

The economic history of health non-governmental organisations in Ghana

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Abstract

This research seeks to highlight the history behind NGOs emergence in Ghana and Asante in particular. It attempts an inquiry concerning the role of NGOs particularly, in promoting health in Ghana and Asante in particular. The article answers the question concerning the changing objectives, discourses and practices of some early NGOs such as the Red Cross and the St. John Ambulance Services over time and how past objectives connect to contemporary aims and practices of these organizations. This was achieved by drawing insight from a wide range of sources to overcome the dearth of official information on the subject matter. Based on qualitative research approach, and relevant theories; data from informants and written sources were duly corroborated to produce a synthesis. The results show that the role of NGOs concerning development in Ghana and Asante in particular which has wider ramifications on the African continent, represent continuity of the work of their forerunners, which is, early NGOs and other voluntary organizations. The findings of the study suggest that NGOs are formed principally in response to problems peculiar to most communities. Based on our interpretation of the oral sources we postulate that local NGOs should focus on securing funds from as wide a base as possible – the local business community, national and local government and the general public, and not just from external, institutional donors such as foreign NGOs including USAID or DFID in order to solve the problems confronting communities in Ghana and Asante in particular.

Keywords: Non-Governmental Organizations (NGOs); International Non-Governmental Organizations (INGOs); Government; Health; Asante; Ghana.

1. Introduction

The issue of health has been very essential to man in the past including contemporary times. To a large extent, an individual's continuing physical, emotional, mental, and social ability to cope with his environment can be attributed to the health of that person.¹ Though Africa is known to be the cradle of human origin, it is also the oldest breeding ground for human diseases (Davis and Lederberg, 2001). Oral traditions concerning the Akan state of Asante suggest that the people of Asante faced the challenge of providing healthcare from the very earliest times (Adu-Gyamfi, 2010). The understanding of disease or sickness by the natives was rooted in a multitude of physical, spiritual, and social wrongdoings. As a result, the people resorted to the use of both medicinal plants and magico-religious means to treat themselves of their ailments (Adu-Gyamfi, 2010). In his book, *Medical Systems in Ghana*, Twumasi asserts that the existence of diseases could decrease economic activities and the fulfilment of other social needs; efforts were thus made by the indigenous people of Asante and the colonial administration (pioneer organization) and later other associations through cooperation to meet the health needs of the people during the pre-colonial and the colonial eras (Twumasi, 1975).

In spite of these challenges, some scholars like Dupuis as referenced by Adu-Gyamfi (2010) described the area of Asante as being healthier than the coast. Evidently, the state's health officials construed their responsibility to include among other things, the education of individuals who were to be responsible for their own health and were not necessarily concerned with the provision of infrastructure that made health possible (Wendland, 2010). The increasing number of deaths as well as increasing number of diseases which infected the people of the Gold Coast in particular required essentially the efforts of the British colonial administration and other agencies like NGOs who were also interested in contributing toward the health and well-being of the people of the Gold Coast and Asante in particular.

A Harvard historian, Akira Iriye, suggests that ignoring NGOs is like misreading the history of the twentieth-century world.² Most organizations or groups existed prior to the recognition of such groups as NGOs that performed the activities of NGOs. For example, in 1807, groups that today would be

¹ The World Health Organization (WHO), defines health to mean a state of complete physical, mental and social wellbeing and not the absence of disease or infirmity.

² Akira Iriye is a Research fellow and a professor from Harvard University.

known as NGOs played active role in organizing the opposition that led Britain to abolish the Slave Trade in 1807, later these groups broadened their missions and worked to better the plight of slaves and to abolish slavery elsewhere (Werker and Ahmed, 2007). In the case of Africa, Manji and O’Coill (2012) have argued that the period following the Second World War which witnessed mass struggles for individual basic rights, paved way for most significant popular mobilizations and the formation of numerous popular organizations due to the colonial imposition of social production of wealth. Admittedly, economic and political control can never be complete or effective without mental control. Thus, becoming key actors in fighting this ideological war, missionary societies and voluntary organizations provided the administration not only with a cheap form of private welfare, but also, with a subtle means of controlling the behaviour of Africans (Manji and O’Coill, 2012).

Non-Governmental Organizations continue to play increasingly prominent role in the development sector, widely praised for their strengths as innovative and grassroots-driven organisations with the desire and capacity to pursue participatory and people centred forms of development (Banks and Hulme, 2012). It is important to also acknowledge the main classifications of NGOs that operate within almost every country. Banks and Hume (2012) indicate that NGOs that are based in one country and seek development objectives abroad are often referred to as international NGOs (INGOs). On the other hand, domestic or local NGOs, as they are referred to also work closer or directly with communities: geographically, culturally and linguistically. By appreciating their differences, it should be understood that International Non-Governmental Organizations (INGOs) who may have adequate finance and resources however, partner with the local or domestic NGOs in order to participate at the local level since the former may have limited country-level and grassroots knowledge. For the purpose of this study, the activities of NGOs are referred; collectively to represent the activities of both INGOs and local or domestic NGOs. In response to the need for a collective effort towards realizing the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) especially, in developing countries, Sachs (2012) posits that there has been substantial progress towards the achievement of these goals, although the progress varies across countries, and regions. The MDGs especially, goal 1 emphasized the eradication of poverty and hunger and the SDGs goals 1 and 3 respectively seek to end poverty in all forms and in every country as well as ensuring healthy lives and the promotion of the well-being of individuals. These goals are all projected

towards improving the economic growth in most countries. Osei-Wusu *et al.* (2012) argue that NGOs have risen into prominence as indispensable partners in poverty reduction and community development, hence, attracting global recognition in world development literature (Osei-Wusu *et al.*, 2012).

In Ghana, early NGOs emerged from long-term traditions of philanthropy and self-help in the 1900s as a means through which the gulf between citizens' needs and existing services could be bridged (Banks and Hulme, 2012). Whitfield (2010) contends that NGOs were mostly concerned with social service provisions which included health and education. Osei-Wusu *et al.* (2012) argue that early NGO activities have led to significant increase in health and educational facilities, improved access to potable water sources, provision of employment opportunities and employable skills, which ultimately have lowered poverty levels and improved the quality of lives for the poor and other vulnerable groups (Osei-Wusu *et al.*, 2012). It is further observed that, concerning the provision of affordable health care for the poor, NGOs deliver about 14 to 50 percent of both curative and preventive health and medical services in most developing countries, like Ghana (Osei-Wusu *et al.*, 2012).

The current research seeks to answer the question concerning the changing objectives, discourses and practices of some early NGOs such as the Red Cross and the St. John Ambulance Services over time and the continuities concerning the aims and activities of same or similar organizations within contemporary times in Ghana and Asante in particular. The increasing role of NGOs in terms of development has led to the need to further ascertain the effectiveness of their activities over time (Lewis, 2010). Indeed, current scholarship points to the fact that pre-colonial institutions have made significant impact on present day institutions and incomes (Maseland, 2018). This has also been the position of several scholars who focus on the impact of colonial rule on African economies especially those ideas that suggest colonial rule produced positive long-term outcomes in most African countries. According to Attack (1999), a number of NGOs continue to remain disloyal to their distinctive values, which are all undermining the legitimacy of NGOs. This position however, does not reflect the activities of all NGOs.

Manji and O'Coill (2002) suggest that the role of NGOs in development represent a continuity of the work of their forerunners, the early missionaries and voluntary organizations that participated in Europe's colonization and control of Africa. A study like this should help to fill some of these gaps to further ensure a further understanding concerning the contribution of NGOs toward national

development especially in the area of healthcare, public health and the general well-being of society.

2. Theoretical assumptions

A study such as this, which deals with non-profit organizations that support development alternatives, requires a balanced model. To have a better appreciation of it, the study considers the Weisbrod's model, and the trust theory as best fit. The economic models of non-profit organisations discussed in this section have been focused to meet the set objectives of this study. The study also finds the public good model useful. Especially in the context which aligns to the Weisbrod model in describing the activities of non-profit organizations.

The Weisbrod's model (1975), which has gained wider recognition and acceptance within the economics literature looks at the role non-profit organizations play to complement the activities of the state in terms of development (Kingma, 1997). In considering this model, non-profit organizations supply the output of a public good which is undersupplied by the state. This brings to the fore the question of heterogeneity. That is, the level of diverse taste for different public goods by citizens which require more non-profit organizations producing multiple public goods to suit individuals' needs. According to Feigenbaum (1980) heterogeneity in income, education and age is related to an increase in the size of the non-profit sector. This has been the context in which territories in Africa and Ghana, in particular, have witnessed explosive growth due to the activities of local Non-Governmental Organizations (NGOs) in Africa particularly in Ghana. In considering this model, the current research studies how non-profit organizations in Ghana and Asante in particular are able to supply or provide the public good which the central government is unable to provide. It captures how the St. John Ambulance, the Ghana Red Cross Society, among others have been able to provide multiple responses to meet the needs or demands of the people of Ghana and Asante in particular.

In an argument to incorporate private sector participation in the society, there has been emphasis on some level of citizens' acceptance. Trust becomes an important element in this stead. Rousseau *et al* (1998) have argued that trust promotes adaptive organizational forms, such as network relations. It also promotes a cooperative behaviour as observed by Gambetta (1988). The trust theory according to Hansmann (1980) indicates that non-profit organizations provide goods which consumers cannot trust for-profit organizations to provide in sufficient quality and quantity. These goods which include, day care, education

and healthcare, among others, have been trusted to be safe in the hands of non-profit organizations because of their stated goal of not seeking to maximize profit. Concerning the trust theory, the current study highlights to an extent, how the people of Ghana and Asante in particular within the period under review aligned themselves with the NGOs due to their reputation, warranties and guarantees of quality of the public good which they provide as alternatives or support to key areas the central government of Ghana has been unable to provide or fully cover. We infer that these might be clearly seen in the continuities and discontinuities in the set objectives of these NGOs over time.

The public good theory has also been adapted to include a variety of stakeholders and their demands for a variety of public and private goods produced by non-profit organisations. The field of health care is a typical illustration of how different actors are called upon to meet the social and health needs of citizens.

In Ghana and Asante in particular, the people were and continue to face several health challenges which require the intervention of respective institutions (Adu-Gyamfi, 2010). Concerning the important role non-profit organizations play in terms of development, these models create a room for extension into more than one output and allows for non-profit managers, donors, patrons, employees and volunteers to have different preferences over the production of public goods. In each case, the non-profit organisation provides public goods which are differentiated from the goods provided by the government or for-profit organisations. This is as a result of a greater level of demand from citizens which does not allow for government's provision to satisfy all their needs. This unfulfilled demand for public goods is further satisfied by non-profit organizations. The model thus projects a splendidly focused industry in specific situations that propose that opposition (as in this case refers to competition) frequently encourages growth (Follan *et al*, 2012).

3. Method

Methodically, we have relied on qualitative research approach. Qualitative research gives a naturalistic, interpretive approach, concerned with exploring phenomena 'from the interior' (Ormson *et al*, 2013). Qualitative data has been obtained from both primary and secondary sources. Individuals with expert knowledge about NGOs and also those who have played important or key roles in respective institutions were purposively selected and interviewed. Thus, qualitative data concerning early NGOs that emerged in Ghana in the twentieth century were retrieved from these respondents; seven in number, two founders

of early NGOs that emerged during the period under study, two directors who played supervisory roles, one secretary who is known to have worked at the St. John Ambulance Ghana, Kumasi branch for several years; an administrator who has also worked at the Department of Social Welfare, Kumasi, for a number of years (The Social Welfare Department is responsible for registering NGOs that operate in Kumasi); and a worker at the Ghana Coalition of NGOs in Health (GCNH) Accra, Ghana.³

The qualitative data obtained from informants from the various NGOs and the Social Welfare Department, was analysed thematically by comparing the different responses in order to identify common trends, similarities and contrasts. Archival documents from annual reports on NGOs activities, rare books and publications as well as authentic newspapers like the *Evening Times* which was published in the 1950s among others, were also found useful. Again, nuggets of information were retrieved from existing literature: books, articles and relevant internet sources. The use of secondary data provided a better understanding of the concept of NGOs history and activities in developing countries and Ghana in particular. The data that were collected from both primary and secondary sources were collated, synthesized and analysed thematically.

4. Results

This section presents the background information of the local Non-Governmental Organizations, with regard to the number of NGOs established within respective years. It also includes NGOs areas of interests and staff categories as well as responses from respondents. The details of the research outcome are as stated below:

4.1. Profile of local Non-Governmental Organizations

Based on the data presented in Table 1 with regard to the emergence and growth of NGOs in the country, it is observed that the emergence and growth of NGOs in Ghana was very slow and by 1930 only three (3) NGOs had officially been registered in Ghana. The number increased to eighty (80) in the 1980s. Eventually, in December 1996, three hundred and twenty (320) NGOs, both foreign and local, were operating in Ghana. In 1999, The Department of Social

³ The Ghana Coalition of NGOs in Health (GCNH) is a civil society organization (CSO), which oversees the operations of all registered Non-Governmental Organizations, both local and international. The organization currently holds a membership of over 417 NGOs from all the sixteen regions in Ghana.

Welfare registered nine hundred (900) local NGOs and about forty-five (45) foreign NGOs. Mr. Atta Adade, hinted that the rise in numbers of NGOs in the 1980s, did not correspond with their activities in the respective communities. Some of the informant also hinted that some managers of NGOs registered some of the not-for-profit organizations to serve as means of raising funds from international donors or individuals who support such voluntary activities to satisfy personal and related interests.

TABLE 1: NUMBER OF NGOs IN GHANA (1930-1999)

| Year | No. of NGOs in Ghana |
|-------|----------------------|
| 1930 | 3 |
| 1980s | 80 |
| 1996 | 320 |
| 1999 | 945 |

Source: Department of Social Welfare

Table 1 shows that within the 1930s, 1980s up to the 1990s (1996, 1999), there were 3, 80, 320, and 945 registered NGOs in Ghana respectively.

4.2. Staff composition

The historical evidence gathered indicated that early NGOs drew their strength from the dedication of their numerous volunteers who were found in most communities. These people were given some allowances for their daily upkeep and transportation. What accounted for the number of volunteers outweighing the permanent staff was sometimes due to the acceptance of NGOs by the local people. For example, out of five NGOs surveyed, they had only 2 permanent workers each including directors and their secretaries. There are records to show that the early NGOs employed few permanent staff but used a lot of volunteers to execute most of their tasks (Asante, personal communication, March, 19th, 2018). It follows that a large number of the local population accept the policies of NGOs and also participate in their programmes (Adua, personal communication, March, 27th, 2018). For example, a community-cleaning exercise which was undertaken by the Red Cross Society saw a lot of young men and women participating. The many volunteers that early NGOs recruited created employment for the people especially the youth. Also, volunteers played vital role in fighting some endemic diseases such as polio which persisted by the last part of the twentieth century. Significantly, 5, 154 volunteers were recruited to help administer oral polio vaccines in Ghanaian communities and Asante in

particular by 1996 (*Daily Graphic*, 1996). Also, several of the youth in Ghana enjoyed working with international organizations because they were ensured fat salaries (Asante Kwame, personal communication, 2018). These were done to complement or supplement the activities of government to ensure the economic well-being of the people of Asante in particular.

4.3. Areas of interest

TABLE 2: SELECTED NGOs IN GHANA

| Name | Area of operation | Year established | Objectives |
|---|--|------------------|--|
| 1. Ghana Red Cross Society | Concerned with the activities of disaster response, food security, road safety, first-aid training, disaster risk reduction, women development, public health and youth development programs | 1929 | Seeks to prevent and alleviate suffering by mobilizing the power of humanity. |
| 2. St John Ambulance Ghana | Provision of first aid at work, school, community as well as providing care and taking part in public activities | 1937 | To provide effective and efficient charitable first aid service to local communities. |
| 3. World Vision International | Focus on sustaining the well-being of the vulnerable in the community. | 1979 | To ensure that the needs of the poor in the society are met. |
| 4. Ghana Society for the Blind | Advocate the rights and recognition of blind and partially sighted persons in the Country | 1951 | To provide services geared toward allowing blind and partially sighted persons to lead lives of dignity productivity and independence. |
| 5. Environmental Protection Association of Ghana | Sustainable environmental management | 1994 | To create a clean and healthier environment for posterity to inherit. |
| 6. BreastCare International | Create breast care awareness among all women | 1989 | To provide access to resources to members to meet emotional, physical and spiritual needs of survivors of breast illness. |
| 7. Ghana Society for the Prevention of Tuberculosis | Provision of training for health personnel, advice and support for people living with the disease. | 1954 | To support and complement government's efforts at combating the disease |
| 8. Agency For Health and Food Security | Concerned with issues of health and provision of environmental sustainability and sanitation | 1988 | To provide care and support for persons with HIV/AIDS and advocate for behavioural change. |
| 9. Thread Foundation | Provision of counselling and support for people living with HIV/AIDS | 2000 | To create awareness concerning HIV/AIDS and malaria control |
| 10. Water And Sanitation Health Team (WASHT) | To help reduce Water and Sanitation related Diseases in communities. | 1978 | To create awareness concerning the importance of maintaining personal hygiene |

Source: Field work, 2018

Local NGOs in Asante performed various activities including disaster relief management, education, health, agriculture, governance, as well as water and sanitation programmes. The area of interest defines the kind of work each NGO focused on. Among the various NGOs that were in existence within the period under review, the study focused on ten (10).

Based on the data, we infer, that most of the NGOs that were into health focused on fighting diseases like malaria and HIV/AIDS. In an interview with the founder of Trans-African Christian Deaf Ministry and Victim Support Scheme, Evangelist George Bekoe Frimpong, he hinted that; most NGOs or voluntary organizations focused on fighting malaria because it was deadly at the time in this region especially and to talk about people with disability being infected with AIDS was disheartening, you can imagine (Evangelist Frimpong G. Bekoe, personal communication, March, 19th, 2018). He explained further that in a village closer to Ejisu, malaria killed a whole household due to negligence of individuals and had it not been for the numerous cases recorded which created awareness, the situation would have been worst. The challenge was not only about ignorance, also, there was the problem of access to quality healthcare due to the fact that several of these people were at the remote and sometimes inaccessible parts of the region. His organization came to the aid of the rural dwellers by setting up mobile hospitals, providing drugs and also educating the people on the dangers of the disease. Initially, as the practice of self-help commenced in the rural areas, it was evident that there were increasing societal problems mostly in these areas (Nyampong, 2014). As moral entities, early NGOs focused their attention on rural areas as they were considered the most deprived (Whitefield, 2010). Later, as their numbers grew, activities of NGOs encompassed those living in urban settings. For instance, the ten NGOs selected for case studies centred their activities in both rural and urban areas. According to some early NGOs, as early as the 1900s, little efforts were made by the government to provide support to their organization in executing their tasks. The critical objective of the Europeans was to search for minerals and natural commodities as well as to secure market for their manufactured goods. This, among others, were more pronounced administrative issues even though there was the need to deal with the question of social ills.

4.4. Social enterprise

Aside receiving support from the colonial administration, early NGOs engaged in social and economic activities to earn income to support their operation. As a result of the challenges of getting acceptance to operate legally, only 2 of the 3

registered organizations by the 1930s (Red Cross Ghana and St. John Ambulance Ghana) were able to use this method to mobilize funds for their operations. They were involved in consultancy services and training of individuals who had no formal education. For instance, some individuals had the opportunity to learn some treatment techniques so far as health was concerned. This method of fund mobilization ensured continuous supply of funds to support their operations. In the event of reduction of support from the government, income raised from these sources were used to offset personnel and administrative costs. However, these funds were not enough to support their activities. In the field research, it was realized that some of the managers of these NGOs later registered their organizations without executing any task. Sometimes too, their existence as inferred from respondents was just to gain financial support from the colonial administration and most importantly, from external donors. For example, it was revealed through the interviews that some early NGOs paid monies to experts to draw comprehensive plans in order to be duly registered and considered as part of the NGOs with legitimate and altruistic motives. Upon further enquiry on why the Department could not make efforts to fish-out the “bad nuts”, it was hinted that some of these experts who drew the plan for the NGOs were also workers at the Department, thus; making it even difficult to address these challenges. The study also identified that even those NGOs that followed the right procedures to get registered also rendered invaluable services in underserved areas which earned them additional funds from donors. Concerning the operations of foreign NGOs, it was hinted that foreign NGOs began to play significant role as they collaborated with some local NGOs whose objectives aligned with theirs. The presence of foreign NGOs also created a platform for some local NGOs to set objectives that were in line with some foreign NGOs in order to get the needed support. Yeboah from the Ghana Coalition of NGOs in Health hinted that some local NGOs have reported that by setting objectives that were in line with foreign NGOs they were able to register with little or no encumbrances.

Significantly, the people of Asante acknowledge the important role NGOs play in deprived communities as well as the support for the vulnerable and the marginalized in society. These organisations were formed principally in response to problems peculiar to the rural areas. Before 1980, very few NGOs were operating in the region. Those that were in existence were mostly church-based providing services to the poor in deprived communities. The interventions by the NGOs in Asante in particular, covered the areas of health, education, water and sanitation. The others include ensuring the welfare of women and children,

venturing into agriculture to ensure food security among others. These formed the basis for interventions to empower the poor, the excluded and the vulnerable to enable them to live within their inalienable rights. Other intervention areas included HIV/AIDS counselling and support, vocational training, advocacy and research and environmental protection issues among others.

5. Discussion

The increasing number of deaths with epidemics like the influenza pandemic, as well as increasing number of diseases which infected the people of the Gold Coast in particular required essentially the efforts of the British colonial administration and other agencies like NGOs to contribute toward public health and well-being of the people. The British preferred to leave education to missionaries, who were given staggering financial aid, usually from local and inadequate sources. Some of the early NGOs surveyed, explained that their organization enjoyed a level of support from international firms and donor organizations. Some of these organizations were few because they were formed by the donor organizations themselves so financing them was their duty (Asante, personal communication, March, 19th, 2018).

The above notwithstanding, as hinted in the tables in the results of this current study, there was a trend of slow growth in terms of the presence and the activities of NGOs in Gold Coast within the 1930s. It is imperative to emphasize that globally, within the 1930s, there was the great depression which meant an economic depression. A decline in the world's economy also had the tendency to shape philanthropy and the work of other non-governmental institutions whose activities were supported through philanthropy, corporate social responsibility among others. In this respect, the colonizing country, Great Britain, suffered greatly within the period under review. To this extent, with no equivocation, the colonizing country did not relent in making gains from the satellite state (Gold Coast) through importation of raw materials to satisfy the industrialising metropolis. This notwithstanding, the same period ought to have engendered more support and drive from not-for-profit institutions that had the propensity to play essential roles to augment the services of the British colonial administration in the area of public health. Significantly, this was not the case as clearly cited from the archival records and presented in the results of this study; the initial drive to establish these NGOs was snail-paced. It must be emphasized that early NGOs were formed principally in response to problems peculiar to the rural areas (Whitefield, 2010). This according to Whitfield (2010) is as a result of the uneven distribution of state resources due to the sources of economic growth.

However, within the 1980s as shown in the results, eighty (80) NGOs had officially registered in Ghana. The 1980s also saw structural adjustment policies which seemed to wean off government from shouldering all the burden of costs especially pertaining to healthcare. That meant full cost recovery which erupted into the cash and carry system in Ghanaian hospitals. In Ghana, patients as well as those who enlisted services of formal health institutions with a national population of 12.3 million by 1984 made it even more undesirable. This meant that the Ghanaian community and Asante in particular within this period would consider the services of NGOs and other support groups especially those that render support to the poor and vulnerable in the society with greater esteem.

Within the same period, that is the 1980s, the economy of Ghana began to recover from its devastating state in previous years with the introduction of an Economic Recovery Programme by the then PNDC government led by J.J. Rawlings which was supported by the World Bank and the IMF (Loxley, 1990). The programme which saw a rise in the growth rate at its early stages, as compared to the previous years where the economy was characterized by negative growth, cannot be gainsaid. The political instability which had led to a decline in the socio-economic environment in the past years became relatively stable coupled with factors like policy changes, investment in human capital and infrastructure, rehabilitation in the country's main exports (gold and cocoa) and increased aid-flow within the 1990s (Loxley, 1990). It is no wonder that by the 1990s, countrywide, the data points to nine hundred and forty-five (945) registered NGOs in Ghana.

It is significant to note that the increasing activities of these NGOs would not only be based on the reputation, warranties and certainty; largely, it included the general complementary roles these NGOs genuinely set out to perform to support the positive roles or actions of governments within the period under review. As can be inferred from the results, the rush to register NGOs within the 1990s was not entirely altruistic. Individuals/groups saw it as the medium to raise funds from international or foreign institutions and philanthropists to satisfy personal aggrandizements. This dent was well-crafted to initially suit the standards of well-meaning NGOs who aimed at performing their duties genuinely. As reported elsewhere in the results, some NGOs expended money to hire experts to develop comprehensive plans in order to be registered to commence operations in Ghana and Asante in particular. To emphasise, as found in the results, the *modus operandi* did not show elements of personal interest. However, they served as bases to draw in more funds to increase chances of earning fat cheques.

These challenges notwithstanding, the registered NGOs in the country within the period under review aimed, among other things, to prevent and alleviate suffering by mobilizing the power of humanity, provide effective, efficient and charitable first aid services to local communities, to ensure that the needs of the poor and needy in society were met; provision of services geared towards the creation of a better living condition/atmosphere for the blind and the partially blind to lead lives of dignity and productivity. The others include, the creation of clean and healthier environment for posterity, creation of access to resources to meet emotional, physical and spiritual needs of survivors of breast illness; support of governments efforts to fight against tuberculosis; provision of care and support for those with HIV/AIDs and advocating for behavioural change; the creation of HIV/AIDs awareness and malaria control; the creation of awareness on the importance of personal hygiene among others. It is reassuring to appreciate the fact that when NGOs are able to perform or fulfil their objectives in Ghana and Asante in particular, their complementary roles cannot be gainsaid. Comparatively, Geidne (2012) emphasizes that everyone has a role to play in creating a supportive environment for health. For example, she suggests that civil society was an active participant in the implementation of health promotion activities in Mexico in 2000. With this assumption, it becomes imperative that the key focus of communities and civil societies should be the promotion of health. Significantly, NGOs are seen as part of the health promotion setting (Geidne, 2012).

It follows that the theorizing literature paints a grim picture about the state of affairs concerning life expectancy, mortality rates, diseases and general inequities in Sub-Saharan Africa plus the growing disinterest in governments who shy away from making huge investments into healthcare. These among other things have accentuated the activities of not-for-profit organizations. Significantly, concerning child mortality rate, Obeng-Odoom (2012) has argued that a child born in a developing country can die within the first five years compared to a child born in a developed country. He also reports that in developing countries, one in every twenty-two women die from pregnancy or childbirth. It is imperative to highlight what has been overly emphasized in both the economics and development literature that “poor health impedes economic and social development” (Obeng-Odoom, 2012). Obeng-Odoom (2012) referring to Cahu and Fall (2011), reported that the average African country loses twelve per cent of gross domestic product (GDP) per capita because of the spread of HIV/AIDS (Obeng-Odoom, 2012; Cahu and Fall, 2011). We infer that the persistence of the activities of NGOs toward counselling and reduction

of the rate of infection among populations has the propensity to shore-up the economic performance of respective jurisdictions including Ghana and Asante in particular.

The question of ignorance and lack of access to quality healthcare coupled with poverty among other things continue to raise the stakes for other stakeholders to participate in supporting governments' efforts to mitigate the inherent challenges arising from different sectors of the population of the country. These activities which are performed by several of these NGOs are capital intensive, no wonder, the juicier proposals to raise equivalent funds from foreign/international NGOs. Such collaborations cannot only be skewed to make a compelling generalization to debunk the lack of altruistic motives which has driven some of the actors in NGOs within the period under review, as presented elsewhere in the results.

Conversely, the Ghana Living Standards Surveys have reported that poverty was predominantly in the rural setting. This position among others might have encouraged many organizations to make significant contributions in different sectors to boost the country's economy. Early NGOs mobilized financial and human support from men and women for developmental initiatives, organized communal cleaning exercises, created employment for the youth, built new social amenities such as clinics, schools, markets, and water supply. These were done sometimes by collecting money and materials, and employing community resources of labour and management. For instance, numerous boreholes were constructed in many rural areas by these organizations. The argument of NGOs concentrating several of their efforts on the rural areas within the twentieth and twenty-first centuries could partly be linked to disproportionate investment in the cities over time (Obeng-Odoom, 2011). Also, economic liberalization made it possible for investments to be poured into already "developed" parts of the cities. This position is further buttressed with statistics in 2004 which showed that Greater Accra alone was home to 78.70 percent of the 1,282 investment projects registered by the Ghana Investment Promotion Centre (Obeng-Odoom, 2011). This drive created a vacuum in the rural areas in terms of development and thus expatriate donor organizations like NGOs saw it necessary to direct attention to these rural areas.

Within the period under review, NGOs have also helped in community empowerment. The many problems that confronted communities such as infectious diseases, under nutrition, and maternal deaths, lack of clean water and sanitation required health promotion and community development approaches that moved from a charity model to one of working more closely

with the communities. Though some of these early NGOs might have concerned themselves strictly with health issues, they also engaged in other spheres of support in different communities in Asante. It should be noted that during the 1930s, in Asante, diseases became widespread and the colonial administration made significant efforts to tackle the widespread illnesses among the people. For instance, malaria was endemic in several households in Asante in particular.

Additionally, these early NGOs complemented the efforts of governments through the provision of better housing units, free mosquito nets and insecticides, water systems for communities, emergency relief support like food and non-food items to pregnant women, children and the aged. The NGOs also encouraged the local people to engage in cleaning of gutters, and the streets including their homes. An interviewee hinted that the Red Cross Society of Ghana sponsored eye operations and corrections for over 1500 school children and worked around the clock through their volunteers to ensure that cholera outbreaks were minimised (Asante Kwame, personal communication, March, 19th, 2018). Comparatively, Women Happiness Foundation International (WHFI) in collaboration with Sankofa International in Washington, USA, an international NGO, established an orphanage in the Central Region, which included a training center to provide employable skills for the unemployed youth in the region and beyond. The name given to this village was “City of Hope” (*Daily Graphic*, 2014). This is consistent with the works of Marmot (2010) who posits that NGOs’ role in developing local engagement and partnerships cannot be gainsaid. It is also consistent with the work of Carothers *et al* (1999) which stresses that NGOs foster citizen participation as well as provide civic education for people in the society. This move takes into account the activities they undertake to meet the social, economic and health needs of the people in the community. It also considers the society’s efforts in supporting the activities of NGOs.

Early NGOs also engaged in social care and support services during funerals and other ceremonies. By this, it was revealed that during occasions where people interact, with frequent handshakes, especially at funerals and instances where alcoholic beverages are lavishly served, people are exposed to crisis and infections with serious health implications. Some of the health related challenges include headaches and general body pains, hang-overs, minor cuts and bleeding, fatigue and stress among others. This is not attributed to individuals attending such functions alone. The bereaved families also face a lot of challenges dealing with crowd control, public health emergencies, hospitality issues, shortage of helping hands among others. During such occasions or events, the Red Cross

Society Ghana, under its Social Care and Support Services has consistently provided Social Support for bereaved families. Some of the support they provide include the erection of canopies, arranging of chairs and serving as ushers. The others include crowd control and health promotion which centred more on free first aid services, promotion of hygiene through the provision of disinfected water for washing of hands by mourners and well-wishers. They also seize the opportunity during social gatherings to offer public health education concerning themes like HIV/AIDS prevention, general health tips, and distribution of health safety flyers. It is useful to emphasize that by engaging in these activities, NGOs equally become preventive healthcare agents who have the capacity to lessen the disease burden on the country and also lessen the age-old pressure on Ghana's healthcare system due to absence of requisite medical doctors to attend to the health needs of the sick in respective hospitals. In fact, the theorizing literature reporting on the twentieth and twenty-first centuries have shown the burgeoning challenge of poor salaries of medical workers, inadequate health professionals, high physician-patient ratio which is aggravated by the question of brain-drain (Obeng-Odoom, 2012).

Concerning Communal Labour, the Red Cross volunteers engaged in Community Development and Environmental Sanitation programmes like plastic waste management, distilling of gutters, tree planting, blood donor recruitment, social mobilization, among others. Through their work, NGOs have also benefitted from the services of volunteers. These volunteers have contributed in areas like the administration of polio vaccines, steaming exercises, mobilization of finances and human support for developmental initiatives, creation of employment for the youth, building and rehabilitating structures/projects such as clinics, schools, markets, and water supply among others. NGOs like World Vision International have helped to support the educational needs of some children in rural communities in Asante such as Kwamo through the provision of fiscal and material needs. Also, the Ghana Red Cross Society within the 1980s helped to ease the employment situation in Ghana by hiring a lot of volunteers most of whom were the youth. Significantly, by doing this, the various NGOs help to curtail Ghana's burden of high employment rates.

5.1. Sanitation

By the 1990s, sanitation was very poor in Ghana and Asante in particular. By the close of the 1990s the National Democratic Congress' government saw the need to privatise the management of public toilets. Crook and Ayee (2006) maintain that the introduction of the National Environmental Sanitation Policy, which

sought to privatise the management of public toilets became necessary for efficiency reasons. The role of NGOs and other community-based organizations engaging in most environmental sanitation services could not be de-emphasized. In line with its promised commitment to private enterprise in the rebuilding of Ghana's economy, the New Patriotic Party (NPP) government upon winning the December 2000 election took up this policy enthusiastically. Several NGOs complemented government's activities whether directly or indirectly to address poor sanitation conditions in Ghana. These activities included public education and ensures community and individual actions; to properly collect and dispose sanitary waste (solid and liquid waste) including industrial waste, clinical and other hazardous wastes. The other activities include, ensuring storm water drainage; cleansing of thoroughfares, markets and other public spaces; control of pests and vectors of disease; food hygiene; environmental sanitation education; inspection and enforcement of sanitation regulations; proper disposal of the dead; control of animal rearing and stray animals; monitoring and observance of proper environmental standards among others (Obiri-Opareh and Post, 2002).

5.2. Government's response to Public Health Challenges

There were several health challenges faced by the indigenous people of Asante and the colonial administration. For instance, diseases such as malaria, yaws, dysentery and the bubonic plague were among the many ills that confronted these groups in the early 1900s (Adu-Gyamfi, 2010). The health situation called for significant efforts to be made by the colonial administration. In an interview with Adade, it was hinted that the colonial administration showed interest in the general health challenges of the people of the Gold Coast because it did not affect only rural dwellers but also European officials (Adade, personal communication, March, 19th, 2018). The activities of early NGOs during this period especially in the 1930s supplemented government's effort in trying to curb health challenges in Gold Coast and Asante in particular. Significantly, this period witnessed an unsatisfactory health situation as most of the rural people continued to face series of health challenges. This notwithstanding, the colonial administration supplied insecticides, drugs and other equipment to some NGOs to be distributed to the rural population. For example, the supply of quinine to the St. John Ambulance Ghana to be given to malaria patients in the rural areas was a way the colonial government facilitated its efforts (Asante, personal communication, March, 19th, 2018). In cases where NGOs were required to educate the people too, the government helped in announcing through newspapers and radio among others. Significantly, it should be noted

that the colonial government responded positively to the emergence of NGOs in Ghana and Asante in particular and saw them as welfare entities that could help curb the health challenges of the people within the period under review.

Interviews conducted revealed that, in the twenty-first century, the Ministry of Health which is under the government of Ghana pays the salaries of some NGO workers notably the St. John Ambulance Ghana. Also, provision of some materials and equipment is also enjoyed by these NGOs to aid their activities. An example is the access to the ambulance which the St. John Ambulance Ghana, as a voluntary organization, derives from the government. Also, from the 1950s, that is during the era which witnessed the struggle for independence, local newspapers and other local platforms advocated for a change in attitude in all spheres. Although this era was a period of mass struggle against European domination, it influenced the social lives of the people since they became responsible for their actions. For example, it was advised that people should be committed and dedicated to work since it was the only way to ensure increased productivity. Also, rural farmers were encouraged to grow more foodstuffs to stop the importation of same and to foster unity and cooperation which were significant for nation building (Nkrumah, 1950). These efforts were not only good for the economy but were also essential to the social, physiological and psychological well-being of individuals within the Gold Coast and Asante in particular.

5.3. Partnership between early Non-Governmental Organisations

As a result of the numerous health issues that confronted the people of Asante during this period, there was the need for early NGOs to come together to solve these challenges. Interviewees hinted that partnerships between NGOs were primarily geared toward providing assistance to deprived communities in an effort to deal with the health challenges which confronted the local population. NGOs collaborated with each other to take up daunting programmes which required the assistance of different organizations with specialized and different capacities. A typical example was in the 1980s when the Red Cross Ghana teamed up with St. John Ambulance Ghana to undertake a project to educate people in deprived communities concerning First Aid. NGOs also partnered concerning the area of diseases prevention. These included HIV/AIDS and malaria prevention; administering of vaccines, care for tuberculosis patients, control of epidemics, prevention of childhood diseases, diarrhoea, acute respiratory infection, pregnancy related conditions and neonatal morbidity and mortality, food security and nutrition.

The immunization campaigns of some early NGOs did not only create health, but also added essential social and human capital to the communities to build capacity to respond to crises. For instance, records show that during the National Immunization Day on 30th November 1996, more than 290,000 children were immunized representing 92.5 percent of the targeted 314, 487 (Dzamboe, 1996). This was achieved with the help of collaborated efforts of NGOs, the government and volunteers. The activities of NGOs have created employment for people and contributed to educating people on issues concerning their health and well-being.

5.4. Contemporary evidence on NGOs contribution to Healthcare in Ghana

Fitzduff and Church (2004) have observed that NGOs are quickly losing their perceived “inferior status” and have now taken on roles of serving as substitutes for local governments as well as encouraging the growth of civil society. The roles international NGOs (INGOs) play in order to provide the needed support for some local NGOs to perform their duties has also been highlighted.⁴ Pfeiffer (2003) indicates that relationships between international NGOs and local NGOs have thus become critical aspects of healthcare promotion and its effectiveness in developing countries. Presently, INGOs have become a powerful force in the delivery of aid. Morton (2011) posits that the budgets of particularly large INGOs have surpassed those of some Organization for Economic Co-operation and Development (OECD) donor countries, making them provide more aid to developing countries. Examples of notable INGOs who have made tremendous contributions include, World Vision International, Oxfam International, Save the Children International, Plan International, CARE international, Action Aid International, among others.

In 2001, it was reported that the Pakistan/Ghana Friendship Society distributed new dresses worth more than ₵6 million to hundred needy children at the Korle-Bu Teaching Hospital Children’s ward and also at Nima (Asare, 2001). As voluntary groups, these organizations support the vulnerable in the society as part of their contribution to their wellbeing. For instance, activities such as organizing parties and programmes like health walk for the needy and vulnerable contribute to their physical as well as mental wellbeing. Local NGOs activities have gone a long way to assist healthcare and, to a larger extent, this has called for support from other international NGOs. This has created greater and

⁴ International NGOs (INGOs) as mentioned in this section refers to those organizations that are well-established, both profitable and non-profitable, has the same mission as Non-Governmental Organizations (NGOs) but it is international in scope and has outposts around the world to deal with specific issues in many countries.

dynamic developments in the health sector of the country. It was reported that an international based NGO, Christian Help Work for Africa Association, donated hospital equipment worth GH.200 million cedis to the Second Infantry Battalion (2BN) Hospital. These items included eight hospital beds, eight bedside tables, 43 hospital dresses and one drip bar (Adiku and Quayson, 2001). It is further reported that Aid for Development (AFORD) received a grant from OXFAM, a British charitable organization, to promote peace and to support women income generating activities in some regions in Ghana (*Daily Graphic*, 2001).

NGOs have become part of the District and Regional Health Management Team in Ghana due to the indispensable role they play in promoting good health. In July 2013, it was reported that there was evidence that NGOs especially in the rural areas had contributed to some priority areas in health service resulting in improved life expectancy and reduction of mortality and morbidity rates (GNA, 2003). It should be noted that the active participation of NGOs in the eradication of some diseases has helped many Ghanaians to perform their roles in society with clean bill of health. In April 2017, it was reported that the involvement of NGOs in immunization was key to enhancing effective health delivery (GNA, 2013). The Ghana Health Service (GHS) observed that, NGOs in health had been very supportive concerning the expansion of immunization programmes to inaccessible parts of the country. As observed, the Ghana Health Service noted that the provision of healthcare in the country could not be performed alone by the sector as it had difficulties in reaching all areas in the country. The intervention of NGOs made it possible to reach parts of the country which hitherto could not be reached to administer vaccines to the population at the rural areas. For instance, it has been reported that some NGOs offer free health screening exercise to school children in the Ashanti region and other regions in Ghana (GNA, 2013).

Significantly, NGOS have been cited for making valuable contributions in support of the provision of quality healthcare to the vulnerable especially, women and children. Child focused NGOs and those whose activities impact on children are found throughout the country. Issues that are at the heart of human survival- shelter, education, justice, proper participation of social networks, protection, among others, are trends that deepen the vulnerability of children and adversely affect the future of our world when they are not properly attended to. More than 121 million primary school children are out of school, the majority of them are noted to be girls. The total number of children who died worldwide of preventable diseases before age five in 2003, for example, was 10.6million

(Sabaa, 2012). The number of children that die each day because of the lack of access to safe-drinking water and adequate sanitation stand at 3,900 worldwide.

NGOs in health are found in almost all sectors and are carrying out programmes and activities ranging from direct service to children such as withdrawal from the streets and rescue and rehabilitation exercises, direct educational support for children in schools, direct support in medicare, HIV/AIDS interventions, family empowerment programmes, adolescent sexual and reproductive health matters, production and dissemination of child rights communication materials, media write-ups, child participation activities through school clubs and other such child groupings, support for children with disability, orphans and other vulnerable children, research and training, counselling, monitoring and reporting on International Conventions and advocacy and public education and awareness programmes, among others.

6. Conclusion

Local NGOs are performing well and have over the years demonstrated the capacity of doing more with the needed support. They continue to become essential partners in helping governments to solve some societal problems. Significantly, these organizations serve as important instruments in helping to reduce health risks in many communities. As duly referred to in this contribution, NGOs continue to provide support in the area of counselling for HIV/AIDS patients, cure and support for those suffering from tuberculosis, measles, polio and malaria. The others include provision of good drinking water, education on sanitation and environmental protection, emphasis on mother and child healthcare, voluntary blood donation, First Aid and public health emergencies. Similarly, the NGOs provide care for the aged, specific programmes geared toward the social and psychological development of the youth, exclusive programmes and activities that support migrants; especially psychological issues like social exclusion and loneliness among others.

Also this research has emphasized that NGOs were formed principally in response to problems peculiar to the rural areas. Political instability which led to a decline in the socio-economic environment during this period might have contributed to the positive reception that was given to NGOs to facilitate the provision of social and economic development in the country and Asante in particular. Today, NGOs receive large volume of resources combined with higher level of public exposure and scrutiny than ever before. Due to their continuing importance, the nature of their operations and public perception,

they have been exposed to public criticisms. To emphasize, critics sometimes see them as profit-making entities, institutions with strong political affiliations and agencies or institutions that are caught up in duplicity and copycat roles.

The study also highlighted the significant role INGOs play in providing the needed support for local NGOs covering the provision and promotion of healthcare services. It was observed from the study that the relationships between INGOs and NGOs have served some critical aspects of healthcare promotion, as well as the effectiveness and efficiency of same. While findings from the research revealed the immense contributions made by INGOs in administering support to some local NGOs, it is important to emphasize that their impact on Ghana's economy has however become debatable. Being tagged as both profitable and non-profitable, INGOs are judged from the naysayers' perspective on the basis of money-making which is negative while the optimists believe their activities actually focus on creating job opportunities and performance of corporate social responsibilities. This study confirms the work of Huzeru (2012); though voluntary associations of citizens have existed throughout history, NGOs have developed along the lines during the past two centuries. NGOs have developed to emphasize humanitarian issues, developmental aid and sustainable development (Huzeru, 2012). Again, this contribution is consistent with the postulations from existing literature in the twenty-first century which argues that NGOs take attention off governments because they are believed to have the capacity to deliver health services directly to the poor without working within corrupt government structures (Obeng-Odoom, 2012). Also, this study confirms the discussions in the works of Obeng-Odoom (2012) and Adu-Gyamfi and Brenya (2017) that support for the poor, particularly in terms of providing nutritious food has a significant effect or impact on life expectancy. Just as there are some complex interconnections between poverty, slums and diseases in Africa and Ghana including Asante in particular as reported by an earlier study (Obeng-Odoom, 2012). The role of NGOs that support such communities consistently as part of their colonial and post-colonial aims in Ghana and Asante in particular cannot be gainsaid.

Thus far, it is essential for NGOs to focus on securing funds from as wide a base as possible – the local business community, national and local government and the general public, and not only from external, institutional donors such as foreign NGOs including USAID or DFID. Concerning NGOs, sound organizational structures should suffice and this can help to work towards their success; especially when they are touted as transparent concerning their use of funds and are accountable to the communities in which they serve.

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