December 10, 2010

The State of Human Rights in Ghana
ABBRVIATIONS AND ACRONYMS

AG – Attorney General
CEDAW- Convention on the Elimination of All Forms of Discrimination against Women
CEDEP – Centre for the Development of People
CHRAJ- Commission on Human Rights and Administrative Justice
CPC- Claims Processing Center
CRC- Convention of the Rights of the Child
CSOs- Civil Society Organisations
D/A- District Assembly
DOVVSU- Domestic Violence and Victims Support Unit
ESCR- Economic, Social and Cultural Rights
FCUBE- Full Compulsory Universal Basic Education
FGD- Focus Group Discussion
FUP- Free Uniform Policy
GES- Ghana Education Service
GHSPC- Ghana Health Service Patients Charter
GLB- Ghana Library Board
GOG- Government of Ghana
GPRTU- Ghana Private Road Transport Union
GPRS II- Growth and Poverty Reduction Strategy II
GSFP- Ghana School Feeding Programme
HAART - Highly Active Anti-Retroviral Treatment
HIRD- High Impact Rapid Delivery
HIV/AIDS- Acquired immune deficiency syndrome
ICCPR- International Covenant on Civil and Political Rights
ICESCR- International Covenant on Economics, Social and Cultural Rights
ICT- Information Communications Technology
ILO-International Labour Organisation
JHS- Junior High School
KYSC- Know Your Status campaigns
KVIP- Kumasi Ventilated Improved Pit
L/A- Local Authority
LEAP- Livelihood Empowerment against Poverty
MDCEs- Municipal and District Chief Executives
MDG’s- Millennium Development Goals
MFEP- Ministry of Finance and Economic Planning
MHO- Mutual Health Organizations
MLG- Ministry of Local Government
MOE- Ministry of Education
MOF- Ministry of Finance
MOH- Ministry of Housing
MOWAC- Ministry of Women and Children Affairs
NCCE- National Commission on Civic Education
NGO- Non Governmental Organization
NHIA- National Health Authorities
NHIS- National Health Insurance Scheme
OPD- Out Patient Department
PLWA- Persons Living With HIV/AIDS
PMTCT-Program on Prevention of Mother to Child Transmission
PTA- Parent Teacher Association
PWD- Persons with Disabilities
SEND – Social Enterprise Development
SFP - School Feeding Programme
SHEP- The School Health Education Programme
SPIP- School Performance Improvement Plan
SPSS- Statistical Package for Social Scientists
STDs- Sexually Transmitted Diseases
STIs- Sexually Transmitted Infections
TLMs- Teaching and Learning Materials
UDHR-Universal Declaration of Human Rights
UN- United Nation
UNHCR - United Nations High Commissioner for Refugees
UNICEF-Unicef
USAID-United States Aid
WFCL- Worst Forms of Child Labour
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EXECUTIVE SUMMARY

Introduction
The Commission on Human Rights and Administrative Justice (CHRAJ) has a constitutional mandate to promote, protect and enforce fundamental human rights and freedoms and administrative justice for all persons in Ghana. In fulfilment of this mandate, the Commission since 2005 has been monitoring the general human rights situation in the country to assess the State’s compliance with its human rights obligations.

Scope
In 2010, the focus has been on the following thematic areas:

- Right to Basic Education
- Right to Health
- Children’s Rights
- Women’s Rights
- Harmful Cultural Practices (trokosi, widowhood rites, prayer/healing camps)
- Extremely Deprived Communities (Slums)

Methodology
A combination of various research techniques, including structured interviews and Focus Group Discussions (FGDs) were used to conduct the study in 2010. Interviews were conducted with heads of relevant institutions and key informants, while FGDs of at most ten members, comprising male and female (except peculiar instances where inapplicable) were conducted for ordinary members of communities, pupils /students etc.

FINDINGS

THE RIGHT TO BASIC EDUCATION
The main objective of this report is to assess the extent to which the Government of Ghana is fulfilling its obligations with respect to the right to basic education in Ghana.

1. Free Compulsory Universal Basic Education (FCUBE)
The 1992 Constitution of Ghana recognizes the right to education. Article 25 (1) of the Constitution provides that:
“All persons shall have the right to equal educational opportunities and facilities and with a view to achieving the full realisation of that right-
(a) basic education shall be free, compulsory and available to all;
(b) the development of a system of schools with adequate facilities at all levels shall be actively pursued.”
1.1 Capitation Grant
With respect to the disbursement of Capitation Grant, 211 authorities of basic public schools were interviewed.
The Commission found out that the grant had brought some relief to basic schools; improvement in school finances, teaching and learning materials. However, 60% of schools monitored continue to charge fees (PTA and printing levies) to support the running of schools due to the inadequacy of the grant. Responses also showed that delays in the release of the grant are contributing to the defeat of the purpose of the grant. The Commission calls for an increase and early release before the commencement of each term.

1.2 School Feeding Programme
In assessing the extent to which government is fulfilling its obligation in providing free compulsory universal basic education, authorities of 72 basic schools that benefit from the School Feeding Programme were interviewed. Also, 72 focus group discussions were held for a total of 724 pupils; comprising 363 males and 361 females. Additionally, a total of 76 caterers were contacted.
The Commission found that the School Feeding Programme has had a positive impact on gross enrollment. Enrollment increased by approximately 6% from 2008/2009 to 2009/2010 academic year. In addition, the survey revealed that the programme has impacted positively on the feeding arrangement for poor school children and reduced the financial burden on poor parents.
Caterers under the School Feeding Programme encountered three major challenges including insufficient funds, delays in the release of funds and lack of storage facilities. Majority of the schools did not have kitchens or dining facilities. In some schools, it was found that the conditions under which food was prepared and served were poor and unhygienic.

2. Availability of Educational Facilities
The Commission paid monitoring visits to 238 basic schools. It was noted that, most of the schools were grappling with the problem of congestion because of increase in enrollment in basic schools. Approximately 6 out of every 10 classrooms were found to be congested.
In some classrooms, a desk meant for two was shared by four. Approximately three (3) out of every 10 schools do not have adequate teachers. Approximately four (4) out of every 10 pupils do not have access to adequate teaching and learning materials. In some places, teachers and pupils had to share textbooks.
Potable water and toilet facilities in basic schools were found to be woefully inadequate. Approximately four (4) out of every ten (10) basic schools had no supply of potable water whereas three (3) out of every ten (10) had no toilet facility.
The Commission also found that some schools have poor accommodation, poor roofing and generally poor environment for teaching and learning.
With the annual rate of approximately 6% increase in gross enrollment into basic schools, Government and its agencies must take steps to increase logistical support to basic schools so that quality is not compromised; it is necessary to provide additional classrooms, teachers, textbooks and other teaching and learning materials.
3. Corporal Punishment, Bullying and Harassment

Interviews and FGDs were conducted for heads of schools and 2512 pupils in 250 schools on the issues of corporal punishment, bullying and harassment.

It was revealed that violations of the GES Corporal Punishment Policy and bullying continue to occur in Ghanaian basic schools, leading to injuries to some pupils.

Approximately sixty-seven percent (66.8%) of the respondents said, they were victims of corporal punishment. The usual form of punishment is caning. 13.3% reported that they had sustained various degrees of injuries as a result of corporal punishment meted out to them. Injuries included bruises and cuts on parts of the body such as palms, arms, legs and back sides.

About 628 pupils, representing 25% of the respondents claimed to have been victims of bullying since the beginning of the year. Of this number, fifty eight (58) sustained injuries such as nose bleeding and cuts on body parts such as the lips, knees and legs.

Nine hundred and fifty-two (952) pupils claimed they were humiliated and ridiculed by bullies while 275 were threatened by other pupils.

Some of the pupils have come to accept harassment and bullying as normal treatment or incidents. They operated under the erroneous belief that their seniors could get away with such behavior and therefore, were not prepared to report them to their school authorities.

The Commission also found that most of the schools were not complying with the GES rules on the administration of corporal punishment in basic schools. Five (5) out of every 100 teachers interviewed were not aware that there were rules that regulate corporal punishment.

The Commission calls for the administration of corporal punishment in schools to be reviewed. The GES and school authorities should take steps to educate staff and students to discourage bullying, harassment, and abuses in the administration of corporal punishment. They should also educate them on channels of redress when they become victims of such abuses. This will make the school compound safe, friendly, and conducive environment for teaching and learning to achieve the objectives of the FCUBE.

4. Persons with Disabilities and the School Environment

The Commission paid monitoring visits to 236 schools. Out of these, 55.3% did not have facilities to support persons with disabilities. Disability aids such as access ramps and lifts were not provided for persons with physical disabilities making it difficult for such persons to access school facilities such as libraries, classrooms and washrooms. The lack of these facilities often times increases the sense of seclusion for and discrimination against persons with disabilities.

With the coming into force of the Disability Act, it is imperative that steps are taken to implement the Act to ensure that persons with disabilities are able to participate fully in the FCUBE.
5. Human Rights Knowledge: Right to Education

With adequate knowledge on the right to education, pupils and teachers would be able to enjoy their rights and live up to their responsibilities. The level of human rights violation is likely to reduce considerably if the citizenry is aware of each other’s rights. In this sense, it contributes to the long-term prevention of human rights abuses and violent conflicts, the promotion of equality and sustainable development, and the enhancement of people’s participation in decision-making processes within a democratic system, as stated in the Commission on Human Rights resolution 2004/71. It is against this backdrop that this section wishes to find out the extent to which staff and pupils are informed on the right to education.

The Commission organized 236 Focus Group Discussions for 1,202 male and 1,209 female pupils. It also interviewed 1,044 teachers.

The survey showed that only three (3) out of every 10 basic schools have had programmes organized for teachers and heads of educational institutions on the right to education this year. The findings further revealed that many of the pupils do not appreciate their rights and duties owing to the fact that they have poor understanding of human rights.

RIGHT TO HEALTH

The main objective of the exercise was to monitor the State’s adherence to its obligations regarding the health needs of the Ghanaian population.

1. Maternal and Infant health

Evidence showed that there is increasing effort by Government and the health sector towards the promotion of maternal and infant health in Ghana. The key policies identified by the Commission were:

- The Implementation of High Impact Rapid Delivery (HIRD) interventions, which focus on:
  - Safe motherhood interventions
  - Child survival interventions
  - Malaria, HIV/AIDS control interventions
- Delivery of community based health interventions
- The continual implementation of the free maternal health care under the NHIS

Other strategies include the development of:

- Road Map for Accelerating the attainment of the MDGs related to Maternal and Newborn Health in Ghana
- Reproductive and Neonatal Health Strategic Plan
- National Reproductive Health Service Policy and Standards, 2003
- Ghana Strategic Plan on Health and Development of Adolescent and Young People 2009-2015
Guidelines for the Provision of School Health Services

These efforts have been effective in improving public awareness on infant and maternal health, and antenatal and postnatal services. Health institutions across the country regularly embark on community based public education including daily interaction on health tips with patients at Out Patient Department (OPD) of hospitals and polyclinics.

Although these interventions have made significant difference, the current levels of maternal and infant deaths in the country continue to be relatively high. Health-related NGOs, though few in the country, continue to contribute immensely towards the promotion of maternal and infant health.

The problems of inadequate health personnel and facilities, cultural barriers, and attitudes of health workers and Ghanaians in general remain a stumbling block in the promotion of infant and maternal health in the country.

2. Ghana Health Service Patients Charter
Most Ghanaians (68.8%) are still ignorant of the Patient’s Charter and the rights and obligations stipulated in it. There is no Governmental or institutional measures towards awareness creation and enforcement of the Charter. The only significant mode of accessing information on the Charter is through posters and fliers in the health institutions. In most cases, health personnel fail to educate patients of their rights as required by the Charter. Among the major challenges hindering the achievement of the objectives of the Charter include: Inadequate staff strength coupled with increasing workload (high patients’ hospital turnout), inadequate funds to carry out educational programs, and lack of rooms to ensure clients’ privacy and confidentiality.

3. National Health Insurance Scheme (NHIS)
The NHIS has brought significant financial relief to majority of Ghanaians in accessing health care in the country.
The Scheme has realized massive registration and patronage of medical services by Ghanaians. It has also brought about health consciousness among Ghanaians leading to an increase in hospital attendance. Reports showed that expectant mothers benefited immensely from the Scheme. Finding also showed that there are improvements in the payment of claims to service providers, an area that has had serious challenges over the years.

The Scheme has however brought about increased workload to service providers due to the increasing hospital attendance without a corresponding increase in the number of medical personnel and facilities. The problems of no coverage of the Scheme on some ailments, geographical accessibility, and non-availability of drugs still remain.
There is also long waiting time by NHIS card holders due to difficulty in searching for records, and long queues as a result of high attendance. There was also evidence of preferential treatment given to cash paying patients in some of the health institutions as confirmed by 38.5% of the community members interviewed. Payment for drugs over the counter by registered NHIS card holders (which should not be the case) still occurs in many health institutions.

4. Persons Living With HIV/AIDS (PLWA)
Records indicated a low incidence (prevalence rate) of HIV/AIDS infection across the country in the year 2010. Government efforts in the prevention of HIV/AIDS have been impressive; the free counseling and testing services, and the nationwide campaign ‘know your status’ has sensitized more Ghanaians. However, the campaigns or efforts have not change the sex lifestyle of Ghanaians and hence the pandemic continue to prevail in the country. Again, anti-retroviral drugs are supplied in a limited quantity and in a limited number of institutions. They are however affordable due to government subsidization. Institutions do not have specialized services for infected persons; some do not treat such ailments at all. Stigmatization towards persons living with HIV/AIDS has drastically reduced among Ghanaians though it still persists in the various communities. Health workers take possible measures to ensure the confidentiality of the Persons Living with HIV/AIDS.

HEALTH CARE AND FACILITIES
Evidence from all health facilities visited during the exercise revealed lack of adequate health professionals to man the facilities. Facilities for ambulance services and treatment of long term or terminally ill patients continue to be lacking in most of the health institutions monitored. Health institutions continue to rely on public transport for emergency services, which is highly inappropriate.

The immunization programme has been expanded with more health institutions providing services. However, hepatitis A and B are excluded from the programme as they are not covered by the NHIS and also expensive.

Poor road networks and long distance covered by patients pose a serious challenge in accessing healthcare. Additionally, most patients contacted complained about long waiting period at hospitals before receiving healthcare.

There are also instances of bad attitude (though quite minimal) of health personnel especially nurses towards patients in a number of health institutions in the country.

ACCRA PSYCHIATRIC HOSPITAL
In January 2010, the New Crusading Guide Newspaper filed a complaint with the Commission alleging violations of fundamental human rights, injustice and corruption, abuse of power and unfair treatment of inmates at the Accra Psychiatric Hospital.
An ace investigative reporter of the Newspaper, uncovered during seven months of undercover investigations, human rights abuses and violations such as physical abuse and neglect of patients
by nurses at the hospital, cases of forced labour, pilfering and sale of patients’ food by some hospital staff. The Newspaper also complained about the sale and use of narcotics among patients and some workers of the hospital. It had earlier produced a 30-minute documentary widely publicised on various television networks in the country in December, 2009.

The Commission in conducting an investigation into these allegations found, among others, that the Accra Psychiatric Hospital did not refute the allegations and had agreed to take measures to ensure that the violations do not recur in the future. The Hospital, however, insisted that some of the faults could be attributed to the deplorable conditions and the numerous challenges that it grappled with.

The Commission is satisfied with the initial steps taken by the Ministry of Health to deal with the issues raised in the documentary such as, improving the condition under which in-patients are housed, toilet facilities, and increasing the daily ration from 60 pesewas to 2 Ghana Cedis. The Commission hopes that the Ministry will implement in full the recommendations of the Committee that was set up that these abuses do not recur in any of the health facilities again, to ensure psychiatric patients in the country also live in dignity.

**CHILD RIGHTS**

The main objective for the exercise was to monitor the State’s compliance with its obligations in respect to the rights of children in Ghana.

The Commission targeted 260 communities and interviewed 642 and 187 officials of State institutions and NGOs respectively, whose work impact on the right of children.

1. **Child Sexual Abuse**

The Commission interviewed 1450 community members in 121 communities, made up of 46.5% males and 53.5% females, on the subject of child sexual abuse.

**Responses on child sexual abuse:** Out of 1450 community members interviewed, 38.5% noted that, there were reported cases of child sexual abuse in their communities while 61.5% said there were no such reports. 87.1% of respondents said that they knew child sexual abuse was a crime with 70.5% indicating that it was not common in their communities. 58.3% of the respondents also said they have not witnessed any education of child sexual abuse in their communities.

About 80.0% of 941 children between ages 4 and 16 years said, they knew that child sexual abuse was a crime. 77.0% knew where to report cases of sexual abuse. 81.2% of these children said they would report if they were sexually abused. On the other hand, 18.8% noted they would not report such an abuse because they were afraid that they will not be believed or their parents will punish them. Another reason for not reporting is the fear of stigmatization.

On the issue of treatment of victims of child sexual abuse by family and community members, some of the children noted that some parents do understand and send such issues to the Police.
Others rather blamed the victims and sometimes beat them up for being the cause of the incident(s). 32.4% of the children noted that they knew Government institutions and NGOs that assisted victims of sexual abuse.

**Intervention and measures to address child sexual abuse:** 85.1% of the respondents from 89 Government offices noted that, their institutions received reports of child sexual abuse with 92.4% providing protection for victims of sexual abuse.

Measures put in place to protect such children included, prosecution of perpetrators, public education, protection of the identity of the victim as well as provision of shelter and counseling for the victims. There are also clearly defined procedures for a child to lodge complaints when he/she is sexually abused according to 72.2% of government officials interviewed. This procedure includes making verbal complaints either by the victim or an interested party to anyone at the police station. 76.8% of government officials noted that their institutions carried out public education activities on child sexual abuse using various methods. Campaigns were carried out at regular intervals by 38.8%, every month by 9.0% and quarterly by 23.9% of these institutions. 33.0% of the officials noted that their campaigns were funded by the Government while 18.0% said NGOs were the main financiers of their campaigns. Sensitization on child sexual abuse according to 41.7% of community members has been ongoing in their communities, while 58.3% said there were no such programmes in their communities.

**Impact of interventions and measures:** According to most of the officials the impact of these measures have been successful either by protecting the victims from stigmatization, reducing the consequences of sexual abuse, enlightening Ghanaians on adverse effects of child sexual abuse. 88.9% of the government officials interviewed stated that the impact of such education has been positive.

**2. Children’s Rights to Recreation**

The Commission as part of monitoring government compliance with its obligation and impact of interventions in respect to the realization of children’s right to recreation, held a focus group discussion for community members in 150 communities across the country.

**Responses on children’s right to recreation:** 54.3% of community members interviewed noted that their communities had recreational facilities, however, 44.0% indicated that these facilities were enough to help the realization of children’s right to recreation in their communities.

Majority (87.9%) of 86 government officials interviewed indicated that, communities under their jurisdictions had recreational facilities. About 13.4% of officials who said the facilities were not accessible explained that, either the facilities were not fully developed, not properly maintained or rented out to raise money for the maintenance of the field.
Interventions and measures to address children’s right to recreation
In addition to provision of recreational facilities, the government institutions indicated that they also supply sports equipment to schools; award scholarship to children who normally perform well during sports as well as sponsorship of sports competitions.

Impact of interventions and measures
The establishment of recreational facilities has had an impact on the lives of children according to 87.0% of government officials interviewed. They noted that it has unearthed young talents and has helped develop children in the communities physically, socially and mentally.

3. Child Trafficking

Responses from adults in the communities
The monitoring exercise contacted a total of 1858 respondents in 160 communities, comprising 47.8% males and 52.2% females nationwide through focus group discussions. The aim of the exercise is to monitor state compliance with its obligations and impact of interventions to address child trafficking.

Many of the participants were aware of child trafficking although most displayed a shallow understanding of the subject matter. Responses of the community members indicate that, the occurrence of child trafficking in the country is minimal; only 26.3% and 21.9% of valid responses confirmed that children are trafficked into and out of the community they live. Awareness of monitoring organizations on child trafficking or child labour in the various communities is low among community members. Only 12.6% of respondents, confirmed to be aware of such activities.

Responses from government institutions
A total of 160 governmental offices were contacted in all regions in the country. The institutions included department of social welfare, the police, immigration service, the labour department, etc. A total of 66 constituting 50.4% of the valid responses affirmed the existence of child trafficking in their communities and this occurs in some part of every region. Although the prevention of child trafficking covers rescue, rehabilitation and reintegration, these institutions have focus primarily on rescue. The responses show that, reintegration and rehabilitation is only undertaken by some offices of the Department of Social Welfare.

The year 2010 has seen a significant upward trend with 848 trafficked children rescued so far. This probably implies that government and other stakeholders’ effort towards prevention of child trafficking in the country is yielding positive results. It could also mean that the ‘business’ of child trafficking is expanding and more people are engaging in it.

Monitoring and campaigns
About 62.5% of government institutions contacted undertook community based campaign against child trafficking in a number of communities. However, such campaigns were not on regular basis; only 31.2% institutions undertake campaigns every three months. Most of the
offices declared that, the monitoring and campaign is undertaken based on availability of resources. Nevertheless, the few campaigns and monitoring that have been undertaken were confirmed to have impacted positively in the communities. According to respondents, community members were now aware of the negative effects of child trafficking. Hence, people are able to identify trafficked children and also report to the appropriate agencies. In some communities, watchdog committees were established to undertake regular surveillance in the communities. Police at check points have widened their scope to watch out for suspected trafficked children.

**Identified challenges in the Fight against Child Trafficking**

Some challenges faced by institutions working to prevent child trafficking include,

- Infrequent enforcement of existing laws, and no severe punitive measures to serve as deterrent to the perpetrators of the act.
- Inadequate funds for regular and effective monitoring and campaign.
- Improper record keeping on child trafficking in the offices of the various institutions.
- Absence of program impact assessment on child trafficking to help in policy formation.
- Lack of education, illiteracy and illicit cultural practices in some communities.
- Poverty, ignorance and peer pressure as common causes of trafficking in the communities.

**4. Children with disability**

**Responses on the rights of children with disability**

A total of 1839 respondents made up of 46.0% males and 54.0% females were part of various focus group discussions held in 156 communities across the country to monitor State’s compliance. The exercise also assessed the impact of interventions made by the State with respect to the realization of the rights of children with disability.

In the communities visited, 93.0% of respondents indicated that there are persons with disability living in their communities had various forms of disabilities which were as a result of accidents, natural causes, diseases etc. Majority (61.4%) of respondents noted that causes of disability cannot be reasons for children with disability to be stigmatized. Despite this assertion, children with disability could face challenges in the communities according to 73.6% of respondents. These challenges included stigmatization, discrimination, neglect, lack of access to education, restriction in movement, etc. Some measures outlined by respondents to address these challenges included easy access to formal education and vocational training, increase public education, provision of funds and logistic to children with disability, improvement in access to both private and public buildings etc. Organisations working on issues relating to children with disability were not known according to 67.7% of respondents.

About 574 children with disability between ages 6 and 18 years were part of various focus group discussion held in 120 communities across the country.

About 36.9% of the children indicated that they suffered various forms of discrimination such as discrimination during recreation and in accessing education. Only 11.0% of the children
indicated that they had reported such acts to any institutions with 34.0% satisfied with the outcome of the case.

**Interventions and measures to address rights of children with disability**

A total of 104 officials from government institutions were interviewed. 94.4% of these institutions received complaints on disability-based discriminations. The nature of complaints include isolation, hiding of children with disability, discrimination in the area of education eg parent’s preference to educate their able bodied children over their disabled ones, teasing at school. These institutions indicated that some of the actions taken to resolve these complaints included sensitization campaigns, counseling of parents, advocacy programmes targeted at the district assemblies.

On the issue of programmes that support children with disabilities, 78.9% noted that they had such programmes which included a centre for the training of the disabled in Accra, the LEAP programme, the PWD Fund from the District Assembly Common Fund etc. Anti-disability discrimination campaigns were carried out by 85.1% of these institutions through the using of various methods. 23.0% of these government institutions have carried out the campaign at regular intervals, 43.7% quarterly. The impact of these campaigns according to 92.2% of officials has been positive. Funding for most (69.6%) of these campaigns has been provided by the government.

Majority (38) of NGO focal persons interviewed indicated that, they have put in programmes such as educating the public, sensitizing parents on disability issues and providing counseling for children with disability to deal with issues of discrimination against such children.

About 93.0% of NGOs provide various supports to children with disabilities including provision of school and health needs, skills training, equipments and psychological support.

About 74.0% of NGOs interviewed had carried out various form of campaign against discrimination against children with disability. Majority (82.2%) of the organisation monitor the general situation of discrimination against children including the effects of measures and resources concerning children with disabilities regularly. In the last month, 28.2% of NGOs had monitored communities they work in with regards to discrimination against children with disability, 30.8% had done the same in the last 3 months and last year. Majority (78.6%) indicated that, the level of discrimination had decreased while 16.7% said there was no change.

On the provision of support to help them to be self-reliant, 54.7% of children with disability interviewed said they had received education, 22.1% had received training while 19.2% had received special care as part of support to help them to be self-reliant. Only 26.1% of these children had received any form of assistance either from government institutions or NGOs. Majority of children (98.4%) noted that the support has helped improve their life.
Impact of intervention and measures
Majority of government officials interviewed noted that, the impact of these programmes have been extremely positive. They explained that the children with disability have received vocational training and set up their own jobs, some have benefited from special education as well as improved the standard of living of children with disability. Despite an indication of general improvement, some of the officials noted that inadequate or lack of funds were the main challenge facing children with disability. Some of these children are unable to obtain tools to start their own and therefore have to go to the street to beg.

Impact of government’s interventions for the realization of the rights of children with disability, according to most of the NGOs focal persons interviewed has not been significant. They explained that though the Disability Act has been passed, implementation has been very slow. They recommended an increased number of specialized schools and training centres for children with disabilities as well as adequately providing resources for them.

Some government officials recommended that children with disability should be given full educational scholarship, equip such children with relevant tools after completing vocational training, increase budgetary allocation to government institutions working on issues relating to PWDs, and retool the Department of Social Welfare.

5. Child Maintenance
Responses on children’s right to maintenance
A total of 2,158 respondents were part of group discussions held in 178 communities across the country with the aim to assess state compliance with its obligation and impact of interventions with respect to the realisation of children’s right.

Majority (97.9%) of parents and guardians indicated that, they were under the duty to supply the necessaries of life. Out of the number of respondents (78.3%) who knew about organisations that handle cases of child neglect, only 22.3% of them had either witnessed or taken child neglect cases to these organisations.

Children interviewed were equally divided over the issue of whether they knew of institutions that handle child neglect, 49.1% did not know while 50.9% indicated that they did. Only 9.0% of respondents indicated that they have received some form of assistance from any of these institutions. Some of these assistance included provision of school items and financial support. 51.7% of those who have received such assistance indicated that the support from these institutions have helped improve their lives because their fathers have now taken full responsibility of their upbringing and they are no longer sacked for not paying their fees. For the 48.3% of respondents who noted that the support from the organisation has not improved their life, they said their fathers have still refused to provide for their needs.
About 89.1% of 1,918 of children interviewed said necessaries of health and life were supplied while 10.9% indicated that they were not supplied. Some respondents of the latter group noted that they either fend for themselves or lived with their parents even though they do not have enough money to provide for their basic needs. According to majority of these children there was no intervention in their situation, a few noted that some relation sometimes intervene by providing for their basic needs, others had the help of philanthropists and nongovernmental organisations.

**Interventions and measures to address children’s right to maintenance**

About 97.3% of 120 government institutions interviewed educate parents to maintain their ward by organizing public education and monitoring child rights issues in the communities.

On the issue of anti-child neglect campaigns, 90.8% of government institutions interviewed have used various means to carry out such campaigns at the community level. These campaigns which are often carried out monthly by 23.6%, quarterly by 36.4%, once a year by 11.8% of these institutions. About 72.9% of anti-child neglect campaigns carried out by government institutions were funded by government.

72.1% of 46 NGOs working on children’s right to maintenance interviewed handled complaints or helped a child to claim his/her right to maintenance. 92.3% of NGOs interviewed had an ongoing campaign against child neglect.

**Impact of interventions and measures**

About 74.7% of the respondent noted that they were satisfied with the outcome of the complaints lodged with the organisations explaining that they got the relief sought for. On the other hand, those who were not satisfied (25.3%) explained that either there was no follow up on the complaints lodged to ensure successful settlement of the complaints; or the respondents refused to abide by the terms of agreement and when the complaints were reported again nothing was done about it. Only 42.1% of respondents knew of campaigns organized by State and Non-Governmental Organization and indicated that it has been extremely positive. According to them child neglect is reducing gradually; victims can confidently seek redress and parents have become more responsible for the maintenance of their children.

According to majority of Government officials the impact of their work in promoting children’s rights to maintenance has been positive. They explained that as a result of their work more cases of child neglect were reported to their offices.

NGOs working on children’s right to maintenance also indicated that the impact of their work has been positive. They explained that there has been an increase in the number of reported cases of child neglect and more parents have become more responsible towards their children.
6. Child Labour

**Government Organizations in the Fight Against Child Labour**

Officials of 83 government institutions were interviewed whose functions included complaints handling, counseling, collaborating with NGOs and implementing government policies on child labour. Child trafficking, street hawking, fishing, head porterage, cattle rearing and quarrying are some of the types of child labour identified in the communities by these institutions.

To curb child labour, numerous methods were employed by government institutions and this included community sensitization, formation of Child Protection Committees in communities and punishing perpetrators of child labour. According to (76.5%) respondents from government institutions in the fight against child labour, the work of child labour monitoring committees have helped reduce the incidence of child labour in communities.

However, only 271 out of 1628 representing 17 % community members know about the existence of child labour monitoring committees in their communities. A lot more (57.7%) community members said that, the labour monitoring committee has not helped reduce the incidence of child labour.

Close to eighty-two percent (81.4%) of representatives of government organizations embark on anti-child labour campaigns. This is mainly done through radio programmes and written articles in the newspapers. According to representatives of government organizations (82.8%), the impact has been positive; community members are becoming aware of the harmful effects of child labour leading to a reduction in its incidence.

**Child labour in Communities**

Approximately half (50.2%) of community members indicated that children in their community still engage in labour that deprives them of health, education or development. A little above half (52.2%) of community members interviewed told the monitoring team that various forms of child labour exist in their communities. Children between 11 and 16 year were said to form the chunk of children engaged in child labour.

**Field Statistics on Child Labour**

Field statistics indicate that, the number of reported cases fell from 1593 to 1065, probably an indication that government’s effort in curbing child labour is yielding positive results. Field reports also indicate that in some communities, community members voluntarily report child labour cases enabling relevant authorities to act accordingly.
WOMEN’S RIGHTS

1. Women’s Right As Human Rights
The main objective of the monitoring exercise is to monitor the State’s compliance with its obligations regarding fundamental rights and freedoms of women in Ghana. Specifically, it seeks:
   1. To monitor the impact of interventions in promoting women’s rights in 2010; and
   2. To assess the progress made by communities in the effort to combat abuse of, and discrimination against, women.

This year the monitoring of women’s rights focused on domestic violence, gender-based discrimination, inheritance, harmful cultural beliefs and practices that undermine women’s rights.

Responses on women’s right as human rights
A total of 2414 respondents, were part of various focus group discussions held in 200 communities across the country. Majority of respondents were between age 18 and 54 and made up of 61.0% females and 38.9% males.

Officials from 36 state institutions with the mandate to work on women issues and representatives of 56 NGOs in 200 communities across the country were also interviewed as part of monitoring the impact of government interventions at promoting women’s right.

Even though, almost all of the respondents were able to explain what human rights are, 15.4% of them do not know that women’s rights are human rights. Some of the reasons given included total ignorance of what constitute women’s rights. Women according to them are physically weaker than men therefore should either not enjoy any right or enjoy less right as compared to men in their communities therefore only men can be heads of the family. Some respondents on the other hand, indicated that women should enjoy equal rights as men in their community, and they could even own properties as well as be part of decision making process.

According to most of the respondents, women experience less freedom than men in political, economic, culture and social aspect of their life. Politically for instance, some respondents in some communities reported that, women were not part of the decision making process in their home and communities. Economically, women, they noted had less right in the area of inheritance; unequal access to jointly acquired property; and sharing of income from jointly owned businesses. In the area of their social life, most of the respondents noted that women have less right in making very basic decisions on issues concerning their sexual life and reproductive health rights, whom to marry and the number of men to marry. During the performance of some rites like marriage, widowhood, and burial, women according to some respondents are vulnerable as most of the rites performed during these periods violate their rights.
The majority (59.3%) of the respondents interviewed indicated that, action such as public education and sensitization on the rights of women by both state institutions and civil society organisations; the formation of women groups; the passage of bye-laws by chiefs and the provision of credit facilities have either been taken or are being taken to end discrimination in their communities. 38.1% on the other hand indicated that no actions were being taken either because the situation was considered to be normal or there was no discrimination in these communities. On the question of whether there have been instances of abuse of women in their communities, 47.6% indicated that verbal and psychological abuse was most common; while 29.0% noted that controlling the movement, speech, association, religious expression were common in their communities. Denial of women’s control over their own bodies in terms of her reproductive health rights according to 23.4% of respondents was common in their communities.

While 51.0% of respondents indicated that they have either attended or heard educational programme on women’s right, 81.4% of respondents also indicated that, in the event of abuse they knew where to seek redress. 18.2% had patronised their services where as 90.9% of respondent indicated they were satisfied with their services; 90.7% noted they obtained the relief they were seeking with 98.3% satisfied with the outcome of the redress. 1.7% were not satisfied with the outcome of the redress because they thought the measure taken by the institution were not punitive enough.

**Interventions and measures to address women’s rights issues**

About 57% of 56 NGOs interviewed, were engaged in adult literacy programmes, whiles 42.6% of them are into girl-child education with the main focus of ensuring increased enrollment and retention of the girl child at all stages of educational level.

On the issue of assess to rehabilitation centre, elimination of stereotypes in books and media, violence against women, 14.3% of NGOs provided shelter and counseling units; 69.0% embark on public education and advocacy and 16.7% of these organizations collaborated and supported other institutions working on women’s right issues. Majority (56.1%) of NGOs educated the public and advocated on gender mainstreaming, while 31.7% incorporated gender issues into their projects and programs such as ensuring that, committees set up for development projects were made up of 40% of women. 4.9% of these organizations interviewed have collaborated with state institutions like MOWAC to fashion out gender mainstreaming policies. 84.4% of NGOs indicated that, they have carried out public education and advocacy programs to promote women participation in political and decision making process.

2. **Domestic Violence against Women**

**Responses on domestic violence against women**

Various focus group discussions were conducted in 116 communities across the country. These involved 1432 community members made up of 59.6% of females and 40.4% of males mainly
between ages 18 and 54 years. 36 officials of DOVVSU were also interviewed across the country to assess progress made in their effort at combating abuse of women at the community level.

While majority (69.7%) of respondents had not been victims of domestic violence, 30.3% have either suffered physical, economic, emotional or verbal abuse. Out of this number 51.0% have either been hurt mentally, emotionally or physically as a result of the violence. 20.4% of those hurt sought medical help while 79.6% did not because respondents noted that, they either did not have money, the injury was not severe, or were afraid that their husbands will divorce them. Majority (78.6%) of respondents indicated that, they did not report the issue to anyone either because they wanted to protect their marriage, they did not want another person to hear about their marriage problems, or they felt violence is part of marriage life.

In spite of the fact that 42.9% knew about the Domestic Violence Act and 66.9% knew where to seek redress, only 11.8% of respondents had ever accessed the services of these institutions. 57.8% of those who patronized the services of these institutions were satisfied while 42.2% were not. 35.4% did not get the relief they sought either because they thought the punishment given to the perpetrators were not punitive enough or the process for seeking relief was tedious and expensive as a result had to abandoned the whole process. 44.1% of respondents had ever attended or heard an educational programme on domestic violence organized either by state institutions or NGOs. 80.5% indicated the programme had increased their knowledge about domestic violence because they now know about the types of domestic violence and where to seek redress.

**Impact of interventions and measures to address domestic violence against women**

According to 43.8% of government officials, domestic violence in their communities had increased, 18.8% said it had not changed while 37.5% noted it had decreased. DOVVSU officials in Agona West and Jirapa were part of 3.0% who noted that the willingness of community members in their districts to report domestic violence was excellent. 51.5% of the respondents indicated that, the willingness in their communities were either very good or good, on the contrary, 28.8% said it was poor. The general support offered to victims of domestic violence by these officials included provision of financial support, counseling of parents and victims as well as provision of free medical care.

**3. Women’s Reproductive Health Rights**

**Responses on Women’s Reproductive Health Rights**

About 1745 community members made up of 69.2% females and 30.8% males were part of various group discussions held in 157 communities across the country.

In addition, 79 regional, metropolitan, municipal and district health facilities with oversight mandate over 696 reproductive health centres were visited to monitor women’s access to reproductive health care services.
On the right to decide freely and responsibly on the number and spacing of children, 57% of respondents indicated that, this was often a joint decision made by both spouses, 42.6% on the other hand said decisions of such nature was determine by their husbands. 58.2% of respondents indicated that, they were free to use contraceptives either because their husbands’ encourages them to do so or the contraceptives were free or sold very cheap. 41.8% of respondents said they were not free to use contraceptives because it was not free and their husbands were not in favor of it use. Others said it has side effects and were against their religious beliefs; married women they said do not use contraceptives as one would be thought to be prostitute.

Access to reproductive healthcare services: On the issues of obtaining adequate general information and counseling on reproductive health and family planning, 87.6% said they do receive such information and services with 82.2% of respondents indicating that it is free.17.8% of respondent said the services were not totally free, they had to pay some amount of money ranging from fifty Ghana pesewas (GH¢ 0.50p) to twelve Ghana cedis (GH¢ 12). 83.1% of respondents were able to get all prescribed medicine including contraceptives from the clinic; 16.9% on the other hand, said they were asked to buy those drugs from pharmacy shops outside the clinics. 83.1% of respondents were able to get all prescribed medicine including contraceptive from the clinic. 66.4% of respondents said the community offered test for STIs and STDs including HIV&AIDS and 57.3% noted that their community clinics provided information on the availability of abortions services. Majority of respondents (91.3%) noted that, there was always someone to attend to them anytime they went to the clinic. 8.7% of community members said that, health personnel were sometimes not present at the time of visit. 86.3% of respondents rated the attitude of the health personnel at the clinic as good and very good. On the average 43.8% of respondents spend between one to two hours at the reproductive health clinic, while 25.9% and 21.5% spent less than an hour, between three to four hours respectively.

Ante, pre and neo natal services: Majority (98.7%) of respondents noted that, services provided during the ante natal care was useful during and after birth. The attitude of the health personnel who provided services during ante natal, pre natal and post natal have been rated between good and very good by majority of the respondents. Prescribed medicines, according to majority of respondents, are available and these drugs are free and some affordable in situations that they had to buy. Minority of respondents noted that, some of the drugs were not available and had to be bought from the pharmacy shops.

Interventions and measures to address Women’s Reproductive Health Rights
94.7% of 79 regional, metropolitan, municipal and district health facilities responded positive to the question of provision of information on reproductive health issues and family planning. According to 77.1% of interviewees, some services provided are free and this included HIV&AIDS test, Syphilis test, reproductive health counseling, ante natal care, delivery, and pre natal care; while others such as, post abortions care, family planning devices, treatment for STIs were not free. 94.7% of these clinics provide testing for STIs and STDs including HIV&AIDS
while 5.3% who said no, indicated that such cases are referred to the district or regional hospitals.

4. Marriage in the Ghanaian Context

Responses on Marriage in the Ghanaian context
In all, 2417 respondents made up of 60.4% females and 39.6% males were part of various focus group discussions held in 199 communities.

Women in majority of the communities (90.6%) were free to choose their marriage partners but 9.6% of respondents mostly in Nkwanta, Kete Krachi and Tamale noted that, the practice of wife exchange was either by the father or brother, thus forced and betrothal marriages still persist in some communities. 82.6% of respondents indicated that, there is no aspect of the marriage rite that perpetuate abuse against women whereas 17.4% said it did. Information received also stated that, expensive dowry demanded by some families makes the woman appear to have been sold out to the man hence part of his property. Majority (73.0%) of respondents who are mostly women have never attended any educational programme on marriage. 84.7% of those who had benefited from educational programme noted that it has increased their knowledge about marriage.

5. Inheritance

Responses on inheritance
A total of 2119 respondents were interviewed on women’s rights to inheritance in 200 communities across the country. Majority (39.7%) of respondents were between ages 29 and 39. In addition, 39 NGOs were also interviewed across the country to assess their contribution towards the realization of women’s right to inheritance.

About 68.4% out of the total number of people interviewed indicated that, women and girls were not allowed to inherit their deceased husbands and parents respectively. Reasons given by these respondents included, ‘unmarried women do not inherit their parents; girls and women belonging to the family of their fathers and husbands respectively and are also not supposed to benefit from the properties of the family, etc. In situation where women could inherit their deceased husbands they could not inherit properties like land, cattle, vehicles, bicycles, etc. Even if the woman is to enjoy the property, this property is still managed by a male member of the husband’s family.

In all, only 42.6% of respondents knew about the Intestate Succession Law (PNDC Law 111). Among respondents in communities, in and around Wa and Bolgantaga, where women and girls do not inherit, the level of knowledge of PNDC Law 111 is low that is 18.9% and 34.5% respectively.

Out of 60.0% of people who responded positively to the question as to whether they knew of institutions to report to in case their right to inheritance was violated; only 12.1% had ever patronized the services of these institutions. 75.7% and 76.4% of these respondents respectively were satisfied with the services of these institutions and obtained the relief they were seeking.
Impact of Interventions and measures to address issues of right to inheritance
On the issues of whether the law has been able to address the issue of discrimination that women face with regard to inheritance after the death of their spouse, 69.2% of respondents who responded positively noted that, it has now made it easy for widows to access their deceased spouses’ estate.

There were however some who were of the view that, ignorance of its existence; lack of enforcement agencies in the system as well as the cumbersome process of obtaining letter of administration are hampering the realization of the objectives of the law therefore, 73.8% of the institutions has embark on advocacy campaigns on women’s right to inheritance and these programmes have been positive.

6. The Will’s Acts
Responses on the Wills Act
A total of 200 communities were visited nationwide. In all, 2146 respondents were part of various focus groups discussions held in these communities. Most of the respondents were between ages 29 and 50 representing 75.9% of the total number of people interviewed.

While majority (63.3%) of respondents knew what a Will was, only 6.0% had made Wills. Most of the reasons given by the respondents for not making a Will were based on superstitions and lack of adequate knowledge of the essence of Will. Some respondents simply did not know about the procedures and processes involved in making Wills. This assertion was buttressed when only 14.8% respondents indicated that, they knew about processes involved in preparing a Will; 31.0% knew how to revoke or cancel a Will, and 36.9% knew where a Will is kept. Only 13.7% of respondents interviewed had ever attended any educational programme on the Will’s Act with 25.5% of them indicating the programme increased their knowledge about Will and the Will’s Act.

HARMFUL CULTURAL PRACTICES
Article 39 (2) of the 1992 Constitution provides that:
“...The state shall ensure that appropriate customary and cultural values are adapted and developed as an integral part of the growing needs of society as a whole; and in particular that traditional practices which are injurious to the health and well-being of the person are abolished”.
Although harmful cultural practices are prohibited, dehumanizing practices such as outdated widowhood rites, trokosi, witchcraft accusation and degrading treatment in healing camps are still prevalent in Ghana today.

Witchcraft Accusation
Belief in witchcraft is still prevalent in the Ghanaian society. Often times men and women who are suspected to be witches and wizards suffer the fury of their communities, ranging from
seclusion, banishment, physical molestation, to outright lynching. The evidence on the ground showed that women are primarily the victims. The recent burning of an elderly woman in Tema\(^1\) after she had been accused of witchcraft typifies the type of discrimination and vulnerability imposed on women and girl children by cultural beliefs and practices in Ghana.

The Commission monitored the Kukuo, Tindaan Shayili-kpatinga and the Gnani settlements for persons suspected of witchcraft in the Northern Region to assess the living conditions of these settlements.

The numbers of suspected witches/wizards at the settlements were:

1. Kukuo - 123 (all women)
2. Tindaan - 32 (all women)

Sanitation conditions at the settlements were generally deplorable. There had been no improvement since the last inspection in 2009. The Kukuo settlement, for instance, has no access to potable water. Their main sources of water were stream and rain. There were no toilet facilities, and this had also compounded the sanitary condition in the settlement.

In spite of efforts by the Commission and other Civil Society Organisations (CSOs) including SONGTABA, GRAMEEN and Action Aid to end discrimination, stigmatization and banishment of persons suspected of witchcraft, the practice still persists.

**Harmful Widowhood rites**

These rites involve rituals, ranging from seclusion and general isolation of the widow to actual causing of physical harm. Women who refused to undergo widowhood rites suffer many abuses. In many cases, these women are accused of being responsible for the death of their spouse while others are verbally abused and denied some of the property of their deceased spouse.

A total of 789 community members comprising 281 (35.6%) males and 508 (64.4%) females participated in the Focus Group Discussion nationwide. Out of this number, 406 (51.5%) stated that, such customs and practices are being perpetuated in their communities.

Campaign activities against harmful widowhood practices in the various communities have reduced compared to previous years. Only 27.8% of the participants confirmed that few churches, media, and NGO undertake education and campaign activities against harmful widowhood practice(s) in their communities. In the Commission’s view, women’s empowerment, sustained public education and advocacy in the communities will help eradicate obnoxious cultural practice.

\(^1\) Source: Daily Graphic, Friday, November 26, 2010 pg 1, 3
**Trokosi**
Ten shrines were monitored in the Volta region this year. The monitoring exercise revealed that some shrines were still admitting females to serve as trokosis, even though a law had been enacted banning the trokosi practice.

**Healing Camps**
Many Ghanaian cultures and beliefs consider certain ailments, including mental disorders, barrenness, etc. to be caused by evil spirits and can only be healed or cured by spiritual powers. Such ailments are often times not beyond medical cure. However, relatives and/or friends lead clients to such places without recourse to medical treatment.

The monitoring of the camps by the Commission is to identify human right abuses and sensitize camp owners to be mindful of the rights of persons who patronize their services.

In all, 51 healing camps were monitored across the country. It was established that, human rights abuses are common in most of the healing camps; clients continue to be chained or locked up in confined places. It is amazing that, all the camps have no medical facilities but treat client who are medically ill. There is no potable and regular flow of water, appropriate toilet and bathing facilities, and proper means of refuse disposal.

**EXTREMELY DEPRIVED COMMUNITIES (SLUMS)**
Nineteen (19) extremely deprived communities were monitored across the country. The evidence showed that most of the communities surveyed lived under sub-human conditions. Many of the communities lacked adequate housing, good water sources, and good sanitation. 61.1% of the households had no toilet facility.

The common sources of livelihood were petty trading, hairdressing, driving and other artisanal work; fishing, fish mongering and other agricultural activities.

Households were extremely congested and extremely vulnerable to fire outbreak and theft. 88.9% of the residents lived in their own structures while 11.1% lived in rented places. 47.4% of the respondents indicated that they had no hospitals or clinics within their communities. However, accessing medical facilities nearby was not difficult. About 44.4% had registered under the NHIS.
CHAPTER ONE

INTRODUCTION
The Commission on Human Rights and Administrative Justice since 2005 focused on educating and monitoring Economic, Social and Cultural Rights (ESCR) issues in Ghana. As part of the Commission’s mandate to promote and protect economic, social and cultural rights for all persons in Ghana, the 2010 state of human rights monitoring covered the following thematic areas:

- Right to Basic Education
- Right to Health
- Child Rights
- Women’s Rights
- Harmful Cultural Practices
- Extremely Deprived Communities (Slums)

OVERALL OBJECTIVE
The general objective of the 2010 nationwide monitoring exercise is to assess state compliance with its International Human Rights obligations.

Specific objectives:
1. To ensure that state actors and other duty bearers meet fully their obligations under the law.
2. To assess progress made by Ghana in the effort at achieving the Millennium Development Goals.
3. To prevent human rights abuse from occurring
4. To serve as early warning signals for state actors and other duty bearers
5. Provide data and information for CHRAJ to play its oversight roles.

For each thematic area, the following objectives were set:

Child rights
Main objective:
To monitor State compliance with its obligations in respect of the rights of children in Ghana

Specific objectives:
- To monitor the impact of interventions in promoting Children’s rights in Ghana
- To examine the progress made in promoting the rights of children in Ghana.

Women’s Rights
Main objective: To monitor state compliance with its obligations regarding fundamental rights and freedoms of women in Ghana.

Specific objectives:
- To monitor the impact of interventions in promoting women’s rights
- To assess the progress made by the nation in the effort to combat abuse of, and discrimination against, women
Harmful Cultural Practices
Main objective:
To monitor State compliance with its obligations regarding cultural practices which detract on the dignity of people in Ghana.
Specific objectives:
• To assess progress made in the elimination of harmful cultural practices in Ghana.

Extremely Deprived Communities
Main objective:
• To monitor State compliance with its obligations regarding the socio-economic needs of extremely deprived communities in Ghana

Methodology
Sources and method of Data Collection
The exercise relied on both primary and secondary data; the primary data was collected through structured questionnaire design which was administered through personal interview, focus group discussion, and observation. The Personal interview was conducted with the institutions’ heads or authorities and key informants, while the FGD of at most ten members comprising male and female (except peculiar instances where inapplicable) in each group were conducted to solicit information from the general public. The secondary data were records received from the institutions.

Target groups and sample size
Education: School authorities, teachers, and pupils of basic public schools were the main target groups for this exercise. In addition, caterers who were involved in the School Feeding Programme and the Ministry of Finance were contacted for information. A total of 302 public basic schools were targeted. In all focus group discussions with school children were conducted nationwide.

Health: The key target groups were the government health institutions (hospitals, clinic, health post, Ghana Health Service etc), health related NGOs and the general public. A total of 218 public Health institutions, 2 from each regional and sub-regional capital, and the 98 districts, were targeted nationwide. In all focus group discussions of size ten or less, comprising male and female in each group were held for community members nationwide.

Children: Community members, government institutions, NGOs as well as children themselves were the main target groups for this exercise. In all 260 communities were targeted, while 642 government institutions and 187 NGOs were monitored throughout the country.

Women: Community members, government institutions, NGOs as well as women themselves were the main target groups for this exercise.
Officials from 243 government institutions and 95 NGOs were interviewed across the country.

**Harmful cultural practices:**
**Suspected witches Settlement:** Three suspected Witch Camps in the northern region of Ghana were monitored. The owners of the camp were the key informants.

**Widowhood Rites:** A total of 789 members in 70 communities were contacted through focus group discussion nationwide.

**Troksos:** Ten (10) shrines in the Volta region of Ghana were monitored

**Healing camps:** 51 healing camps across the country were monitored. 50 offices of government institution (Department of Social Welfare) were also contacted.

**Extremely deprived communities (slums)**
Nineteen (19) extremely deprived communities across the country were monitored in Ghana with the heads of households being the key informant

**Reference Period**
Findings in this report are referenced within the period September 1, 2009 – September 30, 2010.

**Limitations**
- The exercise is limited to the assessment of the promotion of ESCR in the country.

**Response Rates & Challenges**
The monitoring was not without challenges. Obtaining the required information from the identified target groups was the major challenge. This affected the number of answered questionnaires retrieved, thereby affecting the sample sizes. The response rate for the exercise was between 75 and 80 percent.
CHAPTER TWO
RIGHT TO BASIC EDUCATION

Introduction
The World Conference on Human Rights reaffirmed that States are, among other things, duty-bound to ensure that education is aimed at strengthening the respect of human rights and fundamental freedoms and that this should be integrated in the educational policies at the national as well as international levels (Vienna Declaration Plan of Action, Part I paragraph 33). As a child grows up, he or she is entitled to education; education that is devoid of non-discrimination as enshrined in article 26 of the Universal Declaration of Human Rights and article 14 of the International Covenant on Economic, and Social and Cultural rights.

Ghana has ratified various treaties including the Convention on the Rights of the Child (CRC). The ratification of international treaties implies that government has taken the responsibility to apply them domestically. As a result, the Ghanaian Constitution establishes the right to education in article 25, with focus on free compulsory universal basic education, availability and accessibility of secondary/tertiary education in all forms for all. It also provides for the development of school systems with adequate facilities.

Without education, populations cannot read, calculate, let alone innovate. Basic education is the best foundation towards the achievement of economic development. This is further affirmed by the MDG 2 which states that, “by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling”.

This year’s monitoring exercise therefore focuses on free compulsory universal basic education in the country.

Objectives
The overall objective of this report is to assess the extent to which the government is fulfilling its obligations with respect to the right to education.

Specifically, it seeks:
- To assess the extent to which government is fulfilling its obligation in providing free compulsory universal basic education;
- To find out whether discipline is administered in a manner consistent with the child’s dignity;
- To find out the extent to which staff and school children of basic and schools are informed on the right to education;
- To assess the extent to which school children in basic schools are sexually harassed;
- To assess the extent to which the right of persons with disabilities to education at primary levels are being respected;
- To assess the extent to which educational facilities are available and adequate.
FINDINGS

Full Compulsory Universal Basic Education (FCUBE)

In 1995, the Government of Ghana initiated the FCUBE policy with the aim of achieving universal primary education for all by 2005. It also sought to improve access to basic education for especially girls and other Ghanaians who are unable to access education due to social and economic reasons. Another objective of the FCUBE was to improve efficiency by reducing repetition and dropout rates.

Even though Ghana was not able to meet its goal in 2005, it continued to pursue the FCUBE agenda. Programmes such as the Capitation Grant, the School Feeding Programme, the Free Uniform Policy and the Free Exercise Books Programme are all geared towards achieving free compulsory universal basic education. Other programmes such as “My first day at School” were initiated by the Ministry of Education in 2007 to whip up enthusiasm among the pupils and encourage them to stay in school. It is also to encourage children of school-going age, who are not in school, to go to school to increase enrolment at the basic level.

Currently, basic education is an eleven-year period comprising:

- 2 years of Pre-School (Kindergarten education)
- 6 years of Primary School Education and
- 3 years of Junior High School Education

Capitation Grant

One of the main reasons that children in Ghana do not attend school is that their parents cannot afford levies charged by schools. Despite the policy of fee-free tuition in basic schools, many schools charge levies as a means of raising funds for school maintenance, cultural and sporting activities. In this light and as part of educational decentralization, the Capitation Grant scheme was introduced in 2005. Its purpose was to support basic schools and reduce the need to charge fees. At the beginning of the scheme in 2005/2006 academic year, every pupil was given an amount of GH¢3.00 per academic year and increased to GH¢4.50 in 2009.

To assess the extent to which government is fulfilling its obligation in providing FCUBE in the area of the disbursement of Capitation Grant, 211 authorities of basic public schools were interviewed.

All 211 basic public schools monitored benefit from the Capitation Grant but an overwhelming 88% do not receive the Grant on time. The Grant is supposed to be used at the beginning of each term but, many schools receive their Grants within the term, at the end of the term or the following term. This clearly defeats the aim of the Grant. For instance, the Yiadom Boakye Experimental Primary School in the Brong Ahafo region off the Berekum-Sunyani road normally

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2 Access to Basic Education in Ghana: politics, policies and progress (August, 2010) - Angela W Little, p.23
receive their first and second term Grants in the third term. Also, the Adidome D/A Global Primary in the Volta Region received their Grant close to the end of the academic year. Furthermore, Hooper Memorial M/A Basic schools in the Western Region received their first term Grant in the second term because it was not released early; they always have to pre-finance school’s expenditure.

In addition to the late release of the Grant, a vast majority (84.5%) of schools interviewed said the amount provided was inadequate. It was clear from the findings that the Grant cannot foot bills for all development projects such as sports, culture, maintenance and purchase of teaching and learning materials. At the Whindo/Assakae Primary School in the Western Region for instance, the school reported that it did not have playing materials. Also some windows and desks were broken but the Capitation Grant was insufficient for their maintenance.

Apart from the inadequacy of amount and the late release, three main challenges were identified;
- The cumbersome procedure for accessing the Grant
- The difficulty in preparing the School Performance Improvement Plan (SPIP) which requires the input of all staff
- Deduction of sports and cultural levies by Ghana Education Service (GES)

Again, it was revealed that some parents were shirking their responsibilities towards their children's education because of the Capitation Grant. It is said that rights go with responsibilities and so, though government provides free education, parents are expected to support their children especially when the Capitation Grant is woefully inadequate. This report will not be complete without finding out the impact the grant has had on basic education.

**Impact on School Enrollment**

Despite the associated challenges, the Capitation Grant was reported to be one of the main factors that have contributed to an increase in school enrolment. Table 1 shows examples of school enrolment figures for 2008/2009 and 2009/2010 academic year;

<table>
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<tbody>
<tr>
<td>Kaasa Primary School in the Upper East Region</td>
<td>175</td>
<td>241</td>
</tr>
<tr>
<td>Asafo A.M.E. Zion KG/Primary in the Central Region</td>
<td>140</td>
<td>180</td>
</tr>
<tr>
<td>Atua St. Pauls Presbyterian Primary/JHS school in the Eastern Region</td>
<td>420</td>
<td>530</td>
</tr>
<tr>
<td>Kakorkom Local Authority JHS School in the Western Region</td>
<td>209</td>
<td>345</td>
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The increase in enrolment is corroborated by national statistics provided by Ministry of Finance as indicated in Table 2.

### Table 2: Gross Enrollment

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<tr>
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<tbody>
<tr>
<td>Greater Accra</td>
<td>431,463</td>
<td>457,351</td>
</tr>
<tr>
<td>Volta</td>
<td>478,669</td>
<td>507,389</td>
</tr>
<tr>
<td>Central</td>
<td>510,582</td>
<td>541,217</td>
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<tr>
<td>Eastern</td>
<td>579,421</td>
<td>614,186</td>
</tr>
<tr>
<td>Western</td>
<td>544,181</td>
<td>576,832</td>
</tr>
<tr>
<td>Ashanti</td>
<td>897,802</td>
<td>951,670</td>
</tr>
<tr>
<td>Brong Ahafo</td>
<td>569,335</td>
<td>603,495</td>
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<tr>
<td>Northern</td>
<td>579,150</td>
<td>613,899</td>
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<tr>
<td>Upper East</td>
<td>286,684</td>
<td>303,885</td>
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<tr>
<td>Upper West</td>
<td>191,283</td>
<td>202,760</td>
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</tbody>
</table>

Source: Ministry of Finance

**Impact on Academic work**

The introduction of Capitation Grant has impacted positively on academic work. Currently, some funds have been made available for the purchase of more teaching and learning materials which have generally led to improved performance. All basic schools interviewed indicated that the materials generally facilitate the teaching and learning. Authorities of the Tunga Islamic Primary School near Dansoman Children's Park in the Greater Accra Region said “teaching and learning materials which are not supplied by GES can now be purchased”. According to authorities of Boraereez DA JHS, Kete Krachi in the Volta Region “the school now scores almost 100% in its basic exams” due to the availability of teaching and learning materials.

**Impact on School Finances**

Even though the Grant is inadequate, school authorities reported that, the basic needs of the school can now be procured. For instance, the head of Wli Agorviefe L/A Primary School, Hohoe in the Volta Region said “we can now maintain school facilities such as drums, water containers, and weeding equipments”. At R/C JHS, Begoro in the Eastern Region, school authorities also indicated that “financially the Capitation Grant has impacted positively, we have been able to procure a computer, a school jersey and many other materials”.

However, there were other schools that indicated that, the Grant did not have much impact on the school finances due to its late release. They always had to source for money elsewhere to pre-finance activities of the school.
Affordability
One of the objectives of implementing the Grant is to reduce the additional charges being paid by parents. The findings showed that, 56.1% schools continued to charge levies such as PTA dues and printing fees, which according to the authorities, are used in addition to the Grant in running of the school. This was also confirmed by 1738 (74.8%) pupils interviewed. The monitoring exercise revealed that four schools charge more than 50 Ghana cedis for each pupil per term. These schools are the A.M.E Zion Primary School/Kindergaten, R/C JHS – Asokore, Asuboi Presby Primary all in the Eastern Region and Saint Jude Catholic A&B JHS, in the Western Region. Riis Presby Model JHS in the Eastern Region charge 32 Ghana cedis as PTA dues.

According to 2007 estimates, Ghana has 28.5% of its population below the poverty line and so PTA dues of such magnitudes could be on a high side. It was not surprising that, 1220 as against 816 (6 out of every 10 pupils) complained that additional cost such as levies, cost of uniforms and teaching materials are financial burden on their family.

Conclusion
The introduction of the Capitation Grant is a laudable idea; the Grant has brought some relief to basic schools. As put by a teacher from the Gbenyamni Methodist Primary school in the Northern Region, “it has helped a lot, especially parents have been relieved from paying levies. The impact has been overwhelming”. However, its purpose has not been met fully. Close to 60% of schools, continue to charge fees to support the running of schools, even though they are not supposed to do so. The charging of levies according to school authorities has become necessary because the Grant was not enough to run schools. There is the need to increase the Grant allocated to each pupil and release the grant before the beginning of an academic term.

To achieve universal primary education, all children, especially children of poor families have the right to enjoy free compulsory basic education. Every effort must be made not to discourage them from accessing this right.

The government is commended for its interventions so far. The Commission urges the government and all stakeholders to redouble their efforts at achieving the Millennium Development Goal Two (2) i.e. Achieving Universal Education for All.

Ghana School Feeding Programme (GSFP)
The Ghana School Feeding Programme (GSFP) is an initiative under the comprehensive Africa Agricultural Development Pillar 3. The aim of the programme is to enhance food security and reduce hunger in line with the UN-Millennium Development Goals (MDGs). It commenced in 2005 with the objective of
- reducing hunger and malnutrition,
- increasing school enrollment,
- school retention and attendance and

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4 Ghana School Feeding Programme (GSFP) Initiative and the Farmers Dream, ECASARD/SNV Ghana, May 2009
- boosting local food production.

Whereas the Capitation Grant is nationwide, the School Feeding Programme is being implemented in less endowed schools.

Information from the Ministry of Finance shows a consistent increase in transfer of funds for the implementation of the School Feeding Programme since its inception. Ashanti Region is the highest beneficiary in terms of the transfer of funds in the year 2009/2010. (see table 3).

Table 3: Regional summary Transferred Funds and Pupils Fed by the GSFP, 2005/2006 - 2009/2010

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<td>579,725</td>
<td>49,735,585</td>
<td>658,223</td>
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</table>

Source: Ministry of Finance
Table 3 shows that, the total number of pupils who benefited from the School Feeding Programme in 2009/2010 academic year was 658,223; an increase from 579,725 in 2008/2009 academic year.

**Commission’s Findings**

The Commission monitored 72 basic schools that currently benefit from the School Feeding Programme. Seventy-two (72) FGDs were held with 724 pupils; 363 males and 361 females. Also, to assess the extent to which caterers are helping run the School Feeding Programme, 76 caterers were interviewed.

Schools that benefited from the School Feeding Programme have had between 1 to 5 years of the programme. One school however, complained that the programme had not run continuously. This it said was the result of political interference. The Sefwi Camp D.C Primary in the Western Region said there was a break during the change in government from 2008 till March of 2010.

The quantity of food according to 63.1% of school authorities was not adequate. Caterers in some schools attributed the inadequacy to the fact that some teachers had been taking part of the food. However, almost half (49.7%) of pupils who took the meal said the quantity was adequate. Additionally, it was reported that, the quality in terms of nutritional content was either nutritious or highly nutritious (92.4%).

Pupils said bowls and cutlery were provided either by the School Feeding Secretariat, the school authorities or by parents of beneficiary pupils. This was corroborated by caterers.
Contribution of Caterers
Findings revealed that (33.3%) caterers did not have storage facilities to store their foodstuff. This has forced some caterers to store foodstuff at home, classrooms and other rooms not designed for storage. Others buy only quantities needed for a day’s meal. Charlotte Atafi, a caterer in the East Akim district in the Eastern Region told the monitoring team; “We do not have any storage facility, hence foodstuff is either kept in the matron’s house or in some of the classrooms”. Another caterer Eugenia Asamoah of Winneba in the Central Region said: “I store most of the foodstuff at home because the school has no permanent kitchen and store room.”
Approximately 45.8% used pipe borne water as the source of water for cooking. Twenty-five percent (25 %) used water from borehole, 12.5% water from wells. The supply of water was generally regular. Caterers Maria Amadu of Savelugu, in the Northern Region, Janet Kwofie of Twifo Hemang Lower Denkyira district in the Central Region and Esi Gyedua of Daboase in the Western Region told the monitoring team that they drew water for cooking from streams.

Cooking Environment
Although majority of the environment where meals were prepared were hygienic, 12.3% were found to be unhygienic. For instance, Mampamhwe R/C Primary School in the Ashanti Region which had benefited from the Programme for the past 4 years had food prepared under a palm shed; the environment was littered with spilled food particles and water. Also, water for washing was very dirty. The Sanso Methodist Primary School, Obuasi in the Ashanti Region and Sefwi Camp D.C Primary in the Western Region also prepared food under open shed, which are left at the mercy of the weather and encroachment of livestock.

School Attendance and Retention
The monitoring exercise sought to find out the impact of the School Feeding Programme. Authorities of the Schools that benefit from the Programme said it has increased school
attendance as well as retention. Generally children of beneficiary schools hardly absent themselves. At the Waliwali Islamic Primary School in the Northern Region, school authorities said they record a hundred percent attendance and retention.

Data from the Ministry of Finance shows that gross enrolment increased by approximately 6% from 2008/2009 to 2009/2010 academic year for each region. (See Table 1).

To find out the impact of the introduction of the Programme on the finances of parents, pupils were asked how much money they were given prior to the introduction and after the introduction of the school feeding programme. Analysis of figures obtained from the pupils indicated that pocket money given to them by their parents for school after the introduction of the Programme had reduced by 15%; a reduction from a total sum of GH¢630.00 to GH¢537 before and after the programme.

Conclusion
With an annual rate of 6% increase in gross enrolment, it is necessary to improve on existing facilities and provide additional classrooms, teachers, textbooks and other relevant facilities to schools so that quality is not compromised.

Free Uniform Policy
The Free Uniform Policy is a social intervention to cushion the rural poor to ensure that poverty did not prevent any child from accessing at least basic education.

Finding from the survey revealed that 12.5% of 238 basic schools monitored had benefited from the Policy. Beneficiaries in these schools were said to be needy children except in a few schools where it covered the entire population.

Some school authorities expressed their sentiments about the implementation of the policy. While policy makers according to them indicated that, it was for all pupils in public basic schools, the reality on the ground shows otherwise. School authorities in the MA Basic School, Sunyani of the Brong Ahafo region said “Policy makers should not tell the public what they would not do at the grassroots. If they tell the general public they are giving free uniforms and books but end up bringing only 4 or so to the school population of about 350, then it is an insult. Moreover, some parents will stop providing those materials thinking they are provided free at schools when in fact it is not entirely true”.

2. Availability of Educational Facilities
Among the social programmes listed in the 2010 budget was one that sought to remove schools under trees. Over the medium term, the government planned to provide permanent accommodation for every single school currently operating under a tree and also expand facilities to eliminate the shift system. According to the 2010 budget, “provision has been made to construct and furnish 165 school buildings to accommodate schools under trees whilst 250 new schools and kindergartens would be constructed and furnished by end of 2010.”

The monitoring team in its quest to find out whether educational facilities are available and adequate for Ghanaian pupils monitored 238 public basic schools. In addition, two hundred and
thirty eight (238) focus group discussions were held, made up of 1184 male and 1170 female pupils.

**School Infrastructure**
Efforts continue to be made by the government to provide adequate educational facilities for school pupils. As quoted by the 2009 Budget, “The Ministry will continue with the programme of upgrading basic school infrastructure throughout the country. Rehabilitation works on existing classrooms and provision of needed furniture will also be undertaken.” Likewise, the 2010 Budget states: “To further expand and improve upon educational infrastructure, the Government will continue with the programme of upgrading basic school academic facilities. This will include the provision of water and sanitation facilities and other essential services. Existing classrooms will be rehabilitated and provided with needed furniture.”

The Commission’s findings showed that, 53.3% of public basic schools had more pupils than the expected capacity. The monitoring exercise revealed that 25.4% of schools had no class rooms. Some schools had no classroom for the kindergarten and therefore pupils sit under trees as was the case in Akwamu Amanfo Presby Primary in the Eastern Region, Sognaayili Islamic Primary School and Klemali Islamic Primary School all in Tamale in the Northern Region.

The Commission commends the government for initiating the social programme to remove schools under trees. The Commission urges government to redouble its efforts at eliminating all schools under trees by the end of 2011.

**Level of Congestion**
Approximately 6 out of every 10 classrooms were found to be congested. This is due to increase in school enrolment and retention as a result of the introduction of the Capitation Grant and the School Feeding Programme without a corresponding increase in infrastructure such as classrooms and desks. For instance, the Methodist Primary School, Methodist Church premises-Tanzud, in the Upper East Region had normal class size of 30 but class size had increased to between 50-60. Also, the Twifu Praso D/A JHS B/C in the Central Region is expected to take 30 pupils in each classroom but it takes 60 pupils.

There are other reasons accounting for this congestion in some schools. The Subi Presbyterian JHS and Primary School, Akyem Subi in the Eastern Region was congested because it was the only educational facility that serves the community. In addition, parents prefer to enroll their wards in schools that had achieved academic excellence. A case in point is the Sogakope JHS, South Tongu district in the Volta Region.

**Lighting**
Approximately 74.8% of the schools had adequate lighting during school hours. Those without adequate lighting system had classrooms with “honeycomb” windows and or without electricity. Whindo/Assakae JHS in the Western Region and Kpone Methodist Basic School in the Greater Accra region have these “honeycomb windows”.
**Ventilation**
Only 16.9% of the school authorities interviewed complained of problems of ventilation. This was due to congestion, insufficient windows, or the type of windows used.

**Cracks**
24.4% of schools inspected had cracks in their buildings. Hooper Memorial M/A Basic School, Tarkwa in the Western Region had developed cracks in the school building because of the blasting activity from the Gold Mines. Also Obuasi Methodist School, in the Ashanti Region and Nanteg Din Drive Primary School, Community 1 in the Greater Accra Region had severe cracks in their school buildings. These cracks might pose threats to life and property.

**Roofing**
Thirty-one percent (30.6%) of the public basic schools had their roofs leaking; ripped off by rainstorm and lack of maintenance.

**Proximity of School Structure**
Although school structures were available in most communities, 31.5% of pupils travel quite a distance to attend school. One hundred and eighteen (118) pupils take more than forty minutes to get to school. The main reason was that most parents prefer schools that perform creditably in terms of academic performance irrespective of their distance. This notwithstanding, there were
few cases where no schools existed in the communities and children had to travel long distance under very dangerous circumstances. For example, in September 2010, there was an unfortunate tragedy of four school children from Kasana, a farming community near Wenchi, who got drowned when their canoe capsized while crossing River Tain to school.\footnote{Daily Graphic, Wednesday, September 29, 2010, back page}

### Availability of Teachers

Pupils attend school to gain knowledge from their teachers in order to develop their full potentials. It is therefore of no use if pupils attend school but do not have teachers to teach them. In order to correct regional disparities in teacher supply, postings continue to be made to areas that lack teachers especially to remote areas with emphasis on the three Northern regions where pupil/teacher ratio is significantly higher than national average (33:1).\footnote{2009 Budget}

In addition, the government continued implementing teacher incentive packages and motivation for teachers. According to the 2010 Budget: “Effective teachers in rural areas who are pursuing distance education will benefit from GH¢100 government subsidy annually. Science and Mathematics teachers will continue to enjoy three incremental credits on their respective ranks.” The Commission’s field reports revealed that some basic schools (30.2%) do not have adequate teachers. At Wli Agorviefe L/A Primary, located in the Hohoe district of the Volta Region, teachers that had been transferred were yet to be replaced. At the Kpalgun Primary School Tolon/Kumbungu district in the Northern Region, the school was expected to have 8 teachers, but at the time of visit they had only 4 teachers at post. As a result of lack of teachers, some classes had been merged thereby affecting the quality of teaching and learning. This situation was reported at Tetekorpe Basic School, Ketu South District in the Volta Region and Methodist Primary School, Bolgatanga in the Upper East Region.

### Teaching and Learning Materials (TLMs)

Close to thirty-one percent (30.8%) of authorities in the schools monitored said the GES approved learning materials were not adequate for use by teachers and pupils. For instance, at the Adidome D/A Global JHS in the Volta Region, Nkrankrom M/A Schools in the Brong Ahafo Region, and Asokore SDA Demonstration Primary (B) in the Eastern Region, the Capitation Grant is used to provide teaching and learning materials but school authorities complained that Teaching and Learning Materials (TLM) were inadequate. Authorities of the Agona D/A JHS (B) Agona-Nkwanta in the Western Region reported that they did not have some of the learning materials such as textbooks, exercise and notebooks, reading books, drawing boards and mathematical sets. This was corroborated by pupils (35.7%) who said they did not have access to the required TLMs for some subjects especially Fante, I.C.T, and Mathematics. Textbooks meant for one pupil was shared by two or more pupils. At Yorogo-Primary/JHS in the Upper East Region, two pupils shared a textbook. At The A.M.E Zion Primary, Chiraa Road in the Brong Ahafo Region, 4 pupils shared one textbook.
Sometimes teachers had to share teaching material with pupils as was the case in Bethel Methodist Primary School, Takoradi in the Western region. Religious organizations and philanthropists’ effort, though minimal, have contributed to the provision of teaching and learning materials. 29.3% of the schools monitored had received TLM from such groups.

**Sanitation and Health**

The School Health Education Programme (SHEP), a unit of the Ghana Education Service evolved as a joint programme initiated by the Ministries of Education and Health in 1992. One of the strategies to promote the well being of pupils is to support the construction of safe age, gender, and disability friendly toilets, urinals, hand washing facilities and waste disposal. It is against this backdrop that the Commission examines the existence and state of sanitation and health facilities in public basic schools.

**Water and Sanitation Facilities**

Availability of safe water impacts positively on the health of pupils but only (40.9%) obtain their water from protected source, that is pipe borne water. 44% of the public basic schools monitored did not have access to potable water.

Close to twenty-five percent (24.2%) of the schools monitored did not have any toilet facility. The many schools that had toilet facility had it in the form of Kumasi Ventilated Improved Pit (KVIP); however, some were not adequate for pupils. For instance at the Omisku Drive 1 Primary School located in community1, Tema in the Greater Accra Region, 500 pupils accessed a 10 seater KVIP.

Again, the few schools with flush toilets did not have enough to cater adequately for the number of pupils. For instance, the Ntronang R.C. Primary "B", in the Eastern Region had four seater flush toilet serving over five hundred 500 pupils.

**Health Facilities**

Majority of the schools (81.6%) had first aid boxes and were generally fairly stocked. Authorities in almost all the schools (91%) said their pupils were aware that their schools had first aid boxes. However, only 4.9% of the schools had sickbay. Additionally, only 7.9% had regular health attendants.

### 3. Corporal Punishment, Bullying and Harassment

Article 28, (2) of the Convention of the Rights of the Child states: States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention. It is against this

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7 “School Health Education Programme (SHED), Who we are what we do “- A Ghanaian Education Pamphlet
backdrop that this section tries to assess the extent to which schools are promoting values and systems that contribute to the protection of human rights. The present state of corporal punishment, bullying and harassment were monitored.

Two hundred and fifty schools were monitored. Two hundred and fifty focus group discussions were held in the same number of schools monitored. The focus groups in totality were made up of 1264 male and 1247 female pupils.

**Corporal Punishment**

Responses from school authorities showed that two modes of punishment were primarily used in Ghanaian basic schools that is canning (77.4%) and weeding (77.3%). Other minor punishments included kneeling and cleaning of classroom, washing rooms and school compound.

Almost all staff (97.1%) of public basic schools that were monitored was aware of the GES policy on corporal punishment. The awareness was through GES circulars which were discussed extensively during staff meetings. Interviews with school authorities showed that approximately 12.8% of public basic schools had recorded violation of the GES policy on corporal punishment this year. Our field visit showed that, all teachers involved were cautioned and in one case, the teacher was transferred to another school.

Interactions with pupils showed that 1678 out of 2511 pupils, representing 66.8% continue to be victims of corporal punishment. A total of 335 pupils reported that they sustained various degrees of injuries as a result of punishment meted out to them. The type of injuries generally included bruises and cuts on certain parts of the body such as palms, arms, legs and buttocks. Only 39 out of the 335 reported the issue mostly to their parents. Majority did not report because, they did not know the GES policy on corporal punishment, injuries sustained were not all that serious or they feared they were at fault and so reporting would implicate them.

Responses from majority of pupils interviewed show that, corporal punishment scared most pupils from attending school. Others were however of the view that, it helps children to be disciplined and should be maintained; “without punishment there will be no discipline”, one stated.

Many public basic schools (64%) declared that they had complaint procedures for victims of corporal punishment, and 75.8% had made the complaint procedures known to pupils especially during school gatherings. The complaint procedure generally expects victims to report to a superior (teacher, head of school) after which the necessary action is taken. It was however generally observed that pupils were afraid to provide information on corporal punishment because of the fear of victimization by school authorities.

**Bullying**

Public basic schools continue to record instances of bullying as reported in 20.3% of the schools monitored. In the A.M.E Zion School in the Brong Ahafo Region for instance, 20 cases of
bullying were recorded since the beginning of the year. Allegations were investigated and culprits were warned or punished depending on the level of offence committed.

In the schools monitored, 478 pupils indicated that, they had suffered various forms of bullying this year, out of which only 161 reported to the appropriate authority. The most common forms of bullying were kneeling (255), and hitting (202). Also 120 suffered from kicking, while 51 suffered from ear pulling. Fifty eight (58) sustained various degrees of injuries such as nose bleeding and cut on body as a result of the bullying.

In most cases, parents were not involved in resolving complaints of bullying. Only 41.8% of parents of the victims and 41.3% of parents of the perpetrators were involved in resolving such issues.

**Harassment**
According to school authorities, only 6.5% of all public basic schools monitored had reported instances of harassment since the beginning of the year 2010. The highest number of recorded cases was 3 in the Anhwia D/C JHS, Sefwi Wiawso in the Western Region, the culprits were warned and advised.

Interactions with pupils indicated that 952 had been harassed this year through teasing, 275 through threatening and 101 through manipulating. As many as 782 did not report to the appropriate authority.

Only 16.2% of parents of the victims and 14.7% of parents of the perpetrators were involved in resolving issues of harassment. In most cases, parents were not involved in resolving them.

**Conclusion**
A lot of pupils consider harassment and bullying as, a normal part of school life, a privilege to be a senior and therefore do not appreciate the need to report it. If pupils really know about values and systems that contribute to the protection of their dignity as human beings, some will not perpetuate such actions as bullying on their fellow pupils. Victims will also be bold to follow laid down complaint procedure so as to curb such offences. Educational campaigns therefore ought to be increased so as to sensitize the pupils as well as the general public on the harmful effects of bullying and harassment. One pupil put it this way “we will be happy if there is constant education on human rights issues”.

**4. Persons with Disabilities** and the School Environment
The UN Convention on the Right of Persons with Disabilities seeks to protect the rights of the disabled. Though Ghana was the first country to sign the convention in March 2007, it has not

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8 For the purpose of our monitoring, the definition of a disabled is any individual with a recognized physical/mobility, brain, vision, hearing or learning disability.
ratified till date. This notwithstanding, the 2010 budget made provision for free education for disabled children of school going age. It states, that Government will continue to pursue policies that protect the disadvantaged in society and give them equal opportunities in life.

This section of the report assesses the extent to which the rights of persons with disabilities to education are being promoted. A total of 236 public basic schools were monitored across the country as a result. Information was obtained from the authorities and Persons with disabilities in these schools.

Exactly 60.9% of school authorities indicated to the monitoring team that they had persons with disabilities in their school. In these schools, an average of one person with disability was present. Most were physically disabled; others were visually impaired (low vision) and partial deafness. It was also learnt at Wa Methodist School for the Blind and the Wa School for the Deaf in the Upper West region that, pupils with serious disabilities are usually enrolled in those schools due to their special needs.

In order to fully pursue policies that protect the disadvantaged in society and give them equal opportunities in life, it is essential that school instructors know about the rights of pupils with disability. It was revealed that only 3.5% disagreed that, as far as practicable, every educational institution should have facilities appropriate for disabled children. Also 9.2% disagreed that it is wrong to subject disabled children to mockery. 11.2% disagreed that it is wrong to exclude disabled children from recreational activities. 3.6% disagreed that highly disabled children should be sent to special schools that have an educational system designed to suit their condition. 11.1% agreed that disabled children should not allowed to take leadership positions. Clearly, some school authorities are not fully aware of the rights of the disabled.

Responses from pupils with disability revealed that, 4 out of 201 disagreed that they had the right to live with their parent, the same number disagreed that they had the right to participate in social and recreational activities and that school facilities should be disability-friendly respectively. Twenty-nine (29) out of 201 said they did not have the right to hold leadership positions. Clearly, some pupils with disabilities were not fully aware of their rights.

According to school authorities, 55.3% had structures that were not disability friendly. For these, no ramps had been provided for the pupils with disability, making it tedious to access school facilities such as libraries, classrooms and washrooms.

Out of 201 pupils with disability, 37 could not easily access school facilities. It came to light that some could not read from the chalkboard whiles others could not access the physical structure. Hence, they had to rely on the support of school mates.

Eighty-seven percent (87%) of school authorities support the idea of inclusive education as a prerequisite for equal enjoyment by pupils with disability. Those who supported the assertion

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9 Includes pupils from two specialized schools
generally thought that, pupils with disability will enjoy the sense of belongingness. Ultimately, they were of the view that inclusive education enables pupils with disability to integrate into society easily rather than isolating them.

Those who disagreed were of the view that pupils with disability should be taken to specialized schools which have specialized teachers and learning materials. This, according to them reduces stigmatization and victimization of pupils with disabilities, and the likely event of drawing class lessons back. Indeed, inclusive education is an ideal preference; however, pupil with serious disabilities should be sent to special schools.

In all 19 pupils with disability had dropped out of school this year. According to School authorities, three (3) got pregnant, two (2) was due to distance between school and residence, one (1) had weak hands for writing, and another two (2) dropped because they were being mocked. A major concern from pupils with disability was that they were not able to participate in sporting activities such as football and volleyball.

**Conclusion**

Some teachers as well as pupils with disabilities are not fully aware of the rights of persons living with disability. It is not surprising that classmates mock pupils with disabilities leading to some dropping out of school. Moreover, since the UN Convention on the Rights of Persons with Disabilities has not been ratified, a clearly legal guiding principle is out of reach and therefore poses a serious challenge in promoting and protecting the rights of persons with disabilities. Immediate steps to ratify the Convention are highly recommended.

**Human Rights Knowledge: Right to Education**

Knowledge they say is power. Pupils as well as teachers will be able to demand rights and live up to their responsibilities if they are knowledgeable about human rights issues. The level of human rights violation is likely to reduce considerably if every citizen is aware of each other’s rights. It is against this backdrop that this section wishes to find out the extent to which staff and school children of basic schools are informed on the right to education. Hence, 236 focus group discussions were held, made up of 1202 male and 1209 female pupils. One thousand and forty four (1,044) teachers were also interviewed.

**Programmes on the Right to Education**

Human rights topics including the right to education, the rights and responsibilities of the child, civic responsibility, the rights of persons with disabilities, the rights of the sick, human rights and fundamental human rights freedoms are taught in public basic schools. These topics fall under two subjects namely, “Social Studies” and “Religious and Moral Education”

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10 Inclusive education is a system of education in which all the pupils with special educational needs are enrolled in ordinary classes in their district schools, and are provided with support services based on their needs. Inclusive schools are based on the basic principle that all school children in a given community should learn together, so far as is practicable, regardless of their handicaps or difficulties.
Only 27.7% of basic schools had programmes on the right to education for teachers/heads of educational institutions in 2010. These programmes were in the form of workshops, seminars, training courses, and public lectures. CHRAJ,GES, NCCE, USAID, Ghana Integrity Initiative and other NGO’s were among the notable organizers of such programmes. The CHRAJ focused among others on the awareness of child rights to care and protection, the effects of corporal punishment on pupils and the strengthening of human rights clubs in schools. The GES focus included the role of headmasters in ensuring universal basic education, gender based violence and child’s welfare. The NCCE focused on subjects such as child rights advocacy, civic education and human rights abuse against children and women. Ghana Integrity Initiative focused on the effective use of primary education resources and how to encourage parents to be fully interested in their child’s education.

**Teachers and human rights knowledge**

Eighty-eight percent (88%) of teachers said they have had access to human rights information, mainly through the print media. Teachers’ knowledge on the right to education was excellent. Their contributions as part of the monitoring process could be summarised as follows: “every child of school going age should be at school. Education should not be a privilege to only a few or the rich”. However, almost thirty percent (27.3%) disagreed that corporal punishment is a violation of the victim’s human rights. Their reasons were that, it is part of the GES policy, to apply corporal punishment but with care. Another group was of the view that if pupils are not punished for any wrong committed, they will continue in wrong doing. Others hold the biblical view of “sparing the rod and spoiling the child” and so corporal punishment is meant to correct a child. In sum, they believe that corporal punishment is meant to instill discipline in pupils.

The monitoring exercise again revealed that 4.9% of teachers interviewed were not aware that there are rules that regulate corporal punishment. For those who were aware, some did not know what the GES Policy on Corporal Punishment spells out. For instance, the GES policy permits a maximum of six lashes; but some teachers (22.9%) were of the view that a child may receive in extreme cases, 9 lashes by a cane.

**Pupils and human rights knowledge**

Some pupils (62.9%) told our monitoring team that, they have access to human rights information mainly through their teachers (39.2%), electronic media (19.4%) state institutions (16.5%), posters (13.4%) and print media (11.5%). They are conversant with human issues such as child labour, right to free education and responsibilities of parents. In assessing pupils, it was evident that some were not conversant with what right to education is all about; the monitoring exercise revealed that six hundred and one (601 or 24.9%) pupils said the right of education approves bullying a pupil whereas (791 or 32.8%) said the right of education approves canning a child without informing the head teacher. Seven hundred and fifty four (754 or 31.3%) said the right of education approves preventing the disabled from taking leadership positions.
Human rights clubs
It was found out that only 14.8% public basic schools had human rights clubs. These clubs on the average met once a month and were ranked as average in terms of performance. Almost all public basic schools without human rights clubs were of the view that it will be beneficial to have one. Amazingly, the representative of Afosua Basic School, Twifu Afisua in the Central Region said it is not necessary because according to him, “it will not change anything”.

Collaborators
Apart from the government, other organizations collaborated with public basic schools on the right of education. In 2010, organizations such as CHRAJ and NCCE provided public education whereas SEND Ghana, a nongovernmental organization focused on the School Feeding Programme. UNICEF provided advocacy, whereas World Vision Ghana provided sponsorship for needy but brilliant pupils, educational materials and bicycles to pupils. Right to Play an NGO provided sport kits and other sporting materials. School for Life, provided financial support for brilliant but needy pupils and the PTA provided financial support.

Challenges
According to teachers interviewed, they faced numerous challenges in accessing information on the right to education. Teaching and learning materials on the right to education were not readily available from either GES or the Ministry of Education. Again some teachers complained that human rights education content is normally not detailed enough to cover all aspects of the right to education. Communities with no electricity have limited access to radio, television and the internet to access information on human rights and the right to education. Poverty has also made it impossible for some parents to buy radio and television sets as well as newspapers to access human rights information.

Some pupils misapply the knowledge on the right to education; they take it to mean that they have the right to do everything and no one has the right to question them.

Conclusion
A lot more needs to be done to make sure that knowledge of human rights is acquired by both teachers and pupils. The CHRAJ and the NCCE should intensify their education whereas the Ghana Library Board should open at least a library in each community.

Right to Religion
1814 as against 531 of pupils complained that their schools do not endorse their beliefs and practices. Generally, children of other religious beliefs who do not attend Christian worship are punished. Such was reported in Agona D/A JHS (B) and Aboade D/A JHS, all in the Western Region.
In some schools, Muslims were not given the opportunity to worship as Christians. At the Asunsu Roman Catholic Primary/JHS, in the Brong Ahafo Region, only Christians worship on Wednesdays mornings, Muslims were not allowed to leave class for the mosque on Fridays.

**Sexual Harassment**

Sexual harassment is any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another. Sexual harassment is certainly an impediment to children’s right to education, protection and non-discrimination as set out in the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. This section seeks to find out the extent to which school children in basic public schools are sexually harassed.

In order to assess the extent to which school children in basic schools are sexually harassed, two hundred and thirty-four school authorities were interviewed. Two hundred and thirty-four schools (234) focus group discussions were also held made up of 2,365 pupils, comprising 1,193 males and 1,172 females.

According to majority (96.6%) of school authorities, staff as well as pupils were aware of the harmful effects of sexual harassment. 64.8% of the public basic schools monitored had a policy on sexual harassment. For most basic public schools, the procedure for handling sexual harassment involves lodging a complaint to the head of the school and then necessary action is taken.

Exactly 85.3% of school authorities who had policies on sexual harassment had made them known to pupils. According to school authorities, pupils were made to know the contents of the policy through “morale education” and “social studies” lessons. Other pupils were made to know about the policy at assembly (school gathering), school worship sessions and through notice boards. Interaction with pupils however revealed that, a little above half (51.7%) of pupils reported that they knew about their school’s policy on sexual harassment. This they knew through lessons in “social studies” and “religious and moral studies”, posters, notice boards, and at assembly gatherings. It was observed during the interaction with pupils that most of them lacked knowledge on sex education and did not know what to do if they fall victim.

Findings from school authorities showed that 10 schools representing 4.3% of the total number of basic schools visited, recorded one instance each of sexual harassment beginning this year (2010). The nature of sexual harassment included touching the breast and buttocks, unwanted sexual advances and defilement. Action was taken for all the offences; those involved in unwanted sexual comments were cautioned and counseled; two cases of defilement were reported, one to the GES and the other is still under investigation by school authority.

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The striking finding however was that, a vast majority of pupils (88%) did not report to the appropriate authority when harassed. This was because they were either ignorant, felt shy or scared to report.

**Victims of unwanted physical contact**
Two hundred and forty (240) pupils suffered from unwanted physical contact from classmates and teachers. According to some females who were harassed, male classmates and teachers normally fumbled with their breast and pinched their buttocks. Others were harassed through unwanted hugging form male classmates. In two cases, girls touched the buttocks and the penis of male classmates.

**Victims forced to look at (view) sexual images**
Forty four (44) were forced to view sexual images. These images were saved on the phones of school mates who forced other mates to take a look. Other male classmates forced pornographic pictures into the pockets of their female counterparts. Some pupils however, confessed that they were not forced to watch pornographic materials but actually enjoyed watching and discussing pornographic scenes.

**Victims of unwanted sexual comments**
One hundred and eighty (180) were harassed mostly from senior male schoolmates who pestered them for love. Some suffered from derogatory comments; in one case, a male pupil told his female colleague that “she is a prostitute and that was why she did not know anything in class”. Teachers were also found to indulge in sexual comments; one teacher is reported to have called a female pupil and said “bring your buttocks for gold”.

**Victims who have been referred to in sexist term**
One hundred and forty nine (149) were referred to in a sexist manner this year. Such comments such as “the only thing girls do best is talking and gossiping”, “You are a girl and should behave as such”, and “you look like a female” created discomfort for pupils.

**Preventive Measures**
Almost all schools (86.2%) monitored had measures put in place to curb incidences of sexual harassment. They come in the form of education on sexual harassment, through lessons taught, assembly meetings and notice boards. Teachers were also advised against engaging themselves in the act. Moreover, children were not allowed to engage in any activity which may lead to acts of sexual harassment. There were also dress codes that pupils are expected to strictly adhere to.

**Conclusion**
It was generally observed that some of the pupils interviewed were not bold enough to reveal the real facts about sexual harassment in their respective schools. Some other pupils were totally ignorant about sexual harassment; it took the monitoring team tedious time explaining what sexual harassment is and its various forms.
CHAPTER THREE
RIGHT TO HEALTH

Introduction
The promotion of the right to health has had significant recognition both globally and locally in recent times. Globally, the adoption of the international human rights laws, conventions and covenants by member countries of the United Nations underpin states obligations to ensure the realization of the right to health.

By ratifying international human rights treaties that affirm the right to health, a State agrees to be accountable to the international community, as well as to the people living within its jurisdiction, for the fulfillment of its obligations. These international laws (ESCR) require that at least the minimum core obligations to ensure a basic level of enjoyment of economic, social and cultural right must be fulfilled. States are therefore obliged, regardless of the level of economic development, to ensure respect for minimum subsistence rights for all.

In Ghana, the international human rights laws have been adopted and embedded in the 1992 national Constitution. This is indicated in article 34(2) of the Constitution which recognizes health as a human right and mandates a sitting President to ensure the realization of basic human rights; the right to good health care of every citizen.

Recently, the Millennium Development Goal has given the promotion of the right to health additional impetus; three of the eight (8) goals focus on elimination of or reduction in Child mortality (MDG-4), improvement in maternal health (MDG-5), and HIV/AIDS & other diseases (MDG-6).

Objective
The 2010 monitoring of the right to health has its main objective of monitoring state compliance with its obligations regarding meeting the health needs of Ghanaian population. Specific objectives are:

• To assess the adequacy of healthcare in Ghana and the extent to which health needs are met
• To assess the awareness of the Ghanaian population of state obligations towards their health needs
• To assess progress made in the promotion of health rights in Ghana

Major areas covered under this area are;
1. Infant and Maternal Health
2. Ghana Health Service Patients’ Charter
3. State Of National Health Insurance Scheme (NHIS)
4. Persons Living With HIV/AIDS
5. State of Healthcare & Facilities
Analysis and findings

Infant & Maternal Health
Safe deliveries that result in minimal or no incidence of maternal and infant death requires measures to improve, child and maternal health, sexual and reproductive health services. These measures include access to, family planning, pre and post-natal care, emergency obstetric services, and information, as well as the resources necessary to act on that information. This is inline with article 12.2 (a) of ICESCRs which requires, the provision for the reduction of infant mortality and for the healthy development of the child. The MDG 4 and MDG 5 also reaffirm the promotion of maternal and infant health in the country.

Trends in maternal and infant deaths
Valid records on the number of maternal and infant deaths were obtained from 112 health institutions visited. The Infant death, in this monitoring refers to all babies born under 5 years. Analysis of the records obtained is as summarized in Figure 1 with the figures representing the total of the records. Records in the year 2010 are half year information (from January to July).

Figure 1: Trends in the number of Maternal and Infant Deaths since 2008

It can be observed from Figure 1 that, the number of infant and maternal deaths in the country has not change much over the years. The same number of deaths tends to occur annually. The figures for the year 2010 are for half year period and are half of that of the previous year. It can therefore be projected that, twice the figure will be recorded at the end of the year. For each year, the figure for infant death is about seven times that of maternal death.
Responses from health authorities

Responses from health officials in 110 (80.8%) and 88 (79.2%) of the institutions monitored stated that, there had been a decline in the number of maternal and infant deaths respectively in their institutions in the year 2010. Thus, only 20% of the health institutions in Ghana can be said to have experienced an increase in infant and maternal deaths over the previous year. This marginal decline as stated by health officials has been attributed mainly to;

- Regular and effective public education on infant and maternal health issues by most of the health institutions. Most of the health institutions mentioned that, there was regular health talk at the OPD on exclusive breast feeding and the need for antenatal and postnatal attendance. Outreach programmes on health issues in the various communities were also mentioned as a contributing factor towards the current situation.
- Training of more midwives in the country.

These efforts, according to health officials had enlightened more Ghanaian women on maternal and infant health issues and were therefore responding to antenatal and postnatal services. All officials in the visited health institutions confirmed that government effort in combating infant and maternal death had been effective. The monitoring realized the following measures as the major policies or programs instituted by government towards combating infant and maternal mortality in the country;

- Implementation of High Impact Rapid Delivery (HIRD) interventions which covers;
  - Safe motherhood interventions
  - Child survival interventions
  - Malaria, HIV/AIDS control interventions
- Infectious disease control interventions
- CHPS as a vehicle to deliver community based health interventions

Development of;
- Road Map for Accelerating the attainment of the MDGs related to Maternal and Newborn Health in Ghana
- Reproductive and Neonatal Health Strategic Plan
- National Reproductive Health Service Policy and Standards, 2003
- Reproductive Standards and Protocols
- Ghana Strategic Plan on Health and Development of Adolescent and Young People 2009-2015
- Guidelines for the Provision of School Health Services

Beside these broad programs, specific ongoing programs at the institutional level were;

- workshops and seminars for mid-wives to up-grade their skills in combating infant mortality
- weekly health education to mothers at post-natal clinics
• safe motherhood programs for midwives, immunization programs, the free maternal care, and promoting the use of insecticide mosquito nets
• Conducting audit of still births cases, setting committees to ascertain the cause of the deaths
• Program called promote maternal infant survival excellence(promise)
• the introduction of the nationwide annual mass immunization and the child health promotion week by the ministry of health
• the introduction of national health insurance scheme and the introduction of intermittent prevention therapy
• free mass distribution of insecticide treated nets, and community integrated management of childhood illness

Despite the several government interventions, the number of infants and maternal deaths in the country remains high and some institutions tend to experience increase in their record. Information in table 4 is the summary of the ranking of some characteristics that is perceived to have significant impact on infant and maternal health. The characteristics with the low ranking are those with the dominant impact and vice versa. Although the rankings vary from one institution to another, the average ranking gives the overall picture for each characteristic.

Table 4: Ranking of some Characteristics perceived to have significant impact on infant and maternal health

<table>
<thead>
<tr>
<th>Factors/Characteristics</th>
<th>Average ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ignorant Of Maternal Health Issues</td>
<td>1.71</td>
</tr>
<tr>
<td>Inadequate Medical Doctors</td>
<td>2.88</td>
</tr>
<tr>
<td>Poor Medical Facilities</td>
<td>2.95</td>
</tr>
<tr>
<td>Lack Of Commitment Of Medical Staffs</td>
<td>3.17</td>
</tr>
<tr>
<td>Others</td>
<td>4.07</td>
</tr>
</tbody>
</table>

Generally, all the factors as indicated in Table 4 were deemed to have contributed to the current maternal and infant figure. Ignorant of infant and maternal health issues was perceived by health officials to accounts for a higher percentage of the current number of deaths.

Other issues mentioned by most of the health officials as contributing factors to the current level were that;

• There is delay in reporting to health facility by expectant mothers, others also refuse to take their drugs accordingly. Some mothers refuse seeking medical treatment and rather go to the prayer camps and the traditional birth attendants until the situation become critical when they would then visit the hospital. This usually happen too late, resulting in complication of the ailment. Additionally there is poor or irregular antenatal and post-natal attendance

• Superstition, spiritual belief and intake of local herbs as well as self medication
Figure 2 gives a summarized output of the extracted data to illustrate the period during which maternal death occur in the health institutions.

![Bar Chart](chart1.png)

**Figure 2: Period That Maternal Deaths Occur most in the health institutions**

Clearly, maternal deaths occur mostly after delivery in the country. Similar pattern is realized for the occurrence of infant death but a close gap between the ‘during’ and ‘after’ occurrence. Heath officials further reaffirm this observation; their responses are shown in Figure 3.

![Pie Chart](chart2.png)

**Figure 3: Period That Infant Deaths Occur most in the health institutions**

According to the health officials, majority of the maternal deaths occur as a result of expectant mothers delay in reporting to the health centres; some wait for the complication to occur before going to hospital. Others also exhibit inconsistent antenatal and postnatal attendants.
Challenges in implementing government policies or programs

1. Increased workload resulting in stress and human errors
2. Cultural barriers
   - Cultural belief, superstitions makes health education not easily accepted by the communities. Traditional beliefs (taboos) are still high in this community and that accounts for none attendance to hospital. Ignorance and poverty also contribute.
3. Inadequate facilities and personnel
   - lack of adequate logistics (vehicle) to conduct effective health education in the villages. The funding for outreach programmes is inadequate
   - poor road network which prevents the people from getting to the health facilities early enough
   - insufficient health workers (trained pediatricians, mid-wives, etc) to implement the policies,
4. complexity of some of the policies
   - The policy is not definite, it keeps on changing
   - The policy does not encourage prevention of total infant or maternal death since it covers only ante-natal and deliveries but not complicated cases

With respect to activities of religious groups, health officials tends to be in dilemma since there is no absolute conclusion as to whether religious groups contribute to the reduction or increase in infant and maternal mortality. Whereas 1/3 of the respondents cited contribution to the reduction, 1/3 said otherwise and the remaining confirmed that maternal and infant death has nothing to do with religious activities.

Collaboration with other organization or individuals in the promotion of infant and maternal health has been quite high. The exercise found 62.7% of the health institutions engaged in some form of collaboration with other private organizations or individuals. Diverse partners were identified; radio stations, NGO, CSO, and religious groups.

Activities of Infant and maternal health NGOs and CSOs
The exercise found established NGOs and or CSOs in only 65 (32.5%) of the communities monitored. Thus, the support of individual or group of organizations such as NGOs, CSO or related groups on infant and maternal health in the country is minimal.

Officials in charge of such organizations perceived a decline in the occurrence of infant death in their area of operations. Majority of these organizations (51 or 83.6%) embark on monitoring the general situation, and campaign against, infant and maternal deaths in the communities mostly at regular period (mostly with every three months).

In most cases, the outcomes of the monitoring are reported to the health directorate of the (GHS) for the necessary action to be taken. The outcomes are also used by the organization to develop training and public education for the community.
Views of adults in the communities
A total of 2158 community members, comprising 859 (40.0%) male and 1299 (60.0%) female were contacted nationwide to solicit information on infant and maternal health. Infant and maternal death in the various communities is perceived by the majority to have decreased in the year 2010 compared with the previous year. The summary of responses is summarized in table 5.

Table 5: View of Community Members on the current State of Infant and Maternal Deaths in the country

<table>
<thead>
<tr>
<th>Number of participants in favour</th>
<th>Valid percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCREASE</td>
<td>168</td>
</tr>
<tr>
<td>DECREASE</td>
<td>1084</td>
</tr>
<tr>
<td>SAME</td>
<td>535</td>
</tr>
<tr>
<td>Total</td>
<td>1787</td>
</tr>
</tbody>
</table>

Public education on infant and maternal health issues is yielding significant effect in the various communities. According to most of the community members, expectant mothers are adhering to advice from health workers through their regular public education. Others commented that, the reduction is because of regular hospital attendance as a result of free services for pregnant women under the NHIS.

In communities where participants were of the view of increase or no change, explanations were mainly poverty, lack of nearby health centre, lack of specialized health facility (laboratory, X-ray, ultrasound scan etc), and negligence or ignorance on the part of parents. Mothers do not attend the hospital when they are pregnant or sick; they rather go to prayer camps and bring to the hospital when there are complications.

Majority of the participants were also of the view that most of the deaths occur after birth and mostly at home.

Table 6: Views of Community Members on Where Infant and Maternal Deaths occur most

<table>
<thead>
<tr>
<th>Valid number of participants</th>
<th>Valid percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
<td>1104</td>
</tr>
<tr>
<td>HOSPITAL</td>
<td>551</td>
</tr>
<tr>
<td>OTHERS</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>1729</td>
</tr>
</tbody>
</table>

According to the community members, information on maternal and infant health reaches them mostly through public education by health institutions, followed by friends and family members. NGOs and or CSOs and their activities on infant health are highly minimal in the communities. Only 270 (13.7%) of the participants testified to be aware or have NGOs and or CSOs in their communities.
Conclusions
There is increasing effort by government and health workers towards the promotion of maternal and infant health in Ghana. Key areas of improvement is public awareness on infant and maternal health through community based public education on health, health talk in the OPD, improvement in the infant and maternal health services (ante natal and post natal services). Non-governmental efforts in the area of promoting maternal and infant health though have contributed in their own way remains minimal in the country. However, the current figure is still high and current efforts have only achieved stabilization in the occurrence. It is expected that the subsequent years will see a significant reduction considering the prevailing efforts by government and other stakeholders. Problem of inadequate health personnel and facilities, cultural barriers, and attitudes of health workers and Ghanaians on a whole remain a significant stumbling block in the promotion of infant and maternal health in the country.

Ghana Health Service Patients’ Charter
Introduction
The Ghana Health Service Patients’ Charter was introduced in February 2002 with the main aim of promoting open and positive relationship between and amongst health workers and patients. The introduction of the Charter is in line with the international instrument; general comments number 14.12(d) and 14.36 of the ICESCR which recognizes the following as part of achieving quality health care;

- Respect for the patient as an individual with a right of choice in the decision of his/her health care plans. The right to protection from discrimination based on culture, ethnicity, language, religion, gender, age and type of illness or disability
- The responsibility of patients/clients and health personnel towards the full enjoyment of right to health.

The Charter clearly states the rights and responsibilities of patients and their families, and health workers. This is expected to subsequently lead to a better health care delivery and an effective health care process in the country.

This year’s monitoring continues to assess the awareness of the patient’s Charter among Ghanaians and the health workers, and possible measures and their effectiveness in the implementation of the Charter.

Views of patients about the Charter
Ghanaians generally continue to be unaware of the Charter and its content. Out of the total 2036 patients contacted nationwide through focus group discussion, only 636 representing 31.2% testified to have heard of the Charter. Majority of this group heard about the Charter through the health institutions (45.6%) and through health workers (20.1%). The rest were distributed marginally across varying medium such as friends and family, the media, and the church.
Although the Charter is not known among most Ghanaians, majority tends to know some aspect of the content without reference to the Charter. The responses are summarized in table 7.

Table 7: Content of the Charter and the proportion of Awareness among Patients/Ghanaians

<table>
<thead>
<tr>
<th></th>
<th>Valid number</th>
<th>Valid percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right to be treated in privacy</td>
<td>1396</td>
<td>71.1</td>
</tr>
<tr>
<td>The right to seek second opinion from another qualified health professional when unsure about treatment</td>
<td>992</td>
<td>60.0</td>
</tr>
<tr>
<td>The right to access your health records</td>
<td>941</td>
<td>47.9</td>
</tr>
<tr>
<td>The right to be treated in a way that respects your culture and beliefs</td>
<td>773</td>
<td>40.3</td>
</tr>
</tbody>
</table>

Observably, the right to be treated in privacy tends to be the most known rights among most patients or Ghanaians.

The low level of awareness of the Charter and its content among Ghanaians is an indication, that, there is no vivid approach in promoting the content of the Charter. According to 1554 (78.4%) patients, the health institutions do not take measures to inform them of their rights as stated in the patient’s Charter before providing the services. In most health institutions, patients confirmed the presence of the Charter printed and pasted on the wall but it is written in English language, hence the difficulty in getting the information.

Health institutions’ response
In 144 (81.8%) of the health institutions monitored, the health authorities stated that, most of their staffs have participated in some form of program on patients’ Charter; an indication that the Charter is known among health workers. Table 8 shows the various mechanisms through which health institutions disseminate information on the Charter to the public.

Table 8: Measures in place for the promotion of the rights stipulated in the Charter

<table>
<thead>
<tr>
<th>mode of Charter awareness creation³</th>
<th>Number of valid institutions</th>
<th>Percent of institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community based public education by staff</td>
<td>99</td>
<td>55.9</td>
</tr>
<tr>
<td>Complaint desk</td>
<td>72</td>
<td>40.7</td>
</tr>
<tr>
<td>Posters and fliers at the hospital premises</td>
<td>127</td>
<td>71.8</td>
</tr>
<tr>
<td>Informing patients of their rights during treatment</td>
<td>108</td>
<td>61.0</td>
</tr>
</tbody>
</table>

It can be noticed from table 8 that, posters and fliers at the health institutions constitutes the major mode of awareness creation on the Charter. Measures through community based public education by health staffs, and educating patients during treatment were also mentioned in about
half of the institutions monitored. This realization tends to contradict the views of majority of the public who claim that they are not informed of their rights during treatment.

The implementation of the Charter is seen to be challenged by a number of issues in 90 (50.6%) of the health institutions monitored. these institutions confirmed to be lacking the necessary facilities such as adequate rooms needed to ensure that the rights stipulated in the Charter are enjoyed by patients. Other major identified challenges mentioned by the institutions are that:

- There is huge workload with low staff strength. The number of patients who visit the hospital daily are many therefore we find it difficult to educate each patient on their rights properly before treatment is given
- There is also lack of enough rooms to provide for clients privacy and or confidentiality
- The patients do not oblige to their responsibilities, some relatives at times try to assault health personnel. Some patients refuse to let health personnel know of their health record and also refuse to be given some form of medical aid or assistance based on their cultural and religious beliefs
- Inadequate funding to run the Charter program effectively, structures at the OPD are not desirably designed to suit the patients sittings for such education.
- Patient Charter is boldly written and placed at the OPD section of the hospital. It is however written in English and nobody is in charge to read and interpret it to them in their local languages

Conclusions
Most Ghanaians continue to be ignorant of the patient Charter and the rights stipulated in it. There is no clear government or institutional plans towards its awareness creation and enforcement. The only significant mode of accessing information on the Charter is through posters and fliers in the health institutions. These are not even found in a number of health institutions and are also in a language that can neither be read nor understood by the masses. In most cases, health personnel who are supposed to inform patients or hospital attendance of their rights in the Charter do not do so. Inadequate staff strength in view of increasing workload (hospital attendance), inadequate funds to carry out education programs, and lack of enough rooms for clients’ privacy and confidentiality are the major challenges in achieving the objectives of the Charter.

State of National Health Insurance Scheme (NHIS)
Introduction
The National Health Insurance Scheme policy was established after the Government of Ghana passed the National Health Insurance Act in 2003 (Act 650) to set up Mutual Health Organizations (MHO) in every district in the country. The object of the Bill was to “put in place a mechanism that will ensure equitable access to an acceptable package of essential health services without out-of- pocket payment at the point of service delivery for all Ghanaians; thus, an affordable health service for all.
The introduction of the National Insurance Scheme is very important taking into consideration the General comments number 14.36 of the ICESCR which recommends states to “give sufficient recognition to the right to health in the national political and legal systems, preferably by way of legislative implementation and to adopt a national health policy with a detailed plan for realizing the right to health”.

**Previous monitoring revealed the following Key problems with the scheme:**

- Increasing registration and hospital attendance under the scheme with associated low staff strength,
- Low coverage of NHIS on drugs and other ailments,
- Prolonged delays at the hospital due to increased hospital attendance by NHIS holders,
- Difficulty and delay in registering for the card and renewals, and
- Inability to use the NHIS cards nationwide

This year (2010) monitoring continues to examine similar situation to assess any progress towards improving the scheme at the betterment of all Ghanaians. The monitoring obtained information from community members and patients, the National Health Insurance Authority (NHIA), and the hospital authorities, in the various districts in the regions about the scheme.

**Information from government (NHIA) and health institutions**

Patronage of the services under the NHIS is consistently increasing as the years progresses. Information obtained from the NHIA indicates that, as at the mid-year of 2010, a total of 15555816 people resident in Ghana have subscribed to the scheme. This represents 66.4% of Ghana’s population (2009 population estimates by Ghana Statistical Service). Table 9 gives the details of the various categories and the cumulative number since 2008.

**Table 9: Total Number of People registered under NHIS by category (cumulative)**

<table>
<thead>
<tr>
<th>Category</th>
<th>2008</th>
<th>2009</th>
<th>2010 (mid-year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal</td>
<td>3725965</td>
<td>4266051</td>
<td>4546059</td>
</tr>
<tr>
<td>SSNIT Contributors</td>
<td>798573</td>
<td>884666</td>
<td>915924</td>
</tr>
<tr>
<td>SSNIT Pensioners</td>
<td>65653</td>
<td>76974</td>
<td>81604</td>
</tr>
<tr>
<td>Under 18 years</td>
<td>6324487</td>
<td>7175085</td>
<td>7604324</td>
</tr>
<tr>
<td>70 years and above</td>
<td>881725</td>
<td>967401</td>
<td>1006529</td>
</tr>
<tr>
<td>Indigents</td>
<td>300923</td>
<td>337150</td>
<td>350035</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>421234</td>
<td>804450</td>
<td>1051341</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12518560</strong></td>
<td><strong>14511777</strong></td>
<td><strong>15555816</strong></td>
</tr>
</tbody>
</table>

Source: NHIA 2010

According to the NHIA, the introduction of the NHIS on the realization of the right to health has brought about

- Less restriction in financial access to health care services
- Increase in hospital attendance by NHIS subscribers and
- Increase in the number of subscriber complaints about the health system

There is also expansion in the number of accredited institutions to render services under the scheme. All the health institutions monitored were accredited to offer services under the scheme. Figure 4 gives the trend in the hospital attendance with respect to the proportion of patients with and without NHIS card.

![Hospital attendance and proportion of NHIS card holders](image)

**Figure 4: Number of Hospital Attendance and the proportion of NHIS card holders**

Clearly, the proportion of hospital attendants that are NHIS holders stands around 80%. This figure is expected to increase by the year end.

Health officials in 115 (87.8%) visited health centres sited an improvement in the NHIS policy since its implementation:

1. The major challenge used to be the delay in claims payment but this has improved tremendously. There is regular payment for services rendered with advanced payment of 50%
2. Currently the NHIS cards are portable and can be used in any public hospital
3. Health consciousness; most people under the scheme currently present their medical problems of all kinds to the hospital earlier than before the introduction of the NHIS. This has increased hospital attendance
4. Medical list reviewed to cover more medicine or drugs and sicknesses and prices match’s current market price; initially some drugs such as artermether, lumefantrine co-amoxiclar, cefuroxime where not covered
5. Broader access to treatment in any part of the country instead of access only at the district level; a card holder can access services nationwide.

6. Adequate education thereby increasing the patronage.

7. Pregnant women are treated freely and even three months after delivery.

The current progress and improvement as mentioned by the health authorities are due to the following measures that have been instituted by the NHIA:

- Licensed: 145 District Mutual Health Insurance Schemes, 1 Private Commercial and 5 Private Mutual Health Insurance Schemes.
- Significant cost recovery through clinical audits of claims.
- Introduced a robust ICT system to enhance membership and claims management.
- Instituted an All Inclusive Payment mechanism (G-DRG Payment system).
- Established the Claims Processing Center (CPC) to deal with competency gaps in claims management at the scheme level, as well as to vet claims from Teaching and Regional Hospital across the country.
- Restructured and resourced the Internal Audit Division to enable it to efficiently and effectively audit the district schemes as well as the Authority. This is to promote cost containment.

Clearly, the improvement as indicated by the health authority is only in relation to claim payment; the challenges of inadequate health workers to attend to the increasing hospital attendance and low coverage of scheme in areas of drugs and ailment continue to persist.

**Premium and exemption policy under NHIS**

According to the NHIA, all the categories except the informal category are exempted from premium payment. The NHIA confirmed that, the premium constitutes only 3.8% of the total income of the NHIS and hence not a source of financing of the scheme. However, there is a processing fee for all membership categories except the Indigents and pregnant women that enjoy completely free services (no processing and premium).

Responses from the health officials show that, the scheme have no specific arrangement for street children. Apart from children under three months, all other age range of a child must register and renew at some specified amount before enjoying the benefit of the scheme. People living with mental diseases, on the other hand are treated freely under the scheme whether registered or unregistered. Officials explained that people with mental diseases were treated freely even before the introduction of the scheme and the scheme upholds that condition. A few of the institutions however, explained that, they are treated freely only if they are registered under the scheme. Thus, in most cases, a valid card is needed to access treatment in accredited health institution for services that is covered under the scheme.

**Information from Community Members**

A total of 1751 adults in the communities comprising 779 (44.5%) male and 972 (55.5%) were contacted through focus group discussion in groups across the country. The exercise found only
38 (2.1%) unregistered adults under the scheme; an indication of extensive patronage of the scheme nationwide.

The current premium, though affordable to majority of Ghanaians, continue to be high for some section of Ghanaians (623 or 34.8%). A cumulative of 930 (60.3) of the registered adults have paid premium twice or more.

![Figure 5: Distribution of the Frequency of Premium Payment among community members](image)

Satisfaction of service delivery: Community members in a total of 606 (38.5%) confirmed attitude of hospital staffs giving more preferential treatment to patients who pay cash than holders of the NHIS policy. These group of people are of the view that, in most cases, people who pay cash are treated early (allowed to see the doctor first) and better than the NHIS card holders. “We were being treated as beggars at the hospital and hospital staff respects those who are in to pay cash on their drugs than those who are holders of NHIS. Anytime you go with your card, you spend the whole day whiles those who pay cash get attention early. The drugs they give are the cheap and inferior ones, and you are told that the costly ones are not available”. It was also explained that, whereas the non-holders have fewer procedures, the card holders have a long process to complete. The NHIS holder’s folder has to be searched for and that normally makes one keep long at the hospital.

However, NHIS holders are readily attended to at the various pharmacy stores that fall under the NHIS. Payment for drugs at the counter by registered NHIS holders (which should not be) tend to be non-existing as only 245 (16.0%) of the registered community members agreed to be paying for drugs at the counter.
Time spent at the health institution is confirmed by 1214 (80.6%) to be on the increase since the introduction of the scheme. The increasing hospital attendance and pressure mounting on health institutions is also known to community members. Responses indicate that, there is always constant and long queue for the NHIS holders. The situation is said to be worst in institutions where there are highly inadequate health personnel and lack of facilities. “These days we can spend the whole day and if we are not lucky we might not be attended to”. The difficulty in searching for records, too many documentation and writing of hospital attendance were mentioned as a major process level of the time wastage.

Drugs under the scheme have not been satisfactory to all NHIS holders across the country; a total of 556 (36.9%) of the card holders had varying negative perception about such drugs. Major issues raised among this category were the unavailability and the inferior nature of most of the drugs. It was stated by the majority that,

- In most cases, patients would be told that there was shortage of certain drugs and had to buy them in a pharmacy in town with their money
- Few drugs were given and most ailments were given the same drugs. eg paracetamol irrespective of the kind of sickness.
- NHIS card holders are given different drugs compared to those who pay cash
- some of the drugs given to the card holders sometimes were not trust worthy because they sometimes complicate their health situation

Generally, most community members were satisfied with the services under the scheme with the exception of a few areas. These areas were;

- The waiting time at the hospital due to increased hospital attendance without corresponding increase in facilities (human resource such as doctors, nurses and materials)
- The long process involved at the hospital when using NHIS card
- Problem with renewal of cards
- Inadequacy and inferior nature of drugs
- Low coverage of drugs on ailments

**Current challenges in the implementation of the Ghana Health Service Patient Charter**

- Increased workload (as a results of increasing hospital attendance) with low staff strength, the scheme also requires a lot of documentation and writing.
- Lack of motivation to keep health personnel in the rural health centres; most of them do not stay in the remote or rural areas
- Lack of funds to replace some equipment and logistics to beef-up the efficiency in service delivery
- Invalid cards; most of the hospital attendants come with expired ID cards
- Lack of proper education to holders about the structure of the scheme
- Inadequate quantity of drugs and low coverage of the scheme on ailments, drugs and nationwide accessibility
Conclusion
The NHIS has brought financial relieve to majority of Ghanaians in accessing health care in the country although the premium payment is still perceive as high to some section of the Ghanaian communities. The scheme has realized a massive registration and patronage of its services by Ghanaians. It has also brought about health consciousness among Ghanaians; most people attend hospital regular and early before the occurrence of unforeseen situations. Among the category that have benefited most is the expectant mothers who have free maternal care during expectancy. There is also improvement in claim payment, an area that has had serious challenge over the years.

The scheme has however brought about increased workload due to the increasing hospital attendance without a corresponding increase in the number of medical personnel. The problem of low coverage of the scheme on ailments, geographical accessibility, and drugs still remains highly unattended. There is also long waiting time by NHIS card holders due to difficulty in searching for records, and too much documentation and writing. Additionally, there is more preferential treatment to cash payers than the card holders in some of the health centres. This is the opinion of many card holders who often access the services under the scheme. Payment for drugs at the counter by registered NHIS holders (which should not be the case) still occurs in some institutions.

Persons Living With HIV/AIDS (PLWA)
The fight against HIV/AIDS pandemic in Ghana is gradually receiving the needed attention. Over the years, the quest to provide adequate and affordable anti retroviral drugs and campaign against the spread of the infection has been the focus of all stakeholders. According to the MDG 6, countries have to stop and reverse the spread of HIV/AIDS and to secure universal access to affordable antiretroviral drugs that can prolong the life of people living with HIV/AIDS by 2015 and allow them to live healthier lives.

The monitoring obtained information from 160 health institutions, 1844 community members through 351 FGD. The monitoring of PLWH was to examine the rate of infection of the sickness and government and other stakeholders interventions in the prevention of the spread of the disease.

Rate of infection and Government interventions
A desktop review of publications on government interventions and information from the Ghana Health Service towards the prevention and control of HIV/AIDS especially mother to child transmission revealed a number of measures which include;
• Establishment of more units at Anti-natal centres to enable more pregnant women to test for HIV and syphilis
• Embarked upon “Know Your Status campaigns (KYSC)” which has enable more people to know their HIV sero-status
• Provision of Government subsidies on Anti-retroviral drugs throughout the country, thereby making the drug affordable to needy citizens
• Program on Prevention of Mother to Child Transmission (PMTCT), through free and compulsory testing for pregnant mothers
• Free counseling and testing services for the general population
• The government largely subsidizes the anti-retroviral drugs. When they come for treatment they are supposed to pay GH¢ 5.00 but those who do not have the money are given the drugs free of charge
• Producing condoms at highly subsidized prices, education, provision of Highly Active Anti-Retroviral Treatment (HAART), care and support.

Information assessed from publications and the Ghana Health service on the rate of infection of HIV/AIDS in Ghana indicate that, the prevalence rate has been dropping from 3.1% in 2004, 2.7% in 2005 to 1.7% in 2008. This figure rose to 1.9% in 2009 and dropped to 1.7% in 2010. Thus, the year 2010 generally realized a decline in the infection rate of the HIV/AIDS.

Contrary to the high publication of decline in the prevalence of the disease, health officials in … of the health institutions monitored were of the view that, there had been an increase in the number of HIV/AIDS cases reported in their institutions. This increase, according to the health officials was due to the government plan of embarking on “Know Your Status Campaign (KYSC) and free counseling and testing for the public. Officials affirmed that, more people get tested during any public health talk in the communities. A few also voluntarily come to the centre for the testing after the education.

Responses indicated that, the health institutions were implementation various activities to realize the plan put forward by the government. The main activities included;
• voluntary and free counseling and testing
• distribution of condoms and advocacy program on its uses in community education
• The know your status free test
• Public education on the pandemic on T.V and Radio and health talks in schools, churches and communities to create more awareness as part of the “Know Your Status Campaign (KYSC)"

Availability and affordability of Anti-retroviral drugs
Currently, the only available treatment for people living with HIV/AIDS infection is the intake of anti-retroviral drugs.
Responses from officials in 54 (34.0%) of the health institutions monitored indicated that, the Anti-retroviral drugs were inadequate. Figure 6 illustrates the summary of the responses of health officials on the availability of the drugs in their respective health institutions.

Figure 6: Responses to Adequacy of Anti-retroviral drugs in monitored institutions

Almost all the health officials in 91 (86.7%) health institutions however confirmed that, the drug is affordable. It was further confirmed that, a person living with HIV/AIDS spends less than Gh¢10.00 on anti-retroviral drugs per month. According to health officials, the affordability is as a result of government subsidizing the cost of the drug.

A number of health institutions, 50 representing 39.7% did not have special health services or facilities for the treatment of persons living with HIV/AIDS. Most of these centres did not treat such persons at all while others complained of lack of the requisite materials.

On issues of the effectiveness of government policies and implementation towards the prevention of HIV/AIDS in the country, majority of the health officials found it effective.

Figure 7: Health Officials’ assessment of Government efforts towards the prevention of HIV/AIDS in the country

Those with the positive opinion about government effort referred to the mass sensitization program ‘Know your status’, subsidization of the anti-retroviral drugs and prevention of mother to child transmission through the pregnant mothers’ screening and testing.
**Sensitization at the institutional level**

Sensitization and awareness creation on the risk of HIV/AIDS and its prevention were found to be ongoing in all the monitored health institutions. These were said to be done mostly on daily basis at the OPD and during community durbars. Key aspect of the program included;

- Organizing the “know your status campaign”
- informing patients on the risk of HIV/AIDS and the associated dangers
- going to schools and churches as well as the communities to educate them on the risk and dangers of the pandemic
- organizing health talks, free counseling and testing
- Health education on condom use, abstinence, etc.

It was also found that not all the institution take the full responsibility for educating the public on the prevention on HIV/AIDS, though majority were doing so (112 or 70.0%).

**Stigmatization against PLWA**

In 94 of the health institutions, representing 69.6%, officials confirmed that there were mechanisms to check against stigmatization against PLWA.

**Table 10: Availability of Mechanisms to check stigmatization in the health institutions**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>94</td>
<td>58.8</td>
<td>69.6</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>25.6</td>
<td>30.4</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>84.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Invalid response</td>
<td>25</td>
<td>15.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>160</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Key elements mentioned in these institutions were;

- the use of codes to indicate whether a test result was positive or negative
- trying as much as possible to attend to them in complete privacy
- equal treatment to all patients that visit the health institution
- ensuring that service providers work within their professional ethics, patients information not divulge to another person
- Patients are given all attention deserved regardless of conditions around them
- The institution periodically organizes workshops for the staff on the issue of stigmatization.
- Also radio discussions are held to educate the public on stigmatization

As part of the confidentiality of information, a total of 100 institutions, representing 62.5% did not inform the families of the status of a PLWA. Those that reveal such information to the
families indicated to be doing so at the consent of the PLWA who names a relative to be informed. This, according to the officials was mostly done to get some support from the relatives.

According to health officials in 53.8% health institutions, HIV/AIDS infection was being recognized as a normal sickness in the communities. Therefore, most family members behaved normal and supportive when get to know the status of a relative. In 20 or 12.5% of the institutions monitored, officials however indicated that, PLWA in most at times abandoned by their family upon knowing their status.

![Figure 8: Attitude of Family members or relatives towards identified PLWA](Image)

**Views of Adults in the Communities**

A total of 1844 adults in the communities were contacted through 351 focus group discussion throughout the country. A summary of the responses showed that, almost all the participants had heard of information on HIV/AIDS in their communities. That is, information on HIV/AIDS have reached most community members. As summarized in table 11, the media mainly the Television (TV) and the radio had been the major platform through which information get to the community members. Friends and families also contributed partly to the information dissemination.

<table>
<thead>
<tr>
<th>Medium</th>
<th>Number of people</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV and Radio</td>
<td>144</td>
<td>1285</td>
</tr>
<tr>
<td>Friends and Family members</td>
<td>118</td>
<td>593</td>
</tr>
<tr>
<td>News papers and magazines</td>
<td>89</td>
<td>292</td>
</tr>
</tbody>
</table>

More than 90% of the contacted community members believed that HIV/AIDS was real and results in a breakdown of the human immune system. Participants however continue to associate the identification of HIV/AIDS person with lean growth, consistent sicknesses and failure to response to several medical treatments.
The use of condom was stated to be an effective means of protecting oneself from being infected with the HIV virus although 498 (33.4%) of the community members expressed an opposing view. These group of members rather suggested intensifying sensitization programme on the risk associated with HIV/AIDS, faithfulness to each partner and abstinence rather than relying on condom use.

**Stigmatization** against PLWA still persists in the various communities, although almost all the participants agreed that, PLWA must be treated equally as members in the communities. According to 989 (57.1%) of the adults participant, they get frightened when get to know of somebody infected with HIV/AIDS. Similar number of the participants affirmed that, they were not prepared to share household utilities with PLWA.

**Conclusions**
Government efforts in the prevention of HIV/AIDS have been impressive; the free counseling and testing services, and the nationwide campaign ‘know your status’ has sensitized more Ghanaians. However, the campaigns or efforts have not change the sex lifestyle of Ghanaians and hence the pandemic continue to prevail in the country. Again, Anti-retroviral drugs are supplied in a limited quantity in a limited number of institutions. They are however affordable due to government subsidization. Institutions do not have specialized services for infected persons; some do not treat such ailments at all. Stigmatization towards persons living with HIV/AIDS has drastically reduced among Ghanaians though it still persists in the various communities. Health workers take possible measures to ensure the confidentiality of the PLWA.

**State of Healthcare & Facilities**
This section of the right to health report examines mainly improvement made in the provision of health personnel, emergency services and availability of essential drugs. The monitoring had information from 150 health institutions across the country. FGD were conducted for the patients in these institutions and the surrounding communities.

**Health Personnel and Emergency services**
Table … gives the summary of the improvement in the number of health personnel in the selected institutions in the year 2010. The average change refers to the increase in the number of health personnel per institution while the maximum difference refers to the highest number of health personnel that a particular health institution had received in the year 2010.
Table 12: Improvement in the number of health personnel over that of 2009

<table>
<thead>
<tr>
<th></th>
<th>Maximum difference</th>
<th>Average change in the number of health personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>11.0</td>
<td>0.4</td>
</tr>
<tr>
<td>Nurses</td>
<td>55.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Technicians</td>
<td>3.0</td>
<td>0.2</td>
</tr>
</tbody>
</table>

It can generally be said that, health personnel in the country have improved over that of last year since on the average there is a positive change in the number of health personnel per institution as shown table 12. The regional and district hospitals received a higher proportion of the additional doctors; the Effia Nkwanta region hospital in Western region, Apam catholic mission hospital in the central region, the Tema general hospital, Kaneshe Poly clinic and Tema Poly clinic all in the Greater Accra region and the Sunyani regional hospital in the Brong Ahafo region were among the health institutions that had higher additional health personnel in the year 2010.

Notwithstanding this improvement, all the monitored health institutions’ doctors and nurses were inadequate to ensure effective health delivery. Table 13 gives the statistics on the difference between the actual and expected number of health personnel as at 2010.

Table 13: Difference between the Actual and Expected number of Health Personnel in the monitored health institutions in the year 2010

<table>
<thead>
<tr>
<th></th>
<th>Maximum difference</th>
<th>Average difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>39.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Nurses</td>
<td>173.0</td>
<td>18.4</td>
</tr>
<tr>
<td>Technician</td>
<td>26.0</td>
<td>2.4</td>
</tr>
</tbody>
</table>

It can be noticed that, each institution needed 3 and 18 additional doctors and nurses respectively on the average for effective daily attendance to patients. Based on the data gathered, institutions that needed more doctors (whose deviation is around the maximum figure of 39 additional doctors) were;

Table 14: Number of additional doctors required

<table>
<thead>
<tr>
<th>Name of health institution</th>
<th>Number of additional doctors required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tema General Hospital</td>
<td>39</td>
</tr>
<tr>
<td>Central Regional Hospital</td>
<td>31</td>
</tr>
<tr>
<td>Presby Hospital</td>
<td>19</td>
</tr>
<tr>
<td>Volta Regional Hospital</td>
<td>17</td>
</tr>
<tr>
<td>Maamobi Poly clinic</td>
<td>13</td>
</tr>
<tr>
<td>St. Francis Xavier Hospital</td>
<td>10</td>
</tr>
<tr>
<td>Yendi Municipal Hospital</td>
<td>6</td>
</tr>
<tr>
<td>Tema Polyclinic</td>
<td>4</td>
</tr>
<tr>
<td>Apam Catholic Mission Hospital</td>
<td>4</td>
</tr>
</tbody>
</table>
Similarly, institutions that required higher additional nurses can be found in table 15.  

**Table 15: Number of additional nurses required**

<table>
<thead>
<tr>
<th>Name of health institution</th>
<th>Additional number of nurses required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Regional Hospital</td>
<td>173</td>
</tr>
<tr>
<td>Tema General Hospital</td>
<td>150</td>
</tr>
<tr>
<td>St. Francis Xavier Hospital</td>
<td>148</td>
</tr>
<tr>
<td>Volta Regional Hospital</td>
<td>128</td>
</tr>
<tr>
<td>Effia Nkwanta Regional Hospital</td>
<td>87</td>
</tr>
<tr>
<td>Laura DHA</td>
<td>69</td>
</tr>
<tr>
<td>Zebilla Hospital</td>
<td>69</td>
</tr>
<tr>
<td>Kade Government Hospital</td>
<td>60</td>
</tr>
<tr>
<td>Tema Polyclinic</td>
<td>57</td>
</tr>
<tr>
<td>Ajumako Hospital</td>
<td>50</td>
</tr>
<tr>
<td>Akatsi District Hospital</td>
<td>47</td>
</tr>
<tr>
<td>War Memorial Hospital, NavroNGO</td>
<td>46</td>
</tr>
<tr>
<td>Holy Family Hospital</td>
<td>44</td>
</tr>
<tr>
<td>Tamale West Hospital</td>
<td>44</td>
</tr>
<tr>
<td>Krachi West District Hospital</td>
<td>42</td>
</tr>
<tr>
<td>Apam Catholic Mission Hospital</td>
<td>40</td>
</tr>
</tbody>
</table>

Ambulance services and facilities for long term or terminally ill patients were unavailable in 44.2% and 76.1% of the health institutions in Ghana respectively. A summary of the responses revealed that, during emergency situation, such institutions mostly relied on:

- The use of other hospital vehicle (motor cycles, pickups) purposely not for ambulance services and nearby government vehicles (fire service)
- Public transport system; hire taxi, and or arrange with the nearby GPRTU for car to transport patients to other facilities
- Other ambulance services in the district or regional general hospital
- Referral of emergency cases to the bigger health institutions

Among these institutions, only 43% found such situation convenient. However, officials in 87% institutions had adequate facilities for patients’ consultation, examination and treatment. A number of these institutions mentioned availability of space for specific ailment; oxygen cylinders and suction machine, and resuscitation instrument such as nebulizer. The few institutions that could not offer the special services attributed it to sheer inadequacy of space, and specialized doctors. Majority of the health institutions (95 or 90.5%) had access to potable and regular water, with majority (86 or 84.3%) having its source as Pipe borne.

**Availability of drugs and immunization**

Officials in all the institutions visited stated that, all essential drugs (drugs for treatment of common diseases noticeable in Ghana) were available at their institutions. However, not all such
drugs were covered by the NHIS; this was confirmed by officials in 24.8% of the institutions monitored.

The immunization programme has been expanded with more health institutions providing such services. However, hepatitis A and B had been excluded from the programme in most of the health institutions (59.0%) as they were not covered by the NHIS and also expensive. Health officials said these items under the program were not covered under the NHIS and also very expensive.

![Figure 9: Coverage of Immunization program in the country](image)

**Views of patients at visited health institutions**

The exercise contacted a total of 1433 patients in the various health institutions monitored through FGD. Out of this number, a total of 943 (65.8%) stated to have only one health centre in their community, while 295 (20.6%) testified availability of two health institutions.

<table>
<thead>
<tr>
<th>Number</th>
<th>Respondents in favour</th>
<th>Percentage of respondents in favour</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>943</td>
<td>65.8</td>
</tr>
<tr>
<td>Two</td>
<td>295</td>
<td>20.6</td>
</tr>
<tr>
<td>three or more</td>
<td>195</td>
<td>13.6</td>
</tr>
<tr>
<td>Total</td>
<td>1433</td>
<td>100</td>
</tr>
</tbody>
</table>

Poor road networks and long distance covered by patients pose a serious challenge in accessing healthcare in Ghanaians; 692 (45.3%) of the patients interviewed perceived the distance between their home and the health institution as far. Though majority of the community members gets to
the nearby health institution within 30 minutes, others (206 or 13.7%) spend more than one hour before getting to the institution.

![Bar chart showing time spent before getting to nearby health institution.](image)

**Figure 10: Time spent before getting to nearby health institution**

Accessibility by means of walking (46.6%) followed by automobile (37.1%) had been the dominant mode of physically accessing the health centres. Waiting time at the health institution was generally high. A total of 57.3% of the patients had to wait for more than one hour before being attended to. The responses are summarized in table 17

<table>
<thead>
<tr>
<th>Waiting time</th>
<th>Number of participants</th>
<th>Valid percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 30min</td>
<td>248</td>
<td>16.3</td>
</tr>
<tr>
<td>30 to 60min</td>
<td>403</td>
<td>26.4</td>
</tr>
<tr>
<td>one to 2 hours</td>
<td>352</td>
<td>23.1</td>
</tr>
<tr>
<td>2hour +</td>
<td>522</td>
<td>34.2</td>
</tr>
</tbody>
</table>

**Table 17: Waiting time before given treatment at the health institutions**

Majority of hospital attendants (1072 or 73.4%) however declared that, they get the needed treatment in their respective institutions. Generally, the quality of services in most of the health institution is satisfactory as confirmed by all the respondents.
Figure 11: Patients’ Assessment of Cost of treatment at the health institution

The cost of treatment was found to be affordable to 788 (53.5%) and free 485 (32.9%) of the patients.

Complaints received at the Health Institutions

A general finding from the exercise is that, there is increasing awareness of the importance of suggestion box and complaint desk in the health institutions. A total of 108 (80.6%) and 72 (60.0%) of the institutions monitored have a suggestion box and complaint desk respectively. These facilities are positioned in the Out Patient Department (OPD) and other departments. Others also position it at vantage point accessible to hospital attendant.

About half of the institutions’ authorities are of the view that, the patronage of the suggestion box or the complaint desk has not been appreciative. The records of complaints received at the various health institutions visited are as summarized in table 18.

Table 18: Frequency and Nature of Complaints received by health institutions in 2010

<table>
<thead>
<tr>
<th>Category of complaints</th>
<th>Narrative</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudinal</td>
<td>unruly behavior of nurses staff not patient with clients poor communications between nurses and patients unfair treatment by staff of the health centre insult by some nurses to patients extortion of money favoritism (attending to certain patients at the expense of others )</td>
<td>73</td>
</tr>
<tr>
<td>Others</td>
<td>collection of unapproved fees lack of permanent doctors issues on NHIS and Health issues (malaria etc) inability to trace records, record book unavailable unsatisfactory services</td>
<td>31</td>
</tr>
</tbody>
</table>
Observably, issues associated with time spent within the health institution are of great worry to a number of patients. Attitude of health professionals continue to be a major problem in the various institutions.

Assessment of the observation indicates that most of the complaints are handled internally and promptly at the institutional level. The response indicates that, there is no generally accepted procedure for all health institutions in handling complaints. In most institutions, the accused person or persons are advised. A few institutions also made mention of arbitration, committee of enquiry when the complaint tends to have serious effect.

Issues beyond the institution; lack of facilities or delay in services are left for government to take steps. However, there was no indication that, such issues are reported to higher authorities. Information received from the Ghana Health Service Directorate gives the complaints received in 2009 and mid 2010 as 11 and 8 respectively.

**Views of patients of institutions visited**

Among the complaints received nationwide, issues pertaining to bad attitude of health personnel towards patients constitutes the second highest. A summary of responses from the contacted patients on the rating of the attitude of the various categories of health personnel is revealed in table 19.

**Table 19: Rating of the Various Health personnel of their Attitude towards Patients**

<table>
<thead>
<tr>
<th>Health personnel</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very good</td>
</tr>
<tr>
<td>Doctors</td>
<td>825</td>
</tr>
<tr>
<td>Nurses</td>
<td>552</td>
</tr>
<tr>
<td>Lab Technician</td>
<td>617</td>
</tr>
<tr>
<td>Non-medical staff</td>
<td>639</td>
</tr>
</tbody>
</table>

Generally, there is a positive rating of the attitude of health personnel by patients. However, there is still a reasonable number of medical staff (especially nurses) and non-medical staff whose attitude are unbearable to patients. About 401 patients, representing 27.1% of the total patients contacted testified that, they had been insulted, harshly spoken to or assaulted by health personnel in their respective health institutions. A summary of the health personnel who were said to have meted out such action against patients is shown in the table 20.
Table 20: Category of Health Personnel and the number of insults or assaults meted out to patients

<table>
<thead>
<tr>
<th>Health Personnel</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>30</td>
</tr>
<tr>
<td>Nurses</td>
<td>268</td>
</tr>
<tr>
<td>Medical staff</td>
<td>60</td>
</tr>
<tr>
<td>Non-Medical Staff</td>
<td>34</td>
</tr>
</tbody>
</table>

Clearly, nurses continue to be in the forefront of insult or assault or such action against patients, followed by the non-medical staff in the health institution.

Conclusions

Health personnel in the country have generally increased over the last year’s figure. There is however still significant gap between the expected number of health personnel and the actual number currently working in the various health institutions. Every health personnel in any health institution in the country remain inadequate, with the difference mostly large for the regional and district hospitals. These include the central regional hospital, Tema general hospital, Volta Regional Hospital, and Maamobi Polyclinic.

Facilities for ambulance services and treatment of long term or terminally ill patients continue to be lacking in most of the health institutions. Such institutions had to rely on the public transport systems which are highly inconvenient. Essential drugs (drugs for treatment of frequent or common diseases in Ghana) are available in most institutions but not all are covered under the NHIS.

The immunization program has been expanded to include more health institutions. However, typhoid and hepatitis A and B are included in the program in only a few institutions; they are not covered under the NHIS and are expensive as well.

Physical accessibility to the health institutions is still a challenge to some Ghanaians. Again, there is huge waiting time after getting to the institution for treatment; in some institutions, patients had to wait for more than two hours before being treated. There are also instances of bad attitude (though quite minimal) of health personnel especially nurses towards patients in a number of health institutions in the country.

Accra Psychiatric Hospital

On January 7, 2010 the New Crusading Guide Newspaper filed a complaint with the Commission alleging violations of fundamental human rights, injustice and corruption, abuse of power and unfair treatment of inmates at the Accra Psychiatric Hospital.

The Newspaper claimed its ace investigative reporter, Mr. Anas Aremeyaw Anas, uncovered during seven months of under cover investigations, human rights abuses and violations such as
physical abuse and neglect of patients by nurses at the Hospital, cases of forced labour, stealing and sale of patients’ food by some hospital staff. In addition, the Newspaper complained about the sale and use of narcotics among patients and some workers of the hospital. The violations were highlighted in a 30-minute documentary widely publicised on various television networks in the country in December, 2009.

The Commission in conducting an investigation into these allegations found, among others, that the Accra Psychiatric Hospital did not refute the allegations and had taken measures to ensure that the violations do not recur in the future. The Hospital, however, insisted some of the faults could be attributed to the deplorable conditions and the numerous challenges that it grappled with.

The measures are based on the recommendations of a Ministerial Committee set up by the Minister of Health to investigate the issues raised by the documentary.

The remedial measures include:

i. Provision of a tri-car by the Ministry to the Catering Department of the Hospital.

ii. Engagement of professional security persons at the hospital to check stealing and guarantee security of all persons namely, staff, patients and visitors.

iii. Procurement of uniforms for the staff of the Hospital, lack of which had been a source of de-motivation.


v. Construction of four (4) more 50 bed specialist Psychiatric Hospitals in the country to take care of psychiatric patients in the Northern Sector of the country.

Members of the hospital’s staff who were identified engaging in alleged criminal activities; stealing, sale of narcotics to patients and neglect of patients were been interdicted or arraigned before court.

The Commission expresses its satisfaction with the recommendations of the Ministerial Committee set up by the Minister of Health to investigate the issues raised by the documentary. The Commission hopes that full implementation of the measures that include making inpatients as comfortable as possible through improvement of toilets facilities, baths and sewerage systems for inpatients, and increasing the amount spent on an inpatient per day from 60 pesewas to GH¢2.00 will ensure that psychiatric patients in the country also live in some dignity.
CHAPTER FOUR
CHILD RIGHTS

Introduction
Ghana is signatory to several international conventions on human rights, proudly taking first place to ratify the Convention on the Rights of the Child. Ghana satisfied its treaty obligation and passed the Children’s Act of 1998, Act 560 which provides the framework for the proper nurturing, growth and development of all children, i.e. “persons below the age of eighteen years”. To gather with other legislations, policies and programmes, Ghana has a comprehensive framework for the protection and maintenance of the right of the child; regulate employment of children as well as ancillary matters concerning children in general and other related matters.

The Ghanaian Constitution outline the rights of children in article 28, which includes among others the right to special care, maintenance; to be protected from work that constitute a threat to his health or development. The issue of child cut across all the major rights concerns like the right to education, right to health, elimination of harmful culture practices, rights of person with disability, bridging the gender gaps etc.

Looking at international and regional development polices such as the Millennium Development Goals, the Universal Periodic Review and Africa Peer Review Mechanism that Ghana has adhered to, intrinsically embedded in these policies are the issue of promoting and protecting children’s rights. For instance halving the proportion of people below the national poverty line would in both the short and long term prevent child trafficking and labour since poverty is a major factor promoting this phenomenon.

This report aims at assessing the promotion and protection of children’s rights issues in Ghana, and make commendations or recommendations where appropriate.

Objectives
The overall objective of this report is:
• To monitor State compliance with its obligations in respect of the rights of the Ghanaian child;
• To monitor impact of interventions in promoting children’s right in Ghana over the period; and
• To examine progress made in promoting the rights of the Ghanaian child over the period.

Methodology:
Questionnaire design
In line with ensuring that the above objectives are achieved, questionnaires on the child right was developed based on six themes namely,
1. Child Sexual Abuse
2. Children’s rights to Recreation
3. Child Trafficking
1. Child Sexual Abuse

The United Nations Convention on the Rights of the Child (CRC) is an international treaty that legally obliges states to protect children's rights. Articles 34 and 35 of the CRC require states to protect children from all forms of sexual exploitation and sexual abuse. This includes outlawing the coercion of a child to perform sexual activity, the prostitution of children, and the exploitation of children in creating pornography. Child sexual abuse is illegal in Ghana and has fair amount of legislative and policy frameworks for protection of children with corresponding institutions given the mandate to administer them. These include the 1992 Constitution, the Children’s Act 1998(Act 560), the Criminal Code (Amendment) Act 1998 (Act 554); and the Code of Professional Conduct of the Ghana Education Service (GES). The purpose of the provisions it to protect the child from all forms of physical violence, abuse, neglect, exploitation, including sexual abuse, while in the care of parents, legal guardians or any other person who has the care of the child.

Responses on child sexual abuse

The Commission monitored 121 communities across the country as part of its objective of monitoring state compliance with its obligations in respect of the rights of sexually abused children and access impact of interventions in promoting the rights of sexually abused children. In all, 1450 community members made up of 46.5% males and 53.5% females as well as 941 children between ages below 4 and 16 years were part of a focus group discussions held in these communities; while officials from 89 government institutions and 29 focal persons of NGOs were interviewed.

On the issue of knowledge about child sexual abuse, 88.4% of community members indicated that they knew about child sexual abuse while 11.6% did not. 87.1% and 80.0% of community members of these children respectively said they knew that child sexual abuse was a crime; with 70.5% of community members indicating that it was not common in their communities. Out of these numbers 38.5% noted that there were report of child sexual abuse in their communities. Most of the community members as well as 77.0% of children interviewed said they knew people to report such cases. They mentioned the Police, CHRAJ, DSW, opinion leaders in their communities, parents as some of such people. This was collaborated by 85.1% of officials of government institutions interviewed, who noted that their institutions received reports of child sexual abuse with 92.4% providing protection for victims of sexual abuse.

Interventions and measures to address issues of child sexual abuse

Officials of state institutions and NGOs interviewed noted that their institutions have put in various measures and interventions to prevent child abuse and protect victims of child abuse.
Some of the measures put in place to protect such children included public education, regular monitoring of the general situation of child sexual abuse, prosecution of perpetrators, protection of the identity of the victim as well as provision of shelter and counseling for the victims. 76.8% of government institutions noted that they carried out public education activities on child sexual abuse during the years; 26.7% embarked on community based campaigns; 38.3% used individual interactions; 4.3% used household campaigns and 26.3% used group or organisation based campaigns. 33.0% of the officials noted that their activities were funded by the government while 18.0% said NGOs were the main financiers of their campaigns. Some of the groups that have organized such programmes included government institutions like DOVVSU, CHRAJ, DSW, etc and NGOs such as World Vision, Christian Mothers Association, CEDEP etc. Contrary to the above assertion, only 41.7% of community members interviewed indicated that sensitization on child sexual abuse was on-going in their communities, with 58.3% noting that there were no such programmes in their communities.

To make it easy for even children to report abuse 72.2% of government institutions said there are clearly defined procedures for a child to lodge complaints when s/he is sexually abused. This procedure includes making verbal complaints either by the victim or an interested party to any one at any police station.

**Impact of interventions and measures**

According to most of the government officials interviewed the impact of measures and interventions put in place to address issues of child sexual abuse have been successful. It has protected the victim from stigmatization, reduced the consequences of sexual abuse, enlightened people on child sexual abuse and the prosecution acted as a deterrent for others. Campaigns against child sexual carried out at regular intervals by 38.8%, every month by 9.0% and quarterly by 23.9% of government institutions according to majority (88.9%) of government officials has been positive with only 7.8% noting that there has been no change.

The impact of these campaigns may have increased the community members’ knowledge (80.8%) of government institutions that handle such cases. They mentioned institutions like the Police CHRAJ, DSW, Court etc as some of such institutions. The positive impact of government interventions is further by NGOs interviewed who noted that having monitored child sexual abuse in the communities they worked in by 45.5% in was last month, 36.4% in last three months and 18.2% in that last year; the knowledge level of child abuse according to 62.9% had increased, while 5.7% thought there was no change.

The success of these interventions is further emphasized with majority of children (81.2%) of who were part of various discussion indicating that they would report if they are sexually abused either because to their parent asked them to do so, to the Police station, for the offender to be arrested or the act could harm their health in the future.

Despite the positive impact of measures, 18.8% of children who were part of various groups discussion said they would not because either they are afraid that they will not believed, their parents will punish them, or for fear of stigmatization. Some of them noted that sometimes
victims of the abuse were sometimes beaten up for being the cause of the incident an indication that, despite the success there is a need to intensify campaigns to eliminate any form of stigmatizations and misconceptions associated with child sexual abuse.

Conclusion
On the issue of knowledge about child sexual abuse, most people knew about child sexual abuse as a crime as well as where to report such cases thus police, CHRAJ, opinion leaders etc. Also Campaigns against child sexual has been carried out at regular intervals yielding positive results. Despite the positive impact of measures, the problem of fear, abuse of victims, lack of trust in the side of the abused persons remain stumbling block in the aspect of public education therefore, there is a need to intensify campaigns to eliminate any form of stigmatizations and misconceptions associated with child sexual abuse.

2. Children’s Rights to Recreation
Rest and leisure, play, recreational activities and participation in cultural and artistic life, all of which are provided for in article 31 of the Convention on the Rights of the Child (CRC), are vital for the healthy development of the child. UNICEF Implementation Handbook and UNHCR Guidelines on Refugee Children, provide a guide to what the rights under Article 31 mean in practice. The right to play refers to unstructured activities free from adult direction, whereas recreation refers to structured activities undertaken for pleasure. Children should be able to choose for themselves whether to participate in play and recreational activities. Recreation facilities should always be provided in a culturally sensitive manner, and should ensure that girls have equal access. The quality of play and recreation should be directly related to the environment in which it takes place. For example, children should be provided with safe and accessible play areas.

Article 9 of the Children’s Act stipulates that ‘no person shall deprive a child the right to participate in sports, or in positive cultural and artistic activities or other leisure activities.’ Issues of children’s right to recreation can be inferred from policy documents like GPRS II and National Sport Policy. The objective of these policies is to provide adequate and appropriate sports and recreational facilities at local, district, regional and national levels, ensure the availability and affordability of sports equipment, motivate and encourage sports talents to achieve full potential. In the long term, sport-based programming in schools would contribute to an increase in school attendance, thus helping achieve universal primary education. (MDG 2)

Findings

14 National sports Policy, available at: ourclients.co.za/ghanayouth/sports/national-sports-policy/[accessed 9 November 2010]
Responses on children’s right to recreation
The commission as part of monitoring government compliance with its state obligation in respect to the realization of children’s right to recreation and impact of interventions aimed at promoting children’s right to recreation held focus group discussions for community members in 150 communities as well as held interviews for 86 and 35 officials of government and NGOs promoting children’s right to recreation respectively across the country.

Majority (87.9%) of government officials interviewed indicated that communities under their jurisdiction had recreational facilities contrary to 54.3% of community members who gave the same answers when the same question was posed to them. 44.0% of community members indicated that these facilities were enough to help the realization of children’s right to recreation in their communities as opposed to 13.4% of official who said they were not accessible explained that either because the facilities were not fully developed, not properly maintained or rented out to raise money for its maintenance. This is further emphasized by the fact that 68.4% of respondents said that their communities were not doing enough to make children realize their right to recreation. They suggested that communities should build more community centres, provide library and other recreational facilities for the children. 57.1% of NGOs indicated that they had done either weekly, monthly, quarterly or once a month.

Interventions and measures to address children’s right to recreation
On the issue of state interventions in realizing children’s right to recreation 64.5% of officials indicated that their institutions organized sporting events for the schools children regularly, provided adequate recreational facilities for children in their communities and supported sporting activities in their communities financially. Majority (80.3%) of NGOs noted that government institutions and other stakeholders’ interventions were not doing enough to make children realize their right to recreation. Some of them explained that some communities did not either have enough recreational facilities for children or did not at all. Others were of the view that either government does not concentrated much on the children’s right to recreation or has concentrated on providing more recreational facilities in the cities to the detriment of those in the countryside. This was further emphasized by 35.5% of government officials interviewed who noted that their institutions were not doing enough to make children realize their right to recreation. They explained that some of the communities within their jurisdiction did not have any recreational facilities; money for building and maintaining recreational facilities were inadequate; the community centre is not child friendly and poorly equipped making it unattractive to children.

Apart from provision of recreational facilities, the government institutions indicated that they also support NGOs to reach out to the children in the various communities to educate the people on children rights to education; supply sports and cultural equipment to schools and also award scholarship to children who normally perform well during sports and cultural activities; as well as sponsorship of sports competitions.
Impact of interventions

The impact of the provision of recreational facilities on the realization of children’s right to recreation according 87.0% of government officials and most of the focal persons of NGOs interviewed have been positive in that the availability of the facilities have made it possible for children to realize their right to recreation. It has helped develop their potentials and encourage ideas sharing among children as well as given them the opportunity to develop through extra curricular activities. They also noted that it has unearth young talents and have led to the formation of sports clubs in the communities; children are now engaged in sport activities after school instead of engaging in crime and other negative activities and it has helped develop children in the communities physically, socially and mentally.

Challenges faced by majority of government institutions in providing or maintaining recreational facilities include lack of finance for building and maintaining the facilities; lack of lands for building more playing courts; inadequate sports equipment and incentives for children the trainers etc. this challenges were collaborated by NGOs who indicated that they regularly monitor children’s right to recreation. They noted the lack recreational facilities; frequent breakdown of recreational facilities; some adults competing with children to have access to recreational facilities; children play at unauthorized places due to inadequate facilities in the communities; as well as inadequate funds and logistics as some of the challenging hindering the effective realization of children’s right to recreation.

Conclusion

On the issue of child’s right to recreation, children are now engaged in sport activities after school instead of engaging in crime and other negative activities and this has helped develop their potentials and encourage ideas sharing among children as well as given them the opportunity to develop through extra curricular activities. In other words they have developed physically, socially and mentally in all aspects of life.

3. Child Trafficking

International human rights law including CRC, ILO convention 182 requires that States exercise due diligence to prevent, prosecute and punish those who commit violence children. Though crimes against children are committed by private actors, the State is still responsible under international law to prevent, investigate, prosecute and punish crimes of violence children. A failure to do so is a breach of the State's international obligations and the State may be found guilty of gross human rights violations.

The duty of due diligence requires States to adopt certain measures to ensure that the human rights of children are protected. It must adopt effective legislation to ensure that trafficking is recognized as a crime, that it is defined effectively and that proper punishment is enshrined in the legislation to act as a deterrent to future traffickers. As a result, Ghana, being a source, transit,
and destination country for trafficked children enacted the Human Trafficking Act 694, Act 2005. Special programs to combat the worst forms of child labor, particularly child trafficking were also given priority in GPRS II. The Act provided for the rescue, temporary shelter and care, counseling, family tracing, and rehabilitation of victims of trafficking; it also established a Human Trafficking Fund to assist victims. The DOVVSU of the police is mandate with the responsibility to enforce anti-trafficking laws. The Ministry of Manpower, Youth, and Employment's Department of Social Welfare is mandated to provide assistance to trafficked victims.

Findings

Responses from adults in the communities
The monitoring exercise contacted a total of 1858 community members comprising 889 (47.8%) male and 969 (52.2%) female nationwide through focus group discussion. Many of the participants confirmed to be aware of child trafficking although most displayed a shallow understanding of the subject matter. Responses of the community members indicate that, the occurrence of child trafficking in the country is minimal; only 459 (26.3%) and 390 (21.9%) of valid responses confirmed that children are trafficked into and out of, the community they live. Awareness of monitoring organizations on child trafficking or child labour in the various communities is low among community members. Only 212 of the participants, representing 12.6% confirmed to be aware of such activities.

Responses from government institutions
A total of 160 government institutions’ offices were contacted in all regions in the country. The institutions involve are the Department Of Social Welfare, The Police (DOVVSU and Anti Human Trafficking Unit), and MOWAC, Immigration Service and the Labour Department. All the institutions, with the exception of the Labour Department, confirmed to be handling issues on child trafficking. These institutions have offices in the various communities within which they operate. A summary of the responses shows that, child trafficking is exists in Ghana. A total of 66 constituting 50.4% of the valid responses affirmed the existence of child trafficking in the communities in which they operate.
Table 21 gives the regional distribution of the responses with respect to the occurrence of child trafficking.
Table 21: Regional breakdown of officers’ responses to the existence of child trafficking in the community in which they operate

<table>
<thead>
<tr>
<th>REGION</th>
<th>YES</th>
<th>NO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREATER ACCRA</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>EASTERN</td>
<td>4</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>ASHANTI</td>
<td>15</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>BRONG AHAFO</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>WESTERN</td>
<td>4</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>NORTHERN</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>UPPER EAST</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>UPPER WEST</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>VOLTA</td>
<td>18</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>65</td>
<td>131</td>
</tr>
</tbody>
</table>

The distribution of the responses shows that, child trafficking occurs in some part of every region. It however, tends to be dominant in regions such as Volta, Ashanti, Greater Accra, Upper East and Upper West. These are regions with large number of communities experiencing child trafficking.

Although the prevention of child trafficking covers rescue, rehabilitation and reintegration, these institutions have focus primarily on rescue at the neglect of rehabilitation and reintegration. The summary of the result is as shown in table 22.

Table 22: Focus of government institutions’ offices in the fight against child trafficking

<table>
<thead>
<tr>
<th>Focus</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESCUE</td>
<td>102</td>
<td>63.8</td>
<td>77.9</td>
</tr>
<tr>
<td>REHABILITATION</td>
<td>19</td>
<td>11.9</td>
<td>14.5</td>
</tr>
<tr>
<td>REINTEGRATION</td>
<td>5</td>
<td>3.1</td>
<td>3.8</td>
</tr>
<tr>
<td>OTHER</td>
<td>5</td>
<td>3.1</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>131</td>
<td>81.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Non-response</td>
<td>29</td>
<td>18.1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>160</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The responses show that, reintegration and rehabilitation is only undertaken by some offices of the Department of Social Welfare. These are activities that ensure that, the rescued children are not trafficked again. Nevertheless, authorities in most of the offices listed the following measures as activities towards preventing re-trafficking of children;
Analysis of the records obtained from the various institutions on the number of trafficked children rescued since 2008 is summarized in figure 12.

![Graph showing trends in trafficked children rescued](image)

**Figure 12: Trends on the number of rescued trafficked children since 2008**

Clearly, each year, there is a high occurrence of child trafficking in the country. The year 2010 took a significant upward trend with 848 trafficked children rescued. This implies that government and other stakeholders’ effort towards prevention of child trafficking in the country is yielding positive results. It can however, mean, that the ‘business’ of child trafficking is expanding and more people are engaging in it. It was also revealed that, for each year, there Volta region records the highest number of trafficked children. This is shown in table 23.

**Table 23: Regional distribution of records on rescued trafficked children**

<table>
<thead>
<tr>
<th>Region</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashanti</td>
<td>55</td>
<td>28</td>
<td>19</td>
</tr>
<tr>
<td>Eastern</td>
<td>6</td>
<td>Records not available</td>
<td>Records not available</td>
</tr>
<tr>
<td>Western</td>
<td>1</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Volta</td>
<td>180</td>
<td>118</td>
<td>20</td>
</tr>
<tr>
<td>Brong Ahafo</td>
<td>164</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Greater Accra</td>
<td>Records not available</td>
<td>Records not available</td>
<td>Records not available</td>
</tr>
<tr>
<td>Upper East</td>
<td>25</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>87</td>
<td>6</td>
<td>Central region</td>
</tr>
<tr>
<td>Upper West</td>
<td>12</td>
<td>4</td>
<td>800</td>
</tr>
<tr>
<td>Northern</td>
<td>Records not available</td>
<td>7</td>
<td>Records not available</td>
</tr>
<tr>
<td>Total</td>
<td>530</td>
<td>197</td>
<td>848</td>
</tr>
</tbody>
</table>

These figures confirm the responses of the government institutions about the regions where child trafficking frequently occur. Some of the communities identified include:
Table 24: Identified communities in the various regions of Ghana where child trafficking is known to be occurring frequently

<table>
<thead>
<tr>
<th>REGION</th>
<th>COMMUNITIES</th>
<th>MAJOR ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Mempeasem</td>
<td>Porters(Kayaya), Agriculture, Mining</td>
</tr>
<tr>
<td>Upper East</td>
<td>Hausa ZoNGO, Yarigabisi, Kalbeo, Kolgo-Aguusi</td>
<td>Agriculture, Kayayo</td>
</tr>
<tr>
<td>Upper West</td>
<td>Nyame Gyan, Bandie</td>
<td>Agriculture, Quarry</td>
</tr>
<tr>
<td>Volta</td>
<td>Agotime Kpetoe, Awate Tornu Kpassa, Akwetey Hedzranawo, Batorme Adaklu Waya, Akpokope Adaklu Anfoe</td>
<td>Fishing, Domestic Servants Food Hawking Farming</td>
</tr>
<tr>
<td>Brong Ahafo</td>
<td>Yeji, Asunsu No 1 Maasu</td>
<td>Fishing</td>
</tr>
<tr>
<td>North</td>
<td>Mempeasem</td>
<td>Porters(Kayaya), Agriculture, Mining</td>
</tr>
<tr>
<td>Western</td>
<td>Wassa Atobiase, Asankrangwa Sika Nti No 2, Ngyeresia</td>
<td>Agriculture,</td>
</tr>
<tr>
<td>Central</td>
<td>Twifu Afosu, Twifu Afosu Abura Dunkwa Benin Asikuma, Otsin Crescent</td>
<td>Domestic Servitude Trading(Hawking) Quarrying, Agriculture</td>
</tr>
<tr>
<td>Eastern</td>
<td>Atua Kodjonya Odumase Kpong, Asubone Nkawkaw ZoNGO</td>
<td>Agriculture Prostitution</td>
</tr>
<tr>
<td>Ashanti</td>
<td>Amachia, Jimi Su Nyamesemyede, Adanwomase Mankranso, Kaase Ahodwo, Tanoso Mamponteng, Wioso</td>
<td>Agriculture (Farm Labourers) Mining (Galamsey) Quarrying</td>
</tr>
</tbody>
</table>

**Monitoring and campaigns:** Most of the offices (100 or 62.5%) of the institutions contacted undertake campaign against child trafficking in the neighboring communities. This was found to be mostly through community based (84 or 52.5%) and a few through individual interaction (10 or 6.2%). However, it’s campaign is not on regular basis; only 50 (31.2%) of the offices confirmed to engage in the campaign within every three months. Most of the offices declared that, the monitoring and campaign is undertaken based on availability of resources and the prevailing circumstances indicating the occurrence of child trafficking. Nevertheless, the few
campaigns and monitoring that have been undertaken were confirmed to have impacted positively in the communities. According to respondents, community members are becoming aware of the constituents and negative effects of child trafficking. Hence, people are able to identify trafficked children and report to appropriate agencies as early as possible. In some communities, there is the establishment of watchdogs committee to undertake regular surveillance of the community for the occurrence or possible occurrence of child trafficking. Police at check points have widened their scope to include suspicion of child trafficking.

**Identified challenges in the Fight against Child Trafficking**

A summary from the responses obtained from the officers in the institutions visited shows that, the prevention of child trafficking in Ghana is challenged by a number of factors. Among the key issues raised are;

- There is lack of enforcement of the existing laws, and no severe punitive measures to serve as deterrent to the perpetrators of the act.
- There is lack of adequate funds for regular and effective monitoring and campaign.
- There is lack of proper record keeping on child trafficking in the offices of the various institutions. There is no program impact assessment on child trafficking to improve on decision making
- Lack of education, illiteracy and illicit cultural practices have entrenched the habit of child trafficking in some communities
- poverty, ignorance and peer pressure are the common causes for the perpetration of trafficking in the community

**Conclusion**

Government is gradually intensifying its effort in the combat against child trafficking in Ghana. There has been significant contribution towards public awareness creation about the nature and consequence of child trafficking although most of the communities are still ignorant about it. Though there is strong legal support against human (child) trafficking in Ghana, government efforts has only been effective in the area of rescue mission and awareness creation at the neglect of the rehabilitation and reintegration activities, and bringing the perpetrators to book. Thus, the implementation and enforcement of the laws in line with child trafficking has been very ineffective.

**4. Children with Disabilities**

International human rights standards, including the CRC and the Convention on the Rights of Persons with Disabilities (CRPD) adopted by the United Nations General Assembly in December 2006 but not ratified by Ghana, provides a powerful new impetus to promote the human rights of all children with disabilities. These Conventions contain specific articles recognizing and promoting the rights of children with disabilities. They also point the way towards overcoming discrimination and recognizing the right to full participation of children with disabilities – in the home and community, in school, health services, recreation activities and in all other aspects of life.
The 1992 Constitution of Ghana, Article 29(8) mandates parliament to enact such laws as are necessary to ensure the enforcement of the provisions in Article 8. In the light of this, the Parliament of Ghana in June 2006 passed the Disability Bill into law. While the purpose of the Disability Act, 2006 (Act 715) is to fight and protect the rights of people including children who are living with disability; the Children’s Act, Article 10 emphasis on the protection and promotion of the rights of children with disability. The aim of these provisions is to make sure that children with disability really enjoy their rights; are protected against discrimination; enjoy special care, education and training to ensure the development of their full potential and be self-reliant.

**Findings**

**Responses on rights of children with disability**

A total of 1839 made up 46.0% males and 54.0% females as well as 574 children with disability between ages below 6 and 18 years were part of various focus group discussions held across the country to monitor state compliance with its obligations with respect to the realization of the rights of children with disability and the impact of interventions aimed at realizing the rights of children with disability. Furtherance to this, 104 officials from government institutions like Department Of Social Welfare, Federation of the Disabled, Ghana Society for the Physically Disabled, Assessment and Resource Centre of GES and Department of Children were also interviewed.

Majority (61.4%) of community members interviewed noted that causes of disability which included accidents, natural causes, and diseases cannot be reasons for children with disability to be stigmatized. However, children with disability face challenges in the communities according to 73.6% of these respondents. These challenges included stigmatization, discrimination, neglect, lack of access to education, inability to have access to formal education, restriction in movement, unemployment etc.

Knowledge about organisations working on issues relating to children with disability was minimal as only 32.3% of community members interviewed knew about such organisation. Some of these organisations according to them are made up of both NGOs and state institutions such as Department of Social Welfare.

**Interventions and measures to address rights of children with disability**

Most of the government institutions interviewed said their work included identifying children with disability, registering and assisting them to get all the necessary supports such as assessing the district assembly common fund, wheel chairs etc. they also noted that they provided recreational centres for them to learn, carried out policy direction and protected them, rehabilitated person with disabilities, educated the public and PWDs on the rights of PWDs. Government institutions in addressing issues of discrimination against children with disability were very satisfactory according to 34.0% of these children interviewed.
To complement the work of the State, 93.0% of NGOs said they provide various supports to children with disabilities including educational scholarships, provision of school and health needs, skills training, wheel chairs, clutches, psychological support etc. Some also collaborated with government institutions like the Ministry of Education’s Disability Unit to counsel and enroll children with disability into the formal sector etc.

Some measures outlined by state institutions to address these challenges faced by children with disability included ensuring easy access to formal education; provision of vocational training; increase public education and advocacy programmes; provision of funds and logistic to children with disability; and improvement in access to both private and public buildings etc.

Some of the programmes instituted by 78.9% of government institutions to support children with disabilities, included a centre for the training of the disabled in Accra, the LEAP programme, the PWD fund from the district assembly common fund, as well as community based rehabilitation programme.

On the provision of support to help them to be self-reliant, only 26.1% of children with disability interviewed had receive any form of assistance either from government institutions like District Assembly, Department of Social Welfare, and NGOs like Opportunities Industrialization Centre, Sight Savers, World Vision Ghana, Catholic Church etc.

Impact of interventions
Majority of officials interviewed noted that the impact of these programmes have been very positive. They explained that the children with disability have received vocational training and set up their own jobs, it has led to reduction of poverty among children with disabilities, some have also benefited from special education as well as improved standard of living of children with disability. Majority (98.4%) of children with disability interviewed noted that the support they had received has helped improve their life

Impact of government’s interventions for the realization of the rights of children with disability, according to most of the NGO focal persons interviewed has not been significant and this was collaborated some of the government officials interviewed. They explained that though the Disability Act has been passed implementation has been very slow, inadequate or lack funds were also one of the main challenge facing children with disability. As a result some of these children are unable to obtain tools to start their own and therefore have to go to the street to beg. They suggested that government should increase the number of specialized schools and training centres for children with disabilities and adequately resourced them and government agencies should intensify public education activities.

Conclusion
Government institutions in addressing issues of discrimination against children with disability is very satisfactory so as efforts made by both government and NGO’s in creating or establishing a centre for the training of the disabled in Accra, the LEAP programme, the PWD fund from the
district assembly common fund, as well as community based rehabilitation programme has also served as a motivational tool for children living with disability in other to develop in all aspects of life.

5. Child Maintenance
The CRC is the main international document that provides for the welfare of children. In article 19, it stipulated that “States have a duty to make the provisions of the CRC widely known to both adults and children and to assist parent and others responsible for the child, to implement this right and shall in the case of need provide material assistance and support programmes particularly with regard to nutrition, clothing and housing”. According to Article 5 of the CRC, both parents have common responsibilities for the upbringing and development of the child in the absence or incapacity or parents, members of the extended family of communities as provided by local custom, legal guardians and other persons legally responsible for the child have the duty to maintain that child.

The 1992 Constitution dedicates the whole of Chapter 5 to the fundamental human rights and freedoms of its people irrespective of the age, sex etc. Article 28 guarantees the right of the family to facilities that will enable it to perform its functions in the care and maintenance of children. Clause (1) of the same article mandates Parliament to enact laws that ensures the survival, protection and development of children. As a result other subsidiary legislations including the Children’s Acts have been enacted to protect and enforce specific rights of children. The Act aimed at reforming and consolidating the laws relating to children, and provide among other things for the maintenance of children. The Family Tribunal, Department of Social Welfare, DOVVSU, CHRAJ are some of the government institutional mandated to deal with matters relating to children particularly maintenance cases.

Findings
Responses on children’s right to maintenance
A total of 2158 respondents made up 1864 parents and 266 guardians in 178; 1918 children with majority (48.0%) between 11-15 years in 139 communities were part of focus group discussions held across the country. Officials of 46 NGOs and 120 government institutions working on children’s right to maintenance in a number communities were also interviewed with aim to monitor state compliance with its obligation with respect to the realisation of children’s right to maintenance as well as impact of interventions aimed at realising the rights of children to maintenance.

Knowledge about child maintenance was high among community members interviewed as 97.9% of them indicated that as parent/guardian were aware of their obligations to supply the necessaries of health, life, education and reasonable shelter for their children. Majority (78.3%) also knew organisations that handle cases of child neglect. The above assertion is further buttressed by 89.1% of the children interviewed who said they are being well taken care of by their parents.
Despite the high number of community members (78.3%) who knew institutions that handle child neglect cases, only 22.3% had either witnessed or taken child neglect case to these organisations.

**Interventions and measures to address children’s right to maintenance**

One of the main mandates of 93.8% of government institutions interviewed is to receive child neglect cases; and majority (74.7%) of community members interviewed noted that they were satisfied with handling of such cases by these government institutions. They explained that they got the relief they were sought for. On the other hand, those who were not satisfied (25.3%) explained that either there was no follow up on the case to ensure successful settlement of the case; the men was seriously discrimination against which eventually lead to a divorce or the respondents refused to abide by the terms of agreement and when the case was reported again nothing was done about it. Available records, indicated that together these institutions had received a total of 11145, 11482, and 2009- 5576 for the 2008, 2009 and by mid-2010 respectively.

Other interventions according to majority (97.3%) of government institutions included anti-child neglect campaigns including educating parents on child maintenance, workshops, one on one interview with clients and monitoring of child rights. On the issue of anti-child neglect campaigns, 90.8% of government institutions interviewed had carried such campaigns with 34.6% engaging in group or organisation based campaigns; 29.6% in individual based campaigns; 18.0% community based campaigns and 17.9% household based campaigns. These campaigns are often carried out monthly by 23.6%, quarterly by 36.4% and once a year by 11.8% of these institutions. Most of these anti-child neglect campaigns carried out by these government institutions are 72.9% funded by government, 16.8% by NGOs and .9% by philanthropists.

Besides government institutions, 72.1% of NGOs interviewed also handle complaints or helped children to claim their right to maintenance with majority (92.3%) having on going campaigns against child neglect. Some of these help provided included mediation of complaints of child neglect, referred complaints of child neglect to government institutions, provision of food, cloths and shelter. Together, the number of cases these organisations had received were as follow 2008-3499; 2009-2908 and mid-2010-2875.

**Impact of interventions**

The impact of campaigns against child neglect carried out by government according to 92.3% had been positive. 60.2% of them noted that the number of non-maintenance had reduced, 23.7% said it had increased while 16.1% noted that there was no change. Even for officers who indicated that there had either been an increase or no change in the number of cases received. They explained that as a result of their work more cases of child neglect are being reported to their offices.
NGOs (86.6%) working in the area child neglect had monitored the situations over a period the last years. as a result 72.1% have indicated that there has been a decrease while 16.4% said there has been an increased with11.5% noting that there has been no change.

Majority of them indicated that the impact of their work in promoting children’s right to maintenance have been positive. They explained that there has been an increase in number child neglect cases reported and parents have responded accordingly by providing taking care of their children and more parents have become more responsible towards their children.

The impact of interventions made either by the government or NGOs were confirmed by 42.1% of community members interviewed who indicated that they knew of such a campaign with most of them indicating that had been very positive. According to them, child neglect is reducing gradually; victims can confidently seek redress and parents have become more responsible for the maintenance of their children. Only 9.0% of children interviewed indicated that they have received some form assistance from any of these institutions. Some these assistance included provision of school items, financial support. Out of that number, 51.7% indicated that the support from these institutions have helped improve their lives. They explained that books that have been provided for them were being used in school and they are no longer sacked for not paying fees. For the 48.3% of respondents who noted that the support from the organisation had not improved their life, they said their fathers despite interventions from the authorities had still refused to provide for their needs.

In spite of the positive gains made in the area of child neglect, 10.9% of children who were part of the focus group discussion held in 139 communities across the country indicated that they were not supplied with necessaries of health life, education and shelter. They noted that they either live on their own and fend for themselves or lived with their parents they do no have enough money to provide their basic needs. According to majority of these children there was no intervention in the situation, a few noted that some relation sometimes intervene by providing for their basic needs, others had philanthropists and nongovernmental organisations like world vision and WADEP coming to their aid.

Conclusion
There is increasing knowledge about child maintenance since majority of the people interviewed knew their obligations to supply the necessaries of health, life, education and reasonable shelter for their children. Interventions such as, anti-child neglect campaigns including educating parents on child maintenance, workshops, and monitoring of child rights put in place by governments institutions and NGOs have made some positive impact. In spite of the positive gains made in the area of child neglect still persist with a number of children still fending for themselves and indication that the government needs to do more to address the issue of child maintenance.
6. Child Labour

The needs of children to be protected against labour are basic and constitute the rights of the child provided by law under international laws like the UN Convention on the Rights of the Child, ILO Convention No. 29 on Forced Labour, ILO Convention No. 138 on Minimum Age in Employment, ILO Convention No 182 on the Elimination of the Worst Forms of Child Labour, The Geneva Convention on the Rights of the Child, The African Charter etc.

Ghana has put in comprehensive national laws such as the Courts Act 1964, 1992 Constitution of Ghana, the Children’s Act (Act 560, 1998), The Criminal Code, Domestic Violence Act and the Human Trafficking Act in place over the years to protect Ghanaian children against child labour. Child Labour has also been mainstreamed into the GPRS II as such programmes to eliminate the worst forms of child labour would be intensified. Under the National Social Protection Strategy developed within the overall framework of the GPRS II, child labour would be eliminated through Livelihood Empowerment against Poverty (LEAP) programme, a social protection measures to meet the specific needs of children from poor households who are most vulnerable to exploitation in the Worst Forms of Child Labour (WFCL).

Findings

In order to access the State’s obligation with respect to elimination of child labour and the impact of interventions, 138 focus group discussions were held made up of 753 males and 875 females.

Government Organizations in the Fight against Child Labour

Officials of 83 government institutions were interviewed, made up the Department of Social Welfare, the Ghana Police Service and Labour Department representing the Government in the fight against child labour. The functions of these organizations include complaints handling, counseling, collaborating with NGOs and implementing government policies on child labour. Forms of child labour cases reported to government include child trafficking, street hawking, fishing, head porterage, cattle rearing and quarrying.

To curb child labour numerous methods are employed by government organizations. Among others, they include community sensitization, formation of child protection committees in communities and punishing perpetrators of child labour. According to respondents (76.5%) from government institutions in the fight against child labour, the work of child labour monitoring committees have helped reduced the incidence of child labour in communities.

However, only 271 out of 1628 representing 16% community members know about the existence of child labour monitoring committees in their communities. A lot more (57.7%) community members said that the labour monitoring committee has not helped reduced the incidence of child labour.

Close to eighty-two percent (81.4%) of representatives of government organizations embark on anti-child labour campaigns. This is mainly done through radio programmes and written articles
in the newspapers. According to representatives of government organizations (82.8%), the impact has been positive; community members are becoming aware of the harmful effects of child labour leading to a reduction of incidences. The CHRAJ, NCCE, DOVVSU, Department of Social Welfare and other NGO’s have played active roles in campaigning against child labour.

**Child labour in Communities**

Approximately half (50.2%) of community members indicated that children in their community still engage in labour that deprives them of health, education or development. A little above half (52.2%) of community members interviewed told the monitoring team that various forms of child labour exist in their communities. Children in the 11 to 16 year groups were said to form the chunk of children engaged in child labour.

**Table 25: Types of Child Labour in Some Ghanaian Communities**

<table>
<thead>
<tr>
<th>Name of Community</th>
<th>Sector</th>
<th>Type of Work</th>
<th>Reasons for working</th>
<th>Conditions</th>
<th>Exploitations</th>
<th>Abuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kpando</td>
<td>Fishing</td>
<td>Diving and Mending of Nets</td>
<td>Poverty of parents</td>
<td>Long hours of work</td>
<td>Poor feeding and work without pay</td>
<td>Beating and threat</td>
</tr>
<tr>
<td>Apitikooko</td>
<td>Mining (Galamsey)</td>
<td>Carrying loads and quartz</td>
<td>Neglectful Parents</td>
<td>Very heavy loads being carried</td>
<td>Little money being paid to them</td>
<td>The children are sometimes beaten for little offences</td>
</tr>
<tr>
<td>Sunyani</td>
<td>Agriculture, trade</td>
<td>Animal rearing, weeding, selling</td>
<td>poverty, lack of parental care</td>
<td>work long hours</td>
<td>not paid</td>
<td>beating</td>
</tr>
<tr>
<td>Daelio-Zuarnngu</td>
<td>quarrying</td>
<td>stone cracking</td>
<td>support families income</td>
<td>work long hours</td>
<td>parents take the money after sales</td>
<td>threats</td>
</tr>
<tr>
<td>Moshie</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tronong</td>
<td>Agriculture; mining</td>
<td>harvesting cocoa; sieving of minerals</td>
<td>poverty</td>
<td>long hours; poor working conditions</td>
<td>little pay</td>
<td>threat to their health and education</td>
</tr>
<tr>
<td>Nsawam</td>
<td>Agriculture</td>
<td>harvesting crops</td>
<td>To pay school fees</td>
<td>work long hours</td>
<td>not being fed</td>
<td>threats</td>
</tr>
<tr>
<td>Piisi</td>
<td>Mining</td>
<td>digging and sieving minerals</td>
<td>To buy food; to pay fees</td>
<td>work long hours</td>
<td>inadequate pay</td>
<td>threats</td>
</tr>
<tr>
<td>Guimenui</td>
<td>Trading</td>
<td>selling water</td>
<td>death of</td>
<td>work long</td>
<td>not paid or beating</td>
<td></td>
</tr>
<tr>
<td><strong>Dokyiwaa</strong></td>
<td>Agriculture</td>
<td>parent</td>
<td>hours</td>
<td>fed</td>
<td>Some parents refuse to take care of their children when they complain</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
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<td>-------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carrying water to the farm to spray cocoa farms sometimes during school hours</td>
<td>There is no one to do it</td>
<td>Most children carrying big buckets to the stream far away</td>
<td>After their health</td>
<td></td>
</tr>
</tbody>
</table>

**Field Statistics on Child Labour**
Field statistics indicate that the number of reported cases fell from 1593 to 1065, probably an indication that government’s effort in curbing child labour is yielding results. Field reports also indicate that in some communities, community members voluntarily report child labour cases enabling relevant authorities to act accordingly.

**Conclusion**
The action of these institutions has generally led to a reduction in the incidence of child labour over the years; a lot more parents now see the need to send their children to school. The challenge however, is the high rate of poverty in some communities. Some parents force their children into labour so as to make ends meet. In other communities, parents see child labour as child work and therefore see noting wrong with putting children into labour. More education is needed to sensitive communities of child labour and its negatives effects on children.
CHAPTER FIVE
WOMEN'S RIGHTS

Introduction
Ghana is signatory to several international conventions on human rights, including The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), its optional protocol. It has also made commitment to various UN conferences such as the Beijing Declaration and Platform for Action and its Outcome Document (Beijing+5) and more recently the Millennium Development Goals to promote gender equality. Ghana satisfied its treaty obligation and has been passed laws over the years to improve women’s situation. These include the 1992 Constitution of Ghana, Intestate Succession Law PNDC Law 111 (1985), Domestic Violence Act 2007,(Act 732) and Human Trafficking Act, 2005 (Act 694) and The Criminal Code (Amendment) Act, 2003 (Act 646).

There are constitutional provisions which guarantees women’s fundamental human rights and freedoms (Article12 (2)), right to inheritance (Article 36(7)) and Article 17 provides protection against discrimination and enjoins the state to take steps to end all forms of discrimination. In addition, several public institutions are tasked with the promotion of women’s rights and gender equity. These include Ministry for Women and Children’s Affairs (MOWAC), the Department of Social Welfare and Domestic Violence and Victim Support Unit (DOVVSU).

In spite of these laws, instruments and commitments with clear provisions for improving the status of women and institutions to promote gender equality, women continue to suffer bias and discrimination in Ghana.
This report aims at assessing the promotion and protection of women’s rights issues in Ghana, and make commendations or recommendations where appropriate.

Objectives
The overall objective of this report is:

- To monitor the impact of interventions in promoting women’s rights over a given period
- To assess the progress made by communities, government institutions, civil society organisations in the effort to combat abuse of women and discrimination against women

Methodology:
Questionnaire design
In line with ensuring that the above objectives are achieved, questionnaires on the women’s right was developed based on six themes namely,

1. Women’s Rights as Human Rights
2. Domestic Violence against Women
3. Women’s Reproductive Health Rights
4. Marriage in the Ghanaian context
5. Inheritance
6. The Wills Act
FINDINGS

1. Women’s Rights as Human Rights

The advancement of women’s right by UN began with the signing of the UDHR, the members of the UN in the Preamble of the Charter declared their believe “in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women....” CEDAW considered as the cornerstone of women’s rights defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination. Article 12 of the 1992 Constitution of Ghana entitles every Ghanaian, both men and women to fundamental human rights and freedoms without distinction irrespective of their race, language or religion. These laws are meant to regulate society and protect the human rights of women but women continue to suffer bias and discrimination in Ghana.

Findings

Response on women’s rights as human rights

As part of assessing the awareness of women’s rights and efforts at combating abuse and discrimination against women, the Commission held various focus group discussions with a total of 2414 respondents in 200 communities across the country. Majority of respondents were between ages 18 and 54 and made up of 61.0% females and 38.9% males.

In addition officials from 36 government institutions with the mandate to work on women issues as well as representatives of 56 NGOs in 200 communities across the country were interviewed as part of monitoring the impact of government interventions at promoting women’s right.

Even though almost all of the respondents were able to explain what human rights are, 15.4% of them do not know that women’s rights are human rights. Some of the reasons given for this included total ignorance of what constitute women’s rights; the believe that women are traditionally lower than men as such are not entitled to enjoy any right and the believe that women are physically weaker than men therefore should not enjoy any right.

There were mix responses to the question as to the extent to which women enjoy equal right as to men. While some respondents indicated that women enjoy equal rights as men in their community and they could even own properties like farms and be part of decision makers in the communities, others were however of the view that women still enjoy less right as compared to men in their communities as only men could be heads of the family. In addition, some respondents also noted that some women in some communities had to seek permission from men before they could go out. They added that these women had to subject themselves to the directions and orders of their husbands.

According to the respondents’ areas where women experience less freedom than men cut across political, economic, social and cultural rights. Politically for instance, some respondents in some communities in and round the Jirapa in the Upper West Region; Yendi, Tamale, Bimbilla in the Northern Region, New Abirim, Kwaebibirem in the Eastern Region; and Nkwanta South, Krachi

15 Women’s Rights In Muslim Communities: A Resource Guide For Human Rights Educators(June 2009)
in the Volta Region, indicated that women were not part of the decision making process in their home and communities. Economically, women had less right in the area of inheritance; unequal access to jointly acquired property; and sharing of income from jointly owned businesses in communities in and around Wenchi in the Brong Ahafo Region, Tema in the Greater Accra Region, Wa in Upper West Region, Asankrangua in the Western Region. In the area of their social life, most of the respondents noted that women have less right in making very basic decisions like issues concerning their sexual life and reproductive health rights, whom to marry and the number of men to marry. During the performance of some rites like marriage, widowhood, and burial women, some respondents indicated that women are less advantage as most of the rites performed during these period violates their rights. Some traditional practices also make women less advantage than men, for instance women are not allowed to enter the Birim river when they are having their menses in Kibi in the Eastern Region; fetch water from River Krokro on Fridays in some communities in Sunyani West, as well as enter into sacred grooves in some communities in the Cape Coast Municipality.

With regards to cultural practices that violate women’s rights, majority of the respondents noted that rites performed at the death of spouse were very discriminatory against women. For instance women are made to shave their hair, wear black clothes for months, restricted, confined and made to stay with the corpse. This practice is not peculiar to a particular region but cut across all the communities in Ghana. Other cultural practices such as early marriage found in some communities in Savelugu, Northern Region and Nkwanta South, Volta Region; forced marriages found in some communities in Walewale, Northern Region, witchcraft accusation found mainly in some communities the Northern Region; female genital mutilation noted in some communities in and around Bawku, Builso, BoNGO districts in the Northern Region; Trokosi found in South Tongu, Volta Region and Dangme East, Greater Accra Region all perpetuated violence against women.

On the questions of whether there have been instances of abuse of women in their communities, majority (64.4%) of the respondents answered positively with 47.6% indicating that verbal and psychological abuses were most common; while 29.0% noted that controlling the movement, speech, association, religious expression were common in their communities. Denial of women’s control over their own bodies in term of her reproductive health right according to 23.4% of respondents was common in their communities.

**Interventions and measures to address women’s rights issues**

Some of these institutions included Ministry Of Women and Children Affairs, Department of Women in the regional capitals, District Assemblies, Department of Social Welfare and Girls’ Education unit of Ministry of Education. According to these officials, activities carried out by their institutions included advocacy, public education, community outreach programmes. Other activities included provision of billboard promoting the rights of women; capacity building for women; facilitate the formation of women groups; provision of micro-finance and income generates activities for women groups at the community levels.
The majority (59.3%) of the community members interviewed indicated that actions have either been taken or are being taken to end discrimination in their communities. Some of these actions included public education and sensitization on the rights of women by both state institutions and civil society organisations; the formation of women’s groups; the passage of bye-laws by chiefs and the provision of credit facilities. On the other hand, 38.1% indicated that no action was being taken either because the situation is considered to be normal or there was no discrimination in these communities. Some respondents in the latter were however of the view that though it seems that no action were being taken, discrimination against women in their community was reducing.

While 51.0% of respondents indicated that they have either attended or heard educational programme on women’s right, 49.0% noted they had not. The former mentioned state institutions, non governmental and faith based organisations are facilitators of these educational programmes. 88.1% of them said the programme had increased their knowledge about what women’s rights are and where to seek redress in case their rights are violated. On the contrary, 11.9% indicated that, such educational programmes will cause women to rebel against laid down traditions. In addition women’s enjoyment of the same right as men will cause wives to be disrespectful.

Even though, 81.4% of respondents indicated that in an event of abuse they could go to state institutions like the Police, CHRAJ, Department of Social Welfare and the Court to seek redress, only 18.2% had patronised their services. 90.9% indicated they were satisfied with their services; 90.7% noted they obtained the relief they were seeking with 98.3% satisfied with the outcome of the redress. 1.7% were not satisfied with the outcome of the redress because they thought the measure taken by the institutions were not punitive enough.

Some activities NGOs noted they embarked on to promote women’s right included; capacity building for women to enable them participate in political and decision making processes; education and sensitization on women rights and related issues, provision of homes for the homeless, provision of grants and skills training as well as facilitated the formation of women groups. 57% of these organisations were engaged in adult literacy programmes, whiles 42.6% of them were into girl-child education. The main focus of this latter group is to ensure increase enrollment and retention of the girl child at all stages of the educational ladder.

On the issue of assess to rehabilitation centres, elimination of stereotypes in books and media, violence against women, 14.3% of NGOs interviewed indicated that, they provided shelter and counseling units for women in the communities they work in. These institutions indicated that they also share their expertise on the running of these units with state institutions like MOWAC. Majority (69.0%)of the NGOs noted that, they embark on public education and advocacy on women’s rights issues such as violence against women, conflict resolution, etc. 16.7% of these organisations collaborated and supported other institutions working on women’s right issues.
Majority (56.1%) of NGOs educated the public and advocated on gender mainstreaming, while 31.7% incorporated gender issues into their projects and programmes such as ensuring that committees set up for development projects were made up of 40% women; their skills training were focused on women as well as their micro-finance projects favored women. 4.9% of these organisations interviewed have collaborated with state institutions like MOWAC to fashion out gender mainstreaming policies.

84.4% of NGOs indicated that, they have carried out public education and advocacy programmes to promote women participation in political and decision making process. They have trained aspiring assemblywomen; created awareness among larger communities to enable women participate in decision making that affects their interest; encouraged them to take part in national and district levels elections. 6.3% have collaborated with other institutions to provide various supports for aspiring assemblywomen.

The focal persons of NGOs interviewed noted that, they carried out variety of activities to promote women’s health and reproductive rights. 81.4% organized public education and advocacy programmes, 2.3% provided counseling and 16.3% provided various supports such as free distribution of condoms, NHIS registration for some families, provision of mosquito nets etc.

**Impact of intervention and measures to address women rights issues**

Generally, literacy among women according to government officials, noted that girl child enrolment in schools had increased as a result of government’s policy of school feeding, free school uniforms and Capitation Grants. The retention level is low as the children progress from basic to secondary and to the tertiary level. Despite efforts by the government to provide non formal education for women, the process according to these officials is very slow. The progress they indicate is average since the government has been able to make success in increasing enrolment of girls and had not made much progress in improving adult literacy among women.

In relation to access to media, rehabilitation centres and violence against women, most of the officials interviewed noted that, even though some progress has been made there is more room for improvement. They indicated that, though women now have access to the media, they have been stereotyped as sex object in adverts. According to them, with the passage of the Domestic Violence Act, violence is now being reported and has led to its decrease.

Officials of these state institutions noted that, government has carried out various activities to mainstream gender into its activities. Some of these activities include formation of gender committee in the districts, inclusion of women in the decision making of the MMD assemblies, mainstreaming gender issues into MDAs programmes and activities. Educate public on mainstreaming gender into development projects. The traditional authorities were also sensitized on the need to recognise women’s rights to decision making. Considerable progress according to these officials had been made in the area of government effort at mainstreaming gender into its activities.
On the issue of government efforts at ensuring women’s participation in political and decision making process, officials interviewed noted that, government has provided assistance to women who wish to contest this year’s district assembly election in the Central Region. Capacity building workshops were also organized for aspiring assembly women in Kumasi, in Ashanti Region, Damgbe West in the Greater Accra Region. Even though women have been appointed as ministers, MDCEs and departmental heads etc, the records according to officials interviewed is very low.

Government according officials has not done much in the area of fair recruitment and promotion, since few women are employed in the formal sector. Some of the officials explained that some of the women just did not have the appropriate qualifications. They noted that in the government sector there is no discrimination against women in the area of employment. Some noted that some private companies do not make provision for maternity leave in their conditions of service thereby denying women the opportunity of working in these companies. Assessing government performance on the promotion and protecting of women’s rights, they noted that it has been average.

Officials interviewed, generally agreed that there was a need for improvement in the following area; women’s participation in decision making; provision of micro-credit to support women; girl-child education, women’s health and reproductive rights. They also called for the establishment of women’s department at the MMD levels to help implement plan of action; provision of adequate resources for states institutions working on women issues and a Legislative Instrument to back the Domestic Violence Act. Some of the officials interviewed also recommended the recruitment of more staff to fill up vacant position in the public sector.

The NGOs interviewed, generally agreed that there was a need for improvement in the following areas; women’s participation in decision making; provision of micro-credit to support women; girl-child education, women’s health and reproductive rights. They also called for the establishment of women’s desk at the districts; sponsorship from government to fund their projects; more collaboration and commitment from government to ensure that domestic violence law is implemented.

**Conclusion**

Generally, women continue to experience less freedom than men in terms of political, economic, social and cultural rights, despite the various intervention such as public education and sensitization on the rights of women by both state institutions and civil society organisations; the formation of women’s groups and the passage of bye-laws by some chiefs in some communities. This was collated by responses from the officials from state institutions and focal persons from the NGOs interviewed. Officials interviewed, generally agreed that there was a need for improvement in the following area; women’s participation in decision making; provision of micro-credit to support women; girl-child education, women’s health and reproductive rights.
2. Domestic Violence against Women

International human rights instruments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) have been created in an effort to address the common global problem of discrimination and violence against women that often results from gender inequality. The Domestic Act 2007 (Act 732) clearly outlines the definition of the term, methods for filing complaints, provision of free medical care for victims, establishment to assist victims as well as its management as well as the institution that mandated to handle such cases. As a result, the Women and Juvenile Unit (WAJU) created in 1998 in Ghana’s Police force was renamed Domestic Violence Victim Support Unit (DOVVSU). Its aim is to specifically deal with issues of violence against women and other abuses of human rights, and to document patterns and types of crimes against women and children. Another role of DOVVSU is to collaborate with organizations to offer assistance in the areas of provision of shelter, legal aid and counseling to victims.

Findings

Responses on domestic violence against women

In the effort to assess the progress made in combating domestic violence against women, focus group discussions were conducted in 116 communities across the country. These involved 1432 community members made up of 59.6% of female and 40.4% of males mainly between ages 18 and 54 years.

36 officials of DOVVSU were also interviewed across the country to assess progress made in their effort at combating abuse of women at the community level.

75.3% of respondents knew about domestic violence, 71.2% knew the types of acts that constitute domestic violence. While majority (69.7%) of respondents has not been victims of domestic violence, 30.3% have either suffered physical, economic, emotional or verbal abuse. Out of this number 51.0% have either been hurt mentally, emotionally or physically as a result of the violence. 20.4% of those hurt sought medical help while 79.6% did not because, respondents noted that, they either did not have money, the injury was not severe, were used to the violence or were afraid that their husbands will divorce them. Perpetrators, according to respondents ranged from friends, parents, rivals, tenants, relatives of husbands and wives; however the major perpetrators of domestic violence according to them were husbands. Majority (78.6%) of respondents indicated that, they did not report the issue to anyone either because they wanted to protect their marriage, they did not want another person to hear about their marriage problems, or they felt violence is part of the marriage life.

44.1% of these members have ever attended or heard an educational programme on domestic violence organized by both state institutions and NGOs. 80.5% indicated, the programme had increased their knowledge about domestic violence because they now know about the types of domestic violence and where to seek redress.
Intervention and measures to address domestic violence against women
The main activity embarked on by government officials in their various communities to promote the Domestic Violence Act was through public education and sensitization. The general support offered to victims of domestic violence by these officials included provision of financial support, counseling of parents and victims and free medical care.

Impact of interventions and measures to address domestic violence against women
According to 43.8% of government officials domestic violence in their communities have increased, 18.8% said it has not changed while 37.5% noted it has decreased. DOVVSU officials in Agona West and Jirapa were part of 3.0% who noted that the willingness of community members in their districts to report domestic violence was excellent. 51.5% of the respondents indicated that, the willingness in their communities were either very good or good, on the contrary, 28.8% said it was poor.

In spite, the fact that 42.9% of community members knew about the Domestic Violence Act; 66.9% knew where to seek redress with only 11.8% of respondent ever accessing the services of these institutions.57.8% of those who patronized the services of these institutions were satisfied while 42.2% were not. 35.4% did not get the relief they sought because they thought the punishment given to the perpetrators were not punitive enough; cases were referred to other institutions; the perpetrator refused to abide by the agreement signed as well as the process for seeking relief was tedious and expensive as a result had to abandoned the whole process.

Conclusion
Perpetrators, according to respondents ranged from friends, parents, rivals, tenants, relatives of husbands to husbands and wives; however the major perpetrators of domestic violence according to them were husbands. Majority of respondents indicated that they did not report the issue to anyone either because they wanted to protect their marriages, they did not want another person to hear about their marriage problems, or they felt violence is part of the marriage life. Officials of DOVVSU were interviewed across the country to assess progress made in their effort at combating abuse of women at the community level. The main activity embarked on by these officials in their various communities to promote the domestic violence act was through public education and sensitization. The general support offered to victims of domestic violence by these officials included provision of financial support, counseling of parents and victims and free medical care.

3. Women’s Reproductive Health Rights
CEDAW recommends special measures for maternity protection in article 4. It also affirms women's rights to reproductive choice and oblige states to include advice on family planning in the education process (article 10. h) and to develop family codes that guarantee women's rights "to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights" (article 16.e).
The Directive Principles of State Policy, as specified in the 1992 Constitution, mandates the President of the Republic of Ghana to ensure the realization of basic human rights, and the right to good health including reproductive health rights of women among others. Government has sought in various ways to provide the necessary environment and inputs towards improving reproductive health service delivery.

Under its Growth and Poverty Reduction Strategy (GPRS II) which span from 2006 – 2009, government with respect to reproductive health rights of women, indicated it would promote access to and utilization of family planning service; educate the youth on sexual relationship, fertility regulation, adolescent health, marriage and child bearing; as well as promote the integration of HIV/AIDS into Sexual and Reproductive Health programmes, delayed marriage and child bearing. A full access to sexual and reproductive health information and services is needed for the health of women. This includes access to contraception, safe abortion services, where legal as well as information and services for preventing and treating sexually transmitted infections, including HIV/AIDS.

Findings
Responses on Women’s Reproductive Health Rights
1745 community members were part of various group discussion held in 157 communities across the country to monitor women’s rights to reproductive health care services. 69.2% were female and 30.8% are male with majority age between 18 and 54 years.
In addition, 79 regional, metropolitan, municipal and district health facilities with oversight mandate over 696 reproductive health centres were visited to monitor women’s access to reproductive health care services.

On the right to decide freely and responsibly on the number and spacing of children, 57% of community members indicated that, this was often a joint decision made by both spouses, 42.6% on the other hand said decisions of such nature was determine by their husbands; some had children without any form of planning, whiles others noted that, having children was a gift from God therefore there was no need to plan for them.

58.2% of these respondents indicated that they were free to use contraceptives either because their husbands’ encourages them to use it, and some of the contraceptives are free and those which are sold was very cheap. Others also indicated that, they use it without the knowledge of their husbands. 41.8% of respondents said they were not free to use contraceptives because, their husbands were not in favour of it use. Others said it has side effects, were against their religious beliefs and married women they said; do not use contraceptives as one would be thought to be a prostitute.

Access to reproductive healthcare services: On the issues of obtaining adequate general information and counseling on reproductive health and family planning, 87.6% of community members said they did receive such information and services provided by these clinics. According to 82.2% of respondents, services were free, however, 17.8% of respondents said the services were not totally free, they had to pay some amount of money ranging from fifty Ghana pesewas (GH¢ 0.50p) to twelve Ghana cedis (GH¢ 12). 83.1% of respondents were able to get all
prescribed medicines including contraceptives from the clinic, 16.9% on the other hand said they were not given because, they were either asked to buy those drugs from pharmacy shops outside the clinics, the clinic being a catholic hospital therefore does not provide such services or had to buy the drugs from the district hospital. 66.4% of respondents said the community offer test for STIs and STDs including HIV/AIDS and 57.3% noted that their community clinics provide information on the availability of abortions services.

Majority of respondents (91.3%) noted that there was always someone to attend to them anytime they went to the clinic. According to them, there are always medical personnel on duty to attend to them. 8.7% of community members said that health personnel were sometimes not present at the time of visit. They added that at certain times of the day thus in the evening, dawn or on weekends, health personnel’s are often not present. In Zongo in Bawku West in the Upper East and Tampoe in Jirapa in the Upper West Region, respondents said that services are not readily available due to lack of adequate personnel in the hospitals. Some respondents in Obuasi, Ahanta West and Bolgatanga also narrated instances where medical personnel would be present but would tell patients that they had close so as not to attend to patients. Despite this comments, 86.3% of respondents rated the attitude of the health personnel at the clinic as good and very good. On the average 43.8% of respondents spend between one to two hours at the reproductive health clinic, while 25.9% and 21.5% spent less than an hour, between three to four hours respectively.

**Ante, pre and neo natal services:** With regards to ante-natal, prenatal and neo natal services majority of the respondents indicated that, the clinics in their community provided them with adequate information. All these services according to majority of respondents were free. Those who indicated that, it was not free mentioned they had to pay fees ranging from fifty pesewas to fifteen cedis. Some of these fees according to some respondents were not official.

**Interventions and measures to address Women’s Reproductive Health Rights**

According to the officials of the health facilities interviewed government has put in place many structures, personnel; logistics at the districts to take care of the health needs of women to enable the state achieve the Millennium Development Goals.

All officials of health facilities interviewed indicated that, they provided reproductive health services including family planning, immunization, sexual transmitted infection, HIV/AIDS, ante, neo, pre-natal services etc. With respect to the provision of information on reproductive health issues and family planning, 94.7% responded in the affirmative while 5.3% did not. According to the information given, 77.1% of the services provided are free which included HIV/AIDS test, Syphilis test, reproductive health counseling, ante natal care, delivery, pre natal care while others such as, post abortions care, family planning devices, treatment for STIs are not.

94.7% of these clinics provide testing for STIs and STDs including HIV/AIDS while 5.3% who said no, indicated that, such cases are referred to the district or regional hospitals.
Advocacy programmes are ongoing and most women know about their health and reproductive rights. Even though government has introduced free maternal healthcare, the officials in the state institutions in Ho and Lawra noted that, it is not easily accessible to women at the community level.

**Impact of intervention and measures to address Women’s Reproductive Health Rights**

Majority of the government officials agreed that, government performance in this area has been good. Most (90%) of community members also noted that, generally, services provided during ante natal, prenatal and neonatal were very good. Majority (98.7%) of these respondents noted that services provided during the ante natal care was useful during and after birth. They also noted information such as, the expected day of delivery, nutrition, hygiene, drugs for pregnant women, items taken to hospitals and regular checks etc have made delivery easy and reduced complications during birth.

The attitude of the health personnel who provided services during ante natal, pre natal and post natal have also been rated between good and very good by majority of these respondents. Prescribed medicines according to majority of community members are available and these drugs are free and some affordable in situations that they had to buy. Minority of respondents noted that, some of the drugs were not available and had to be bought from the pharmacy shops.

**Conclusion**

Majority of respondents noted that, there was always someone to attend to them anytime they went to the clinic. According to them, there are always medical personnel on duty to attend to them. There were instances where medical personnel would be present but would tell patients that they had close so as not to attend to patients.

With regards to ante-natal, prenatal and neo natal services majority of the respondent indicated that, the clinics in their community provided them with adequate information. All these services according to majority of respondents were free. The attitude of the health personnel who provided services during ante natal, pre natal and post natal have been rated between good and very good by majority of the respondents. Prescribed medicines according to majority of respondents are available and these drugs are free and some affordable in situations that they had to buy. Minority of respondents noted that some of the drugs were not available and had to be bought from the pharmacy.

**4. Marriage in the Ghanaian Context**

The 1992 Constitution, Article 26(2) stipulates that “All customary practices which dehumanise … a person are prohibited” and this include marriage practices such as bride price, forced marriage, and wife heritance that discriminate against women.

CEDAW, Article 16 enjoins states to take appropriate measures to ensure equality of men and women in marriage and to make the registration of marriages in an official registry compulsory.
Ghana has comprehensive marriage laws which make provision for registration of all the three\(^\text{16}\) forms of marriages in Ghana. The essence for all these provisions in the in international and national laws is to eliminate discrimination against women in all matters relating to marriage and family relations.

**Findings**

**Responses on Marriage in the Ghanaian context**

In all, 2417 respondents were part of various focus group discussions held in 199 communities to monitor the extent to which women enjoy their rights to marry and make family. Respondents were mostly between ages 18 and 54 made of 60.4% female and 39.6% males.

Officials from 92 district courts and MMDAs with oversight, over 199 communities were also interviewed with the aim to monitor marriage registrations in accordance to Ghanaians laws.

Women in majority of the communities (90.6%) were free to choose their marriage partners but 9.6% of respondents in communities mostly in Nkwanta, Kete Krachi and Tamale noted that, the practice of wife exchange either by the father or brother, forced and betrothal marriages still persist in these communities.

All the respondents indicated that, some form of dowry is paid to the family of the bride either before or during the marriage ceremony even though the items differ from community to community. While 82.6% of respondents indicated that, no aspect of the rite perpetuate any abuse against women, 17.4% said it does. According to the latter group, expensive dowry demand by some families makes the woman appear to have been sold out to the man. This often makes the men think their wives are their property and should be treated anyhow. Some of the respondents noted that most often the dowry is not given to the woman but rather shared by the family members of the bride.

58.1% of respondents noted that, women in their communities go through the necessary marriage rites whilsts 41.9% were of contrary view. According to them, some women cohabit with the men because they become pregnant unexpectedly or the men are not able to perform the marriage rights because the dowry is expensive. Also some of the ladies do not inform their families about their relationships.

Majority (73.0%) of respondents who are mostly women have never attended any educational programme on marriage. Some of the institutions that have organised such programmes included civil society and faith based organisations and state institutions such CHRAJ, NCCE, and DSW. 84.7% of those who had benefited from educational programme noted that, it has increased their knowledge about marriage. They now know the types of marriages and the various laws on marriage in Ghana.

**Impact of interventions to promote women’s rights issues on marriage registration**

Majority of government officials interviewed thus, the senior registrars, registrars or assistant registrars were evenly divided over the issue of whether the promotion of women’s rights has had any impact on marriage registration in their districts. While 49.0% indicated that, there has been an impact and explained that, the number of marriages registered over the year has

\(^{16}\) Customary Marriage(Registration)Amendment Law 1991PNDCL 263;Marriage Under the Marriage Ordinance (CAP 127);Marriage of Mohammedans Ordinance(Ghana) 1907 CAP 129
increased from 2007 and 2009 and also the women are now forcing their partners to register their marriages, 51.0% also indicated there have been no impact because of the high rate of illiteracy, lack of knowledge, such as registration process in their communities and lack of public education in these communities.

Conclusion
All the respondents indicated that, some form of dowry is paid to the family of the bride either before or during the marriage ceremony even though the items differ from community to community. According to the latter group, expensive dowry demand by some families makes the woman appear to have been sold out to the man. This often makes the men think their wives are their property and should be treated anyhow. Some of the respondents noted that most often the dowry is not given to the woman but rather shared by the family members of the bride. According to them, some women co habit with the men because they become pregnant unexpectedly or the men are not able to perform the marriage rights because the dowry is expensive. Also some of the ladies do not inform their families about their relationships. Some of the institutions that have organised educational programmes included, civil society and faith based organisations and state institutions such CHRAJ, NCCE, and DSW Majority of respondents thus, the senior registrars, registrars or assistant registrars were evenly divided over the issue of whether the promotion of women’s rights has had any impact on marriage registration in their districts.

5. Inheritance
The importance of securing women’s inheritance rights has been recognized in a growing number of national laws, as well as in international legal instruments in the context of both development and equality e.g., in the International Covenants on Economic, Social, and Cultural Rights and on Civil and Political Rights and the 1992 Constitution of Ghana. Ghana has therefore ratified numerous international human rights treaties, including CEDAW and the African Charter on Human and Peoples’ Rights, Ghana passed, in 1985, the Intestate Succession Law (the Provisional National Defense Council, or PNDC, Law 111). PNDC, Law 111 significantly altered the system of land and property distribution legally recognized by the Ghanaian government. According to its accompanying memorandum, the law seeks to "provide a uniform intestate succession law that will be applicable throughout the country irrespective of the class of the intestate and the type of marriage [statutory or customary] contracted by him or her." The law” aimed at giving a larger portion of the estate of the deceased to his spouse than is normally the case at present," grants concrete rights to spouses to the property acquired by the decedent during his or her lifetime.

Findings
Responses on inheritance
A total 2119 respondents were interviewed on women’s rights to inheritance in 200 communities across the country. Majority (39.7%) of respondents were between ages 29 and 39.
Representatives of 39 women’s right CSOs and NGOs were also interviewed across the country to assess their contribution towards the realization of women’s right to inheritance.

The matrilineal system of inheritance is predominating in communities situated in the Eastern, Ashanti, Brong Ahafo, Central and western regions. The patrilineal system on the other hand is predominate in communities found in the Northern, Upper east and West, Greater Accra and Volta regions. Apart from the above mode of inheritance, there are other forms of inheritances found mostly in the Northern region.

Notwithstanding the mode of inheritance, in most of the communities women and girls could inherit the properties of their deceased parents with the exception of some communities around the BoNGO, Bawk, Bolgatanga municipalities in the upper east region. Out of 152 respondents interviewed in sixteen (16) communities in this region, 68.4% indicated that women and girls either not allowed inheriting their deceased parents. Reasons given by these respondents included ‘unmarried women do not inherit their parents; girls and women belonging to the family of their father and husband respectively are also therefore not supposed to benefit from the properties of the family etc.

Ironically, these same women do not also inherit their husbands. Respondents in some communities in and around Wa, Bolgatanga, and Wenchi municipalities indicated that, women are considered to be from different families and part of the property is inherited. The entire properties of a deceased in some of these communities are considered to be for the entire extended family therefore the woman cannot inherit any of such properties. As a result the brothers of the late husband would inherit all properties. In situation where women could inherit their deceased husband they could inherit properties like land, cattle, vehicles bicycles etc. Even if the woman is to enjoy the property, this property is still managed by a male member of the husband’s family.

In all, only 42.6% of respondents knew about the Intestate Succession Law (PNDC law 111). Among respondents in communities, in and around Wa and Bolgantaga, where women and girls are do not inherit, the level of knowledge of PNDC law 111 is at 18.9% and 34.5% respectively. They noted that, they obtained this information from radio, CHRAJ, NCCE, DOVVSU, NGOs, families and friends.

Out of 60.0% of people who responded positively to the question as whether they knew of institutions to report to in case their right to inheritance was violated, only 12.1% had ever patronized the services of these institutions. 75.7% and 76.4% of these respondents respectively were satisfied with the services of these institutions and obtained the relief they were seeking.

**Interventions and measures to address issues of right to inheritance**

The focus areas of women’s right CSOs and NGOs interviewed included promoting the rights of women; provision of micro-finance; public education on violence against women; counseling, provision of shelter for abused women, legal aid and rehabilitation of survivors of gender based
violence. Basically, the focal persons’ interviewed had worth of knowledge about the PNDC Law 111. They all agreed that, the law was very good since it seeks to protect the interest of spouses especially women and children who are often vulnerable after the death of the man. Some were however of the view that, some sections of the law need to be amended. For instance, the property outlined in the law did not include land; as a result widows in the rural areas are denied the right to inherit the deceased husband’s land. It was recommended that more education should be done and the law should be enforced to the latter.

Majority (73.8%) of these institutions also embark on advocacy campaigns on women’s right to inheritance using community based public education, training programmes, workshops.

**Impact of Interventions and measures to address issues of right to inheritance**

On the issues of whether the law has been able to address the issue of discrimination, women face with regards to inheritance after the death of their spouse, 69.2% of CSOs and NGOs interviewed responded positively noted that it has now made it easy for widows to access their deceased spouses estate. Advocacy campaigns on women’s right to inheritance have been positive; it has created awareness among women, and also led to the introduction of spousal right bill. Majority of CSOs and NGOs (52.6%) receive complaints related to inheritance bordered mainly on expulsion of women (widows) from their matrimonial home after the death of husbands; distribution of properties of a deceased; and denial of children's right to inheritance of their deceased parent.

There were however some who were of the view that, ignorance of its existence; lack of enforcement agencies in the system as well as the cumbersome process of obtaining letter of administration are hampering the realization of the objectives of the law.

**Conclusion**

Notwithstanding the mode of inheritance, in most of the communities women and girls could inherit the properties of their deceased parents with the exception of some communities around the BoNGO, Bawku, Bolgatanga municipalities in the upper east region. The entire properties of a deceased in some of these communities are considered to be for the entire extended family therefore the woman cannot inherit any of such properties. As a result the brothers of the late husband would inherit all properties. Even if the woman is to enjoy the property, this property is still managed by a male member of the husband’s family. Basically, the focal persons’ interviewed had worth of knowledge about the PNDC Law 111. They all agreed that the law was very good since it seeks to protect the interest of spouses especially women and children who are often vulnerable after the death of the man. Some were however of the view that, some sections of the law need to be amended. It was recommended that, more education should be done and the law should be enforced to the latter. There were however some who were of the view that, ignorance of its existence; lack of enforcement agencies in the system as well as the cumbersome process of obtaining letter of administration are hampering the realization of the objectives of the law.
6. The Wills Act

Property rights of spouses are covered under Article 22 of Ghana’s Constitution. Article 22 (1) is extensively covered by our laws on inheritance, i.e. the Wills Act and Intestate Succession Law. Article 22 (2) states that Parliament shall, as soon as practicable pass law regulating property rights between spouses including equal access to property jointly acquired during marriage and equitable distribution of property at dissolution.

Findings

Responses on the Wills Act

A total of 200 communities in all the 10 regions were visited. In all, 2146 respondents were part of various focus groups discussions held in these communities. Most of respondents were between ages 29 and 50 representing 75.9% of total number of people interviewed.

While majority (63.3%) of respondents knew what a Will was, only 6.0% had made Wills. Most of the reasons given by the respondents for not making a Will are based on superstitions and lack of adequate knowledge of the essence of will. For instance most of these people indicated that, they did not have property to will and that it was only the rich people who make Wills. Others were of the view that, wills are made by people who are about to die. Some were also of the views that, women do not make Wills; it is only done by men.

Some respondents simply did not know about the procedures and processes involve in making Wills. This assertion is buttressed when only 14.8% respondents indicated that, they knew about processes involved in preparing a Will; 31.0% knew how to revoke or cancel a will, and 36.9% knew where a Will is kept. Even among the last category of respondents who claim to know where Wills are kept, mentioned places like ‘under the mattress’, ‘in suitcases’, ‘at the bank’, ‘the chiefs palace’, the church, home etc. Only 13.7% of respondents interviewed had ever attended any educational programme on the Will’s Act with 25.5% of them indicating the programme increased their knowledge about Will and the Will’s Act.

Conclusion

Most of the reasons given by the respondents for not making a Will are based on superstitions and lack of adequate knowledge of the essence of will. For instance most of these people indicated that, they did not have property to will and that, it was only the rich people who make Wills. Others were of the view that, wills are made by people who are about to die. Some were also of the view that, women do not make Wills; it is only done by men. Some respondents simply did not know about the procedures and processes involved in making Wills, whereas, some did not know where wills are kept.

Conclusion

The report indicates that the government had made some progress in regards to the promotion of women’s right in Ghana. However, it’s progress fall well short of decreasing the gap between women and men in areas such as participation in politics, education, and health as well as decreasing violence against women.
Domestic violence also continues to be alarmingly widespread, affecting, although the domestic violence act enacted in 2007 requires each metropolitan municipality and any municipality with a population of over 50,000 to open a women’s shelter, there are no penalties for those that do not comply.

Women also face difficulties in terms of reproductive health rights, marriage rights as well as the rights to inheritance which is rampant in our country.

In terms of reproductive health rights, it has promoted health and has reduced fatal cases. Prescribed drugs are now free and affordable. There have been positive results in the reproductive health centers whereby many women are monitored and provided with services such as family planning, immunization, sexual transmitted infections, HIV/AIDS, ante, neo, pre-natal services.

Improvement in public education on women’s right in marriage has yielded positive results thus majority of women now have the freedom to choose their marriage partners even though more educational programs still need to be done.

In the aspect of women’s rights to inheritance, the mode of inheritance in most of the communities that is, women and girls could now inherit the properties of their deceased husband and father respectively as a result of the knowledge on Intestate succession law (PNDC Law111) and through the spreading of information by institutions such as CHRAJ, NCCE, DOWSU, NGO’s, Families and Friends.

Public education on The Wills Act has gone a long way, informing people of the importance of the Act. Majority of respondents knew what a Will is, but only a few had one. Some respondents also do not know about the procedures and processes involve in making Wills.
Main objective:
To monitor State compliance with its obligations regarding cultural practices which detract on the dignity of people in Ghana.

Specific objectives:
- To ensure that State actors and other duty bearers meet fully their obligations under the law regarding harmful cultural practices in Ghana.
- To assess progress made in the elimination of harmful cultural practices in Ghana.
- To engender government action towards the abolition of harmful cultural practices in Ghana.
- To provide information regarding harmful cultural practices in Ghana, to enable CHRAJ to play its oversight role.

What is harmful cultural practices and why is the commission conducting this exercise in these areas

Areas covered under the monitoring exercise are
1. Suspected witch camps
2. Widowhood rites
3. Prayer/Healing Camps and
4. Trokosi

Suspected Witch Camps
Introduction
“Witchcraft accusations” are allegations leveled against persons suspected of possessing evil powers meant to harm people and bring misfortune upon the society. They are claimed to exercise or invoke alleged supernatural powers to control people or events, practices typically involving sorcery. It is the power in a person’s domain to do harm or influence nature through occult means. Witchcraft is practiced by both men and women, although statistics have shown that, elderly women above 60 years are more often accused of this practice than their male counterparts.

In respect to the above, men and women who are suspected to be witches and wizards suffer the fury of the community members who may end up lynching them.

To escape from the angry mob, the suspected witches and wizards seek refuge in these settlements to save their lives and spare themselves from excessive discrimination.

As part of the objective of monitoring ESCR, the commission monitors the witch camp to assess the living conditions of the camp.
THE KUKUO SETTLEMENT

Background Information
The Kukuo Witch Camp is located in the Nanumba south district of the Northern Region. The total number of dwellers in the settlement as at the time of visit is one hundred and twenty three (123) all being suspected witches. Table 26 shows that, the number of suspected witches and or wizards in the Kukuo settlement has generally declined by about 70% since 2005.

Table 26: Total number of witches and or wizards from 2005 to 2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of witches and or wizards</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>535</td>
</tr>
<tr>
<td>2006</td>
<td>314</td>
</tr>
<tr>
<td>2007</td>
<td>114</td>
</tr>
<tr>
<td>2008</td>
<td>113</td>
</tr>
<tr>
<td>2009</td>
<td>116</td>
</tr>
<tr>
<td>2010</td>
<td>123</td>
</tr>
</tbody>
</table>

As at 2010, the number of dwellers under 18 years comprised 177 males and 400 females. Dwellers of age 60+ were 23 males and 46 females.

The right to adequate housing
The settlers of the camp live in thatched buildings roofed with natural materials. These roofs are old and of inferior quality thus not protective enough. There is no electricity in this camp; dwellers rely on firewood and charcoal as the main form of energy. The camp is therefore cut off from the world since it does not have any electrical gadgets such as radio or television to access information. Rodents, insects, snakes and other parasites are excessively abounds in this camp due to the insanitary conditions the poor alleged witches live in.

Rights to health and sanitation
Alleged witches of the Kukuo Camp had no access to potable water. Their main sources of water are the river, stream and rain of which supply was irregular. The rain normally ceases and the others may dry up during the harmattan. There were no toilet facilities therefore; settlers eased themselves in the nearby bushes thus, worsening the insanitary condition in the camp. The bathhouses, mostly made of wood and old mats, are also in very poor conditions in terms of sanitation. Sicknesses mainly malaria, cholera, convulsion and hernia continue to the commonest ailments affecting the dwellers. A health post is available to them, but patients paid whenever they accessed their services.

Nutrition
Most at times, friends and relatives provide financial support and food stuffs to dwellers of the camp. Others engaged in income generating activities such as petty trade and soap making to support them.
Right to education
There is a primary school accessible to dwellers of Kukuo camp but there are no adult education programs. This educational facility however, is not enough to cater for all the children in the settlement. There is also no library in the camp.

Activities
Farming and petty trading constitutes the major activities engaged in by the dwellers. The alleged witches are allowed to enjoy their rights to religion. Some are Christians whereas, others are Muslims.

Monitoring
The general situation at this settlement is monitored regularly by CHRAJ, SONGTABA, GRAMEEN and Action Aid on quarterly basis. CHRAJ officials were informed that, the settlement was monitored within the last three (3) months. Although the number has reduced over the years, the recent figure (126) is higher than that of last year (116); an indication that, suspected witches and wizards are still being banished into this settlement.

Campaign against Discrimination of Suspected Witches and Wizards
A number of campaign against discrimination of suspected witches and wizards have been carried out by key organizations such as CHRAJ, and SONGTABA. Dwellers of the camp confirmed this statement. According to dwellers, current programs in the form of documentaries have reduced the negative effects of mishandling suspected witches. However, these campaigns have not yielded much result. Natives in the communities continue to have negative perception of witchcraft allegations. In the year 2009, the camp was able to reintegrate into the society a total of 16 female and none in the year 2010. The camp however admitted 6 and 5 suspected female witches in 2009 and 2010 respectively.

Sources of funding
Action Aid was cited as the key organisation that finances programmes in training on farm activities, farmers networking, and advocacy and lobbying.

Civil Society Organization
Monitoring of Suspected Witches and Wizards Settlement
Organizations such as Action aid Ghana, TIDA, Tuyuntaba Development Association do embark on regular monitoring of, and campaign against discrimination of, suspected witches and wizards.

TINDAAN SHAYILI-KPATINGA SETTLEMENT
Background Information
The Tindaan Shayili- Kpatinga camp is located at the Gushegu District in the Northern Region. The current number of suspected witches stands at 34; all being females above 45 years of which
20 are aged over 60 years. The summary of the records obtained from the camp is as summarized in table 27.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of witches and or wizards</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>No records</td>
</tr>
<tr>
<td>2006</td>
<td>No records</td>
</tr>
<tr>
<td>2007</td>
<td>32</td>
</tr>
<tr>
<td>2008</td>
<td>30</td>
</tr>
<tr>
<td>2009</td>
<td>29</td>
</tr>
<tr>
<td>2010</td>
<td>34</td>
</tr>
</tbody>
</table>

**Table 27: Total number of witches and or wizards from 2005 to 2010**

**Right to adequate housing**
Interestingly, this camp has block housing for inhabitants with each occupying a room. The buildings are roofed with corrugated iron built by World Vision Ghana to provide adequate protection for the individuals. Their main source of energy is firewood and charcoal which they fetch from nearby bushes for the preparation of food. There is no reliable source of information for the dwellers. Refuse disposal is normally at a nearby location. The settlement is infested with a lot of mosquitoes, tsetse flies, and sometimes snakes especially, during the raining season.

**Right to health and sanitation**
The inhabitants of Tindaan Shayili- Kpatinga settlement have access to potable water from boreholes which provides them with regular source of water. The settlers use a five-seater Kumasi Ventilated Improved Pit-latrine (KVIP), which is in a good sanitary condition. Though they enjoy adequate toilet facilities, no bathing houses are provided for them. The settlers have managed to construct just a few with “zanamat” a traditionally unacceptable structure for bathing purposes. There is a health facility available at the settlement; the dwellers mentioned that after the initial NHIS registration, it could not be renewed in the subsequent years. For this reason, the dwellers pay for their medical bills whenever they visited health facilities with some common illnesses including malaria, chest pains, and stomach problems among others.

**Nutrition**
Sources of food for the dwellers has mainly come from NGOs and Philanthropists, and self-feeding through farming and vocational skilled work. The food is however said to be inadequate in terms of quantity and quality.

**The Right to Education**
The settlers of the camp have access to a Kindergarten and basic school (primary and JHS) but no library. There is also no adult education program for the dwellers.

**Activities**
Settlers engage minimally in farming and some vocational activities. Thus, they hugely rely on external assistance for survival, which is described as inadequate due to their irregularity. The
camp has a vocational centre to train them in various skills. All of the present dwellers at the camp are Christians and attend a church close by.

**Monitoring of Suspected Witches and Wizards Settlement**

Apart from CHRAJ that undertakes a regular monitoring of the settlement, National Commission on Civic Education (NCCE), Social Welfare, World Vision Ghana, SONGTABA and Project Shere, an NGO in the Gushegu district occasionally pay monitoring visits. The camp benefits from this visit regular (mostly in every three months).

**Campaign against Discrimination of Suspected Witches and Wizards**

The above mentioned organizations in addition to monitoring, engage in campaign against discrimination, the practice in totality and general human rights. The success of their campaigns have upshot in no admission of any suspected witches or wizards into the camp since 2008.

**Sources of Funding**

The dwellers in this camp presently do not receive any financial support from any organization, but they were appreciative to World Vision Ghana for providing them with a descent accommodation.

As aged people, the settlers pleaded with CHRAJ officers that, they needed support in terms of health, food, clothing, and beddings.

**Civil Society Organization**

Opposing to information received during our monitoring visit to the camp, other organizations apart from CHRAJ, World Vision Ghana officials said they monitor the settlement four times a year on quarterly basis. They confirmed no admissions of suspected witches and wizards into the settlement. They mentioned that, the slight decrease in the number of settlers is due to their effective monitoring activities.

**Campaign against Discrimination of Suspected Witch and Wizards**

Information received by CHRAJ officials at the time of visit, confirmed that CHRAJ, NCCE, Social Welfare, SONGTABA and the media (TV3 television) are in effective campaign in this settlement. Their main campaign activities border on discrimination against women, women’s rights and human rights.

**GNANI SETTLEMENT**

**Background Information**

The Gnani witch and wizard camp can be sited in the Yendi district of the Northern Region. Statistics gathered from this camp since 2004 reveals the following:
Table 28: Total number of witches and or wizards in the Gnani camp (2004-2010)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NO. OF WITCHES</th>
<th>NO. OF WIZARDS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>15</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>2005</td>
<td>21</td>
<td>11</td>
<td>32</td>
</tr>
<tr>
<td>2006</td>
<td>18</td>
<td>15</td>
<td>33</td>
</tr>
<tr>
<td>2007</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>2008</td>
<td>15</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>2009</td>
<td>28</td>
<td>14</td>
<td>42</td>
</tr>
<tr>
<td>2010</td>
<td>12</td>
<td>8</td>
<td>30</td>
</tr>
</tbody>
</table>

Unlike the other camps, this camp harbours a significant number of wizards. The changing figures is an indication that, the suspected witches and wizards are accepted into, and banished from, the society. All settlers are adults and only 8 (2 males, 4 females) were found to be more than 60 years.

The Right to Adequate Housing
Presently, the dwellers of the Gnani camp live in huts and thatch built with natural materials with inadequate protective roofing. The roofs of these huts were of dried thatch that was in a serious state of disrepair. They complained that, their belongings (clothing and bedding) get soaked since most of their rooms leak any time there is rain fall. Their roofs are often taken away by heavy winds. Moreover, the huts in which they lived had no windows to allow ventilation. The inhabitants had no access to modern communication gadgets like telephones, radio, television, etc. The main source of fuel in this camp is charcoal and firewood which the dwellers fetched from nearby bushes. The settlers had no proper means of disposing off refuse; they did so in the bushes. This unhealthy behavior has resulted in serious infestation of rodents and insects in the settlements. There are lots of mosquitoes and tsetse fly and other reptiles including snakes and this is as a result of the bushy surroundings.

The Rights to Health and Sanitation
At the Gnani camp, settlers have no portable water. The main source of water is either stream or river and rain water. None of these however has no regular flow as they normally dries up during the dry season.

The toilet facility available to the settlers is the Kumasi Ventilated Improved Pit-latrine (KVIP). This facility is not only inadequate for the settlers but also in a dilapidated state. Others therefore resort to the ‘free range’ (in the bush). Considering the bathing facility available to this community, a small area has been enclosed with mats as bathrooms for the inhabitants. This bathroom was also found to be in a poor sanitary condition.

There is no hospital at the settlement but the dwellers access health care at Gnani which is near to their camp. Medical bills are mostly paid by philanthropists and the NHIS. Common ailments in this camp are malaria, fever, snake bites, and headache.
Nutrition
The inhabitants have been receiving some nutritional support from relatives and friends, NGOs and philanthropists. These food stuffs have been described as inadequate considering the portion allotted to each person.

The Right to Education
The dwellers in this settlement have Kindergarten, Primary and Junior High School level of education accessible to them. Conversely, the educational facilities are not adequate to cater for the needs for all children in the settlement. In addition to the adverse situation above, the adult education programme they used to benefit from has ceased functioning.

Activities
The monitoring visits to the camps revealed that all suspected witches were into farming activities. Others are into thread weaving and into Shea-butter extraction.

Monitoring of Suspected Witches and Wizards Settlement
There is an on going monitoring on half year and yearly basis by Country Food Initiative Security (CFIS) and Management Aid respectively. Unfortunately, suspected witches and wizards are still being banished into this settlement, though the number has not increased those that were successfully released have been replaced.

Campaign against Discrimination of Suspected Witches and Wizards
Currently, there is no organization that is engaged in any form of campaign against discrimination of such persons. It is a fact that a suspected witch and two suspected wizards were successfully released from the Gnani Camp in 2008; surprisingly however, between January and March 2009, these same numbers that were released has been replaced.

Source of Funding
The settlers receive no financial support from any organization or philanthropist but the aged dwellers are so malnourished that, they really need some form of nutritional supplement and support. This notwithstanding, inhabitants need to be provided with adequate housing and portable water that could be more regular in supply and reliable.

Civil Society Organization
Information gathered from an interview held between Officials from Management Aid and CHRAJ revealed that the former have been monitoring the settlement on yearly basis. In spite of their effort, though suspected witches are still being banished from these settlements to corroborate the information received from the settlers during the interview sessions.

Monitoring of Suspected Witches and Wizards Settlement
On this issue, there was no organization that was mentioned to be campaigning against this discriminatory practice. They however, appealed to government and other organization to work together in re-integrating suspected witches and wizards into their respective communities.
**Witchcraft Accusation as a Human Right Issue**
The practice violates certain provisions in the international and national legal documents.
UDHR, Article 1 “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood”
UDHR, Article 2 “Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”.
Article 25 (1) of the UDHR states that, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”.
International Covenant on Civil and Political Rights (ICCPR) Article 17(1) “No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence or to unlawful attacks on his honor and reputation.”
ICCPR Article 7 “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment…”

**Convention on the Rights of the Child (CRC)**
Some provisions of the CRC which have relevance to the issue of witchcraft accusation are:
*Article 2:* Freedom from discrimination on any grounds, including sex, religion, ethnic or social origin, birth or other status.
*Article 6:* Maximum support for survival and development.
*Article 19:* The right to protection from all forms of physical or mental violence, injury or abuse, maltreatment or exploitation, including sexual abuse, while in the care of parents, guardian, or any other person.
*Article 24:* The right to health and to access to health services; and to be protected from harmful traditional practices.

- Denial of the right to practice ones belief. Article 21(1c).
- The practice is discriminatory. Article 17(2).
- Denial of the right to fair trial, violation of article 19 (1).
- Denial of the right to life. Article 13 (1&2)
- Denial of the right to human dignity. Article15 (1)
- Arbitrary arrest, detention torture, or other cruel, inhuman or degrading treatment or punishment. Article 15(2).
- Violation of their rights to freedom of movement. Article 21 (1g)
- Deprivation of the right to work under satisfactory, safe and healthy conditions. Article 24 (1)
• Denial of their right to health.
• Deprivation of their children’s right to education, article 25(1)

Conclusion
Clearly, under the human rights laws, the act of accusing someone as, and meting out inhuman treatment to, suspected witches or wizards are violations of human rights and criminal offence. Dwellers in the various camps live in very poor conditions. These are mostly old people who cannot do much to earn a living and to personally develop the area. The camps do not have any means of accessing information and there is also lack of adequate educational and health facilities. The operation of the NHIS is ineffective in these areas. Nevertheless, gradually, education and campaign against the practice is yielding results as the rates at which suspected witches or wizards are banished into these camps have reduced. However, the practice is still occurring with less effort in reintegration the settlers into the society.

The Practice of Trokosi
Introduction
“Trokosi” has its name from a combination of two mutually exclusive Ewe (one of Ghana’s major languages) words, tro and kosi. Tro means deity and kosi is a slave which when combined means a slave of deity.

It is a practice whereby women and girls are held as captive ‘sacrificial lambs’ for the pacification of deities and ancestral spirits. It is believed among these people that when the deities are wronged by a member of society or a clan, the repercussions are visited on the family till a member of that family atones for the wrong by relinquishing a girl child or woman to serve in the slave camp.

It’s prevalent among two patrilineal groups: the Ewes of southern and northern Tongu and Anlo, and the Dangmes of Greater Accra. Among the Dangmes, such groups are known as woryokoe. Chapter 5 of the 1992 Constitution of the Republic of Ghana spells out the Fundamental Human Rights and Freedoms of all persons. Specifically, the practice violates Articles 15, 16 (1) (2), 17, 21, 25, 26 and 28 of the 1992 Constitution, which is inviolability of the human person, slavery, forced labour and confinement of any form.

In this year’s report, aspects of rights issues investigated include:
• The right to adequate housing
• The right to health and sanitation
• The right to education
• Freedom of religion and
• Monitoring Trokosi Shrines
• The campaign against the practice
Background Information on Trokosis
Ten shrines were monitored in the Volta region this year. They are the Torgbui Adzimashie, Torgbui Adzima Adzin, Korlekpor, Torgbe Adzemufe, Korle, Avekpe, Torgbui Nyibglah, Tormife Shrine, Torgbui Nyibglah and Mama Ziofe

Though the trokosi practice has been criminalized, findings revealed that from January, 2008 to September, 30 2010, six (6) females were admitted to two shrines; the Torbgui Nyigbla and Mama Ziofe shrines. All other shrines, had no trokosis apart from Korlekpor shrine, which had 18 trokosis.

Notwithstanding the continuous admission of trokosis to some shrines, the number of trokosis admitted to various shrines has decreased significantly over the past year.

The Right to Adequate Housing
General comment 4.8d states “… Adequate housing must be habitable, in terms of providing the inhabitants with adequate space and protecting them from cold, damp, heat, rain, wind or other threats to health, structural hazards, and disease vectors.” Our focus will therefore center not only on the type of materials used for housing but its safety.

This research revealed that majority (66.7 %) trokosis live in mud huts whereas another (33.3%) in sandcrete. Fifty percent (50.0%) of settlements of trokosis had natural roofing materials and 20% in iron sheets. However, one abode was tiled.

Despite the provision of roofing, it was found out that, some (2) shrines had inadequate roofing for protecting dwellers because they were made of natural materials which got destroyed periodically. The Nigbla and Mama Ziorfe shrines were found to have such roofing problems. The materials used for roofing appear old and need replacement.

To conclude, even though, trokosis had places of abode, there were roofing problems since the materials used for roofing appear old and do not look safe for habitation.

The Right to Health and Sanitation
Even though forty percent (40%) get their main source of water pipe borne, majority access their water from unprotected sources such as wells and rivers.

All shrines had very neat environments. Trokosis and other shrine settlers dispose refuse at public dump sites found at the outskirts of town.

The most common ailment suffered by trokosis was malaria. No one prevented any trokosi from seeking medical attention; they seek medical attention whenever they fall sick.
The dominant type of toilet facility include traditional pit and ventilated improved pit latrines (KVIP). The sanitary conditions of the toilet facilities were good; toilet facilities are tidied up every morning.

To conclude, when trokosis fall sick, they are not prevented from accessing medical attention. Priests, relatives and friends foot their medical bills. Accessing water was not difficult but majority accessed it from unprotected sources. Sanitary conditions of toilet facilities were general good and shrines had neat environments.

**The Right to Education**
Primary, junior high and senior high schools were accessible to trokosis. Trokosis also accessed informal training. Almost seventy percent (66.7%) of shrines monitored had educational programmes for trokosis. They are in the form of weaving of mats, batic tie and tie making, soap making, baking and pomade making.

In summary, Trokosis had access to both formal and non formal education with majority accessing primary education. However, only 33.3% of shrines monitored had no access to adult educational programs.

**Freedom of Religion**
Half of the shrines monitored were not allowed to engage in any form of religion.

**Monitoring Trokosi Shrines**
In a typical year, at least one national institution as well as foreign and non-foreign researchers monitor the activities practiced in the shrines. CHRAJ and KISMERT, and Every Child Mission monitor trokosi shrines regularly.

**The Campaign against the practice**
The campaign against the practice has been ongoing and can be said to have had significant effect over the years. The system is gradually fading out due to public awareness through education. Most shrines are no more taking trokosis.

Credit is given to KISMERT, and Ambassadors of the truth ministries whose focus has been on public education and advocacy. Their public education target traditional rulers, community members, opinion leaders, shrine owners and priests.

**Conclusion**
This report has revealed that some shrines are still admitting trokosis. The law that bans the practice seems to be mere paper work in that, since the passage of the law, nobody has been arrested and prosecuted. Concrete steps must be taken to stop the practice entirely.
Widowhood Rites

Introduction

The protection of women’s rights is reflected in major international and national instruments. Convention on the Elimination of all forms of Discrimination against Women (CEDAW), Article 5 (a) and Chapter 6 of the 1992 Constitution of the Republic of Ghana article 39 (2) all allude to the need for modification and if possible abolishing of traditional practices which are injurious to the health and well being of the person.

Ghana is one of the countries that have steadily endeavoured to fulfill its State obligations toward fulfilling women’s human rights. However, societal norms and perceptions of women in Ghana still remain negative and discriminatory. Some of the norms and traditional cultural practices are in direct contradiction with women’s rights, perpetuating gender discrimination and the subordination of women in all stages of life. It is on this basis that the commission as part of monitoring the general human rights situation in Ghana, monitored widowhood rites. Widowhood rites involve rituals ranging from seclusion and general isolation from the wider community to causing physical harm to the widow.

Respondents

A total of 789 community members comprising 281 (35.6%) and 508 (64.4%) male and female respectively were contacted through focus group discussion nationwide. Out of this number, 406 (51.5%) believe that, the custom is still practiced in their communities, though the frequency with which it is practiced in the communities has reduced. Most of these rites are undergone by women. Responses indicated that, there are varying forms of widowhood rites practiced in Ghana. Generally, they all have common rational and significance, but the procedure vary from one community to another. Procedures common to most of the widowhood practices are;

- The widow visit the corpse at dawn to cry for the dead
- The widows will not eat after 6:00pm. She is to be in black cloth for a period of time to show that she is a widow.
- The widow’s movement is restricted during the period of widowhood rites. her eating pattern changes. She does this for six months or a year.
- widows are to remain indoors for 40 days after which they are made to undergo a cleansing process so as to make them pure.
- The widow goes bare footed for almost a year, her hair is shaved and kept indoors for 3 months
- The widow does not eat food or water until the deceased is buried, ropes are put around the neck of the widow, these ropes are not removed until the funeral is performed. The woman is also confined in the room without clothing for four days. during the funeral performance, the woman is sent to the river side and striped half naked and water poured on her four times
sometimes some widows are made to fast for some days before the burial of the deceased husband, on some occasions, widows are made to spent the night before the burial with the deceased in the same room

Clay is smeared on the widow’s body

Violation of Human rights through widowhood rites
A total of 431 (54.6%) community members perceive some widowhood rites as a violation of the rights of the widow. Although there was no significant responses as to whether one has witnessed a widow ever been injured, maimed or died whiles undergoing the rites, participants made reference to the harmful nature of some aspect of the procedure such as walking bare footed for a period of time, staying with the corpse which has serious health complications, and bathing at night at the sea side.

Women who refused to undergo widowhood rites suffer many abuses. According to some respondents these women are accused of being responsible for the death of their spouse while others are verbally abused and denied some of the property of their deceased spouse. Other respondents claim that such women can be banished whilst some say that the community does not physically inflict pain on the woman but believes that the spirit of the man haunts such women.

Health implications
Many of the community members are of the view that, the manner in which most of the rites are performed has varying negative health implications. These include psychological trauma, transmission of sexual diseases amongst others.

Participants however, mentioned that, there has been a modification to the current practice; although the rational is the same, the procedure has change in view of western culture, laws and the public speaking against it.

Campaigns against harmful widowhood practices
Campaign against harmful widowhood practices in the various communities has been reduced compared to previous years. Only a few (220 or 27.8%) of the participants confirmed that, there has been some campaign or talk against harmful widowhood practice in their community. Almost all the participants confirmed the absence of any organization coming to the community to conduct education on widowhood this year. A few however mentioned organizations mainly churches, the media and a few community based association.

Conclusion
The practice of widowhood rites is still prevalent in Ghana and mostly undergone by women or widows. However, the procedure is gradually becoming humane through modification of some aspect of the procedure. It can however be acted cruelly to anyone out of vengeance since there is no legal or framework to guide any of such rites as to how it should be conducted.
Healing Camps

Introduction
Healing camps are faith based facilities run by self professed ‘prophets’ and healers where people with certain health disorders or others who exhibit some ‘abnormal’ and unfriendly behaviors suspected to have been caused by evil powers are sent, apparently to seek spiritual healing and cure. Many Ghanaian cultures and beliefs consider certain ailments, including mental disorders, barrenness etc. to be caused by evil spirits and can only be healed or cured by spiritual powers. Such ailments are often times not beyond medical cure. However, relatives and or friends lead clients to such places without recourse to medical treatment.

The operations of prayer camps are being monitored against the backdrop of reported human right abuses meted out to people who patronize their services. This effort by the Commission is to sensitize the camp practitioners to operate, being mindful of the rights of persons who patronize their services.

Reporting on findings

Interview at the camp
The Commission monitored 51 healing (prayer) camps across the country. The average period of being existence is 27 years, with the maximum and minimum duration as over 100 years and 2 years respectively. The low minimum years of existence are an indication that, new healing camps are sprouting out in Ghana. Currently, almost all the camps in Ghana are under Christianity religion, with majority being the charismatic churches. Thirty six (36) or 73.5% of the monitored camps were registered.

Category of people who visit the camps
Different category of people of varying age range patronizes the services of the camps. The dominant group include:

- People with mental problems
- People with spiritual problems
- Suspected witches and wizards
- Sick people (especially with cancer, stroke, infertility, convulsion etc)

According to majority of the owners, these clients’ sicknesses or problems are those declared helpless by medical doctors after several failures to orthodox treatment. These people either come to the camp on their own (48%) or through relatives or friends (51.1%). Camp owners confirm that, clients can leave the camp at anytime in most cases unless the sickness requires the need to keep or chain them. Table 29 gives the age category and proportion of the clients that patronize the services of the camps.
Table 29: Category of People who patronize the Camp services

<table>
<thead>
<tr>
<th>Category of people</th>
<th>Number of institutions</th>
<th>Maximum found in a particular institution</th>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Under 18</td>
<td>14</td>
<td>20.00</td>
<td>96.00</td>
</tr>
<tr>
<td>Female Under 18</td>
<td>15</td>
<td>35.00</td>
<td>127.00</td>
</tr>
<tr>
<td>Male Between 19 And 59</td>
<td>36</td>
<td>102.00</td>
<td>363.00</td>
</tr>
<tr>
<td>Female Between 19 And 59</td>
<td>36</td>
<td>395.00</td>
<td>779.00</td>
</tr>
<tr>
<td>Male 60+</td>
<td>12</td>
<td>17.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Female 60 +</td>
<td>11</td>
<td>25.00</td>
<td>66.00</td>
</tr>
</tbody>
</table>

Cleary, all age groups engage the services of these camps; most of them are female of age between 20 and 59 years. The vulnerable in the society, children and the aged also goes to the camps. According to owners of the camps, there is no definite period of stay in the camp; clients can stay until treated from the sickness. However, most of the owners confirmed that, current clients have stayed less than six months. A few also stated a period of more than a year for some clients.

Figure 13: Highest Amount of Time Spent by Current Clients
Human rights violations in the camp
A number of activities undertaken by the healing camps in the course of exercising their treatment, if assessed from human rights perspective violate the rights of the individual involved. The monitoring exercise found that, clients especially those claimed to be mentally ill continue to be chained or locked up in a room in some of the camps. There is no first aid box neither health records of the clients are kept. Owners of the camp deprive clients from seeking orthodox medication. Additionally, the same concoction is given to different people irrespective of their health records.

A mentally ill person chained at Abotare Wie Nkunyimdzi healing camp in the Asankragwa district of the western region

Health and sanitation: Potable water though available in most institutions, was absent in some camps (18.4%). Only 42.4% of the camps have pipe borne as their main source of water supply. The others rely mostly on well and river or lake. The water supply is said to be irregular in 16.0% of the monitored camps. Toilet facilities mainly KVIP and traditional pit latrine were available in most of the camps with the exception of 7 (14.0%) that did not have any toilet facility.
Table 30: Availability and Types of Toilet facility in the Healing Camps

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flush</td>
<td>3</td>
<td>6.5</td>
</tr>
<tr>
<td>KVIP</td>
<td>15</td>
<td>32.6</td>
</tr>
<tr>
<td>Traditional Pit Latrine</td>
<td>20</td>
<td>43.5</td>
</tr>
<tr>
<td>No Facility</td>
<td>7</td>
<td>15.2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>100.0</td>
</tr>
</tbody>
</table>

These facilities were found to be inadequate and poor in 16.0% and 11.1% of the camps respectively.
Refuse disposal in the camps is mainly through dumping in a nearby site. A few of the camps resort to burning in the open air or use waste bin.

Table 31: Form of Waste Disposal in the Healing Camps

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnt</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td>Refuse dump</td>
<td>40</td>
<td>80.0</td>
</tr>
<tr>
<td>Waste Bin</td>
<td>6</td>
<td>12.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Monitoring of Healing Camps
Monitoring of the several healing camps in the country has not taken a nationwide phase; owners in 35 (70.0%) of the monitored camps confirmed to have been visited by organizations to assess different aspects of their camp and operations. Organizations mentioned were mainly the church groups, government health centres and human right groups such as CHRAJ.
According to the owners of the camp, most of the monitoring or visit is however irregular and mostly occur once in a year or more.
Advocacy Campaigns
A total of 50 Offices of government institution (the department of social welfare) were contacted in each region to ascertain government contribution in the monitoring of the healing camps in the country. The exercise revealed that, only 16 (32.0%) of the offices embark on the camp monitoring. the responses indicate that, there is no definite focus of such monitoring; the monitoring is done when there is a reported incidence. A few however stated that, their monitoring aim at advising the camp operators to seek orthodox medical care for some client, and to create awareness of adhering to human rights standards. Eleven (11) of the monitoring offices confirmed that, their monitoring saw human rights violations in the healing camps.

Conclusions
It is amazing that, all the camps have no medical facilities but treat people who are medically ill. Beside that, Human rights abuses are common in most of the healing camps. There is no potable and regular flow of water, no appropriate toilet and bathing facilities, and proper means of refuse disposal. People continue to be chained or locked up in a confined place. Monitoring of the camp is ongoing but only in a few of the camps and also not frequent.
CHAPTER SEVEN
EXTREMELY DEPRIVED COMMUNITIES (SLUMS)

Introduction
A slum is a street or district of old buildings in a poor dirty condition often crowded with people and whose social level is very low. 17

Article 25(1) of the UDHR stipulates that, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. “

Article 24 of the African Charter on human rights also states that “All peoples shall have the right to a general satisfactory environment favorable to their development.”

Based on the above conventions, the monitoring exercise sought to find out the state of socio-economic needs of extremely deprived communities in Ghana.

Nineteen (19) extremely deprived communities were monitored in order to establish the existing human rights situation. Six from the Western and Greater Accra Regions respectively, five from Volta Region and one from Brong Ahafo and Upper East regions respectively.

Household members ranged between 7 and 30; a slum household in Whindo in the Western Region had 7 members whereas another in Abornko Down community, in the Greater Accra Region had 30 members.

The Commission’s monitoring exercise revealed that there were more (192) females as compared males (144) in households monitored. In one particular household in Abornko Down community in the Greater Accra Region, the total household was 30; 7 males and 23 females. There was an open distribution of members of all households. In that, the allocation was cut across physically disabled, mentally disabled, pregnant, widowed and single parents. The widowed and single parents were the commonest form of household members. Residents were engaged in one form of business or another; most of them were into petty trading, hairdressing and agricultural activities such as fishing and fish mongering. A few were with the civil service such as driving. Only (11.1%) dwellers lived in rented houses whereas majority (88.9%) claimed ownership of the houses they inhabit. Rental fees ranged between five and fifteen cedis per month.

Availability and Habitability
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

17 Oxford Advance Learners Dictionary
lighting and ventilation, adequate basic infrastructure and adequate location with regard to work and basic facilities, all at a reasonable cost. It is with the above guide that the monitoring exercise was held.

**Housing**
The monitoring exercise revealed that, the type of houses used by slum dwellers run through, hut, wooden kiosk, thatched, sandcrete and wooden structure. However, it was very evident that, the bulk of the population lived in wooden structures. Houses were congested and not protected against fire outbreaks. According to dwellers their roofing were mainly made of corrugated iron. The type of roofing was sufficient for their security; in protecting their houses from elements such as rain, wind, and fire. However, (26.3%) slum houses leaked when it rained.

**Potable Water**
Availability of adequate potable water as well as good sanitary conditions is requirements for good health in any society. Majority (77.8%) of respondents acknowledged that, their households enjoyed easy access to water. Sources of water include pipe borne, well, river, pond and rain water. However, of all households that have access to water, majority (62.5%) said pipe borne was the main source of drinking water. Clearly some slum residents though minimal, have access to unprotect sources of water such as well and stream and could be injurious to their heal

**Toilet Facilities**
Majority (61.1%) of the slum dwellers had no toilet facility, forcing them to utilize public toilet facilities. The sanitary conditions were generally poor.

**Bathing Facilities**
Most slum dwellers used public bath houses made of concrete, because majority (43.8%) had no bathing facility. For the few that had bathing facility, they were made of concrete and iron sheets. It was discovered that most bathing facilities had fair sanitary conditions.

**Forms of Energy**
Most households had electricity as the form of energy they use. Others include gas, battery charcoal and firewood.

**Disposal of Refuse**
Refuse is normally dumped at refuse dumps near their households. However, some slum members dump them in the lagoon. This certainly will result in water logging and stagnant lagoon posing health threats to communities. It is not at all surprising that households had to put up with various kinds of infestation of rodents, insects and other living creatures such as mice, mosquitoes and house flies.
AVAILABILITY OF AND ACCESSIBILITY TO HEALTHCARE

Article 17 of the African Charter on Human and People’s Rights says; every individual shall have the right to enjoy the best attainable state of physical and mental health. This section seeks to examine the availability of and accessibility to good healthcare facility by residents of extremely deprived communities.

Presence of Hospitals in Community

Majority of respondents (47.4%) indicated that they had no hospitals or medical clinics within their community. However, accessing medical facilities was not difficult. On the average it took 30 minutes to visit a nearby facility either by walking or boarding a taxi. A little above half (55.6%) seeking professional medical care and treatment was within their finances.

Registration with the National Health Insurance Scheme

Only (44.4%) were registered with the National Health Insurance Scheme. Unregistered household members explained that, their inability to register was mainly due to lack of funds to pay for the premium.

Common Ailment (s) in Community

Malaria (80.0%) was the most widespread ailment.

AVAILABILITY AND ACCESS TO EDUCATIONAL FACILITIES

This part of this report assesses the availability of and access to educational facilities in extremely deprived communities.

The Constitution of the Republic of Ghana establishes educational rights as part of the general fundamental freedoms of the individual citizens. It states that, “all persons shall have the right to equal educational opportunities and facilities and with a view to achieving the full realization of that, basic education shall be free, compulsory and available to all; secondary education in its different forms including technical and vocational education, shall be made generally available and accessible to all by every appropriate means and in particular by the progressive introduction of free education;.....; the development of a system of schools with adequate facilities at all level shall be actively pursued.”

Types of Schools Available in Community and Sufficiency of Schools

According to respondents, crèche, kindergarten, primary, junior high and senior high schools were available but not enough (43.8%) to cater for the children in communities monitored. On the average, pupils spent up to 15 minutes to get to school.

Monetary Commitment to Educate Children within Family Means
As many as 76.5% respondents indicated that some children of school going age are not attending school. It was clear that some are shirking their responsibility of sending their children to school giving lack of funds as the main reason.
## CHAPTER EIGHT
### RECOMMENDATIONS

### RIGHT TO BASIC EDUCATION

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implementation agency/organization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Corporal Punishment, Bullying and Harassment</strong>&lt;br&gt;Education on corporal punishment, harassment and bullying should be held on a regular basis.</td>
<td>• Ministry of education&lt;br&gt;• CHRAJ</td>
</tr>
<tr>
<td><strong>Persons with Disabilities and the School Environment</strong>&lt;br&gt;The UN convention on the Rights of Persons with Disabilities should be ratified. Both teachers and pupils should be educated on the rights pupils with disabilities are entitled to Recreational activities should be organized for the disabled</td>
<td>• Government of Ghana&lt;br&gt;• CHRAJ&lt;br&gt;• Ministry of Education&lt;br&gt;• Ministry of Education</td>
</tr>
</tbody>
</table>
| Human Rights Knowledge: Right to Education | CHRAJ and NCCE  
CHRAJ and other state agencies should increase the number of public education programmes to basic schools; at least twice a term  
Simplified handouts on human rights should be developed and sent to all basic schools  
Community libraries should be built for pupils to access information  
The 1992 constitution should be provided to all basic schools |
| Right to Religion | Ministry of Education  
All institutions must be made to endorse beliefs and practice of a particular religion.  
All forms of punishment for those who do attend a particular religion must be condemned  
All pupils with varying religions must be given the opportunity to worship | Ministry of Education  
Ministry of Education |
**Sexual Harassment**
There should be better monitoring and evaluation of school activities.

Children should be empowered to resist and report sexual harassment.

Effective legal framework should be set up to render all sexual relationships between teachers and pupils illegal.

Ample education on sexual harassment should be organized for pupils.

Pupils should not be allowed to use mobile phones during school hours.

- Ministry of Education
- Ghana Education Service
- CHRAJ
- Ministry of Education
- Ghana Education Service
- CHRAJ
- Ministry of Education
- Ghana Education Service
- Ghana Education Service, CHRAJ and relevant NGO’s
- Ghana Education Service

**RIGHT TO HEALTH**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Implementation agency/organization</th>
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<tbody>
<tr>
<td><strong>Maternal and infant health</strong></td>
<td>• MoH, GHS, authorities of health institutions</td>
</tr>
<tr>
<td></td>
<td>• District assemblies</td>
</tr>
<tr>
<td></td>
<td>• Community based organization and traditional leaders</td>
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<td>• MoH, GHS</td>
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</table>

The sensitization programs at the community level through public education should continue. Varying approaches should be adopted to suit different group of people.

Health centres must be made available, accessible and affordable especially in the remote areas to motivate expectant mothers to attend hospital regularly.
**Patients Charter**

The awareness creation should take a national course; more posters in varying forms on the Charter should be made available in all health institutions in the country and extended to other organizations. Every public education on health should also include the Charter.

Regular workshop and seminars should be organized for all health workers to be abreast with the content of the Charter. The seminars should be extended to community based non-governmental organizations working in the area of health.

There should also be regular monitoring of health officials to ensure adherence to the rights and responsibilities in the Charter.

- MoH, GHS, Authorities in all health institutions
- Ministry of Health

**NHIS**

The manual search for folders and documentation on NHIS holders in the various health institutions should be replaced with a computerized system to minimize waiting time in the various health institutions.

The number of staff should be increased to reduce the burden on the current low staff strength. The National Youth Employment Scheme can assists to release more of the youth to work at the health centres.

Public education should be geared towards the need to renew expired NHIS cards.

More NHIS office should be provided in the

- NHIS
- National Youth Employment Program
communities to speed up the timing for registration and renewal of cards under the scheme

The quantity of drugs under the scheme should be increased and expanded to cover more ailments. There should be expansion in the coverage of the scheme on drugs, ailments treatments and geographical coverage. If possible a nationwide accessibility should be implemented

Person Living with AIDS (PLWA)

More of the anti-viral drugs should be made available in more health institutions

The mass campaign ‘know your status’ and the free counseling and testing should continue

Public education or campaign towards a positive sex life among Ghanaians should be carried out on frequent basis

State of health facilities

There is still the need to increase the number of health personnel (doctors and nurses) in the country.

More health facilities (health centres, ambulance or emergency facilities) should be provided nationwide. This is expected to reduce the

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<th>NHIS</th>
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<th>Ministry of Health</th>
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<td></td>
<td>Ministry of Health</td>
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<tr>
<td></td>
<td>Ghana AIDS Commission</td>
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</tbody>
</table>
challenge in physical accessibility and the waiting time in the health institutions.

The immunization program should continue but must cover typhoid and hepatitis A and B in all institutions. Government should either subsidize immunization on typhoid and hepatitis A and B or be covered under the NHIS.

Complaint handling on assaults and or abuse meted out to patents by health personnel should be streamlined across board with appropriate sanctions for perpetrators. Specific procedures with appropriate punitive measures aim at preventing the occurrence of assault or insult such action to patients should be enforced at all health institutions.

Stakeholders should show keen interest in the complaints receipt and use it to develop training programs. Whereas some of the complaint can be resolved at the institutional and sector level, some demands government policy review. Therefore, no matter the nature of the complaints, a thorough examination should be made and presented to the higher authorities.

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<tr>
<th>Ministry of Health</th>
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<tr>
<td>GHS</td>
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<td>MoH,</td>
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## CHILD RIGHTS

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Implementation agency/organization</th>
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<tbody>
<tr>
<td><strong>Child Sexual Abuse</strong></td>
<td>• Ghana Police service&lt;br&gt;• NCCE,&lt;br&gt;• CHRAJ</td>
</tr>
<tr>
<td>Intensify public education on child sexual abuse and laws child sexual abuse in the Volta, Upper West, Central, Brong Ahafo, Ashanti, Eastern Region</td>
<td></td>
</tr>
<tr>
<td><strong>Children’s right to recreation</strong></td>
<td>• Metropolitan, Municipal And District Assemblies&lt;br&gt;Regional / District Sports Council</td>
</tr>
<tr>
<td>Government should make children’s right recreation issues explicit in its sports policies and programmes</td>
<td></td>
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<tr>
<td>A stadium should be built in each district capital.</td>
<td>• Metropolitan, Municipal And District Assemblies&lt;br&gt;Regional / District Sports Council</td>
</tr>
<tr>
<td>All public recreational facilities at the community level should be well fenced to prevent encroachment and maintained.</td>
<td>• Metropolitan, Municipal And District Assemblies&lt;br&gt;Regional / District Sports Council</td>
</tr>
<tr>
<td>All public recreational facilities at the community level should be well equipped and maintained.</td>
<td>• Metropolitan, Municipal And District Assemblies&lt;br&gt;Regional / District Sports Council</td>
</tr>
<tr>
<td>Recreational facilities should be made accessible to children with disabilities</td>
<td>• Metropolitan, Municipal And District Assemblies&lt;br&gt;Regional / District Sports Council</td>
</tr>
<tr>
<td><strong>Child trafficking</strong></td>
<td>• Ministry of Employment and Social Welfare&lt;br&gt;• MOWAC&lt;br&gt;• Metropolitan, municipal and district assemblies&lt;br&gt;• Ghana Police service&lt;br&gt;• Judicial Service</td>
</tr>
<tr>
<td>The various laws against child trafficking should be enforced strictly and punitive measures with the aim of serving as deterrent to the perpetrators should be instituted and made known to the public</td>
<td></td>
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</tbody>
</table>
Reintegration and rehabilitation, which constitutes major activities of combating child trafficking as stipulated should be given attended to by all offices of the institutions tasked with the elimination of child trafficking.

Government needs to strengthen the offices of the institutions tasked with the prevention of child trafficking in Ghana through adequate funding.

More anti-child trafficking community based NGO/CSO, and community surveillance team should be established. This will act as watch dogs to anticipate the occurrence of child trafficking and report it for early interventions.

Public education should be intensified in all communities especially where it is noted to be rampant.

| **Right of children with disability** | **Ministry of Employment and Social Welfare**  
|                                        | **MOWAC**  
|                                        | **Metropolitan, municipal and district assemblies** |
| **Intensify anti-discrimination against PWDs campaigns.** | **NCCE,**  
|                                                     | **CHRAJ**  
|                                                     | **Department of Social Welfare**  
|                                                     | **MOWAC** |

Government should ensure that public buildings especially school facilities are accessible to children with disability.

| **Minister of Employment and Social Welfare**  
| **MOWAC**  
| **Metropolitan, municipal and district assemblies** |
| **Department of Social Welfare**  
| **Ministry of Education**  
| **Ghana Education Service**  
| **MOWAC** |
| Special schools for children with disability should be well resourced and provided with teaching and learning materials. | • Metropolitan, Municipal And District Assemblies  
• Department of Social Welfare  
• Ministry of Education  
• Ghana Education Service  
• MOWAC |
|---|---|
| Skills training for children with disability should be intensified and necessary equipments and funds should be provided to enable them to enable them start their own business. | • Metropolitan, Municipal And District Assemblies  
• Department of Social Welfare  
• Ministry of Education  
• Ghana Education Service |
| Children with disability should be freely enlisted unto NHIS. | • Metropolitan, Municipal And District Assemblies  
• Department of Social Welfare  
• Ministry of Health  
• Ghana Health Service |
| The Department of Social Welfare should be well resourced to enable it play its functional roles. | • Ministry Of Employment and Social Welfare  
• Ministry of Finance |
| 2% of district assembly common fund should be allocated to PWDs and be done promptly. | • Ministry Of Employment and Social Welfare  
• Metropolitan, Municipal And District Assemblies |
| 2% of district assembly common fund should be regularly monitored to ensure that it is appropriately dispensed | • Ministry Of Employment and Social Welfare  
• Ministry Of Local Government And Rural Development  
• Ministry Of Finance |
| **Child maintenance**  
Intensify public education on parental rights and responsibility | • NCCE,  
• CHRAJ  
• Department of Social Welfare |
| Create Department of Social Welfare in districts where they do not exist | • Ministry of Employment and Social Welfare |
| The Department of social welfare should be well resourced and staffed to enable it play its functional roles. | • Ministry of Employment and Social Welfare |
Child labour

Child labour can be eliminated when parents are economically empowered. This can be done by providing living wages to public workers and a conducive environment for the private sector to thrive.

Ministry of Employment and Social Welfare
Ministry Of Local Government And Rural Development

WOMEN’S RIGHTS

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>RESPONSIBLE INSTITUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General recommendations</td>
<td>• MOH, GHS</td>
</tr>
<tr>
<td>Protect Women’s health and Reproductive right</td>
<td>• Ministry Of Local Government And Rural Development , NGO /CSO, MOWAC</td>
</tr>
<tr>
<td>Improve women’s participation in decision making.</td>
<td>• MOWAC, MFEP</td>
</tr>
<tr>
<td>Provide micro-credit to support women in petty trading.</td>
<td>• MoE, GES</td>
</tr>
<tr>
<td>Encourage Girl-child education</td>
<td>• MOWAC, MFEP</td>
</tr>
<tr>
<td>WOMEN’S RIGHT AS HUMAN RIGHTS</td>
<td>• MOWAC, Ghana Police Service, NGO/CSO</td>
</tr>
<tr>
<td>Rehabilitation of centres</td>
<td>• MoE, GES</td>
</tr>
<tr>
<td>Elimination of violence against women</td>
<td>• MOWAC, NGO/CSO</td>
</tr>
<tr>
<td>Elimination of stereotype in books and media</td>
<td>• MOWAC, MFEP</td>
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<tr>
<td>Promotion of women’s right</td>
<td>• MOWAC, Ministry of Finance(MOF)</td>
</tr>
<tr>
<td>Establishment of women’s department at the district level to help implement plan of action.</td>
<td>• MOWAC, A-Gs Department</td>
</tr>
<tr>
<td>Provision of adequate resources for states institutions working on women issues.</td>
<td>• MOWAC, Ministry of Finance(MOF)</td>
</tr>
</tbody>
</table>
| Promulgation of legislative instrument to back the Domestic Violence Act. | • Ghana Health Service(GHS)  
• MoH |
<p>| Establishment of women’s desk at the districts. | • MOWAC, NGO/CSO, DOVVSU |</p>
<table>
<thead>
<tr>
<th>Provision of required drugs and constant supply of medicines.</th>
<th><strong>DOMESTIC VIOLENCE AGAINST WOMEN</strong></th>
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<tbody>
<tr>
<td>Provide more counselling Services for victims of domestic violence</td>
<td>Provide more counselling Services for victims of domestic violence</td>
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<tr>
<td>Provide free medical care</td>
<td>Provide free medical care</td>
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<tr>
<td><strong>MARRIAGE IN THE GHANAIAN CONTEXT</strong></td>
<td><strong>MARRIAGE IN THE GHANAIAN CONTEXT</strong></td>
</tr>
<tr>
<td>More civic education on the rights of women</td>
<td>More civic education on the rights of women</td>
</tr>
<tr>
<td><strong>WOMEN’S RIGHT TO INHERITANCE</strong></td>
<td><strong>WOMEN’S RIGHT TO INHERITANCE</strong></td>
</tr>
<tr>
<td>Enforce existing laws on women’s right to inheritance.</td>
<td>Enforce existing laws on women’s right to inheritance.</td>
</tr>
<tr>
<td>Pass Intestate Amendment and Property Bills into laws.</td>
<td>Pass Intestate Amendment and Property Bills into laws.</td>
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</tbody>
</table>

- NCCE, CHRAJ, DOVVSU
- Ghana Health Service(GHS)
- MoH
- NCCE, CHRAJ, NGO/CSO, MOWAC
- Ghana Police Service, A-G’s Department,
- Parliament
- CHRAJ
- NCCE
<table>
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<tr>
<th>THE WILLS ACT</th>
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<tr>
<td>More public education on the Will’s Act.</td>
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# HARMFUL CULTURAL PRACTICES

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Implementation agency/organization</th>
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</thead>
<tbody>
<tr>
<td><strong>Suspected Witch Camps</strong>&lt;br&gt;Public education and campaign against the practice should be intensified with the objective of disabusing the minds of society.&lt;br&gt;Government should provide basic social amenities such as adequate school facilities, health and mechanism for accessing information&lt;br&gt;The camp also needs adequate shelter and food for survival</td>
<td>• CHRAJ, NCCE, NGOs/CSO&lt;br&gt;• Ministry of Employment and Social Welfare&lt;br&gt;• Metropolitan, Municipal And District Assemblies&lt;br&gt;• MoE, GES&lt;br&gt;• Ministry Of Employment and Social Welfare&lt;br&gt;• Metropolitan, Municipal And District Assemblies</td>
</tr>
<tr>
<td><strong>The Practice of Trokosi</strong>&lt;br&gt;Law against the practice should be vigorously enforced&lt;br&gt;Government should assist priests by proving them an alternative means of livelihood&lt;br&gt;Vocational training centers should be provided for the liberated trokosis who have no skills for self-sustenance</td>
<td>• Ghana Police Service, A-G’s Department,&lt;br&gt;• Ministry Of Employment and Social Welfare, Metropolitan, Municipal And District Assemblies, NGO/CSOs&lt;br&gt;Ministry Of Employment and Department of Social Welfare, Metropolitan, Municipal And District Assemblies, NGO/CSOs, GES, Ministry of Education</td>
</tr>
<tr>
<td><strong>Healing Camps</strong>&lt;br&gt;Public education to disabuse the minds of Ghanaians should be intensified so that people will seek medical treatment when sick&lt;br&gt;Workshop and seminars on human rights</td>
<td>• CHRAJ, Department of Social Welfare, NCCE, NGO, CSO, MoH, GHS&lt;br&gt;• CHRAJ, Department of Social Welfare, NCCE and NGO, CSO, MoH, GHS</td>
</tr>
</tbody>
</table>
measures should be organized for operators of healing camps

There is also the need for regular monitoring and or supervision of camps to ensure adherence to standards

- CHRAJ, Department of Social Welfare,

### EXTREMELY DEPRIVED COMMUNITIES (SLUMS)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implementing Agency/Actor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The practice where health inspectors went round to ensure hygienic environment needs to be revitalized</td>
<td>MoH, GHS, Metropolitan, Municipal and District Assemblies</td>
</tr>
<tr>
<td>Parents should be educated with particular emphasis on their responsibilities towards their children</td>
<td>CHRAJ, CHRAJ, Department of Social Welfare, NCCE</td>
</tr>
</tbody>
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