

Full length Research Paper

Queen Mothers as Agents of Non-State Safety Net in a Fragile Community

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Abstract

Manya Krobo area has highest HIV prevalence in Ghana and orphaned many children who are vulnerable and deprived but lack formal state support due to resource constraints. Consequently, vast majority of them are being cared for through informal interventions by non-state actors. The study seeks to establish the responsiveness of safety net interventions run by non-state actors as women leaders to the needs and citizenship rights of orphans in communities experiencing high HIV prevalence. It assessed the key role women play in such fragile environments and accentuated the contributions they make towards efforts to contain extreme poverty and epidemics of fear. Data sources comprised qualitative and quantitative instruments including structured questionnaires; in-depth interviews focus group discussions, secondary data and conceptual model. Findings show the group possesses social skills in identifying and placing vulnerable children into care with cordial relationship existing between the association and foster families. Supportive networks with stakeholders tended to be short-term and unsystematic with less opportunity to share information, offer business skills training and promote income generating ventures. There is the need for a paradigm shift in the way the state supports non-state actors to provide for the needs of the vulnerable.

Keywords: HIV/AIDS, Safety net, Social Protection, Fragile community, Queen Mothers, orphans, Vulnerable, Manya Krobo.

INTRODUCTION

Crises such as economic slow-down, epidemics and other risks leave in their wake adverse effects on children, women and the disabled that expose them to social exclusion, vulnerability and inequality across different demographics. Social protection which covers the entire phase of a person's life is the measure policymakers adapt to mitigate such adverse effects. It is the set of public and private policies and programmes aimed at preventing, reducing, eliminating economic and social vulnerabilities to poverty and deprivation (UNICEF, 2008). They are efforts at helping individuals, families and / or citizens to mitigate, prevent or cope with natural and man-made risks that affect their livelihood and survival. Issues of social exclusion, inequalities and poverty have a long term effect on sustainable development particularly progress towards achieving poverty reduction, quality healthcare and education. Thus there is heightened conscience of the developing community to firmly place social protection on the agenda. Its relevance to the generality of Ghanaians,

finds expression in the transformation of the Ministry of Women, Children and Social Protection in 2013.

Social protection generally covers social insurance, social legislation and social transfers. Insurance consists of providing various forms of support to recipients who contribute to the creation and sustenance of the scheme in times of hardships. Legislation concerns the legal framework that defines and protects rights of citizens and ensures minimum civic standards to safeguard the interests of individuals. Transfers are mechanisms for social assistance provided by public and civic bodies to those in danger of falling into poverty for which recipients are not required to pay for them through premiums or taxes. The focus here is on legislation and transfers.

The imperative to improve the quality of care for orphans and vulnerable children (OVCs) in Ghana is acknowledged in legislation and policy frameworks. Ghana's legal framework supporting Social protection is founded in Constitution, the United Nations Convention on the Rights of the Child (UNCRC), Children's Act,

maternity and paternity leave, National Policy Guidelines on OVCs, and National Youth Policy. The implementing agencies include the Ministry of Gender, Children and Social Protection, the Commission on Human Rights and Administrative Justice (CHRAJ), Domestic Violence Victim and Support Unit (DoVVVSU) of the Ghana Police, FIDA, Legal Aid Scheme and other civil society groups.

Many social transfer services provided in Ghana go a long way to help the vulnerable citizen particularly children to be protected. Such transfer schemes in Ghana include the school feeding programme, Livelihood Empowerment against Poverty and the Capitation Grant. Thus transfers function as human right issues whose need and importance to the right to life and survival of every citizen is rooted in one safety net mechanism or the other that seek to address vulnerability, deprivation and risk cushioning against shocks. In reality, they are policies and actions aimed at enhancing the capacity of and opportunities for the poor and vulnerable to improve their livelihoods and welfare (Ministry of Gender, Children and Social Development, 2009). There are two types of non-state social protection comprising formal and informal organisations. The formal has legal identity, structure and recognition. Informal groups operate on the basis of collective action, community, family, neighbourhood and traditional solidarity networks and lack the characteristics of the formal. Notwithstanding the good intentions by the state, the reality check and actions show very troubling signs. Resource-constraints threaten to undermine the capacity to deliver. Lack of clarity on the definition of OVC is one conspicuous reason of cited. While the definition states OVC as any person below 18 years who has lost one or both parents, and who is exposed to certain dangers of incapacitation (Department of Social Welfare, 2007), there is ambiguity in determining the relationship between orphanhood and vulnerability including age, maturity and need. One can be an orphan but not vulnerable, or one can be vulnerable and not necessarily be an orphan (Rusakaniko et al., 2006). Though Department of Social Welfare (2007) projected the number of AIDS orphans and OVCs in Ghana to reach 291,000 and 400,000 respectively by 2015, the actual number would never be known. This study adapted the Manya Krobo District Assembly (2006) definition as rural agriculture migrant farm hands, settlers and traditional fishermen, people living with HIV/AIDS and dependents, disadvantaged women, physically challenged persons, people suffering from chronic diseases, victims of abuse, victims of harmful traditional practices, and unemployed as vulnerable.

OVCs suffer relatively a higher burden from lack of healthcare utilisation, environmental hygiene and childcare factors such as provision of prenatal care, education, psychosocial support and nutrition when compared to non-OVCs (Johnson et al., 2010; Kandala et al., 2008; Kazembe, Muula et al., 2007; Kandala and Madise, 2004). In an environment that already suffers

from high unemployment rate, limited state social welfare schemes, child population of 44.72% and high dependent population of 43.06% (Ghana Statistical Service, 2012), rising poverty, modernisation, urbanisation and waning traditional lifestyles, the plight of OVCs only worsens (Lund and Agyei-Mensah, 2008). This can further exacerbate the exclusion of the OVC from effective participation in socio-economic development processes. Active engagement and involvement in decision-making and implementation of decisions result in self-belief, community and national development (Ekundayo-Thompson, 2012). This could be aggravated in fragile communities either because states do not have the capacity to deliver or control over all their territories and or donors are unwilling to partner them for political reasons (Harvey, 2009).

In view of these challenges, non-state mechanisms have become a substitute to fill in the void. OVCs are being cared for by their extended family members, usually grandparents, aunts and uncles due to severe saturation of the caring and absorptive capacities (Foster, 2000). Recent literature however questions the non-state agents' competence, resources utilisation and capacity to discharge. The inadequate knowledge on these drivers and its implication for effective delivery in economies of scale, scope and learning to beneficiaries and communities has generated interest in the working of non-state actors (Rees et al., 2012; Bovaird, 2014). Little attention has been paid to the role of non-state social protection mechanisms compared to state initiatives and services provided (Adato and Hoddinott, 2008; UNICEF, 2008; Devereaux and White, 2010; Adesina, 2010; Nino-Zarazua et al., 2010; European Union, 2010). Attention focuses on contributions of externally driven NGOs (Oduro, 2010; Coninck de and Drani, 2008). Thus significant knowledge gaps exist about the roles of women in social protection. There is a need for better understanding of the scale, nature, adaptability and fragility of women operated non-state safety net. This paper postulates that non-state safety net provides the appropriate opportunity to arm the OVC to live independent meaningful lives. One concept that gives clear insight on how social protection services can be more effective is empowerment by Devereux and Sabates-Wheeler (2004). It spells out the processes to build the capacity of OVCs in order to equip them to be able to make strategic life choices of participation, negotiation, influence, control and priorities setting. The promotive and transformative processes ensure OVC equity and rights to increase capabilities to address vulnerabilities and exclusion.

Drawing on a larger doctoral thesis on the role of gender in the provision of safety net for OVC, the purpose of this study is to establish the responsiveness of the Manya Krobo Queen mothers (In Ghana, governance is shared asymmetrically between the state and the traditional leaders. The concept of a Queen mother is distinctively unique from hereditary monarchies

(Obeng-Asamoah, 1998; Steegstra, 2009). Article 277 of the 1992 Constitution of Ghana defines the term the same as it defines a chief. It states that a queen mother is “a person, who, hailing from the appropriate family and lineage, has been validly nominated, elected or selected and estooled, enskinned or installed as a queen mother in accordance with the relevant customary Law and usage”. Stoeltje (2004) explains that the term is likely to translate differently depending on her relationship to the chief which is likely to be that of aunt-nephew, uncle-niece, sister-brother, or cousin. The position is largely symbolic but it is recognised as leader for women within the community and performs a variety of roles including nominating persons to be enstooled as a chief). Association’s OVC safety net programme to the OVC emergency. Specifically, what are the demographic and socio-economic profiles of the queen mothers, the guardians and the OVCs? What is context of the contemporary Manya queen mother handling the OVC crisis? How responsiveness is the intervention to the needs of OVCs?

METHODS

The paper tends to deal with the living conditions of HIV/AIDS orphans and vulnerable children (OVC). A mixed method study comprising questionnaire, focus group discussion and in-depth interviews were employed. The study was carried out from 2009 to 2012 in the Manya Krobo area of Ghana. The purposive selection of Manya was based on the fact that it is a fragile community (This paper draws on the concept of fragility as referring to a fundamental failure of the state to perform functions necessary to meet basic needs and expectations of citizens. Manya Krobo is susceptible to public health crisis due to experience of high HIV prevalence. Trend analysis of HIV prevalence rates from 1992 to 2010 shows that Manya Krobo area in the Eastern region of southeast Ghana has prevalence several-fold higher (9.4%) than the rest of Ghana (2.6%). Though the area constitutes only 8.1% (1,476 km) of the land area of Eastern region (18,310 km), it claimed 31.2% (2,941) of AIDS cases reported in the Eastern region by 2003 (NACP, 2011). Manya Krobo consists of two districts; Upper Manya having 71 communities, and Lower Manya having 300 communities. About 40% of the working population engage in agriculture. Itinerary trading is a major economic activity for women who appear highly vulnerable to risk of HIV infection. Many explanations have been offered for high HIV prevalence including resource migration, exhaustion, and cultural attributes among others (Anarfi, 1990; Agyei-Mensah, 2001; Sauv   et al., 2002). The study area experiences institutional multiplicity (Crisis States Research Centre, 2007) in that statutory institutional arrangements afford limited outreach in addressing safety net needs thus the emergence of non-state agencies as the Manya Queen

Mothers Association), experiencing high HIV prevalence. The situation has resulted in high orphanhood and child vulnerability levels that have attracted the female traditional leaders as non-state actors responding to state limited outreach in addressing social protection needs.

The target population for the study was queen mothers/caregivers (foster parents/guardians), OVCs, opinion leaders and state officials living in Manya Krobo traditional area during the period of the study. The study was conducted using two research sets designed to capture the different contexts of OVC experiences. The quantitative set consisted of two different sets of questionnaires used to collect data on 100 OVCs and 50 queen mothers based on the estimated foster parent and OVC populations sampled randomly in 25 selected towns out of 371 settlements. Detailed household data and other demographic and health information were collected from participants. The main response variables of interest are individual demographic characteristics/variables such as age, educational level, and household demographic and socio-economic factors like employment, and income. Proximate factors and the primary exposure such as nutrition considered proxies to ascertain the influence of health-related environment and psychosocial well-being were assessed for the analysis. Data collected was analysed using the SPSS programme.

The qualitative data collection involved in-depth interviews and focus group discussions aimed at gaining a deeper understanding and more insight into OVC focused social protection activities. The study included purposively sampled 10 state officials at the district offices, 5 NGO officials providing OVC support and 5 opinion leaders. The data collected was transcribed, organised thematically and content analysed. Secondary data comprised a review of published and unpublished literature on OVC conditions and child sensitive social protection specifically. The data collection and analysis comprised a triangulation of methods.

The research began with a pilot study using 10 participants to test the instruments on a section of the sample to ascertain their reliability and understanding. Data collection commenced afterwards. Participants were required to complete an informed consent form. Questions were read out to respondents who were unable to read. Throughout the administration of these procedures, the researcher and research assistants were available to answer questions from respondents.

RESULTS

The demographic and socio-economic profiles of the guardians

The data for guardian questionnaire had 63 questions. Fifty OVC guardians (people who care for and see to the proper and normal upbringing of OVC) were interviewed

Table 1. Educational attainment of OVC guardians

Guardians Education	No=#50	(%)
None	12	24.0
Primary	9	18.0
JHS	18	36.0
SHS	9	18.0
Higher (Tertiary)	1	2.0
No response	1	2.0
Total	50	100.0

Source: Field Survey data, March - May 2011.

in 25 selected Manya communities. Analysis of the data showed four types of guardians namely family members, queen mothers, *akyeame* and benevolent citizens. Over ninety-eight (98.7%) of guardians were Queen Mothers and *akyeame* and 92.0% was related to OVC. Four percent (4.0%) of this category of guardians was biological parent to OVC. Benevolent guardians not related to OVC constituted 2.3%. Most orphans are in the care of their female maternal kin, particularly their maternal grandmothers, aunt, or other female family member(s). Almost all the guardians (82.0%) were from the Krobo ethnic group. About three-fifth (60.0%) of guardians was head of household. Nine in ten (92.0%) professed to be Christians with 4.0% each as Muslims and Traditional believers respectively. The sex distribution of the guardians was 86.0% female and 4.0% male. The overall mean age of guardians was 54 years (Standard deviation –SD 11.5). Just about 4.0% of guardians were below 35 years. Majority of guardians (54.0%) was in the 55-79 year age groups. About a fifth (22.0%) was 65 years and above. Over a third (36.0%) of guardians was either married or co-habiting, while nearly about two-thirds (62.0%) was either divorced/separated or widowed.

Table 1 shows a third of guardians (36.0%) had attained basic education (Junior High School - JHS), 18.0% each attained either primary or Senior High School. Nearly a quarter (24.0%) had no education with 2.0% attaining higher education beyond secondary level.

Table 2 shows 88.0% of guardians was either self-employed or unemployed, just over a tenth (12.0%) had formal employment. No more than 12.0% of the guardians named formal salary (pension – 4.0% and teaching – 8.0%) as their major source of household income and some (18.0%) mentioned donations chiefly by relatives as supplementary incomes. Among the self-employed, petty trading (beads making, hawking items, marketing, stone crushing and crafts) constituted 44.0% of household incomes. About only one in ten (12.0%) OVC earned income to supplement household resources.

About 84.0% owned current place of residence while 16.0% rent. Just a quarter of guardians (24.0%) own any other property. there were a total of 196

children in the 50 households and the number per household ranged between a child (4.0%) and 12 children (2.0%). Households with 3 children (34.0%) constituted the highest number of households.

The demographic and socio-economic profile of the OVCs

The data obtained from the child questionnaire had 54 questions and administered to 100 randomly selected OVCs. Fifty-eight (58) OVCs were selected from 7 towns in Lower Manya and 42 in 18 towns in Upper Manya Krobo in accordance with OVC spread across the area. Four categories of OVCs were identified namely; an orphan child, an orphan and a positive living child, a neglected child, and a socio-economically vulnerable child. Out of the 53.0% who had lost a mother, 47.0% of them described themselves as vulnerable. Out of the 64.0% OVCs who had lost a father, a third (36.0%) described themselves as vulnerable. There was 51 (51.0%) male and 49 (49.0%) female. About 45 (45.0%) aged 10-14 years, 5-9 year group (26.0%), 15-19 year group (25.0%) with age groups 0-4 and 20-24 years having 2.0% each.

Table 3 shows that 56.0% of OVC was in primary school, 14.0% in JHS, 12.0% in SHS, 12.0% in pre-school while 6.0% was not in school. Nearly every 9 in 10 OVC (86.0%) was *Krobo*, 7.0% *Ga-Adangbe*, 4.0% *Akan* and 3.0% *Ewe*. Almost all OVC (98.0%) was Christian, 1.0% Islam and the other no response. Nine out of ten OVC (89.0%) was single, and the others (11.0%) no response. Nearly half of the OVC (45.0%) indicated that the house they live in belonged to the foster family while 11.0% rented.

The position of the contemporary Queen Mother in the scheme of affairs at Manya Krobo

Manya Krobo Queen Mothers Association (MKQMA) is a chieftaincy institution, an independent and politically non-partisan group. MKQMA was formed in 1998. Traditional tribal leadership was primarily religious in

Table 2. Sources of income of OVC guardians

Sources of income	No=#50	(%)
Beads making	3	6.0
Pension	2	4.0
Relatives	9	18.0
Other	6	12.0
Hawking items	7	14.0
Marketeering	7	14.0
Stone crushing	4	8.0
Agriculture	4	8.0
Craft	2	4.0
Teaching	4	8.0
No souces of income	2	4.0
Total	50	100.0

Source: Field Survey data, March - May 2011.

Table 3. Level of OVC Schooling

AGE	NO EDUCATION	KG/ NURSERY	PRIMARY	JHS	SHS	No. =#100
1-5	1	3	1	0	0	5
6-9	1	2	14	3	2	23
10-14	2	4	27	7	5	46
15-19	2	3	14	4	3	24
20+	0	0	0	0	2	2
% of Total	6.00	12.00	56.00	14.00	12.00	100

Source: Field Survey data, March - May 2011.

function. However, in order to protect the interest of emerging farming class, a new cadre of secular decision-makers or chieftaincy institution developed. This leadership's political roles were modelled after their neighbours and the major political/cultural in southern Ghana (Wilson, 1991). The queen mothers focus on issues that affect everyday life and seek new ideas and help to provide individuals with opportunities. A queen in Krobo is called *Manye* or *yayo* which translates as mother. This name has become more useful in relation to HIV/AIDS as it conceals the real relationship of the *Manye* to the OVC and hence prevents stigmatisation.

The social stratification and governance structure is based on four-tier tribal hierarchical structure for organisation, reporting, authority and practices. It is headed by the Paramount Queen Mother, *Manye Mamle Okleyo* who also represents the queen mothers and women at the *Manya Krobo Traditional Council* (CHIEFTAINCY INSTITUTION: The House of Chiefs is an advisory assembly of traditional rulers in Ghana. Depending on the symbol of authority (a stool or a skin), a chief is either enstooled or enskinned. Its structure starts from Divisional Councils, Traditional Councils, Regional House of Chiefs and National House of Chiefs. It is recognised and guaranteed by the constitution. Its

functions include advising, study, interpreting and codifying customary Law. It is also to evaluate traditional customs and usage and such other functions as adjudication). She is assisted by the Deputy Queen Mother who is the OVC project manageress. The next in line is the *Djase* and then the six-clan divisional Queen Mothers: *Djebiam, Akwenor, Piegnua, Dorm, Suisi* and *Manya*. At the bottom of the hierarchy is sub-queen mother or village head. An additional affiliate group of 123 market queens is included largely to facilitate social marketing campaigns at the various markets.

With at least a queen in each community, the association has reach for coordination, networking and organising care OVCs close to the biological family. The scheme operates to cover both development and health-related OVC. Since the association operates on voluntary spirit, enforcement of decisions and disciplinary codes are likely to suffer.

Responsiveness to bonding, psychosocial support, provision of nutrition and health care

Less than a tenth (8.0%) of all OVC in foster care was not related by blood mostly by grandmothers, aunts and

sisters. Nearly a third (30.0%) of OVC was cared for by either a brother or sister. Brother/sister and grandchild guardians were caring for more than half (54.0%). About every three out of four guardians (72.0%) cited the death of parents of OVC as reason for providing foster care, 20.0% economic hardship and 8.0% no one to care for the child. The minimum length of time of stay was one year (10.0%) and the longest was twenty years (2.0%). The mean number of years of OVC staying in foster care was 7 years (7.4 years). Nearly 3 out of 4 OVC (74.0%) had stayed with the same foster family, 22.0% in two homes and 4.0% in three previous homes. Relationships within the household were assessed by examining the reaction and attitude of the biological children to the OVC. When asked if there are conflicts between the OVC and own children, almost two-third (68.0%) of caregivers said no while just under a third of respondents (32.0%) admitted the existence of conflict. The main causes of conflicts according to respondents were ownership of household items (12.0%), ownership of clothes (8.0%), house work and jealousy (6.0%).

Regarding how often the OVC cries during the course of normal day, over half of the caregivers (52.0%) answered sometimes, 32.0% said never and 2.0% indicated the OVC cries often. About how often the OVC feels unhappy, 42.0% mentioned never, 40.0% sometimes and 2.0% said never. With respect to OVC refusing or resisting going to school, 50.0% said sometimes, 24.0% mentioned never, 18.0% indicated on rare occasion and 4.0% said often or gave no response. And a little over half of the caregivers (52.0%) indicated that the OVC always ate meals, went to bed and stayed at home. Over a third of guardians (38.0%) mentioned OVC sometimes refused to eat, 6.0% said on rare occasion or 4.0% said often. To assess the level of nutrition the OVC receives, they were asked to tell the number of meals they had on the day preceding the interview. Nearly every two out of three OVC interviewed (63.0%) took three meals, 35.0% two meals and 1.0% four or more meals. One percent (1.0%) reported eating no meal at all. For the types of meals provided, 30.9% indicated *banku*, 17.9% rice, 12.3% *fufu*, 11.7% *ampesi* and 11.7% porridge or oats.

Responses to a question about whether the OVC has suffered any ill health condition in the past six months prior to the survey showed 32.0% malaria, 16.0% diarrhoea, and 14.0% bed-wetting/thumb sucking. Four percent (4.0%) had no ill-health while 2.0% didn't know. About 98% of OVCs was insured with the National Health Insurance Scheme and did not have to make out-of-pocket payments at point of service.

DISCUSSION

Confronting the burden of informal fosterage

The ethnic dominance has the likelihood to deny the

OVCs the needed exposure to other cultural practices especially those that prevent the spread of sexually transmitted infections including HIV. Traditionally, Ghanaians place their children in kinship care for varied reasons such as to provide assistance to an aging parent or relative or for educational purposes. This is an indirect form of fosterage. A foster parent is 'a person who is not the parent of a child but is willing to undertake the care and maintenance of the child'. How does the association respond to the needs of the orphans? Through home visits, the queen mothers are able to identify HIV cases as well as investigate reports of vulnerability of other children and determine if immediate need of care and protection is necessary. The association then makes a care order determining the placement of the child and setting out the terms under which the child may remain in the custody of the guardian(s). Regarding the issue of addressing generation nexus on the other hand, the presence of older generation Krobo bringing up the OVC, heritage transfer is potentially assured. The work of caring for OVC has been feminised in Manya by blood relations many of whom were single parents and older often overburdened by the fact that they were economically disadvantaged persons. A Queen Mother cares between one and six orphans, providing them with shelter, food, clothing, health care and education. These children are growing in a stable and familiar cultural environment, free from stigmatisation and discrimination, as they have been absorbed into the wider community instead of orphanage homes or given out for adoption. The grandmother phenomenon suffers from aging frailty which puts great strain on family resources. OVC might have to supplement family resources, and also care for the 'caregiver' in their critical formative years. This could negatively interfere with their proper development.

The low educational attainment and old age have consequences for caring for an OVC as there is an association between poor literacy and harmful consequences of older age. Research suggests that one in three adults aged over 65 years have difficulty understanding basic health-related written information (Bostock and Steptoe, 2012). Regarding OVC parenting, being able to apply reading skills and basic knowledge in a specific context correlates strongly with general literacy (Nutbeam, 2008; Parker *et al.*, 1995). The limited literacy capability among guardians is therefore a cause of worry having implications for the design and delivery of services on effective management of the OVC in their foster care. Poverty takes a great toll on the human spirit everywhere, and the diseases of poverty as HIV/AIDS choke out life. In the 30 days preceding the interview, the total amount of money that was earned by all members of a household ranged between zero Euro (GHC0.00) and One hundred and fifty Euros (GHC300.00) with a mean of forty-two Euros, five Cents (GHC84.10.) For the same period, the same amounts were received from sources other than through working

but had a lower mean of twenty-three Euros, seventy Cents (GHC47.40).

The analysis shows that overall three out of five children interviewed (58.5%) were true orphans with at least one parent having expired while the remainder two out of five respondents (41.5%) were vulnerable children due largely to economic and social conditions. Caregivers said 20.0% of OVC have lost both parents. The result of analysis of responses by guardians on whether the mother of the OVC is still alive show that nearly two in ten (18.0%) respondents said OVC mother is alive. Regarding OVC fathers, almost a quarter of caregiver respondents (24.0%) indicated yes. From the guardians perspective, the ages of the OVC in their care was from as young as three years (2.0%) to as old as twenty-one years (2.0%). Thus the mean age was about 13 years (12.7 years, SD – 4.3) and the age with more OVC was 12 years (18.0%). The age ranges of the OVCs appear consistent with Monasch and Boerma (2004) estimates of orphans across 40 sub-Saharan African countries. This growing cohort of vulnerable children will have an all-pervasive effect on society. There was greater ethnic diversity observed among the OVC respondents than the guardians. OVC needs for housing opportunities that help them to socialise in positive ways, to be involved with their communities, to develop basic life skills and to learn about and connect to their culture was adequately provided for.

The psychological effects of orphanhood are many and include the impact of psychosocial distress on children and families such as anxiety, loss of parental love and nurturance, depression, grief and separation of siblings among relatives to spread the economic burden of their care. Psychosocial support is a set of interventions used to meet a person's emotional, social, mental and spiritual needs. To evaluate the psychosocial and emotional state of and support for the OVC, a series of questions were posed to the caregivers. An empowering psychosocial support interventions use a dynamic and participatory approach that help community partners especially guardians to build competencies in identifying, addressing and managing the emotional needs of OVCs. The importance of fostering children's resilience by exposing them to tools that allow them to express and overcome grief and adversity cannot be taken for granted. Consequently, the association has developed tools and other resources that assist programmes that serve children infected and affected by HIV/AIDS. MKQMA carries out researches on issues affecting OVC and uses data to design and improve programmes and approaches.

Education is regarded both as an end in itself and as a means to an end for the individual and society to grow. Fees represent a significant proportion of household spending. The responses from the guardians on status of the OVC schooling show that almost all OVC (94.0%) in care were schooling. A ratio of 4:1 (82.9% and 17.1%) represents those attending government schools and

private schools. In Ghana, there is significant gap both in cost and quality of education between the two types of school. Ghana adopted a school fees abolition policy and introduced the capitation grant in 2004 in government schools. In for those OVC attending government schools, guardians still bear incidental costs on education. The cost components include school fee (private schools), Parents-Teacher Association (PTA) fee, uniforms, books, pencils/pens and other supplies. Respondents mentioned that amounts paid on these incidental costs range from anything between €5.35 and €116.28 (GH¢11.50 to GH¢250.00), a mean of €26.45 (GH¢56.86). The implication is that even those guardians who paid the least extra levies had borne nearly 60.0% more while those on the high side contributed about 6,151.0% more than the capitation grant. Considering that eight in ten of the OVC (79.5%) was in at basic level of school with 10% of guardians aged over 70 years as well as only 12% of guardians had formal regular and secure sources of income, cost of education could become very challenging for foster families.

The Manya Queen Mother as Agent of change

The Association has been actively safeguarding and modernising Krobo culture. Its advocacy has evidently gained the queen mothers recognition and admission into the Manya Krobo Traditional Council and the Eastern Regional House of Chiefs that paves the way for consultation on chieftaincy issues especially before a new male chief is installed. The association has contributed to modernise some negative aspects of Krobo traditional and cultural practices. These changes have effectively promoted gender empowerment and equality by building the capacity in knowledge utilisation and to engage in income-generating activities. Its members have been engaged in HIV/AIDS and reproductive health social marketing campaigns. They provide relevant HIV/AIDS information and supporting behaviour change intervention activities including materials development, community outreach programmes, condom promotion and sales for community HIV/AIDS prevention, care and support programme. This has contributed to break the culture of silence surrounding the HIV and AIDS pandemic in the area resulting in the stabilisation of the prevalence rate 18% in 1992 to an average of 9%. Consequently, it gained national recognition to contribute to policy in formulating a national policy on orphans and vulnerable in Ghana in 2007. The association provides foster care for some 1,035 OVCs in traditional area.

The competencies in knowledge, task work know-how, and setting up structures as well as back up plans are fundamental to fulfilling vision and mission. The association has developed, produced and implemented a series of psychosocial support activities by making

information more easily accessible. They build on the capacity and enable caregivers to educate OVC, learn about nutrition, hygiene, stress management and child protection. A complex network of queens makes the association functions fairly well in relation to social skills in identifying and placing OVC in care. The kind of messages and feedback children get from guardians has a major impact on their development. Though most guardians (86.0%) had heard of HIV/AIDS, 68.0% either didn't know or couldn't mention the name of any AIDS-related organisation. Less than a quarter (22.0%) had discussed cause of death of parents with OVC. This reflects the lack of the development of appropriate interventions for increasing family communication among foster family members and could jeopardize the safety of OVC. Regarding what OVC do for fun, majority (58.0%) stated engaging in physical activity such as football while 1% indicated engaging in no activity. About 14.0% declared their involvement in programmes that demanded teamwork as drama, talking with family and friends. These socialisation avenues restrict promotion of participation in activities to transfer social, political, and economic development and survival strategies to the OVC.

The major challenge confronting the progress of the project is funding. When asked if the past six months they had received any kinds of service or assistance, 76.0% of guardians had received no support with 20% having received some assistance. A third of those who got help (35.7%) received financial assistance, 21.4% clothing, 14.3% support for children's education, 14.3% skills training, 7.1% psychological support and 7.1% counselling. This meant that for most part, the family and OVC resource needs were internally generated by the guardians themselves with very little and if any, unreliable external support. A large proportion of guardians carry a heavy burden which appears to take a toll on them. This toll comes from many sources like changes in the family dynamic, household disruption, financial pressure, and the sheer amount of work involved. Facing up to reality of contemporary parenting is one big challenge for the Queen mothers and guardians. One of the greatest challenges the association is facing is building capacity of guardians to help the OVC handle episodes of psychosocial distress or post traumatic disorder syndrome. The extent of communication rights knowledge among the MAKQMA constituents to allow to better deal with stigma is weak. The association does not have bail-out options or transition plans for maturing young adults. Project management competence and implementation experience of the association is suspect.

The responsiveness of the interventions to the needs of OVCs

The OVC has a number of unmet needs as a result of

their precarious situation. They may miss out on provision of many needs. In order to assess the responsiveness of the association's interventions to the needs of the OVC, the subsequent issues were evaluated. In conducting the focus group discussions and in-depth interviews with OVC, one of the principal goals was to establish OVC understanding life and appreciating it. We considered this aspect very relevant as perception affect proper goal setting and a focused lifestyle. Childcare refers to the behaviours and practices of caregivers (i.e. mothers, fathers, siblings and childcare providers) to provide the food, healthcare, stimulation, and emotional support necessary for healthy survival, growth, and development of children (Engle, Lhotska, and Armstrong, 1997). These practices bear a direct relation between income per capita and child nutritional status as they translate food security and healthcare resources into a child's wellbeing (Engle, 1999). Affection and responsive behaviours alongside proximal factors like the social environment and status of women primarily tend to produce powerful effects on normal emotional, cognitive and physical development due to their unique and enduring bond. This section examines the extent to which the Manya Queen Mothers interventions foster connections, collaboration and the coordination of activities respond to peculiar needs of the OVCs.

The Queen Mothers model offers innovative and culturally sensitive solution in supporting OVC to develop thus thwarting the negative consequences of HIV/AIDS and child neglect like generational transmission of poverty. The safety net explicitly addresses the chronically poor by focusing on the causes and consequences of structural poverty. It highlights collective action and policy dialogues as the right governance mechanisms for the safeguarding of common goods and presents five enablers for the successful initiation and implementation of such initiatives. It highlights the important role play by informal non-state providers especially where formal provisioning is inadequate. This is partly attributable to the fact that care and caregiving for OVC from a gendered perspective is often confronted with the reality of the caring work performed by women being undervalued and hence often appear as invisible in society. The neglect of and/or failure of the association to make adequate provision for OVCs once they reach the age of 18 years, leads to a situation where either OVCs are left to fend for themselves with little or no support or the guardians are unduly overburdened.

RECOMMENDATIONS

For policy purposes, empower, resource and capacitate the appropriate state agencies to provide informal non-state actors of social protection with alternative income sources as well as training in social work, school

management, mother and child care, transition care, and foster care. This is to support the training of OVCs to acquire appropriate skills towards independent living. There should be increased external support for non-state social protection actors in fragile communities should be framed to include opportunities to engage in and influence policy debates about the role of female traditional leaders as the viable option for developing win-win interventions. As a step forward for ensuring effective operational efficiency, informal safety net interventions should be guided to adapt strategic framework that provides long term options for sustainability. There is also the need to instigate internalised changes that propel development of OVC by supporting and strengthening the ability of families and Queen mothers to care for and build the capacity of the individual child to cope with their circumstances and to thrive on their personal path. Government agencies should work with all partners including informal non-state agencies to ensure that every OVC's potential is fulfilled. In this regard, Ghana AIDS Commission should shift its focus and redirect its energies to include building the capacity of affected groups by developing national protocols for dealing with OVC.

CONCLUSIONS

The safety net reflects a conceptualisation of vulnerability that attacks its root causes thus helping the affected to live normal life. This shows that a community-driven intervention at the household level is cost-effective way to strengthen capacities of affected families and communities. It promotes efficient and equitable society by offering the OVC opportunities to play both redistributive and productive roles to become law-abiding citizens. Care and caregiving activities for HIV/AIDS OVCs that are supposed to be the responsibility of skilled professionals are now the responsibility of volunteers and relatives majority of whom are single females. The adaptive strategies however remain a work in progress and will be fragile trying to respond to increasing demands in the face of dwindling resources. The operations are economically dependent on external donors and immediate short-term well-being and thus places care solutions at risk of balancing on the brink of its carrying capacity. Project implementation skills gaps, including lack of awareness of range of contemporary parental tasks, exist and threaten its long term sustainability. The gap between today and prosperity tomorrow all rests on how this safety net treats the OVC.

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How to cite this article: Gyabaah KOY (2015). Queen Mothers as Agents of Non-State Safety Net in a Fragile Community. *Int. Inv. J. Art. Soc. Sci.* Vol. 2(5):67-76