



**Convention on the  
Rights of the Child**

Distr.  
GENERAL

CRC/C/GHA/Q/2/Add.1  
11 January 2006

Original: ENGLISH

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COMMITTEE ON THE RIGHTS OF THE CHILD  
Forty-first session  
Geneva, 9 – 27 January 2006

WRITTEN REPLIES BY THE GOVERNMENT OF GHANA  
CONCERNING THE LIST OF ISSUES (CRC/C/GHA/Q/2) RECEIVED  
BY THE COMMITTEE ON THE RIGHTS OF THE CHILD RELATING  
TO THE CONSIDERATION OF THE SECOND PERIODIC REPORT OF  
GHANA (CRC/C/65/Add.34)

[Received on 11 January 2006]



**THE REPUBLIC OF GHANA**

**REPORT TO THE UN COMMITTEE**  
**ON THE CONVENTION ON THE**  
**RIGHTS OF THE CHILD**

**Supplementary Report**

**December 2005**

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## LIST OF ACRONYMS

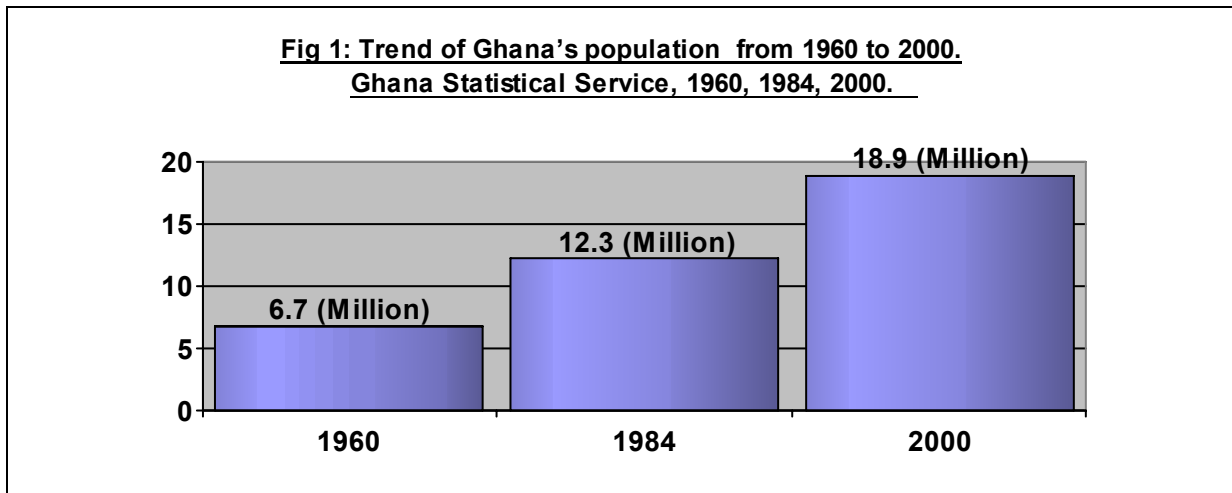
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organizations
CHRAJ	Commission on Human Rights and Administrative Justice
CRC	Convention on the Rights of the Child
CWIQ	Core Welfare Indicators Questionnaire
DACF	District Assembly Common Fund
DHS	Demographic and Health Survey
DOVVSU	Domestic Violence and Victim Support Unit)
DSW	Department of Social Welfare
ECCD	Early Childhood Care and Development
FBO	Faith-Based Organizations
GAC	Ghana AIDS Commission
GES	Ghana Education Service
GETFund	Ghana Education Trust Fund
GHS	Ghana Health Services
GNCC	Ghana National Commission on Children
GOG	Government of Ghana
GPRS	Ghana Poverty Reduction Strategy
GPS`	Ghana Prisons Service
HIV	Human Immune Virus
ICT	Information and Communication Technology
MDA	Ministries Departments and Agencies
MMDY	Ministry of Manpower, Youth and Employment
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOWAC	Ministry of Women and Children's Affairs
NACP	National AIDS Control Programme
NGO	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
NPA	National Programme of Action
OVC	Orphan and Vulnerable Children
PWD	People with Disabilities
SC	Save the Children
SEN	Special Educational Needs
SSNIT	Social Security and Insurance Trust
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TUC	Trades Union Congress
UNICEF	United Nations Children Fund
WAJU	Women and Juvenile Unit
WVI	World Vision International
YDF	Youth Development Foundation



## 1.0 STATISTICS ON CHILDREN

### 1.1 Population of Children

1. Demographic trends in the country are now well documented from the country's modern censuses, large-scale surveys and other studies. Ghana's population, for example, increased from 6.7 million in 1960 to 12,296,081 in 1984 and 18,912,079 in 2000. Fig 1 indicates the trend of Ghana's population<sup>1</sup> from 1960 to 2000. The figure indicates a fast population rate that would almost double within 26 years<sup>2</sup>. This is based on the fact that the population grew by 53.8 per cent in the 1984-2000 period, from 12.3 to 18.9 as indicated in Fig 1.



2. In spite of the improvement of population data, exact numbers of children for the period 2002, 2003 and 2004 (which are not census years), are not available. A good picture of the population of children (including nineteen years) in the country is indicated in Table A.

<sup>1</sup> Population and Housing Census – 2000.

<sup>2</sup> GOG/UNFPA, State of Ghana's Population Report, 2003.

**Table A: Age Structure of Ghana's Population**

<i>Age Groups</i>	1984		2000	
	Number	%	Number	%
<i>0-4</i>	2,030,082	16.5	2,769,421	14.6
<i>5-9</i>	2,001,825	16.3	2,775,206	14.7
<i>10-14</i>	1,503,209	12.2	2,262,216	12.0
<i>15-19</i>	1,246,390	10.1	1,883,750	10.0
<i>20-24</i>	1,056,001	8.6	1,600,820	8.5
<i>25-29</i>	945,111	7.7	1,487,299	7.9
30-34	742,803	6.0	1,206,809	6.4
35-39	584,299	4.8	1,029,765	5.4
40-44	473,254	3.9	886,931	4.7
45-49	428,207	3.5	720,357	3.8
50-54	352,684	2.9	568,369	3.0
55-59	213,081	1.7	355,842	1.9
60-64	225,776	1.8	366,351	1.9
65-69	145,309	1.2	258,709	1.3
70+	348,050	2.8	740,231	3.9
Total	12,296,081	100.0	18,912,076	100.0

**Source: Ghana Statistical Service, 1984, 2000.**

- Data in Table A indicates that Ghana has a very young population, with about 5 out of every 10 persons less than 20 years of age and about 69 percent under 30 years. The 2000 census also indicates that children under 15 years constitute 44 percent of the population while persons aged over 65 accounts for only 5 percent. The census results, however, showed a higher proportion of children in rural areas (46%) than in Accra (35%) and other urban areas (40.7%). This age structure implies a dependency ratio of 96, which implies that on the average each person of working age (15-64), has one additional person to support. Table B indicates Age Distribution of the Population, by locality and sex.

**Table B: Age Distribution of the Population, by locality and sex (percent)**

<i>Age Group</i>	<i>Accra</i>		<i>Other Urban</i>		<i>Rural</i>		<i>All</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
<i>0-4</i>	4.6	5.2	5.4	5.4	7.2	7.1	6.6	6.5
<i>5-9</i>	6.2	6.2	7.4	7.3	8.4	8.0	7.9	7.7
<i>10-14</i>	6.2	6.7	7.2	8.0	7.5	7.3	7.3	7.5
<i>15-19</i>	5.4	6.1	6.0	6.0	5.2	4.5	5.4	5.0
<i>20-24</i>	4.4	5.3	3.9	4.3	3.2	3.0	3.5	3.5
<i>25-29</i>	4.7	4.4	2.6	4.1	2.3	3.7	2.6	3.8
<i>30-34</i>	3.0	4.3	2.4	3.4	2.2	3.3	2.3	3.4
<i>35-39</i>	2.7	3.8	2.5	2.9	2.4	3.1	2.4	3.1
<i>40-44</i>	2.6	2.5	1.8	3.0	2.0	2.3	2.0	2.5
<i>45-49</i>	2.1	2.1	2.1	2.0	1.8	2.1	1.9	2.1
<i>50-54</i>	1.9	1.6	1.3	1.6	1.7	1.9	1.6	1.8
<i>55-59</i>	0.9	1.4	1.2	1.1	1.1	1.2	1.1	1.2
<i>60-64</i>	0.8	0.7	0.9	1.3	1.0	1.4	0.9	1.3
<i>65+</i>	1.7	2.1	2.1	2.9	2.4	2.8	2.2	2.8
<i>All</i>	47.3	52.7	46.6	53.4	48.3	51.7	47.8	52.2
<i>Sample Size</i>	1103	1184	2920	3391	8425	8832	12448	13407

Source: 2000 Population and Housing Census.

## **1.2 Budget Allocations Regarding Implementation of CRC (refer to page 56 of main report for additional information on budget)**

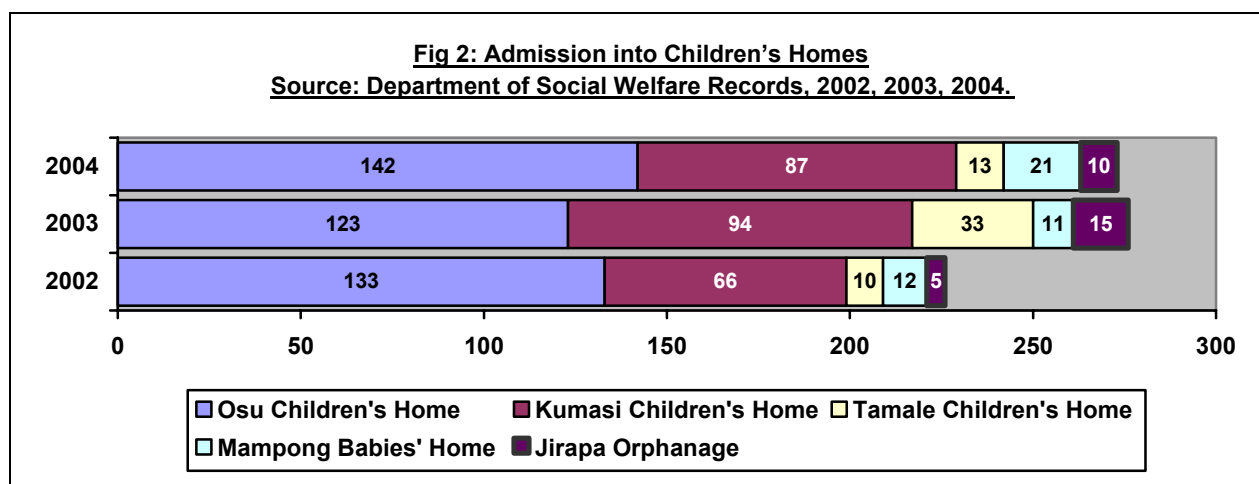
4. In the light of Article 4 of the Convention, states parties are to take appropriate legislative and administrative measures including budgetary allocations for the implementation of the convention. Even though Ghana recognizes the importance of this article there are no clear budgets allocated to specific issues of the convention, however, child focused Ministries Departments and Agencies (MDA) such as the Ministry of Women and Children's Affairs (MOWAC), the Ministry of Manpower-Development Youth and Employment (MMDY), Ministry of Health, The Ministry of Education and Sports, the Department of Social Welfare, the Ghana Education service, are allocated funds for their operations.

## **1.3 Children deprived of a Family Environment and Separate from Parents (Refer to page 33 of main report)**

5. The Department of Social welfare is mandated to deal with issues related to children deprived of a family environment or separated from parents. It is also the state agency responsible for providing homes or family for such children. There are three types of institutionalised homes for children; children's homes (including orphanages), remand homes, and shelters for abused children. All these institutions are run by the Department of Social Welfare.

### 1.3.1 Children's Homes

6. Until passage of the Children's Act of 1998, there was no legislative framework for children's homes because all children's homes in the country were state-run institutions. Currently, private children's homes have increased in response to changing needs of children in difficult circumstances. The Children's Act and the Child Rights Regulations 2002 (L.I. 1705) have specific provisions for their regulation.
7. The DSW operates three (3) state-run homes where shelter is provided for orphaned and abandoned children. Besides these state-run children's homes and two private homes, there are thirty-nine (39)<sup>3</sup> private orphanages in the country where orphans and abandoned children category are being provided with protection and care<sup>4</sup>.
8. The age of the majority of children in homes is 0-10 years. Adolescents of 12-18 years form the minority. The average length of stay in homes is 10-12 years. Children in homes may be full or half-orphans. Abandonment, destitution and insane mothers account for the other admissions. Data on the number of children admitted into the children's homes is indicated in Fig 2. The figure indicates a rising trend in number of admissions made from 2002 to 2004.

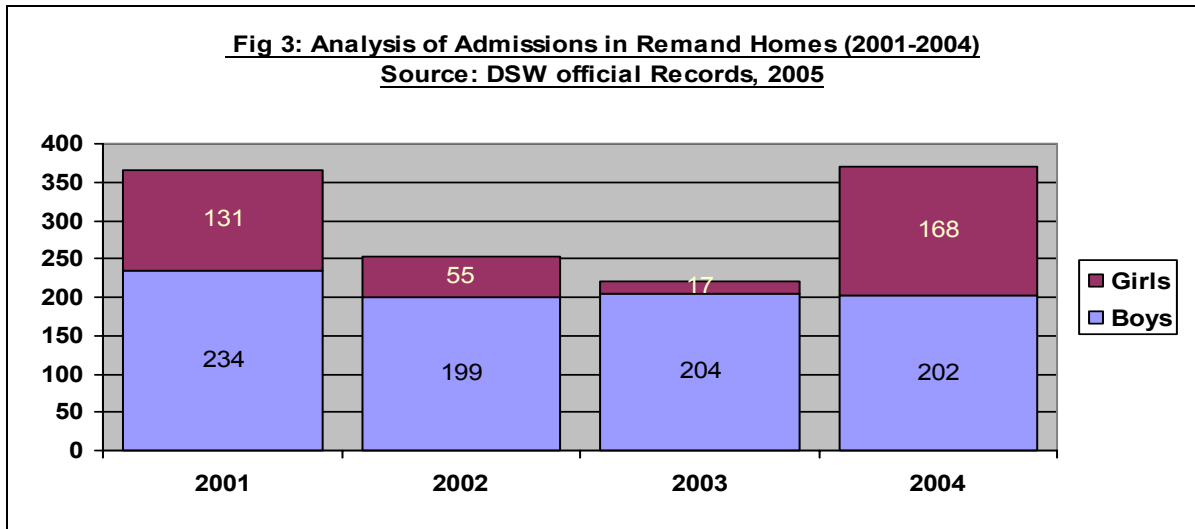


### 1.3.2 Remand Homes

9. The remand homes are temporary centres for juvenile offenders. Between 2001 and 2004 a total number of 1,211 children were admitted at the remand homes in the country. Table C provides disaggregated information on boys and girls admitted over the period.

<sup>3</sup> As at 2004.

<sup>4</sup> Annual Evaluation Report (2004), DSW.



10. Table C indicates a dwindling trend of admissions in the number of children remanded in custody. Data in the table indicate that more boys than girls were remanded into the remand facilities over the period.

#### 1.4 Shelter for Abused Children

11. The shelter is a new initiative of DSW supported by UNICEF, with funding from the French Embassy to renovate the Boys' Probation Wing in the Osu Remand Home. The shelter was commissioned in October 2003 and at present, basic needs including beds, furniture etc. have been provided and the structure now serves as a shelter for only abused children.

#### 1.5 Adoption (Refer to page 33 of main report)

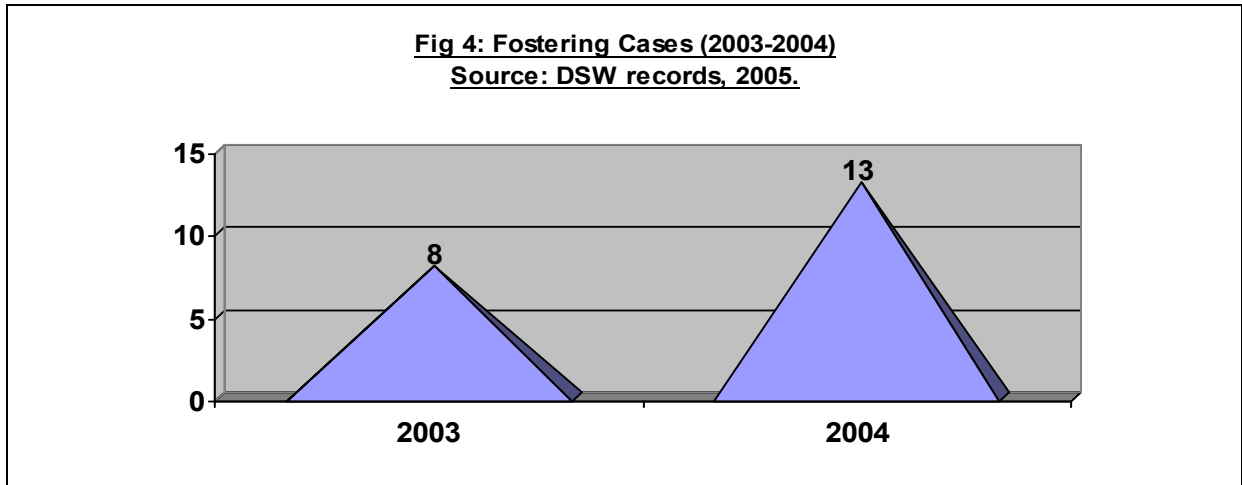
12. The Adoption Units in all the Regions dealt with Relative and Non-Relative Adoption cases in 2003 and 2004. In 2003, the Courts throughout the country granted two hundred and forty-six (246) relative adoption orders, involving three hundred and thirteen (313) children. Adoption orders involving forty-one (41) abandoned children were granted as well in the same year. This means that the abandoned or orphaned children's adoption was formalized by their adoptive parents. A total of two hundred and seventy-seven (277) relative adoptions were handled in 2004. Two hundred and fifty-two (252) orphans were also placed with suitable applicants prior to their formal adoption while five (5) inter-country adoptions involving Ghana and other countries were carried out.

## 1.6 Fostering

13. Between 2003 and 2004, twenty-one (21) children were fostered in the DSW run homes.

Of the number 8 were fostered in 2003 and 13 in 2004 as shown in Fig 4.

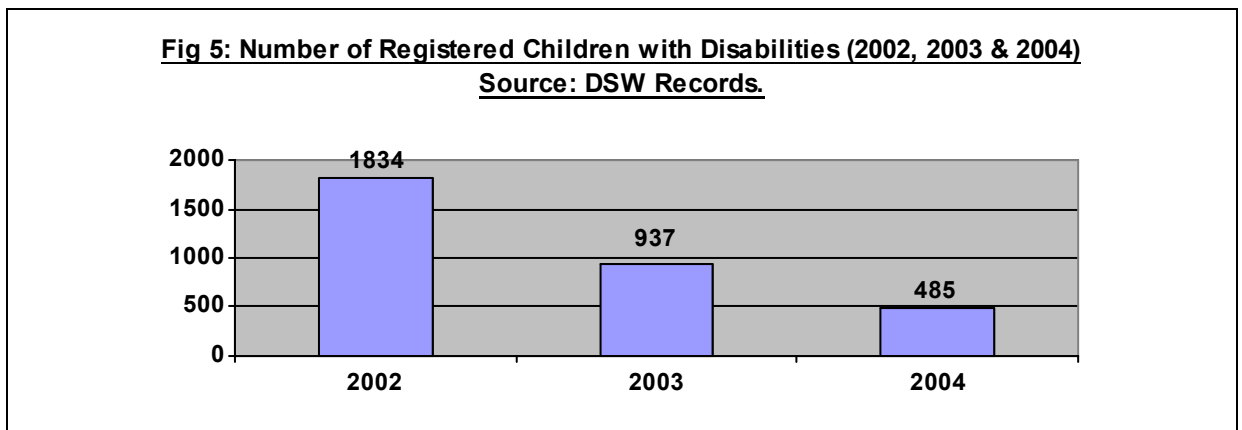
14.



## 1.7 Children with Disabilities

15. The 1992 constitution of Ghana provides comprehensively for persons with disabilities by ensuring their full participation in social or recreational activities, protection from exploitation and access to public places and facilities as stated in Ghana's main report to the UNCRC committee.

16. The records of the DSW indicate that the number of children with disabilities has dropped from 1834 in 2002 to 937 in 2003 and 485 in 2004 (Fig 5).



17. The decline in number of registered children with disabilities is attributed to improved health service delivery and increased access, antenatal and post natal coverage and sustained immunisation against the vaccine preventable diseases, especially the polio eradication initiative which contributes to childhood disabilities.
18. Disaggregated data on number of children with disabilities living with families, institutions, placed with foster care is being compiled. Between 2001 and 2005, 16,103 children were enrolled in Special Schools. Table D indicates disaggregated data (by sex) of children enrolled.

**Table D: Number of Children Enrolled in Special Schools (2001 and 2005)**

Year	Male	Female	Total
2001/2002	2112	1249	3361
2002/2003	2617	1497	4114
2003/2004	2509	1694	4203
2004/2005	2666	1769	4425
<b>Total</b>	9904	6209	16,103

**GES: (2005), Special Educational Needs Policy Framework.**

19. A new policy has been formulated to cater for the educational needs of children with disabilities, in line with the 'Education For All' Agenda. This is in response to concerns raised about the low participation of children with disabilities in school. The objectives of the Special Educational Needs Policy Framework are:
- Create and sustain public awareness on disability issues and special educational needs (SEN)
  - Determine the prevalence rates of different disabilities and SEN in Ghana
  - Extend early comprehensive assessment to all learners experiencing educational difficulties for appropriate placement and interventions
  - Increase access to equal educational opportunities for learners and young people with disabilities, and SEN in pre-tertiary institutions
  - Provide and safeguard the rights of learners and young people with disabilities/SEN to gain access to quality education
  - Increase school enrolment of girls with disabilities at pre-tertiary levels
  - Ensure that learners and young people with disabilities/SEN acquire appropriate technical and vocational skills for community integration
  - Improve school health sanitation and safety systems and promote the prevention and management of STDs/HIV/AIDS
  - Strengthen and improve Special Education Planning and Management

- Promote the development of Information and Communication Technology (ICT)-Based solutions to enhance the educational opportunities of learners and young people with disabilities and SEN<sup>5</sup>.
- There is not much information on number of children with disabilities who are not attending school.

## 2.0 HEALTH

20. One of the main components for securing good health is the provision of quality health services. The Ghana Health Service under the auspices of the Ministry of Health (MOH) identifies priority intervention areas for improving the health of children.

### 2.1 Infant and Child Mortality

21. Children are significant contributors to the nation's development efforts, and also the nation's important resource, implying that their health is key for national development. As mentioned in the earlier report, the Government of Ghana is still committed to health and welfare for children by increasing access and ensuring quality healthy service. Despite these efforts morbidity and mortality continue to be a challenge. Table E indicates infant, child mortality, immunization, malnutrition, adolescent pregnancy coverage for 2003 and 2004

**Table E: Reproductive Health Indicators**

Year	2003 (%)	2004 (%)
<i>Child mortality</i>	50	50
<i>Infant mortality</i>	64	64
<i>Under five mortality</i>	111	111
<i>Ante natal</i>	91.2	89.2
<i>Post natal</i>	80.2	53.3
<i>Supervised delivery</i>	52.1	53.4
<i>TT2+Immunisation</i>	101.3	67.4
<i>Malnourished children 0-11 months</i>	1.2	2.7
<i>Malnourished children 12-23 months</i>	4.1	5.4
<i>Malnourished children 24-59 months</i>	2.7	3.8
<i>Adolescent Pregnancy (10-14 yrs)-ANC Registrants</i>	0.3	0.2
<i>Adolescent Pregnancy (15-19 yrs)-ANC Registrants</i>	16.0	14.1

**Source: Demographic and Health Survey (DHS 2003), Annual Report (2004) of Reproductive and Child Health Unit, Ghana Health Service (GHS).**

22 The child, infant and under-five mortality rates for 2003 and 2004 did not experience any change. In the case of post natal, antenatal and TT2+immunisation there was a decline in

<sup>5</sup>GES: (2005), Special Educational Needs Policy Framework.



their coverage for 2004. Supervised delivery improved from 52.1% to 53.4% and the proportions of both the younger and older adolescent pregnancies declined. The nutritional status of children 0-11, 12-23 and 24-59 months also suffered a decline in coverage as seen in Table E.

23 Table F gives disaggregated figures on infant and under five mortality for 1998 and 2003 by region.

**Table F: Infant and under five mortality for 1998 and 2003 by region**

Region	Infant mortality rate	Infant mortality rate	Under-five mortality	Under-five mortality
	1998	2003	rate 1998	rate 2003
Ashanti	41.9	80	78.2	116
Brong Ahafo	77.3	58	128.7	91
Central	83.3	50	142.1	90
Eastern	50.2	64	89.1	95
Greater Accra	41.4	45	62	75
Northern	70.1	69	171.3	154
Upper East	81.5	33	155.6	79
Upper West	70.6	105	155.3	208
Volta	53.8	75	98	113
Western	68	66	109.7	109

**Source: Demographic and Health Survey (DHS 1998 & 2003).**

24. Table G is the coverage of infant and child mortality for 1998 and 2003 by sex and area (urban and rural).

**Table G: Infant and Child Mortality Rates by sex and area**

	Infant Mortality		Child Mortality		Under-five mortality	
	1998	2003	1998	2003	1998	2003
<i>Urban</i>	42.6	55	35.7	40	76.8	93
<i>Rural</i>	67.5	70	58.4	52	122.0	118
<i>Male</i>	64.4	70	53.3	44	114	111
<i>Female</i>	57.9	59	51.4	52	104	108
<i>Total</i>	57	64	54	50	108	111

**Source: Demographic and Health Survey (DHS 1998 & 2003).**

25. Data in Table G indicate significant improvements in infant, child and under-five mortality rates. The proportion of children recorded as malnourished showed an increase in the urban areas but decreased in the rural (1998 and 2003) as seen in Table H. The coverage for children underweight improved slightly in both the rural and urban areas.

**Table H: Rates of Malnutrition in Under Fives (1998 & 2003)**

	Stunting (%)		Wasting (%)		Underweight (%)	
Year	1998	2003	1998	2003	1998	2003
Urban	14	21	6.5	7	15.6	15
Rural	30	35	10.5	7	27.9	25
Male	28	28.1	10.4	10.4	25.9	25.4
Female	24	23.8	8.7	8.7	25.3	24.3
Total	26	30	10	7	25	25

**Source: Demographic and Health Survey (DHS 1998 &2003)**

## **2.2 Mental Health**

26. Information available on children with mental health problems is very limited. There are three psychiatric hospitals in the country, Pantang, Ankaful and the Accra Psychiatric Hospital, all in the southern part of the country. Clinical psychologists often handle children with psychiatric problems. Children under 10 years are rarely admitted to the Psychiatric Hospitals.

27. In terms of facilities, there are not many for children with mental illness in the country, particularly for special education. At present, much more efforts are needed in terms of support for children with mental illnesses. A new mental health bill has been prepared to replace Mental Health Decree 1972 (NRCD 30). The new mental Health Bill will focus on human rights which will provide specifically for children among other things. The bill will also provide for the treatment of mental disorder in the community.

## **3.0 CHILD PROTECTION AND WELFARE**

### **3.1 Child Abuse**

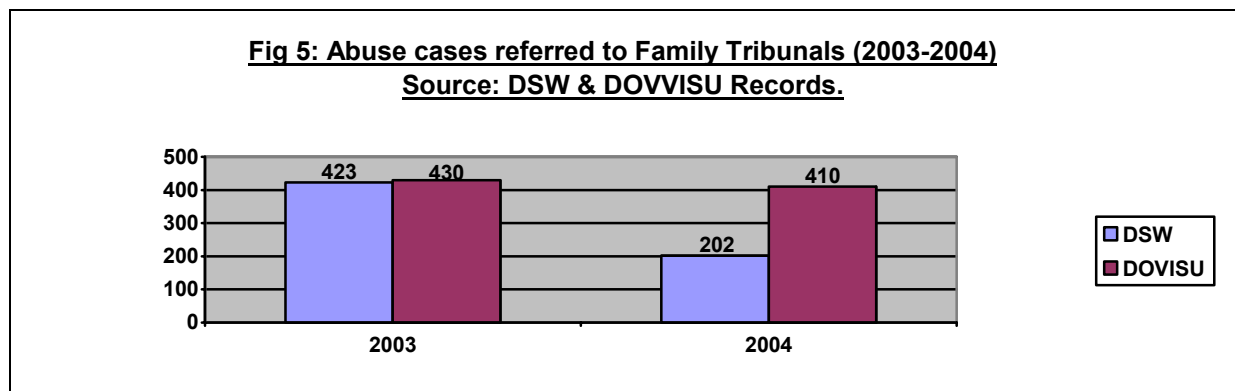
28. In Ghana, abuse against children takes the form of defilement, incest and harassment, harmful corporal punishment, abduction, indecent assault, threatening, Unnatural Carnal Knowledge and lack of maintenance of a child among others. Table I indicates the number and cases that came to the attention of the Domestic Violence and Victim Support Unit (DOVVISU), formerly called Women and Juvenile Unit (WAJU) of the Ghana Police Service.

**Table I: Reported Child Abuse Cases (2002-2005)**

<i>Case</i>	2002	2003	2004	2005
<i>Rape</i>	181	150	259	267
<i>Defilement</i>	820	755	671	670
<i>Indecent Assault</i>	106	90	75	116
<i>Assault</i>	1855	2157	2064	2563
<i>Incest</i>	20	17	13	29
<i>Compulsion of Marriage</i>	-	2	1	1
<i>Abduction</i>	153	175	192	237
<i>Unnatural Canal Knowledge</i>	1	3	1	-
<i>Non-maintenance</i>	1412	2977	4446	4102
<i>Kidnapping</i>	1	2	-	5
<i>Exposing Child to harm</i>	72	59	55	74
<i>Child Stealing</i>	19	18	18	10
<i>Stealing</i>	192	142	186	248
<i>Attempted Rape</i>	23	33	17	23
<i>Attempted Defilement</i>	1	-	-	4

Source: DOVVISU Records, 2005.

29. All the cases that are reported to DOVVISU are dealt with and those that need to be referred to the courts are done so. Fig 5 indicates the number of abuse cases that were referred from DSW and DOVVISU to Family Tribunals in 2003 and 2004.



30. Data in Fig 5 indicates that between 2003 and 2004, 833 cases were referred to the Family tribunals and of the number of 250 convictions made.



31. Since the implementation of the Educational Reforms Programme in 1987, considerable efforts have been made to improve access to education for all children. Remarkable project such as rehabilitation, expansion and construction of new school structures have been pursued. More teachers have been trained and provision of teaching and learning facilities by the government and other donor partners has also increased. These injections have improved teaching and learning, enrolment, and retention in both the rural and urban educational institutions in the country.

#### 4.1 Enrolments and Retention/Completion

32. Between 2002 and 2005, a total of 2,144,985 were enrolled in kindergarten, 8,892,515 in primary school, 2,982,178 in Junior Secondary schools. The breakdown is indicated in Table J.

**Table J: Enrolment Rates in Pre-school, Primary, JSS and SSS (2002, 2003 and 2004)**

Year	Kindergarten			Primary			JSS		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2002/2003	N/A	N/A	679,233	1,495,193	1,362,342	2,857,535	517,543	432,157	949,700
2003/2004	N/A	N/A	687,643	1,543,634	1,413,857	2,957,491	532,972	451,139	984,111
2004/2005	N/A	N/A	778,109	1,601,884	1,475,605	3,077,489	568,351	480,016	1,048,367
Total			2,144,985	4,640,711	4,251,804	8,892,515	1,618,866	1,363,312	2,982,178

**Source: MOES (2005), Preliminary Education Sector Performance Report.**

33. Table K provides the net enrolment of children in the primary and JSS schools in 2003/2004 academic year by Region.

**Table K: Gross Enrolment Ratio in Primary and JSS by Region (2003/2004)**

Region	JSS			Primary		
	Male	Female	Total	Male	Female	Total
National	69.7	61.3	65.6	81.4	75.3	78.4
Western	68.5	60	64.3	83	76.5	79.7
Central	80.6	72.8	76.8	91.1	86	88.6
Greater Accra	79.4	70.5	74.7	77.8	73.3	75.5
Volta	71.7	63.6	67.8	83	75.3	79.1
Eastern	72.5	66.6	69.7	89.5	85.1	87.4
Ashanti	74.4	63.7	69	79.1	74.4	76.8
Brong Ahafo	65.3	55.6	60.6	83.9	75.7	79.8
Northern	53.5	35.8	45.4	73.8	59.7	66.8
Upper East	47	46.4	46.7	77	75.5	76.2
Upper West	52.2	48.2	50.3	70.7	72.3	71.5

**Source: MOES, SRIMPR/EMIS, 2003/2004**

**Table L: Gross and Net Enrolment Ratio in Primary School**

<i>Year</i>	<b>GER<sup>6</sup></b>			<b>NER<sup>7</sup></b>		
	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
<i>2001/2002</i>	83	76	80	59	58	58
<i>2002/2003</i>	78.8	72.5	75.7	57.4	54.5	55.9
<i>2003/2004</i>	81.4	75.3	78.4	56.5	54.7	55.6
<i>2004/2005</i>	86.2	80.3	83.3	60.0	58.3	59.1

Source: MOES, EMIS, 2005.

34. The figures shown in Table L indicate the gender disparity in primary school in the last three years. There is however, a marked improvement even though more boys than girls were enrolled within the period.

**Table M: Gross Enrolment Ratio in Primary by Region (2003/2004-2004/2005)**

Region	2002/03			2003/04		
	Male	Female	Total	Male	Female	Total
Western	83	76.5	79.7	90.7	83.8	87.2
Central	91.1	86	88.6	96.5	90.8	93.7
Greater Accra	77.8	73.3	75.5	82.7	78.1	80.3
Volta	83	75.3	79.1	86.0	77.4	81.8
Eastern	89.5	85.1	87.4	90.3	86.1	88.2
Ashanti	79.1	74.4	76.8	85.6	80.8	83.2
Brong Ahafo	83.9	75.7	79.8	89.3	81.1	85.2
Northern	73.8	59.7	66.8	77.6	65.4	71.5
Upper East	77	75.5	76.2	79.7	81.2	80.4
Upper West	70.7	72.3	71.5	75.6	79.2	77.3

Source: MOE, SRIMPR/EMIS, 2003/2004

35. In 2003, the total adult literacy rate was 53.40% and male literacy rate was 65.80% significantly higher than the female literacy rate which stood at 42.30%. In all cases the literacy rates for the urban was higher than rural areas as indicated in Table N.

**Table N: Adult Literacy Rates 2003 (15+years old)<sup>8</sup>**

<b>Rate</b>	<b>Urban (%)</b>	<b>Rural (%)</b>	<b>Total 2003 (%)</b>
<b>Adult Literacy Rate Total</b>	69.60	39.80	53.40
<b>Adult Literacy Rate Female</b>	58.90	28.20	42.30
<b>Adult Literacy Rate Male</b>	81.90	52.60	65.80

Source: CWIQ 2003.

<sup>6</sup> GER-Gross Enrolment Ratio is number of enrolment (irrespective children's ages) divided by population (6-11 year olds)

<sup>7</sup> NER-Net Enrolment Ratio is number of enrolment (6-11 year olds) divided by population (6-11 year olds).

<sup>8</sup> Approximated based on equal male and female populations.

36. Table O shows the percentage of children completing primary school between 2002 and 2005. Data in Table O indicates significant improvements in the number of children completing primary school. Whilst the rate of males increased by 7.17% between 2002 and 2005, female completion rate increased by 6.629% within same period. Data on completion rates for secondary school was not available at time of the compilation report.

**Table O: Percentage of children completing primary and secondary education**

Year	Percent					
	Primary		JSS		SSS	
	Male	Female	Male	Female	Male	Female
2002/03	74.40	68.80	N/A	N/A	N/A	N/A
2003/04	81.70	74.00	N/A	N/A	N/A	N/A
2004/05	82.26	75.09	N/A	N/A	N/A	N/A

Source: MOES (2005), Preliminary Education Sector Performance Report.

37. Table P is the number and percentage of children who repeated their class at the preschool, primary and JSS in the public schools in the 2003/2004 school year. Data on number and percentage of repeaters for 2001/2002 and 2002/2003 were not available at time of the compilation of the report.

**Table P: Number and Percentage of Repeaters (2003/2004) in Public Schools**

Level	Male		Female		Total	
	Number	%	Number	%	Number	%
Primary	75,686	6.6	64,874	6.2	140,560	6.4
JSS	17,969	4.2	15,879	4.5	33,848	4.4
Total	112,888	6.1	97,829	5.9	210,717	6.0

Source: SRIMPR Division, MOES.

38. The number and percentage of children who repeated their class at the preschool, primary and JSS in the private schools in the 2003/2004 school year is indicated in Table Q.

**Table Q: Number and Percentage of Repeaters (2003/2004) in Private Schools**

Level	Male		Female		Total	
	Number	%	Number	%	Number	%
Primary	6,410	2.6	5,756	2.4	12,166	2.5
JSS	1,886	2.5	1,816	2.6	3,702	2.5
Total	16,523	3.5	15,069	3.3	31,592	3.4

Source: SRIMPR Division, MOES.

39. Table R shows primary promotion, repetition and dropout rates for 2004-2005. Data for 2001/2002 and 2002/2003 could not be provided.

**Table R: Primary Promotion, Repetition and Dropout Rates (2004-2005)**

	P1	P2	P3	P4	P5	P6
Promoters	82.5	93.0	92.7	90.1	92.3	94.5
Repeaters	9.4	6.3	5.8	5.1	4.4	4.7
Dropouts	8.0	0.7	1.5	4.8	3.3	0.9

Source: MOES (2005), Preliminary Education Sector Performance Report.

40 Table S indicates teacher per children ratio at the pre-school, Kindergarten, primary and JSS levels for the 2003/2004 academic year.

**Table S: Ratio of Teacher per children (2003-2004)**

Level	Public			Private		
	Enrollment	Teachers	PTR	Enrollment	Teachers	PTR
Pre-school	519,957	19,134	27 to 1	297,715	10,201	29 to 1
KG	453,561	14,041	32 to 1	183,554	9,207	20 to 1
Primary	2,196,774	64,631	34 to 1	489,359	18,202	27 to 1
JSS	773,982	41,653	19 to 1	145,352	9,766	15 to 1
Total	3,490,713	125,418	28 to 1	932,426	38,169	24 to 1

Source: SRIMPR Division, MOES.

41. The number of children per classroom in public primary schools from 2002/2003 to 2004/2005 academic year is seen in Table T. The table indicates an increasing trend in the number of children in a classroom, both at the national and deprived district level.

**Table T: Number of Pupils per Classrooms (Public Primary Schools)**

	2002-03	2003-04	2004-05
National	35.5	36.6	40.0
Deprived District	36.0	36.4	42.8

Source: MOES (2005), Preliminary Education Sector Performance Report.

42. As mentioned earlier, Ghana does not make any direct budgetary allocations on children issues as per the convention. Allocations for these issues are, however, made to the sectors whose work involve children, e.g. Education, Health and Social Welfare. At the central level, overall allocation of funding to education has increased with the setting up of the Ghana Education Trust Fund (GET Fund) and the share of education in the District Assembly Common Fund (DACF). These two sources are part of the statutory funds of the national budget, which are mandatory. Table U shows the government's budget allocation for the GES from 2003 to 2005



**Table U: GOG Budget Allocation to GES**

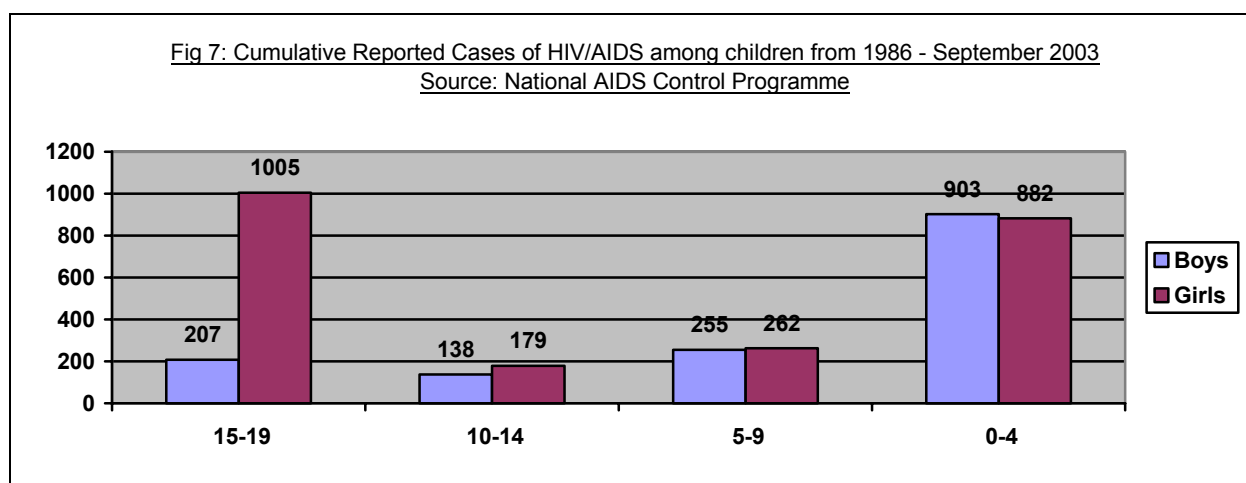
<b>Year</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Pre-school</b>	129,424,026,474	160,821,287,256	197,071,802,391
<b>Primary</b>	876,610,151,368	1,086,481,122,195	1,328,889,919,308
<b>JSS</b>	424,388,581,000	538,178,426,133	660,593,680,040
<b>SSS</b>	243,450,385,960	309,922,412,582	366,641,377,670
<b>Technical/Vocation</b>	29,957,671,842	31,950,246,239	37,950,246,239
<b>Teacher Education</b>	127,319,034,685	152,108,620,065	184,235,286,639
<b>Institutions for the Handicapped</b>	21,430,244,473	25,492,883,877	24,526,367,267
<b>Total</b>	1,852,580,097,805	2,304,955,000,351	2,799,908,681,559

**Source: MOES (2005), Preliminary Education Sector Performance Report.**

## 5.0 HIV/AIDS

### 5.1 Children Infected/Affected by HIV/AIDS

43. Stigmatization of persons infected or affected by HIV/AIDS poses a big threat to intervention strategies. However, Ghana has made great strides in reducing stigma associated with the disease through increased massive awareness creation activities. Reported cases of HIV among children (figure includes 19 year olds) for 2003 is presented in Fig 7.



44. Data on number of children heading households due to HIV/AIDS cannot be provided owing to lack of sufficient data.

45. Between 2003 and 2005, the GAC has provided an amount of ₵16,200,000,000 to implementing agencies to offer services for children infected or affected by HIV/AIDS (Table V).

**Table V: Budgetary Expenditure for Programmes and services for children infected and affected by HIV/AIDS**

Year	Cost (₵)	Number of Implementing Agencies
2003	2,200,000,000	11
2004/2005	14,000,000,000	70
Total	16,200,000,000	

Source: Ghana AIDS Commission, 2005.

### 5.2 The Orphan and Vulnerable Children (OVC) situation

46. Exact numbers of children orphaned by HIV/AIDS in Ghana is not readily available, however, an MOH/NACP (1999) report projects an upsurge of orphans from 126,000 in 1999 to 252,000 in 2004 and to more than 603,000 by 2014.

### 5.3 Orphans of HIV/AIDS living in institutions

47. Orphans and vulnerable children are found in all parts of the country but there is inadequate information on them. Data on OVCs are scattered and insufficient. A survey report showed that there are an estimated number of 217,099 OVCs in 96 districts (Table W). A new OVC policy has been made to regulate appropriately, issues related to vulnerable children in the country.

**Table W: Regional Distribution of OVCs**

Region	Number
Central	52,896
Brong Ahafo	2,996
Ashanti	21,197
Volta	11,454
Eastern	15,492
Western	12,919
Greater Accra	8,479
Northern	67,504
Upper East	5,964
Upper West	18,198
Total	217,099

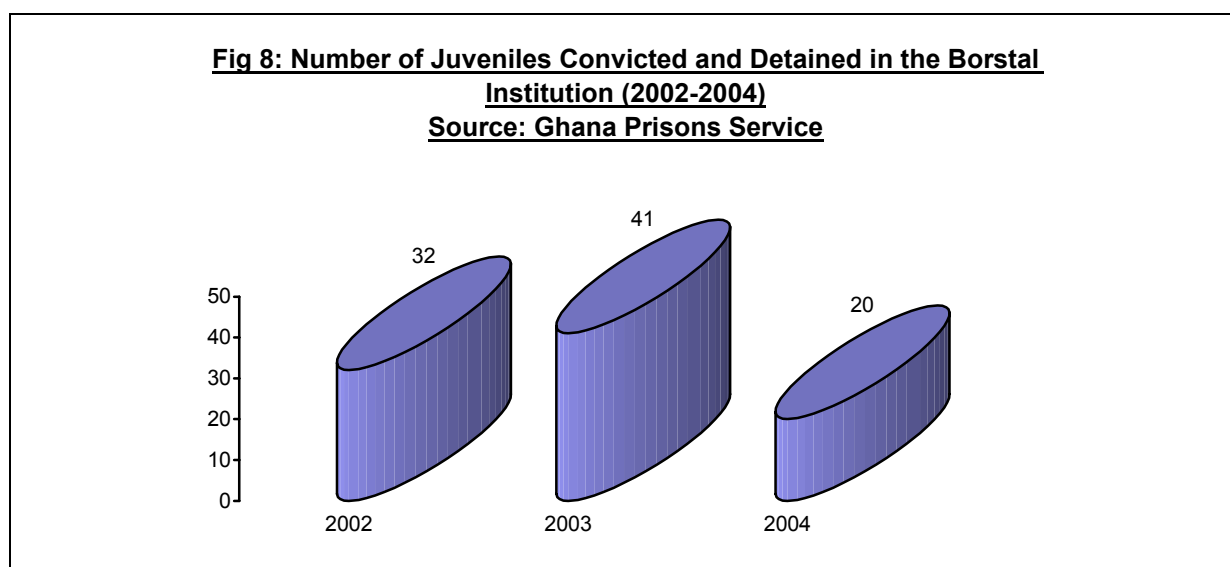
**Source: District Wide Survey, 2005.**

## 6.0 CHILDREN IN CONFLICT WITH THE LAW

48. All crimes are reported to the Ghana Police Service.

49. The Juvenile Justice Act 2003 (Act 653) has reformed the legal framework for juvenile justice, notably with respect to the rights of the juvenile, protection and punishment. Formerly, there was a fixed period of incarceration of three years in a borstal institution or industrial school for a convicted juvenile. The intention was to train the child for a vocation but it has since been observed that the institutionalisation of children is not in their best interest. Children are best maintained in a family environment where a social welfare officer, if necessary, can monitor them. The Juvenile Justice Act which came into force in 2003 introduces minimum periods of confinement from three months to twenty-four months on conviction, depending on the age of the juvenile and three years for a serious offence<sup>9</sup>.

50. Between 2002 and 2004, ninety-three (93) juveniles were convicted and sentenced to serve a mandatory period of three years. The breakdown of number of children convicted is indicated in Fig 8.



51. The types of offences committed include the under mentioned<sup>10</sup>:

- Stealing & Fraud
- Unlawful Entry
- Defilement
- Causing Harm

<sup>9</sup> UNICEF (2003): Common Country Assessment.

<sup>10</sup> Ghana Prison Services' official records, 2005.

- Contravening probation orders
- Threat of Death
- Indecent Assault
- Possession of Narcotic Drugs
- Unnatural carnal Knowledge
- Escaping from lawful custody

52. The Borstal Institute is the only one for young male offenders including juveniles which is under the supervision of the Ghana Prisons Service but there are other correctional detention facilities which are managed by the Department of Social Welfare. Female juvenile offenders are sent to the Girls industrial schools, which are under the supervision of the DSW. The authorised capacity of the Borstal Institute is three hundred and forty (340) and the industrial home is hundred (100).
53. CHRAJ monitors detention facilities by undertaking periodic inspection. On its inspection of prisons and police cells, in 2002 and 2003 some juveniles were found detained in adult prisons (Table Y). The Department of Social Welfare in its 2002 annual report also reported of 10 juveniles in Nsawam Prisons. The laws of Ghana do not allow the detention of children in adult detention facilities but juveniles are likely to find themselves in adult detention facilities when they increase their ages to obtain shorter custodial sentences as adults. There was no inspection exercise in 2004.

**Table Y: Number of Juveniles in Adult Detention Facilities (2002 & 2003)**

Type of Detention facility	2002	2003
Prisons	10	19
Police Cells	4	4
Total	14	23

Source: CHRAJ Official Records, 2005.

54. Juveniles detained in pre-trial detentions are kept in remand homes.
55. There is no reported case of abuse and maltreatment of persons below eighteen in detention facilities.
56. The laws of Ghana do not allow persons under 18 to be tried and sentenced as adults.

## 6.1 Child Pornography

57. There have been media reports of children abusing the internet for pornographic materials but no study has been conducted on the actual number of children involved.

## **6.2 Commercial Sexual Exploitation of Children (refer to page 74 of main report)**

58. There is not much statistical data on children involved in commercial sex work in the country even though evidence abounds that it is gaining grounds in the country. Some of the major causes of child prostitution are lack of parental support which stems from poverty, broken marriages and parental irresponsibility and peer pressure. Media reports indicate that most child sex workers consider their trade as ephemeral rather than a permanent profession. Studies are underway to ascertain the scope and magnitude of the problem to enable government to make the necessary interventions. Meanwhile, government agencies collaborate with civil society groups to identify, counsel, offer livelihood skills training, reintegrate or resettle sex workers.

## **6.3 Child Trafficking**

59. Until passage of the Human Trafficking Law, 9<sup>th</sup> December, 2005 cases relating to child trafficking offences were prosecuted under the Criminal Code Amendment Act 1998 (Act 554) and the Children's Act even though, there is evidence of trafficking, there is no reliable data on the number of children trafficked. A Human Trafficking Law has been passed to check trafficking offences. A comprehensive list of other steps undertaken to combat the phenomenon is indicated in main report (page 75).

## **6.4 Child Labour**

60. The laws of Ghana provide for the protection of children from child labour however there is some evidence of Child labour in the informal sector in both the rural and urban areas. There is not much data on the actual number of children involved in child labour in the country, however, the Child Labour Survey, which was conducted by the Ghana Statistical Service in 2003, revealed that 39% of children between 5 – 17 years are engaged in an economic activity (Refer to page 73 & 74 of main document for additional information). Concerns have been raised on children engaged in agricultural activities such as fishing and farming and efforts have been made to identify, withdraw, counsel, reintegrate through various interventions. Other initiatives include structures and mechanisms to monitor child labour and its worst forms at the community level.

### **6.4.1 Type of Work undertaken**

61. Child labour in the urban areas includes street hawking, portage of heavy loads, shoe shining, guiding people with disability, cart pushing and working in eating places. Rural child labour includes heading of cattle and sheep, fishing, crop farming and stone quarrying. In the case of farming and animal rearing this is done with and

under the supervision of adults as part of the process of skills transfer. Other worse forms of child labour exist particularly in fishing, child domestic servitude, prostitution, illegal mining, drug peddling, and pick pocketing.

## **6.5 Street Children**

62. The phenomenon of street children exists in Ghana and has in recent times become a topical issue in media reportage. Urbanization and other socio-economic factors are the main propelling factors of the phenomenon. Street children can be grouped into two categories; children who just come to the street to trade during the day but go home to sleep at night, and those who work on the street and at night sleep in front of shops, markets and other such open places. Accurate number of street children in the country cannot be given however there is compelling evidence to prove that it exists.
63. The government and its partners have collaborated in various ways to reduce 'Streetism' in Ghana. One such effort is the Street Children Project of MMYE. The project has:
  - Equipped 1665 street children with livelihoods skills
  - Re-integrated 1,272 street children in mainstream society
  - Placed about 300 street children into formal education and 175 has benefited from non-formal education
  - 200 and 136 parent/guardians have benefited respectively from business training and micro-grant support
  - Improved capacity of staff of the project staff for effective service delivery
64. It is envisaged that the programmes and projects undertaken would reduce the phenomenon significantly in the next three years.

## 7.0 GENERAL MEASURES OF IMPLEMENTATION

### 7.1 Data Collection

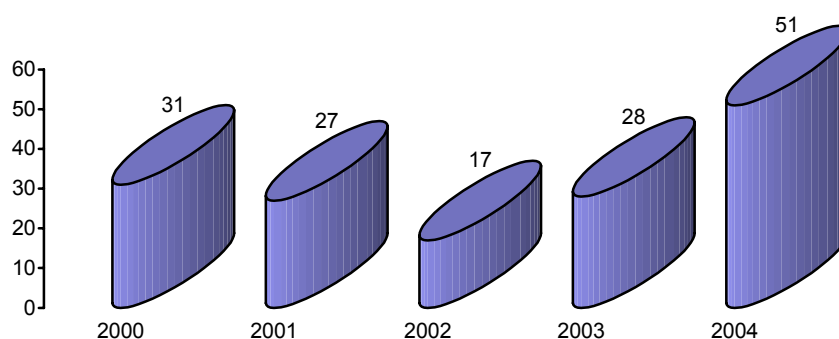
65. In the first report, the committee raised concerns about the development of a system of child-related data collection and management. Attempts have been made to improve statistics on children and increasingly, the government ministries and agencies responsible for various issues of vulnerable groups, particularly the Ministries of Women and Children's Affairs, Ministry of Manpower Development and Youth, Ministry of Education and Sports, Ministry of Health and CHRAJ have all improved their data management capacities. In spite of the existing gaps, it is evident that a lot of gains have been made than a decade before. The Ghana Statistical Service has also increased its collaboration with MDAs working with vulnerable groups to harmonized research methodologies and also encourages comprehensive reliable data approaches for national development.

### 7.2 Births and Deaths Registration

66. Births and deaths registration in Ghana has been revolutionalised from a passive approach of data collection to a more active method, which involves extensive use of mobile registration assistants who undertake regular community visits to collect information on all births and deaths that have occurred within a particular period. Significant gains have been made in births and deaths registration as a result of the remedial interventions introduced. Fig 9 indicates trend and coverage from 2000 to November 2004.

**Fig 9: Trends and Coverage (%) of Births and Deaths Registration (2000-2004)**

**Source: Births and Deaths Registry**





67. Registration of births and deaths faces many challenges such as poor staffing, inadequate funding, lack of logistics (office accommodation, vehicles, stationery and equipment), lack of motivation for the public, lack of access to registration facilities, lack of knowledge and ignorance of the importance of birth registration.(Refer to page 23 of the main report for additional information).

### **7.3 Application of the CRC**

68. There has not been any situation where the Convention has been invoked in the courts directly; however, the Children's Act (Act 560) which contains almost all the articles in the convention is invoked during court proceedings in the family tribunals (Refer to page 3 main document for additional information).

### **7.4 Commission on Human Rights and Administrative Justice (CHRAJ)**

69. The Commission on Human Rights and Administrative Justice (CHRAJ) had a specific department dealing with child rights but the department no longer exists on its own, its activities are mainstreamed in the various functions of the institution. CHRAJ receives individual complaints on child-related matters.

70. Complaints filed with CHRAJ are categorized into administrative justice, family related issues and general basic human rights. Children's issues feature dominantly in family related complaints. These are usual about child/spousal maintenance, paternity and socio-economic rights mostly health and educational rights. However, since there is no separate department or desk that handles these complaints, data is not disaggregated. Such information is only collated when the Commission undertakes specialized case-related research about abuse of children.

71. The Commission is under resourced in terms of funding.

### **7.5 National Programme of Action (NPA)**

The national programme of action is dubbed "A Ghana Fit for Children" and is currently in its draft stage. It covers all areas of the convention and takes into account the objectives and goals of the outcome document entitled "a world fit for children" of the UN general assembly special session on children in 2002. The NPA also took into account other international, regional conventions/protocols Ghana is signatory to and action plans of child-focused MDAs. The specific objectives of the NPA are as follows:

- Provide all children in Ghana quality education
- Protect children against abuse, exploitation and violence
- Combat HIV/AIDS and other STI's and address the needs of OVCs
- Enhance Children's Participation in issues that affect them
- Promote the healthy life of all children in Ghana

## **7.6 Awareness Creation and Training on the Convention (Refer to page 9 of main report for additional information)**

72. Some major steps taken to implement the CRC include completion and adoption of comprehensive laws for the protection of children; strengthening of co-ordination between various governmental bodies and mechanisms involved in children's rights; development of a system of child-related data collection and management; incorporation of CRC into curricula and training programmes of professional bodies/institutions (Ghana Medical School, School of Nursing and Midwifery, Police College, the Ghana Institute of Journalism and University of Ghana) whose activities affect the development of children, increase in media reportage on child-related issues among others.
73. Both State and non State actors have also been engaged in CRC capacity enhancement activities for groups such as the media, health, legal, social workers and civil society groups whose work affect children).
74. Legal instruments such as the CRC and Children's Act have been translated into various Ghanaian languages to facilitate its appreciation and use among the general public.
75. Child participation is promoted through the formation of child-rights clubs in schools and communities, children in broadcasting and other peer education activities.
76. New policies aimed at improving welfare and protection of children have been formulated These include:
  - Early Childhood Care and Development Policy
  - Gender and Children Policy, and
  - National Policy Guidelines on Orphans and other Children made Vulnerable by HIV/AIDS
  - Street Children Policy
  - Disability Policy
  - Draft Child Labour Policy
  - Special Educational Needs Policy Frame Work
  - Policy and Strategy for Improving the Health of Children Under Five in Ghana
  - Reproductive Health Policy and Standards
  - MOWAC's 3-year Strategic Implementation Plan
77. The development of these policies demonstrates government commitment to contribute in promoting and mainstreaming issues confronting children.

78. Both the print and electronic media have been very proactive in raising awareness on trafficking in Ghana and this has generated a lot of public debate in recent times.
79. The establishment of MOWAC is a move to identify and treat issues pertaining to children as top priority. Since its inception, CRC issues have been one its topmost agenda. MOWAC through the GNCC has organized a number of regional and zonal fora to train, sensitize, and advocate on issues relating CRC and the Children's Act (Act 560) and these have yielded some fruits.
80. Regional dissemination exercises have been undertaken by the GNCC to inform the public what Ghana has been able to achieve in terms of the implementation of the CRC. The dissemination exercise demonstrated government's commitment and readiness to gather and publicize relevant information on child rights related issues in the country. It also made way for children, adults, civil society and the general public to express their opinions on the report.
81. The co-operation between Ghana government and the international community including non-governmental organizations to implement the convention has been remarkable. The UN system, especially UNICEF, has been very supportive in providing funds to both state and non-state child-focus agencies to promote the CRC through research, advocacy, monitoring and capacity building. For instance, UNICEF has been very instrumental in integrating of child rights into the curriculum of professional institutions of learning: Ghana Medical School, School of Nursing and Midwifery, Police College, the Ghana Institute of Journalism and University of Ghana. It is believed that this would serve as a long-term answer to the challenge of lack of capacity among professional groups.
82. The ILO has established the IPEC programme to strengthen national capacity for combating the worst forms of child labour. Its Child Trafficking Project is working with the Ministry of Manpower Development and Youth Employment (MMYE), MOWAC, Ministry of Education and Sports (MOES), Trades Union Congress (TUC), Employers Association and NGOs to facilitate the child trafficking elimination process. In collaboration with four NGOs, namely; Ghana National Coalition on the Rights of the Child, RAINS-Tamale, Youth Development Foundation (YDF), Kumasi and International Needs (IN) have projects in child commercial sex exploitation, prevention of girl migration to the south, domestic servitude and ritual servitude (Trokosi).

83. Other state and non-state agencies have also received various support from other donor agencies such as PLAN Ghana, World Vision International (WVI), Save the Children (SC), USAID, UNDP and other bilateral and multilateral institutions to improve education, health, water and sanitation for children. Good parenting, advocacy on child rights, and rehabilitation of disadvantaged children and grants to needy parents to engage in micro-credit ventures are other areas Development partners have provided support.

84. Ghana government believes that proper upbringing of child must start from early childhood. Since the government considers early childhood care and development as top priority, a lot of attention has been given this area. Since the inception of the Early Childhood Care and Development Policy (ECCD), awareness creation on ECCD has increased in both the electric and print media, capacities of stakeholders, community members, children, parents and traditional authorities have been built at both the national and the district levels. A National Coordinating Committee to play advisory and coordinating roles for the implementation of the ECCD Policy is in place. The Orientation and establishment of 37 District ECCD Committee is also worth mentioned. The essence is to create awareness on the need to mainstream the development of the child from its early years of life and promote the integration of ECCD related issues into national and district sector plans for the sustainable development of the Ghanaian child in the community.

85. Child Protection Teams have also been formed in some communities to respond to incidence of abuse and violence. These Teams serve as community watchdogs in protecting the rights and welfare of children. Activities of the Child Protection Teams focus on advocating the best interest of children and developing cost effective projects that would improve the status of parents and the communities in order to take proper care of their children.

86. Orientations programmes are being provided to improve their capacities. Capacities of MDAs have also been built in the areas of laws protecting children, policy related issues and programming for children at especially the regional and district levels.

## **8.0 PROTECTION**

The legal environment to advance the cause of children has improved significantly leading to the promulgation of various legal instruments to protect children's rights in the last decade.

### **8.1 New Bills or Enacted Legislation**

#### **8.1.1 Impending Bills**

##### ***Revision of the Intestate Succession Law, 1985 (PNDCL III)***

87. On the 25<sup>th</sup> November 2005, the Secretary to the Cabinet was sent a Memorandum from the Attorney General and Ministry for Justice to seek policy approval for the revisions of PNDCL.III. The request seeks revision to make intestate Legislation enacted twenty years ago more responsive to the needs of spouse and children. The approved law will:
- a. abolish the fractional distribution of the estate of the deceased and introduce percentages for easier calculation of the shares of persons entitled to participate in the distribution of the estate;
  - b. increase the share of surviving spouse in a polygamous marriage;
  - c. provide an option for the surviving spouse to buy out the other beneficiaries where the estate consist of only one house and where the surviving spouse has contributed to the acquisition;
  - d. separate the interest of surviving spouse from that of children and specific provision for surviving spouse who are joint owners of the property with the deceased;
  - e. make provision for the sale or redemption of a mortgage estate and the distribution of the proceeds of sale;
  - f. make provision for children of the deceased who are still in school before the distribution of the estate;
  - g. include cash and moneys in bank accounts in the list of household chattels; and
  - h. Grant discretionary power to the courts not to apply the provision of the proposed Act, if the application will be inequitable, unconscionable or unjust.

##### ***Criminal Code Amendment***

88. On the 27<sup>th</sup> days of October, 2005 Cabinet gave approval for a Bill to strengthen the provision of female circumcision introduced by amendment to the Criminal Code in 1994 in the Criminal Code (Amendment) Act, 1994 (Act 484).

89. The Bill changes reference from female circumcision to female genital mutilation to reflect the actual nature of the offence. It also alters the scope of responsibility to include not only practitioners but other co-operating participants such as those persons who send or receive victims. The penalty will increase from 3 years to 4 years. The Bill will be laid in Parliament at the next session commencing in January 2006.

### ***Domestic Violence Bill***

90. The amendment of the Criminal Code of 1960 (Act 29) for the criminalization of rape in marriage is still a contentious issue. It has held up discussions on the bill. To deal with violence within the domestic setting, a Domestic Violence Bill has been prepared. Although there are offences in the Criminal Code which may be used to prosecute offenders such as assault, incest, customary servitude and female genital cutting, prosecution of these offences results in arrests and jail sentences which do not promote the family as a unit of society which is an entrenched article in the constitution (article 28 (1) (e)). The domestic violence bill seeks to provide victims of domestic violence with protection and occupational orders.
91. The definition of domestic violence covers physical, sexual, economic, emotional, verbal and psychological abuse as well as intimidation and harassment among others. The domestic relationship includes not only a partner but also a family relationship such as an elderly blood relation. House helps, co-tenants and any person providing refuge to a complainant are also included.
92. The consultative process in the 10 Regions of the country, directed by the cabinet has been concluded and the bill awaits cabinet's approval to be introduced in parliament

### ***Persons with Disability Bill***

The bill is currently before cabinet for approval to be laid in parliament. The bill is in furtherance of the rights of the disabled in article 29 of the Constitution and the constitutional requirements for protectionist legislation in article 37 (2) (b). The bill defines a person with disability as someone affected by a physical or mental impairment which limits one or more of the major life activities of that person. Among other things, the bill stipulates free education and health care for the disabled.

### ***Mental Health Bill***

Cabinet has given approval for a new Mental Health Bill which will replace the 1972 Mental Health Decree (NRCD 30). The 1992 bill focused on institutional care, the new law adopts a human rights based approach in accordance with WHO guidelines. For the first time, the bill will provide for a protection of vulnerable groups including children. It provides that children with mental disorder are to be treated in a least restrictive environment. Where they require admission, they are to be accommodated separately from adults and their developmental needs taken care of. Irreversible treatments are not to be admitted to them and the opinion of a child is to be taken into consideration in issues of care including treatment, depending on age and capacity.

## **8.2 Bills in Parliament**

### ***The Ghana National Commission on Children (Repeal) Bill***

93. The Bill for the repeal has been approved by cabinet and has been laid in Parliament to be enacted. The Bill repeals the Ghana National Commission on Children Decree 1979 (AFRCD.66) to convert GNCC to a decentralized Department of the Ministry of Women and Children's Affairs.
94. The new Ministry, the Ministry of Women and Children's Affairs was created in September 2001 and it was decided by Cabinet that MOWAC should have ministerial responsibility for the Commission which should be implementing agency of the Ministry.
95. The new Ministry is the central Management Agency within the public sector with responsibility for policy management, co-ordination and monitoring issues related to women and children. The Commission has become the implementing agency for children
96. The optional protocol to the CRC on Children in armed conflict has been laid before parliament for ratification.

## **8.3 Recent Act of Parliament**

97. Human Trafficking Act came into force on the 9<sup>th</sup> December 2005 after Presidential assent and publication in the Gazette. The Act seeks to prevent, reduce and punish human trafficking as well as provide for the rehabilitation and reintegration of victims. This Act was necessary because although the Criminal Code creates offences associated with the subject, these relate to the perpetrator rather than the victim whose rights have been violated.

## **9.0 POLICIES**

### **9.1 National Health Insurance Scheme**

98. In line with the Ghana Poverty Reduction Strategy (GPRS) the government has initiated a policy to deliver accessible, affordable, and good quality health care to all Ghanaians especially the poor and most vulnerable in society.
99. The current out-of-pocket payment for health care at the point of service delivery popularly known as “Cash and Carry” poses a financial barrier to health care access. Indeed it is estimated that out of eighteen percent of the population who require health care at any given time, only twenty percent of them are accessible to it. That is about eighty percent of people living in Ghana who need health care cannot afford to pay out-of-pocket at the point of the service use. This has resulted in delays in seeking health care, non-compliance to treatment, and consequently pre-mature death.
100. To address the problem of financial barrier to health care access, the government in 2001 initiated a National Health Insurance Scheme (NHIS) as a humane approach to financing health care. The National Health Insurance Law – Act 650 came into effect in October 2003.
101. Ultimately, the vision of government in instituting a health insurance scheme in the country is to ensure all residents in Ghana equitable and universal access of acceptable quality package in essential health care. The policy aims at ensuring that within five years every resident in Ghana shall belong to a health insurance scheme that adequately covers him or her against the need to pay out – of –pocket at the time of service use in order to obtain access to defined package of acceptable quality of health service.
102. It is compulsory for every person living in Ghana to belong to a health insurance scheme type. This is in the spirit of solidarity, social responsibility, equity, and a sense of belongingness in the building of a healthy and prosperous nation. The scheme requires that every person living in Ghana contributes, according to the principle of ability to pay, in order to enjoy a package of health service covering over 95% of diseases afflicting Ghanaians. There is a differential contribution level in the formal and informal sector of the society.
103. The formal sector shall contribute 2.5% of their 17.5% Social Security and Insurance Trust (SSNIT) contribution whereas the informal sector shall contribute at least ₵72,000 per annum. The contribution levels have an inbuilt cross-subsidization mechanism whereby the rich pay more than the less privileged, when adult parents make payments their contributions automatically cover their children under 18 years as a result additional payments on behalf of children is not required.



104. In addition to the funding of the scheme the contribution of persons working in the formal and the informal sectors of the economy, government has put in place a framework for mobilizing additional funds to support the implementation of the scheme. Government has instituted by law a 2.5% National Health Insurance Levy payable on selected goods and services. Funds raised from this source shall be used to subsidize the contributions for the core poor and other vulnerable groups.
105. The National Health Insurance programme shall be regulated by the National Health Insurance Council through the National Health Insurance Act (Act 650, 2003). It shall establish units responsible for policy planning, monitoring and evaluation, and licensing, administration, management support and training; and fund management and investment.
106. With the establishment of such an organization, it is hoped that institutional frame work and the necessary environment shall be created for the acceleration of the implementation of the scheme.

## **9.2 Capitation Grant**

107. Parental poverty is one of the main reasons that prevent children in Ghana to attend school. Despite the fee free policy in basic schools, many districts charge levies as a means to raise funds for school repairs, cultural and sporting activities. Many parents could not pay these levies and for that matter many children stayed away from school. In view of this the government of Ghana through the Ministry of Education and Sports has set up a Capitation Grant scheme which started from the 2005/2006 academic year whereby every basic school receives an amount of thirty thousand cedis (¢30,000) per pupil enrolled.
108. The scheme removes financial barrier created by the levies which were charged by the Districts. Similarly, the capitation grant has been designed to empower the schools to effectively use financial resources to plan and carry out school quality improvement. The process of planning activities should be participatory and transparent. The grant is therefore expected to serve as an opportunity to help build school level capacity to effectively implement fiscal decentralization – which is a long term goal of the government of Ghana<sup>11</sup>.

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<sup>11</sup> GES (2005): Guidelines for the Distribution and utilization of Capitation Grants to Basic Schools.

### **9.3 New Institutions** (Refer to institutional reform, page 4 of main report)

#### **9.3.1 Shelter for Abused Children**

109. The shelter is a new initiative of DSW supported by UNICEF, with funding from the French Embassy to renovate the Boys' Probation Wing in the Osu Remand Home. The shelter was commissioned in October 2003 and at present, basic needs including beds, furniture etc. have been provided and the structure now serves as a shelter for only abused children.

#### **9.3.2 Shelter for Trafficked Children**

110. A Shelter for trafficked children has been established by DSW to rehabilitate and rescue trafficked children. The shelter provides care support to children aged between 6-15 years.

## **10.0 MISCELLANEOUS ISSUES**

110. The following is a preliminary list of major issues (that does not contain issues already covered in Part I) that the Committee may take up during the dialogue with Ghana. We are informed that this segment does not require written answers. It is important to also note that this list is not exhaustive as other issues might be raised in course of dialogue. To facilitate the discussions, highlights of the various items have been added to report and where reference (to main report) is required the specific pages (where reference is to be made) have been indicated.

### **10.1 Ghana Poverty Reduction Strategy (GPRS)**

111. The Ghana Poverty Reduction Strategy represented comprehensive policies, strategies, programmes, and projects to support growth and poverty reduction over a three-year period (2002-2004). It is informed by the conviction of the current government that the economy of Ghana needs to be managed effectively to enable wealth creation for the benefits of all Ghanaians. The strategic document has guided the Government of Ghana to create wealth by transforming the economy to achieve growth, accelerated poverty reduction and the protection of the vulnerable and excluded within a decentralized, democratic environment. The following were goals of the GPRS:

- a. Ensuring sound economic management for accelerated growth;
- b. Increasing production and promoting suitable livelihoods;
- c. Direct support for human development and the provision of basic services
- d. Providing special programmes in support of the vulnerable and the excluded
- e. Ensuring good governance and increased capacity of the public sector; and
- f. The active involvement of the private sector as the main engine of growth and partner in nation building.

112. The poverty reduction strategy document has been reviewed and a new but related document – Growth and Poverty Reduction Strategy document (GPRS 11) for the next 3 years has been finalized. The GPRS 11 has addressed issues on children, their rights, their vulnerability and exclusion, worst forms of child labour and child trafficking.

## **10.2 Corporal punishment in the family, schools and other institutions** (Refer to page 66 of main report).

113. Corporal punishment is still widely practiced in schools and other institutions. As mentioned in the main report, the Ghana Education Code of Discipline for second cycle school provide for corporal punishment in very rare cases, where a head teacher of a school must be the person to give authorization or administer it. In the rural areas, the use of corporal punishment is very common as a result of supervision difficulties. However, in many schools in the urban areas, particularly in private schools, corporal punishment is prohibited.

## **10.3 The Situation of HIV in Ghana**

113. The first AIDS cases in Ghana were recorded in March 1986 with most of the 42 cases coming from the Eastern Region. The first AIDS case was also diagnosed in the Eastern Region. By the end of June 2002, a cumulative total of 64,361 cases were recorded and about 550,000<sup>12</sup> people were estimated to be living with HIV/AIDS. HIV/AIDS cases have been reported in all the 10 regions of the country and among all age groups. There are however, important regional variations in the reporting. For instance, while the Northern region has recorded the lowest prevalence rate of 2.0% that of Eastern Region, is the highest in the country is 8.5%.

114. The variations can be attributed to such factors as differences in the populations of various regions, availability of public health institutions, the stage of the epidemic and the health seeking behavior of the people. The peak age group of HIV/AIDS infection is the 25-34 year brackets, which accounts for nearly 45%, reported cases in 2002. The peak age of infection among females is 25-29 age groups whilst those for males are the 30-34 age group. The female-to-male infection ratio is however, gradually assuming parity, changing from 6:1 in 1987 to approximately 2:1 in 2002.

115. For children, the majority of cases are in 0-4 year age bracket and most infections is through mother-to-child transmission. As in many other communities, stigma is a major obstacle to educational programmes to reduce the spread of the virus. This feature has since changed as presently, new cases that are reported occur among people without a history of previous travel.

116. The average adult prevalence of HIV from sentinel surveillance report is known to have increased gradually from 2.6% in 1994 to 3.6% in 2002 but reduced to 3.2% in 2004. The main mode of transmission of the virus is through heterosexual intercourse and this accounts for about 75-80% of all infections. Mother-to-child transmissions and transmission through blood products accounts for 15% and 5% respectively.

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<sup>12</sup>UNICEF (2004): Operational Research into the Situation of Orphans and Vulnerable Children within the Manya and Yilo Krobo Districts of the Eastern Region of Ghana.

### 10.3.1 Responses to HIV/AIDS

117. The Ghana government's responses to AIDS were evident early in 1985 through the establishment of the National Advisory Commission on AIDS (NACA) to advise the government on HIV/AIDS issues. Even though at the time, AIDS was not seen as a serious problem, in 1987, the national AIDS control programme was established under the MOH for both implementation and coordination of the programme. In addition, a national HIV/AIDS and STI policy was developed to guide the national response<sup>13</sup>.
118. The Ghana government's responses to HIV/AIDS became more realistic in 2000 when it was apparent that HIV prevalence rates were steadily increasing. The importance of effective resource mobilization, management and coordination of HIV/AIDS activities led to the need for an appropriate policy framework and organizational structure to guide programme implementation, supervision, monitoring and evaluation for the many actors involved in HIV/AIDS and care activities. This culminated in the establishment of the Ghana AIDS Commission in 2000. Subsequently, the National HIV/AIDS Strategic Framework was developed in 2001 to provide goals and objectives for a national response to the disease.
119. The Sentinel Surveillance System was established in 1990 under the MOH to provide data for estimating the extent of HIV infection. This is the procedure recommended by the World Health Organization (WHO) and is used in almost all countries. There are 22 sentinel surveillance sites in the ten regions of the country: each region has designated two hospitals or health centres to be sentinel surveillance sites. In addition, two more sites are included from greater Accra region. The sites are situated in selected antenatal clinics where pregnant women are tested anonymously each year.
120. The efforts of the government have been supplemented by the existence of a number of development partner-funded HIV/AIDS prevention projects, Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), Faith-Based Organizations (FBOs) and the private sector. These supplementary prevention projects have addressed four components: (a) strengthening the national project through the development of the institutional and managerial capacity of the

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<sup>13</sup>GAC/USAID, The Monitoring and Evaluation Plan for HIV/AIDS in Ghana (2001-2005).

National AIDS Control Programme.(NACP) to effectively track the course of the epidemic and the Ghana AIDS commission to coordinate the national program; (b) increased and improved NGO and private sector capacity to provide HIV/AIDS services; (c) the promotion of safer sexual and treatment-seeking behavior and its reinforcement among selected target groups, emphasizing behavior change; and (d) provision of effective and efficient services aimed at supporting and assisting people living with HIV/AIDS.

**The following issues have already been addressed in the main report. Respective page indicators have been stated to facilitate reference purposes:**

- Non-discrimination (Refer to page 16 of main document)
- Non-discrimination in general and in particular discrimination against girls, children with disabilities, children living in poverty, children born out of wedlock, internally displaced children, refugee and asylum seeking children, children in conflict with law, and children living in rural areas.
- Respect for the views of the child (Refer to page 34 of main document for details).
- Child abuse, neglect, and domestic violence (Refer to page 35 of main report).
- Adoption and Family reunification (Refer to page 31 & 33 of main report).
- Social security and standard of living, in particular high levels of poverty (Refer to page 47 and 51 of main report).
- Quality of education, in particular high levels of literacy and lack of trained teachers (Refer to page 53-68 of main report).
- Refugee children (Refer to page 69 & 70 of main report).
- Health care services (Refer to page 37 of main report)
- Alcohol and other substance abuse by children and parents (Refer to page 15 of main report).
- Economic exploitation, including child labour (Refer to page 73 of main report and page of supplementary report).
- Street children (Refer to page 23 of supplementary report).
- Sexual exploitation and trafficking (Refer to page 74 & 75 of main report and page 22 of supplementary report).
- Harmful traditional practices (refer to page 44 of main report).
- Administration of juvenile justice (Refer to page 71 of main report).

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