

RDD

Research and Development Division (RDD) is one of the technical divisions of the Ghana Health Service (GHS). The vision of RDD is to strengthen, harmonize, coordinate and support research for health sector policy and program development and implementation within the Ghana Health Service.

ABBA

Addressing the Balance of Burden in HIV/AIDS Research Programme Consortium (ABBA RPC), funded by the UK Department for International Development (DfID), researches the social, economic and institutional factors that make HIV and AIDS a particular threat to poor and vulnerable groups. The ABBA RPC aims to influence policy and programmes through evidence-based research and works to identify and strengthen programmes that are best placed to combat the HIV threat.

This study, an output from the ABBA RPC, conducted in the first quarter of 2008, describes the state of AIDS OVC, comparing OVC in households and orphanages, considering the available interventions provided for OVC in the Central region of Ghana.

Key Finding

OVC in orphanages benefit from the educational, health care and nutritional support interventions because OVC in orphanages are well organized and easy to target and reach with interventions as compared to OVC in individual households.

The necessary structures and mechanisms should be instituted to identify OVC residing in households.

The State of Orphans & Vulnerable Children

Background

In 2008, the estimated number of Ghanaians living with HIV was 249 145 and AIDS claimed the lives of about 15 841 adults (Ghana HIV Sentinel Survey 2008). With the death of these adults, their children were orphaned and had to face life without the support of their parent(s) (NACP 2008). The past trend of communities' traditionally absorbing orphans within the extended family has changed over the years with the breakdown of the extended family system. It is now commonplace to find orphans and vulnerable children (OVC) living without parental and family support.

The government of Ghana has put in place various initiatives and with the help of not-for-profit organizations, has implemented interventions targeted at orphans and vulnerable children. Approaches, especially those of keeping OVC in households and with extended family, have been touted to be more effective than keeping OVC in orphanages.

This study, conducted in the first quarter of 2008, describes the state of OVC, comparing OVC in households and in orphanages, considering the available interventions provided for OVC in the Central region of Ghana.

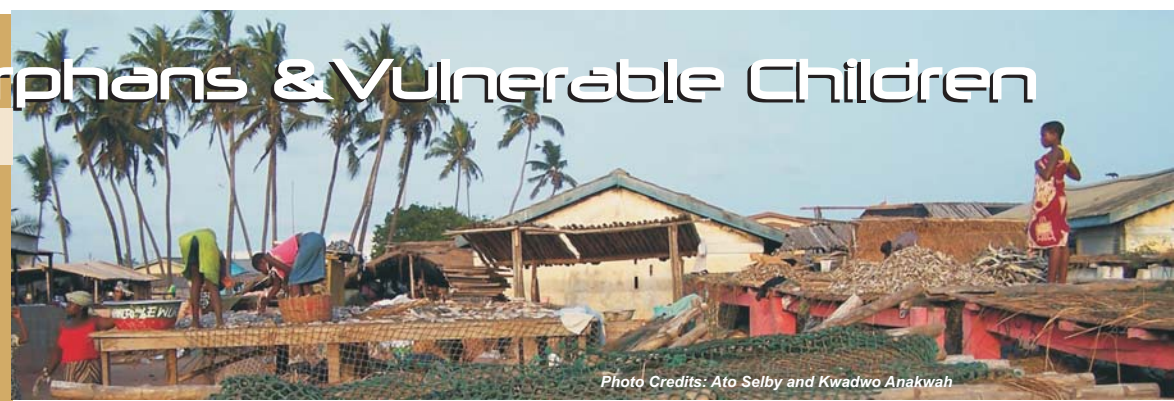


Photo Credits: Ato Selby and Kwadwo Anakwah

Key Findings

Interventions

Most organizations, both governmental and not-for-profit, have a common cause and mostly augment each others' efforts in the provision of interventions for OVC. Many organizations provide formal education and nutritional support for OVC while few provide health care assistance. Interventions are targeted at all OVC and their caregivers both in orphanages and individual households.

Education

Due to the Government's Free Compulsory Universal Basic Education (FCUBE) initiative, access to education is not different for OVC in households and orphanages. All OVC in orphanages and many in households were therefore in school but at various levels with few at the expected level with respect to age. In households, OVC not being at the expected educational level was mainly due to lack of funds to support OVC's education, whilst in orphanages this was due to the age at which OVC are admitted into the orphanage.

'My first born is almost 18 years and is now in J.S.3. This is because when the sickness started, they [children] all stayed at home. After I started treatment [ART] and could work, I made them go back to school.' – Male caregiver of 4 vulnerable children.

Health

All orphaned children, according to the National Health Insurance legislation, are classified as 'indigents' and are to register for the National Health Insurance Scheme (NHIS) and access proper health care free of charge. OVC living with caregivers in households have to pay to register for the scheme since their caregiver(s), though incapacitated, are alive. Many OVC in households are not covered by the NHIS since their caregivers cannot afford the registration and annual premium and therefore resort to alternate means of healthcare.

'We don't have money for health insurance. When the children get sick, I wait till it is really serious before I borrow money to send them to the hospital.' – Caregiver living with 4 children



Photo Credits: Ato Selby and Kwadwo Anakwah



Policy Recommendations

Nutrition

In orphanages, all OVC had 3 square meals a day. Some even had snacks in between meals. Though most OVC in households got 3 meals a day, caregivers repeatedly had concerns of the inadequacy of the nutritional value and quantity of meals they provided for their children. A measure of the body mass index of OVC in households and orphanages showed that most OVC were under weight, with no differences between orphanages and households.

'Every day the children eat 3 times. It's not satisfying but they seem to understand my situation....I know that if they get more, they would eat.'

– Female household head living with 3 children.

Summary

OVC in orphanages benefit from the educational, health care and nutritional support interventions because OVC in orphanages are well organized, easy to target and reach with interventions as compared to OVC in individual households. To make an effective and sustainable shift towards the proposed approach of keeping more OVC in households, it is important that the necessary structures and mechanisms are instituted to identify and reach these OVC, their households and family members.

1. The Department of Social Welfare (DSW) and The Ministry of Women and Children (MOWAC) need to establish structures to ensure proper identification and documentation of all OVC at district level, especially in households, so as to enable effective targeting and monitoring of interventions.
2. The Ghana AIDS Commission (GAC), MOWAC, DSW and other stakeholders must intensify the awareness of HIV/AIDS and educate those affected by HIV/AIDS on the social protection strategies available and how to access them.
3. The Government of Ghana, through the FCUBE and Livelihood Empowerment Against Poverty (LEAP) initiatives, should support caregivers to ensure the early enrolment and the sustenance of OVC in school.
4. MOWAC and DSW need to ensure the free registration on the National Health Insurance Scheme and access to proper health care for all identified and documented OVC by advocating for all identified OVC to be classified as indigents.
5. Registered orphanages must be supported and monitored in the provision of nutrition and other services for OVC in their care.



The State of Orphans & Vulnerable Children