2013
STATE OF THE HUMAN RIGHTS REPORT
ACKNOWLEDGEMENT

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>BECE</td>
<td>Basic Education Certificate Examinations</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
</tr>
<tr>
<td>CHRAJ</td>
<td>Commission on Human Rights and Administrative Justice</td>
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<td>CLU</td>
<td>Child Labour Unit</td>
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<tr>
<td>C.O.T</td>
<td>Charge-on-Transfers</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CRPD</td>
<td>Convention on the Rights of Person with Disability</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>DACF</td>
<td>District Assembly Common Fund</td>
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<td>DICs</td>
<td>District Implementation Committees</td>
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<tr>
<td>DOVVSU</td>
<td>Domestic Violence and Victim Support Unit</td>
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<tr>
<td>DSW</td>
<td>Department of Social Welfare</td>
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<tr>
<td>EFA</td>
<td>Education for All</td>
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<tr>
<td>ESCR</td>
<td>Economic, Social and Cultural Rights</td>
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<tr>
<td>FCUBE</td>
<td>Full Compulsory Universal Basic Education</td>
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<tr>
<td>GAC</td>
<td>Ghana AIDS Commission</td>
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<tr>
<td>GEA</td>
<td>Ghana Employers Association</td>
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<tr>
<td>GER</td>
<td>Gross Enrollment Ratio</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>GES</td>
<td>Ghana Education Service</td>
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<td>GHS</td>
<td>Ghana Health Service</td>
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<tr>
<td>GNCC</td>
<td>Ghana National Commission on Children</td>
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<tr>
<td>GPRS</td>
<td>Ghana Poverty Reduction Strategy</td>
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<tr>
<td>GSFP</td>
<td>Ghana School Feeding Programme</td>
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<tr>
<td>GSGDA</td>
<td>Ghana Shared Growth and Development Agenda</td>
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<tr>
<td>GTUC</td>
<td>Ghana Trades Union Congress</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICCPR</td>
<td>International Covenant on Civil and Political Rights</td>
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<tr>
<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>ISD</td>
<td>Information Services Department</td>
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<tr>
<td>JHS</td>
<td>Junior High School</td>
</tr>
<tr>
<td>KYSC</td>
<td>Know Your Status Campaign</td>
</tr>
<tr>
<td>KVIP</td>
<td>Kumasi Ventilated Improved Pit</td>
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<tr>
<td>LEAP</td>
<td>Livelihood Empowerment Against Poverty</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>MDAs</td>
<td>Ministries, Departments and Agencies</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MESW</td>
<td>Ministry of Employment and Social Welfare</td>
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<td>MoGCSP</td>
<td>Ministry of Gender, Children and Social Protection</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<td>---------</td>
<td>--------------------------------------------------</td>
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<tr>
<td>MMDAs</td>
<td>Metropolitan, Municipal and District Assemblies</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MOWAC</td>
<td>Ministry of Women and Children's Affairs</td>
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<tr>
<td>NCCE</td>
<td>National Commission for Civic Education</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NHIA</td>
<td>National Health Insurance Authority</td>
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<td>NHIS</td>
<td>National Health Insurance Scheme</td>
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<td>NPA</td>
<td>National Plan of Action</td>
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<td>NSPS</td>
<td>National Social Protection Strategy</td>
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<tr>
<td>OPD</td>
<td>Out- Patients- Department</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PTA</td>
<td>Parents-Teachers Association</td>
</tr>
<tr>
<td>RHC</td>
<td>Residential Homes for Children</td>
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<tr>
<td>SEND</td>
<td>Social Enterprise Development Organization</td>
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<tr>
<td>SNV</td>
<td>Netherlands Development Organization</td>
</tr>
<tr>
<td>SOHR</td>
<td>State of Human Rights</td>
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<tr>
<td>SPIP</td>
<td>School Performance Improvement Plan</td>
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<tr>
<td>STEP</td>
<td>Skills Training and Employment Placement</td>
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<tr>
<td>TLM</td>
<td>Teaching and Learning Material</td>
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<tr>
<td>UDHR</td>
<td>Universal Declaration of Human Rights</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNCRC</td>
<td>United Nations Conventions on the Rights of the Child</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>VAT</td>
<td>Value Added Tax</td>
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<tr>
<td>WC</td>
<td>Water Closet</td>
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<td>WFCL</td>
<td>Worst Forms of Child Labour</td>
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EXECUTIVE SUMMARY

Introduction
The objective of monitoring the state of human rights is to assess State’s compliance with its international human rights obligations and the MDGs, specifically with regard to Economic, Social and Cultural Rights (ESCR).

The year 2013 marks the 8th year of the Commission’s continuous focus on monitoring Economic, Social and Cultural Rights (ESCR) since the year 2005, when the Commission shifted attention from monitoring civil and political rights.

Methodology
Data was gathered using participatory approaches such as interviews and focus group discussions. Structured interviews (questionnaires) were used to conduct the survey. Respondents included selected Ministries, Departments and Agencies (MDAs) and other stakeholder institutions relevant to the thematic areas of the survey. An average number of ten (10) persons constituted the focus group discussions.

Findings in this report are referenced within the period January 1, 2013 – September 30, 2013.

Scope of Monitoring
The 2013 monitoring exercise covered five thematic areas, namely:
1. Right to basic education;
2. Right to health;
3. Children’s rights;
4. Orphanages;
5. Harmful cultural practices (i.e. widowhood rites and treatment of persons accused of witchcraft)

Right to Basic Education
In respect of Right to Basic Education, 294 basic public schools were monitored nation-wide. Sectors that the survey focused on under the right to education were: (a) Disbursement of Capitation Grant, (b) School Feeding Programme, (c) Availability of Educational Facilities and Affordability of Education, (d) Persons with Disability and the School Environment, and (e) Corporal Punishment.

Key Findings
Even though the introduction of the Capitation Grant has generally triggered an increase in enrolment, largely because parents are no more supposed to pay tuition fees, the purpose for which it was created is likely to fail. This is because the grant is inadequate and the inadequacy
is further compounded by deductions made at the District Education offices as well as the banks as Charge-on-Transfers. In order to supplement the inadequacy and late release of funds, some schools are forced to charge additional fees in order to buy teaching and learning materials and undertake minor repairs, thereby defeating the very purpose of its introduction.

Unlike the Capitation Grant which is nationwide, the School Feeding Programme is restricted to only less-endowed schools. Yet disbursement of the funds to beneficiary schools is quite infrequent and unnecessarily delayed.

Corporal punishment is still a bane in the country’s educational system. It is unlawful to hit or ‘smack’ or ‘spank’ a child as to do same to an adult, regardless whether it is termed discipline or ‘reasonable correction’. Yet, canning, kneeling and other forms of corporal punishment are still handed down in basic schools across the country, leaving pupils injured in some instances.

**Right to Health**

Under Right to Health, 211 health institutions were targeted in both public and private sectors. Sectors the survey focused on under right to health are: (a) State of Maternal Mortality, (b) State of Infant Mortality, (c) State of NHIS, and (d) Rights of People Living with HIV and AIDS.

**Key Findings**

Ninety three percent (93%) of the health facilities monitored have put in place measures to prevent or reduce both maternal and infant mortality at their respective jurisdictions in order to meet MDG-4. The initiatives included public education aided by nurses, monitoring, immunisation and vaccination of all infants. Others are free maternal care, training of midwives and related staff, and blood donation campaign.

There is delay in reimbursement of claims by the NHIA to the health care providers. There exist delays in registering and renewing of cards under the NHIS.

Many of the health institutions monitored recorded an increase in the number of HIV reported cases. This, according to the health officials was due to the intensification of the “Know Your Status Campaign” (KYSC) accompanied with free counselling and testing services for the public. Meanwhile, stigmatisation of, and discrimination against, People Living with HIV (PLHIV) and key populations have not abated.

**Children’s Rights**

A total of 234 heads of government institutions were interviewed and focus group discussions were held for 2659 children in 215 communities across the country under Children’s Rights. Sectors the survey focused on under children’s rights are: (a) Child Sexual Abuse, (b) Children’s Right to Recreation, (c) Rights of Children with disability, (d) Child Neglect and (e) Child Labour.
**Key Findings**

Ghana has a fair amount of legislative and policy frameworks for protecting children against sexual abuse with corresponding institutions having been given the mandate to administer them. Though the country has made some progress in that direction there still remains a gap between legislative enactments on the one hand, and implementation on the other. Cover-ups of sexual abuse cases and refusal to report same to the appropriate institutions, inadequate resources, and high charges for preparation of medical reports for victims are some of the factors that militate against efforts at addressing the phenomenon.

Challenges identified as hindrances to the promotion of rights of children with disability include inadequate human and material resources as well as special schools for them at the district level. Others are delay in the release of 2% of District Assembly Common Fund earmarked for persons with disability; high cost of material aids - such as calipers and Braille – and the difficulty of children with hearing and speech impairment to access health care due to their inability to communicate well with service providers.

Despite ongoing interventions, there is low visibility of government institutions that handle child labour at the local level, because more than (58.1%) of children interviewed did not know about them. Factors that hinder efforts at eliminating child labour include inadequate funds, logistics, personnel, and shelters for rescued children, lack of cooperation from community members, weak law enforcement and non-existence of courts in some districts.

**Orphanages and Children’s Homes in Ghana**

Twenty-two (22) orphanages were monitored across the country. Sectors the survey focused on under Orphanages and Children’s Homes were: funding, feeding, health facilities, educational facilities, accommodation (dormitories) and sanitation, recreational activities, staff, and adoptions.

It is important that every vulnerable child in a Residential Home for Children lives in an environment that is supportive, protective and caring. In Ghana orphanages and residences for children are regulated by the National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana and the Guidelines for the Operation of Orphanages in Ghana.

**Key Finding**

The majority of orphanages in Ghana are private-owned. Forty-seven percent (47.4%) of funding comes from a wide range of personalities and groups, including philanthropists, churches, financial institutions, and Non-Governmental Organisations (NGOs) both national and international.
**Harmful Cultural Practices**

The 1992 Constitution of the Republic of Ghana, not only holds “the dignity of all persons...[to] be inviolable”\(^1\); it also directs that “a person shall not be discriminated against on grounds of...religion, creed or social status...”\(^2\)

In spite of the above, a section of the citizenry still wallow in deplorable and undignified conditions at the hands of fellow humans in the name of culture – either as a consequence of losing a spouse or on suspicion of being a witch.

In respect of Harmful Cultural Practices, four refuge camps were monitored in the Northern region, and interviewed 838 widows, 235 widowers and 696 others across the country regarding the practice of widowhood rites.

**Key Findings**

Widowhood rites take diverse forms and courses, and are practiced throughout the country. Both women and men go through these rites, with almost the same forms and procedures.

A widow or widower may be subjected to any form of cultural rites such as (1) One year period of mourning;(2) tying of rope on the hand and ankle of bereaved (widow or widower) until burial and final funeral rites have been performed; (3) tying of ropes and padlocks around the waist, (4) walking barefooted, (5) sitting by corpse until burial; (7) a forty (40) day avoidance of certain kinds of food, (8) confinement, (9) denial from engaging in any economic activity, (10) shaving of hair, (11) smearing of clay on the body; (12) fasting; (13) bathing cold water three times a day, (14) prohibition to openly discuss issues with a married person for a week after the burial, (15) holding a stick and knife for three days after the wife’s death, etc.

The nature and forms of widowhood rites as practiced in Ghana violate and infringe on the rights of individuals who are forced to go through it. It is dehumanizing, harmful and detrimental to health. It also stigmatizes and retards social and economic development as it is a waste of time and money.

Refuge camps for persons accused of witchcraft are predominant in the Northern sector of Ghana. The camps are located in Gnani in the Yendi Municipality, Kukuuo in the Nanumba District, Kpatinga in the Gushegu District, and Gambaga in Eastern Mamprusi District.

A total of 912 persons accused of witchcraft - comprising 176 males and 736 females, were sheltering in the 4 camps as at the time of monitoring. Further, 358 (39.26%) of the dwellers were below the age of 18; 87 (9.53%) were between the ages 18-59 and 467 (51.21%), above the age 60. However, all the dwellers at the Kukuuo and Kpatinga refuge camps were all females above the age of 60.

The longest period of time a person accused of witchcraft had spent in Kukuuo camp – at the time of the monitoring - was 32years; 20 years in Gnani camp; 19 years in the Kpatinga camp and 10 years in Gambaga camp.

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1. Article 15 (1)
2. Article 17 (2)
In 2013, 34 persons were banished into the various camps and 29 suspected witches were successfully reintegrated into their communities.

Dwellers in all the camps said that they feel safe living in the camps because there is no lynching in the camps. The only challenge they face is lack of adequate accommodation, food, sanitation facilities and safe-drinking water.

**Conclusions and Recommendations**

**Conclusion**

Ghana still has a very long way to go in advancing human rights, particularly Economic, Social and Cultural Rights. The years ahead will require collaborative efforts on the parts of the government, civil society, academia and the international community in monitoring the general situation of human rights in Ghana and the reporting obligations of government in respect of international human rights treaties.

**Recommendations**

Based on the findings above, the Commission would like to make the following recommendations.

**Right to Basic Education**

The allocation of 50 pesewas per pupil per day under the School Feeding Programme is woefully inadequate considering the current increase in price of goods and services across the country.

Government must immediately clear all outstanding arrears, increase the grant to GH¢2.00 per pupil per day and ensure that subsequent payment gets to beneficiary schools at the beginning of each term. It is important to find an accountability system that does not overly bureaucratize the disbursement of the Capitation Grant.

Government must institute measures to ensure minimal use of corporal punishment and eliminate other cruel or degrading forms of punishment in schools in conformity with Article 37 of the Convention on the Rights of the Child which requires States to “take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”.

**Right to Health**

Government must ensure each health centre has a translator to ease communication between children with speech and hearing impairment and the medical staff. It should also ensure that health related disabilities services should be covered by NHIS. In the long term vocational training programmes should be tailored to the needs of children with disabilities.
Government must ensure constant supply of required drugs for PLHIVs. The GAC, NGOs, CSOs and all stakeholders should continue to sensitize the general public on stigmatization of PLHIVs.

**Children’s Rights**

Government should adequately resource institutions that handle child labour to enable them coordinate child labour oversight activities effectively. It should also provide adequate financial resources to revamp shelters that are not functioning well and, in the medium term, establish shelters in each region to temporary accommodate rescued children.

The Ministry of Health and the Ghana Health Service must ensure that each health centre has at least one sign language translator to ease communication between children with speech and hearing impairment and medical staff.

The Ministry of Gender, Children and Social Protection should ensure that fees charged for the preparation of medical reports for victims of sexual abuse is discontinued.

**Orphanage**

Orphanage administrators and staff must fully implement the Minimum Standards for operating orphanages. Failure to comply with the Standards must result in withdrawal of accreditation and closure of the orphanage.

Government should assist the orphanages financially, especially when it comes to acquiring educational facilities in the Residential Homes for Children. Also, they must ensure that all orphanages have access to a library facility.

**Harmful Cultural Practices**

The Ministry of Gender, Children and Social Protection (MoGCSP) should take steps to criminalise all forms of dehumanising and harmful cultural practices, including witchcraft accusation and the undignified aspects of widowhood rites.

Proper accommodation, health and sanitation facilities and other basic necessities should be made available to persons banished from their homes on suspicion of witchcraft in the Northern sector of the country.

The MoGCSP should collaborate with CHRAJ, National Commission on Civic Education (NCCE) and other civil society organizations to extend their campaign to communities where this practice is prevalent and intensify human rights education and sensitization programmes.
INTRODUCTION

The Report highlights the achievements as well as critical areas that need attention in advancing human rights, good governance and integrity in our society.

The Report focuses on economic, social, and cultural rights, as these have lagged behind civil and political rights in the country. Recommendations from the Report aim to ensure that government fulfills its international and constitutional obligations. This year's Report continues to evaluate our performance particularly in advancing economic, social, and cultural rights for all persons in Ghana.

Methodology

Data was gathered using participatory approaches such as interviews and focus group discussions. Structured interviews (questionnaires) were used to conduct the survey. Respondents included general public, selected Ministries, Departments and Agencies (MDA’s) and other stakeholder institutions relevant to the thematic areas of the survey. For focus group discussions, an average number of ten (10) persons constituted the group.

Findings in this report are referenced within the period January 1, 2013 – September 30, 2013.

Scope

The 2013 monitoring exercise covered five thematic areas, namely:
1. Right to basic education;
2. Right to health;
3. Children’s rights;
4. Orphanages;
5. Harmful cultural practices (i.e. widowhood rites and treatment of persons accused of witchcraft)
2. FINDINGS

PART ONE: RIGHT TO BASIC EDUCATION

Introduction

The right to education is a fundamental human right. Every individual, irrespective of race, gender, nationality, religion or political preference, disability, is entitled to a free elementary education. This right is explicitly stated in the United Nations’ Universal Declaration of Human Rights (UDHR) thus:

"Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory….." (Article 26)

Having ratified various treaties, including the Convention on the Rights of the Child (CRC), it is the duty of State parties (governments) to take the appropriate measures to ensure that such rights are enjoyed by the citizenry.

Locally, the right to education has been recognized and supported by law in Article 25(1) of the 1992 Constitution which 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 right-

(a) basic education shall be free, compulsory and available to all...”

To ensure the realisation of free, compulsory education for all in line with both international and national laws, the government initiated the Capitation Grants, school feeding programmes, free uniform, free text books and provision of adequate school infrastructure among others in public basic schools.

The main objective of this exercise, therefore, is to assess the extent to which the implementation of these programmes have contributed to the achievement of free, compulsory education for all with respect to the right to basic education.

Specifically,

- It seeks to assess the extent to which the Capitation Grant is fulfilling government’s obligation in providing free, compulsory, universal basic education.
- To assess the extent to which the School Feeding Programme is fulfilling government’s obligation in providing free compulsory universal basic education;
- To find out whether educational facilities are available and adequate;
• To assess the extent to which the right of persons with disabilities is being respected;
• To find out whether discipline is administered in a manner consistent with the child’s dignity.

In all, 294 basic public schools nation-wide were monitored. Table 1 shows the regional breakdown of the number of schools monitored.

Table 1: Regional Breakdown of the Number of Schools Monitored

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Basic Public Schools Monitored</th>
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<tbody>
<tr>
<td>Upper East</td>
<td>22</td>
</tr>
<tr>
<td>Upper West</td>
<td>17</td>
</tr>
<tr>
<td>Northern</td>
<td>33</td>
</tr>
<tr>
<td>Brong Ahafo</td>
<td>30</td>
</tr>
<tr>
<td>Ashanti</td>
<td>42</td>
</tr>
<tr>
<td>Western</td>
<td>32</td>
</tr>
<tr>
<td>Eastern</td>
<td>31</td>
</tr>
<tr>
<td>Volta</td>
<td>32</td>
</tr>
<tr>
<td>Central</td>
<td>32</td>
</tr>
<tr>
<td>Greater Accra</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>294</strong></td>
</tr>
</tbody>
</table>

FINDINGS

FULL COMPULSORY UNIVERSAL BASIC EDUCATION (FCUBE)

In 1995, the Government of Ghana initiated the Full Compulsory Universal Basic Education (FCUBE) policy with the aim of achieving universal primary education for all by 2005. The policy also sought to improve access to basic education, especially for 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.\(^3\)

Even though Ghana was not able to meet its goal in 2005, it continued to pursue the FCUBE agenda in accordance with a national plan of action towards the realization of the right to free education at the basic level. 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 enrollment at the basic level.\(^4\)

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

**DISBURSEMENT OF CAPITATION GRANT**

One of the main reasons children in Ghana do not attend school is that their parents cannot afford levies charged by schools. Despite the policy of fee-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 (financing minor repairs and procurement of essential Teaching and Learning Materials [TLMs], sports and cultural activities and servicing end-of-term examinations, as well as supporting needy children) so as to 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. It was increased to GH¢4.50 in 2009 and has since not changed.

**Release of funds**

According to the Ghana Education Service *Guidelines for the Distribution and Utilization of Capitation Grants to Basic Schools*, a projected estimate of enrolment levels in each school is made at the beginning of each academic year based on the Gross Enrollment Rate (GER) for districts. Based on this, 50% of funds is transferred to schools at the beginning of the first term and the rest of the funds is transferred subject to submission of adequate returns on the actual enrolment for the school in the course of the term. For the second and third terms, based on the

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\(^3\) Access to Basic Education in Ghana: politics, policies and progress (August, 2010) - Angela W Little, p23

enrolment levels as established in the first term, funds are transferred to schools at the beginning of term.\(^5\)

However, since 2006, there have been numerous reports from both the Commission’s monitoring exercise as well as other publications outlining the challenges facing the disbursement of the grant. This includes the inadequacy and late release of the funds. For instance, the Africa Education Watch Report by the Ghana Integrity Initiative reported delays in the release of funds. Also, a number of schools still levy various fees to supplement their financial resources partly due to delays in the release of capitation grant funds and their inadequacy.\(^6\)

**Delivery of Grant**

This year, the monitoring exercise revealed that only 13.3% of basic schools received their grant on time; the majority (86.7%) of public schools monitored did not receive their grant on time. In some cases, it delayed either for a term, two terms, full academic year or even two years

For instance,

- At the Presby Primary at Asunsu 2 in the Dormaa Ahenkro district, in the Brong Ahafo region, the Capitation Grant is received once in two years.
- At the Tefle PCP Primary located at Tefle Old Town near PCG Cemetery in the Volta region, the 2008/2009 and 2009/2010 allocations were both received in 2009 /2010 academic year.
- At the Zaare Experimental Primary School located at Zaare in the Upper East region, only the first tranche of this year’s had been paid for the past two years.

Even with the delays, some schools do not receive all outstanding grants, making arrears unending. Grants are supposed to be disbursed every academic term but this is not done. For instance,

- At the Adjetey Ansah School at Tema Manhean in the Greater Accra region, the school received just 3 tranches for the 2011/2012 and 2012/2013 academic years instead of six tranches.
- At the Manhean Community Primary school located in Tema in the Greater Accra region, the school received only 2 tranches in 2011/2012 academic year and only one tranche in 2012/2013.

**Grant’s Adequacy**

The majority (91.8%) of the schools monitored said that the grant is not adequate to sustain the running of their schools. Because of the inadequacy of the grant, schools find it difficult to provide the needed teaching and learning materials leading to an adverse effect on pupils in

\(^5\)Guidelines For the Distribution and Utilization Of Capitation Grants to Basic Schools, Ghana Education Service

\(^6\)Africa Education Watch Report, Ghana Integrity Initiative, 2008
terms of performance. For instance, because of the inadequacy of grant at the Arobi L/A JHS located at Akrobi-Wenchi in the Brong Ahafo region, the school has inadequate teaching and learning materials, desks and has affected academic work negatively. Also at the Huriya Primary and JHS located in the Wa municipality in the Upper West region, the grant is not able to meet the cost of TLMs and other expenses it is meant for.

In fact, these schools are unable to procure the needed teaching and learning materials. Besides, repairs and maintenance are left undone. As a result, the burden is transferred to parents who are made to pay levies to complement the grant.

A good example of inadequacy is clearly spelt out in Meredane Primary found in the Brong Ahafo region where the school received GH¢ 81.00 in 2012/2013 academic year for the second term. However, the school paid GH¢ 60.00 for post office box fee leaving only GH¢ 21.00 for the rest of the term.

Challenges

First of all, the grant is inadequate yet it is not released on time thereby inhibiting the smooth running of the schools.

Secondly, School Performance Improvement Plans (SPIP) are hardly implemented due to lack of grants or inadequacy of the grant; deductions (culture fee, sports fee) at the District Education offices, making the amount that gets to the schools very minimal and unable to cover all the pupils. For instance, according to the head teacher of Dr. Saunders’ Memorial Primary School of Kintampo in the Brong Ahafo region, even though government gives every pupil GH¢4.50, deductions made by the Municipal Education office reduces the amount allocated to each student. In addition, Charge-on-Transfers (C.O.T) by the banks also contribute to the reduction of the already inadequate grant, says the head Techiman Methodist JHS in the Brong Ahafo region.

Impact on School Attendance

The majority (78.3%) indicated that the Capitation Grant has impacted positively on school attendance. 5.7% pointed out that there was a negative impact whereas 16.0% indicated that there had been no change.

Even though the Capitation Grant is inadequate and untimely delivered, it has had a positive effect on school attendance. The enrollment has increased because the grant has lessened the financial burden of the parents.

At the Juaso DA JHS located in Sikafo Ammantem in the Ashanti region, enrollment improved from below 200 in 2008/2009 to 237 in 2012/2013 academic year. Also, at the Manso Atwere
DA Experimental JHS located at Asikafoamatem in the Ashanti region, the acquisition of school jersey and other sporting equipment has made student attendance encouraging.

The positive impact on school enrollment is corroborated by the Gross Enrollment Trend which shows a steady increase in the gross enrollment ratio.

![Figure 1: Gross Enrolment Trends in Basic Schools](image)

Source: Education Sector Performance Report, 2012

Gross Enrollment Ratio (GER) measures the number of pupils/students at a given level of schooling, regardless of age, as a proportion of the number of children in the relevant age group.

As shown in Figure 1, there has been a steady increase in the gross enrollment ratio at the kindergarten level. Even though there was a fall in the enrollment ratio at the primary level in 2008/09, it continued to increase in 2010-11 academic year. At the Junior High School (JHS) level there was a steady increase from 2004/5 academic years but reduced in 2009-10, however it resumed its increase in 2010/11 academic year.

Despite the overall positive effect, some schools (5.7%) recorded a reduction in their enrollment. According to the headmaster of Atobiase JHS, opposite the Methodist church in the Ashanti region, “attendance is poor because of absence of teaching aids which compels the children to stay at home”, according to him JHS 2 student capacity was previously 70 but has reduced to 58, JHS 3 was previously 96 but has reduced to 88.”

According to the head of the Adukrom Presby Primary School in the Ashanti region, there was an initial increase but reduced because pupils pay printing fees so it is reducing enrollment.
Impact on Academic Work

The majority (71.2%) indicated that the Capitation Grant has impacted positively on academic work. 16% pointed out that there was a negative impact whereas 12.8% indicated that there had been no change.

Even though the grant is small, the majority (71.2%) of schools are able to acquire some learning materials (cardboard, markers etc) which go a long way to boost teaching and learning. It has improved the academic work due to the fact that the schools are able to supply teaching and learning materials and also pupils are not sacked for school fees.

However in some (16%) schools, academic work is declining because schools are unable to procure the needed teaching and learning materials at the right time. Schools like the Afosua DA Basic School, Twifu Afosua in the Central region and Akrobi LA JHS located in Akrobi-Wenchi in the Brong Ahafo region experienced a decline.

According to some (12.8%) schools, the Capitation Grant has no impact. For example, schools such as the St Lawrence Catholic Basic B School located in Abura in the Central region and the Philip Quaye Girls also in the Central region felt the grant has no impact.

Impact on School Finances

The majority (64.4%) indicated that the Capitation Grant has impacted positively on academic work. 22.7% pointed out that there was a negative impact whereas 12.9% indicate that there had been no change.

Even though the amount is inadequate, it has increased the resource base of schools and hence facilitated the running of the school. It has also reduced the financial burden on the majority (64.4%) of schools monitored. For instance according to the Assistant head master of the Nyinasin MA Basic Primary located in Nyinasin in the Central region, financial burden has been reduced by 55%. At the Presby Primary School in Odumase in the Brong Ahafo region, the headmaster said “the grant has eased the pressure on our finances. At least we use it to transport our text books from GES to our school”.

Despite the overall positive effect, some (22.7%) schools reported that they are experiencing negative impact. The delay in releasing the grant and its inadequacies has eroded the positive impact that may have been anticipated. Again some parents refuse to contribute towards the running of the school compounding the effect. At the Afosua DA Basic School located in Twifo Afosua and Kayireku AME Zion Basic School both in the Central region parents are not cooperating whenever there is the need to raise additional funds for the running of the school. The same applies at the English J.H.S School Tepa in the Ashanti region.
Raising Additional Money

Up to 76.9% of schools raise money in addition to the Capitation Grant, and are mainly in the form of PTA dues (73.5%). These schools charge additional fees because the Capitation Grant is inadequate and it is not released on time.

The additional money raised is used for running the school (i.e minor repairs and maintenance, printing of exams questions and answer booklets, payment of utility bills, sporting activities) when the Capitation Grant delays.

Some other schools use it for development purposes; to build school infrastructure such as kindergarten block, kitchen, library, computer laboratory, toilet facility etc. At the Presby Primary located in Asunsu 2 in the Brong Ahafo region for instance, additional fees are charged for the construction of a kitchen. Others schools use it to pay allowances to personnel such as security officers.

Surprisingly at the Nyinasin MA Basic Primary located in Nyinasin in the Central region, additional money is used to rent accommodation for a practicing teacher.

Conclusion

Even though the introduction of the Capitation Grant has generally led to an increase in enrollment largely because parents are no more supposed to pay fees, the purpose for which it was created is likely to fail. This is because the grant is inadequate and the inadequacy is further compounded by deductions made at the District Education offices as well as the banks as charge on transfers.

In order to supplement the inadequacy and late release of funds, some schools are forced to charge additional fees in order to buy teaching and learning materials and undertake minor repairs defeating the very purpose of its introduction.

Recommendations

Government must clear all outstanding arrears under the Capitation Grant within SIX MONTHS, and thereafter ensure that the practice of piling up a backlog of arrears is discontinued. The FCUBE is a constitutional obligation placed on government, and it cannot renege on this duty. The Commission will again review the situation after the six months period.

The Capitation Grant per pupil per term is less than GH¢7.00, another sad reflection of the premium we place on our children. Again, we ask government to take steps within ONE YEAR to review the grant per person per term to an acceptable level that is commensurate with the
dignity and needs of the Ghanaian child. Once again, the Commission will review the situation after the given period to decide on what further action should be taken.

**GHANA SCHOOL FEEDING PROGRAMME (GSFP)**

The Ghana School Feeding Programme (GSFP) is an initiative under the comprehensive Africa Agricultural Development Pillar 3. The basic concept of the programme is to provide children in public primary schools with one hot nutritious meal, prepared from locally grown foodstuffs, on every school going day. 

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
- boosting local food production.

Currently, the programme covers 1,582,402 pupils in 4545 beneficiary schools.

Again, since 2006, CHRAJ and other publications have outlined inadequacies in the School Feeding Programme. The report by the Netherlands Development Organization (SNV) and Social Enterprise Development Organization (SEND) also found that the objective of reducing hunger and malnutrition has only been partially achieved. The nutritious value of the meals is endangered by several factors including late and/or limited release of funds by the Ghana School Feeding Programme units, and limited access to safe drinking water and other health issues.

**Findings**

The Commission’s findings revealed that 78.7% of schools sampled are currently benefiting from the school feeding programme. In addition to these representatives of the sampled schools, two hundred and twenty-three (223) focus group discussions made up of 1145 males and 1164 females were held country wide in order to assess the extent to which the School Feeding Programme

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8 Ghana School Feeding Programme (GSFP) Initiative and the Farmers Dream, ECASARD/SNV Ghana, May 2009


10 The Ghana School Feeding Programme, A practical exploration of the ‘behind the façade’ approach Page 351, para 2
Programme is fulfilling government’s obligation in providing free compulsory universal basic education.

**Adequate/Timely Release of Funds**

The majority (90.0%) of basic public schools pointed out that funds are not given to the caterers on time. Also similar proportion (91.1%) indicated that the amount given to caterers is insufficient.

**Quantity of Food**

A high proportion (74.1%) of school authorities indicated that the quantity of food is inadequate. A lower proportion (56.2%) of pupils interviewed also indicated that the food is inadequate. According to heads of schools, this is because the money is inadequate to prepare enough food. In addition, the money does not get to the caterers on time forcing them to pre-finance the programme. This has left many pupils not getting enough to eat.

For instance, at the DA Primary located at Piase – off Ejisu road in Bosomtwe in the Ashanti region, pupils do not eat to their full.

At the DA Primary-Manso Nkwanta located in Abrepo in the Ashanti region, not all pupils get food to eat.

At the Asegya D/A Primary/KG located at Kudi-Kope, in the Eastern region, pupils complain of not been satisfied after eating

At the Kedzi-Horvi A.M.E Zion School located on Aflao-Keta highway in the Volta region, the fund is not sufficient leading to inadequacy of the food. The grant delays and as such the caterers have to credit foodstuffs and other ingredients to use. As a result, the quantity of the food is mostly inadequate.

**Nutritional Content**

Up to 72.9% of school authorities interviewed said food provided by the caterers is either nutritious or highly nutritious. 27% however, were of the view that the quality is poor.

The Commission commends the caterer responsible for Dodowa Newtown Basic ‘A’ in the Greater Accra region for always providing good food for the pupils.

Some schools (27%) classified cooked food as poor because money allocated is inadequate and so the right proportion of ingredients is not used. For instance, at the La Anglican Basic School

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11 Food rated nutritious was based on the school authority’s perception after observing and tasting and not actual dietary test
in the Greater Accra region, because the money allocated to each child is very small, the caterer is unable to purchase the necessary ingredients.

At the Adom Model School located off Nkwanta/Kpassa road in the Volta region, though major foodstuffs like yam, maize are cheap, fish and other protein source are quite expensive and so very little are used in the food for the children. In fact, no eggs are served.

**Environments where meals are cooked**

The success of the programme partly depends on the commitment of the District Assembly towards the programme. In the District Operations Manual of the Ghana School Feeding Programme, the District Assembly is to ensure that there is adequate water for the implementation of the programme. They are also supposed to collaborate with communities/schools to construct a simple all weather kitchen, store, canteen with seats available. Our findings however, revealed that only (44.1%) of the meals are cooked at the school canteen, 23.2% by private catering service provider and 32.7% at other places such as under trees, in temporal structures, in the open environment and at the caterer’s residence.

The District Operations Manual of the Ghana School Feeding Programme also expects caterers to keep a hygienic kitchen including equipment in the kitchen which must be kept spotlessly clean. They are also expected to maintain food hygiene including not exposing foodstuff to flies, rodents and dust. By the Commission’s findings the majority (82.5%) had a hygienic environment for cooking.

For instance:

At the Tamatoku Basic School, Dangbe East district in the Greater Accra region, the kitchen is well ventilated and neat; also utensils used in preparing meals are neatly kept.

At the Kormantse Methodist Primary located at Saltpond, Central region, the meal is prepared in a hygienic environment. There was no rubbish or any kind of filth at the premises.

At the Toase D/A Primary & JHS located at Toase-Gyankobaa road in the Ashanti region, the food is prepared in a very neat environment.

At the Mole Primary/JHS located at Mole National Park, Damongo in the Northern region, pupils said “We eat in an environment that is clean and we are provided with water to wash our hands”.

A few (17.5%) however, had a poor standard of hygiene.

At the Breme RC Primary in the Tano district of the Brong Ahafo region, meals are prepared in the open, close to a drainage and stray animals are always around.

At the Tendanba JHS located at Sokpariyiri in the Upper West region, the place is opened to flies, dust and the school children also found playing around.
At the Ansariya Islamic Primary located at Iddipe in the Northern region, the environment is weedy and community members defecate in and around the compound.

At the Pataase/Seseame/Kokobeng M.A. Primary in the Ashanti region, the cooking area is a bushy environment not swept before food preparation. Cooking utensils are not washed immediately and food is prepared in an open space which attracts a lot of flies.

**Impact on School Attendance and Retention**

The majority (95.2%) of basic schools indicated that the School Feeding Programme has impacted positively on school attendance because pupils know they will be fed every school going day.

For instance, at the La Anglican Basic School in the Greater Accra region, most pupils come to school even if it rains because they know they will be served with free food.

At the Dodowa Newtown Basic ‘A’ in the Greater Accra region, pupils are now regular at school. The feeding programme has also improved pupils health as they no more fall sick frequently.

At the Kukuo E.P Primary School in the Northern region, attendance has significantly increased, punctuality has improved and dropout rates have reduced.

**Impact on School Enrollment**

According to the majority (91.1%) of school authorities the school feeding programme has impacted positively on school enrollment. At the Kwadaso MA Primary and KG in the Ashanti region school enrollment keeps on increasing even in the middle of the academic year especially at the KG and primary levels.

**Conclusion**

It is good to know that the government has approved GH¢200 million to cater for the accumulative figure of two million pupils starting next academic year. Clearly some District Assemblies have not collaborated with communities/schools to construct simple all weather kitchens, store, canteen with seats available since some of the caterers cook in the open under unhygienic environment and most pupils eat in their classrooms.

**Recommendation**

The allocation of 50 pesewas per pupil per day under the School Feeding is woefully inadequate and does not keep pace with economic trends. Indeed, this is dehumanizing of our children and a sad reflection of the premium we put on our children. The government must take steps to increase funding for the programme within ONE YEAR to an acceptable level, after which the Commission will review the situation again.

The District Assemblies must be made to finance the building and maintenance of infrastructure such as kitchens and storage facilities.
Moreover, caterers must be made to undergo mandatory and periodic capacity building especially in hygiene in order to facilitate meeting the objectives of the programme.

**AVAILABILITY OF EDUCATIONAL FACILITIES**

One essential component of achieving free compulsory education is to provide structures such as classrooms, toilets, teaching and learning materials.

Again the Commission’s monitoring exercise over the years have revealed inadequacies in educational structures, sanitary conditions have been generally poor. The report revealed that most of the school infrastructures lack basic standards such as adequate classrooms, proper ventilations, safety floors, roofing, toilet facilities, water, as well as fencing to provide security for both pupils and equipment. Several reports reveal same.

Preliminary report from Centre for Democratic Development (CDD) Ghana, also revealed poor infrastructural conditions, most of which are unfriendly to persons with disabilities. The report revealed that most of the school infrastructures lack basic standards such as adequate classrooms, proper ventilations, safety floors, roofing, toilet facilities, water, as well as fencing to provide security for both pupils and equipment.12

To address the above challenges, the 2013 Budget proposed the completion of work on the remaining schools under trees commenced in the previous years. The Budget proposed an additional 190 6-unit classroom blocks to be built under the ‘school under trees programme’. Government also prioritized access to clean and potable water to all primary, junior and secondary high schools in the country to address the deficit in water provision.13

**Findings**

To find out whether educational facilities are available and adequate, data was gathered from heads of 294 basic schools. Also two hundred and eighty-six (286) focus group discussions made up of 1474 males and 1492 females were held country wide.

**School Capacity**

Of the 294 public basic schools monitored, the majority (82.5%) had rooms provided for each class. However, 105 (35.7%) had actual school capacity higher than the expected capacity. For instance, at the Bipoa SDA Primary in the Ashanti region, the actual size of the school was 508 surpassing the expected size of 315. Also at the Asigbekope D/A Primary in the Greater Accra region the actual school size was 465 surpassing the expected size of 192.

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12 Preliminary Report on Survey on Tracking Public Basic School Infrastructure, Centre for Democratic Development (CDD) Ghana, 2013
At the Gbegbeyesie Junior High School, located at Dansoman last stop, in the Greater Accra region, the school comprises two streams, A and B. Whereas the A stream are housed in an enclosed classroom, the B stream study under a shed.

**Seating Arrangement**

The majority (87.7%) of the schools monitored used either mono or dual desks whereas 12.3% used table and chairs.

**Level of Congestion**

In all, 46.6% were either congested or very congested. In fact, some schools are so congested that pupils sit close to the wall. For instance,

At the Manhean Community Primary School located at TMA JHS compound, in the Greater Accra region, the enrollment was so high that desks were arranged close to the blackboard.

At the Gbegbeyesie Junior High School, located at Dansoman last stop, the seats were not adequate because you will find three to four students sharing a desk meant for two.

At the Padmore Street Primary School located in Tema Community 1, in the Greater Accra region, some pupils sat in threes instead of two to a seat.

**Safety of School Buildings**

The majority (72.5%) had safe school buildings. In fact, they had no cracks. However, 27.5% had buildings that were unsafe.

It was revealed that schools that had safe infrastructure had been well maintained. However, those ones that had not been maintained had cracks. For instance,

At the Gbegbeyise JHS located at Dansoman last stop in the Greater Accra region, the school building had not seen any renovation. Again there were visible cracks on the walls the building.

At the Odumase-Akro M.A Primary School located opposite Odumase Anglica Church in the Eastern region, the structure was old and needed total renovation. The heat generated from the roof gets unbearable in the afternoon.

At the Zion Junior High School located 3 miles from John Town in the Northern region, there were so many cracks in the building and it was not safe.

At the Akropong Presby Primary School, Nkoranza district in the Brong Ahafo region, all the pillars in the primary block were death traps, they were very weak and could break any moment.
Roofing

The majority (64%) had adequate roofing, whereas 36% had not. It was observed that schools that had adequate roofing had a good maintenance culture and for those with bad roofing, it was observed that it was due to lack of maintenance of the school building.

At the Manhean SDA Basic School, Bankuman in the Greater Accra region, the roofing leaks so badly that teaching was stopped whenever it is rained.

At Kpando Gabi MA Primary school in the Volta region. The roofing sheets were no more in good condition. Some of the woods were very rotten.

At the Afosua D/A Basic School located at Twifu Afosua in the Central region, the roof of the dining hall got ripped off in February 2013 and it had since not been renovated.

Teaching and learning Materials

In the Government of Ghana Education Strategic Plan published in November, 2012, the primary textbook ratio of 1:1 for core subjects was set to be achieved by the end of 2012. However, the Commission’s findings revealed that the majority (72.2%) of the heads of schools reported that they have inadequate teaching and learning materials. This is so because supply of TLMs to some schools by the GES is inadequate. Moreover, the Capitation Grant is inadequate to procure all teaching and learning materials.

According to the head of St. Dominic R/C JHS located at Adweso in the Eastern region, the supply of TLMs by the Ghana Education Service is not enough for the student population. The Capitation Grant is inadequate in meeting the needs of pupils/students.

At the LA-Nkwantang DA ‘8’ Primary school around the Madina market in the Greater Accra region, the learning materials that were provided were not enough for all pupils and as at the time of visit, teaching materials such as notebooks and register had not been provided.

At the Madina Estate 1 JSS in the Greater Accra region, the learning materials were not adequate. Forms 2 students are made to buy their own textbooks, and the Form 1 students are provided with only English and French textbooks.

At the Nkwanta English/Arabic school in the Volta region, pupils have to form a group of 5 to read one textbook.

At the Wawaso LA school (primary and JHS) located in the Kadjebi district in the Volta region, 16 JHS 2 students use only 4 English text books.

At the Kedzi-Horvi AME Zion School on the Aflao-Keta Highway in the Volta region, pupils are always paired especially when it comes to reading subjects such as English and Ewe.
Teachers

The majority (81.3%) of schools said they had adequate teachers; either each class had a teacher or all subjects were handled by a teacher. However, 18.7% indicated that the number of teachers they had was inadequate; either a teacher teaches too many subjects or there are no teachers for some subjects.

At the Nduso MA Primary, Cape Coast in the Central region, the kindergarten section of the school had not got a teacher.

At the Zarantaya D/A Primary School located at Zarantinga in the Northern region, the school had only six teachers from kindergarten to primary six.

At the Kabanye JHS located in Wa in the Upper West region, the school lacks teachers for two subjects “Religious and moral education and Ghanaian language”.

Source of Water

The main source of water includes pipe borne, well and bore hole with the use of pipe borne (52.2%) constituting the majority. The majority (74%) had regular supply of water.

Toilet Facility

The majority (69.4%) use the KVIP. It is worth noting that 16% of the schools monitored had no toilet facility. Some of these schools were

- St. Andrews (A.M.A)Primary, Mataheko JT in the Greater Accra region,
- Anowam SDA Primary Tindonmoglo in the Upper East region and
- Ziavi Dzogbe E.P Primary in the Volta region.

The majority (59.4%) of schools which had a form of toilet facility were not adequate to serve all pupils.

At the Manso Atwere DA Experimental JHS, located at Asikafoamatem in the Ashanti region, there was only one toilet pot for the boys and same for the girls.

At the Techiman Methodist Primary ‘A’ in the Brong Ahafo region, the school had pupil capacity of 419 but had only two seats.

The Presby Primary School located at Odumase in the Brong Ahafo region, had school capacity of 600 but had only 2 toilets; one for the girls and one for the boys.

At the Nkwanta English/Arabic school in the Volta region, the toilet was originally built for 70 pupils but now serving 700 pupils from kindergarten, primary and JHS.
At the Mantey Din Drive Primary located near Tema Sports stadium in the Greater Accra region, the toilet was not in use.

**Sanitary Conditions**

While 41.7% had good sanitary conditions, 37.2% had fair conditions whereas 21.1% had poor sanitary conditions.

For toilets that were in good conditions it was revealed that pupils clean the toilets daily and it is not used by members in the community. But for those in either fair or poor conditions, it was revealed that community members use the facilities in addition to pupils/students.

At the Mamponteng DA Primary B, in the Ashanti region, Akrobi LA JHS and Drobo DA Primary School both in the Brong Ahafo region, the community members patronize the facility in their absence which makes the sanitation condition poor.

At the Wamale Islamic Primary School located opposite Tamale Girls SHS in the Northern region, the toilet is misused by the community members and there is no water supply to the toilet.

**First Aid**

76.3% of the sampled schools had first aid box, of these 25.5% were poorly stocked. In case of cuts and bruises, first aid is administered and parents informed. However, when a pupil/student gets ill, the victim is taken to the hospital and parents are later informed.

The Commission commends the Efutu MA Basic School in the Central region for adopting the system where photocopies of each pupil’s NHIS card are made so that if a pupil gets ill he/she is sent to the hospital and their parents informed immediately.

**Proximity**

31.7% of pupils/students had their basic public school far from their residence. Despite the distance, they attend these schools because of the standard of education exhibited. For instance at the Philip Quaye Girls School at Cape Coast in the Central region, all ten girls who were members of a focus group attend their present choice of school because of the high standard of education, even though they do not live close to the school.

According to pupils of the La-Nkwantanang-DA ‘8’ Primary school, in the Greater Accra region, “because teachers teach very well, they are not lazy and report to school even when sick. Pupils far away from the school are sent to the school by their parents”.

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Conclusion

Close to half of schools monitored continue to be congested leaving pupils sitting close to the blackboard.

Some school buildings had cracks and bad roofing mainly because of non-maintenance. In fact, the monitoring exercise showed that some (16%) schools had no toilets and for the majority of schools that had a form of toilet, the facility was inadequate to serve all pupils/students. The problem of sanitation is compounded where community members use the school’s toilet facility.

TLMs continue to be insufficient to most (72.2%) schools. Many pupils/students share textbooks and the Ghana Education Strategic Plan of attaining primary textbook ratio of 1:1 for core subjects by the end of 2012 has not been achieved.

Recommendations

The Metropolitan, Municipal and District Assemblies (MMDAs) should take immediate steps to build toilet facilities for schools within their jurisdictions that do not have such facilities. In addition, the maintenance of school structures should be vigorously undertaken.

Since the gross enrollment rate is increasing, the building of more basic schools should strongly be undertaken in order to reduce congestion in some schools. To improve the teacher pupil ratio, allowances for trainee teachers should be maintained and be bonded to teach compulsorily.

PERSONS WITH DISABILITIES AND SCHOOL ENVIRONMENT

Human rights are those basic claims or entitlements that enable or protect our ability to satisfy our basic needs with dignity and respect. The basis of human rights is that “all human beings are born free and equal in dignity and respect.” (UDHR Art.1)

Human Rights are fundamental because they do not have to be earned, bought or inherited. They are for all persons irrespective of their status.

Persons with disabilities are entitled to exercise their civil, political, social, economic and cultural rights on equal basis with others. Disability “summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions and mental illness. Such impairment, conditions or ailment may be permanent or temporary in nature”14.

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14 www.hrea.org
The UN Convention on the Right of Persons with Disabilities seeks to protect the rights of the disabled. Ghana was the first country to sign the convention in March 2007. The Commission commends the government for finally ratifying it on 31 July, 2012.

The right to education for persons with disability is spelt out in Article 24(2) of the UN Convention on the Rights of Persons with Disabilities

a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;

b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live.

Locally, the rights of persons with disabilities are provided in Article 15(1) of the 1992 Republican Constitution of Ghana which states “the dignity of all persons shall be inviolable” and Article 17(2) which states “A person shall not be discriminated against on grounds of gender, race, colour, ethnic origin, religion, creed or social or economic status”.

State of School Structures

Article 9 (1), of the Convention on the Rights of Persons with Disabilities states

“To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment... These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

a. Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces”

Section 6 of the Persons with Disability Act, 2006, Act 715 states “The owner or occupier of a place to which the public has access shall provide appropriate facilities that make the place accessible to and available for use by a person with disability.”

Findings

In all, 55% of the school heads indicated that they have persons with disabilities in their school. They include the physically challenged, visually challenged, hearing impaired and mentally challenged.
Of all these schools, the Commission’s findings showed that only 47.5% of them had disability friendly structures. These structures either had very low steep steps or ramps for use by those who use wheel chairs. However, for the majority (53.5%) of the schools monitored, their structures were unfriendly to pupils with disabilities.

At the Saint Anthony Primary/Kindergarten School located in Salaga in the Northern region, a female with disability in the limbs said “it is difficult because she feels pains in the leg when climbing the stairs’.

At the Toase D/A primary and JHS located at Toase-Gyankobaa road in the Ashanti region, a pupil with physical disability said “since there are no steps leading to the veranda of the school, I find it difficult sometimes accessing the facilities.”

“We find it difficult to even get help in assisting us in accessing school facilities” was a response by a pupil with disability at the Abotanso R/C primary located at Abotanso, in the Easter region,

“I cannot see the black board and cannot read by myself.” said by another at the Punyoro L/A Primary school located at Pungu-South, Upper East region.

**Inclusive Education**

According to DFID Guidance Note, education can reduce discrimination against children with disabilities and tackle poverty. Education, particularly inclusive education, is able to reduce discrimination through enabling children with and without disabilities to grow up together. Education gives children with disabilities skills to allow them to become positive role models and join the employment market, thereby helping to prevent poverty.  

**Findings**

In fact, 80.1% of the schools monitored said they support the idea of inclusive education as a prerequisite for equal enjoyment by persons with disabilities of their right to education.

Their reason was that it allows for better socialization process and reduces stigmatization. Additionally, all children including those with disabilities must be exposed to all learning situations in the school. They equally have the right to go to school and nobody should deny them those rights. In all, inclusive education is also needed to prevent discrimination against persons with disabilities from early childhood.

For those who disagreed with inclusive education, they reasoned that pupils with disabilities are supposed to be given special attention and special training and should be sent to institutions specially designed as such. The normal schools do not have enough special teachers who will handle pupils/students with special needs.

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School Retention

The retention rate increased among children with disabilities from 13% in 2010/2011 to 16% in 2011/2012, indicating a marginal improvement.\(^\text{16}\)

The Commission’s findings in 2013 revealed that three pupils with disability dropped out of school, one was as a result of financial problem, the other two were unknown.

At the Amamoma Presby Model located at Amamoma Community in the Central region, the parents withdrew the pupil from the school. The school authorities do not know the whereabouts of the pupil.

At the Kyekyebiase Methodist Primary School located at the main Konongo-Agogo highway in the Ashanti region, the father of the affected died and there was no one to take care of her and so had to drop out.

At the Ankobra Catholic Primary located at Ankobra, Western region, they were not good academically.

Other Challenges

It was revealed that many peers make fun of persons with disabilities. Moreover, teaching is not tailored to their level. For instance one male autism pupil at the Mole Primary/JHS in the Northern region said that many children make fun of him. He also added that the delivery of teachers is so fast that he does not comprehend what is taught.

Conclusion

Some (53.5%) school buildings are not easily accessible thereby infringing on the rights of persons with disabilities as specified in Article 9 (1), of the Convention on the Rights of Persons with Disabilities and Section 6 of the Persons With Disability Act, 2006, Act 715.

Also classmates continue to make fun of pupils with disabilities which might compel them to drop out of school defeating the very purpose of not excluding them from free and compulsory primary education.

Recommendations

The Ministry of Education and GES must step up efforts to prevent and eliminate all forms of discrimination against children with disabilities, including:

- Enhancing awareness-raising and educational campaigns targeting both children and teacher and non-teaching staff.

\(^{16}\) Education Sector Performance Report 2012-Ministry of Education
Providing for effective remedies in case of violations of the rights of children with disabilities, and ensure that those remedies are easily accessible to children with disabilities and their parents and/or others caring for the child.

**CORPORAL PUNISHMENT**

In the general comment of the *Convention on the Rights of the Child*, paragraph 11 defines corporal punishment as …any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (“smacking”, “slapping”, “spanking”) children, with the hand or with object - a cane, stick, belt, shoe, ladder, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (for example, washing children’s mouths with soap or forcing them to swallow hot spices). In addition, there are other non-physical forms of punishment that are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child.”

*Article 28(2) of the UN Convention on the Rights of the Child* provides that:

State Parties shall take all appropriate measures to ensure that school discipline is administered in a manner not inconsistent with the child’s human dignity and in conformity with the present Convention.

This Article applies to Ghana and is reinforced by *Article 15(2) of the 1992 Constitution* which reads:

No person shall, whether or not he is arrested, restricted or detained, be subjected to – (a) torture or other cruel, inhuman or degrading treatment or punishment;

*Also, Section 13 (1) of the Children’s Act* states that no person shall subject a child to torture or other cruel, inhuman or degrading treatment or punishment including any cultural practice which dehumanizes or injurious to the physical and mental well-being of a child.

**Measures to address corporal punishment**

The old policy required canning to be done in the presence of the head teacher and the maximum number of strokes to be given was four (4). However, the 2010 Ghana Education Service Head Teachers’ Handbook has removed canning as a punishment.
Findings

To find out whether discipline is administered in a manner consistent with the child’s dignity 294 basic schools heads were interviewed, 272 focus group discussions were also held made up of 1395 males and 1414 females.

Forms of Punishment

Corporal punishment has been part of the Ghanaian education system since its inception. The Commission’s monitoring exercise revealed the following forms being used; canning, kneeling and ground work such as sweeping, weeding, planting trees, picking rubbish from the school compound.

![Figure 2: Percentage Breakdown of Types of Corporal Punishment](image)

Source: 2013 SOHR Field Data

Canning was the predominant (36.6%) type of corporal punishment recorded during the Commission’s monitoring exercise, followed by kneeling (24.2%).
Knowledge of GES Policy

In fact, 97.2% of schools heads interviewed indicated that the GES policy on corporal punishment is known to all staff members. According to them, all teachers have been informed about the policy by the District Education Office; each teacher is given the code of conduct. Moreover, this is made known to them during staff meetings.

Complaint Procedures

57.8% of the schools monitored had complaint procedures for victims of corporal punishment. Generally, the victim would have to report to the head teacher, and then the head teacher may invite the teacher concerned and caution him/her or make the necessary recommendations. The head may report the conduct of the teacher to the circuit supervisor depending on the severity.

Instances of complaint procedures are as follows:

- At the Breme R/C Primary located at Breme in the Brong Ahafo region, report made is made to class teacher, the assistant head teacher and then the head teacher.
- At the Kruboa D/A primary School located along Tepa-kumasi road in the Ashanti region, pupils are to report to the guidance and counseling teacher who in turn reports same to the head teacher.

The majority (66.7%) of schools had complaint procedures known to all pupils. They are mainly reminded during Assembly. Parents are also informed during PTA meetings so they in turn educate their children. For instance,

- At the Kayireku AME Zion Basic School located at Twifu Kayireku near Twifu Anyinase in the Central region, pupils are told at assembly at the beginning of the term.
- At the Asokore Methodist Basic School located at Asokore in the Eastern region, parents are informed during PTA meetings who in turn educate their children on the policy on corporal punishment.

Reporting to Appropriate Authority

According to school heads only 32.7% had instances where a pupil reported about a way he/she was punished; many of them saw it as a normal practice or were afraid to report. This is corroborated by pupils where only 32.3% reported to the appropriate authority.

At the Abora DA Basic School, Apam in the Central region, pupils were afraid to report because, if they report they will be insulted and punished again.

At the Sognaayili Rayaniya Islamic Primary- one pupil said “If you dare report your case would worsen. You would be dealt with the more harshly, so we just cry and let it go.”

At St. Joseph Roman Catholic JHS located at Kintampo, in the Brong Ahafo region, pupils said “we are afraid to report our teacher to the head master”.

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Intervening After Reporting

It was not surprising many pupils do not report to the appropriate authority. In fact, out of those who reported, only 41.2% said the person they reported to intervened. The form of intervening was mainly warning the perpetrator and rendering an apology. For instance:

At the Mamponteng R/C JHS located at Mamponteng opposite Cemetery in the Ashanti region, the perpetrator was called and warned by the head teacher.

At the Philip Quaque Girls School located at J.P.BRO Coronation in the Central region, the victim received treatment and the teacher rendered an apology.

At the Adom Model School located off Nkwanta/Kpassa road, the head teacher was spoken to by the head teacher.

Injuries

61.4% of pupils/students revealed that they had been victims of corporal punishment. 13% of these pupils/students sustained various levels of punishments. These injuries include cuts and bruises on the body.

For instance at Abora DA Basic School, pupils were injured with bruises on the hands and the buttocks.

At the Sognssyili Rsyaniya Islamic Primary, Tamale in the Northern region, a pupil sustained a cut on his right hand after being canned.

At the Agortoe E.P / LA Basic School at Keta in the Volta Region, a pupil sustained bruises on the right palm after weeding. The incident was reported to the Headmaster who made sure the culprits were brought to book. The headmaster in turn instructed the teacher who was in charge of the infirmary to give the pupils first aid treatment. The perpetrators were then punished by the headmaster to serve as deterrent to others.

Conclusion

Canning, kneeling and other forms of corporal punishment continue to be undertaken in Ghanaian basic schools across the country, leaving some injured.

Corporal punishment is by its very nature, inhumane and ultimately an abusive practice that entrenches the idea that violence provides a solution to every problem in the classroom. The removal of corporal punishment and the elimination of other dehumanizing practices in our
schools are necessary steps towards the development of a culture of human rights in our country.\(^{17}\)

**Recommendations**

Government must continue to improve the environment for learning for all school children, and take steps to remove all conditions that can keep out or discourage children from going to school, including corporal punishment and bullying.

The removal of corporal punishment and the elimination of other dehumanizing practices in our schools are necessary steps towards the development of a culture of human rights in our country.\(^{18}\) Policies on corporal punishment need to be repealed and other legal and other protection against all forms of violence enforced. Simply repealing authorization of corporal punishment and any existing defences is not enough.

**PART TWO: RIGHT TO HEALTH**

Right to health is an internationally, regionally and locally enshrined fundamental human right. Right to health means governments must generate conditions in which everyone can be as healthy as possible. Such conditions range from ensuring availability of health services, healthy and safe working conditions, adequate housing and nutritious food. Right to health includes access to timely, acceptable and affordable health care of appropriate quality.

Member countries are to ratify international and regional conventions and treaties which contain right to health as an affirmation of compliance to these international and Regional bodies. Some of the international conventions and treaties include;

- *International Covenant on Economic, Social and Cultural Rights* (ICESCR)
- *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW)
- *Convention on the Rights of the Child* (CRC)
- *Universal Declaration of Human Rights* (UDHR)
- *International Covenant on Civil and Political Rights* (ICCPR)

Regionally, there is the *African Charter on Human and Peoples Rights* which Ghana has ratified. Locally, Ghana has ratified and enshrined most of these international and regional treaties in its Constitution. Article 34(2) of the 1992 Constitution recognizes health as a human right and mandates the president to ensure the realization of basic human rights as well as the right to good health care of every citizen.


\(^{18}\) Ibid
The Millennium Development Goals (MDGs) have given the promotion of the Right to health additional impetus; three (3) 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 and other diseases (MDG-6).

**Objectives**

The main objective for monitoring the right to health is to monitor State’s compliance with its obligation regarding the health needs of the Ghanaian populace. Sectors the survey focused on under right to health are: (a) State of Maternal Mortality, (b) State of Infant Mortality, (c) State of NHIS, and (d) Rights of People Living with HIV and AIDS.

**MATERNAL MORTALITY**

*The Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa* enjoins “State Parties to take all appropriate measures to provide adequate, affordable and accessible health services, including information, education and communication programmes to women….“\(^{19}\) as well as “Establish and strengthen existing prenatal health and nutritional services for women during pregnancy …“\(^{20}\).

Target A of MDG 5 seeks to reduce the figure to 185 maternal deaths per 100,000 live births by 2015\(^{21}\).

As at 2010 the mortality rate in Ghana stood at 350 maternal deaths per 100,000 live births\(^{22}\).

To achieve the MDG 5, the Ministry of Health (MOH) has also projected a target of reducing maternal deaths per 100,000 live births to 226 by the end of 2013\(^{23}\). Government introduced free maternal care policy which includes free antenatal, delivery and postnatal care in July 2008 under the NHIS in order to reduce maternal death\(^{24}\).

To assess these measures, the Commission monitored 211 health institutions comprising public and private health facilities across the country.

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\(^{19}\) Article 14 (2)(a) of The Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa

\(^{20}\) Article 14 (2)(b) ibid

\(^{21}\) Ghana – Maternal Mortality Rate, www.indexmundi.com/g/g.aspx?c=gh&v=2223, accessed on 18th December, 2013

\(^{22}\) Ghana – Maternal Mortality Rate, www.indexmundi.com/g/g.aspx?c=gh&v=2223, accessed on 18th December, 2013


\(^{24}\) http://www.nhis.gov.gh/files/NHIS%2520GHANA%2520OVERVIEW%2520REFORMS%2520ACHIEVEMENTS
Findings

Public Education on Maternal Mortality

All the health institutions monitored organize public education programmes on issues of maternal mortality in the community. This is confirmed by 99.5% of the members of the focus groups across the country who noted that they receive education on maternal health at their respective facilities. The programmes are done through radio discussions, house to house visits, *durbars*\(^\text{25}\), interactions with faith based organizations, opinion leaders, training of traditional birth attendants and other organized groups within the community.

For instance, Walewale District hospital in the Northern Region and Winneba Municipal Hospital in the Central Region, held radio discussions on maternal health on Eagle FM and Radio Peace respectively.

Most of the institutions use special days termed 'Clinic days' to educate the mothers and interested individuals on the importance of maternal health. They educate and encourage the women to deliver at the hospital facility. They also sensitize patients at the Out Patients Department (OPD) on the dangers of abortion and self-medication.

Through the programmes, they were sensitized on;

- Regular antenatal and postnatal attendance.
- Good eating habit and six (6) months exclusive breast feeding to the newly born baby.
- Birth control and family planning methods.
- Need to know their HIV status
- The use of insecticide treated nets to protect themselves and the fetus against malaria.

Collaboration with stakeholders and institutions in conducting education programmes

The majority (78.2%) of the health institutions monitored across the country currently collaborate with other local and international organizations in conducting their health education programmes. The institutions include Ghana Education Service (GES), Ghana AIDS Commission (GAC), National Commission for Civic Education (NCCE), Information Services Department (ISD) and District Assemblies. Others are Engender Health, PLAN Ghana, Marie Stopes International, World Vision International, United Nations Children's Fund (UNICEF) and Ipas Ghana among others.

Health Institutions Progress in Reducing Maternal Mortality

Ninety percent (90%) of the health facilities noted that they have put in place measures to prevent or reduce maternal mortality at their respective facilities in order to meet the Millennium Development Goal (MDG-5). These include free maternal care, training of midwives and related

\(^\text{25}\) A formal reception often involving the local chief or representatives.
staff, education and sensitization programmes, provision of medical equipment and blood donation campaign in addition to referrals of severe and complicated maternal cases to the major hospitals.

**Conclusion**

There is an increasing effort by government, health workers and stakeholders towards reducing maternal mortality to meet the MDG 5. Most of the hospitals monitored recorded a further decrease in maternal mortality as compared to the previous years. However, the Commission believes that the possibility of meeting the target of 185 maternal deaths per every 100,000 live births under MDG 5 is very slim. There was much improvement in measures put in place to educate the public on maternal health and also a good collaboration with stakeholders and other organizations in conducting the public education in schools, churches, homes, mosques and on radio stations. Maternal health education was also intensified during antenatal and postnatal attendance at the various health facilities.

**Recommendations**

- The State must provide to each district in the country, a National ambulance that can be accessed by all health institutions within the district to curb the delays in reaching a health facility on time.
  
  The Commission urges expectant mothers to regularly attend antenatal and postnatal services at their respective health facilities so that their health needs will be catered for on time.

- The Commission commend the efforts of the National Blood Service (NBS), hospitals and other organizations in stocking the blood bank to cater for emergency cases and excessive blood loss. It however, urges the National Blood Service and other stakeholders to continue the campaign for blood donation.
  
  The Commission again, urges the general public to donate blood to these blood banks to save lives.

**INFANT MORTALITY**

Article 12.2 (a) of ICESCR requires State parties to take steps to provide for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child.

Target A of MDG 4 requires governments to reduce infant mortality ratio by two-thirds by 2015. In order to reduce the mortality ratio, Government ensured under the NHIS that all persons under 18 years including infants have free access to health insurance. As at December 2012, registered members under 18 years, including infants, represented 50% of the total number of registered
NHIS card holders\textsuperscript{26}. Other interventions by Government include; free postnatal care, free immunization against childhood killer diseases, and implementation of malaria control programmes. However, infant mortality rate in Ghana stands at 39.7 deaths / 1,000 live births as at December 6, 2013\textsuperscript{27}.

**Findings**

**Public Education on Infant Mortality**
All the institutions monitored educate the public, immunize infants and provide medical equipment as a part of measures to address infant mortality in their jurisdictions. This is confirmed by 98.5\% of the members of the focus groups across the country who noted that they receive education on infant health at their respective facilities.

Most of the institutions use special days termed 'Clinic days' to educate the mothers and interested individuals on the importance of infant health.

Through the programmes, they were sensitized on;

- Regular neonatal care
- Good eating habits and six (6) months exclusive breast feeding to the newly born baby.
- The use of insecticide treated nets to protect the newly born babies.

**Collaboration with stakeholders and institutions in conducting education programmes**
Most (71.6\%) of the health institutions monitored across the country collaborate other local and international organizations.

**Progress the Health Institutions has made with regards to Infant Mortality**

Ninety-three percent (93\%) of the health facilities indicated they have put in place measures to prevent or reduce infant mortality at their respective centers in order to meet the Millennium Development Goal (MDG-4). These include education, sensitization programmes, provision of medical equipment and immunization. Some hospitals said they had not recorded any infant death as at the time of monitoring. However, some institutions namely Bole district hospital in the Northern Region, Twifu Atti Mokwa district hospital in the Central Region and Tumu district hospital in Sissala West district in the Upper West Region recorded 23, 14 and 12 infant mortality respectively.

\textsuperscript{26}http://www.nhis.gov.gh/files/NHIS%2520GHANA%2520%2520OVERVIEW%2520REFORMS%2520%2520ACHIEVEMENTS
\textsuperscript{27}CIA World Factbook, Infant mortality rate in Ghana. www.indexmundi.com/ghana/infant_mortality_rate.html, accessed on 18\textsuperscript{th} December, 2013
Conclusion

There was a very good collaboration between government, health care providers, stakeholders and other organizations in tackling infant mortality in order to meet the MDG 4. All institutions monitored also carried out sensitization on neonatal care, breast feeding and the use of insecticide treated nets to protect the newborn babies.

The Commission commends the MOH for a very successful immunization and vaccination campaign, and urges it to continue to improve and expand the campaign for all infants.

Recommendations

- The State should intensify sensitization on birth control and family planning methods.
- Government should continue to provide free insecticide treated nets to health facilities.
- The Commission urges the MOH to continue its immunization activities for the general public.

THE STATE OF THE NATIONAL HEALTH INSURANCE SCHEME (NHIS)

Introduction

The National Health Insurance Scheme was established after the Government of Ghana passed the National Health Insurance Act, 2003 (Act 650). The objective of the Act was to “secure the implementation of a national health insurance policy that ensures access to basic healthcare services to all residents”. However, in 2008 Act 650 was amended to the National Health Insurance (Amendment) Act, 2008 (Act 753). Act 650 and Act 753 were repealed and replaced with National Health Insurance Act, 2012 (Act 852)28.

While Act 650 sought to set up Mutual Health Organizations (MHO) in every district in the country, Act 852 seeks a unified NHIS with district offices.

Other significant provisions in Act 852 include the following: a mandatory NHIS, premium exemptions for persons with mental disorders, expenditure cap of 10% on-core NHIS activities, relevant family planning package, among others29.

The NHIS Act mandates compulsory funding models of National Health Insurance levy 2.5% of Value Added Tax (VAT) and Social Security contribution of 2.5% points among others30.

28 National Health Insurance Act, 2012 (Act 852) section 110 (1)
29http://www.nhis.gov.gh/files/NHIS%2520GHANA%2520OVERVIEW%2520ACHIEVEMENTS
30 National Health Insurance Act, 2012 (Act 852) section 41 (1)
General Comment No. 14.36 of the ICESCR requires 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”.

Measures taken by the Government since the introduction of the NHIS

- The NHIS has provided free registration and access to healthcare for the poor and vulnerable.
- All persons under 18 years have free access to health insurance.
- All pregnant women have free maternal care.
- The disease list covered under NHIS also include Malaria, TB, HIV opportunistic diseases

As part of the Commission’s work to assess the quality of service delivery under the NHIS and identify current challenges confronting it, the Commission monitored health institutions and solicited views of community members on the impact of the NHIS.

Information on NHIS from health care providers

All the health institutions monitored across the country were accredited to offer services under the NHIS.

Improvement in service delivery under the insurance scheme

The NHIS has made remarkable progress in providing access to healthcare services for Ghanaians, especially the poor and the vulnerable. Ninety four percent (94%) of the healthcare providers monitored noted an improvement in the service delivery under the scheme since its implementation. These improvements can be traced to;

- The introduction of new services into the scheme namely: surgeries, eye and oral treatment
- Computerisation of processing documents and introduction of e-claims, both of which have reduced paper work.
- Expansion of the NHIS medicine list from 545 to 548 formulations. The addition reflects current treatment protocols and provides more treatment options.
- The prices on the NHIS list have also been revised to reflect current market prices.
However, 6% of the monitored institutions asserted that there has not been any improvement in the service delivery under the scheme since its implementation, citing among others the following reasons:

- Introduction of Capitation system has hindered the smooth running of the scheme since one cannot receive health care at a centre outside the selected health care centre.
- Delay in reimbursement of claims

**Challenges faced by NHIS Providers**

Some of the challenges faced by service providers monitored include:

- Increase in work load of doctors and nurses over the years.
- Abuse of the scheme by clients who move from facility to facility within the same month to access treatments for the same illness.
- Late reimbursement of claims by the NHIA to the health care providers. As a result, Suppliers do not deliver drugs on time
- Format for claims not uniform
- Even though there has been revision of the drug list, the scheme still lacks the capacity to procure drugs that are of high efficacy and other essential non drug consumables.
- Limited space within the hospitals to cope with the increasing numbers of service users
- Many clients are unaware of the range of services as well as the disease and medicine lists covered under the NHIS.
- Discrimination in the payment of tariff to service providers for same services rendered under the NHIS

**Views of Community Members and Patients**

Focus group discussions were held in 211 communities nationwide, involving 2167 persons, comprising 1020 males and 1147 females. The majority (95%) were aware of the existence of the NHIS while 84% were registered members of the scheme. The non-registered members attributed their status to affordability of cost of registration and yearly premium. A vast majority (98%) of registered members were satisfied with the services of the NHIS. A tiny (2%) number of participants not satisfied with services of the NHIS gave the following reasons;

- NHIS does not cover all diseases and drugs; one ends up buying eventually most of the prescribed drugs from the pharmacies or drug shops making health assessment very expensive.
- Preferential or discriminatory treatment against NHIS cardholders.(e.g. NHIS cardholders are made to wait for longer hours before being attended and Service providers prescribe non- efficacious drugs to NHIS card holders)
Respondents differ in their response as to their satisfaction with the drugs provided as NHIS card holders. Those who were satisfied (61%) gave the following reasons;

- The drugs are adequate and sufficient
- They do not pay extra monies to get those drugs
- They are given efficacious and non-expired drugs
- Most of the drugs prescribed by the doctors are given without delay.

Participants not satisfied with the drugs (39%) gave the following reasons;

- The drugs always available are non-efficacious.
- Most prescriptions are bought at private pharmacies, making access to healthcare very expensive.
- Same prescriptions are given to all patients no matter the ailment.
- Doctors mostly refer clients to their private clinics for treatment.

**Challenges NHIS Card Holders Encounter**

A number of Ghanaians still encounter problems at various health care centers because they are NHIS card holders. Below are the challenges card holders’ encounters;

**At Registration**

- Accessing the card takes more than three months after registration
- Difficulty and delay in registration for cards and renewal
- Long queues during registration process.
- Bad attitude of some NHIA staff towards clients during registration

**At Hospital**

- Difficulty and delay going through formalities to access health facility
- Preferential and discrimination against card holders
- Most ailments and drugs are not covered by NHIS at the health facilities
- Unprofessional treatment meted to card holders by hospital personnel
- NHIS drugs and diseases list are not available to card holders
- Capitation has limited one’s freedom to access hospital of one’s own choice.

**At Pharmacies/Drug Stores**

- Prescriptions are often not found in the accredited pharmacies/drug stores
- There are so many bureaucracies before accessing the drugs
- Some accredited NHIS pharmacies/card holders have stopped giving drugs to card holders due to delays in payment of claims

Conclusion

The Commission observed a significant improvement in service delivery by NHIS accredited healthcare providers. Most Ghanaians are aware of the existence of NHIS thereby resulting in an increase in health care attendance. The NHIA was also successful in revising the NHIS drug list to reflect the current market price trends and to provide additional medicines to the list. Three (3) medicines which reflect current treatment protocols were added to enhance the health of Ghanaians. However, the health care providers are still faced with cash flows delays on claims payment by the NHIA. Most of the facilities have low staff strength to meet the increasing number of clients in need of health care. The Commission also realized that a significant number of hospital staffs still offer preferential treatment to patients who pay cash for services rendered.

Recommendations

- The Commission is seriously troubled by the delays in reimbursing service providers by the NHIA. This practice has the potential to threaten the sustainability of the NHIS and health care service delivery and the enjoyment of the right to health. The Commission calls on government and the NHIA to take steps within the next SIX (6) months to ensure that all outstanding arrears to service providers are paid; and thereafter outstanding claims do not exceed TWO (2) months at any given time. The Commission will review the situation at the end of the SIX (6) month period for any additional action that may be needed to be undertaken.

- Tariffs payable to health centers should be reviewed by MOH, GHS and the NHIA to take into account rising cost of treatment provided under the scheme.

- The hospital structures in most of the hospitals needs to be expanded to accommodate increasing attendance of clients to the health facility.

- The GHS should step up sensitization of the public on the services that can be rendered, the disease coverage and the available medicine list under the NHIS. Disease and drug lists must be posted at various accredited NHIS health facilities to ensure transparency.

- Steps should be taken by the NHIA to reduce delays in registration and renewal of cards under the NHIS. The Commission also supports the implementation of NHIS biometric registration.
• The number of drugs and diseases covered by the NHIS should be expanded by the NHIA. Also, there must be a consistent review of price list for drugs covered under the scheme.
• The MOH and the NHIA must review and modify the NHIS capitation system which is being piloted in the Ashanti Region.
• The Commission suggests a decentralization of the NHIA by the MOH to speed up claims payment. Moreover electronic submission of claims should be enhanced and claims made should be vetted electronically to reduce human errors.
• The MOH, GHS and the NHIA must put in place mechanisms to check people who abuse the system by moving from one facility to another and to know the diagnosis and treatment given to them at any point in time.

THE STATE OF PEOPLE LIVING WITH HIV AND AIDS

Introduction

Target A of the MGD 6 hopes to halt by half the spread of HIV and reverse the spread of the disease by 2015; whiles Target B sought to achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it. Currently in Ghana, HIV epidemic estimate shows that 225,478 of persons are living with HIV. As at the end of 2011, 59,007 PLHIV, representing 57.9%, were on anti-retroviral. The HIV prevention interventions have been expanded significantly to include key populations such as sex workers and their clients, men who have sex with men and remand prisoners.31

Despite the huge expansion and results, there still remain several challenges especially, in the area of public perception about the disease as well as discrimination and stigma against PLHIV. The Commission as a result, accessed the level of awareness of HIV and stigma against PLHIV. A total of 211 health institutions were monitored nationwide.

Awareness Creation

Information dissemination on HIV took various forms including community sensitization and media programmes targeted at health centres, local communities, schools, faith based organisations and Key Population.

Stigmatization against People Living with HIV (PLHIV)

A few (28%) of the respondents has ever come into contact with a PLHIV. The majority (78%) of community members were of the view that PLHIV should be treated equally as members in the communities. While 63% of the respondents see PLHIV as normal human beings who need love rather than exclusion, 26% of the respondents noted that they will be frightened to see PLHIV. Public education programmes led to an increase in knowledge on mode of transmission of the virus. Despite this, more than half (57%) of the respondents indicated that they will not share household utilities with PLHIV. The majority (78%) of the community members were of the view that the status of PLHIV should be kept confidential because it will eliminate stigmatization.

Mechanisms Put In Place to Check Stigmatization

Mechanisms put in place to check stigmatization and discrimination include creation of complaint centres, non-labeling of counseling and treatment units, provision of education materials and education of the public.

According to the Health officials, the intensification of Know Your Status Campaign (KYSC) and free counselling and testing for the public have led to an increase number of people testing for HIV.

Conclusion

Government has made tremendous efforts in the prevention of HIV through various means including KYSC, free counseling and testing services as well as education of the public. As a result of reduction in stigmatization more people are testing to know their status. A significant proportion of Ghanaians were not ready to live with or share household utilities with PLHIV.

Recommendations

The Commission calls on GAC, NGOs, CSOs and all stakeholders to continue to sensitize the general public against stigmatization of PLHIV.
PART THREE: CHILDREN’S RIGHTS

INTRODUCTION

The 1992 Constitutional provisions on children’s rights are based on various international conventions which the country has ratified. The principal ones are the UN Convention on the Rights of the Child (CRC), which Ghana was the first country to ratify. Others are the African Charter on the Rights and Welfare of the Child and the ILO Conventions 138 and 182. The main drive of legislative reform concerning children since the Constitution came into force is the Children Act, 1998 (Act 560). Other policies and programmes backed by legislative frameworks that offer strategies for the protection, survival and development of children included the Criminal Code Amendment Act, 1998 (Act 554), the Juvenile Justice Act, 2003 (Act 653), the Education Act, 2008 (Act 778), the Human Trafficking Act, 2005 (Act 694), the Domestic Violence Act, 2007 (Act 732), among others.

Recognizing that children are vulnerable and require special protection, appropriate to the age, level of maturity and individual needs, the State established the Ghana National Commission on Children (GNCC) in 1979 to promote the welfare of children in Ghana. Later a Ministry of Women and Children's Affairs (MOWAC) was established in 2001, realigned into Ministry of Gender, Children and Social Protection (MGCSP) in 2013.

Furthermore, a number of complementary policies and programmes that affect the welfare of children were made. These include Draft Street Children in Ghana Policy Framework, 1995; Early Childhood Care and Development Policy, 2004; National Gender and Children Policy, 2004; and National Plan of Action for the Elimination of Worst Forms of Child Labour, 2010. Besides these, children’s interest has been strongly reflected in the National Development Agenda and this has translated into adequate provisions within the Ghana Shared Growth and Development Agenda (GSGDA) 2010-2013 of the country. Government of Ghana has a comprehensive institutional and administrative arrangements that facilitate effective sharing of ideas and information aimed at protecting children in Ghana. Under this, Government Ministries, Departments and Agencies as well as various stakeholders have joined hands to protect children.

In addition to the above measures, the Government of Ghana has implemented a number of programmes in collaboration with stakeholders, prominent among these are the Free Compulsory Universal Basic Education (FCUBE) policy, the Skills Training and Employment Placement (STEP), the School Feeding Programme, Early Childhood Development and the Skills Training and Apprenticeship Programmes.
Despite the progressive nature of Ghana’s legislations, policies and programmes, implementation has been a big challenge. It is based on this that the Commission on Human Rights and Administrative Justice has over the years monitored the State’s compliance with its obligations in respect of the right of the Ghanaian child. Under this broad objective the Commission sought to monitor impact of interventions in the following areas:

- prevention and elimination of worst forms of child labour,
- prevention of child sexual abuse,
- prevention of child neglect,
- protection and promotion of the rights of children with disabilities and
- promotion of children’s right to recreation.

**CHILD LABOUR**

**Introduction**


In 2003, the Ghana Statistical Service estimated that over 1.3 million, representing almost 20% of the total population of children in Ghana were engaged in child labour.

The Government of Ghana signed a Memorandum of Understanding with the International Labour Organisation (ILO) in March 2000 committing itself to eliminate the Worst Forms of Child Labour. Consequently a National Plan of Action (NPA) was developed in 2010 with a commitment of eliminating the Worst Forms of Child Labour by 2016.

Institutional reforms and structures were also put in place to effectively deal with child labour and related matters and these included creation of child labour desks by some stakeholders, including the Ghana Employers Association (GEA) and the Ghana Trades Union Congress (GTUC) to mainstream child labour issues into their regular activities. Child labour issues were also incorporated into the Ghana Poverty Reduction Strategy II (GPRS II) 2006-2009, to enable resources to be mobilised nationally and internationally to support the development of children.

The Child Labour Unit (CLU) under the Ministry of Employment and Labour Relations (MELR) coordinates child labour interventions whiles the Department of Social Welfare (DSW) helps with the rehabilitation of survivors. The MGCSP has oversight responsibility over the implementation of the *Human Trafficking Act*, and the Anti-Human Trafficking Unit of Ghana Police Service enforces relevant laws.
To assess the work of these institutions and the impact of these policies and programmes, the Commission monitored state compliance with its obligations and the impact of intervention aimed at eliminating child labour in Ghana.

To achieve this purpose 153 heads of governments’ institutions were interviewed with focus group discussions held for 1928 children between 6 and 18 years engaged in labour in 183 communities across the country.

**Demography of children in labour and activity**

Heads of government institutions comprising Department Of Social Welfare, Child Labour Unit, Labour Department as well as the Ghana Police Services including the various units under it that handle issues relating to child labour were interviewed. The majority (69.9%) of these heads worked with Department Of Social Welfare and Ghana Police Service was the second largest with 16.3%. Most (90.3%) of them handled issues of child labour while 9.7%, the majority of whom belong to the Ghana Police Service did not.

About 47.3% of children interviewed lived with both parents, 19.3% with their mother, 16.1% with relations, 5.9% with their father, 9.3% with guardians, 1.8% lived alone while 0.4% with friends.

Ghana, since ratifying ILO Convention 138 on Worst Form of Child Labour, has focused on removing and preventing children from domestic servitude, trafficking, fishing, mining and quarrying, head porterage and commercial sex exploitation. Others areas also include ritual servitude, agriculture and street hawking. In line with Ghana’s focus on eliminating these worst forms of child labour, the Commission assessed the level of these activities within the districts being monitored. The heads were asked to provide the range in terms of high, medium and low level of engagement of children in these activities and their responses have been analyzed in the table below.

Figure 3 shows heads of institutions' response to the level of engagement of children in various forms of child labour.
Sixty-five percent (65%) of heads of institutions interviewed indicated that the highest level of engagement of children was in fishing while 58.3% interviewees said ritual servitude was the lowest.

On the other hand, children interviewed who indicated they are in school constitute 78.3% while 21.7% said they were not in school. Out of this number 59.4% said they have been engaged in labour in the last 6 months. With respect to the type of activities children who said they were working did, 7.9% were in domestic servitude, 9.7% in fishing, 5% in galamsey and quarrying, 15.7% in head porterage, 0.3% in commercial sex exploitation, 40% in agriculture and 16.1% in street hawking. The responses from the children corroborated the responses from the heads which indicted that highest number of working children in Ghana is found in agriculture. Other forms of activities not included in the list of Worst Forms of Child Labour (WFCL) developed by Ghana which 5.3% of children interviewed said they were engaged in were truck pushing and plucking palm fruits. On other hand, none of the children interviewed was in ritual servitude.

Source: 2013 SOHR Field Data
Interventions to eliminate child labour

Generally, most of the heads interviewed focus on general child labour issues. In some cases however, the focus area depended on the prevalence of the type of child labour activity in the district. For instance, institutions in South Tongu, Hohoe and Kpando focus on trafficking while the institutions interviewed in Cape Coast focus on commercial sex exploitation because the number of children engaged according to the heads in these activities in these districts were high. Some of the interventions put in place according to the heads to address child labour in the districts include advocacy, sensitization, formation of child rights clubs, and identification, withdrawal, rehabilitation of children in WFCL, provision of skills training and start-up capitals. Other institutions also indicated that they enforce laws, created and implemented child labour monitoring system, established community and district child protection committee and child panels.

Impact of interventions

The impact of interventions according to most of the heads interviewed has been positive or encouraging. They explained that there has been increase awareness which has led to the reduction in the incidence of child labour. Parents were now sending their children to school, rescued children are also being sent to school or into apprenticeship.

The phenomenon of child labour according to 80.7% of heads interviewed has decrease because the number of cases reported to their institution has decreased. Those who said the phenomenon was on the increase were of the view that most children during vacation go to the cities to work and an increasing number of children left with relations by parent to seek greener pastures suffer neglect and often engage in labour to care for themselves.

Children who have received any form of assistance from any institution were only 2.9% out of the total number of children interviewed. The majority (68.1%) of these children are in formal education, 17% are in non-formal education and the rest in vocational skills training. The assistance according to them have enabled them enroll in school and acquire vocational skills because basic schools and training needs were also provided for them.

Despite all these interventions, the visibility of government institutions that handle child labour at the local level is low because more than 58.1% of children interviewed did not know about them. To further strengthen this assertion 62.2% of children have never participated in any sensitization on child labour in their community. The rest of the children who have been part of public education programme explained that organisations have been to their schools and their teachers also educate them on child labour. Some also indicated that they either heard the education on radio or watched it on television.

Challenges

Challenges enumerated by heads as hindering the efforts to eliminate child labour in their districts range from inadequate funds, logistics, personnel, shelters to immediately accommodate
children who have been rescued, to lack of cooperation from community members or parents, law enforcement and courts in some districts.

**Conclusion**

A lot of interventions have been put in place by the government to address worst forms of child labour. Even though some level of success has been achieved; inadequate funds, logistic, and shelters have slowed the pace of success. The visibility of government institutions and the public education activity especially among children is low.

**Recommendation**

The Ministry of Finance should allocate fund in the 2014 budget to enable institutions working in child labour to effectively coordinate child labour activities. It should also provide adequate financial and human resources to revamp shelters that are not functioning well and in the medium term establish shelters in each region to temporarily accommodate children who have been rescued.

**CHILD SEXUAL ABUSE**

**Introduction**

The UN *Convention on the Rights of the Child*[^32], to which Ghana is a signatory, requires States to protect children from all forms of sexual exploitation and sexual abuse.

Sexual abuse of children is a human rights violation, the effects of which are devastating with short or long term consequences. Prevalence rate of sexual abuse has been difficult to determine, and the sensitive nature of the phenomenon accompanied by shame and stigma experienced by victims are disincentives to reporting its occurrence.

In Ghana, the Criminal Offences (Amendment) Act, 2012(Act 849), criminalizes a range of sexual offences including rape, forced marriage, indecent assault, incest, defilement, causing or encouraging the seduction or prostitution of a child under 16 and allowing persons under 16 to be in brothels.

The recently enacted Domestic Violence Act, 2007 (Act 732) deals with domestic violence including sexual abuse and subsequently criminalising the act punishable either by a fine or imprisonment. Under the Act, the Police are to assist victims by issuing a medical form to the victim and assist them to obtain medical treatment. Victims under subsection (1) (c) of the Act are entitled to free medical treatment from the State and in case of emergency or a life threatening situation, they may receive free medical treatment pending a complaint to the police and the issuance of a report.

[^32]: Article 34 and 35, CRC, 1990
State institutions such as MGCSP, Domestic Violence and Victim Support Unit (DOVVSU) and the DSW exist to fight sexual abuse. The Ghana AIDS Commission (GAC), Shelter for Abused Children, Shelter for Trafficked Children, Multi-Sectoral Committee on Child Protection are other key institutions and committees established by the State to deliver services related to child sexual abuse.

Ghana has adequate legislative and policy frameworks for protection of children from sexual abuse with corresponding institutions given the mandate and resources to administer them. While substantial improvements have been made in recent years with regards to the promotion and protection of the rights of children through child-related legislation, there remains a wide gap between enactment on one hand, and enforcement on the other.

In pursuance to this the Commission assessed the impact of interventions to prevent sexual abuse among children.

A total of 189 heads of institutions were interviewed and focus group discussions were held for 2047 children between under 4 and 15 years in 175 communities across the country.

**Interventions to address issues of sexual abuse among children**

Institutions monitored included the Ghana Police Service, hospitals, schools, DOVVSU and Department of Social Welfare. Out of these institutions, 61.3% were Ghana Police Service and DOVVSU and 12.7% Department Of Social Welfare. The majority (76.2%) of institutions received issues cases of child sexual abuse whilst 23.8% did not.

Only 5.4% of children interviewed on the other hand, did not know any government institutions that handle child sexual abuse. The majority who knew such institutions mentioned CHRAJ, DOVVSU, DSW and the Ghana Police Service as some of such institutions.

Heads of institutions interviewed noted that their institutions have put in various interventions to prevent child sexual abuse and protect victims. Some of these include public education, referrals of such cases to the appropriate authorities, development of a policy on sexual abuse, counseling of victims and prosecution of perpetrators. Children interviewed also mentioned public education, reporting perpetrators, arresting and prosecution of perpetrators as some of the interventions that had been put in place to address child sexual abuse corroborating what institutions mentioned.

Among all the institutions that were interviewed, 82.9% carried out campaigns against child sexual abuse whilst 17.1% did not. Despite the high number of heads who indicated that they carry out education on child sexual abuse, 64.5% of children interviewed said they have never participated in any of such activity.

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Impact of interventions

According to most of the government officials interviewed the impact of measures put in place such as campaigns to address issues of child sexual abuse have been successful. It has reduced the incidence of sexual abuse, enlightened people on child sexual abuse and prosecution of perpetrators have acted as a deterrent for others.

Child sexual abuse according to 78.2% of heads had decreased, however, 19.3% said it was on the increase because the occurrence of teenage pregnancy has increased and the number of cases reported to them has also increased.

Challenges

Most of the heads interviewed noted that covering up sexual abuse cases and refusing to report to the appropriate institutions, inadequate professional staff, inadequate resources, have either prevented or slowed down the process of achieving their aim. Some also mentioned that the high cost of court fees in addition to the high cost of charges for medical reports are some of the challenges their institutions face in the bid to reduce phenomenon.

Conclusion

Laws and policies to address child sexual abuse have been put in place to reduce the phenomenon. There is however a significant gap between the interventions and their impact. One of the challenges enumerated by heads is the costly fees paid by victims of child sexual abuse to the court and medical officers. The *Domestic Violence Act* proposed the establishment of a fund to among other things help provide basic material support for victims of domestic violence, which includes paying of fees for victims. In addition the fees paid for medical reports contravenes the *Domestic Violence Act*, 2007 section 3 which states “A victim of domestic violence who is assisted by the police to obtain medical treatment under subsection (1) (c) is entitled to free medical treatment from the State”.

Recommendation

The Ministry Of Gender, Children and Social Protection should ensure that the fund set up by the *Domestic Violence Act* is fully operational and made available for all victims irrespective of where they lived. Fees charged for medical report for victims of sexual abuse particularly for children should be discontinued.

CHILD NEGLECT

Introduction

Children’s rights are explicitly protected in the CRC and the *Africa Charter on the Rights and Welfare of Children*. These instruments provide universal protection of children against neglect. Ghana is also “state party” to the *International Convention on Economic, Social and Cultural
Rights (ICESCR), the Convention on the Elimination of all Forms of Discrimination against women (CEDAW), and the African Charter on Human and People’s Rights (the African Charter). These Conventions though not referred to specifically in the domestic law, have greatly influenced the legal position on children’s rights.

The 1992 Constitution as the highest law of Ghana provides for general fundamental freedoms, prohibition of slavery, servitude and false labour as well as children’s rights. Since the Constitution came into force, the Children’s Act, 1998 (Act 560) has been the main drive of legislative reform concerning children, focusing on the principle of the best interest of the child, and dealing with protecting them from abuse and neglect, among others.

Governmental agencies tasked with implementing the demands of the child rights law include the DSW, Department of Children, DOVVSU, CHRAJ and these have collaborated other agencies such as the NCCE, the Ghana Education Service (Girl Child Unit), Federation of International Women Lawyers (FIDA), Ghana Prisons Service, and Judicial Service.

Despite the existence of the laws and institutions established to protect children, the incidence of child neglect is still high in Ghana. In view of the high incidence of child neglect cases, the Commission monitored state’s compliance with its obligations as well as the impact of interventions aimed at realizing the rights of children to maintenance.

As a result the Commission interviewed 162 heads of government institutions and held various focus group discussions with 2659 children aged between 4 and 15 years in 215 communities across the country.

Demography and nature of child neglect cases

The heads interviewed comprised 69.1% heads of Department Social of Welfare and 27.8% heads of the Ghana Police Service together with DOVVSU. Most (90.3%) of these institutions receive reports of child neglect with only 9.7% indicated they do not. The main forms of child neglect reported to these institutions included non-maintenance, denial of paternity, child custody, denial of basic necessities, education as well as child abandonments.

Confirming the answers given by the institutions, 79.4% of children interviewed indicated they suffer some form of neglect. Some were not in school, others were in school but their fees were not being paid and some too did not enjoy basic necessities like food, clothing and shelter. In an answer to which of the two sexes are likely to be victims of child neglect, 55.9% said females with 27.2% indicating that both sexes are likely to be victims.

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34 Article 21
35 Article 16
36 Article 28
Interventions to address child neglect

To address these issues, the heads interviewed undertook various measures. These ranged from broad based measures such as campaigns, community sensitizations, collaboration with other stakeholders, establishment of child panels and watch dog committees to individual specific measures like mediation of cases, counseling of parents, referral of cases, prosecution, supply of basic needs of these children and reunification of abandoned children with their parents.

Despite the numerous interventions listed by the institutions to address issues of child neglect at the community level, 65.5% of children interviewed did not know of any of such interventions.

Impact of Interventions to Address Child Neglect

With regard to the impact of these measures, only 2.7% of heads of institutions indicated that there had been no impact. They explained that cases were referred to other jurisdictions and were therefore unable to assess the impact of the measures they carried out. Some also said that they did not have funds to carry out any measure to protect children from neglect. Significant number of heads (97.3%) were however of the view that measures they had taken have had some impact. According to them there is increased awareness among parents to fulfill their responsibility towards their children; more children are now in school and general reduction in cases reported to these institutions. Out of 34.5% of children who said they knew about interventions 18.7% said they have not had any impact in the communities in which they lived thus supporting the assertion by the heads that their interventions have had some impact.

In assessing the phenomenon of child neglect in terms of increase and decrease, 68.3% of heads were of the opinion that it was on the decrease as a result of increase awareness, reduction in the number of reported cases etc, 23.9% said it was on the increase. They explained that poverty, teenage pregnancy and parents (especially the fathers’) refusal to care for their children may have contributed to an increase in the phenomenon.

In contrast to views from the heads, less than half (45.1%) of the children interviewed thought child neglect was on the decrease. According to them parents have been sensitized and the number of children currently in school have increased as compared to previous years. On the other hand, 40% were of the view that the phenomenon was on the increase. The reason they gave for this included more children are being born out of wedlock thus leading to neglect.

Challenges

Challenges encountered by these institutions in their effort to reduce child neglect includes absence of family tribunal and child panels, inadequate funds, logistics and personnel, inadequate shelters and medical care at the local level during transition periods, inability to enforce maintenance order and high court charges.
Conclusion
Child neglect is one of the highest cases of child abuse received in Ghana by institutions that handle such cases. Despite legislations to address the phenomenon, challenges such as inadequate resources encountered by the government institutions’ handling such cases have slowed progress made. Children still complain of neglect and their parents’ reluctance to provide their basic needs.

Recommendation
Government needs to increase budget allocation, for government institutions that promote child rights, while tightening accountability for budget spending to enable them effectively execute their mandates.

RIGHTS OF CHILDREN WITH DISABILITY

Introduction
The Convention on the Rights of Person with Disability (CRPD) defines persons with disabilities as “those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” The aim of the CRPD is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all Persons with Disabilities (PWDs), and to promote respect for their inherent dignity”.

Focusing on children, the CRC in article 23 and African Charter on the Rights and Welfare of the Child in article 13 recognise the rights of children with disability. Article 23 of CRC enjoins States parties to ensure the enjoyment of full and decent life by children with mental or physical disabilities in conditions which guarantee their dignity, promote self-reliance and facilitate the child’s active participation in the community. State parties are also to recognise the right of children with disability to special care and provide assistance free of charge. The assistance shall be designed to ensure these children have access to and receives education, training, health, care services, rehabilitation services and preparation for employment among others.

According to the World Report On Disability 2011, about 15% of the world’s population, which is more than a billion people, lived with some form of disability in 2010. However, UNICEF noted that currently there is no reliable data on the number of children with disabilities in the world.

Chapter 6 of the 1992 Constitution of Ghana provides detailed requirements for protectionist legislation to protect and promote the rights of persons with disability and children, amongst others. In addition, the Persons with Disability Act, 2006 (Act 715) guarantees access to public places, free general and specialist medical care, education, employment for persons with

38 UNICEF, Early Childhood Development and Disability: A Discussion Paper
39 Article 37 (2) (b) of the 1992 Constitution of Ghana
disability including children. It also enjoins the government to provide free education and
establish special schools for children with disabilities.

The State has also put in place a number of national policies and strategies targeting the needs of
PWDs. These include the Education Strategy Policy 2003 – 2015, the NHIS, the LEAP and the
allocation of a percentage of the District Assembly Common Fund (DACF) for disability.
Institutions mandated by the State to ensure the execution of these policies and strategies include
Ministries of Education, Roads and Transport, Local Government and Rural Development and
the Department of Social Welfare.

Children with disabilities form about 0.7% of the total population of the nation\textsuperscript{40}. They are often
regarded as unproductive and incapable of contributing in a positive way to society, and rather
seen as constituting an economic burden on the family and the society at large, which leaves
them in a vicious cycle of poverty. This makes children with disability even more vulnerable to
physical, sexual and psychological abuse. These children are among the world’s most
stigmatized, discriminated against and excluded from activities that are crucial for their
development.

To assess the impact of policies and programmes set up by the state to tackle issues of
disabilities, CHRAJ interviewed a total of 149 heads of institution. Children with disabilities
adding up to 1182 were also interviewed during focus group discussions held in 181
communities across the country. The age range of these children was between 6 and 18years.

**Interventions to Protect and Promote the Rights of Children with Disability**

The majority (79.2\%) of them were heads of Department Of Social Welfare with 10.1\% from
Ghana Federation for the Disabled. Almost all the heads of organization interviewed raised
awareness on the issues of disability and the rights of children with disability. Most (65.2\%) of
them use public education, while others provide support which ranged from provision of
guidance and counseling, identification and registration of children with disability for assistance
by the district assembly or NGOs to provision of financial and material assistance.

The majority (67.8\%) of the children with disability were able to mention institutions that
provide them with support and outlined some of the assistance to include enrollment in school
and vocational or skills training; provision of start-up capital and free registration under the
NHIS. Some also mentioned guidance and counseling services as well as provision of financial
and material assistance.

Public services and facilities according to all the heads were not accessible to children with
disability. They noted that most of the facilities that were not easily accessible were old
structures while most new ones had ramps that such children could easily use. However, 44.6\%
of children were of the view that they were accessible while 48.6\% said they were not. 6.9\%

\textsuperscript{40} 2010 Population and Housing Census Report- Children, Adolescent And Young People In Ghana
thought some were not while other facilities especially the newly built structures were easily accessible.

Children and young people with disability, according to 82.4% of heads had equal access to free compulsory primary education. Some of them said that even though there was a policy of all-inclusiveness they are unable to do so because of various challenges. Some of these challenges include parents refusal to send these children to school, some school authorities refusal to admit these children, inability to access the buildings, lack of teaching and learning materials, and lack of personnel in the regular schools to teach these children with special needs.

Children interviewed supported the views of the heads because the majority (88.6%) indicated that they could access primary education like any other child, while 11.4% said they could not because the special schools for children with disabilities were not in their community and therefore had to travel long distances in order to access them.

Government provides children with disability with health services they need in regard to their disabilities according to 78.5% of heads interviewed. Most of these heads indicated that identified children with disabilities are registered freely by the district under NHIS. In other instances, 2% of the District Assembly Common Fund (DACF) for persons with disabilities is used to pay for the services utilized. Services which include corrective surgery, prosthetics, eye treatment are paid for by the fund. Some heads however noted that orthopedic services are not covered under the scheme and therefore had to be paid for.

Corroborating the assertion of the heads, 60.2% of children indicated that health services were free since most of them were registered under NHIS while 39.8% said it was not free. They noted that they had to pay for the services provided especially when such services were not covered by the scheme. Another challenge outlined by some of the interviewees was the lack of interpreters at the various health facilities to ease communication between children with hearing and speech impairment. This has made access to these facilities very difficult for these children.

Equal access to general, technical and vocational guidance programmes, placement services and vocational training at the local was a challenge for children with disabilities according to 27.6% of heads interviewed. They noted that either facilities that provide such services do not exist in their communities, or the programmes are not designed to meet the needs of these children. The heads who said children had equal access indicated that they collaborated with Ghana Education Service and the District Assemblies to provide guidance and placement of these children. Some of these children are also trained by Local Enterprise and Skills Development Programme as well as rehabilitation centres. Start-up capitals are also provided for children who have been trained.

Contrary to the views by the heads, 60.4% of children with disability interviewed said general, technical and vocational guidance programmes, placement services and vocational training at the local level were not accessible. They explained that these facilities did not exist in the communities they lived therefore did not have any knowledge about them. While others said they could not get sponsorship to enable them access these programmes.
Impact of Intervention

These programmes have had impact according to 90.1% of heads. Children have gained skills and knowledge to operate their own businesses, have acquired employable skills, have become self-reliant and have become a source of encouragement to other children with disabilities. Heads who on the other hand said there was no impact indicated that their districts did not have any of such programmes.

Challenges faced by institutions

Some of the main challenges numerated by these institutions in the promoting and protecting the right of children with disability include inadequate funds, logistics and well trained personnel; inadequate institutions and special schools at the local level for children with disability. Others are delay in the release of 2% of DACF for persons with disability; high cost of materials aids such as calipers, wheel chairs, braille etc as well as myths and wrong societal perception about children with disabilities prevents parents of these children from seeking help or enrolling them in school.

Challenges faced by children with disability interviewed

Only 1.8% of the children interviewed said they had no challenges. They indicated that they were being well taken care of by their parents. On the other hand the majority of the children enumerated a lot of challenges they face as persons with disabilities. These included access to public places and material provisions including wheel chairs, hearing aids. The issue of financial support dominated the challenges these children were facing. They noted delays in district assembly support, and in some situations, such support did not exist. Some also complained that they have been neglected by their parents and faced a lot of discrimination and stigmatization from the society. Others said special school were unavailable at the local level making it difficult for them to access education and vocational training.

Conclusion

The enactment of the Disability Act, allocation of 2% of DACF for persons with disability, among other policies, and regulation is expected to address issues relating to the rights of children with disability. Some progress has been made as an increasing number of children interviewed are able to access the funds and new buildings are now easily accessible. Access to educational, vocational training as well as health care is still a challenge.
Recommendation

The Ministry Of Health and Ghana Health Services must ensure each health centre has a translator to ease communication between children with speech and hearing impairment and the medical staff.

Vocational training programmes should be tailored taking into consideration the needs of children with disabilities. Community education programmes targeting stigmatization of the disabled as discriminatory should receive support as the more effective means of changing societal attitudes.

CHILDREN’S RIGHT TO RECREATION

Introduction

The CRC General Comment No.17(2013) on The Right Of The Child To Rest, Leisure, Play, Recreational Activities, Cultural Life and Arts describes recreation as a very broad range of activities, to include participation in music, art, crafts, community engagement, clubs, sports, games, and camping, pursuing hobbies which must often take place in spaces specifically designed for it.

As a State Party to the CRC and the African Charter on the Rights and Welfare of the Child, Ghana is obligated to “respect and promote the right of the child to participate fully” in recreational activities. The State is also encouraged to provide appropriate and equal opportunities for recreational and leisure activities. Articles 4 and 12 of the CRC and African Charter on the Rights and Welfare of the Child respectively require State Parties to take all such legislative measures to ensure the implementation of this right. This right has a universal application in the diversity of communities and societies in Ghana. Every child should be able to enjoy these rights regardless of where he or she lives, his or her cultural background or his or her parental status.

The right to recreation has been incorporated in the Children’s Act, 1998 (Act 560), section 9 of which states that ‘no person shall deprive a child of the right to participate in sports, or in positive cultural and artistic activities or other leisure activities’.

The Commission monitored children’s right to recreation with the aim assessing the state’s compliance with its obligations and the impact of intervention aimed at promoting children’s right to recreation.

In order to achieve the objective of this exercise, the Commission interviewed 154 heads of government institutions responsible for recreational facilities in the country and held focus group discussions for 2687 children in 220 communities across the country.
Intervention to promote children’s right to recreation

Heads of 92.7% of government institutions made up of Metropolitan, Municipal and District Assemblies; National Sports Authority and Sport Councils interviewed indicated that recreational facilities existed in their jurisdictions. These facilities comprised mostly football fields and community centres. Only a few had other facilities such as a library, basketball court, volley ball court, athletic oval in addition the football field. Most of these facilities are found within Accra and Kumasi Metropolitan areas. On the other hand 7.3% of heads said that no recreational facility existed in their districts.

The majority (90%) of children interviewed agreed with the heads of institutions interviewed that recreational facilities were available in their communities.

With respect to whether children can always use the facilities anytime, 83.9% of heads of institutions interviewed indicated that they were always open. They explained that some of these facilities were not fenced and therefore there were no restricted access. 16.1% of heads of institutions said that recreational facilities were open occasionally, on request, at weekends, once a month and when there is an event thus limiting access by children.

The assertion by the majority of heads that the facilities were always open to children was confirmed by 87.4% of children who answered this question. On the other hand 12.6% said they were open occasionally, on vacation, after harvest, only when there are activities like school games and at weekends.

Every child who is mentally or physically disabled has the right to special protection to ensure his or her dignity, promote his self-reliance and active participation in the community which includes right to recreation. The majority (90.4%) of heads indicated that recreational facilities in their districts could be easily accessible to children with disability. These facilities were either on level grounds or had ramps to facilitate easy access by these children.

Impact of recreational facility on the life of children

These facilities according to 94% of heads of institutions and 95.8% of children have increase socialization among children, helped them to be active, developed their talents and kept them from social vices.

Challenges faced by institutions

According to 8% of heads interviewed indicated there were no challenges in maintaining facilities in their districts. The majority noted that finance was their greatest challenge which affects maintenance of these facilities. Other challenges enumerated included the inadequacy of recreational facilities to cater for the entire districts, erosion of the football fields, inadequate equipment and personnel.
Challenges faced by children

With respect to limitations on their access of these recreational facilities, 32.7% of children who answered the question said they did not have any limitations. Most of them however complained that these facilities have been commercialized, are not maintained, muddy and erodes anytime it rains making it impossible for them to use them. Recreational sites had inadequate equipment such as football, volleyballs and children’s outdoor toys. Some also said the facilities in their communities are so inadequate that they had to compete with adults in the community over the use of these facilities.

Conclusion

Even though recreation facilities seem to be present in all the districts and communities visited. There seem to be uneven distribution in terms of varieties of sporting activities. Accra and Kumasi had the most developed and more variety of sporting activities while some communities did not have any recreational centre. Some had to use football fields of schools for their recreational activities. Most facilities were also poorly maintained because of inadequate funds.

Recommendation

Government through the MMDAs should at least provide a standard children’s park equipped with the minimum facilities in each MMDs to ensure children enjoy their right to recreation as spelt out in the Children’s Act.
PART FOUR: ORPHANAGES

Introduction

Ghana in 1990 ratified CRC and the inclusion of article 28 in the 1992 Constitution began the harmonization of Ghanaian national laws which guarantees the rights and freedom for children. This was followed by the passage of the progressive Children’s Act, 1998 (Act 560).

To complement these legal frameworks, the government developed the following policies and action plans to provide safety nets for the vulnerable children including orphans. These included the National Policy Guidelines on Orphans and other Children made Vulnerable by HIV/AIDS in 2005; National Social Protection Strategy (NSPS) in 2007 and the National Plan of Action for Orphans and Vulnerable Children (OVC) in 2010.

In Ghana, orphanages and residences for children are regulated by the National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana.\(^{41}\)

The standards serve as a tool for the inspection and monitoring of the Residential Homes for Children in line with the government’s legal and professional responsibilities for ensuring minimum standards in these facilities. They also serve as criteria for the accreditation of orphanages.

Furthermore, the Standards represent Ghana’s attempt at harmonizing best practices for both domestic and international frameworks, enhancing quality of care and preventing abuse in Residential Homes for Children (RHC).

The Minimum Standards provide detailed requirements for the facilities in orphanages, including that:

- The facility should be clean, tidy, hygienic, well maintained, have sufficient living areas
- adequate number of toilets, bath as well as clean water for children in must be made available in all orphanages

\(^{41}\) A document that includes standards set by the United Nations Convention on the Rights of the Child, the new International Guidelines for the appropriate use and Conditions of Alternative Care for Children (2009), the Children’s Act 560 (1998) and the Child Rights Regulations.
a home must ensure that toilets are clean and tidy

The living area should be clean, tidy, hygienic, safe, well ventilated maintained and sufficient for the number of children

Children are to be provided with a nutritious, balanced and culturally/religiously sensitive diet

The RHC should plan the menu with a nutritionist

The Commission recognises the obligation to ensure that the fundamental human rights of the vulnerable, particularly children are respected, protected, promoted and fulfilled. It is incumbent on the state to ensure that every vulnerable child in a Residential Home for Children lives in an environment that is supportive, protective and caring. In furtherance to that the Commission monitored twenty-two (22) orphanages across the country to assess their compliance with laid down international and national standards.

The objectives of the monitoring were:

a. To assess the state of orphanages in the country
b. To monitor State’s compliance with its international human rights obligations and the MDGs.

The monitoring assessed the condition of those orphanages by evaluating their compliance with the laid down International, Regional and National standards. The assessment covered sub-themes as funding, feeding, health facilities, educational facilities, accommodation (dormitories) and sanitation, recreational activities, and staffing.

FUNDING

Funding is an important instrument that drives the running of the orphanages. The majority of orphanages in Ghana are privately owned. The Commission noted different sources of funding for orphanages in the country. Forty seven percent (47.4%) of funding comes from philanthropists, churches, financial institutions, and Non-Governmental Organisations (NGOs) both national and international. Owners of the orphanages provided 39.5% of the funding needs by themselves.
FEEDING

Although the African Charter does not expressly protect the right to food, the African Commission held, in *SERAC & CESR v Nigeria* (2001)\(^{42}\), that the right to food is inherent in the Charter’s protection of the rights to life, health and the right to economic, social and cultural development.

Nutritional value of foods was generally good. Heads of all the orphanages were satisfied with the quality and nutritional value of the food served. In some cases, a nutritionist comes in on regular basis to certify the food and make recommendations. Others have trained cooks to ensure that foods prepared are balanced.

The quantity of food served to the children in 95.5% of orphanages monitored was adequate; every child has enough food to eat. At the Kumasi Children’s Home, for instance, snacks are provided twice a day in addition to meals. Drifting Angels Children’s Home in the Volta Region and Ashan Children’s Home in the Ashanti Region have farms supporting the homes. The quantity of food was *fair* in the rest orphanages (4.5%), owing to financial constraints to buy baby formulas. The grown-ups among the children, however, have quite enough.

As to the quality of food served in the orphanages, children in all orphanages are provided with nourishing foods. Sixteen (16) out of the orphanages provide the children with fruits at least once a day.

Variety of meals was generally good. 95.2% of the orphanages said that children are served with a variety of foods daily. Most orphanages have menu charts for preparation of well-structured meals. Overall, the variety of meals served is satisfactory.

HEALTH FACILITIES

One of the objectives of the National Standards is to ensure that children in these homes have access to and receive adequate health care. All RHCs are required to ensure that:

- all children are insured under the National Health Insurance Scheme

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\(^{42}\) 2001 AHRLR 60 AHCPR (2001)
• all children have access to medical treatment and health care and provide the necessary resources if hospital treatment is needed (medication).
• all caregivers are trained in the prevention of transmittable diseases and in first aid.

Again the Guidelines for the Operation of Orphanages in Ghana\(^{43}\) require that an orphanage has:
• infirmary room/building
• infirmary furnishings
• first aid kit

In spite of this, 8 out of the 22 orphanages monitored had no infirmary, but have First Aid Boxes which are \textit{well-stocked} with medicine and a nurse attached to take care of the children. 31.3% have an infirmary that is \textit{well-functioning} and 18.8% of the orphanages have infirmaries that were \textit{fairly functioning}. Eighteen (18) of the orphanages monitored had First Aid Boxes, 61% of which are \textit{well-stocked}. However, 38.9% of the first aid boxes had \textit{fairly-stocked} kits. Half of the orphanages monitored had a nurse attached.

Common ailments or the leading reported illness among the children were malaria, cough, headaches, stomach aches, common colds, fever, chicken pox, measles, ring worm, diarrhea, pneumonia. Malaria was the leading ailment in the various orphanages.

The National Standards requires residential homes for children to ensure that all children in their care undergo a medical checkup at the time of admission. However, 18.2% of the orphanages would not carry out any medical checkup or screening of children when they are admitted into the orphanage. In emergency cases, where children are brought in at night, medical checkups are carried out only on the following day.

**EDUCATIONAL FACILITIES**

Article 17(1) of the African Charter states: “Every individual shall have the right to education”

The National Standards for Residential Homes in Ghana states that “Every child in the residential homes for children is unconditionally provided with appropriate and relevant education suitable to their capacity, circumstances and developmental needs and is given assistance to make effective use of the education provided. To achieve this, the National Standards require that:

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\(^{43}\) The Guidelines for the Operation of Orphanages in Ghana was prepared by the Department of Social Welfare of the then Ministry of Employment and Social Welfare (MESW) now Ministry of Gender Children and Social Protection (MGCSP)
• RHC should include a school or kindergarten, the school or kindergarten will be on separate premises, and open to children of the Local community. The school or kindergarten follows the Ghanaian mainstream curriculum for public and private schools.
• Children living in the RHC should receive their care/education in a community education facility.
• Caregivers should ensure that children have space and time to do their homework studies and prepare projects in an appropriate environment.
• Children are provided with the necessary resources to participate in school; appropriate school uniform, books and stationery.
• Children are not denied participation in extra-curricular activities because they are in care.

The Commission found that 21.1% of the orphanages had Crèche; 5.3% had kindergarten; 15.8% had primary school; and 21.1% had a junior high school as required by the National Standard.

The remaining orphanages did not have schools of their own. The nearest schools to these orphanages were within a distance of 5km from the orphanage. These include Tamale Children’s Home, Ashan Children’s Home in Kumasi, Anfaani Children’s Home in Tamale, Northern Region and Angels of Hope Centre in the Western Region.

**Library**

As at the time of monitoring, 37.5% of the orphanages monitored have *well-stocked* library facilities. 31.3% have a *fairly stocked* library facility, 6.3% have a *poorly stocked* library facility and 24.0% of the orphanages do not have libraries. In one institution, a library had to be converted into a bathroom due to the inadequacy of the bathhouse facility.

**Accommodation**

The CRC states that every child has a right “…to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development” 44. The primary responsibility to fulfill
this right lies with parents or those responsible for the child. The State, within its abilities, must provide assistance, in particular in the areas of nutrition, clothing and housing.\(^{45}\)

**a. Ventilation**

All the orphanages, except two (2), had enough windows for proper ventilation.

**b. Lighting**

With regard to lighting, 90.9% of the orphanages had enough windows giving way to enough light both natural and artificial.

**c. Sanitation in Dormitories**

Generally the sanitation conditions in dormitories of 84.2% of orphanages monitored were neat. The dormitories were not only tidy, but had well-laid beds and belongings of the children properly arranged.

**d. Toilet Facilities**

As regard to toilet facilities, 80% of the orphanages monitored uses Water Closet (WC), 15.0% use KVIP, and 5.0% still use pit latrine with separate toilet facilities for the sexes. The cleaning of these facilities are either supervised by the caregivers or mothers attached to these facilities. Others employ cleaners or use the older orphans in keeping the toilets tidy.

**e. Bathrooms**

Seventeen (17) of orphanages monitored had adequate number of bathrooms. Bathrooms or bath-spaces were large enough to accommodate the children. Two (2) had fairly adequate number of bathrooms. Angels of Hope Centre in the Western Region had two (2) showers for twenty four (24) orphans as at the time of visit. The female bathroom of the Kumasi Children’s Home needs expansion to arrest the congestion in that section.

**f. Source of water**

\(^{45}\)Ibid. Article 27(3).
All the orphanages monitored had some form of water. The source of water for eighteen (18) of the orphanages is pipe borne; the other four (4) get water from bore holes. Some of the orphanages had Poly Tanks or other forms of reservoir for storing water against water outages. Others had mechanized water pumps. A few of the orphanages had more than one source of water. Supply of water is *regular* in 86.4% of the orphanages and *irregular* in 13.6% of the orphanages.

**SUPERVISORY ROLES**
The National Standards require every orphanage to provide a safe and secure environment for the children to play, do home activities and enjoy family life.

No orphanage was found lacking supervisory and security functions as personnel have been employed to provide security. All the orphanages provide a 24-hour supervision of all children. Caregivers provide a 24-hour services to ensure that children live within the confines of the homes, assist children to do their work home, ensure that children eat and play at the right times. Caregivers are given regular training on how to take care of the children and not to abuse them. Also children are encouraged to inform supervisors on any form of abuse by caregivers. In every home there is a *House Mother* who supervises caregivers. There is also a stationary Welfare Officer who counsels them regularly.

**ADOPTION**
While many children in orphanages have parents or relatives with whom they may be reunited, there is a need to develop strategies for those children who cannot be reunited with their biological families. One option for these children is adoption.

International standards emphasize that adoption is only one in a continuum of family services that should be made available to keep children in a family setting.\(^\text{46}\)

One of the key principles of the UNCRC is that all actions taken should be in the “best interest of the child”. This principle places the child in the center of the adoption process. Hence, the primary consideration in any adoption process must be the wellbeing of the child, rather than that of the natural parents, adoptive parents or others involved in the process. States Parties to the UNCRC are required to put in place safeguards related to the adoption of children. Article 21 of

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\(^{46}\) Human Rights in Liberia's Orphanages, UNMIL,
the UNCRC obliges states parties to, “ensure that the adoption of a child is authorized only by competent authorities.

The Ministry of Employment and Social Welfare is the central authority overseeing adoptions in orphanages and 94.1% of the adoptions goot authorized by the Department of Social Welfare under the Ministry. The other adoptions did not secure formal authorization for reasons such as that the children are usually returned to external family members.47

Apart from a few orphanages that indicated that the adoption process was cumbersome, the Commission found that heads of orphanages also encounter post-adoption problems. At the Osu Children’s Home, for instance, a child was returned after adoption, because the adoptive parent claimed the child had a “3rd Eye”48 and in another situation a child was returned after the adoptive father had suffered a stroke, because according to the adoptive mother she had to cater for the stroke-stricken husband.

Quality of Staff

The Commission found that 75.0% of the orphanages have adequate trained volunteer teachers for all classes. As to quality of staff, 18.8% of the orphanages rated the quality of their staff as fair.

Recommendation

a. Orphanage administrators and staff must fully implement the Minimum Standards on Operating Orphanages. Any failure to comply with the draft Minimum Standards must result in withdrawal of accreditation and closure of the orphanage.
b. Government should assist the orphanages when it comes to acquiring educational facilities. It must ensure that all orphanages have access to a library facility.

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47 Anfaani Children’s Home in Tamale Northern) and Ashan Children’s Home in Kumasi(Ashanti Region)
48 A term for ‘witch’, in Ghana
PART FIVE: HARMFUL CULTURAL PRACTICES

Introduction

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 ... other lack of livelihood in circumstances beyond his control”. Article 7 of the ICCPR also states that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment…”

Likewise, according to Article 8 of The African Charter on Human and Peoples’ Rights provides that “Freedom of conscience, the profession and free practice of religion shall be guaranteed. No one may be subject to law and order, be submitted to measures restricting the exercise of these freedoms. In the 1992 Constitution of the Republic of Ghana, article 15 (1), again, states that “the dignity of all persons shall be inviolable” while article 17 (2) directs that “a person shall not be discriminated against on grounds of ...religion, creed or social status…”

Women’s rights protection is highlighted in major international and national instruments, such as Convention on the Elimination of all forms of Discrimination against Women (CEDAW), Article 5 (a) of which states:

States Parties shall take all appropriate measures:
(a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;

In spite of the above mentioned laudable edicts, a section of the citizenry still wallow in deplorable and undignified conditions at hands of fellow humans in the name of culture – as a consequence of either losing a spouse or having been suspected of engaging in witchcraft.

It is in this regard that the Commission on Human Rights and Administrative Justice in this year’s monitoring of the State of Human Rights Report examined harmful cultural practices in the country and focused on widowhood rites and refuge camps for suspected persons accused of witchcraft. The main objective of the exercise was to monitor State’s compliance with its obligations regarding practices, which detract on the dignity of people in Ghana. Other objectives were:

a) To ensure that State actors and other duty bearers meet fully their obligations under the law regarding the inhumane treatment meted out to persons accused of witchcraft.
b) To assess progress made in the crusade against the inhumane treatment meted out to persons accused of witchcraft in Ghana.
c) To engender government action towards halting the inhumane treatment meted out to persons accused of witchcraft in Ghana and subsequent integration of such people into normal society
d) To provide information on the handling of persons accused of witchcraft in Ghana to enable CHRAJ to play its oversight role.
e) To assess the state of infrastructure in settlements for persons accused of witchcraft in the country.

REFUGE CAMPS FOR PERSONS ACCUSED OF WITCHCRAFT

The monitoring targeted 912 persons accused of witchcraft, comprising 176 males and 736 females, sheltering in four refuge camps across the Northern region. Refugee camps for persons accused of witchcraft is predominant in the Northern sector of Ghana. They are: Gnani refuge camp in Yendi, Kukuo refuge camp in the Nanumba district, the Tindaan Shayili-Kpatinga refuge camp in the Gushegu district and the Gambaga refuge camp in Eastern Mamprusi.

Demographics

Total population in the 4 camps as at the time of monitoring was 912 comprising 176 males and 736 females. Further, 358 (39.26%) of the populace was below the age of 18; 87 (9.53%) were between the ages 18-59 and 467 (51.21%), above the age 60. However all the dwellers at the Kukuo and Tindaan Shayili-Kpatinga refuge camp were all females above the age of 60.

![Figure 3: Age Distribution of Persons Accused of Witchcraft](image)

**Period of time spent at the camp:**

An individual accused of witchcraft can stay in a refuge camp for a long period as the interview revealed that, the longest period of time a person accused of witchcraft had spent in Kukuo camp was 32 years; 20 years in Gnani; 19 years the Tindaan Shayili-Kpatinga and 10 years in Gambaga.

**Housing:**

Dwellers in the Tindaan Shayili-Kpatinga refuge camp are fortunate to be living in houses made from sandcrete with corrugated iron as roofing and are therefore protected from the vagaries of
the weather irrespective of the season. Dwellers in Kukuo, Gambaga and Gnani camp tell a different story as they live in huts and thatched houses, making living in these areas very uncomfortable. Dwellers suffer roof leakages and fire outbreaks.

Dwellers in the Tindaan Shayili-Kpatinga and Gambaga camp can boast of access to potable water while the Kukuo and Gnani camps are denied of such. The Tindaan Shayili-Kpatinga and Gambaga sources it water from boreholes while the Kukuo and Gnani camps has a range including a river, stream, pond, lake or dam.

Tindaan Shayili-Kpatinga and Gambaga camps have access to toilet facilities but still complain about its inadequacy. Gnani and Kukuo camps do not have a facility and therefore resort to the “free range system”.\textsuperscript{49} The dwellers who had access to toilet facilities however rated the sanitary condition of the facility to be fair.

Persons accused of witchcraft also suffered from common ailments like: malaria, common cold, cough, stomach upset, hernia and fever. Dwellers in Gambaga and Kukuo camps pointed out that they attend either a clinic or hospital when they fall ill but the Tindaan Shayili-Kpatinga and Gnani dwellers do not have any health facility. The Gnani dwellers go to the Gnani Township about 15 km where they get treated and also depend on traditional medicine. In addition, the monitoring team also found 60.75% of the dwellers in all the camps were registered under the NHIS even though some of the cards had expired at the time of monitoring. Dwellers therefore do not pay medical bills before they are treated except those who are not registered under the NHIS.

As usual, persons accused of witchcraft are still being banished into the various camps. In 2013, 33 witches and 1 wizard were banished into the various camps and 29 witches successfully released back into society.

\begin{table}
\centering
\caption{Number of suspected witches and wizards admitted into refuge camps in 2013}
\begin{tabular}{|l|c|c|}
\hline
\textbf{Name of Refuge Camp} & \textbf{Number of Females Admitted Into The Camp In 2013} & \textbf{Number of Males Admitted Into The Camp In 2013} \\
\hline
Gnani & 3 & 1 \\
Kukuo & 13 & 0 \\
Tindaan Shayili-Kpatinga & 1 & 0 \\
Gambaga & 16 & 0 \\
\hline
\end{tabular}
\end{table}

\textsuperscript{49} Defecating in the bush
Table 3: Number of suspected witches and wizards released from refuge camps

<table>
<thead>
<tr>
<th>Name of Refuge Camp</th>
<th>Number of Females Released Back Into Society In 2013</th>
<th>Number of Males Released Back Into Society In 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gnani</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Kukuo</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Tindaan Shayili- Kpatinga</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Gambaga</td>
<td>12</td>
<td>0</td>
</tr>
</tbody>
</table>

Interventions:

In spite of the poverty status of dwellers in the camps, only 116 made up of 43 from Kukuo and 73 from Gambaga camps benefitted from the Livelihood Empowerment against Poverty (LEAP). Dwellers in the Gnani and Tindaan Shayili- Kpatinga camps do not benefit from the service. Again due to the high levels of poverty in these camps, one would expect many initiatives which are aimed at eradicating poverty to be common in the camps. Research revealed that besides LEAP, no other government initiative has been employed in order to address the plight of the dwellers in the various camps apart from the Kukuo refuge camp, which has the Nanumba South District Assembly to register them under the NHIS and to provide food during the lean season.

Satisfaction with living conditions:

Apart from dwellers in the Gnani refuge camp who reported to be satisfied with the living conditions in the camp, the rest of the dwellers were not. Dwellers in all the camps reported that they feel safe living in the camp because in the camp, there is no lynching. The only problem they face is inadequate accommodation; food; sanitation facilities and water.

Recommendations:

a. LEAP assistance should be extended to all inmates of the Refuge Camp for Persons Accused of Witchcraft, including support to register with the NHIS.
b. Human rights based organizations should extend their campaign to the Northern sector where this practice is prevalent and intensify human rights education and sensitization programmes in those communities.
c. Government should strengthen measures to stamp out all forms of dehumanising and harmful cultural practices, including witchcraft.
d. The National Commission on Civic Education must organize programmes to sensitise the citizenry against undignified cultural practices including witchcraft.
e. Proper accommodation, sanitation, health facilities and other basic necessities should be made available to them equitably or improved.
f. Effective and intensive sensitization should be given to the dwellers in the various camps on the need to maintain a healthy and clean environment and be registered under the NHIS (and other health related issues)
g. Provide assistance to dwellers who cannot afford to pay for the registration to renew their insurance.
In order to achieve the best state of physical and mental well being, dwellers should be taken through coping mechanisms and counseling sessions.

**WIDOWHOOD RITES**

The Commission conducted a nationwide study on widowhood rites and sampled a total of 1769 persons in focus group discussions. The 1769 persons sampled comprised 838 widows, 235 widowers, and 696 other persons.

*Prevalence of widowhood rites:*

The practice of widowhood rites is still prevalent in the country, although the practice has improved perceptibly. Over sixty nine percent (69.8%) of the persons held the view that both women and men were subject to widowhood rites.

Among the prevalent rites mentioned were:

i. one year period of mourning;

ii. tying of ropes and padlocks around the waist;

iii. walking barefooted;

iv. sitting by the dead person until burial;

v. not being allowed to eat certain kinds of food for a number of years;

vi. solitary confinement;

vii. denial from engaging in economic activity for a period;

viii. shaving of hair;

ix. smearing of clay on the body;

x. forced starvation; and

xi. bathing cold water three times a day.

In many communities, widows were invariably accused of being the cause of the death of their spouses and as a result were ill-treated.

Men are somehow exempted from some of these rites in the following instances: Freedom of movement; right to marry any one after 40 days and the right to engage in any economic activity. Their mourning period also lasts for just two or three months. Again they are confined for just three days as well as wearing black and white clothe for the same period of time.

However, men who failed to perform the necessary customary marriage rites when their wife was alive are made to perform all those rites and made to sleep by the corpse.

In some communities, men refuse to go through the rite, because they claim they are the breadwinners and cannot be subjected to this unreasonable treatment; it is uncommon to see men go through such things; they are not obliged to do so because they own most of the family’s property and are at liberty to marry as many as they want; they are made to go free without any sanctions.
**Significance of the rites:**

Some communities attached some significance to the rites. The significance lies in, but not limited to the following:

a. It shows that one is still mourning the dead;
b. It purifies the surviving spouse;
c. It aids spiritual cleansing of the surviving spouse;
d. proves that the surviving partner remained faithful even after the death of their spouse;
e. It serves as a way of breaking ties with the dead;
f. It is a way of honoring the dead by the surviving partner;
g. It glorifies the deceased as having married legitimately and enables the family members determine whether the woman is pregnant for the late husband.

A ritual like bathing the widow using the same calabash that was used to bath the deceased, is to prove how faithful the surviving spouse was to the deceased thus checking promiscuity in marriages.

**Violation of human rites:**

Out of the 107 focus group discussions held, 67% of the community members agreed that the rites violate human rights while 26.8% disagreed and 6.2% did not know whether widowhood rite violates human rights or not.

**Consequences of refusal to go through the rites:**

There are mixed reactions towards widows or widowers by the bereaved family and community members. There is no known punishment for a widow who refuses to through the rites.

**Injury or maiming while undergoing rites:**

14.3% of community members attested to it maim while 85.7% did not.

Most widows with chronic sicknesses get worse or even die. Some women sustain injuries on the head during the shaving off of their hair. Furthermore, by coming into contact with the corpse most of the widows get infections. There have also been instances of widows getting swollen legs as a result of walking barefoot.

**Focus Group of Widows/Widowers**

Table 4 shows the number who have undergone and not undergone the rite.

<table>
<thead>
<tr>
<th>Number of Widows</th>
<th>Number of Widowers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergone</td>
<td>Not Undergone</td>
</tr>
<tr>
<td>706 (84.2%)</td>
<td>132 (15.8%)</td>
</tr>
<tr>
<td>Undergone</td>
<td>Not Undergone</td>
</tr>
<tr>
<td>157 (66.8%)</td>
<td>78 (33.2%)</td>
</tr>
</tbody>
</table>
Thus, 84.2% of widows had undergone the rites while the remaining 15.8% had not undergone the rites. On the other hand, 66.8% of widowers had undergone the rites while 33.2% had not undergone.

**How widows are treated:**

Treatments given to widows differ in every community. In some communities, bereaved spouses (widow/widower) are treated with no sympathy; they are discriminated against and made fun of by community members especially those of the younger generation.

**Stigmatization by family and friends:**

**Table 5: Number of widows and widowers stigmatized by family and friends**

<table>
<thead>
<tr>
<th>Number Of Widows</th>
<th>Number Of Widowers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>199 (24.7%)</td>
<td>610 (75.3%)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>38 (16.4%)</td>
<td>194 (83.6%)</td>
</tr>
</tbody>
</table>

From table 5, 24.7% of widows feel stigmatized by family members and friends while 75.3% do not. 16.4% of widowers on the hand feel stigmatized by family and friends while the remaining 83.6% do not feel same.

**Modification and improvement of widowhood rites:**

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.0</td>
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<tr>
<td>45.0</td>
</tr>
<tr>
<td>40.0</td>
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<tr>
<td>35.0</td>
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<tr>
<td>30.0</td>
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<tr>
<td>25.0</td>
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<tr>
<td>20.0</td>
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<tr>
<td>15.0</td>
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<tr>
<td>10.0</td>
</tr>
<tr>
<td>5.0</td>
</tr>
<tr>
<td>0.0</td>
</tr>
</tbody>
</table>

**Figure 5: Views on the Practise of Widowhood Rites (%)**

46% of widows want harmful widowhood rites modified, while 46.4% wants it outlawed and 7.5% of the widows were indifferent. On the other side, 43.9% of widowers want the harmful widowhood rites modified, 40.1% want it outlawed while the remaining 16% were indifferent about it.
Assistance from organizations

Table 6: Number of widows and widowers assisted by organizations

<table>
<thead>
<tr>
<th>Number of Widows</th>
<th>Number of Widowers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>98 (12.5%)</td>
<td>688 (87.5%)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8 (3.6%)</td>
<td>213 (96.4%)</td>
</tr>
</tbody>
</table>

From table 6, 12.5% of widowers have been assisted by government institutions, NGOs or CSOs as victims of harmful widowhood rites while 87.5% had not. On the other hand only 3.6% of widowers have been assisted by government institutions, NGOs or CSOs as victims of harmful widowhood rites while 96.4% have been left unassisted.

Organizations and forms of support given to widows and widowers:

Several organizations have offered some form of support to widows or widowers. Among them are, CHRAJ, Social Welfare, World vision and GES and they provided financial support, human resource sensitization and girl child education.

Recommendations

Government should strengthen measures to stamp out all forms of dehumanising and harmful cultural practices, including undignified aspects of widowhood rites.

The National Commission on Civic Education must organize programmes to sensitise the citizenry against undignified cultural practices including widowhood rites.
PART SIX: CONCLUSION AND MAIN RECOMMENDATIONS

Conclusion
Ghana still has a very long way to go in advancing human rights, combating lawlessness, and fostering a culture of respect for human rights among the country’s growing general population.

As a nation, we urgently need to redouble our efforts at eradicating poverty and entrenching a culture of respect for human rights to ensure that everyone in the country enjoy life in dignity and respect. As part of strategy to build a solid democratic country, the Commission wish to, once more, emphasize the fundamental contribution of human rights education to the realization of human rights.

“Human rights education aims at developing an understanding of our common responsibility to make human rights a reality in every community and in society at large. 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.”

As a National Human Rights Institution, the Commission has demonstrated over the past 20 years that Freedom and Justice are not merely desirable ideals, but foundational objectives that can be attained if a society commits diligently to pursue them. In spite of very low investment in its work, the Commission has over the years continued to work relentlessly for a society that is truly free, just and equitable, where power is accountable, and governance is transparent.

Main Recommendations

1. Education
   a. The allocation of 50 pesewas per pupil per day under the School Feeding is woefully inadequate and does not keep pace with economic trends in the country. Indeed, this is dehumanizing of our children and a sad reflection of the premium we put on our children. The government must take steps to increase funding for the programme within ONE YEAR to an acceptable level, after which the Commission will review the situation again.
   b. Government must clear all outstanding arrears under the Capitation Grant within SIX MONTHS, and thereafter ensure that the practice of piling up backlog of arrears is discontinued. The FCUBE is a constitutional obligation placed on government, and it cannot renege on this duty. The Commission will again review the situation after the six months period.
   c. The Capitation Grant per pupil per term is less than GH¢7.00, another sad reflection of the premium we place on our children. How can we expect the schools to provide quality education with such tenuous investment in their education. Again, we ask government to

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50 See UN General Assembly, Fifty-ninth session, Agenda item 105 (b), 2 March 2005
take steps within ONE YEAR to review the grant per person per term to an acceptable level that commensurate with the dignity and needs of the Ghanaian child. Once again, the Commission will review the situation after the given period to decide on what further action should be taken.

d. Government must continue to improve the environment for learning for all school children, and take steps to remove all conditions that can keep or scare children from going to school, including corporal punishment and bullying.

e. The removal of corporal punishment and the elimination of other dehumanizing practices in our schools are necessary steps towards the development of a culture of human rights in our country. Policies on corporal punishment need to be repealed and other legal and other protection against all forms of violence enforced. Simply repealing authorization of corporal punishment and any existing policies is not enough.

f. The Ministry of Education and GES must step up efforts to prevent and eliminate all forms of discrimination against children with disabilities, including:
   i. Enhancing awareness-raising and educational campaigns targeting both children and teacher and non-teaching staff.
   ii. Providing for effective remedies in case of violations of the rights of children with disabilities, and ensure that those remedies are easily accessible to children with disabilities and their parents and/or others caring for the child.

2. Health

a. The Commission commends the MOH for a very successful immunization campaign, and urges it to continue improve and expand the campaign for all infants.

b. The Commission is seriously troubled by the delays in reimbursing service providers by the NHIA. This practice has the potential to threaten the sustainability of the NHIS and healthcare service delivery and the enjoyment of the right to health.

c. The Commission calls on government and the NHIA to take steps within the next SIX MONTHS to ensure that all outstanding arrears to service providers are paid and thereafter outstanding claims do not exceed TWO MONTHS at any given time. The Commission will review the situation at the end of the SIX MONTH period for any additional action that may need to be taken.

d. Tariffs payable to health centres should be reviewed by MOH, GHS and the NHIA to take into account rising cost of treatment provided under the scheme.

e. The hospital structures in most of the hospitals needs to be expanded to accommodate increasing attendance of clients to the health facility.

f. The GHS should step up sensitization of the public on the services that can be rendered, the disease coverage and the available medicine list under the NHIS.

g. Steps should be taken to reduce delays in registration and renewal under the NHIS.

3. Harmful Cultural Practices

i. LEAP assistance should be extended to all inmates of the Refuge Camp for Persons Accused of Witchcraft, including support to register with the NHIS.

j. Human rights based organizations should extend their campaign to the Northern sector where this practice is prevalent and intensify human rights education and sensitization programmes in those communities.

k. Government should strengthen measures to stamp out all forms of dehumanising and harmful cultural practices, including witchcraft and undignified aspects of widowhood rites.