. For example a group of triplets from Northern Region, whose mother died just shortly after delivering them, were admitted three years ago by DSW because their father said he didn't have anyone to take care of them and the family ***"could not look after them"***. The children had initially been sent to a children's home in the Northern Region but it was in a deplorable state and they were receiving sub-standard care. When they arrived at Safe Haven they were malnourished and couldn't walk. According to the manager, their father comes to visit and says the home is taking good care of his children as they have a place to sleep and food. In another case, two children aged none and six were admitted after their father deceased and their mother remarried and "irresponsible" man. The mother was the sole breadwinner. One child was "going through difficulties and needed to be assisted in all forms". Admitted by DSW Dagme East, Greater Accra. Both children have been at Safe Haven Foster Home for six years.

Most children admitted to **West African Mercy Mission** have severe disabilities and are abandoned at a very young age so parents can't be traced. File extract of one child admitted in 2015 when she was two years old illustrates this: "Child was abandoned because she has multiple disabilities: mental developmental challenges, eye defect, six toes instead of five. She finds it hard to concentrate but she is in the process of seeing an optometrist for assessment".

Children were admitted to **Haven of Hope** for child protection related issues and due to poverty and other vulnerabilities in families, as these file extracts illustrate:

- Child was troublesome and her family sent her to orphanage so they inculcate good morals in her. Admitted by her mother at age eight, has been at the Haven of Hope for eight years. From Pig Farm Area, Greater Accra.
- Child was physically abused by her father, needs educational support and needs a better life. Mother is a liberated Trokosi, unemployed, struggling to take care of her. Father was charged for physical abuse of wife and children and was out on bail. Family fearful for their safety. Child lived in Accra with her parents. Admitted aged 11, at Haven of Hope for six years. From Fire Service Area Akatsi, Volta.
- Four cases of children having to be removed due to mothers mental health issues.

Records from **Rafiki** show that the majority of children were admitted due to abandonment. There was some suspicion that the previous social worker had "harvested" many children from one area in Brong Ahafo, but he is no longer with the RHC (deceased) and the new social worker, manager and child care director (at the RHC for 18 months) said that there is no more ***"marketing or recruiting"*** of children. No new children have been admitted to the RHC since 2012 and they have been directed by DSW not to admit more children.

4.4 Referrals of children to RHCs and formalisation of placement

Table 9: Details of who referred children to RHCs and status of care orders

District	Referral From*			Care Orders
	DSD	Family/Other	Total	
ADENTA MUNICIPAL				
Christ Faith Foster Home	3	24	27	No Care Orders
Nyame Dua Children's Home	12	?	12	No Care Orders
Safe Haven Foster Home	10	2	12	No Care Orders
West African Mercy Mission	5	-	5	No Care Orders
AMASAMAN				
Haven Of Hope	11	2	13	No Care Orders
GA-WEST DISTRICT				
Chance For Children	2	62	64	No Care Orders
Rafiki	-	90	90	Yes. Group Care Order for all 90 children
Total	**43**	**180**	**223**	
% of Total	**19%**	**81%**	**100%**	

* Some data gaps

According to the available information, the majority (81%) of referrals to the seven RHCs are from sources other than DSW. Adenta District said that they had very good relationships with the RHCs so no child was placed in a home without DSWs involvement. As the previous sections show, many children were admitted to the RHCs some years ago and, according to the RHCs at that time most admissions were not done through DSW, however over recent years the situation has changed and DSW are now either directly involved in all placements.

Most of the children admitted to **Chance for Children** come through their drop-in centre for children on the street[79]: When a child attends drop-in centre for three months the Chance for Children social workers do a social enquiry investigation and explore options for reintegrating children with their families directly from the streets, or placing the children in the RHC for three to four years while planning to reintegrate the child. Before placement in the facility, Chance for Children obtains a letter of approval from the Region/District (this is on the children's files). However, none of the children in the RHC have care orders, not even the ones admitted directly by DSW. The responsibility for obtaining the care order rests with the DSWCD. Reasons given for not obtaining the care orders include financial and capacity constraints. It is possible to apply to the court for a group care orders but this has not been done for Chance for Children. Children's files also have signed letters from parents giving permission for their child to be in the RHC. The letter states that child will be cared for and educated by CFC, the parent can visit the child and the child has to abide by rules of the RHC.

In the past most children were admitted to **Christ Faith Foster Home** by family members, with no involvement from DSW. However, since 2014 DSW has been involved in admitting children and about six children have been referred from DSW since then (the last time a child was admitted was in 2015). Parents also sign an admission form agreeing for the child to be accepted into Christ Faith Foster Home. The letter stipulates that the child will to be trained and educated as they (Christ Faith Foster Home) find it and includes and indemnity clause and an agreement that the parent will withdraw the child *"at any time I am requested to do so"*.

79 A day-care centre near the slums in Accra. Open Monday to Friday 8am – 4pm. Children are offered a place to have a meal, bath and rest from the pressure of the street. Provides literacy classes/lessons on a daily basis. Also offer psychological and medical services. Has capacity for 45 children a day.

Rafiki's admission process involved an evaluation of the child's circumstances the child based on criteria from Rafiki in the United States (which required that the child be a *"true orphan"* with no living mother or father) and a recommendation from DSW (which included a signed affidavit from the child's relatives that s/he was indeed a *"true orphan"*. But according to the Child Care Director, *"Rafiki staff and DSW were probably lied to by the relatives",* as it was subsequently established through the Kaeme profiling that most children had one or both parents. In order to try and establish the true situation of children in the RHC, Rafiki is starting to allow children visit their extended families during the holidays. The RHC social worker goes with them on these visits and in this way he is able to establish the truth about the children's circumstances. Also, *"this is a Christian organisation, we find that God reveals things over time"* (Child Care Director). For some time the RHC has not taken in any new children. While this might change at some point, the directive from DSW is that they shouldn't take in any new children.

The most recent admission to **Haven of Hope** was an emergency care placement of four children from DSW in November/December 2016. Two children were returned to their parents shortly after admission while they other two remain in care as their parents have yet to be traced. Before that, the last two admissions were in 2015, one from DSW, and one from an NGO called Joy to the World, both those children are still in the home.

The child's parent and/or person referring the case (if parent/relative not traceable) sign the Academy Boarding Admission Form which includes indemnity provisions and a clause stipulating that: *I agree that this child may be withdrawn from the Haven of Hope Academy at any time I am requested to do so. Upon completion of BECE the family is required to take full custody of the child. At that time Haven of Hope Academy is no longer responsible for the health and care of the child.*

4.5 Areas Children Referred From

Table 10: Referrals to RHCs in the priority Districts by Region

Region	GA WEST		ADENTA MUNICIPAL		AMASAMAN	Total
	Chance for Children	Rafiki	Nyame Dua Children's Home	Safe Haven Foster Home	Haven of Hope	
Ashanti	2					2
Brong Ahafo		39				39
Central				1		1
Eastern		20	1			21
Greater Accra	27	10	5	1	10	53
Northern				2		2
Upper East		8				8
Volta		15	2		3	20
Total	**29**	**92**	**8**	**4**	**13**	**146**
% Children from Greater Accra	93%	11%	63%	25%	77%	36%

Available information shows that 36 percent of referrals to the seven RHCs were from Greater Accra Region, with the majority of children in three RHCs coming from the same Region (Chance for Children, Haven of Hope and Nyame Dua).

However, with the exception of Chance for Children, information on districts and towns/villages where children were referred from is patchy and inconsistent. Further analysis of available information is needed (with the DSW mapping team) to determine whether there are any obvious trends, and to decide whether there is sufficient detail to inform targeted social drive activities. Once the standardised RHC monitoring system is established the information needed to do this kind of detailed analysis should be more readily available.

According to the **Rafiki** Child Care Director, at least 60 percent of the children were from **Techiman area** (Techiman Municipal, Brong Ahafo Region), although the available data puts the number of children from Brong Ahafo Region at 39 percent. It was suspected that the previous social worker (Ghanaian) ***"was doing some things"***[80] and DSW officials suspect that the social worker was involved in ***"harvesting"*** children. Paper work for the most recent child admitted included a sworn affidavit that she was a double orphan, but this was subsequently found to be false. However in spite of these issues, the RHC has secured court orders for their placements through DSW so their placements are all legal.

The manager from **Christ Faith Foster Home** said that "some children came from centre of Accra, some came from the North. There used to be an NGO called Kids for Africa, they brought six children from the North. Lately the main referral is DSW, for the past three years had about six children from them.

Nyame Dua reported that they often didn't know where children came from if they were abandoned. This was the same for **West Africa Mercy Missions** (WAMM) where of the five children currently in their care four were abandoned. Where information was available this was only on where the children found.

Haven of Hope reported that some the children came from Volta region because in Volta Region Every Child Ministries focused on ritual servitude and helped to liberate the children. When children of the liberated women were profiled they were found they were living in very difficult circumstances so they were brought from Volta to the RHC on the recommendation of DSW.

5. REINTEGRATION OF CHILDREN

Table 11: Reintegration of children

Residential Home for Children	RHC has a social worker	Care Plan Addresses Reintegration	Children with parents/ extended family	Children Reintegrated 2016	Post-Re-inte-gration Support
ADENTA MUNICIPAL					
Christ Faith Foster Home	No	Care Plan – only focuses on health & education	Yes – all children	0	No
Nyame Dua Children's Home	Yes – seconded from DSW	No Care Plan	Yes – most of them	8	No
Safe Haven Foster Home	No	No Care Plan	7 out of 15	0	No
West African Mercy Mission	Use DSW social worker	No Care Plan	No	0	No
AMASAMAN					

80 The social worker passed away in December 2015 and the new social worker started in February 2016

Residential Home for Children	RHC has a social worker	Care Plan Addresses Reintegration	Children with parents/ extended family	Children Reintegrated 2016	Post-Re-inte-gration Support
Haven Of Hope	No	No Care Plan	All except 1 child	2 or 3	No
GA-WEST DISTRICT					
Chance For Children	Yes	Yes	Yes – all	13	Yes
Rafiki	Yes	No Care Plan	Yes – all	0	No

In 2016, 23 – 24 children were reintegrated from three of the seven RHCs. According to the Region and District respondents, the challenge with reintegrating children is because of the category of children admitted in the homes, particularly missing and abandoned children whose parents/relatives can't be traced. Limited staff, and resources to do the work, means that DSW often have to rely on the Police to trace the parents of the children. When parents are not traceable, children are put up for adoption. Some children have mentally challenged parents or parents who have abused them so can't return home, while others are total orphans with no family.

Over the past three years **Chance for Children** has invested increasingly more time and resources in reintegration and has a dedicated department that focuses on tracing families for reintegration and supporting children who have been reintegrated (children are reintegrated from the RHC and from the drop-in-centre):

- Chance for Children has a dedicated department that focuses on children who have been reintegrated.
- The majority of children who end up in the RHC are from the three Northern Regions of Ghana so this means that Chance for Children social workers travel all over the country to trace their families.
- Many of the children were living with their parents on the streets and for these children the social workers have to find family members who were not living on the street and were willing to provide care.
- The organisation has found that the reunification success rate is higher if the child stays for a longer period in the RHC. Given the background of these children, many of whom were living on the streets due to the social and economic difficulties in the home, a longer-term phased approach to reunification is required to ensure that the reunited child stays at home and in school (e.g. for a few years the child goes home during the school holidays to support the adjustment process).
- Children and families are assessed before the child is reunited to identify readiness for reintegration as well as support that may be needed. Where support is needed this may be provided for 1 year (and reviewed annually) following the child's reunification. There is a signed agreement between Chance for Children and the parents/caregivers as to what type of support will be provided (mostly related to education and food) and the duration. Chance for Children have developed a number of case management tools (assessment, planning, monitoring) to support reintegration work. There are limits to what can be provided, and where possible Chance for Children links families to other NGOs such as micro-finance NGOs. They don't know if any of the families with reunited children are on LEAP.
- Monitoring visits are conducted after the first, third and fifth month after reunification, and then the team of Children reunited will take over. Chance for Children has contracted a private person the Northern region in order to do some monitoring visits.

- The RHC don't provide structured support to families in the home e.g. parenting support. This is something they would like to do. Twice a year they organise a parents' meeting for children in the RHC and two separate meetings for parents of reunited children in Accra. The meeting provides an opportunity to discuss positive parenting issues.

- Chance for Children has only recently stated to collaborate with DSW on reintegrating children. They started doing this 2 – 3 years ago on recommendation from the Greater Accra National and Regional Director. Currently permission to reunify children is requested from the DSWCD via the Regional office. The DSWCD give the permission but they are not generally involved in monitoring the children or providing support where needed. However, there has been some improvement in the collaboration between Chance for Children and the DSWCD in Ga West. Chance for Children doesn't have a working relationship with any other Regions/Districts. This presents a challenge when children are reunited with families outside Greater Accra Region. Chance for Children is not aware of any reunited children from other RHCs that may be in their district. If they were aware of these

Nyame Dua reported reintegrating eight children in 2016. The District seconded a social worker to the RHC in 2015 and this helped to facilitate the reintegration of children in 2016. The RHC tries as far as possible to trace relatives and are successful in most cases. When families are traced, children are encouraged to spend the school holidays with their families. This contact is considered to be the first step towards full reintegration as it provides an opportunity for the child and relative/s to bond and to assess how the child and family are likely to cope with reintegration. Details on the post-reintegration support provided by the RHC/social worker were not obtained. The RHC has two children who were been abandoned and it has not been possible to trace any family members.

Haven of Hope reported reintegrating ***"two or three children"*** in 2016 (details of these children still to be provided to DSW)**.** As is the case with Nyame Dua children go home to their families during school holidays.

All the families of children in Haven of Hope have been located (the street ministry of Every Child Ministries helps with trying to locate children's families) except for one child who is 16 years old. However, the practice of children returning home for holidays appears to be less about paving the way for reintegration, and more about giving caregivers an opportunity to take leave. The RHC doesn't have its own social worker and the only involvement of DSW in the reintegration of children appears to be signing a permission letter that Haven of Hope takes to their office for signature. According to the manager, families are usually reluctant to come to the RHC to discuss reunification because "***when you invite the family to come and discuss they think you will be relinquishing the financial support"***.

Four RHCs did not reintegrate any children in 2016.

Safe Haven Foster Home has to date not been involved with reintegrating children. Of the 15 children currently in the facility, only five have contactable relatives and the RHC is now planning their reintegration with DSW. Two children aged seven and eight were soon to be adopted. The manager did not have the details as this was being organised by DSW.

Since its establishment **Rafiki** has only reintegrated three children. According to the Child Care Director some children go home for visits during school holidays usually because they have ***"earned a trip home"***, while some children who ***"don't fit in to Rafiki"*** have been sent home for good. Children generally remain at Rafiki until they have completed their secondary school education and only leave to go to tertiary education. The Child Care Director reported that recently the father of a child they had thought was a "true orphan" arrived from Germany and wanted to reunite with his daughter. Turns out the child's mother was also alive. When the mother and father came to meet with DSW in Amasaman, DSW decided the parents weren't fit to take the child, so reunification didn't happen. Rafiki managers know that poverty should not exclude a child from returning home but they expressed concerned

about how the child would adjust, because *"children have a very nice life here"*. One of the challenges with reintegration is getting relatives to visit the children. The trip costs GHc 100 (one way) and it is possible they are unable to cover these costs. **Note: Kaeme profiled 118 children at Rafiki in 2013 but it appears that neither the RHC nor DSW have used the profiling information to facilitate reintegration.**

No children have been reintegrated from West Africa Mercy Missions (WAMM) because with few exceptions, all of them were abandoned at a very young age and family members are untraceable. The main permanency plan for these children is adoption. Families in the United States have adopted some children through inter-country adoption arrangements. The manager explained that some people adopted a child with special needs for religious reasons: *"they say 'let me give this child love'"*. All the adoption arrangements are handled by DSW. WAMM is only given the order of placement. The Manager wants to adopt one child who has already been placed in his care as a foster parent. He gave an example of a child with cerebral palsy, autism and unable to walk, who was adopted by a family in the United States and can now walk and doing very well: *"they have the facilities in the US to help him go to physiotherapy. In Ghana there is no money for this kind of special care"*.

6. MONITORING OF RHCS AND CHILDREN IN RHCS

The District DSW monitor RHCs every quarter where they *"take stock* "of the number of children. A standardised data collection tool for these visits is not available. The Districts don't provide written feedback to the RHCs on their findings from the monitoring visits, the purpose of which is often unclear to the RHC.

The District Assembly respondent said the Assembly has responsibilities in terms of monitoring RHCs, however the exact nature of these responsibilities was not clear.

The Table below provides information on the record-keeping systems and tools in the RHCs visited. Three RHCs have electronic registers (two in MS Excel) that capture some data on children. Data collected is not standardised across the RHCs, each have their own unique system. All RHCs have individual files on children with a range of different types of documentation kept in these files. Some files have DSW Social Enquiry Reports. Only two RHC (Chance for Children and Christ Faith Foster Home) had care plans on the files reviewed. Chance for Children care have were detailed and included plan for reintegration, while the care plans in Christ Faith Foster Home only focused on health and education.

Table 12: RHC monitoring, record keeping and reporting systems

District/RHC	Case Management and Monitoring System
GA-WEST DISTRICT	
Chance For Children	■ MS Excel register for year (1) overview of number of children sponsored in the RHC, DIC and youth in professional training; (2) list of boys/ girls currently in the RHC– name, DOB, sponsored since education level, in boys/girls home since (date admitted to RHC), care to us through, comments; (3) Reintegration list – name, DOB, supported in DIC, supported in home (date), supported in CIF, came to us through, comments (date left) Note: unclear from this data when the child was reintegrated, doesn't correlate with information provided on children reintegrated in 2016. ■ Children's files: » Social Enquiry Report – CFC social worker » Agreement between Chance for Children, child and a relative (child staying of own free will can leave when choses, RHC can also discharge the child if child does not obey the rules and regulations of the RHC) » Letter from DSWCD District Head requesting admission to RHC » Letter – Permission to Enroll Children into Full Sponsorship Programme – from DSW Regional Director. Indicates that efforts will be made to get care orders for children.
Rafiki	■ Register of children – MS Word documented provided but data captured on MS Excel. ■ Children's files: » Birth certificate » Agreement of change of legal custody of child from guardian to Rafiki » Rafiki Child Care Programme Child Information Form: photo, date (of application?), child details, details of parents and other living relatives, child history » Rafiki Foundation Child Sponsorship Report (quarterly) - name, birth date, date arrived, latest news (physical development, health, education, spiritual growth, prayer requests)
ADENTA MUNICIPAL	
Christ Faith Foster Home	■ No register of children, data to be extracted from files. ■ Children's files: » Photos of children » Medical report » NHIS card » Christ Faith Fellowship application form: applicant details, child details, educational performance, declaration (indemnity) » Birth certificate » Care plan – child's details, parents details, education performance and plan and health plan
Nyame Dua Children's Home	■ No register. Details of children in Annual Report: name, age, date received, source, reason, and status. ■ Children's files: » Photo of child » Social Investigation Report – DSW » National Health Insurance card

District/RHC	Case Management and Monitoring System
Safe Haven Foster Home	■ No register, data to be extracted from files ■ Children's files: » Photos of children » Photo » Profile – name, DOB, date of admission, father/mother name, reason for admission » Achimota Hospital Request for Laboratory Services » National Health Insurance card
West African Mercy Mission	■ Register - Brief Information on Child (typed), undated: name, age, date of placement, condition (why admitted), remarks (current status of child e.g. adopted, deceased) ■ Children's files: » Letter from DSW District Assembly to Director WAMM requesting admission to RHC » Social Enquiry Report from DSW – typed or handwritten » Police Extract Report » Social Services Department Ghana Police Hospital Abandoned Baby Medical Form – Medical Certificate for Admission into Home » Health Link Medical Report – detailed medical report » WAMM Home Intake Form – undated
AMASAMAN	
Haven Of Hope	■ No register, data to be extracted from files. ■ Children's files: » Social Enquiry Report from DSW (typed or handwritten) » Application form: person admitting child, child details, declaration (visit child, indemnity) » Haven of Hope Child Admission Form: date, name of child, DOB, person admitting child, reason for admission » Temporary visit permission form

7. AVAILABLE PREVENTION AND FAMILY-STRENGTHENING SERVICES

The District Assembly representative said that when needy families come to their attention, they liaise with DSW to handle these social issues.

Child Protection Toolkit

The Child Protection Toolkit is being piloted in five Districts of Greater Accra, including Ga West District (see Annexure O). The District Head mentioned doing child protection community sensitisation with Toolkit together with the CDOs in this District.

Financial support and income-generation

No reintegrated children are on LEAP.

Out-reach services provided by RHCs

Rafiki: Indicated that they don't have capacity for out-reach services. Their primary focus is on education of children currently in their care.

Christ Faith Foster Home pays school fees for *"some"* community children in their school (details of actual numbers supported not available).

Safe Haven Foster Home: Supports about 20 children in the community, all of whom are living with their parents and attend the New International Church school (which also established the RHC). The RHC buys their schoolbooks and pays their school fees. In the afternoon about six of these children have lunch at the RHC. They are all living with their parents. Director pays fees for about 20 community children to go to the New International Church school (unclear is the 6 children also mentioned are part of this 20).

Haven of Hope: Supports 31 children from the community identified as having *"special education needs"*. Support includes payment of school fees, schoolbooks, lunch, uniforms, shoes and school bags.

8. AVAILABLE FAMILY-BASED ALTERNATIVE CARE OPTIONS

Currently DSW is implementing foster care services in Greater Accra in partnership with Bethany, an NGO based in Accra Metro with a focus on foster care and adoption. Bethany has a pool of about 40 foster parents in the Greater Accra region, all of whom have been screened, trained and approved by DSW (under the current, soon to be replaced, Children's Act Regulations). There are about 20 children in foster care placements supported by Bethany (although not all in Greater Accra). The Region/District don't have a database/information on the individual children in foster care, this information is with Bethany.

The Region reported that an NGO called *Eagle Kids Foster Care Agency* is also training foster parents in Greater Accra region but it was unclear if/how they were working with DSW in the screening and registration of foster parents and the placement of children in their care. This requires some investigation.

The Regional Office held one foster care sensitisation workshop in Greater Accra in 2016 with the purpose of raising awareness of foster care and identifying prospective foster parents. Women's groups, Assembly members, Faith Based Organisation (FBOs), RHC Managers and NGOs participated in this workshop. Fourteen (14) prospective foster parents were identified through this sensitisation workshop – one is from Ga West while none were identified in Adenta. These prospective foster parents still need to be screened, trained and registered.

The Region identified some challenges in recruiting foster parents, mostly relating to unfamiliarity with the concept of fostering and motivation:

- Most prospective foster parents have long-term plans of adopting the children and are not interested in providing short-term, temporary care[81]: *"There is apathy on the part of Ghanaians when it comes to fostering. They want to adopt outright. They say. "I want the one I will call mine". (Regional Director).*
- Some prospective foster parents want house helps, so are only interested in taking in children for this purpose.

The importance of doing thorough checks on prospective foster parents was emphasised and foster parent training was seen as critical. Children who are to be placed in foster care also need to be prepared and the necessary psychological support provided.

The Region and Districts raised concerns about the amount of work needed in placing children in foster care (thorough checks on foster parents, report writing, follow-ups of placements) all of which needed funding, but *"no funding comes from government which makes work standstill"* and "*the Region doesn't receive any funds from Government to do the work, we only receive a salary, we use our own salary to do the work".*

81 Regarding foster parents who want to foster to adopt, the new Regulations state that a foster child can only be adopted after two (2) years.

The Region and District asked about options for supporting foster parents financially through the Foster Care Fund. The National Child Rights Promotion and Protection Programme Head explained that the purpose of this fund is to cover some of the additional expenses that might be incurred for children with special needs. For example a child with disability is likely to have more expenses than someone with an able-bodied child. Support will not be financial as foster care is supposed to be voluntary work, but in-kind support can be provided e.g. medical care, wheelchair. But, "*DSW don't want to tell foster parents about the fund as we don't want to get "pretenders" who say I will do foster care but are only interested in the fund".* The source of funds for the Foster Care Fund have not yet been worked out, this is something that has to be addressed through the Ministry of Finance.

A point was made that the old Regulations on Foster Care were never operationalised, which means that in Ghana, foster care is very undeveloped and how it works in practice still needs to be tested. Questions were also asked about the composition of the Foster Care Placement Committee (to be established at Regional level under the new Regulations) including their composition and terms of reference and, importantly, funds to hold the meetings.

Concerns were raised about the sustainability of the foster care programme especially in respect of funding issues are addressed both for DSW and foster parents: *"Things in Ghana happen like a flash in the pan. There was a project where we got girls educated in a male dominated trade. When the funds stopped the training stopped. Fear we are going to start something and then leave people hanging"* (Adenta District).

Two RHCs expressed an interest in supporting foster care. **Haven of Hope** wanted to support foster families who could hold children during the holidays. **Nyame Dua** was thinking about developing a foster care programme and working with DSW to place children with foster parents. However, the manager had some reservations about foster care because: *"only a few people will be interested, some will only be interested if it is generates an income, they will say 'if you give me this amount, I will care for the child' ".*

ANNEXURE N:

VOLTA REGION DATA REPORT ON RHCS IN PRIORITY DISTRICTS

1. RHC TRENDS IN VOLTA REGION 2006 – 2016

Table 1: RHC trends in Volta 2006 – 2016

Region	2006		2012		2015		2016	
	# RHC	# Children	# RHC	# Children	# RHC	# Children	# RHC	# Children
Volta	16	382	14	521	17	444	16	274
Total	**98**	**3 517**	**104**	**4 415**	**134**	**4 510**	**115**	**3 586**
% Nat. Total	**16%**	**13%**	**11%**	**12%**	**13%**	**10%**	**14%**	**8%**

The historical analysis of RHCs in the Volta Region shows that 37 RHCs have operated at one point or another between 2006 and 2016, with an average of 15 RHCs in operation annually (see Annexure E for details)[82].

While there has been only a slight variation in numbers of RHCs operating annually over the past 10 years, the **number of children** in RHCs increased by 26 percent from 2006 to 2012, with a 47 percent drop in 2016 (see Table 1).

According to the Volta Regional DSW, as at March 2017, there were **17 RHCs** operating in Volta Region; with two in Ho Metro, four in HoHoe[83]; three in Ketu South; and three in Ketu (this is two more than the 15 recorded RHCs on the 2016 National DSW list).

Over the years, the Region has held training sessions for RHCs managers, with support from UNICEF, to promote deinstitutionalisation. According to the Region, initially RHCs didn't appreciate the care reform initiative, as they maintained that were they taking care of children who would otherwise be in a worse position and that government was unappreciative of their work. However, the Region has started to see a shift in attitude, which has lead to a reduction in the number of children in RHCs and the number of facilities (although the 2016 and 2017 data on RHCs in Volta paints a different picture).

In addition to training of RHC managers, the Region does awareness raising with FBOs, churches and the general public about the importance of deinstitutionalisation and the need to report RHCs to DSW. As a result of this sensitisation, the Region has been getting information from the public about newly established residential homes (see below).

The Region indicated that since 2012 they have not accepted any new NGO applications for RHCs and have refused 11 applications. However, not all NGOs or FBOs approach the District or Region before setting-up a RHC and there are still facilities operating in Volta without DSWs knowledge (estimate number unknown). This could also explain why two RHCs in Ho were both established in 2012 (Madamfo Ghana and Remar Ho) and are still operating. The Region reported discovering two new RHCs in the past two years: Global Presence in HoHoe (2015) and Obi Kudoe in late 2016 (although the analysis of historical trends in RHCs shows that Obi Kudoe was on the DSW database in 2006 and 2012, but not on

82 A more detailed analysis of trends in opening and closing of RHCs can be done after the historical data has been verified and updated with the Region.

83 The DSW 2016 updated list of orphanages does not include any RHCs in Hohoe.

the 2015 or 2016 list of RHCs). The Region recently heard about another home operating in Ketu South, which will be investigated.

The Region has closed three RHCs since 2014 because they operated below standards: one in HoHoe, one in Ho West; and one in Ho South (need to get the names of these RHCs and verify against the historical list of RHCs).

One of the challenges in stopping new RHCs operating without DSW knowledge/approval is that some of these facilities only register with the Registrar General (which approves the name and operations of the organisation) and do not register as an NGO. Only applications for NGOs go through the District Head and Regional Director. When an organisation applies for registration for an NGO Certificate, the application has to go through the District SWCD Head and the Regional Director. This gives them an opportunity critically review the prospective NGOs objectives and immediately stop the registration of an NGO that plans to operate a RHC. The Region was of the view that RHCs should only be registered as NGOs and that the Registrar General should not accept applications from these organisations.

1.1 Reasons why RHCs are operating in higher numbers in three Districts in Volta (Ho, Hohoe, Ketu South)

Respondents from the Regional DSW, District DSWCD and the District Assembly gave the following explanations as to why RHCs were operating in higher numbers in three Districts in Volta.

Poverty in the communities surrounding the district capitals of Ho and HoHoe is high. Farming communities are the poorest due to the seasonal nature of food production and because the foods produced are seasonal. If the rain patterns are not favourable farmers don't get sufficient yields to make an income and out of season and this also leads to food scarcity. Because of these conditions, there are high rates of migration from the rural areas to the cities leading to many abandoned children. Farmers are usually considered poor out of season. One of the respondents had a different perspective. He was of the view that it is a misconception that families in the rural areas are poor. They may not have money but they count their wealth in goats, cows or chickens. Children may not be dressed the same as children in the cities but the family is not "poor". Outsiders think children are poor because of the way they are dressed e.g. children wear pioto – big pants and nothing else, and think that the children need to be rescued from their impoverished situations.

Ketu South is a border district (next to Togo) and is a commercial hub, but regular employment opportunities are limited. Parents engage in economic activities like fishing and petty trading, and some "shirk their parenting responsibilities", leaving their children to fend for themselves on the streets. Children are taken off the streets and sent back to their parents, but they keep returning to the streets to work. In this district, because of the commercial activity, men come to the town, have children with the petty traders and then leave, resulting in high numbers of abandoned children.

The cost of living in the district capitals is very high and unemployment rates are also very high. Some parents cannot afford to send children to school or cover their living expenses. These children often end up on the streets. Street children are an issue in all four district capitals.

Given the limited employment/economic opportunities in the Region, some proprietors see the RHCs as businesses. In order to raise funds, they purposefully go out to "harvest" children because the more children in the facility, the more donors will provide funds/material support. The manager of My Fathers House (Ketu Municipal), which also caters for children with special needs, was cited as someone known to go around harvesting children. RHCs run by FBOs often have international volunteers who also fund the facilities.

2. OVERVIEW OF DSWCD STAFF AND CAPACITY

The two priority Districts (Ho Municipal and Hohoe Municipal) were described as being understaffed:

- Hohoe Municipal – currently only one DSW officer and the District Head was recently deceased. There are also two Community Development Officers, *"but they have their own area of service"*.
- Ho Municipal –two DSW Officers and five Community Development Officers (CDOs). The DSW officers *"do everything themselves"* and only involve CDOs if they think they have capacity.

There are no care reform focal persons at District level. The Region said that they had identified a CDO to do this in one District (Kpando) but there were challenges with his competence and commitment.

3. RHCS PROVIDING CARE FOR CHILDREN IN THE SELECTED PRIORITY DISTRICTS

Mapping data was collected from four RHCs in Volta: two in Ho Municipal and two in Hohoe Municipal.

Table 2: RHCs included in the 'hot-spot' mapping exercise in Volta Region

District	Name of RHC	Area
Ho Municipal	Madamfo Ghana Children's Shelter	Urban
	Remar Ho Children's Home	Urban
Hohoe Municipal	House Of Hope	Rural
	Obi Kudoe Child Care Center	Rural

3.1 Reason for establishment of RHCs

Remar Ho Children's Home, falls under Remar Ghana, the national branch of Remar International (an NGO involved in rehabilitation of substance abusers). Remar Ghana have rehabilitation facilities and facilities for children throughout Ghana and in 2012, according to the manager, "thought it would be a good idea" to establish a home for children in Ho.

Madamfo Ghana Children's Shelter started out as a family-strengthening programme. About 10 years ago a group called Community Concern Development that was involved in rescuing children from Volta Lake contacted Madamfo Ghana (an NGO founded by a German philanthropist) about establishing a shelter for rescued children, as there was no such facility in the region at that time. The organisation decided to rather try and support the children in their families through providing food, clothing, and soft loans. But after some time realised that the children were not benefiting. It was at this point that they contacted DSW about establishing a children's home/shelter.

As with Madamfo Ghana, **House of Hope** also started out as a prevention and family-strengthening programme. Between 2001 and 2005, a Christian philanthropist from the United States and her Ghanaian colleague identified vulnerable families and gave them money, food, clothes and assistance with repairing homes. They also met with family members and talked to them about the importance of keeping their children at home and parenting challenges like discipline. However, after realising that on average 60% of children were not getting the benefit of the material support (parents sold the clothes, food was sold) and children were still found in town begging for food, they decided to start a residential home to ensure that the children benefitted from the care and support provided.

Obi Kudoe Child Care Centre was established in 1992 by a benevolent philanthropist from Germany, and his Ghanaian friend, who wanted to do something about all the hungry children he saw roaming the streets. Children who said they ate nothing in the day were admitted to the facility and stayed there while they completed their schooling. All the children came from the surrounding communities and had either one or both biological parents living and/or close relatives with whom they would spend school holidays.

3.2 Key features of RHCs

The table below describes some of the key features of each RHC.

Table 3: Summary of RHC features

RHC & District	Date Established	Established by	Governance	Type & (Capacity) [86]	Licenced
HO MUNICIPAL					
Madamfo Ghana Children's Shelter	March 2012	International & Ghanaian individuals	NGO	Large residential home – dormitories (50)	Unlicensed – directed to close in 2015
Remar Ho Children's Home	2012	International NGO	NGO	Small residential home - cottage (20?)	Unlicensed – directed to close in 2015
HOHOE MUNICIPAL					
House Of Hope	2005	International and Ghanaian individuals	NGO	Large residential home - dormitories (50?)	Unlicensed
Obi Kudoe Child Care Centre	1992	International & Ghanaian individuals	NGO?	Large residential home – dormitories (100?)	Unlicensed – "discovered" by the Region in 2016; but on DSW database in 2006 and 2012.

Two of the RHCs were established before the CRI started in 2007 (Obi Kudoe Child Care Centre and House of Hope), while the other two, Madamfo Ghana Children's Shelter and Remar Ho Children's Home, were established in 2012, five years after the care reform agenda was introduced.

The Region and District respondents reported that RHCs in the Region tend to only provide long-term care, and RHCs confirmed this. Long-term care generally means providing care until the child has completed schooling. For some facilities, this means completion of junior primary education, followed by financial support to attend boarding school at secondary school level.

Because of this, an emergency/safe home is needed for children who need to be removed because of abuse and other emergencies. There is also only one RHC in the Region that provides services for children with disabilities (My Fathers House).

House of Hope once provided temporary/emergency care for 13 trafficked children. The children had been rescued by DSW from the Lake Volta. They stayed for 10 days while DSW traced their families. The staff struggled to manage the children's behaviour, which included outbursts of anger. Language was also an issue. It was clear that this RHC is not set-up to provide short-term emergency care.

Madamfo Ghana Children's Shelter can provide temporary care for emergency cases (which DSW rarely request) but the main focus of the RHC is to provide long-term care for children who have been in the facility for many years.

With the exception of Madamfo Ghana, none of the RHCs had a clearly established capacity. Instead, the number of children they could accommodate depended on available funding sources and the number of beds they could possibly fit into the existing premises (not the number of trained caregivers available to provide care). DSW had not given any direction on the maximum number of children who could be accommodated.

84 Type/Capacity: Small group home: <30 children in a family-like environment; Large group home > 30 children in family-like environment; Shelter: a form of residential care with limited duration of stay for children, can be small or large; Small institution: < 30, dormitory style accommodation; Large institution: > 30, dormitory style accommodation.

3.3 RHC funding sources

Table 4: RHC funding sources

Residential Home for Children by Region/District	Funding Sources					
	Int. Donor	Local Donor	Income Generation	School Fees	Volunteers	GoG
HO MUNICIPAL						
House Of Hope	X					
Obi Kudoe Child Care Centre	X					
HOHOE MUNICIPAL						
Madamfo Ghana Children's Shelter	X	X				
Remar Ho Children's Home		X				

For the four RHCs, international donors and/or local donors were the sole source of income, with three RHCs depending mainly on funding from the founder of the facility:

- House of Hope's sole source of income is the founder who secured funding from her church in the United States. This appeared to be a sustainable source of income.
- Obi Kudoe's founder, from Germany, had been the sole source of income for the RHC. He was now elderly (96 years old) and sick and no longer interested in funding the facility.
- The founder of Madamfo Ghana Children's Shelter's, from Germany, had arranged sponsorships from people in Germany for each child in the facility (each child has individual sponsorships but funding is pooled). The founder has committed to securing this funding stream until all the current children in the RHC have completed their education. Future funding for the RHC after these children have completed their schooling is not yet confirmed.

Local donors are mainly individuals who bring donations of food and other goods (clothes, shoes etc.).

Only two RHCs (House of Hope and Obi Kudoe) made use of volunteers, but neither of them reported receiving any form of payment:

- House of Hope hosted volunteers (who they referred to as "missionaries") every year. These volunteers came through the founders church in the United States and also from Holland. They were all trained professionals e.g. teacher, dentist, chiropractor, doctor, and provided specialist services to the children in the RHC and surrounding communities in addition to evangelism work (such as handing out solar powered bibles), which they also did in prisons.
- Obi Kudoe had one regular volunteer from Germany who came every alternate year, the last time she was at the facility (about two years ago) she helped to paint the meeting hall.

3.4 Licensing of RHCs

None of the four RHCs were licenced (there are no licenced RHCs in Volta Region), According to the Region, this was because none of them had met the required standards. They have advised some of the RHCs that could be considered for licensing to work on some of the standards, but others have been earmarked for closure. Two RHCs had received directives from National DSW in the past to close but remained open (Madamfo Ghana and Remar Ho – see next section).

House of Hope said they went to national DSW about four or five years ago to enquire about licensing and were told that an embargo had been placed on licensing residential homes and that they should

wait until the embargo was lifted before applying. They later heard that the RHC should register with the District Assembly for recognition as an NGO, which they did and then thought that this now meant they were legally able to operate as a RHC. The RHC has no plans to close: *"DSW is discouraging parents to put their children in care but there is definitely a need for children to have a place to be cared for, especially education".* However, they are thinking about shifting to family cottages so as to comply with the RHC 2010 Standards and plan to start by building a 3-bed self-contained cottage (a family-style home) on a piece of land nearby the current RHC. In addition, once the current children in their care complete their schooling, they will take in fewer children.

3.5 Closure of RHCs

Early in 2016, the National DSW directed **Remar Ho** to close down due to non-compliance with standards. In spite of this, a year later, the RHC remained open, with 11 children in its care. The manager referred to a letter from National DSW regarding approval for health insurance of the children as an indication that the RHC could remain open. Following the mapping site visit, the decision was made by the Regional Director and the national DSW team members to **officially close down the home**. Closing this home includes (a) immediately reunifying children with their families where possible and if in their best interest; or (b) transferring children to another RHC pending reintegration with their families. It would also require informing the police that the home is closed. The national Remar organisation should also be officially informed of this decision. The Regional office committed to preparing a timeline to action these decisions in the week following the mapping visit (13 - 17 March 2017) and share this timeline with national DSW.

Madamfo Ghana Children's Shelter[85] had also been directed to close by National DSW following an inspection visit in 2015. National DSW was of the view that the facility was set up to be a boarding school rather than an RHC. During the inspection visit in 2015, it was established that most of the children in the RHC were not orphans and had family members who could take care of them. This was the main focus for a decision to close the facility: children must be in a RHC for the shortest possible time; a child should only be in the home for their protection and none of the children needed protection, they just come from poor villages. Madamfo Ghana has resubmitted their application for licensing to national DSW and awaits a decision. The RHC indicated they have no plan to close but the Founder isn't happy that they operate without a license and does not want to continue without a license. For the children currently under the home the care plan is to see them through secondary school and, for those who can go the academic route, to university. If the child is above 18 s/he should be in secondary school and shouldn't be at the RHC.

The manager has spoken to the founder about changing the structure of the RHC, from dormitories to cottage/family-style homes, but a decision still needs to be made about how long the RHC will continue to operate (with financial support from the founder and also whether the RHC will be licenced or not).

Obi Kudoe is one of the RHCs recently "discovered" by the Region after hearing reports from community members[86] (however, as indicated in the previous section, there is a record of this RHC on the 2006 and 2012 DSW database and it appears to have fallen off the DSW radar for the past three or four years). When the RHC was re-discovered in late 2016, the Region asked for a list of all the children, but before the manager could provide this there was a fire in her house (where the records were apparently stored) and everything was destroyed so there are no documents on any of the children. During the site visit the mapping team discovered that none of the children who were at the RHC during the visit actually lived there (they had been told by the manger to come to the RHC that day as there were visitors). The condition of the kitchen, sleeping areas and washroom further confirmed that no one had lived at the home for some time. It was suspected that the manager was trying to find a way to raise funds to continue operations as the sole donor (the founder) had recently withdrawn support.

85 Madamfo Ghana Children's Shelter used to be called Madamfo Ghana Children's Home. The change of name appears to have been in response to challenges with obtaining a RHC licence.

86 According to the Obi Kudoe manager, the District SWO (since deceased) knew about the facility, and was even involved in admitting children.

Following the mapping site visit it was decided that the Regional office needed to conduct a follow-up visit to the facility (preferably after-hours) to establish whether or not it is still functioning. Following this investigation, appropriate action needed to be taken as given the current state of the premises and the precarious financial situation it was unlikely that a decision would be made to licence the RHC and it would therefore need to officially close.

Regarding the closure of RHCs which are not operating to the required standards, including the requirement that all children in RHCs must have court orders, the Region said that DSW needs the power to prosecute: *"If a child is undocumented in a home in legal terms this means the child has been abducted. This person (RHC proprietor) needs to be dealt with in court".*

Another challenge with enforcing decisions to close RHCs relates to a lack of clarity as to which sphere of government (District, Region, National) is responsible for (a) making a decision to close a RHC and (b) enforcing that decision. Ideally the decision to close a RHC should be made collectively by all three spheres of government who would then work together to plan and effect the closure.

4. PROFILE OF CHILDREN CURRENTLY IN THE RHCS

4.1 Number of children in RHCs by sex and age as at March 2017

Table 5: Number of children in RHCs by age and sex and caregiver:child ratio @ March 2017

RHC & District	Total	Sex*		Age*				Average Age	Caregiver: Child Ratio
		Male	Female	0 – 3	4 – 10	11 – 17	18+		
HO MUNICIPAL									
House Of Hope	21	11	10	-	2	7	-	12.4 yrs	1:10
Obi Kudoe Child Care Centre**	?	?	?	?	?	?	?	?	?
HOHOE MUNICIPAL									
Madamfo Ghana Children's Shelter	46	11	8	-	-	18	-	14.6 yrs	1:12
Remar Ho Children's Home	11	11	0	-	-	8	1	15 yrs	1:2
Total	**78**	**33**	**18**	**-**	**2**	**33**	**1**	**14 yrs**	
% of Total		**65%**	**35%**		**6%**	**92%**	**3%**		

* Incomplete data available from RHCs

** Data for Obi Kudoe on numbers of children in the RHC could not be substantiated and has not been included.

As evident in the above Table, none of the RHCs had children aged 0 – 3. Most children (91%) were in the 11 - 17 age group, with the average age of children being 14 years. Available data shows that there are substantially more males in care (65%) than female. Remar Ho is a male only facility and many of the children admitted to Madamfo Ghana were reportedly rescued from trafficking situations which tend to involve more boys than girls.

A comparison of the current number of children in care and the estimated capacity of the RHC (see Table 3) shows that in two of the three facilities (House of Hope and Remar Ho), fewer children are in care than can be accommodated. For both these RHCs it appears that they have limited the intake of new children under the instruction of DSW.

Caregiver:child ratios were above the required standard (1:7) in two RHCs. The focus of these two facilities on providing long-term care to meet the educational needs of the children meant that they were more like boarding schools that RHCs and as such did not necessarily warrant a low caregiver:child ratio. However, this raises the question as to whether these faculties meet the requirements for licensing as RHCs.

The caregiver:child ratio in Remar Ho may have been very low (1:2), however the caliber of caregivers, along with the management and premises of the RHC, was found to be unsuitable to provide care in line with the RHC standards.

4.2 Age of admission and length of stay

Table 6: Age children admitted and length of stay

Residential Home for Children by Region/District	Age Admitted*				Average Age Admitted	Average Length of Stay
	0 - 3	4 - 10	11 - 17	Total		
HO MUNICIPAL						
House Of Hope	2	2	4	8	9.6 yrs	4.8 yrs
Obi Kudoe Child Care Center	?	?	?	/	?	-
HOHOE MUNICIPAL						
Madamfo Ghana Children's Shelter	-	6	4	10	9.5 yrs	5.4 yrs
Remar Ho Children's Home		2	6	8	13	2.7 yrs
Total	**2**	**10**	**14**	**26**	**10.7 yrs**	**4.3 yrs**
% of Total	**8%**	**38%**	**54%**			

* Data incomplete for some RHCs

Available data shows that most of the children currently residing in the four RHCs were admitted to the RHCs in the 11 - 17 age group (10,7 years average age), with a small number (8%) aged 0 – 3 years and only in one RHC: House of Hope. The average length of stay as at March 2017 is 4,3 years and most children are likely to stay in long-term care until they have completed primary and/or secondary school. Table 7 below shows that flows in and out of the RHCs are static, with only one new admission in 2016 (Remar Ho) and no child reported having left care from any of the RHCs during 2016.

Table 7: New admissions and discharges/reunifications in 2016

Name of RHC	Number of Children @ 31/12/2016	Number of NEW Children admitted 2016	Number children DISCHARGED/ REUNIFIED 2016
HO MUNICIPAL			
House Of Hope	21	0	0
Obi Kudoe Child Care Centre*	?	?	?
HOHOE MUNICIPAL			
Madamfo Ghana Children's Shelter	46	0	0
Remar Ho Children's Home	11	1	0

* Data not available

4.3 Reason for Admission

Table 8: Reasons for Admission to RHCs

Name of RHC	Abandoned	Double Orphan	Child Trafficking	Child on Street	CP	Disability	Other	Total
HO MUNICIPAL								
House Of Hope	1	-	-	-	1	-	7	9
Obi Kudoe Child Care Center	-	-	-	-	-	-	-	-
HOHOE MUNICIPAL								
Madamfo Ghana Children's Shelter	-	-	5	-	1	-	12	18
Remar Ho Children's Home	-	1	-	-	1	-	7	9
Total	**1**	**1**	**5**	**-**	**3**	**-**	**26**	**36**
%	**3%**	**3%**	**14%**		**8%**		**72%**	**100%**

* Information gaps

Available data shows that close to three-quarters of children admitted to the RHCs were for reasons other than a child protection related issue. Where details were provided on children's files, these reasons were largely related to poverty and the inability of parents to meet their children's education or other material needs.

Most of the children admitted to **House of Hope** were found begging on streets in villages around Ho Hoe, as illustrated by the following file extracts:

- Her mother gave her to the orphanage to take care of her whiles she learns a trade in hair dressing (child admitted when she was 2, now 8 years old) – House of Hope.
- Mother died and his father who is anemic to sickle cell disease, a peasant farmer in a small village. He found it difficult to take care of the child. Child was admitted for educational opportunity (admitted age 13, now aged 16) – House of Hope.

Some of the children admitted to **Madamfo Ghana** were rescued from trafficking situations, however it was not always clear from file records how many children were actual trafficking and how many were living and working with their parents in villages near/on Lake Volta as illustrated in the following file extract:

- Daniel was identified in April 2010 by a combined team of Community Development Concern and social workers. Daniel whose parents are peasant farmers, and earned lowly from their farm produce, could hardly send the innocent boy to school. What made the situation more pathetic was the fact that the family could hardly afford three-square meals and to talk of Daniel's education. It can be said from the above that the family is characterized with extreme poverty, deprivation and marginality which goes a long way to affect the young Daniel in several sphere of life, mention can be made of economical, education, physical and social insufficiency. The Social Welfare Department has therefore decided to partner the Madamfo Ghana Foundation to bring up life and hope to the boy. An **interim/temporary intervention is necessary** to uphold the Principles of Rights Promotion and Protection. Please note: Madamfo Ghana had earlier given out some soft loans to the tune of GHc 200 per parent to enhance economic opportunity of the poor parents. Personally I recommend that the loans be changed into a grant for their total economic transformation. Municipal Director Department Social Welfare Kpando – Extract from Social Enquiry Report (SER) Madamfo Ghana (**6 years later the child is still in care**).

No records were available for **Obi Kudoe**, but the manager explained that all the children were needy children from the surrounding areas with family members who were unable to provide for their care and schooling due to poverty.

Compared to the other RHCs, the reasons for admitting children to **Remar Ho** are quite different. The records of eight of the nine boys, and confirmed through interviews with the children and caregivers, indicates they were admitted to the RHC because of truancy, stubbornness or "delinquency**".** Children are mostly referred to the facility by their parents and on admission the young person and his parent/ guardian sign an admission form which stipulates the following: *"I hereby renounce any claim for indemnity for accident or illness. My parents will not be entitled to any compensation in case of death while I am in Remar. I cannot claim any salary or payment, or replacement for any items missing, or damaged in the center, of left behind when leaving Remar.* I entered Remar of my own free will".

4.4 Referrals of children to RHCs and formalisation of placement

Table 9: Details of who referred children to RHCs and status of care orders

District	Referral From			Care Orders
	DSW	Family/ Other	Total	
HO MUNICIPAL				
House Of Hope	1	6	7	No Care Orders
Obi Kudoe Child Care Centre	-	All	-	No Care Orders
HOHOE MUNICIPAL				
Madamfo Ghana Children's Shelter	18	-	18	All children have Care Orders
Remar Ho Children's Home	4	5	9	No Care Orders
Total	**23**	**11**	**34**	
% of Total	**58%**	**32%**	**100%**	

According to the Region, *"mostly parents or relatives of the children take them to the Homes and Homes prefer to admit children* directly rather than going through DSW". Often DSW only find out when children have been admitted to RHCs during monitoring visits. The Region and District do on-going sensitising of RHCs of the need to inform DSW immediately when a child arrives. When DSW officers go to a RHC and find children who don't have care order they do an assessment and try to reunify the child as soon as possible. District Assembly members are not involved in decision-making about placement of children in RHCs.

DSW recognises that there are times when there are emergencies and children need to be placed in RHCs before the Social Enquiry investigations are done. Following the investigation, if it is determined to be in the best interest of the child to remain in the RHC, the DSW officer obtains the necessary care orders and they look at the exit plan for the child. In Hohoe District there were nineteen cases before the court for care orders in March 2017.

Only one RHC, **Madamfo Ghana** had care orders for all the children. The manger pointed out that all children placed in Madamfo Ghana have gone through DSW even though the RHC does not have a licence. DSW assessed all the children before placement in the RHC and obtained court orders for their placement. The last time a child was placed in the home was in 2014; the Regional office did the placement. An analysis of files for 18 children found that a Kapando District DSW officer had referred all the children. These children mostly came from the Deyi and North Deyi Districts of Volta. They were living with their parents who were fisher folk, and struggling financially.

House of Hope had a group care order for children admitted in 2008 but it had not been updated. Initially the RHC admitted children themselves, with referrals coming from family members. But for the past four years they only admitted children through DSW. If people brought children to the home they directed them back to DSW. Four children were admitted to the RHC in the past four years all of them from DSW. There have been no other admissions apart from these.

An analysis of **Remar Ho** files found that three children were admitted by their parents and four children by DSW, all from the same DSW officer (no details on District/Region), with the most recent referrals taking place in 2016 and 2017.

4.5 Areas Children Referred From

Table 10: Referrals to RHCs in the priority Districts by Region

Region	HO MUNICIPAL	HOHOE MUNICIPAL		Total
	House Of Hope*	Madamfo Ghana Children's Shelter*	Remar Ho Children's Home*	
Ashanti			1	1
Brong Ahafo	2			2
Central	2	1		3
Eastern	1			1
Greater Accra	1	1	5	2
Volta	6	12	1	19
Total	12	14	7	33
% Children from Volta	50%	86%	14%	58%

* Incomplete data

Data for Obi Kudoe on where children had been referred from was not available, however the manager indicated that all the children came from the surrounding communities (Akpafu Mempeasem, Hohoe). In addition, many of the children were related in some way to some of the caregivers. Staff members were also related e.g. record keeper was the nephew of the manager and a nephew of a caregiver. He explained this with the comment: "we are all one clan here".

For the other three RHCs, over half (58%) of referrals were from Volta region. Remar Ho had the lowest number of referrals from Volta region (14%). According to the Region, Remar Ho was ***"fond of"*** admitting children from the Greater Accra Region. One of the children reported having been transferred to Remar Ho from a Remar facility in another region.

Information on districts and towns/villages where children were referred from is patchy and inconsistent. Further analysis of available information is needed (with the DSW mapping team) to determine whether there are any obvious trends, and to decide whether there is sufficient detail to inform targeted social drive activities. Once the standardised RHC monitoring system is established the information needed to do this kind of detailed analysis should be more readily available.

5. REINTEGRATION OF CHILDREN

Table 11: Reintegration of children

Residential Home for Children	RHC has a social worker	Care Plan Addresses Reintegration	Children with parents/ extended family	Children Reintegrated 2016	Post-Reintegration Support
HO MUNICIPAL					
House Of Hope	No	No Care Plans	All children	0	N/A
Obi Kudoe Child Care Centre	No	No Care Plans	All children	?	?
HOHOE MUNICIPAL					
Madamfo Ghana Children's Shelter	Yes	All children have signed reintegration forms on file	All children	Status of children unclear as all have reintegration certificates on file	?
Remar Ho Children's Home	No	No Care Plans	All children	0	No

A planned case management approach to reintegration, with a view to returning the child to his/her family as soon as possible, was not evident in any of the RHCs, in spite of the involvement of DSW in some of the placements:

- **Obi Kudoe** manager said that when the children finish school *"they normally go back to their parents"*.
- **House of Hope** supports the idea of reintegration (manager attended DSW training on this in Accra) but are concerned that the child will be neglected when s/he returns home. At the RHC they make sure the child gets home from school in time, has lunch etc. Because of this they are paying the fees of one of the older children to attend boarding school for secondary school and asked "*why encourage children to be in boarding school but then you can't have children in a RHC?"*
- **Remar Ho** has no plans for reintegration of any of the children in their care.

Madamfo Ghana Children's Shelter presented an unusual response to reintegration. **All the children staying in the RHC have a signed reunification certificate on their files, all dated 23/12/2015.** (Form: Handover – Reintegration Certificate). The manager explained that when the letter came from National DSW that the facility should close down they took all the children back to their families in the community. But then they realised that there was no school in that community for children to attend as it is a remote area. The DSWCD Municipal Director said that it would be good for the children if Madamfo Ghana could pay for them to go to a nice private school in Ho. It was agreed that children should "go and come" to the school – during school terms they would stay at Madamfo Ghana and during the holidays they would go home. Madamfo Ghana calls this *"partial reintegration"* and this arrangement will continue until the children finish Junior High. After Junior High, Madamfo Ghana will pay for the children to go to a senior high boarding school and they will go home for the holidays (so will not spend any time at Madamfo Ghana). There are currently four children who were in the RHC care who are now in senior high and stay in boarding school (they are all 18). Madamfo Ghana pays their fees and ensures they have sufficient food. These young people go home for the holidays and no longer stay at the facility.

6. MONITORING OF RHCS AND CHILDREN IN RHCS

At District level no case files are opened for children in RHCs. If there are notable issues that need attending to these will be filed in the general "Orphanage File". The Districts do however have files for the RHCs.

Staffing and financial constraints (absence of operational budgets at Regional and District), monitoring of RHCs can only take place quarterly (and not to all RHCs) Most RHCs are far from Ho and HoHoe towns and are spread out over the Districts. Without T&T it is not possible for officers to travel to the RHC for monitoring visits. The Ho Municipal respondent reported that no funds were given to the DSWCD for monitoring of RHCs and District Assembly members are not included in monitoring visits. She had visited two RHCs "unofficially".

When monitoring visits do take place, the Region and District officers look at the registers and check the files of children to verify the numbers. Children are seen during monitoring visits but Regional staff don't always have an opportunity to communicate with them. To do this they would have to go to the RHC after school hours, weekends, holidays or early evening.

The Region said they request RHCs to submit periodic support (frequency?) to their office and sometimes they communicate with the RHCS via phone for information on current statistics of children in the facilities.

The Region reported that there were limitations to using District level Community Development staff for what are understood to be Social Welfare functions such as monitoring RHCs. These limitations are mainly related to competence and commitment, which is linked to decentralisation.

At District level SWCD staff fall under the same department, but at Regional level they report to two Directors. Coordination does not happen at Regional level, which undermines the coordination and collaboration needed at District level.

The storage of information (paper and electronic) at Regional level and District levels is another challenge. The officers have hard copies of forms but filing and space issues means that they are unable to trace forms, including care orders, from 5 – 10 years back. The Ho Municipal office was recently renovated and all the records were destroyed. They were in a cabinet that had been left in the rain. District offices don't have photocopiers so can't make copies of the forms that the Region sends to them (although Ho District can make use of the District Assembly photocopier).

The four RHCs reported that Regional and District officials visited their facilities periodically. None of them kept a record of these visits. The purpose of the visits was not always clear and none of the RHCs had ever received written feedback from DSW.

The Table below documents the different ways in which RHCs are keeping track of children in the RHC and the kind of information that is kept on file. None of the RHCs maintained a register so all the information on children needed to be extracted from their files. None of the children had care plans and information collected was mostly limited to admission forms. Madamfo Ghana was the only RHC where some files had Social Enquiry Reports from DSW.

Table 12: RHC monitoring, record keeping and reporting systems

District/RHC	Monitoring, record-keeping and reporting systems*
HO MUNICIPAL	
Madamfo Ghana Children's Shelter	■ No register of children in the RHC. Information has to be extracted from files. Some information stored electronically. ■ Annual report to DSW – list of staff names and position, data on children (name/surname, age, class – no DOB, date of admission, reason) ■ Children's files: » Department of Social Welfare letter – appointment of Madamfo Ghana as fit person to care for the child, date » Brief Social Enquiry Report from DSW – name, age (no DOB), sex, hometown, summary of child's situation, remarks (recommendation) (no date) » Care order » Medical report from hospital (on admission) » National Health Insurance Scheme Card » Handover – reunification certificate
Remar Ho Children's Home	■ No register. Information has to be extracted from files. ■ Children's files: » Remar Ghana Membership Form - date of entry, identifying details of child and parents, problem (one word answer), cause (one word answer), indemnity clause
HOHOE MUNICIPAL	
House Of Hope	■ No register. Information has to be extracted from files. ■ Children's files: » Admission form – photo, basic information of child, family details, documents submitted by referral agency, medical history/details » House of Hope – brief report on reason for admission: name of child, sex, reason for admission, condition on admission, referred by (no contact details or date) » National Health Insurance Card
Obi Kudoe Child Care Center	■ No records. According to Manager files/records were stored at her house and they all burnt in a fire at her house.

* Not all files had all the documentation listed.

7. AVAILABLE PREVENTION AND FAMILY-STRENGTHENING SERVICES

There are few NGOs providing prevention and family-strengthening services in Volta region. The onus falls largely on the Region and District officers to provide prevention and family-strengthening services, including psychosocial support (PSS).

Informal alternative care

According to the Region most child protection cases are solved through informal alternative care arrangements i.e. kinship care/informal fostering and District SWOs only refer a few children to RHCs. Data on the number of cases resolved through these informal arrangements was not immediately available and it remains unclear as to how these cases are recorded and tracked.

Both the Ho and HoHoe Municipal Assembly members said that family members usually take care of orphaned children: *"in this Municipality it is considered a shame when a child is not taken care off by the family members especially when the parents are deceased"* (Ho Municipal Assembly member).

Children were only sent to RHCs when there were no available family members to take care of them. The obligation to care for these children was linked to cultural and religious (Christian) beliefs.

Child Protection Toolkit

The Child Protection Toolkit is being piloted in five Districts in Volta, not including Ho Municipal or Hohoe Municipal (see Annexure O). The Toolkit is however being piloted in Ketu South which is the one of the original "hot-spot" priority Districts.

Health care

Ho Municipal Assembly supports vulnerable people with registration on the NHIS. Everyone identified as being indigent or vulnerable gets NHIS insurance through the Assembly. Clinics and government hospitals are reportedly being built throughout the Volta region.

Financial support and income-generation

Some families are registered with LEAP but it is not in all the districts in Volta[87]. The Ho Social Service Sub-Committee sometimes applies for financial support from the District Assembly on behalf of a needy family, while Community Development officers in the Ho DSWCD train community members in income generating activities such as soap and bead making. In HoHoe, Agricultural Officers provide services to families to support their farming activities and the sale of produce. In the Volta region as a whole the government is attempting to stimulate economic activity through building chip compounds in every district.

Services for children with disabilities

Services for children with disabilities are limited in the two priority Districts. There is an Anglican school for children with disabilities in Ho and a school for the deaf in HoHoe.

The Ho District Assembly has a disability fund to support children (education?) and the Hohoe Assembly provides 2.5 percent of money from the common fund to help cater for persons with disabilities.

Out-reach services provided by RHCs

Remar Ho provides food and homework support to a few children who live in the area. They go to the facility after school for lunch followed by supervised homework sessions with the other children.

House of Hope currently supports 38 children from the community. They provide a scholarship for the children to attend school, uniforms and lunch. The existing dormitories would be used for the school. House of Hope plan to build a clinic and pharmacy on the RHC premises, as there is no a clinic in town and emergencies are rushed to HoHoe. The clinic and pharmacy would serve as a resource for children in the RHC and the surrounding community.

Madamfo Ghana Children's Shelter currently supports 58 children in the community. These children were also rescued but were older (14/15 years). They were not ready to go to school and the RHC couldn't force them to go. When the children were asked what they wanted to do, they chose mechanics, trading, and sewing. Madamfo Ghana pays training fees and buys the necessary equipment. The young people who are doing sewing sew the school uniform for the children in Madamfo Ghana.

87 Need to find out which districts have LEAP and whether they are in the RHC priority districts.

8. AVAILABLE FAMILY-BASED ALTERNATIVE CARE OPTIONS

The Region and Districts have done sensitisation with community groups to identify prospective foster parents. Fifteen foster parents were identified but five of them withdrew so there are only ten remaining. According to the Regional Head, "*the response is not great because they always ask if there will be remuneration. When they find out there is there is no remuneration, some withdraw*".

The Region and Districts were of the view that because of the high levels of poverty in the region most people were not willing to volunteer as a foster parent, but would gladly do it if there was some form of remuneration attached.

Screening, training and licensing of prospective foster parents has not yet taken place.

ANNEXURE O:

DISTRICTS WITH RHCS, SOCIAL WELFARE WORKFORCE STRENGTHENING PILOT DISTRICTS AND CHILD PROTECTION TOOLKIT DISTRICTS

Region Priority Region: **Bold**	**Districts with RHCs** Priority RHC Districts: **Bold**	Social Welfare Workforce Strengthening Pilot Districts	Child Protection Toolkit Pilot Districts
Ashanti	Adansi North Afigya-Kwabre Amansie West **Asokore Mampong** Botsomtwe **Kumasi Metropolitan** Obuasi Municipal Sekyere East	Amansie West **Asokore Mampong**	Amansie West **Asokore Mampong** Ejura-Sekyedumase Obuasi Municipal Adansi South
Brong Ahafo	Berekum Municipal Nkoranza South Sunyani Municipal Tano North Techiman Municipal	Asutifi North Nkoranza North	Asutifi North Nkoranza North Kintampo North Dormaa West Sene East
Central	Agona East Agona West **Awutu-Senya** **Awutu Senya East** **Gomoa East** KEEA Municipal	Cape Coast Upper Denkyira West	Cape Coast Upper Denkyira West Twifo Atimakwa Mfanteman KEEA
Eastern	Akuapim South Akuapim South Municipal Denkyembour Kwahu East Kwahu Afram Plains North Suhum/Kraboa/Coaltar	Kwahu North Afram Plains Lower Manya	Kwahu Afram Plains North Lower Manya Krobo Upper Manya Krobo Akwapim North New Juaben

Region Priority Region: **Bold**	**Districts with RHCs** Priority RHC Districts: **Bold**	Social Welfare Workforce Strengthening Pilot Districts	Child Protection Toolkit Pilot Districts
Greater Accra	Accra Metropolitan **Adenta Municipal** Ashaiman Municipal Dangme West Ga East **Ga West Municipal** Ledzokuku-Krowor Tema Metropolitan	**Ga West Municipal** Ningo Prampram	**Ga West Municipal** Ningo Prampram Accra Metropolitan Ga South Shai Osu Doku
Northern	Mion Sagnarigu Sawla-Tuna-Kalba Tamale Metropolitan West Gonja District	Manprugu-Mogduri Tamale Metropolitan	Tamale Metro Mamprugu Mogduri West Mamprusi Tatale/Sanguli, Bole
Upper East	Bawku West Bolgatanga Municipal Bongo Builsa Kassena Nankana West	Pusiga Talensi	Pusiga Talensi Builsa North Bawku West Kassena-Nankana West
Upper West	Jirapa Lawra Wa Municipal	Lambussie-Karni Wa Municipal	Lambusie-Karni Wa Municipal Lawra Sissala East DBI
Volta	Ketu South Afadjato South Akatsi South **Ho Municipal** **Hohoe Municipal** Ho West Keta Municipal Kpando Municipal	Ketu South Krachi East	Ketu South Krachi East Krachi West Adaklu Central Tongu
Western	Shama Ahanta West Ellembele Sekondi Takoradi Tarkwa-Nsuaem Municipal	Shama Sefwi Wiawso	Bibiani Prestea Huni-Valley Sefwi Wiawso Wassa East

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