



CHRAJ

Commission on Human Rights
and Administrative Justice



STATE OF HUMAN RIGHTS IN GHANA (2007)

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ABBREVIATIONS AND ACRONYMS

ACAT	Action by Christians Against Torture
APPLE	Association of People for Practical Life
APT	Association for the Prevention of Torture
AU	African Union
BECE	Basic Education Certificate Examination
CCAG	Care and Concern Action Group
CCP	Community Care Policy
CDC	Community Development Concern
CHRAJ	Commission on Human Rights and Administrative Justice
CP	Capitation Grant
CPI	Corruption Perception Index
CRS	Catholic Relief Services
CSO	Civil Society Organisations
DOVVSU	Domestic Violence Victim Support Unit
ESCR	Economic, Social and Cultural Rights
ESR	Economic and Social Rights
GACC	Ghana Anti-Corruption Coalition
GDACA	Ghana Danish Communities Association
GDP	Gross Domestic Product
GES	Ghana Education Service
GPHA	Ghana Ports and Harbor Authority
GPRS	Ghana Poverty Reduction Strategy
GPS	Ghana Police Service
GSPD	Ghana Society of the Physically Disabled
HAS	Health Services Administrator
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labor Organization
ISODEC	Integrated Social Development Centre
JHS	Junior High School
KVIP	Kumasi Ventilated Improved Pit
MDGs	Millennium Development Goals

MHOs	Mutual Health Organizations
MOWAC	Ministry Of Women and Children's Affairs
MOEYS	Ministry of Education, Youth and Sports
MMYE	Ministry of Manpower Youth and Employment
NADMO	National Disaster Management Organization
NCCE	National Commission on Civic Education
NCOM	National Coalition on mining
NCS	National Catholic Secretariat
NEPAD	New Partnership for African Development
NHIS	National Health Insurance Scheme
OAU	Organization of African Unity
OPCAT	Optional Protocol to the Convention Against Torture
OPD	Out Patient Department
PLHIV	Persons Living with HIV
PWDs	Persons with Disability
RAINS	Rains Advisory Information and Network Systems.
RUMNED	Rural Media Network
SMRTP	Standard Minimum Rules for the Treatment of Prisoners
TGH	Tema General Hospital
THUHDEG	Human Help & Development Group
TMA	Tema Municipal Assembly
T V	Television
T&L	Teaching and Learning
UNCAC	United Nations Convention Against Corruption
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commission for Refugees
Vol.PHIG	Volta Physically Challenged Independent Group
WILDAF	Women in Law and Development in Africa
WFCL	Worst Forms of Child Labour
WVI	World Vision International

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1.0 A REPORT BY THE COMMISSION ON HUMAN RIGHTS AND ADMINISTRATIVE JUSTICE (CHRAJ) ON THE OCCASION OF INTERNATIONAL HUMAN RIGHTS DAY (DECEMBER 10TH, 2007)

1.1 Overview by the Commissioner

Every year, on December 10, the Commission on Human and Administrative Justice (CHRAJ) joins the international community to commemorate International Human Rights Day (IHRD).

For the staff at CHRAJ, the celebration this year (2007) has a double significance: first of all, on this day, the United Nations is launching a year long campaign to mark the 60th anniversary of the Universal Declaration of Human Rights on December 10, 2008. This initiative is to raise awareness of the Declaration and its relevance to everyone and it is also to commemorate its enduring promise of “**DIGNITY AND JUSTICE FOR ALL OF US**”, reinforcing the fact that human rights are inalienable and inherent in all human beings and that every one of us is born equal and free. Therefore every human being must be allowed to live in dignity and justice applied to everyone.

One of the main purposes of the Report is to promote dialogue on the state’s responsibility in ensuring that right- based approaches to poverty alleviation, growth and resource allocation are employed in the planning and implementation of policies for vulnerable persons.

This year’s celebration is even more significant as Ghana marks 50 years of independence and reflects on how far it has come as a nation, as a people and whether with regard to Human Rights and Social Justice, Ghana @ 50 has indeed come of age.

The term “**coming of age**”, denotes a young person's transition from adolescence to adulthood. The age at which this transition takes place and the nature of it, vary in different cultures and societies.

Turning 50 for anyone, individual or country is almost synonymous with “**coming of age**”. There is something about 50 which connotes **maturity, wisdom, experience** so we speak of “**The golden age,**” “**golden anniversary**”. So have we come of age?

Anyone who has been following Ghana’s history, at least for the past 50 years, chronicling our political and economic fortunes and misfortunes, will no doubt agree that we have indeed come a long way.

From the high ideals espoused by the first President, the great PanAfricanist, Dr. Kwame Nkrumah who led Ghana to be the first country in sub-Saharan Africa to achieve independence in 1957, Ghana's route to this achievement became the model for the rest of the continent.

Today, Ghana is one of the best-performing economies in Africa with the ambition to become a middle income country within this decade. Overall, poverty has declined from 52 percent in 1992 to 28 percent in 2006, and Ghana is likely to succeed in halving her poverty by 2015, making her the first country in Africa to achieve this goal.¹

We have surely come a long way in the promotion of human rights and the observance of civil liberties; there is greater freedom of the press. It would be fair to say that we can boast of the largest number of press houses, newspapers, radio stations etc. in Africa. There is a greater awareness of human rights even in the remotest villages and women and girls who hitherto would not dare, are speaking out against domestic violence, illiteracy, the lack of school desks etc. and their rights to education and equal opportunities.

While all this economic expansion and creation of civil space have been going on, so has the state of the voiceless, the vulnerable, the poor in society, been improving. But to what extent have economic and political gains enhanced and improved the condition and quality of life of our people?

Today, I will give a few highlights of some of the Commission's observations in our latest State of Human Rights Report.

1.2 Human Rights and Corruption

Corruption has a negative impact on human rights and it impedes the enjoyment of human rights. Corruption constrains democratic governance by undermining judicial processes, dismantling the rule of law, violating human rights and reducing the delivery of essential public services, especially to the poor. There is no doubt therefore that corruption and human rights are interrelated.

While public perceptions of corruption do not always tell an accurate story about the nature and spread of corruption in a country, they do provide useful insights into the “culture of corruption” by which citizens interact with their governments.

This year, Ghana scored 3.7 on the Transparency International Corruption Perception Index (CPI). Though this score represents a slight improvement over previous years (except for 2002), the score is still far from the minimum clean score of 5.0. Regrettably, reports as well as the nature of complaints to the Commission indicate that corruption is high and widespread and that it so deeply penetrates the social and cultural fabric of the country that the population appears generally, to be resigned to its existence. In other words, people are “accepting” corruption as a way of life. This is indeed disturbing and should be a source of concern to all of us. On 13th December, 2007, the Ghana Anti-Corruption Coalition, of which the CHRAJ is a member, will present a statement on the state of corruption in the country. Therefore, I will only highlight a few issues today.

Within the period under review, the fight against corruption remained an important activity for the country. We note that some laudable efforts were made by the Attorney-General and some Ministries, Departments and Agencies to combat corruption.

Having ratified the two international conventions against corruption, namely, the United Nations Convention against Corruption (UNCAC) and the AU Convention on Preventing and Combating Corruption and Related Offences, the process of domesticating the provisions of these two conventions into national legislation started within the year. These include:

- Data Capture Registration and Protection of Personal Information Bill;
- Electronic Transactions Bill;
- Mutual Legal Assistance Bill and the
- Serious Fraud and Organised Crime Bill.

The Money Laundering Act, under which a Financial Intelligence Centre is to be established to monitor, prevent and facilitate the repatriation of laundered money, was enacted. A code of conduct for the Judiciary is being developed and together with the Complaints Desk, established within the Chief Justice’s office to receive and process complaints of misconduct on the part of court officials, the fight against corruption in the Judiciary was given a new impetus.

The role of the Media in creating and maintaining a place in public life that discourages corruption in Ghana is crucial. The media not only raise public awareness about the causes and consequences

of corruption, they also help to shape public hostility to corruption in Government. The Commission notes that the media have done a tremendous job in this direction. There were over several reports in the Media on corruption and related misconduct. Our partners at the Ghana Anticorruption Coalition (GACC) and other civil society organisations have, in various ways, contributed immensely to the fight against corruption.

On its part, the Commission refocused its strategy to combat corruption through intensive education and adoption of preventive measures, apart from receiving and processing complaints and allegations of corruption, abuse of power/office and conflict of interest.

In that regard, the Commission developed Guidelines on Conflict of Interest for Public Officials in 2006. From January to December, the Commission distributed over 10,000 copies of the Guidelines to public officers as well as the general public throughout the country. It has introduced the Guidelines through public fora, workshops and multimedia avenues to the entire nation. The Commission, on similar platforms, has educated a significant portion of the population on the Whistleblower Act, 2006, Act 720. It continues to strengthen the capacity of its investigators and anticorruption officers on corruption investigations throughout the year.

Ladies and gentlemen, the Commission just recently launched a documentary on corruption to be used as an education tool for the public, especially the youth. We are in the process of producing a comprehensive code of conduct for public officials. Thus, the fight against corruption was given unprecedented attention this year, 2007, and so will it be every year.

Despite all these measures in the year under review, the challenges remain unaddressed. The Commission and its stakeholders have time and again called on Government to seriously address the major challenges that militate against the fight against corruption. These include:

- The need to separate the position of Attorney-General and Minister of Justice. We are advocating an independent non partisan public prosecutor;
- The delay in the passage of the Freedom of Information Law to enable individuals, Civil Society Organisations (CSOs) and particularly, the media, to access information from public officials more easily;
- Inadequate resource allocation to anticorruption agencies ;
- Weak political will to fight corruption.

I have always said, the fight against corruption can be lonely and dangerous but it is even more dangerous to leave corruption unattended and to be apathetic towards this cancer. Together we have to intensify the fight against it. We must all collaborate, creating networks and always reminding ourselves that whenever any one of the pillars of democracy is undermined, the fight against corruption, integrity and good governance is weakened tenfold.

1.3 Reports of Police Brutality and Mob Justice

Regrettably, this year, there have been numerous confirmed and unconfirmed reports of police brutality, sometimes leading to loss of life. In particular, the Commission wishes to express its total abhorrence at reports of mysterious deaths of suspects while in custody in police cells².

Furthermore, the Commission is gravely concerned about the spate of mob “justice” when normally peaceful and generally law-abiding citizens decide to take the law into their own hands, and mete out barbaric, inhuman and cruel acts such as stoning, lynching, beating and burning of suspected criminals. Sometimes police officers who seek to arrest the suspects to arraign them before court are attacked. This flagrant abuse of fundamental freedoms, in particular, the right to life, without recourse to the criminal justice system cannot be justified by any means.

Any and all forms of inhuman treatment violate the provisions of Article 15 of the 1992 Constitution of the Republic of Ghana which states:

- (1) The dignity of all persons shall be inviolable;
- (2) No person shall, whether or not he is arrested or detained, be subjected to –
 - a. Torture or other cruel, inhuman or degrading treatment or punishment;

² According to the Friday, October 12th, 2007 Edition of the Public Agenda newspaper, sometime around May 29th or 30th, 2007, two persons-one Atta, an adult, and Samson Kojo, a 14-year-old boy were arrested in Basa, near Kwame Danso in the Sene district (Brong Ahafo Region) and taken to Kumasi on alleged stealing charges. A third person, Kofi Kumah was arrested later as an accomplice. The suspects were accordingly brutalized with belts and batons while handcuffed. Atta and Sampson were kept in custody for one month. Kofi was in custody for 10 days. In late April 2007, a suspect died under mysterious circumstances in the Kumasi Police cells upon his arrest for an alleged Suspicion of theft; On Sunday, October 7, 2007 two policemen were seriously wounded by some youth of Teleku-Bokazo and Anwia in the Nzema East District of the Western Region, there were reports of escalated tension in the Anloga District of the Volta Region after a man died in police custody -- the fifth person to die since 1st November ACCRA, 6 November 2007 (IRIN)

- b. Any other condition that detracts or is likely to detract from his dignity and worth as a human being;
- (3) A person who has not been convicted of a criminal offense shall not be treated as a convicted person.

We thus call on all citizens to hand over suspects to the police to let the legal process take its course. The Commission further calls on the Inspector General of Police as a matter of urgency, to investigate all reports on suspected police brutality and mob action and expedite necessary action against the perpetrators.

1.4 General Status of Cases

The majority of cases received at the Commission continue to be family related cases, about child and spouse maintenance. This indicates that parents, particularly men, continue to be negligent of their responsibility to maintain their children and spouses, resulting in children and their mothers suffering gross denial of their basic socio-economic rights. However, many are not aware that it is an offence under the Children's Act 560 of 1998, for parents who have the primary responsibility to care for and support their children to shirk that responsibility. Family Tribunals and Child Panels have been mandated to determine matters of child and spouse maintenance and parents are reminded that those who are found guilty of this offence are liable to a fine or a term of imprisonment under the law.

1.5 Promoting Human Rights, Social Justice and Poverty Alleviation

Poverty, from a human rights perspective, signifies an *unacceptable deprivation of basic socio-economic needs of food, housing, health and education*; it goes far beyond income-poverty, which denotes inadequate income to meet basic needs or the lack of a decent living wage. This deprivation is incompatible with human dignity and development, and constitutes a violation of one's human rights.

The Commission on Human Rights and Administrative Justice (CHRAJ) recognizes the guiding objectives of the Ghana Poverty Reduction Strategy (GPRS) I & II which emphasize growth inducing policies and seek to raise the per capita income of Ghanaians to at least US\$1000 by

2015; in line with the objectives of the New Partnership for African Development (NEPAD) and the Millennium Development Goals (MDG).

Nevertheless, the Commission maintains that **poverty eradication** and **economic growth** are not just about per **capita income**, **GDP rates**, **inflation**, public consumption, the pursuance of macro-economic policies or accelerated private sector led growth. **Poverty reduction** from a rights perspective entails working towards the full realization of the fundamental human rights of all in society. This includes:

- the inherent dignity of the human person: all human beings are born free and equal in dignity and rights (Article 1, *Universal Declaration of Human Rights*);
- the right of self-determination: all peoples have the right to determine their political status and freely pursue their economic, social and cultural development. (Article 1(1), *International Convention on Economic, Social and Cultural Rights*);
- the right to development: all peoples are entitled to participate in, contribute to, and enjoy economic, cultural and political development.

The Commission thus maintains that the full realization of cultural, economic and social rights is one major stride towards poverty eradication, development and the promotion of social justice. This truth is reflected in the Commission's chosen theme of 'Promoting the Social and Economic Rights of All, in particular, Vulnerable Persons'.

For the medium term:

The Commission contributes in a number of ways to the alleviation of poverty and the promotion of social justice for all. It achieves this goal in three primary ways:

- The effective exercise of its *protective mandate* which involves investigating, and providing a remedy, for violations of economic, social and cultural rights;
- The effective exercise of its *promotion mandate* which involves creating and enhancing public awareness of these rights and

- The exercise of oversight responsibilities by *monitoring the human rights status of vulnerable persons and the implementation of government* policies and programmes to examine the extent to which they promote rather than undermine these rights.³

1.6 2007 Monitoring Activity

The Commission has established a monitoring system and mechanism at the national, regional and district levels to monitor select facilities and to document the human rights status of vulnerable persons in these facilities.

The 2007 Human Rights Status report covers, among others, the findings of a nationwide monitoring of schools, refugee camps, and witch camps, orphanages, slums and select health and educational institutions by officers of the Commission. Some of the observations are set out here.

1.6.1 Remand Prisoners

The Commission has monitored the country's prisons and police cells since 1995. This is in accordance with the constitution of Ghana, which provides a framework for protecting the rights of prisoners and persons deprived of their liberty, institutionalized or banished from society and who are usually at risk as they are cut off from the outside world; and solely dependent upon others for the fulfilment of their most basic social and economic needs and rights.

In order to undertake a more detailed analysis of specific issues that have arisen during previous monitoring visits, the Commission decided in 2006 and 2007, to conduct selective monitoring visits to remand facilities.

The detention of remand prisoners for overly long periods of time, without trial has been a matter of great concern to the Commission since 1995. Findings this year, once again indicated that some prisons have persons on remand for more than the stipulated duration. For instance, the Kumasi Central Prison housed a detainee who had been on remand for ten years. Such detention is a clear

³ See General Comment No.10 issued by the Committee on Economic, Social and Cultural Rights, the treaty body responsible for enforcing the International Covenant on Economic, Social and Cultural Rights (ICESCR), where the Committee outlined the kind of activities that national human rights institutions might undertake. The list includes: promoting educational and informational programmes on the Economic, Social and Cultural Rights directed both in the general public and in the public service, judiciary, private sector and labour movements; scrutinizing existing laws and bills to ensure that they are consistent with the ICESCR; providing technical advice on these rights to public authorities and other agencies; identifying national level benchmarks for measuring progress on such rights; conducting research and inquiries into the ESCR rights; monitoring compliance with specific rights in the Covenant; and examining complaints alleging infringements of them.

violation of Article 9 of the International Covenant on Civil and Political Rights (ICCPR)⁴, which states that “Anyone arrested or detained on a criminal charge shall be brought *promptly* before a judge or other officer authorized by law to exercise judicial power and shall be entitled to trial within a *reasonable time or to release*”.

Thus the practice of detaining persons on remand indefinitely for long periods is unacceptable and amounts to a violation of their right to liberty, under Articles 14 and 15 of the 1992 Constitution of Ghana⁵ and article 9 of the ICCPR, which protects individuals from arbitrary arrest or detention. Housing remand prisoners with convicted inmates in the same cell, as was observed during the inspection visits, contravenes Article 10 of the same document which states: “Accused persons shall, save in exceptional circumstances, be segregated from convicted persons and shall be subject to separate treatment appropriate to their status as non-convicted persons.”

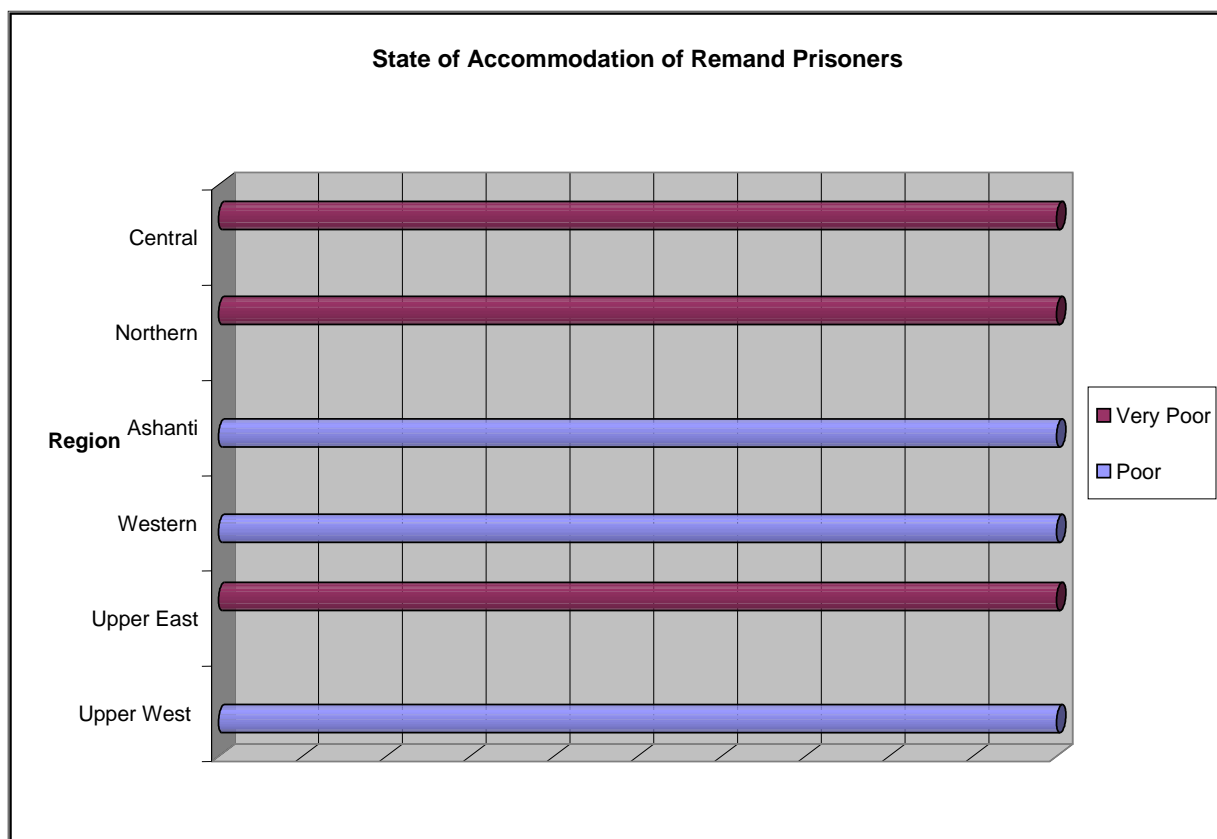
Although communication between inmates and relatives seems to work quite well in most of the prisons, the Ankafu Prisons in the Central Region and the Bolgatanga Prisons in the Upper East Region mentioned that relatives of suspects were usually not informed of their incarceration. This violates the provision of the Standard Minimum Rules for the Treatment of Prisoners {(SMRTP) Rule 44 (3)}⁶ and Principle 16 of the Basic Principles for the Treatment of Prisoners⁷ which provide that every prisoner shall have the right to inform at once his family of his imprisonment or his transfer to another institution as well as, promptly after arrest and after each transfer from one place of detention or imprisonment to another, a detained or imprisoned person shall be entitled to notify or to require the competent authority to notify members of his family or other appropriate persons of his choice of his arrest, detention or imprisonment or of the transfer and of the place where he is kept in custody, respectively.

⁴ The ICCPR adopted by the UN General Assembly on December 16, 1966

⁵ 1992 Ghanaian Constitution of the Republic of Ghana

⁶ UN Standard Minimum Rules for the Treatment of Prisoners

⁷ Basic Principles for the Treatment of Prisoners



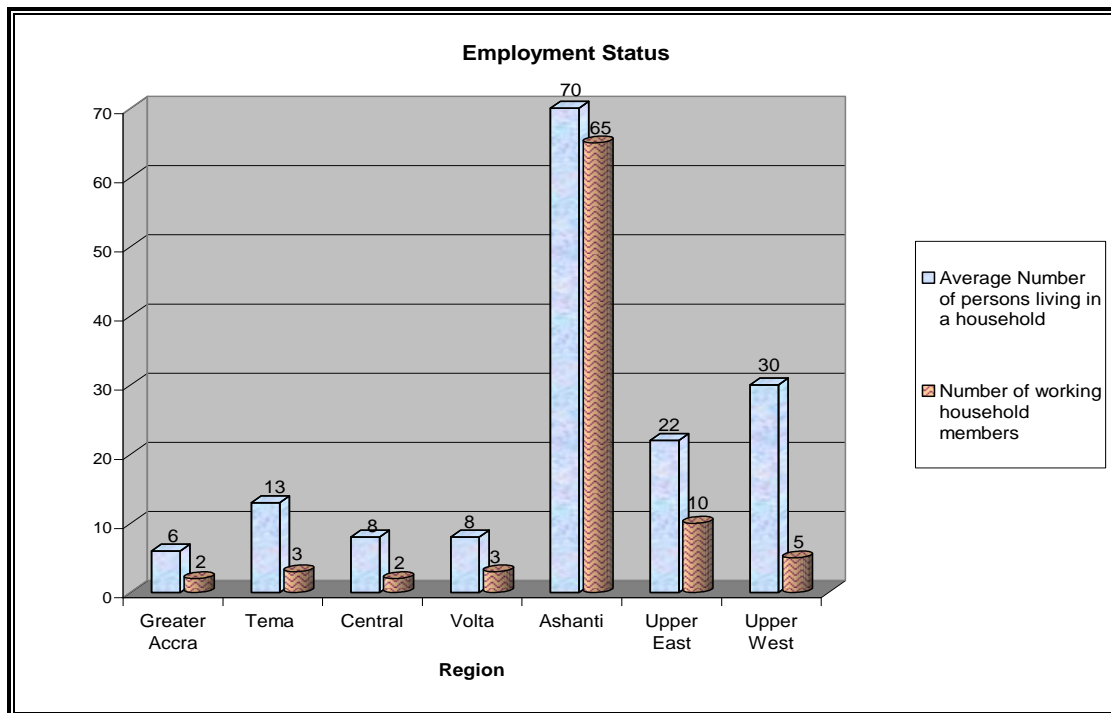
As usual, overcrowding was a serious problem in almost all the regions visited. Invariably, there were far more than double the number of persons supposed to occupy the size of cells they were in. This is again in contravention of the provisions of the Standard Minimum Rules (Rule 10) for the Treatment of Prisoners.

1.6.2 The Right to Housing

Slums

The United Nations Settlements Programme (UN Habitat) defines slums as featuring lack of durable housing, insufficient living area, and lack of access to clean water, inadequate sanitation and insecure tenure. As a result, people living in slums generally face various types of human rights violations, especially of their economic, social and cultural rights. The Commission recognises the central importance of the human right to adequate housing, deriving from General Comment number four, adopted by the Committee on ESCR. Overall, the slum dwellers monitored faced serious rights deprivations including inadequate housing, which derives from Article 11 of the ICESCR. The number of people living in households ranged up to fifty.

According to the General Comments adopted by the Committee on ESC rights, the right to adequate housing contains not only one form of shelter or another, but provides a broad explanation of adequate shelter as, adequate privacy, adequate space, adequate security, adequate lighting and ventilation, adequate basic infrastructure and adequate location with regard to work and basic facilities, all at a reasonable cost.



The Greater Accra region recorded on the average six(6) persons living in a household while the Ashanti region recorded on the average seventy(70) persons. The percentage of working household members was generally low. For instance the Upper west region had only 16.7% working household members.

We observed in our report that ***the majority of houses visited did not have any toilet facility at all.*** In one instance, we found that there was only one ‘bath house’ for use by an entire slum community visited. Even though a little more than 50% of the communities were registered with the National Health Insurance Scheme (NHIS), the health care situation and health facilities on the whole were unsatisfactory.

It was also observed in most of the communities that educational facilities were inadequate and that the quality of education was very poor. This is totally unacceptable for Ghana at 50.

1.6.3 The Right to Health

According to the International Covenant on Economic, Social and Cultural Rights, the right to health encompasses a wide range of socio-economic factors that promote conditions in which people can have the ingredients of a healthy life. These include food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.

Facilities inspected, as part of the health monitoring exercise did seem to have the approved essential drugs in stock at the time of the visit. However, interviewees complained about their high cost. Health personnel/patients ratio is still a problem within the sector and medical personnel are not evenly distributed over health facilities in the country. Of the 22 health facilities monitored, the minimum doctor/patient ratio was 1:50 (at the Volta Regional Hospital) whilst the maximum was 1:79, (at the War Memorial Hospital, in the Upper East). The nurse/patient ratio ranged from 1:100 to 1:5000 (Axim Government Hospital). The laboratory technician/patient ratio ranged from 1:40 (Axim Government Hospital) to 1:31,000 (War Memorial Hospital). Most of the health facilities monitored lacked essential medical equipment, accommodation and transportation.

It was also observed that even though the Government of Ghana passed the National Health Insurance Act in 2003 to set up Mutual Health Organizations (MHOs) in every district thereby making Ghana the first country in Africa to establish them nationwide, the scheme is characterized by problems such as low community participation, especially among the poor, delays in payment by the Health Scheme, poor record keeping while many barriers to enrolment exist in the interplay between communities, MHO and health provider⁸.

Reportedly, the National Health Insurance Scheme (NHIS) does not cover high cost surgical deliveries (at the Korle Bu Hospital)⁹ some poor communities members could not afford the GH¢7.20 cedis premium of the National Health Insurance Scheme (Research by PRONET, an NGO, in the Jirapa/Lambussie District of the Upper West Region¹⁰; the scheme does not cater for the specialized needs of the disabled.”¹¹; people who register with the scheme have to wait for a

⁸ <http://nwo.nl/projecten.nsf/pages/2300137644>

⁹ <http://www.irinnews.org/report.aspx?reportid=56380>

¹⁰ http://www.modernghana.com/GhanaHome/NewsArchive/news_details.asp?id=VFZSQmVFNUVXWGc9&menu_id=1&sub_menu_id=0

¹¹ <http://www.myjoyonline.com/archives/health/200703/2610.asp>

long time before they are issued with identity cards¹² and two million out of the eight million Ghanaians registered under the NHIS have not benefited from the Scheme due to delays in the issuing of identity cards. This is said to be the utmost challenge for the smooth implementation of the Scheme.¹³ This has given rise to the allegations that health professionals give preferential treatment to non-members of the scheme as against card bearing members and that medical officers prescribe ordinary drugs to card bearing members while non-members had more efficacious prescriptions whenever they attended hospital.

Psychiatric patients are not covered by the National Health Insurance Scheme (NHIS) at the Pantang Psychiatric Hospital in the Greater Accra Region. Treatment of psychiatric related cases at the Psychiatric Units of the Volta Regional Hospital at Ho is free but where patients report with other ailments, they are treated with drugs covered under the NHIS. Before its advent, psychiatric care was provided free of charge. With the coming into operation of the NHIS, patients now have to pay. Those registered with the scheme are covered, but the majority of them have to purchase the expensive drugs.

The Commission recognizes the efforts of Government to implement various policies, including the National Health Insurance Scheme (NHIS) to ensure that the basic health needs of the citizenry are met. It however calls on the Ministry of Health to guarantee that its health policies are reflective of the essential determining elements of the right to health, for all citizenry.

1.6.4 The Right to Education

Education is both a human right in itself and an indispensable means of realizing other human rights. As an empowerment right, it is the primary vehicle by which economically and socially marginalized adults and children can lift themselves out of poverty and obtain the means to participate fully in their communities.

According to the results of the monitoring exercise, an appreciable number of schools lack adequate learning and teaching materials. Out of the number of schools monitored, 32 indicated that teaching and learning materials were available while 24 complained about insufficiency of learning materials.

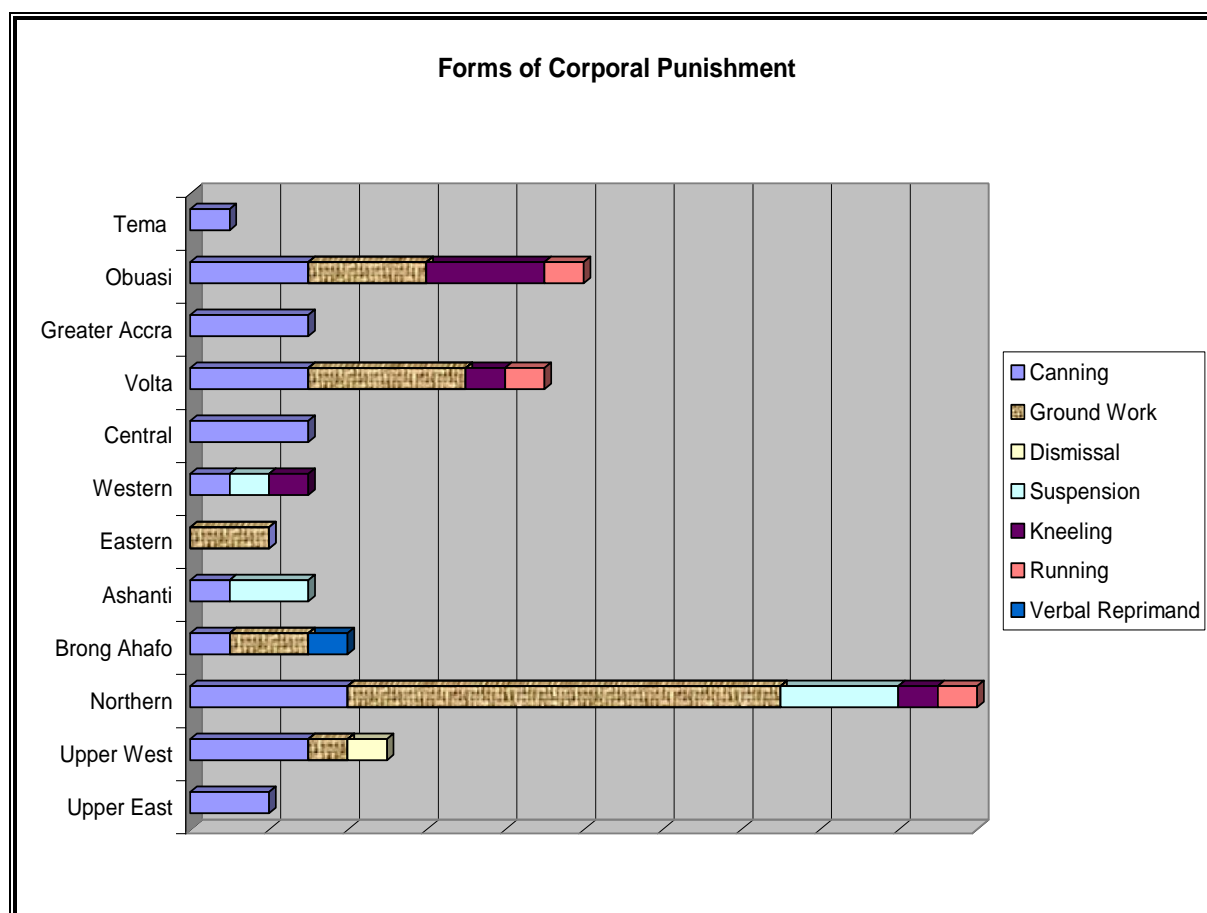
¹² <http://www.myjoyonline.com/health/200707/6472.asp>

¹³ <http://www.myjoyonline.com/archives/news/200706/5503.asp>

With regards to ventilation and lighting, three schools, the Manhean Tema Municipal Assembly “2” Basic School, and the Ashaiman “4” and “5” JHS, all in the Tema municipality of the Greater Accra Region had no windows, rendering lighting very poor in the classrooms. Thirty (30) schools had a total of 52 disabled students, though only 15 of them had facilities accessible to such students. This applies also to the Okuapeman Secondary School at Akwampem in the Eastern Region, which had the highest population of 36 students with disabilities.

Corporal Punishment

Caning still exists in Ghana today, as a form of corporal punishment in schools. Thirty-eight (38) schools admitted using the cane but said they did it in accordance with Ghana Education Service guidelines. This is an unacceptable practice which we believe should cease immediately.



With respect to bullying, all the monitored institutions except three, had policies which required that a victim of bullying report to the school authorities.

On the issue of the Capitation Grant, 20 of the schools monitored stated that it was paid by instalment, but was received too late in the year. Moreover, the grant, reportedly, did not take

cognizance of the increasing number of pupils admitted each year. The accounting procedure associated with it was also called into question. Despite the Grant, beneficiary schools still imposed some form of levy, ranging from sports, printing of examination papers, medical and utilities, to “watchman’s fee (Obuasi JHS Complex).

The Commission commends government for implementing policies on the school feeding programme and the Capitation Grant. Nevertheless, in view of the findings mentioned, it calls upon the Ministry of Education, Youth and Sports (MOEYS) and the Ghana Education Service (GES) to ensure the fulfilment of the right to education for all, in particular for vulnerable persons.

1.6.5 Children’s Rights

Child labour and trafficking

Contrary to the provisions of the International Labour Organisation (ILO) Convention 182¹⁴, the Convention on the Rights of the Child (CRC), the 1992 Constitution of Ghana and the Children’s Act 560 of 1998, the results of the monitoring exercise indicated that a sizeable number of children engaged in work considered injurious to their health, education and development.

The Commission found that children were involved in farming, fishing, trading, and fish mongering/smoking and were also exposed to prostitution. They were often cheated, forced out of school and beaten by their colleagues and employers. Those who gather stones work in hazardous conditions and most of the time are not paid what is due them for their labour. Those who fetch sand into trucks, collect fish and pull nets also face similar hazards and are often exploited. It is common to see children involved in fishing and walking barefoot in torn clothing.

The Commission must applaud the vigilance of the police leading to the recent arrests of four people alleged to have sent innocent children as young as five to work in fishing communities in Yeji, two years after the passage of the Human Trafficking Law. In this regard, the Commission calls on all stakeholders to strengthen their promotional and protection efforts to secure a life of freedom, respect and dignity for many who fall victim to these ruthless and heartless acts.

¹⁴ The ILO C. 182 pertains to the Worst Forms of Child Labour. Ghana ratified this Convention in 2000.

1.6.6 Women's Rights

Discrimination against women still abounds in Ghana at 50. This manifests itself in different ways including the following:

- low participation in governance and decision making ;
- poor access to resources critical in making a living;
- predominance of women living in poverty ;
- Women's health, in general and in particular, the unacceptably high rates of maternal mortality ;
- The harmful and discriminatory social practices against women often justified in the name of culture;
- Violence against women.

Dehumanising cultural practices and domestic violence

In 2006, the Commission on Human Rights and Administrative Justice (CHRAJ) commenced monitoring of camps inhabited by women alleged to be witches, as a follow up of previous research visits to the camps. The monitoring team visited the Gambaga, Kukuo, Kpatinga, and Ngani camps in the Northern region.

Monitors who visited the Gambaga camp observed that although in 2006, 80 residents were registered with the National Health Insurance Scheme (NHIS), their membership had since expired and it had been unable to procure funding for renewal. Reportedly, the entire project had faced a funding crisis in 2005-2006.

The living quarters of the witches seldom resembled a “camp” – The huts were similar to those found in the rest of the village and in some respects the inmates of the camp appeared to live a relatively normal life, free to move around as they wished. The trauma of community rejection became apparent however when the team encountered one woman who had been brought there and declared a witch only hours before the visit. She had reportedly been lying on the floor of the hut of the leader of the alleged witches, refusing to speak. After some persuasion, she emerged and told her story. Monitors felt that a claim that this new arrival had paid an entrance fee – beyond the

traditional “kola” –merits further investigation. Likewise, reports that such suspected witches returning to their communities are charged a heavy departure tax also require further examination.

The Commission commends government for finally passing the Domestic Violence Act in February this year (2007) following years of debate and discussion over certain sections of the Bill. This would not have been possible without the arduous campaigning and advocacy efforts of civil society organizations.

The Commission notes, with dismay however, that domestic violence against women and girls in the form of rape, defilement and wife battering still remain a significant problem. According to the Domestic Violence Victim Support Unit (DOVVSU), 11,298 cases of domestic violence were reported between January and September 2007, out of which 20% involved rape and 68% defilement.

The Commission urges victims as well as witnesses to report cases of violence against women, defilement and rape to the police for prosecution and not to remain silent, as violence adversely impacts on the physical and psychological development of the victim. It calls for the reinforcement of the partnership with all stakeholders towards effective education and of the provisions of the Domestic Violence Act to promote knowledge of victims’ rights and remedies available to them.

1.6.7 The Rights of Refugees

The 1951 Geneva Convention,¹⁵ defines a refugee as a person who

"owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country or return there because there is a fear of persecution..."

The Geneva Convention, the 1967 Protocol Relating to the Status of Refugees¹⁶ and the OAU Convention Governing the Specific Aspects of Refugee Problems in Africa require States to accord refugees the same treatment as accorded nationals with respect to education, health, housing, public relief and assistance, remuneration, hours of work, minimum age for work and social security. The Commission could not cover all the refugee settlements in the country but in

¹⁵ The 1951 United Nations Convention relating to the Status of Refugees signed on July 28 1951

¹⁶ The Protocol Relating to the Status of Refugees signed on January 31, 1967

line with the provisions of the Conventions, visited the Krisan Settlement Camp in the Western Region and the Budumburam Camp in the Central Region.

Information from the United Nations High Commissioner for Refugees (UNHCR) Office

Information gathered from the office of the United Nations High Commission for Refugees reveals that Ghana currently has a total of forty one thousand seven hundred and thirty (41,730) refugees, originating from Liberia, Togo, Ivory Coast, Congo DRC, Congo Brazzaville, Sudan, Rwanda, Sierra Leone, Somalia, Nigeria, Sri Lanka, Guinea, Chad and Eritrea. Out of the number, 22,534, representing 54%, are female. The age range of refugees is between 0 and 60+.

These refugees can be found in Buduburam and Krisan Settlements in the Central and Western Regions respectively, in part of the Volta Region, as well as in some urban centres such as Accra, Kumasi and Tema. It was also indicated that since last year (2006), four thousand, two hundred and fifty nine (4,259) refugees had been repatriated to their home countries.

1.6.8 Rights and Fundamental Freedoms of People Living in Mining Communities

In 2006, the Commission commenced systematic investigation to determine the impact of activities by mining companies on the rights of the mining communities, following persistent allegations of human rights violations in these communities. The investigation seeks to examine critically, the broad trends of the human rights situation there and the underlying reasons for reported human rights violations in mining areas in the country.

The investigation in 2007 covered Obuasi and its outlying areas in the Ashanti Region and Tarkwa in the Western Region.



2007 Focus Group Discussions, Binsere, Ashanti

The Commission is also investigating complaints filed by the National Coalition on Mining (NCOM), acting on behalf of communities said to be affected by mining activities. The allegations made by the Coalition include:

- i. Violent, illegal arrest and detention of community members;
- ii. Torture of persons illegally arrested and detained;
- iii. Assault and battery (sometimes involving firearms and other deadly weapons) of youth accused of trespass of mines' property and illegal mining ('galamsey');
- iv. Interference (often violent, involving the use of firearms) against citizens engaged in public protests against the activities of mining companies;
- v. Harassment of critics of mining companies' practices.

A final report of the investigation will be published in 2008. This will include the Commission's recommendations to Government and relevant stakeholders, following the monitoring exercise.

1.7 Conclusion

Indications from the Ghana Statistical Service¹⁷ were that poverty had reduced significantly and that Ghanaians were obviously better off today than they were seven years ago. This is welcome news. There is, reportedly, a downward trend in poverty, from 39.5 percent in 1998/1999 to 28.5 percent in 2005/2006 and extreme poverty had been halved relatively to the 1991/92 levels ahead of the target date for the Poverty Goal under the Millennium Development Goals (MDG).

The Commission reiterates the view that government's commitment to development and poverty alleviation must not be measured merely on the basis of macro-economic indicators, physical infrastructure such as roads, bridges, industries etc but on the basis of a full realization of the fundamental human rights of all in society, one in which a significant number of its vulnerable population enjoys their right to food, the right to primary health care, the right to shelter and housing and the right to basic education.

Democracy and good governance cannot be achieved without the presence of the rule of law, freedom and social justice. No government can be truly democratic or claim to be promoting good governance if that government fails to recognize the link between *human rights* and sustainable development, *human rights* and poverty alleviation and eradication, and if it fails to understand the impact of corruption on *human rights* and indeed if that government does not recognize that the institutions set up under the Constitution to promote human rights and thereby enforce the Constitution, **must** be **empowered** and fully supported to deliver on the aspirations of the people.

The Commission lauds the efforts of government in ratifying core human rights instruments and urges it to demonstrate full commitment to the plight of vulnerable persons and detainees by the immediate ratification of the following international human rights instruments, some of which have been signed already:

✚ The Optional Protocol to the Convention against Torture¹⁸ (OPCAT); this offers a novel approach as no other international treaty provides for concrete

¹⁷ Ghana Living Standards Survey (GLSS 5).

¹⁸ At a roundtable discussion on Torture Prevention organised at the instance of the Commission and the Swiss Association for the Prevention of Torture (APT) in Accra on June 1, 2006, participants who were drawn from the Attorney-General's Department, The Police and Prisons Services, Prisons Ministry (Ghana Chapter), Amnesty International (Ghana Branch) and some human rights NGOs expressed a strong commitment to ensuring the ratification of the OPCAT before the end of 2006. The Government of Ghana finally signed the Optional Protocol to

steps to prevent these violations from occurring within places of detention. Ghana signed the protocol in November, 2006;

- ✚ United Nations Convention on the Rights of Persons with Disabilities: The Convention is the first human rights treaty of the 21st century designed to encourage governments to eliminate discriminatory laws and practices against persons with disabilities. Ghana signed the Convention in March, 2007;
- ✚ ILO Convention 138: This is a comprehensive Convention on child labour that sets the minimum age applicable to all forms of employment and requires national policies to be adopted to ensure the abolition of child labour.

Finally, next year, (2008), is an election year and with the election season, we are daily bombarded on all sides by politicians promising the electorate, the moon, the stars and a bit of cheese. It is very important for the country to make wise decisions that will determine the country's direction in the promotion of the rule of law and good governance. It is important to weigh what political aspirants say and more importantly wise up to what they do not say. That will determine whether we are coming of age, we have come of age or whether this is another transition and we are still passing off old knowledge as wisdom.

On the threshold of election year, the Commission takes the opportunity to remind all aspiring candidates, political parties and the electorate, that a nation can only make meaningful a contribution to development, growth and poverty reduction, if significant numbers of its vulnerable persons do not suffer deprivation of their basic social and economic needs.

I quote the words of Martin Luther King Jr, when he said, *"Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."*

I take the opportunity to thank my colleagues and staff of the CHRAJ particularly staff of the Research Unit of the Public Education Department who researched into socio-economic rights of the various vulnerable groups in Ghana as well as all others who tirelessly worked for the

the UN Convention against Torture (OPCAT) on 6th November but **did not ratify the Protocol**. Panelists and participants at a roundtable discussion on 26th June, 2007, in solidarity with the international community, on the eradication and prevention of torture unanimously spoke once again in favour of the ratification of the OPCAT

promotion and protection of human rights and administrative justice and the eradication of corruption in our social fabric.

The Commission also thanks the people of Ghana for their show of confidence, in the work of the Commission. To our development partners and donors, thank you for your continued support and collaboration. Thank you to the CSOs and our partners in the NGO fora. The media has also shown itself as a dependable ally in creating awareness on the Commission's work and its mandate. Our thanks to them. Keep up the good work

THANK YOU ALL ON BEHALF OF THE COMMISSION ON HUMAN RIGHTS AND ADMINISTRATIVE JUSTICE AND ON MY OWN BEHALF.

ANNA BOSSMAN

ACTING COMMISSIONER

2.0 SUMMARY RECOMMENDATIONS BASED ON MONITORING EXERCISE

Indicator	Institutions	Recommendations
Right to Health	Ministry of Health Ghana Health Services NHIS Hospital Authorities Metropolitan/Municipal/ District Assembly National Health Insurance Secretariat	<ul style="list-style-type: none"> ✚ Post more doctors, nurses, technicians and other health personnel to the hospitals in the regions and districts. ✚ Provide modern and adequate equipment and facilities, like incubators, physiotherapy, x-ray and generators for hospitals. ✚ Provide and/ or expand hospital facilities in laboratories, mortuaries, theatres and wards, to take care of the increasing number of patients. ✚ Provide accommodation for doctors and nurses in the immediate environment to enable them attend to emergencies. ✚ Undertake proper organization, implementation and records, as for the National Health Insurance Scheme ✚ Allocate airtime to hospital authorities to educate the public on procedures at the hospitals and promote awareness of the patient's charter and relevant health issues ✚ Monitor hospitals and recommend to the Ghana Health Service and Ministry of the Health effective ways of a promote human rights culture in the health delivery system. ✚ Re-introduce exemptions for certain categories of patients and ailments.
Right to Health (Psychiatric care)	Ministry of Health Ghana Health Services NHIS Hospital Authorities CHRAJ Metropolitan/Municipal/	<ul style="list-style-type: none"> ✚ Recruit more Psychiatric nurses ✚ Pay risk allowances to nurses working in the Psychiatric Hospitals ✚ Provide transport for both staff and patients for effective functioning of the hospitals ✚ Extend the National Health Insurance

	District Assembly Ghana Water Company Limited Electricity Company of Ghana	Scheme to cover psychiatric patients ✚ Increase and regularize financial assistance to hospitals ✚ Provide adequate drugs for hospitals ✚ Subsidize or supply free drugs for the mental ill ✚ Provide adequate accommodation for staff ✚ Establish mental health facilities to cater for the northern part of the country. ✚ Regularize water and electricity supplies to hospitals ✚ Show more commitment towards mental patients ✚ Educate the public on mental health
Right to Education	Ministry of Education, Science and Sports Ghana Education Service NCCE Authorities of the Schools Metropolitan/Municipal/ District Assembly	✚ Increase the number of learning and teaching materials in schools. ✚ Supply Braille textbooks to the Blind, especially the Wa School for the Blind. ✚ Make school buildings accessible to persons with disabilities. ✚ Sensitize school authorities on the rights of persons with disability. ✚ Train teachers and school children in human rights; provide schools with appropriate human rights manuals ✚ Implement the policy on corporal punishment in schools ✚ Provide adequate sanitary facilities in public schools. ✚ Increase the Capitation Grant for schools ✚ Ensure regular and prompt payment of the Capitation Grant ✚ Capitation Grant should be based on the needs of schools and not the population of the schools. ✚ Consider extending the Capitation

		<p>Grant to private schools.</p> <ul style="list-style-type: none"> ✚ Supply textbooks regularly to both public and private schools. ✚ Document policies and procedures for the prevention of human rights abuses in schools ✚ Extend the School Feeding Programme to all schools. ✚ Prioritize Human Rights education in the Social Studies syllabus for schools. ✚ Establish Human Rights and Civic Education clubs in schools.
Right to Health and Education in Deprived Communities (Slums)	<p>Metropolitan/Municipal/ District Assembly Ministry of Health Ghana Health Service Ministry of Education, Science and Sports Ghana Education Service NCCE</p>	<ul style="list-style-type: none"> ✚ Provide basic social amenities, like toilets, potable water and waste disposal facilities for residents ✚ Provide clinic and schools for residents. ✚ Evacuate and resettle residents of Goro Community in the Kumasi Metropolitan Assembly. ✚ Establish vocational training schools in the north to equip young girls with skills. ✚ Educate residents on child labour, sound environmental practices and other relevant issues
Right to Health and Education in Refugee Camps	<p>Ministry of the Interior Ghana Refugee Board Civil Society Organizations/NGO's</p>	<ul style="list-style-type: none"> ✚ Assist refugees in cash and in kind to enable them satisfy their basic needs.
Conditions in Remand Prisons	<p>Ministry of the Interior Ministry of Justice and Attorney General Ghana Prison Service Ghana Police Service</p>	<ul style="list-style-type: none"> ✚ Improve prison facilities nationwide ✚ Reduce congestion in prisons by granting speedy trials to remand prisoners ✚ Provides separate cells for remand prisoners instead of mixing them with convicts. ✚ Increase the daily feeding grant of prisoners to make it commensurate

		<p>with current economic trend.</p> <ul style="list-style-type: none"> ✚ Introduce a non-custodial sentencing policy in order to reduce congestion in prisons ✚ Improve sanitary conditions in prisons ✚ Provide vocational training and recreational activities for remand prisoners ✚ Improve service and living conditions of Prison Officers
Child Labour and its worst forms	<p>NCCE</p> <p>Ministry of Manpower Youth and Employment (MMYE)</p> <p>MOWAC</p> <p>Ministry of Education, Science and Sports</p> <p>GES</p> <p>The District Assembly</p> <p>District/Community Child Labour Committees</p>	<ul style="list-style-type: none"> ✚ Increase public education on child labour and the rights of children. ✚ Intensify education and monitoring of Worst Forms of Child Labour (WFCL) ✚ Enforce laws on child labour ✚ Increase efforts at reducing poverty ✚ Provide micro-credit facilities for parents. ✚ Extend the school feeding programme to all schools ✚ Provide school uniforms, books and sandals for students.
Dehumanizing Cultural Practices(camps for suspected witches)	<p>Ministry of Health</p> <p>Ghana Health Services</p> <p>NHIS</p> <p>Gambaga Rana</p> <p>District Assembly</p>	<ul style="list-style-type: none"> ✚ Provide assistance to women who cannot afford to pay for the registration to renew their insurance. Graft into it those within the ages covered under the exemption policy. ✚ Abolish the exorbitant charge levied by the Gambaga Rana for dewitching. ✚ Provide a place of convenience for inmates of the Ngani Camp. ✚ Provide proper houses with windows and door-locks for inmates of the Camps to ensure adequate ventilation, light, and safety for inmates ✚ Equip the Clinic that serves the Kukuo Camp with requisite diagnostic equipment to help improve services.

APPENDIX 1

3.0 FINDINGS FROM THE REGIONS

3.1 Central Region

The team from the Commission on Human Rights and Administrative Justice (CHRAJ), after the end of the monitoring exercise, came out with the following findings:

1. The Government has not regularly paid bills submitted to it by the health facilities monitored. This has hampered the implementation of government policy on free health care for children under five (5) years, the elderly etc.
2. Regarding psychiatric care, the government provides GH¢6 per patient per day admitted to the Acca Psychiatric Hospital. This has not changed even though economic conditions call for upward adjustments.
3. The two government hospitals visited – Cape Coast and Saltpond District Hospitals did not have working ambulances at the time of the visit. They also did not have a standby generator.
4. The Government did not release the Capitation Grant on time, making it difficult to run Schools. For example, 2006/2007, it was released in two batches in November, 2006 and May 2007.
5. There were no textbooks for the Fante and Pre-Vocational Skills at the public basic school.
6. All school authorities reportedly used the GES rules on corporal punishment.
7. On prisons, government provides GHp¢4.0 a day per suspect on remand. This has not changed even though economic conditions call for upward adjustment.

8. The number of remand suspects for 2007 had increased from **168 in 2006 to 301** at the time of the visit of the monitoring team.
9. On the deprived communities monitored, the team realized that they were not educated on the redenomination of the cedi exercise undertaken in July 2007. No one had been registered for the National Health Insurance Scheme (NHIS) and so were not benefiting from it.

Recommendations

- Give urgent attention to living conditions of Prison Officers
- Address long delays and overstay of remand suspects
- Pay risk allowances to psychiatric nurses.
- Increase Capitation Grant and ensure its prompt release
- Provide ambulances for Cape Coast and Saltpond District Hospitals and the Ankafu Psychiatric Hospital.
- Ensure that schools print out the rules on corporal punishment and post them on their notice boards.

3.2 Volta Region

Right to Health

The monitoring team visited two hospitals: the Akatsi District and the Volta Regional Hospitals.

Akatsi District Hospital

The Akatsi District Hospital is one of the newly established hospitals in the southern part of the Volta Region and was found to have teething problems.

The Hospital has only one pick-up vehicle which serves the entire establishment which also has no standby generator. The only office equipment comprises a printer and a photo copier donated by a couple from Holland.

The limited surgical and laboratory equipment in the Hospital either belongs to the Medical Superintendent personally or is donated by some natives of Akatsi. The Akatsi District Hospital is understaffed and the Doctor, Matron and Senior Midwife when interviewed, intimated that they had not gone on their annual leave for many years because there was no one to relieve them.

The Hospital does not have a Front Desk for complaints. However, it has an open door policy where complainants could go directly to any Senior Official or to the Doctor.

Volta Regional Hospital

This Hospital has available about 97% of all essential drugs which are also affordable. Activities relating to sexual and reproductive health vary from month to month, depending on the circumstances.

The Hospital also has a Customer Service Desk where complaints are immediately resolved. Most complaints are from first timers who do not know the locations of the various departments. They are immediately given directions. Other complaints related to delays at the Consulting Rooms where large numbers of outpatients wait to consult one Doctor.

Psychiatric Institutions

Psychiatric Unit – Ho Municipal Hospital

The Psychiatric Unit of the Ho Municipal Hospital does not admit patients because of the stigma attached to mental illness. It rather operates an Outpatient Department (OPD) for them. This is known as the Community Care Policy (CCP).

In all, 878 patients are registered with the Unit of which 381 are male and 497 are female. The patients live in their own communities but regularly visit the Unit for medication, counselling and other treatment. It is an effective way of shielding patients from the stigma attached to mental illness and of effectively integrating them into the society after their discharge from the main Psychiatric Hospitals in Accra and Pantang.

The Psychiatric Unit which is understaffed opens from 7:00a.m. to 5:00p.m. and treats emergency cases outside those hours. Treatment is free but where patients report with other ailments, they are given drugs covered under the National Health Insurance Scheme.

The Unit does not have a vehicle to use for home visits. The nurses therefore rely on taxis and other passenger vehicles at their own cost. Though it is necessary for the Unit to have a constant supply of drugs to ensure uninterrupted treatment of its psychiatric patients, it often experiences shortages. It also lacks basic facilities, like a toilet and beds for patients. Office accommodation for the staff is woefully inadequate.

Worst Forms of Child Labour

- **Kpando Torkor Fishing Community**

The monitoring team visited Kpando Torkor along the banks of the Volta Lake. Children there are usually contracted to assist in boat paddling, net casting and mending and scooping water out of boats. However, their main duty is to dive into the lake to remove nets stuck onto tree stumps. The monitoring team spoke with about 60 children engaged in diving in the community. Fifteen were below 5 years. Twenty-three (23), between 5 and 10 years, and 22 were between the ages of 10 and 15.

The initial contract between parents of the children and their employers is usually for 3 years after which it is renewed. Some of the children had worked for over 10 years with their current employers.

Normal fishing hours for these children start at dawn, between 3:00 and 5:00 and ends between 9:00 a.m. and 12:00 noon, depending on the distance they have to travel.

Some of the health hazards in this kind of vocation include severe headache, nose bleeds, bilharzia, eye problems, and earache. Some are pricked by the fins of some fishes such as cynodontis (kpotokui) and crentices (bolovi).

- **Anfoega Agata - Mining kaolin (White Clay)**

Anfoega Agata and Agatanyigbe are towns about 10 kilometres south of Kpando. They are situated along a low hill stretching from Anfoega to Sovie and known for the mining of kaolin. This is done manually with the use of pickaxes, shovels, chisels and hammers. The miners dig the pits from about 20 to 40 feet underground for the kaolin. Children are involved in all the processes - from the mining stage to the point of sale in whichever form.

The means of livelihood has many health hazards, like the inhalation of dust particles during mining and pounding. This could lead to respiratory infections. Neck, chest and back pains could also result from carrying sacks full of the product on the head from the pit to the processing points

The pits could also cave in at any time. There had been reported instances of such accidents resulting in the death of four miners. A ten year old boy was one of the victims.

- **Ho Community -Truck Pushers**

Some of the reasons given by the children for engaging in this type of labour included the inability of their parents to provide them with basic needs like food, books and school uniforms.

On average, the children engaged in truck pushing in Ho earn about GH¢7.00 a day out of which GH¢ 2.00 is usually used for renting a truck. Some do not earn anything at all the whole day. Such a livelihood exposes them to several health and accident risks such as motor vehicles running into them.

Educational Institutions

Dora Memorial School Complex

The School is a private institution, located at Mawuli Estate in Ho. It has four schools within the complex - the Pre-school, Primary, Junior High and Senior High Schools and a boarding facility. It has a student population of 1,070 comprising 470 males and 600 female. There was one partially blind student.

Policy on corporal punishment differs from one school level to another. For example, at the Pre-school level, no corporal punishment is administered whilst it exists from the Primary to the S.S.S

levels. All serious complaints go to the School's Disciplinary Committee whose recommendations are subject to the approval of the School Co-ordinator.

Dora Memorial School Complex had water closets for PreSchool and the Lower Primary pupils while those from the Upper Primary to the SSS use KVIPs. However, apart from these general toilet facilities, those in the boarding houses (both male and female) had water closets in the dormitories.

The School's main source of water is pipe-borne. However, reservoirs have been provided and in situations where both are not flowing, arrangements are made for supply by water tankers.

There were First Aid boxes in the classrooms and in the dormitories. Some students had been trained in how to use them. However in cases of serious illness, students were referred to Mawuli School where there was an infirmary manned by a qualified nurse.

Even though the institution is privately owned, the Ghana Education Service (GES) assists by supplying it with some textbooks, blackboards and boxes of chalk. A Television set (TV) was donated to the School by the Ho Municipal Assembly under the distance learning programme.

OLA Secondary School, Ho

OLA Secondary School is a Catholic institution established solely for girls in Ho, the Volta Regional Capital. It has an infirmary managed by a qualified nurse. However, serious cases are referred to the Ho Municipal Hospital or the Volta Regional Hospital.

There was a library which the team learnt was poorly stocked. Some Visual Arts students complained that some of their textbooks were above their level of comprehension. Some teachers also complain of non-availability of some teaching materials, like solid geometrics needed for effective teaching. The school had a Suggestion Box which was used by students and teachers alike, to express their grievances.

Staff accommodation on the campus is woefully inadequate and the authorities need to consider the construction of more teachers' bungalows.

Kpedze Secondary School, Kpedze

Since the School moved to its permanent site in 1972, there has been no major renovation. It has a land area of one mile square and a student population of 447. This is made up of 240 male and 207 female. One hundred and forty seven (147) of these are boarders and 300 day students.

Accommodation for teachers on campus is inadequate and this situation affects the proper control and discipline of the boarders.

Projects under construction in the School, being funded by the government, are a library complex, a staff bungalow and a computer laboratory. However, the classrooms, the dining hall which doubles as the assembly hall, and the dormitories, especially the girls' dormitory are in a deplorable state.

3.3 Western Region

Detention Institutions (Remand Prisons)

Tarkwa Local Prison

The Prison, a male facility, had one hundred and thirteen (113) remand prisoners at the time of the visit. The team interviewed seventy-eight (78) of them out of which, three (3) were juveniles, three (3) had physical or other disability and two (2) were elderly persons. Forty one (41) of them had remand periods ranging from one (1) day to six (6) months, nine (9) of them for more than six (6) months to 1 year. Twenty four (24) of them had been there for one (1) to four (4) years, and four (4) for more than four (4) years. Out of the seventy-eight (78) remand prisoners interviewed, only six (6) had lawyers, mainly due to the high cost of engaging legal counsel.

- **Feeding and source of water**

The inmates were given three (3) meals a day, from a government daily food allocation of forty Ghana Pesewas (GHp40). Relatives and philanthropists, occasionally provide them with food. The quantity was inadequate and the quality poor. The source of drinking water was pipe borne but supply was irregular. They also had a borehole.

There were two (2) separate cells in the remand section, namely C7 and C8. They were so congested that the prisoners slept in turns. The standard capacity was thirty (30) for C7 and fifteen (15) for C8. At the time of the visit, however, this was 76 and 37 respectively. There were very few windows but the doors were big so that ventilation was fairly adequate. The two (2) water closets and one (1) bathroom at the institution were woefully inadequate and poorly kept.

- **Health**

There was a well functioning infirmary and a nurse. Twelve (12) inmates had skin rashes, eight (8) malaria and another eight (8) had headaches.

- **Vocational Training**

Tailoring is the only vocational training available at the Prison but none of the remand inmates was doing it because of the unspecified period of their stay.

- **Recreational Activities**

Playing cards and draughts were the two main activities of inmates. The Prison receives donations from churches periodically.

Health Institutions

The Commission visited the Nana Hema Dekyi Hospital located at Dixcove in the Ahanta West District and the Axim Government Hospital in the Nzema East District. Nana Hema Dekyi Hospital serves more than one hundred and twenty three (123) communities in the District with an average daily attendance of 63 patients. The Axim Government Hospital on the other hand, serves about forty (40) communities with an average daily patient turnout of thirty seven (37).

- **Hospital Facilities**

Beds, wards and equipment at both hospitals were fairly adequate. However, the Focal Antenatal Unit of Nana Hema Dekyi Hospital lacked incubators and a scanning machine.

- **Essential Drugs**

The Nana Hema Dekyi Hospital was supplied all the essential drugs which were also affordable. However, not all such drugs were available at the Axim Hospital.

- **Maternal and Sexual Reproductive Health Care**

Each Hospital had a Maternal Centre that provided Prenatal, Neonatal and Postnatal services. They also educated patients on sexual reproductive health and there were Community Health Nurses who conducted educational programmes in the communities.

- **National Health Insurance Scheme (NHIS) and Exemption Policies**

About 40% of patients at the Axim Hospital were registered with the NHIS so they received free medical care. On average, the NHIS registered patients spent about two (2) to three (3) hours at the Hospital. The Nana Hema Dekyi Hospital had an exemption policy for children less than 5 years, senior citizens above 60 years, disabled and for patients bitten by either snakes or dogs. The Axim Hospital had it for children less than five (5) and the elderly above sixty (60) years.

- **Ambulance Services**

Both Hospitals had an ambulance which offered free services to patients.

- **Familiarity with the Patients' Charter**

Hospital staff at the Nana Dekyi Hospital knew about the Charter. However, twenty (20) patients interviewed had not heard about it. According to the Medical Director at the Axim Hospital, staff educated patients on the Charter every morning.

- **Common diseases**

The most common ailment in both Hospitals was malaria accounting for about 44% of the ten commonest diseases at the Nana Hema Dekyi Hospital.

- **List of Drugs**

The Nana Hema Dekyi Hospital had detailed lists of all the drugs covered under the NHIS but could not give a copy to the monitoring team since there was no photocopying machine available. The Hospital could not give the types of illnesses covered under the NHIS. However, the head at the dispensary indicated that what was more significant was whether the drug prescribed was covered under the NHIS. If so, the patient did not pay any money.

- **Mortality**

The mortality rate at the Axim Hospital was encouraging. It recorded one death each of children under one year and between one and five (5) years. The Hospital had two maternal deaths within the period January to May, 2007.

Worst Forms of Child Labour

- **Fishing and Educational Background of Children**

The Commission visited the Ngyeresia Fishing Community where available information indicated that about one hundred (100) children between the ages of six (6) and eighteen (18) went to sea. They also scooped seawater from canoes and assisted in taking trapped fish from nets. These children were either school dropouts or had never been to school. The majority of them stayed with their parents and went fishing with their fathers but those who went to the sea with other fishermen were given fish and money as a reward for their labour.

- **Reasons Why the Community Children Go to Sea**

In the course of the interview and discussion, it transpired that children went to the sea for the following reasons:

- Fathers desired to train their children to take up their fishing profession ;
- They want some of their children to assist them to raise enough money to support their family, especially those attending school;

- Some children admired the sea so they expressed a preference for fishing rather than to attend school ;
- The children themselves were attracted to fishing because of the money their friends earned from it;
- They had lost both parents and had to maintain themselves with the money earned from fishing. This was particularly true of those children who were found loitering at the beach;
- Some parents forced their children into it.

- **How parents and children feel about child labour**

The fishermen and parents interviewed did not see anything wrong with the occupation of the children involved. When asked about the danger they exposed them to, they said it was safe and so did not entertain any fears. The children, on the other hand, had mixed reactions when asked how they felt about their circumstances. Some said they were not interested in attending school while others would like to.

- **Quarrying**

The Commission also visited five (5) quarry sites in the Region. These were Governor Hill, Abontiakoon, Aboso, Fanti Mines and Bompiaso. Children normally start quarrying at the age of five (5). Eleven (11) children, aged between 14 and 17, were seen busily cracking stones. They had all completed Junior High School (JHS) and were assisting their parents to raise money to further their education and to support the family. The reason for the low number of children encountered was probably because most of them had accompanied their parents to quarry at weekends and the Commission's team visited on week days. The team gathered that the practice of parents engaging their children in quarrying rather than sending them to school had reduced considerably. This is as a result of the patrols of the District Child Labour Committees which had led to the arrest of some parents.

Slum Community

Kwesimintsim Zabon Zongo Community

- **Accommodation**

The various houses in the community were clustered together without a proper layout. Many of the buildings were very low, measuring about 3.5m. Almost all of them were made of mud but there were a few wooden structures.

The team visited twenty (20) compound houses and the total number of people living in them was 492.

- **Toilet and Bath Facilities**

Of the 20 houses visited, 7 had toilet facilities while 13 had none. Six (6) had KVIPs and one (1) had a water closet. Occupants without toilet facilities used the public toilets. However, with the exception of one, all the others had bathing facilities.

- **Environmental Sanitation**

Sanitation in the community was very poor. There were no properly constructed gutters for rainwater or for water used for household purposes such as bathing, cooking and washing. During a physical inspection, the monitoring team observed some human excreta in certain places.

- **Educational Facilities**

There were 2 Crèches, 2 Kindergartens and 4 Primary Schools. There were other schools in nearby communities for the children. The schools were enough and easily accessible.

- **Access to Portable Water**

All the people in the community had access to pipe born water. However, out of twenty (20) houses visited, only two (2) had their own water supply. The rest had to buy their water from private individuals who had pipe stands within the community.

- **Health**

The most common disease was malaria. The main government hospital, situated in the Kwesimintsim Township, was very close to the community. Of the twenty (20) households, only three (3) had registered with the NHIS.

- **Crime rate**

The level of crime was moderate. According to the Station Officer at the Kwesimintsim Police Station, common crimes in the community were stealing, phone snatching, assault and drug related offences. They generally involved children.

- **Child Labour**

The monitoring team did not encounter any case of child labour. Children only assisted their parents in household chores like cooking, washing, sweeping and at times with trading at weekends.

Educational Institutions

The Commission visited two (2) public institutions and two (2) private ones within the Sekondi/Takoradi Metropolis. The public schools were Old Hospital Primary and Tanokrom JHS “A” and the private ones were Chapel Hill School Ltd and Young Christian Primary and Junior High School.

- **Accommodation**

All the schools visited had good classrooms, built of cement blocks with enough windows to permit adequate ventilation and lighting. However, only Chapel Hill School Ltd had a library, a Music Centre, a Science and a Computer Laboratory.

- **Staffing, Learning and Teaching Materials**

The two (2) public schools did not have adequate learning materials unlike two (2) private schools monitored. All four were well staffed with qualified teachers.

- **Health and Sanitation**

All the schools had toilet facilities but the two public schools did not have water. The source of drinking water was pipe borne. The Chapel Hill School Ltd had both an infirmary and a well-stocked First Aid Box. The general sanitary conditions at the schools were satisfactory.

- **Disciplinary Procedures**

Heads of the institutions visited and the school children gave conflicting statements on bullying. Whilst the school children indicated that it occurred in the form of kicking, hitting and teasing, the Heads said it did not occur and some were reluctant to talk about the matter altogether.

Aggrieved school children could lodge complaints with the class prefects, teachers or the Heads. Various forms of punishment were administered, including sweeping, weeding, caning, suspension, inviting of parents for cautioning, kneeling in the sun or kneeling on stones, and carrying a number of tables at the same time, scrubbing the urinals or standing at the back of or outside the classrooms.

- **Operation of Capitation Grant**

Only the two public institutions enjoyed the Capitation Grant. The government released funds in instalments through the Ghana Education Service (GES) District Office to the schools (through their bank accounts). According to the Heads, the Capitation Grant was not sufficient to cover all the expenses of the schools and it also delayed unduly.

- **Persons With Disability**

There were three (3) disabled pupils; two (2) at Old Hospital Primary and one (1) at Tanokrom JHS “A”. They did not suffer any apparent abuse though the buildings of all the schools could not accommodate them because of the steepness of the stairs.

3.4 Tema Sub-Regional Office

Right to Health

NHIS

At the Tema General Hospital (TGH) nurses explained that the introduction of the National Health Insurance Scheme (NHIS) had resulted in increased numbers of people accessing the health facility. They attributed the long hours of waiting to the fact that the doctors went on ward rounds before dealing with outpatients. This was a routine occurrence and the waiting was even longer when emergencies occurred.

Most of the complaints about long hours in queues came from patients on the NHIS who said they were kept waiting deliberately while others were attended to. The Ghana Ports and Harbours Authority (GPHA) was in the process of registering with the Scheme.

HIV/AIDS

The TGH recorded a total of one hundred and sixty-three (163) cases of HIV/AIDS between the months of January and June 2007. Out of these sixty (60) were male and one hundred and three (103) female. Mother to child infection was thirty-eight (38).

The total number of the HIV/AIDS patients who had a regular supply of the Anti-Retroviral Drugs was about sixty-four and it costs fifty thousand cedis or five Ghana cedis a month.

The doctor on duty explained that the drugs were readily available upon request and the supply was adequate. They had a well-equipped Clinic. About sixty-one (61) of the patients interviewed did not have regular supply of the drugs because they only reported for testing and did not come back for treatment when they tested positive.

The GPHA Clinic recorded twelve (12) HIV/AIDS cases for the period and they did not have any Anti-Retroviral Drugs. Most of them were referred to the Centre at the Tema General Hospital. When asked to state some clauses in the Patients' Charter, neither the nurses nor the patients could cite a single one. A few doctors were however able to quote some.

Ambulance Service

The TGH had only one ambulance. This was not adequate so they depended mostly on the Ghana Ambulance Service for emergency and ambulance services.

The Ghana Ports and Harbours Authority (GPHA) had three ambulances at their outfit. These, they indicated, were adequate considering the size of the Clinic.

Right to Education

The team visited the Manhean, Tema Municipal Authority '2' Basic School, the Ashaiman '4' J.S.S., the Ashaiman '5' JHS, all public and the First Baptist Basic School and DEKS Educational Institute, private.

- **Teaching And Learning Materials**

Most of the respondents (both teachers and students) said yes to the availability and adequacy of Teaching and Learning (T &L) materials in their schools.

The few teachers and students who said No stated that there was no equipment at the Vocational Skills Department, no Science Laboratory and equipment for practical work, insufficient T&L materials for effective exercises, theft of T&L materials by past students and the lackadaisical attitude of some Heads in obtaining the materials. They had no libraries for research work.

- **Ventilation And Lighting**

None of the public schools visited had windows per se. What they had was the 'honey-comb' type of window or vent holes. The classrooms sometimes become very hot when the temperature was high. The lighting situation was fair but it sometimes becomes poor towards evening. There was no lighting in most of the classrooms. Deks Educational Institute, a private institution had few windows but had adequate lighting and fans.

The First Baptist Basic School had enough windows (louvre blades) at the JHS and the "honey comb" type of windows with adequate lighting and fans.

- **Toilet Facilities**

None of the public schools had places of convenience. At the Manhean School, however, a new water closet had been built to replace an old dilapidated one though it was yet to be commissioned by the Tema Metropolitan Assembly for use. As a result, both teachers and students used the public toilets as did the schools in Ashaiman. However, unlike Ashaiman '4', teachers in Ashaiman '5' had a water closet which was woefully inadequate and in poor condition as there was no running water in the school.

- **Policy on Bullying**

At the public schools, the authorities claimed that, they were aware of a GES policy on bullying, but were unable to specify its contents. They stated that they had been creating the awareness that bullying was not allowed; no one should bully, no matter their position in the school and bullies were made to sign an undertaking to desist from the practice. This served as a deterrent to seniors who might want to bully their juniors.

- **The Capitation Grant (CG)**

This section of the study applies to only the public institutions visited. The grant was paid directly into the accounts of the schools at their respective banks.

Only the Head of Ashaiman ‘4’ could give any indication of the amount received under the Capitation Grant. This was about GH¢600.00, approximately GH¢200.00 per term. In the third term, payment of the grant was by instalment and in all cases it was late.

Apart from the delay in the disbursement of the grant, another major problem was that it was inadequate. The schools did not receive the estimated amount based on GH¢ 3.00 per pupil per day.

Slums

These communities were not planned. The wooden structures had been built anyhow with no access roads so water flowed from the houses into any available space. This was a source of worry since during fire outbreaks or other serious disasters, help could not reach them. There was also drainage so water flowed into any available space.

The absence of drainage and waste disposal points as well as lack of toilets in the homes had aggravated the insanitary condition in the communities. Waste was disposed of indiscriminately posing a health risk to residents.

The team also observed that the people lived with their cattle and sheep. Some kept them in wooden structures next to their own. This was an obvious health hazard but they claimed they had nowhere else to keep them.

The Commission's team had fruitful discussions and interviews with the families in the communities. They were co-operative and spoke frankly after their initial apprehension and welcomed the advice given them by the team on some of their problems.

Worst Forms of Child Labour (WFCL)

- **Identity of Children involved in Labour**

Information gathered from respondents indicated that between 50 and 100 children as young as 6 up to 15 years, engaged daily in deep-sea fishing during the peak seasons. The team interviewed a total of 34 of the working children. Out of this, 12 were involved in WFCL, three (3) were between the ages of five (5) and ten (10) and nine (9), between the ages of ten (10) and fifteen (15).

- **Reasons for Engaging in Child Labour**

Most of the children engaged in child labour and its worst form were in the fishing sector. They claimed they were working for the following reasons:

- ✚ Their parents could not afford to pay school fees and other levies or purchase books and uniforms for them. They had to engage in labour to buy food and what they needed for school;
- ✚ They were neglected by their parents and were sleeping on the streets and had to fend for themselves;
- ✚ They had to work to support their families since their mothers were poor;
- ✚ Due to the living conditions in the community it was not worth staying in the classroom when they could engage in fishing activities to earn about GH1.50 or more a day;
- ✚ Some of the children were truants and they followed other boys who were not in school even though their parents had paid their school fees.

- **Exploitation/Abuses Faced**

Most of the children alleged that they were treated unfairly since they did not get what they were supposed to after embarking on the fishing. Some felt they were being deprived of their education, health, physical, mental and moral development by their parents and/or employers. They were beaten with paddles and sometimes slapped when they failed to obey orders, slept while working or delayed in carrying out specific assignments.

3.5 Upper West Region

Regional Hospital, WA

- **National Health Insurance Scheme (NHIS)**

On the average, 2,189 people registered every month with the NHIS and about 2,791 registered people were attended to within the same period.

- **Complaint Procedure**

The Hospital has 4 Suggestion Boxes located at the Out Patients Department (OPD), the Administration and Theatre Blocks. It also has a Complaints Desk and all complaints received are submitted to the Administrator who forwards them to the officers against whom they were made for their response. However, those requiring immediate attention were reported to the Medical Director or the Administrator for redress.

- **Patients' Charter**

All the core health workers knew about the Patients' Charter. Copies were posted on all notice boards of the Hospital. In addition, it was translated into Spanish for the Cuban doctors serving there.

- **Ambulance services**

The Hospital had an Ambulance Service which conveyed patients to the Hospital. Sometimes an aircraft was requested from Accra to convey patients who were critically ill and were referred there.

Tumu District Hospital

- **Complaint Procedure**

The Tumu District Hospital had 2 Suggestion Boxes in the OPD and at the Administration. Patients could however make their complaints to the Health Services Administrator (HSA) verbally. It was revealed that two nurses were found culpable and suspended indefinitely for causing the death of a patient in May, 2007.

- **Patients' Charter**

All the members of staff of the Hospital were aware of the Patient's Charter. According to the officers interviewed, it spelt out the rights of the patients in accessing health care.

- **Ambulance service**

The Hospital had one ambulance that conveyed patients to the Regional Hospital in Wa.

Psychiatric institutions

The Wa Psychiatric Unit

The Community Psychiatric Unit, under the Wa Regional Hospital, provided health care to the mentally ill in the Wa community and its environs. The Unit had three (3) psychiatric nurses, headed by a Principal Psychiatric Nurse. Apart from the Wa Psychiatric Unit, there were two other units, one in Tumu and the other in Lawra.

The Unit was non-residential and received 1,581 cases between January and June this year. All the drugs for the mentally ill were completely free and the patients need not register with the NHIS.

Right to Education

Wa Secondary School

- **Persons with disability**

There were four (4) students with disabilities at the school, two (2) were amputees, one (1) blind and one (1) lame. The blind had their own Resource Centre where they went to study. It had the necessary learning materials. The physical structures in the school were accessible to them.

- **Corporal Punishment**

The official policy of the School is that corporal punishment is forbidden. Penalties for violators were dismissal for those who inflicted serious pain and grounds work for less severe forms.

- **Bullying**

It was against school rules to bully and the punishment for bullies varied with the gravity of the offence. Punishment included grounds work for minor ones and dismissal for serious bullying. Victims could report the perpetrators to the Form Master.

- **Sanitation and Health**

The sanitary condition of the few toilets was poor as they could not be cleaned regularly for lack of water. An Infirmary was under construction. However, the school had a First Aid Box which according to the Headmaster was well stocked, a claim the the students deemed untrue.

Dan-Ibu International School

- **Persons with Disability**

At the time of the visit, the School had no pupils with disabilities. The physical structures were however accessible and disability friendly.

- **Corporal Punishment**

Corporal punishment could only be done under supervision and the action recorded in the log and punishment books. Contravention led to dismissal.

- **Bullying**

Bullying was not permissible in the School. If it did happen, the perpetrator was punished or dismissed according to the gravity of the act.

- **Accommodation (Classrooms)**

The classrooms had enough windows for ventilation and lighting. Furniture consisted of tables and chairs which were adequate for teaching and learning purposes. There was no congestion.

- **Sanitation and Health**

A pit latrine served as the place of convenience. It was in good condition, clean and well kept. It was also convenient for all age groups. The School had no Infirmary but had a well stocked First Aid Box.

T.I. Ahmadiyya Primary/J.S.S

- **Persons with Disability**

There were no persons with disability in the School and the physical structures were not user friendly

- **Corporal Punishment**

Corporal punishment is forbidden in the School and the penalty for a perpetrator was to report him/her to the District Directorate of the GES for the appropriate sanctions.

- **Bullying**

The School has no policy on bullying. The penalties however, for bullies were scrubbing of urinals and toilets and weeding the School garden and compound. Victims had the opportunity to complain to the School authorities in the same manner as corporal punishment.

- **Accommodation (classrooms)**

The classrooms had very few and small sized windows. Thus, ventilation was poor, particularly, during the hot season. Lighting was equally poor, with no electricity extended to the school. Students used desks which were inadequate for the entire student population. The classes were congested because of the large numbers.

- **Sanitation and Health**

The School had a pit latrine which served as a place of convenience. It was quite good and fairly adequate. There was a regular supply of water from a borehole. The School had no infirmary and its First Aid Box was poorly stocked.

Egala Junior High School

- **Persons with Disability**

The School had a blind teacher. The structures were accessible to him thus he was able to walk freely from one classroom to another unaided.

- **Corporal Punishment**

When a student commits a serious offence the Head Teacher records it in the log and punishment books and caned him or her. The child could lodge any complaints with the class prefect or any other prefect who then reports to a teacher or straight to the Head Teacher.

- **Bullying**

The School had no policy on bullying but if a child reported that he/she has been bullied, the culprit was called and advised. Victims of bullying could complain to the School Disciplinary Committee or any teacher on duty or the Form Master

- **Accommodation (Classrooms)**

The classrooms had enough windows to provide good ventilation and adequate lighting. The School, however, had no lighting for night studies. The classroom furniture was mainly wooden desks and was inadequate for learning. There was also severe congestion.

- **Sanitation**

The School had no place of convenience. Both teachers and students eased themselves in nearby bushes.

Detention Institutions (Remand Prisons)

Wa Central Prisons

- **Constant Adjournments**

The authorities blamed the constant adjournments of cases in the Courts on the absence of the judge or magistrate or the prosecutor. Regarding prisoners' right to Counsel and Legal Aid, the authorities said they were aware but only a few knew about remand proceedings.

- **Feeding**

Inmates of the Wa Central Prisons in the Upper West were fed three times daily on a per diem government grant of GHp40. Relations, friends and some philanthropists also sent them food. The quantity was adequate and the quality satisfactory.

- **Accommodation**

There were two cells purposely for remand prisoners. Neither of them had a bed, mattress or a wooden plank. There were however 10 blankets, serving as the beddings for inmates of the larger cell and 7 in the smaller cell. They spread the blankets on the bare floor to sleep on. The cells had very few and small sized windows but lighting was fairly good.

- **Sanitation**

The cells were neat with no stench and a pit latrine served as the only toilet facility for both inmates and officers. The toilet was poorly kept and woefully inadequate because it was the only facility that served the remand prisoners, convicts and officers. There was one bath in a fairly good state but it was inadequate for the prisoner population.

- **Health**

The Prison had no Infirmary but a trained nurse treated sick inmates from a well stocked First Aid Box. The Police also paid the Hospital bills of inmates still on remand.

- **Inmate Officer Relationship**

All the inmates and officers interviewed said there was a cordial relationship between them.

- **Living Conditions of Prison Officers**

All the officers interviewed said their living condition was poor.

Slums

Dondoli Deprived Community

- **Personal Data and Household Profile**

A male Arabic Teacher with a household of 30 people was the subject of the interview. Only 5 of the family members were in employment. As many as 6 people lived in one room. The entire

Dondoli community had one public toilet. There were only two baths in the household that was visited and there was no potable water in the Community. There were however a borehole and several wells dug by individual households.

- **Educational Facilities**

The Community had one Kindergarten, one Primary and one Junior High School (JHS). However, since these were not enough, some of the children attended school in other Communities.

- **Child Labour**

Most of the people interviewed were aware that child labour retarded development and progress of children, particularly their health and education.

- **Level of Crime**

Most residents said the level of crime in the Community was low. Miscreants indulge in petty stealing. Livestock and household utensils were their targets.

Recommendation

Thematic Area	Recommendation
HEALTH	There has been a dramatic increase in clients' attendance at the Hospital. Pressure is therefore put on the few facilities available. Expansion is needed to take care of the increasing number of clients.

3.6 Obuasi Sub-Regional Office

Detention Institutions (Remand Prisons)

- **Inadequate Space for Remand Prisoners**

It is observed that prison officers had allocated only one cell to the 68 remand prisoners present. This resulted in some of them having to be moved to the cells of convicted prisoners.

- **Food**

The quality of food provided by the institution was satisfactory.

- **Windows and Ventilation**

Windows were very few and small in Cell 3. Ventilation was fair.

- **Sanitary Conditions of Rooms**

The Sanitary conditions in the cell were quite good and water was available.

- **Bathing Facilities**

The institution had no shower. However, there was a water reservoir and a regular supply of pipe borne water for inmates.

- **Health Facilities and Staff**

The Detention Institution at Obuasi had a well functioning Infirmary together with a well stocked First Aid Kit and a Nurse is responsible for the payment of the hospital bills of inmates.

Right to Health

The Obuasi Government Hospital in the Ashanti Region had a total staff strength of one hundred and nine (109), two (2) of which were doctors, one (1) administrator, thirty five (35) nurses and seventy one (71) other staff.

The Akrokerri Health Centre near Obuasi had a staff of twenty three (23), including one (1) doctor, five (5) nurses and seventeen (17) other staff.

It was observed that the major problem confronting the Hospitals in and around Obuasi was the lack of adequate Wards. They also needed better equipment and technology.

- **Equipment**

The Obuasi Government Hospital had some of the essential hospital equipment while the Akrokerri Health Centre lacked basic equipment.

- **National Health Insurance Scheme (NHIS)**

Available statistics at the Obuasi Government Hospital indicate that the number of people on the Scheme attending the Hospital kept increasing. The types of drugs and illnesses covered by the scheme were as per the National Health Insurance Scheme (NHIS).

At the Akrokerri Health Centre the number increased from ninety-five (95) in January 2007 to five hundred and fifty two (552) in June, 2007.

Right to Education

The Monitoring Team from the Commission on Human Rights and Administrative Justice (CHRAJ) found that Basic Schools in Obuasi administered corporal punishment with little regard to the rights of the child. There was also little knowledge among both parents and pupils about the purpose of the Capitation Grant.

Teaching and learning materials were available but inadequate in all the four schools visited. They also lacked adequate exercise, work and textbooks.

There were no special physical structures designed for persons with disability in the Institutions. Some acknowledged that this was a violation of their rights while others denied it.

- **List of Corporal Punishment**

Forms of corporal punishment in the schools monitored included caning, weeding, scrubbing the urinals, kneeling in the classroom and running round the school block. Others were clearing and burning school refuse and fetching water.

- **Capitation Grant**

As a state policy, the Grant was not extended to private institutions and was disbursed directly to the public institutions on instalment basis. They were usually not received on time. The payments for the 2006/2007 academic year were as follows:

St. Thomas

The first instalment was GH¢342.59 and the second, ¢375.61. This did not meet their needs and posed a problem for the Institution.

Obuasi JHS

The first instalment was GH¢961.90 and the second, ¢1088.52. Parents here were under the misconception that the Grant covered fees and school materials and were thus agitating for them.

Worst Forms of Child Labour (WFCL)

On Child Labour, the Director of Pro-Link, an Obuasi based NGO, assisted the team to locate certain areas in the municipality believed to indulge in child labour.

- **Reasons for Engaging in Child Labour**

Child labour was attributed to poverty, unemployment and little or no compensation for properties destroyed.

- **Abuses Faced**

Abuses of human rights were the same in the Communities visited: These included arrests without trial, detention beyond the mandatory period and torture as well as harassment.

- **Working Children In or Out of School**

In Binsere, there were forty (40) children in and sixty (60) out of school. In Ahansonyewodea, where seventy (70) in and fifty (50) out whilst in Nhyiaeso, there were forty (40) in while twenty (20) were out of school.

- **Employers**

The employers of the children were from the same background, usually gang leaders of the various illegal mining ('galamsey') groups and self-employed. The children assist them in their operations.

3.7 Eastern Region

Right to Education

- **Teaching and Learning Materials**

Four educational institutions were inspected of which two were public and two private. Investigations were done in the company of the Heads of the schools. These were: Okwapeman Secondary School, Pentecost Secondary School Koforidua Secondary Technical and the Christian Heritage Secondary Technical.

Koforidua Secondary Technical pointed out the unavailability of up-to-date library books and science laboratory equipment. This affected the performance of science students. Pentecost Secondary School, although new, had a library but had only a few old books which did not help students much in research.

- **Persons with Disability**

Apart from the Koforidua Secondary Technical School, other schools had persons with physical disabilities, including persons suffering from blindness. They were able to cope in their learning environment. The biggest challenge of the blind students was the lack of Braille material and equipment.

The Headmaster indicated that the school was running an integrated programme, admitting both blind and sighted students.

- **Punishment**

Forms of punishment in the schools visited included grounds work (weeding and scrubbing) de-boardinization, internal and external suspension, caning and dismissals. They all followed the GES Policy on corporal punishment which gave the prerogative to the Headmasters only. They did not have a policy on their own.

- **Policy on Bullying**

All the schools intimated that they had a policy on bullying. Any person found bullying another student was reported to their parents and faced internal suspension; withdrawal, de-boardinized or given grounds work.

- **Accommodation**

All the schools complained of congestion, a situation attributed to the Basic Education Certificate Examination (BECE) placement system which had sent more students to the schools than the classrooms could accommodate. They all used desks and these were adequate.

- **Toilet Facilities**

Toilet facilities in the schools included KVIP and Pit Latrines. On average, sanitary conditions were good. The exception was the Christian Heritage School where facilities were poor.

- **Health Facilities**

All the schools visited had a well functioning Infirmary and a well stocked First Aid Kit.

Detention Institutions (Remand Prisons)

- **Forifori Settlement Camp**

There were 135 prisoners with 2 on remand at the time of the Commission's visit. Inmates aged between 18 and 50 years were aware of the right to Counsel or legal aid.

The quality of food was poor and the quantity inadequate. The cells were very small and accommodated about 15 inmates each. There were few windows and lighting was very poor. Sanitary conditions in the cells and toilet were unacceptable. There was Pit Latrine which was open with no fence and no cover to ward off flies and the odour emanating from it was unbearable.

Inmates used buckets for bathing and facilities and sanitary conditions were poor and inadequate. The source of water for the Camp was many kilometres away and the flow was irregular. It was very difficult to get water during the dry season.

The Camp had a fairly well functioning Infirmary with a Nurse attached to it. Inmates sent to the Hospital, received the needed attention and the Camp Authorities paid the bills. Those interviewed, stated that officer/inmates relationship under the current Commander was very cordial to the extent that some of them were allowed to farm on their own to earn some money.

The two (2) remand prisoners were remanded by Courts in the Eastern Region. One inmate was sentenced by a Court in Akyem Swedru in the Central Region. Six (6) out of the seven (7) interviewed were sentenced on stealing charges. Another, a 37 year old, was sentenced on incest charges. They however could not mention the names of the police who investigated their cases nor the names of the lawyers who represented them.

Right to Health

Two health institutions were visited in the Eastern Region: the Suhum Government Hospital in the Suhum Kraboa Coaltar District and the Atua Government Hospital, located in the Manya Krobo District.

In each of these institutions, the categories of respondents included Doctors, Administrators, Pharmacists, Statisticians, Nurses and Record Keepers.

- **Equipment**

Respondents stated that most of the required equipment for their work was not available and what they had was old and obsolete. This was confirmed during the team's inspection of the Wards and Theatres. Conditions at the Suhum Hospital were deplorable. Ventilation was poor in the wards, and the ceilings were collapsing with the fans attached to them.

The Suhum area was prone to heavy vehicular movement and its concomitant accident rate. The Hospitals were not up to the challenge. The Atua Hospital had only one scanning machine with heavy demand on it since more than 50 people were examined each day. The Hospitals had only one pick-up vehicle each and an ambulance. In January 2007 this year, two thousand, six hundred and seventy eight (2,678) persons had registered for the NHIS and by August, it had risen to three thousand, six hundred and six (3,606) at the Atua Government Hospital. The Suhum Hospital, had one thousand, nine hundred and twenty five (1,925) people registered for in January 2007 and one thousand two hundred and ninety two (1,292) by the end of August, 2007.

Investigations showed that patients waited between 1 to 3 hours to be attended to owing to the doctor- patient ratio in both Hospitals. One or two served a population of over 200 patients each day with about 65 Nurses who run shifts.

- **National Health Insurance Scheme**

In all, about 20 registered NHIS patients and 20 non NHIS patients interviewed, expressed dissatisfaction about hospital services.

- **Maternal Health**

Under Maternal Health Care, the two Hospitals monitored rendered both pre-natal and post-natal services. With pre-natal care, both institutions had qualified midwives supported by the doctors who cared for the patients. They had weighing scales and also scanners that checked the weight and condition of the baby in the womb. Post natal care services included immunization and vaccination of children from birth against the 6 ‘killer diseases’. They also had laboratory services for urine and blood tests as well as a Voluntary Testing and Counselling Unit for HIV/AIDS.

- **Wards**

The Suhum and Atua Hospitals both had three types of Wards: namely, female, male and children’s Wards. They were small and woefully inadequate, especially at Suhum where there was no Casualty Ward to take care of accident victims. Such patients were often forced to sleep on blankets on the floor. The Atua Hospital however had both Casualty and Maternity Wards.

On the visit to the Suhum Hospital, all the Wards were full, with some patients sleeping on the floor. The Children’s Ward was packed with small metal beds which were not sufficient. From the records, the total number of deaths of children under one year at the Suhum Hospital was 5 while Atua recorded 9. It also recorded five deaths of children under five years, with 5 recorded at Suhum, all within the period from January to August, 2007.

According to the Doctor in charge of the Suhum Hospital, Dr. Akpalu, the Eastern Region had only two Centres that administered Retroviral Drugs, the St. Martins Hospital at Agormanya – Odumase Krobo and the Koforidua Central Hospital. Thus patients had to visit these Centres for their prescriptions.

- **Complaint Procedures**

The Suhum Hospital did not have a Suggestion Box neither did it have a Complaints Desk for patients. At the Atua Hospital, this Desk was located openly at the entrance to the Hospital where patients could lodge their complaints with the two officers in charge.

The CHRAJ team was not able to ascertain the types of complaints and their frequency because the officers in charge were not present. However, Dr. Akpalu of the Suhum Hospital admitted that there had been reports of patients complaining about the behaviour or attitude of the nurses and also about delays in attending them.

- **Patient's Charter**

Respondents interviewed said they were aware of the Patient's Charter. The Suhum Government Hospital organized an educational talk every morning on the Charter. Other means by which the Charter was made known was by posting it on the walls and in the Wards and notice boards for patients and health workers' attention.

As a final comment or recommendation, Dr. Setsoafia of the Atua Hospital requested more staff of all categories, especially doctors and nurses to help them cope with the increased workload following the introduction of the NHIS.

Worst Forms of Child Labour

The Community visited was in Akwatia in the Kwaebibirem District of the Eastern Region. Children were working in the mining sector and selling iced water. Reasons for working ranged from economic, i.e. to make money for their upkeep and to acquire luxury items as grown ups. Children engaged in mining admitted that condition of work was difficult and as it were, they were not paid the proper wages.

Their reason for not going to school was simply economic. Children wanted to be rich over-night and to acquire items like vehicles and to live wealthy lives. Their employers were normally private miners popularly known as galamsey operators.

It was however pleasing to note that these children were treated nicely by providing them with food so that they could retain them on the job.

3.8 Ashanti Region

Detention Institutions (Remand Prisons)

With respect to Remand Prisons in the Ashanti Region, the 5 member monitoring team found a marked improvement in the condition of remand prisoners at the Kumasi Central Prisons. Particular mention must be made of the provision of a water tank and a KVIP place of convenience for inmates.

The total number of remand prisoners was 645, with 223 on trial. Suspects were remanded on offences ranging from unlawful entry, stealing, fraud and attempted murder. The circumstances under which remand warrants were issued included the need for further investigations and the release of suspects might interfere with investigations.

- **Period of Remand**

The shortest period of remand was one week whilst the longest was ten (10) years. The reasons given for the long remand periods were circumstances in which case officers were transferred, died, dismissed or were sent abroad on peace keeping duties.

- **Fair Hearing**

Inmates were aware of the right to a fair hearing owing to the presence of a legal officer assigned to educate them on their rights.

- **Inmate/Relative Relationship**

Relatives of inmates were informed about the detention of their family members and they were allowed to visit them at certain periods within certain hours everyday.

- **Feeding**

The Kumasi Central Prison provides three meals a day for inmates. Government allocation was forty Ghana pesewas (GHp40) a day, this appeared to be adequate and reflected in the satisfactory quantity and quality of food provided. This was made possible by the low cost of living in the Kumasi metropolis. Relatives, friends and philanthropists were also allowed to bring food to inmates.

- **Accommodation/ Bedding**

The remand cells were overcrowded with about 41 inmates to 420 x 480ft square rooms. For this reason, inmates slept in turns and provided their own bedding like blankets, because of the inadequate supply by government.

- **Ventilation and Lighting**

There were very few and small sized windows but fairly good lighting.

- **Water and Sanitation**

The source of water supply was pipe-borne. Poly tanks were also provided for storage. Sanitary conditions in the cells were fairly good. The types of toilet facilities used were water closets and KVIPs, but these were inadequate. In addition, there were some showers used by the remand prisoners. These were also inadequate.

- **Health Facilities and Staff**

The Kumasi Central Prison had a fairly well functioning Infirmary with a nurse but it was poorly stocked. The Institution was responsible for the payment of inmates' bills. Their most common ailments were malaria and skin diseases.

- **Vocational/Recreational Activities**

The Institution had a library, but it was not well stocked. Inmates received training in various vocations and trades including carpentry, weaving, tailoring, shoe making and blacksmithing.

- **Living Conditions of Prison Officers**

Officers complained of unfavourable living conditions. They occupy single rooms with limited bathroom and toilet facilities.

Right to Health

The team visited two other government hospitals, namely, the Suntreso Government Hospital and the Bekwai District Hospital, also in the Ashanti Region, to check on the enforcement of the Patients' Charter.

It was observed during the visit that even though both Hospitals were centrally situated and thus served quite a large number of people, the staff capacity was a problem.

- **Staff Capacity**

For the Suntreso Hospital, the doctor/ patient ratio was 1: 8,749 and the nurse/ patient ratio 1: 1,324, with Lab Technician/Patient Ratio being 1: 9,223. The Bekwai District Hospital showed a slight improvement with a doctor/patient ratio of 1: 6,029; nurse/patient ratio, 1: 330 and a Lab Technician/Patient Ratio of 1: 7,200. There was one expatriate doctor (general physician) on a two year contract.

- **Ward Capacity**

During the visits there was overcrowding in the Wards with patients forced to sleep on the floor.

- **Accommodation**

Both the staff of the Suntreso Government and Bekwai District Hospitals complained of inadequate accommodation.

- **Transportation/ Equipment**

The authorities of both Hospitals complained of the inadequate and deplorable state of the equipment and facilities. However, each had an ambulance and a double-cabin pick-up recently supplied by government Hospital.

- **Drugs/ National Health Insurance Scheme (NHIS)**

Both Hospitals also indicated that they had all the essential drugs in stock. Even though data on the total number of people accessing the NHIS was unavailable, an average of 100 registered in January 2007 at the Suntreso Government Hospital.

- **Sexual and Reproductive Health**

Both Hospitals provided services in pre-natal, neo-natal and post-natal care.

- **Maternal and Child Mortality**

The Suntreso Government Hospital recorded 21 deaths at the time of the CHRAJ's visit. These included maternal deaths. Three (3) of such deaths had been recorded at the Bekwai District Hospital for 2007. At both Hospitals, malaria topped the list of common ailments, with hypertension, anaemia, pregnancy related complications, pneumonia, diarrhoea and HIV/AIDS following in that order.

- **HIV/AIDS**

The Suntreso Government Hospital had a Unit that attended to HIV infected patients. Such cases had risen steadily since the first half of the year. The Bekwai District Hospital recorded 39 HIV cases, including a three-year old boy, through screening. Both Hospitals indicated they did not have Anti Retroviral Drugs and thus referred patients to the Komfo Anokye Teaching Hospital (KATH). The maximum amount spent on HIV drugs was GH¢5.00 per month, per patient, in Kumasi.

- **Complaint Procedure**

The Suntreso Government Hospital had four (4) Suggestion Boxes and in addition, a Complaints Desk. The majority of complaints related to nurses' misbehaviour. Others were non issuance of receipts for payments and NHIS related problems which were directed to the Hospital Administrator for redress.

- **Patients' Charter**

The staff of both Hospitals was aware of the Patient's Charter and in the Bekwai District Hospital nurses' educated patients using a public address system before consultations started each day. Additionally, copies of the Charter had been posted in the Wards and Outpatients Department (OPD).

Right to Education

Four Educational Institutions were covered in this exercise. They comprised two public schools, Yaa Achiaa M/A JHS and Asem Boys M/A Primary Schools as well as private ones, the Angel

Educational Complex, Kronum Abuohia and Great Quality International Primary School, at Mamponteng in the Kwabre District.

- **Student Population (Primary & JHS)**

Asem Boys M/A had 245 male and 155 female students. The Great Quality International School on the other hand, had 71 male and 74 female students. There were 199 male and 72 female students at the Angel Educational Complex whilst Yaa Achia was an all female institution with 238 students.

- **Capitation Grant**

The Heads of the public schools complained about the late payment of the Capitation Grant.

- **Persons with Disability**

Only the Asem Boys M/A had one pupil with a disability. No provision had been made for persons with physical disabilities in any of the four schools visited.

- **Policy on Corporal Punishment/ Bullying**

All the schools had policies on bullying with penalties ranging from warnings, verbal reprimand, caning, grounds work, suspension, to dismissal. Corporal punishment was meted out in all schools to ‘deviant pupils’ but was under the supervision of a teacher.

- **Accommodation**

Apart from the Asem Boys School which had congested classrooms, the three others had enough space. In all four schools, the classrooms were furnished with desks and tables. Windows and lighting in all the four schools visited were adequate.

- **Water and Sanitation**

The Yaa Achiaa M/A Primary and the Angel Educational Complex both had water closets for students. Pupils of Great Quality International School, on the other hand, used KVIP, whilst Asem Boys had no toilet facility.

- **Human Rights Education**

Knowledge of human rights by both teachers and pupils needed to be enhanced in all the four schools.

Slums

- **Household Profile**

People in the two electoral areas visited, lived in kiosks with their households and an adult “landlord”. The number of occupants ranged from 50-70 with about thirteen (13) to fourteen (14) people in each kiosk. Most of them were engaged either as potters or in truck pushers.

- **Health Facilities and Conditions**

The area was located near a refuse dump along the Subin River and the households had neither toilet facilities nor schools. Members of the household used a nearby public bath where they also fetched their drinking water. There was neither Clinic nor Hospital in the area. Malaria, diarrhoea, and typhoid fever were the commonest ailments in the community due to the deplorable general sanitary conditions.

- **Crime Level**

Statistics on crime recorded from January to July 2007 showed high level of assault cases (757) whereas the least causing harm, recorded 22 cases.

Worst Forms of Child Labour

In all, 10 children out of a 100 were found to be engaged in the Worst Forms of Child Labour in both Aboabo No. 1 and Subinso/Asarekrom.

- **Type of Work**

Children at Aboabo No.1 were engaged in the collection of metal scraps from refuse dumps, sawdust from sawmills and cassava and plantain peel from chop bars for sale to blacksmiths and livestock farmers. Children at Subinso/Asarekrom, who were mostly school children, were engaged in cocoa and rice farming.

- **Conditions of Work**

Work undertaken by children in both areas was dangerous and hazardous. Those at Aboabo No.1 were exposed to injury and infectious diseases whilst those at Subinso/Asarekrom engaged in spraying of cocoa farms without protective clothings, exposing them to the inhalation poisonous gases from insecticides as well as plucking of cocoa pods.

- **Working Children In and Out of School**

Of the ten children identified at Aboabo No.1, all of them were out of school. They attributed this to the inability of their parents to provide their needs. Those at Subinso/Asarekrom attended school but were engaged in farming during cocoa and rice farming seasons.

- **Attitude of Parents and Children to Child Labour**

Most of the parents preferred their children to attend school rather than engage in child labour. The children themselves wanted to be in school.

- **Knowledge about Child Labour Committees**

In both areas, the existence of Child Labour Committees was quite well known. Parents, opinion leaders and teachers interviewed expressed knowledge about CHRAJ, the Social Welfare Department and NGOs committed to reducing the incidence of child labour

Recommendations

1. In relation to slums, the Kumasi Metropolitan Assembly should, as a matter of urgency, evacuate the residents and resettle them in a more congenial environment before a serious epidemic breaks out. In the interim, basic social amenities should be provided for them.
2. For child labour to be reduced, government intervention is needed, to empower parents financially through micro-credit facilities whilst NGOs, working on child labour, should coordinate their activities through advocacy, to alleviate the plight of residents of the area.
3. In relation to the right to education, government policy on the school feeding programme should be extended to these areas to encourage parents to send their children to school.

4. Government should increase the feeding grant of prisoners to at least six thousand cedis (GHp60) per day.
5. Concerning detention institutions, the legal officer should liaise with the police service to ensure that case officers send inmates to court on due dates and also seek to address the problem of expired warrants associated with the Police Service and Prison Authorities.
6. On the issue of health, provision of accommodation for nurses and transportation for staff in general, should be improved and additional Wards built. Hospital authorities should provide proper channels for patients to make complaints and an officer to dress them.

3.9 Northern Region

Witch Camps

In all, a total number of four (4) Witch Camps were visited. These were the Gambaga, Ngani, Kukuo and Kpatinga camps. Only the total number of female inmates at all the camps was collated. Ngaani recorded two hundred and forty six (246) females representing the highest number of inmates in all the four (4) camps. Apart from inmates of Gambaga who had registered with the NHIS, inmates in the other three camps had to bear the cost of treatment in hospitals and clinics. The common reported illness among inmates of Gambaga and Ngaani was malaria. Relative to the other camps, Ngaani's conditions and facilities were very poor.

- **Gambaga Witch Camp**

The total number of inmates in this camp was eighty eight (88) of which twelve (12) were children in Junior High School and two (2) in Primary School. The rooms and surroundings were well kept by the inmates. The common ailments were malaria and joint pains. They were registered under NHIS. Since the women themselves could not afford to pay for the registration, they were sponsored. The Camp shared the boreholes in the Gambaga Township with the Community and it has a KVIP. They depended on their families, but most of the time they earned their living through services to the Gambaga Rana, sold firewood and did some farming, fishing and soap making. The Non Governmental Organisations (NGOs) that assisted the Camp were the Go-Home Project,

Action Aid and Catholic Relief Services (CRS). According to the interviewees, so far six (6) of the alleged women witches had been integrated back into their communities.

- **Ngaani Witch Camp**

The total number of occupants was two hundred and forty six (246) adults and one hundred and fifteen (115) children. Sanitation at the Camp was very poor; there was no toilet facility and so inmates eased themselves in the bush. Inmates relied on the Ngani Clinic for treatment. The women's sources of income were through farming, fishing and soap making. The women shared the community source of water which was from the river and a borehole. Though Integration was slow, occupants did associate and interact with the Ngani Community. NGO activity in the Camp was rather erratic. At the time of the visit, the most visible ones were Action Aid and CRS. The monitors observed that the houses occupied by inmates were dilapidated and there were no door-locks.

- **Kukuo Witch Camp**

There were one hundred and fourteen (114) adult occupants and one hundred and seventy one (171) children in the Camp, of which sixty four (64) were in school. There were six (6) children with disability. Five (5) women were integrated back into their own communities within the year 2007. The women lived in quite decent accommodation. The entire Camp was well kept and the occupants depended on the Community Clinic. Occupants engaged in petty trading whilst others depended on relatives, NGOs and other philanthropists for sustenance.

- **Kpatinga Witch Camp**

There are eighty seven (87) adult occupants and ninety four (94) children living in the Camp. It is the best kept and privileged in the Region. They have a potable source of drinking water. The women depend on their relatives, children and World Vision for food. Occupants patronize the Gushiegu Hospital. Registration under the National Health Insurance Scheme has been very slow.

Detention Institutions (Remand Prisons)

In all there were ninety eight (98) Remand Prisoners identified in the Tamale Central Prison. Their ages ranged from eighteen (18) to sixty (60) years. The minimum period of remand of the inmates

was one (1) week and the maximum was five (5) years. Offences ranged from murder, rape, robbery, stealing to assault. Forty Ghana Pesewas (40Gp) was allocated for three (3) meals per day, per inmate.

- **Water/ Sanitation**

The main source of drinking water for the remand prisoners was pipe borne but supply was irregular. The cells were abnormally and inhumanly congested. The sanitary conditions were deplorable and distasteful. Pan latrines and baths were available for use by the inmates.

- **Beddings**

There were neither beds nor mattresses, inmates had blankets to use.

- **Health**

The Central Prison had a good functioning Infirmary with 2 qualified Medical Assistants. Malaria and skin rashes were the main ailments inmates normally suffered from.

- **Vocational/ Recreational Activities**

Remand prisoners were not given any vocational training because they were not convicts according to the Prison Authority. Indoor activities available in the prison were Cards, Ludo, Oware, Television and Draughts. The remand prison had no library.

- **Inmates/ Officer Relationship**

A good, cordial relationship existed between inmates and prison officers. However the living conditions of the prison officers were generally unacceptable and unsatisfactory.

Right to Health

In all, three (3) Health Institutions were selected for the monitoring exercise. These were: the Tamale Central Hospital, the Tamale West Hospital and the Community Psychiatric Unit.

Tamale Central Hospital

Both the Hospital's Administrator and the Matron confirmed that they had all the essential drugs in the Pharmacy and that they were all affordable and accessible to all patients that visit the Hospital.

- **Staff Strength**

Table 1: No. of Medical Personnel

PERSONNEL	NO.
Doctors	1
Nurses	23
Laboratory Technicians	1
Medical Assistants	2
Nurse Prescribers	2
Total	29

- **Equipment Level**

The Administrator stated that the Hospital had some basic equipment but this was woefully inadequate. Additionally, there were not enough vehicles for official work. For instance there was no ambulance service.

- **Exemption Policy**

The Hospital implemented government's exemption policy by ensuring that patients under National Health Insurance Scheme (NHIS) were attended to without discrimination. These included children under five years, senior citizens, persons with disabilities, notably the mentally-ill, patients with epilepsy and pregnant women. However, there was no specific policy on victims of defilement and rape.

- **Sexual and Reproductive Health**

The Hospital had facilities for the following services:

SERVICES	FACILITY
Prenatal care	Antenatal Department HIV/AIDS Services
Neonatal care	Child Welfare and Immunization Department
Postnatal care	Antenatal and Family Planning Department

- **Common Diseases**

Period: January to March, 2007.

TYPE OF DISEASE	NO. RECORDED
Malaria	1,762
Skin diseases	767
Chicken Pox	234
Pneumonia	213
Malaria in pregnancy	137
Diabetes	79
Hypertension	78
Rheumatism	67
Gynaecological disorders	40
Gonorrhoea	24

- **HIV/ AIDS**

No cases of HIV/AIDS had been reported at the Hospital since its establishment 2 years ago.





- **Complaint Procedure**

The Hospital had no Suggestions Box but had a Complaints Desk for patients to seek redress. The knowledge of the Hospital authorities on the Patient's Charter was very high.

Tamale West Hospital

- **Staff Strength**

The Hospital had the following medical personnel

-  3 Doctors (2 Cubans)
-  2 Medical Assistants
-  1 Pharmacist
-  A few nurses

- **Sexual and Reproductive Health**

The Hospital had majority of all the essential drugs in its Pharmacy and all were affordable and accessible to all patients who visited the Hospital. It had facilities for the following services:

SERVICES	FACILITY
Prenatal care	Antenatal Department HIV/AIDS Services
Neonatal care	Child Welfare and Immunization Department
Postnatal care	Antenatal and Family Planning Department

- **Common Diseases**

TYPE OF DISEASES	NO. RECORDED
Malaria	9,514
Road Traffic Accidents	1,886
Intestinal Worms	1,336
Malaria in Pregnancies	1,188
Hypertension	766
Skin Diseases	681
Pregnancy-Related Complications	598
Gynaecological Disorders	554
Rheumatism	299
Pneumonia	274

Tamale Community Psychiatric Unit

This Unit did not accommodate or confine patients but rather administered prescribed drugs to them in their homes in the Communities. It had no Medical Doctor. The 14,000 patients were managed by 6 Senior Psychiatric Nurses and Drugs were supplied free of charge.

The Unit was faced with a number of difficulties including inadequate supply of drugs, lack of an official means of transport and materials like cotton wool and examination tables.

- **Comments**

The general concern was the widespread stigma mental patients faced including those who had fully recovered.

Right to Education

Four (4) Basic Schools, three (3) public and one (1) private were monitored.

Name of Schools	Category of School
1. SDA JHS	Public
2. St. Monica's JHS	Public
3. Tolon JHS A	Public
4. Central International School	Private

- **Student Population**

Name of School	Student Population		Total
	Male	Female	
1.SDA JHS-Tamale	125	97	222
2. St. Monica's JHS-Nyanpkala	82	52	134
3.Tolon JHS A	156	103	259
4.Central International School-Tamale	309	303	612

- **Availability of Teaching and Learning Materials (TLM)**

School authorities disclosed that there was an inadequate supply of Teaching and Learning Materials.

- **Disciplinary Principles**

Bullying existed in all the schools but the incidence was seldom reported to the school authorities.

- **Health and Sanitation**

All the schools monitored had decent places of convenience. However they lacked infirmaries even though they had fairly well stocked First Aid Boxes.

Worst Forms of Child Labour

A total of 55 victims of Worst Forms of Child Labour were found in three communities. This comprised 25 male and 30 female. The children interviewed were engaged by their parents or close relatives in various forms of work including taking care of cattle and sheep, in addition to farming and petty trading.

According to a Child Labour Committee member, a survey conducted by the Committee in 2006 revealed that there were 158 cases of Worst Forms of Child Labour in 10 communities surveyed. The children were exposed to dangerous animals especially snakes and scorpions and depended on

cow milk and roasted yam for food. Girls often complained of physical abuse by their male counterparts in the bush. None of the 55 children interviewed were in school.

Slums

- **Household Profile**

The slum area visited was Gbanyamni. The number of households monitored was 20 and the average number of persons in a household was eight (8). Most of them did menial jobs in the construction industry in town or carted charcoal in various markets.

- **Right to Health**

Apart from being made of delapidated thatched structures, the Community lacked many facilities. These include Clinics and decent toilet and bath facilities. Though the Health Insurance Office was not far from the Community, very few had registered under the scheme. However, all of them appreciated the need to enroll onto it. Some seek medical help from a nearby Clinic but the majority rely on chemical stores in Tamale town.

- **Educational Facilities**

The inhabitants of the slum depended on an Arabic school nearby but none had progressed beyond the basic level despite having lived there for several years.

- **Level of Crime**

Petty stealing of animals and clothing were the most common criminal activities reported in the community.. The smoking of Indian hemp was the most common drug related problem.

- **Public Education Activities**

The CHRAJ team, over the years, had educated these Communities on children's and women's rights issues. Other institutions like Gubkatimale had also educated the Community on children's rights.

3.10 Upper East Region

Detention Institutions (Remand Prisons)

During the inspection period, there were 49 male inmates in the prison out of which 38 were convicts. The remaining eleven were on remand. The oldest person was 70 years and had been on remand for 3 years on a charge of murder. The youngest was an 18 year old Burkinabe national who was remanded on 3rd August 2007 for stealing. The remand prisoners were between 18 and 70 years.

Three inmates had been in custody since 2004 and had appeared in court only on three occasions. The rest had been in custody for periods ranging from one month to 2 years at the time of the visit.

- **Fair Hearing**

None of the inmates had legal counsel and seven of them were not aware of their right to one. Most inmates complained they had not been given any hearing at the Courts. Further inquiries indicated that the police only sent them for a renewal or extension of their warrants and then, brought them back into custody.

It is significant to note that nine (9) cases on remand were assigned to only one investigator in the Bawku Police Service. This partly accounted for the delays in sending remand cases to court. The prisoners showed keen interest in accessing the services of a counsel from the Legal Aid Board.

- **Visiting Times**

The prison authorities allowed inmates to receive up to six visits a week. However, most of them stated they hardly received any visits because they had been abandoned by their relatives.

- **Feeding Grant**

The Officer-In-Charge (OIC) revealed that the current feeding grant from the government of Ghana was GH¢ 0.40 per inmate for three square meals per day. This, they lamented, was woefully inadequate to provide them enough nutritious food. Meals were supplemented with prepared food brought by friends and relatives. Some of the inmates were allowed to prepare their own meals.

- **Cell Size and Ventilation**

The remand cell measured 56m². Ventilation was inadequate as windows were small. However, there was enough lighting in the room.

- **Sanitation**

There were no toilet facilities. Inmates had to use pans which they emptied at a central disposal point. Considering the total population of the prisons, (remand and convicts), the number of pans was inadequate. On the whole, however, they were clean and the odour negligible.

Water supply was pipe borne, but this was sporadic and inmates mostly had to scout around for it. The OIC revealed that the Bawku Municipal Assembly periodically provided water tanker services to the Prison. There was also a water hydrant just close to the Prison and he revealed that it was estimated that about GH¢ 200.00 would be enough to make the necessary connection from the hydrant to the Prison for regular supply of water.

- **Health**

The Prison had a functioning Infirmary with a nurse and a fairly well stocked First Aid Kit. However, when the need arose for a referral, inmates' bills were paid by the prison authorities. At the time of the visit, no inmate was suffering from any ailment, but all complained of skin rashes, especially when the weather was warm.

- **Recreational/Vocational Facilities**

The Institution had no library facility. The only recreational activities were Ludo and 'Oware'. There was however a Smock Weaving Centre for convicted inmates to learn tailoring, though remand prisoners could not take part. The floor of the Centre was not cemented.

- **Living Conditions of Officers**

Accommodation for officers was inadequate. Most were therefore living in rented quarters far from the Prison. The OIC expressed concern over the problem of mobilizing all the officers in the event of any emergency in the Prison. Interaction with the officers also indicated that they faced a work-related risk of contracting communicable diseases. They also faced physical danger from embittered and violent convicts.

Right to Health

- **Staff Capacity**

The Bolgatanga Central Hospital had a medical staff of ten (10,) made of four (4) Ghanaians and five (5) Cubans. There was no specialist among the Ghanaians. There were also one hundred and thirty two (132) nurses and eight (8) laboratory technicians.

The War Memorial Hospital, Navrongo, had two (2) Ghanaian and two (2) Cuban doctors, fifty eight (58) nurses and a Laboratory Technician/Patient was 1:31,000.and the Doctor/Patient ratio was 1:79,000 and the nurse/patient, 1:1508, all highly inadequate.

- **Drugs/ National Health insurance Scheme (NHIS)**

Both Hospitals had almost all the essential drugs (see Appendix B). However, those who were not covered under the National Health Insurance Scheme (NHIS) could not afford to purchase drugs. NHIS recipients interviewed complained that they had to wait longer in queues than those who paid cash.

- **Sexual and Reproductive Health**

Unlike the War Memorial Hospital, the Bolgatanga Central Hospital had an elaborate anti- and post - natal policy on the provision of services. The same applied to education on Sexual Reproductive Health and Sexually Transmitted Infections (STI) initiated by the NGO, Path-Finder International. It provided supports services in terms of counselling for pregnant adolescents and ensured they have a safe delivery.

- **HIV/AIDS**

It was not possible to interview any HIV patients. However, the Administrator at the Central Hospital stated that through timely and accurate reports to the National AIDS Commission the Hospital always had enough Anti-Retroviral Drugs for patients at a monthly fee of GH¢5.00.

- **Accommodation**

All the doctors of the Central Hospital, unlike the nurses, had adequate accommodation. The rest of the staff including nurses lived in rented accommodation in town.

- **Transportation**

All the doctors and senior nurses of both Bolgatanga Central and War Memorial Hospitals had been provided with saloon cars as part of Government's efforts to motivate health professionals. Both Hospitals had an ambulance each which were recently supplied. However, most of the other official vehicles had broken down.

- **Ward Capacity**

The total number of patients on admission and the total number of beds could not be ascertained during the period of inspection. However, the Administrators of both Hospitals said that the occupancy rate was between 40-50%

- **Complaint Procedure**

There were Suggestion Boxes and Complaints Desks at both Hospitals. For the War Memorial Hospital, no complaints had been received at the time of the visit.

- **General Comments**

It became obvious that health care delivery in the Region was not the best. This was due to a lack of adequate medical personnel, modern equipment, transportation and accommodation for health workers.

Right to Education

Availability of Teaching and Learning Materials

Headteachers of both Salibga JHS and Zion International JHS located in the Bongo District indicated that the supply of teaching and learning materials was adequate. However, two students interviewed denied this.

- **Disciplinary Principles**

Both Schools followed the GES policy guidelines and regulations on corporal punishment and bullying. Both Heads said caning was not rampant, a view not shared by the pupils who described it as indiscriminate, frequent and often inexplicable. Prefects were alleged to be engaged in caning.

- **Ventilation and Lighting**

Salibga JHS had enough windows and adequate lighting. Zion operated from uncompleted rented premises, and the classrooms had few windows.

- **Accommodation**

There was congestion in both schools. Additionally, even though both had access to tables and chairs, they were not adequate for the pupils' population.

- **Water/ Sanitation**

Both Schools depended on hand dug bore holes for regular water supply. However, its hardness was affecting the teeth of the pupils. There were no toilets or urinals in either school.

- **Capitation Grant**

This programme was not extended to the Zion International, because it was a private school but Salibga JHS was a beneficiary of the Grant. The problem with the Grant as stated by the interviewees however was that payments were not made on time and disbursement and accounting procedures were cumbersome.

- **General Comments**

The location of the Salibga Secondary School is not the best. Salibga Secondary School is directly behind the District Assembly premises, which has heavy vehicular movement and pedestrian traffic as well as noise, causing distractions.

Psychiatric Institutions

The Upper East Region had no Psychiatric Hospital. Instead, there was a Psychiatric Unit in the Central Hospital at Bolgatanga. The Unit had no specialized psychiatric equipment. The inmates of the Unit were accommodated in the Wards of the Hospital and mixed up with the non-psychiatric patients. There was no separate ward for them except in medication, which they received free of charge, they were treated the same as other patients, sharing the same general facilities

- **Patient/Staff Ratio**

There was no Psychiatrist at the Unit. It was run solely by two Psychiatric Nurses. Community Health Nurses were rotated at random at the Unit, and once in a while, a General Nurse was

assigned, but for a short period. It therefore meant the task of administering to and counselling the current 787 Psychiatric patients, was handled by only the two Psychiatric Nurses.

- **National Health Insurance**

The nurses disclosed that before the advent of the National Health Insurance Scheme (NHIS), Psychiatric care was provided free of charge. But currently, patients not covered by the NHIS had to pay. The majority of them thus purchased the expensive drugs.

- **Transportation**

The Psychiatric Unit had no vehicle. It thus depended on the Central Hospital for transportation. For the most part, this was provided by relatives and friends of patients when the need arose.

- **Comments**

The Unit was severely neglected, woefully understaffed and lacked equipment of every kind that relates to psychiatric care.

Slums

The Zongo Slum lied to the North-East of Bolgatanga Central, with an area of about one mile square. The inhabitants were predominantly Muslim. The population was mixed, though the majority was from the Northern Region.

- **Household Profile**

The average number of persons in a household varied from five (5) to twenty two (22). Most of the adults worked as public servants or were self employed. Ages ranged from six (6) to 22 years, with the majority without any formal education.

- **Right to Health**

Inhabitants of these slums had access to both Health Centre and the Central Hospital. There were no toilet facilities located in the households. Inhabitants depended on the five (5) KVIPs dotted around the area.

- **Educational Facilities**

There were five (5) public basic schools and one (1) private school serving the area.

- **Child Labour**

Interviewees were aware of Child Labour and its disastrous effects on the child and the general consensus in the area was that formal education had a positive value. Nonetheless, child labour was predominant.

- **Crime Rate**

Crime, reportedly, was on the ascendancy. These were mostly petty stealing, assault as well as drugs peddling and use especially marijuana. Such crimes were attributed mostly to lack of employment and recreational facilities in the community.

3.11 Greater Accra Region

Right to Health

The Monitoring Team visited both the Ridge and the La General Hospitals in Accra. Both Hospitals had the National Health Insurance Scheme in place but faced problems in its operation. The La General Hospital, for instance, mentioned delays in the payments of funds by the mutual health scheme and poor record keeping as two of the problems encountered with the NHIS. The exemption policy was also not practised in both hospitals.

Psychiatric Institutions

Pantang Psychiatric Hospital

The land on which the Hospital was built was donated by the Community and it enjoys the co-operation of the citizens of the area. At the time of the team's visit, it was headed by an expatriate psychiatric female doctor who was assisted by two (2) young Ghanaian psychiatrists. There was one other doctor and three medical assistants who handled non psychiatric patients. National Health Insurance Scheme did not cover psychiatric cases.

The team was informed that a parcel of the Hospital's land had been turned into a rubbish dump which posed a health hazard.

RIGHT TO EDUCATION

- **Apenkwa and Ngleshi Amanfrom Primary and Junior High School (JHS)**

Both Apenkwa JHS and Ngleshi Amafrom Primary and JHS operated the shift systems where two sets of classes were held, the first from 8.00 a.m. to 12.00 noon and the second from 12.30 to 5.00 p.m. This was due to the fact that the student population exceeded the available classroom space. The schools did not have a Staff Common Room, thus teachers had no place to rest or to mark assignments. The environment was generally not conducive for studying.

- **Rev. John Teye Memorial School, Accra**

The School was headed by Mr. O. T. Teye, the son of the late founder. The facilities there were totally different and in sharp contrast to the public schools visited.

- **Emmanuel International Institute, Accra**

The team interviewed both the Headteacher and some of the pupils. The School lacked toilet facilities except for a KVIP toilet at its new site. It had enough classrooms but lacked enough tables, chairs and desks. Windows and lighting were enough. It did not have adequate teaching aids and materials. According to the Headteacher, they had just moved to a new premises and much work was yet to be done.

SLUMS

Kokomba Market

The Kokomba Market in Accra is basically a yam market and has grown into a residential area for mainly the youth who migrated to Accra from the three northern regions. The area inhabited by different ethnic groups with defined leadership and associations.

Apart from the porters, there were artisans, teachers, nurses and policemen living in the area. The population was put at about thirty thousand (30,000) and it was growing by the day. There was one private Hospital serving the Community. However, there was no public school and children had to attend schools in nearby areas like the Timber Market.

DETENTION INSTITUTIONS (REMAND PRISONS)

James Fort Remand Prison (Male)

The James Fort Remand Male Prison at the time of the visit had 900 inmates. According to the officer, this figure fluctuated since some inmates were discharged and others admitted on a daily basis. Most of the cells were overcrowded and sanitation was very poor. The ages of inmates were between eighteen (18) and sixty (60) years. Some suspects had not been sent to court for a very long time and the warrants of two hundred and eighty nine (289) had expired. Since the facility was a remand prison, suspects on court warrants were kept there awaiting trial.

The types of offences the remand prisoners were charged with ranged from murder, rape, armed robbery and narcotics to assault. Suspects had a fair idea of their right to legal aid but due to financial constraints were unable to access it.

James Fort Prison (Female)

At the time of the visit, there were twenty seven (27) inmates made up of twenty five (25) remand prisoners and two (2) convicts.

It was observed that though the Prison Service allowed visitors, the James Fort Prison had no Reception/Visitors' Room and visitors had to wait in the scorching sun for a long time, before seeing an inmate.

The Prison still relied on firewood for cooking. The smoke from the kitchen engulfed the premises, both offices and cells. The Officers also complained about the lack of office equipment, especially a computer, to type letters and to keep records. There was only one old manual typewriter. It was also observed that some of the Officers had no office accommodation and had to share small sized rooms with their colleagues.

Worst Forms of Child Labour

- **Pokuase Quarry Site**

A visit to the stone quarry site in Pokuase observed children gathering stones under very dangerous conditions and were paid meagre wages. The total number of children found at the site at the time was twenty seven (27). They were employed by stone contractors. It was discovered that through the intervention of the International Labour Organization (ILO) many children were

offered scholarships to attend school and others were awaiting training in the various skills offered by the ILO.

- **Tsokome and Bortianor Fishing Communities**

At Tsokome and Bortianor, both fishing communities, it was discovered that a total of one hundred and fifty (150) children were engaged in fishing activities and about seventy-five (75) in the Worst Form of Child Labour. The monitoring team interviewed eighty seven (87) children, seventy two (72) of them between the ages of ten (10) and fifteen (15). These children employed by boat owners and tasked with sorting fish and pulling fishing nets were poorly paid. Poverty and lack of parental care were given by them, as their reasons for engaging in labour.

- **Ada-Foah Market**

The team visited the Ada-Foah market on a Market day, and noted the presence of a number of children between the ages of eight (8) and seventeen (17). Some worked as truck pushers and others carried all kinds of wares to sell. The majority of them had travelled from neighbouring towns like Azizanya, to work at the market. From those interviewed, it was revealed that some came from broken homes and others were staying with their aged grandparents who sent them to work at the market. Some were school dropouts due to poverty, while others had lost their parents and had to fend for themselves. They earned between GH¢2.00 and GH¢7.00 daily. They wished to be in school but poverty had forced them to work in the market.

3.12 Brong-Ahafo Region

Right to Health

At the time of the visit by the CHRAJ monitoring team, the Sunyani Regional Hospital and the Holy Family Hospital in Techiman had the relevant essential drugs, but number of staff was low and the hospital had to employ Technicians to assist, in the absence of Pharmacists.

- **Working Conditions of Medical Personnel**

At the Sunyani Regional Hospital, in 2006, the ratio of doctor to patients was 1:3,683 and 1:546 to a nurse. That of laboratory technicians was 1:429. The 2007 ratios stand at 1: 10844 in the case of doctors, 1: 1613 for nurses and 1:17000 for laboratory technicians.

- **Accommodation**

Only the Senior Medical Officer or a Specialist was housed at the medical village. It had 32 bungalows out of which 17 were occupied by doctors working there. Only 72 nurses had accommodation at the Nurses' Quarters which had an actual capacity of 36. There was, thus, congestion there.

On the other hand, all doctors and nurses at the Holy Family Hospital were accommodated near the Hospital. Other staff members who provided other services were also housed nearby.

- **Transport**

The Sunyani Regional Hospital had a Mazda pick-up and one average ambulance which had to be used for other assignments whenever the pick-up was off the road.

- **Exemption Policy**

Children under five years and senior citizens above 70 receive free medicare under the Ministry of Health and the Ghana Health Service Policy. However, there is no clear-cut policy on persons with disabilities except registered members of the National Health Insurance Scheme.

- **Sexual And Reproductive Health**

This programme was implemented at the district level and since the Hospital was a referral one, such cases were referred to its Public Health Department which took care of them. The Holy Family Hospital offered facilities like prevention and management of unsafe abortion and management of breast and uterus cancers.

- **Maternal Health Care**

The Hospital also had facilities for prenatal, antenatal, neonatal and postnatal care of patients. Others are Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS, labour, caesarean section, specialist care and comprehensive obstetrics care. Some of the services rendered for neonatal care include Newborn Intensive Care [NIC] immunization, and postnatal Vitamin A. They also run a Post-Natal Clinic, family planning and maternal care programmes. The Wards and beds were inadequate for effective maternal health care.

- **Ward Capacity**

The Sunyani Regional Hospital had a 247-bed capacity distributed among the 13 Departments. The Holy Family Hospital had 138. At the time of the visit, 131 patients were on admission. Sometimes patients had to be paired up or, in emergency situations, sleep on the floor.

- **Mortality**

In the first quarter of the year (2007) there was no record of maternal death at the Holy Family Hospital. The authorities attributed this to the increased number of mothers who had access to health care under the National Health Insurance Scheme.

- **HIV/AIDS**

At the time of the visit, there were 75 Persons Living with HIV (PLHIV). There were enough Anti-Retroviral Drugs at the Hospital. These could be obtained once a week, on Wednesdays, at a special Clinic. However, patients found the cost of treatment at ₵50,000.00 per month too high. They suggested that the treatment of PLHIVs should be free as for T. B. patients.

- **Complaint Procedures**

The Hospital had six Suggestion Boxes located at vantage points in addition to a Complaints Desk. Complaints are investigated and recommendations made to Management on the appropriate action to be taken. For example, it was discovered that more chairs and wheelchairs were provided following complaints. Most of them were about the nurse rather than other staff.

- **Patients Charter**

All the respondents were aware of the legal documents about the rights of patients but only the doctors and the pharmacist could explain the provisions well. Though there were copies of the abridged Patients' Charter, the workload at the Hospital made it difficult for them to educate patients.

Psychiatric Unit

This Unit operates as one of the Departments at the Sunyani Regional Hospital. At the time of the Monitoring Team's visit, there were 6 male and 10 female patients on admission. The doctor-patients ratio was 1:6669 while that of the nurse stood at 1:33345.

- **General Living Conditions**

The Wards were classified into 3 types; long, small and cubicles. At the time of the visit, there were 18 occupants in the Long Ward which had an actual capacity of 14 occupants.

- **Accommodation**

Accommodation was adequate considering the number of patients. However, the male and female Wards were not separated, raising the issue of privacy.

- **Ventilation**

There were enough windows and ventilation was very good.

- **Congestion**

They occasionally experienced congestion which was attributed to the fact that they also used the Psychiatric Unit as an O.P.D for other patients.

- **Health and Sanitation**

There was a water closet and sanitation was good. The facility also had a well maintained shower.

- **Feeding**

Inmates were fed three times daily by the Hospital. Relatives also provided meals whenever inmates expressed dislike of the food offered by the hospital.

- **National Health Insurance Scheme (NHIS)**

There was free medical care for psychiatric patients under the NHIS. However, the mother of a patient by name Kwasi Owusu complained to the team that an initial deposit of ₵500,000 demanded from her before her son was admitted. She could not raise the money, thus her son was detained for non-payment of medical bills totaling ₵108,000. Eventually, he was treated and discharged through the joint efforts and intervention of CHRAJ and the Department of Social Welfare.

- **Patients Charter**

The doctor in charge of the Psychiatric Unit had attended a seminar on the Patients' Charter sometime ago but did not have any in-depth knowledge of it. The nurses were also ignorant of its content.

Worst Forms of Child Labour (WFCL)

Yeji-Pru District and Techiman Municipality

The use of children's time and energy, particularly in activities that might be injurious to their health, education and development, was of great concern in the Pru (Yeji) and Techiman Districts.

- **Reasons for Engaging in Child Labour.**

Most of the children were engaged in the agricultural sector and fishing while others were in animal rearing, trading and working as head porters [kayaye].

Poverty remained the number one cause cited for child labour. Others were parental neglect and ignorance. In Techiman, for instance, the overriding reason given for working in the market was to earn money. Others attributed it to the lack of family support.

- **Conditions of Child Labour**

Children engaged in fishing, woke up at dawn, as early as 4.00a.m and started their daily activities until late in the evening. It was revealed that in the course of diving into the lake and pulling the net some of the children drowned.

They were often beaten severely for minor offences such as failing to wake up in time for work. They slept on worn out fishing nets. They did not have adequate clothes to wear and hardly bathed as a result of tiredness. They resorted to traditional medicines rather than seeking orthodox medical attention. It was only when the situation became critical that they attended the Hospital. Some of the children were abused sexually by their masters. They received wages ranged from GH¢20.00 to GH¢80.00 per annum, which was negotiated by their families. There were instances where they were not paid at all and the explanation given by their masters was that they had fed them for a whole year, which should have been the responsibility of their parents.

- **Working Children In/Out Of School**

There were (3) three categories of children in labour: those who did not attend school at all, those who went to school and afterwards returned to the market, and those who absented themselves from school on market days like Wednesdays, Thursdays and Fridays. Poverty and lack of maintenance was the underlining reasons for children engaged in labour. Evidence from the discussion revealed that the children had no one to pay for their educational needs. Most of them expressed their willingness to go to school if someone would support them.

- **Employers**

Some of the employers claimed the children under their tutelage were learning how to fish. When asked why they did not employ adults instead, the answers were that normally the children vacated the job and returned as and when they wanted to. Others admitted that it was cheaper to engage the children because they paid them between twenty Ghana Cedis [GH¢20.00] and eighty Ghana Cedis [GH¢80.00].

At Techiman, the children mostly worked for their parents, guardians or caretakers. 42 percent of them said they worked for their parents while 22 worked for their caretakers and 19 percent claimed they worked for themselves.

- **Views on Child Labour**

It was difficult getting the views of parents in the Pru District in respect of the children because they were not from the communities along the lake or the study area. However, the few we came across admitted that the children were very young and needed to be in school or learn a trade

All the children expressed their dissatisfaction with the work they were engaged in. Some felt very bitter about their predicament. They hoped that things would change for the better when they received assistance and stopped the work they were doing. A section of them had lost touch with their families. However, of the total 300 children interviewed at Techiman, 12 percent were engaged in family enterprises.

- **Knowledge of Child Labour Organization**

It appeared during interviews at Techiman that the majority of people were aware of the Child Labour Committee and the District Child Labour Monitoring System. They knew about several

researchers who had visited the area to conduct research into child labour and its worst forms. Occasionally, they also heard discussions on child labour issues on radio. ASTA FM, a local radio station, and CHRAJ were mentioned as first point of call in respect of child labour issues.

Right to Education

The team monitored two second cycle schools, one public and the other private. Two other Junior High Schools were visited.

- **Teaching and Learning Materials**

There were some teaching and learning materials but not enough for all the students. In such a situation, the only alternative was for the teacher to use them with groups of students. At the Odumasekan Secondary, a classroom has been converted into a laboratory with scanty equipment at their disposal. Yet, these less endowed schools write the same examination as the endowed ones.

- **Persons with disabilities**

There was only one person with disability in the secondary schools monitored. The physical infrastructure was disability friendly; places of convenience could be accessed by them. At the S.D.A Secondary School, students assisted the person to board vehicles to and from the School. So far, there had not been any apparent violations of the rights of the persons with disability there.

- **Corporal Punishment**

Both students and school authorities visited, listed caning as the main form of punishment. Occasionally, however, students were made to do grounds work like weeding and sweeping. It was explained that punishment through caning was administered under the supervision of the Headmaster.

There had not been any incident where teachers violated this policy, but when it happened, the teacher concerned would be referred to the District Director of Education for the appropriate sanction.

- **Complaint Procedures**

Grievances were channeled through the Form Masters or Mistresses to the School Authorities. In addition, there were Disciplinary Committees in the schools and the students had at least one

representation on them. However, majority of the students accused their fellow students of failing to articulate their grievances to the school authorities.

- **Bullying**

At the S. D.A Secondary School, its rules and regulations explicitly forbid bullying. Offenders were suspended the first time and a second offence attracted outright dismissal. At Odumaseman Secondary, which operates directly under the Ghana Education Service, students had been strictly warned to desist from such acts. However, a cross section of the students interviewed, particularly the junior or fresh students, indicated that they were bullied. There were Counselling Units in the schools visited but it appeared that most of the counsellors were not well equipped to handle the issue. Moreover, even though the school authorities admitted having received cases of bullies, they could not give specific numbers.

- **Accommodation (Classrooms)**

It was clear that the Government Assisted Secondary Schools, including Odumaseman Secondary School, had no problem with ventilation, lighting, tables or chairs and tables, and the classrooms were spacious enough for the number of students in them.

The S.D.A. Secondary School did not have enough accommodation. Some of the classrooms were pavilions which were affected when it rained or drizzled.

- **Sanitation and Health**

The S.D.A. Secondary School had a pit latrine which was used also by the public since it was not locked. The S.D.A. Church had established a Clinic in the area, close to the school. Students and tutors thus used the facility for their healthcare needs. They also had a well stocked First Aid Box.

General sanitary conditions in the School were quite good and there was a constant flow of pipe borne water. The Odumaseman Secondary School had a good sanitary environment but relied on boreholes for its water supply.

Basic Schools

St. Mary's Preparatory and Kwatire Municipal Assembly Basic Schools within the Sunyani Municipality were monitored.

- **Teaching and Learning Materials**

All the schools visited had teaching and learning materials but they were not adequate, particularly at the Kwatire Municipal Assembly Schools. Teachers used part of the Capitation Grant to make photocopies of these materials.

- **Persons with Disabilities**

Part of the old structure of St Mary's Preparatory School was demolished to make way for a new one which would be disability friendly.

- **Corporal Punishment**

The school authorities accepted caning as one of the punishments meted out to pupils and students. It was administered under the supervision of the Headmaster as stipulated in the G.E.S. guidelines. But the system had been abused, particularly at the St. Mary's Preparatory School. Lateness to school attracted caning by the teachers. At the time the team was administering the questionnaire to the Headmistress; two children had broken some doors in the school. As a result the teachers had prepared to even cane them in our presence.

Even though there were Complaints Procedures in the Schools, some children were not aware of them and those who were, preferred to complain to their parents who in turn informed the school authorities.

- **Bullying**

Bullying has been outlawed at the St. Mary's Preparatory School. Two pupils, who were found culpable, were warned and suspended. This was to prevent other pupils/students from engaging in any of such acts. No incident of bullying had been recorded since then.

- **Accommodation**

St. Mary's Preparatory School had a first class infrastructure provided by the Roman Catholic Church. There were enough windows and an adequate lighting system, as well as enough desks for every pupil/student. The classrooms were very spacious. However, a classroom block constructed by an NGO, World Vision International, for the Kwatire Municipal Assembly did not have enough windows and there was no electricity supply to the School.

- **Sanitation and Health**

The Kwatire Municipal Assembly Schools did not have a place of convenience. The school authorities had constructed a small pit latrine in a bush for use by the pupils/students. However, the local community, particularly drug addicts, had taken over the place.

A K.V.I.P latrine had been constructed for the pupils/students of St. Mary's Preparatory School but it was not enough. At the time of the team's visit, a contract had been awarded for the construction of about 30 seater-water closets. Generally, sanitation was good. There was regular flow of pipe borne water. Both schools had First Aid Boxes fairly well stocked with drugs. There were no infirmaries in the schools. This was attributed to the fact that they did not have boarding facilities.

- **Capitation Grant**

St. Mary's Preparatory School did not receive any grants from Government, only textbooks. Kwatire Municipal Assembly Schools however receives the Capitation Grant every term but it was not released early. It was paid by installment and certain sums of money were deducted from it for such things as sports and culture fees. This was done at the District Office thus the Headmistress did not know the amount released through the Regional Directorate to the District. Considering the present economic situation in the country, the money is woefully inadequate. There is the need to increase the Capitation Grant to GH¢5.00 per child instead of the present GH¢3.00 and it must be released on time.

Detention Institution (Remand Prisons)

The Sunyani Central Prisons, established to accommodate 400 inmates, had facilities for both males and females. The total number in custody was 803. There was no juvenile there but five inmates had mental disorder. Statistics provided by the prison authorities indicated that remand prisoners there were foreigners', mostly West Africans, majority of whom were Fulani. There was a woman in her fifth month of pregnancy. The categories of offences provided included robbery, murder, causing harm, conspiracy to commit crime, possession of narcotics, rape and abetment of crime.

The shortest period for remand prisoners was two days and the longest six years. Normally, the warrant was renewed every two weeks but some warrants had expired and so suspects were kept in

custody. Reasons for the prolonged period of remand were the inability of the police to complete investigations on time, no one to stand surety to enable suspects to get bail and delays at the Attorney-General's Department.

The majority of inmates interviewed were aware of their right to seek legal counsel but it appeared that financial difficulties did not permit them to do so. Occasional educational campaigns by the Legal Aid Board helped the inmates but the problem was the unwillingness of lawyers take on cases brought to the Board because of delays in the payment of services rendered. Police investigators often interrogated remand prisoners, but prison officers did most of the interrogation and released any information gathered, to the Police. Remand prisoners were allowed visits by their relatives anytime they wished but were subjected to prison regulations.

- **Feeding**

Prisoners were fed three times a day on government feeding grants of forty pesewas (GHp.40) per inmate and this amount included monies for contractors who supplied food to the prison. Delays in paying these contractors affected the quality of food. Philanthropists also assisted in feeding the inmates, especially during festive occasions. In addition, relatives and friends were allowed to take food to the prisoners. The quality and quantity of food given to the inmates were woefully inadequate but there was variety in the type of protein given to them. They had access to good pipe borne drinking water.

- **Accommodation**

In all, remand prisoners occupied eight cells, seven of which were of the same measurement i.e. 18' 10" x 15' 10" x 12'. The other was 18' 10" x 12. These cells had 246 inmates in the male section and 8 in the female section. Comparatively, there was no congestion at the female section and each inmate had a bed allocated to her. There were no beds in the male section and some of them slept on worn out blankets on the floor.

- **Sanitation**

The conditions of the cells and the environment as a whole were quite good. There was a water closet inside the cell which was used only at night. They had also a pit latrine which was used during the day but this was inadequate considering the number of inmates who used it. However, there was no queue. Bathing facilities were also inadequate.

- **Health**

There were fairly well functioning health facilities at the prison, including a First Aid Box. However, it was poorly stocked. There was only one nurse attached to the prison to take care of the 803 inmates. Medical bills were paid by the Prisons Service.

The Sunyani Prisons owed the Sunyani Regional Hospital a total of twenty thousand Ghana Cedis (GH¢20,000.00) in medical bills in respect of prisoners and officers. Meanwhile, prisoners alleged that it was only when the health of inmates became critical that they were sent to the hospital and when the drugs prescribed for them were expensive, the prison authorities did not buy them. Two persons were HIV positive but were not on Retroviral Drugs.

- **Vocational Activities/Training**

There were workshops for carpentry, tailoring, shoe making, electronics, masonry, and blacksmith, basket weaving and barbering. Only the tailoring section functioned regularly and this was attributed to the fact that prisons officers' uniforms were sewn by them. Most of their equipment was obsolete and needed replacement.

- **Recreational Activities**

There were indoor recreational activities like draughts, cards, Ludo and outdoor games like volley ball. There was a library which was poorly stocked.

- **Inmate Officer Relationship**

The prison authorities had been able to win the affection of inmates and so there was a cordial relationship between them. The only problem was that the inmates did not make a distinction between the government and the prison service thus they thought it was the responsibility of the officers to provide their needs.

- **Living Conditions of Prisons Officers**

Half of the prison officers were accommodated near the prisons while the other half was housed in rented premises far from the prison. Those near the prisons lived in one room, each measuring 12' 32 x 10 x 9. Officers with three or four children, rooms were congested. There was also irregular supply of footwear. It came once every three years instead of every year. Conditions of service in terms of remuneration were also not the best.

- **Expired Warrants and Remand Prisoners**

The warrants of 42 remand prisoners had expired. The number of years these category of prisoners had been on remand ranged from seven (7) months to (3) three years, (10) ten months.

4.0 APPENDIX 2

THE COMMISSION'S COLLABORATIVE ACTIVITIES WITH HUMAN RIGHTS NGOs AND CIVIL SOCIETY ORGANISATIONS TOWARDS EFFECTIVE ADVOCACY, HUMAN RIGHTS EDUCATION AND MONITORING

NORTHERN REGION

NO.	CONTACT INFORMATION (NAME OF NGO, LOCATION, ADDRESS)	AREA OF FOCUS	FORM OF COLLABORATION WITH COMMISSION
1.	Association for Church Development Project, Tamale, P.O. Box 1411 Tamale, N/R	a. Advocacy on Human Rights b. HIV/AIDS c. Gender programmes d. Agriculture support	Commission Staff as Resource Persons for their programmes
2.	Simli Aid, Tamale P. O. Box 1427 Tamale N/R	a. Advocacy on Human Rights b. Gender programmes c. Para legal services d. Agriculture	Commission Staff as Resource Persons for their programmes
3.	Rural Media Network (RUMNED), Tamale, P. O. Box 1411, Tamale N/R	a. Advocacy on Human Rights b. Gender programmes	Commission Staff as Resource Persons for their programmes
4.	Human Help & Development. Group (THUHDEG), Tamale P. O. Box 273 Tamale, N/R	a. Advocacy on Human Rights b. Gender programmes c. HIV/AIDS d. Agriculture support	Commission Staff as Resource Persons for their programmes
5.	Presbyterian Go Home Project Gambaga	a. Helping the aged b. Advocacy on Human Rights	Commission Staff as Resource Persons for their programmes
6.	German Development. Service (DED), Tamale P. O. Box 341 Tamale	a. Advocacy on Human Rights b. Gender Programmes c. Education projects d. Agriculture support e. Health support	Commission Staff as Resource Persons for their programmes
7.	Action Aid International Ghana, Yendi P. O. Box 101 Yendi N/R	a. Advocacy on Human Rights b. HIV/AIDS c. Agriculture support d. Gender programmes	a. Commission as Resource Persons for their programmes b. Funding of Commission's programmes on Human Rights
8.	Ghana Dainsh Communities Association (GDCA), Tamale P. O. Box 764	a. Advocacy on Human Rights b. Poverty Reduction	Commission Staff as Resource Persons for their programmes

	Tamale	(micro credit) c. Gender programmes d. Agriculture support	
9.	Maatan – N – Tudu Association Tamale P. O. Box 1015, Tamale	a. Advocacy on Human Rights b. HIV/AIDS c. Agriculture programmes d. Gender support	Commission Staff as Resource Persons for their programmes
10.	Integrated Social Development Centre (ISODEC), Tamale P. O. Box 686, Tamale	a. Advocacy on Human Rights b. HIV/AIDS c. Agriculture support d. Gender programmes e. Health support	Commission Staff as Resource Persons for their programmes
11.	Regional Advisory Information and Network Systems (RAINS), Tamale P. O. Box 27 E/R Tamale N/R	a. Advocacy on Human Rights b. Education support c. Water support d. Gender programmes e. Agriculture support f. HIV/AIDS	Commission Staff as Resource Persons for their programmes
12	OXFAM, Ghana, Tamale P. O. Box 432 Tamale N/R	a. Advocacy on Human Rights b. Gender programmes c. Agriculture support d. Education support	a. Commission Staff as Resource persons for their programmes b. Funding of Commission's programmes on Human Rights
13.	SEND Foundation of West Africa, Tamale Send-tom@africanonline.com.gh	a. Advocacy b. Gender programmes c. HIV/AIDS	a. Funding of Commission's programmes on Human Rights b. Commission Staff as Resource persons for their programmes
14.	World Vision International (WVI), Tamale P. O. Box 3 E/R Tamale N/R	a Advocacy on Human Rights b. HIV/AIDS c. Peace Building d. Gender programmes e. Education support	a. Funding of Commission's programmes on Human Rights b. Commission Staff as Resource Persons for their programmes
15.	Catholic Relief Services (CRS) Ghana, Tamale P. O. Box 334 Tamale	a. Advocacy on Human Rights b. Education support c. Agriculture Support	Commission Staff as Resource Persons for their programmes
16	Rural Woman and Children's Development Organization, Tamale P. O. Box 169 Tamale N/R	A Advocacy on Human Rights b. Gender programmes c. Agriculture support d. HIV/AIDS	Commission Staff as Resource Persons for their programmes
17.	Centre for Initiative Against Human Trafficking, Tamale P. O. Box 2214, Tamale.	a. Advocacy b. Gender programmes	Commission Staff as Resource Persons for their programmes

VOLTA REGION

NO.	CONTACT INFORMATION OF NGO, LOCATION ADDRESS	AREA OF FOCUS	FORM OF COLLABORATION WITH THE COMMISSION
1.	Action by Christians Against Torture (ACAT) Box HP, 484, Ho	a) Prevention of Torture b) Rehabilitation of Torture Victims c) Public Education on Torture	a) Commission Staff participated in a workshop organized by ACAT
2.	Care and Concern Action Group (CCAG) p. o. Box MA 107, Ho, Mobile 024-4595582	a) Education on the Rights of Persons with Disability (PWDs)	a) Commission Staff as Resource Person on radio programmes
3.	Save Widows and Orphans Development Centre P. O. Box HP.237, Ho Tel. 0244479201	a) Women's rights b) Widows rights c) Children's rights d) Campaign on Violence Against Women	a) Attended workshop on Human rights together b) Assisted the Commission during State of Human Rights (SOHR) Monitoring Exercise during the year.
4.	Women in Law and Development in Africa, (WILDAF) Legal Awareness Programme	a) Women and Children's Rights b) Creation of Legal Awareness, Legal Aid Advocacy	a) Commission as member of an Access to Justice Committee established by WILDAF b) Joint meetings to discuss problems of Access to Justice
5.	Ghana Society of the Physically Disabled (GSPD) Box HP 1102, Ho	a) Umbrella organization for all persons with any form of Physical Disability	a) Commission as Resource Person in their educational programmes
6.	Volta Physically Challenged Independent Group. (Vol. PHIG) BO HP 843, Ho Tel. 091 25326	a) Human Rights Education b) Vocational and skill training c) Mobility Rehabilitation and Support	a) Commission as Resource Person during their educational programmes
7.	Dr. Asase Memorial children's Home, Box HP 665, Ho	a) Care for Orphans and Deprived Children	a) Assisted the Commission during the 2007 SOHR monitoring exercise
8.	Community Development Concern (CDC) Box HP484, Ho Tel. 0208267501/09126897	a) Assistance to Cured Lepers b) Child Trafficking and Child Labour	a) Commission Serves as Resource Personnel in Educational Programmes b) Commission member of Child Trafficking and Child Labour Monitoring Team established by the NGO c) Invites Commission to attend Seminars organized by the NGO

UPPER EAST REGION

No.	CONTACT INFORMATION (NAME OF NGO, LOCATION ADDRESS)	AREA OF FOCUS	FORM OF COLLABORATION WITH COMMISSION
1.	ACTIONAID, GHANA Zebilla, Bawku West District Upper East Region	a) Public Education on Women and Children in the Talensi-Nabdam District and the Bawku Municipality	a) Funding for Public Education on the Rights of Women and Children in the Upper East
2	WORLD VISION INTERNATIONAL Bongo ADP P. O. Box 531 Bolgatanga	b) Good Governance at the Local Government level and promoting Socio-Economic Rights of citizens	
3.	CODAC P. O. BOX 61 Bolgatanga	a) Public Education on negative/outmoded cultural practices b) Public Education on the Rights of Women and Children c) Formation of Human Rights Clubs a) Strengthening of Child Rights Clubs in Basic schools b) Participation in rights of the child in the school environment	

BRONG AHAFO REGION

No.	CONTACT INFORMATION (NAME OF NGO, LOCATION ADDRESS)	AREA OF FOCUS	FORM OF COLLABORATION WITH COMMISSION
1.	WORLD VISION INTERNATIONAL P O. BOX 7, ATEBUBU TEL: 0567 -22054 Mobile. 020-8209409	<ul style="list-style-type: none"> a) Human Rights & Gender Gender Advocates b) Capacity Building for the Youth c) Public Education on HIV/AIDS and other Health related matters d) Provision of Educational Infrastructure 	a) Provision of financial resources for Commission's programmes and staff of the Commission serve occasionally as Resource Persons for their programmes
2	ASSOCIATION OF PEOPLE FOR PRACTICAL LIFE (APPLE) P O. BOX 1, ATEBUBU TEL. 020-824332	<ul style="list-style-type: none"> a) Provision of skills training for the disabled b) Advocacy on the rights of the disabled and other Human Rights c) Micro Finance for the underprivileged d) Provision of bursaries for the education of needy, disabled persons 	a) Personnel of the Commission serve as Resource Persons for the Non-Governmental Organization
3.	COMMUNITY BASED REHABILITATION P O. BOX 61, ATEBUBU TEL. 020-8204080	<ul style="list-style-type: none"> a) Advocacy on Human Rights and the Rights of Women b) Training of women in leadership roles c) Provision of micro finance for women. 	a) Provision of Resource Persons for their programmes
4.	BAMGO P O. BOX 2104, TEL. 061-27292	a) To deepen the understanding of the consequences of irresponsible parenthood	a) Provision of resources in the form of paid airtime for Resource Persons from the

	SUNYANI	<ul style="list-style-type: none"> b) To strengthen the capacity of local NGOs/CBOs to advocate for responsible parenthood c) To influence and build the skills of religious leaders, chiefs and other stakeholders on the rights of children d) To help children understand and deepen their understanding of their rights and responsibilities 	Commission to educate the public on Human Rights.
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WESTERN REGION

No.	CONTACT INFORMATION (NAME OF NGO, LOCATION ADDRESS)	AREA OF FOCUS	FORM OF COLLABORATION WITH COMMISSION
1.	WOMEN IN LAW AND DEVELOPMENT IN AFRICA (WILDAF)	a) Advocacy on Women's Rights b) Promotion of Children's Rights	a) Commission Staff as Resource Persons for their programme on Conceptual Marriage
2	FRACEL HELP HAND FOUNDATION	a) Advocacy on Women's Rights b) Women's Development.	a) The Commission organized a programme on "Women's Empowerment" funded by the US Embassy which also provided Resource Persons
3.	WESTERN REGION NETWORK OF NGOS	a) Coordination of NGOs b) Strengthen Advocacy Capacity of NGOs in the Region	b) The Commission organized a programme on "Women Empowerment" funded by the US Embassy which also provided Resource Persons
4.	GHANA NGO COALITION ON THE RIGHTS OF THE CHILD	a) Promotion of Children's Rights	a) The Commission was among Resource Persons who drew up a 5-year Strategic Plan
5.	ACTIONAID, GHANA Box 68, Tel. 0756 20730	a) Rights of Women & Children b) Gender programmes c) Food security	a) Funding of programmes on Human Rights b) Commission as Resource Persons c) Capacity Building.
6	GAWANET	a) HIV/AIDS b) Advocacy on Human Rights	a) Capacity Building b) Commission Staff as Resource Persons
7.	GHANEP	a) Gender programmes	a) Commission Staff as Resource Persons

8.	SUSTAINABLE PEACE INITIATIVE	<ul style="list-style-type: none"> a) Conflict Management, Peace Building, Capacity Building b) Conflict Management Peace Building. c) Good Governance. d) Advocacy on Human Rights 	<ul style="list-style-type: none"> a) Joint Workshops on Capacity Building b) Commission Staff as Resource Persons
9.	BASIC NEEDS	<ul style="list-style-type: none"> a) Mental Health and Development b) Rights of the mentally ill. 	<ul style="list-style-type: none"> a) Commission Staff as Resource Persons