This report, prepared by UNICEF Ghana, reports on the progress made in Ghana towards the realisation of the rights of children as reflected in the Convention on the Rights of the Child and its additional Protocols. The report, which builds on the Concluding Observations by the Committee on the Rights of the Child (2006) and other more recent documents and assessments, is not an exhaustive evaluation of the implementation of policies or legislation on child rights.

I. BACKGROUND AND FRAMEWORK

A. SCOPE OF INTERNATIONAL OBLIGATIONS

Ghana has ratified/acceded to the following Conventions related to the rights of the Child:
- Convention on the Rights of the Child
- Optional Protocol to the Convention on the Rights of the Child on the involvement of Children in armed conflicts
- Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour
- International Covenant on Economic, Social and Cultural Rights
- International Covenant on Civil and Political Rights
- International Convention on the Elimination of All Forms of Racial Discrimination
- International Convention on the Elimination of All Forms of Discrimination against Women
- Optional Protocol to the Convention on the Elimination of Discrimination against Women
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
- Convention relating to the Status of Refugees
- African (Banjul) Charter on Human and Peoples’ Rights
- Convention Governing the Specific Aspects of Refugee Problems in Africa
- African Charter on the Rights and Welfare of the Child

B. CONSTITUTIONAL AND LEGISLATIVE FRAMEWORK

Ghana was the first country in the world to ratify the 1989 United Nations Convention on the Rights of the Child (UNCRC), in February 1990. Ghana has reported twice to the UN Committee on the Rights of the Child, most recently in 2006, on progress made towards implementation of the UNCRC. Currently, Ghana is preparing its submission for the 3rd, 4th and 5th consolidated report to the UNCRC.

Ghana’s 1992 Constitution sets out the rights of the child in Ghana and obliges the state to enact appropriate laws to ensure the “protection and promotion of all basic human rights and freedoms,” including those of children, the disabled, the aged, and other vulnerable groups. The Ghana Constitution was reviewed during a process which started in 2010 and was concluded in late 2011. The review was conducted with a particular focus on the provisions affecting children’s rights and special efforts were made to ensure that children’s perspectives and submissions were considered through the organisation of special mini-consultation with children.

Many of Ghana’s laws have incorporated key principles of the CRC. While the 1998 Children’s Act regulates such matters as child maintenance, adoption, and child labour, the 2003 Juvenile Justice Act sets out the procedures to be followed when a person under 18 is arrested and/or imprisoned. The principle underpinning the law is that “the best interest of the child shall be the paramount consideration by any court, person, institution, or other body in any matter concerned with a child.” In most matters, the laws guarantee the rights of children as specified in the CRC. They also set the age of criminal responsibility at 12,
which is seen as a great improvement over the previously set age of seven, but still low by international standards.

C. INSTITUTIONAL AND HUMAN RIGHTS STRUCTURE

Children’s Act and Child Panels

The 1998 Children’s Act (Act 560) calls for respect for the principle of “the best interests of the child” when decisions are made that affect children’s lives. Laws have also been passed governing children’s rights to inheritance, and prohibiting harmful cultural practices. Additionally, mechanisms have been established theoretically permitting children or their parents to seek redress when violations occur. This has included the setting-up of district-based Child Panels, established under the Children’s Act, which have quasi-judicial powers and which permit children’s participation in the proceedings and can be instituted at no charge. However, they have been established in only 70 of the country’s districts, and the lack of resources can obstruct their ability to function.

Many ministries, departments, and agencies are mandated or involved in various aspects of child protection in Ghana. At the top, these include the Department of Children of the Ministry of Women and Children’s Affairs, the Department of Social Welfare and the Child Labour Unit in the Ministry of Employment and Social Welfare, the Domestic Violence and Victim Support Unit, a unit of the Ghana Police Service and the Anti-Human Trafficking Unit of the Ghana Police.

Coordination and referral mechanisms are important parts of a child protection system, and these are still not functioning as well as they could be. The Multisectoral Committee on Child Protection, set up in 2001 and formerly chaired by the Chief Justice of Ghana, is no longer functioning, leaving a gap in the coordination of child protection services and response. In the absence of a single coordination mechanism for protection, referrals are based on ad hoc initiatives.

A Commission on Human Rights and Administrative Justice, established in 1993, provides support for vulnerable children and women in the specific Ghanaian cultural context – for example, ensuring that children receive medical attention despite opposition based on religious or cultural beliefs, and undertaking public education on FGM. A human trafficking management board under MoWAC has oversight on all aspects of the law, especially as it relates to children and women.

D. POLICY MEASURES

National Action Plans for Orphans and Vulnerable Children and for the Elimination of the Worst Forms of Child Labour have been developed and Children’s Panels have been established in all 10 regions (but not yet in all districts, as mandated) for discussing child protection-related issues. A National Action Plan on Human Trafficking is in place, providing a framework for implementing Act 694. As with other such frameworks in Ghana, the challenge is the capacity – especially at the district level – to combat trafficking on the ground; there are also challenges regarding the training of law-enforcement and judicial officers, the provision of shelters and resettlement of victims, and coordination among all the relevant agencies. More recently, the Child Protection Systems working group led by UNICEF obtained the approval of the Minister for Women and Children to develop a Child Protection Policy for Ghana.

The Ministry of Health (MoH) developed the Child Health Policy (2007–2015) to provide a framework for planning and implementing health programmes. The Policy proposes a ‘child centred’ rather than a ‘programme centred’ approach, therefore calling for greater collaboration among different programmes. The MoH has also developed an Under-Five Child Health Strategy (2007–2015) to guide the implementation of the Child Health Policy. An Education Strategic Plan is in place (covering 2010-2020) and a National Social Protection Strategy was finalised in 2008, covering 2008-2012.
II. PROMOTION AND PROTECTION OF HUMAN RIGHTS ON THE GROUND

A. COOPERATION WITH INTERNATIONAL HUMAN RIGHTS MECHANISM

Ghana ratified the United Nations Convention on the Rights of the Child (CRC) in 1990 and submitted its first progress report in 1995. The UN Committee on the Rights of the Child (UNCRC) adopted the first set of concluding observations for Ghana in 1997 and the concluding observations for the 2nd & 3rd consolidated report of Ghana were adopted in 2006. The consolidated 3rd, 4th and 5th periodic reports were due in March 2011 but are now in the process of being finalised by the Information Research and Advocacy Division (IRAD) of the Children’s Department of the Ministry of Women and Children’s Affairs (MOWAC). The Optional Protocol to the Convention on the Rights of the Child on the involvement of children in Armed Conflict was signed by Ghana, but has not been ratified yet.

B. IMPLEMENTATION OF INTERNATIONAL HUMAN RIGHTS OBLIGATIONS

a) NON DISCRIMINATION

Children and disability
Children with disabilities comprise a group whose rights are often violated: they are often subjected to neglect, discrimination, and even abuse, and they are often denied the right to an education. It is widely assumed that, among virtually all socio-economic groups in Ghana, there are families and communities who customarily conceal or otherwise deny the existence of disabled children among them, and thus the foremost challenge in implementing both national legislation and community-based action on disabilities must be first to locate these children and then to ensure access to rehabilitation services and inclusive programmes for those with disabilities.

Data on disabilities among Ghana’s adults and children are limited and diffuse. In 2000, when a new National Disability Policy was being developed, it was estimated that 10 per cent of the population was disabled; at least half of whom (approximately 1 million) were children. A 1997 survey by the Ghana National Commission on Children (GNCC) found that hearing, vision, speech, and limb impairment were the most prevalent disabilities among children. Not surprisingly, children with disabilities from poor homes and rural areas are the most at risk of discrimination and of lacking care and attention. Data from the 2006 MICS Survey reveal that 16 per cent of children aged 2–9 years were reported to have at least one disability.

The passage of the Disability Act in 2006 has not resulted in enough concrete positive action in favour of children and others with disabilities. However, as in every culture, the true elimination of prejudice requires pro-active socialization and awareness-raising, even within families.

b) RIGHT TO LIFE, LIBERTY AND SECURITY OF THE PERSON

Child and infant mortality
In recent years Ghana has made significant progress in securing the basic rights of children to survival and a healthy life. Since 2003 infant mortality rates (deaths in the first year of life) have declined by 22 per cent, from 64 deaths per thousand live births, as recorded in the GDHS of 2003, to 50 per thousand in 2008; while the USMR has declined by about 28 per cent, from 111 deaths per thousand live births to 80 per thousand over the same period. However, these gains have been uneven across the country, and large numbers of Ghanaian children and women have not benefited equally from the country’s overall economic growth and poverty reduction.

Progress in reducing maternal death has overall been slow: Ghana’s maternal mortality stands at 350 deaths per 100,000 live births, while the MDG target is 185 per 100,000. Other concerns include the inadequate reproductive health services and the lack of mental health services for adolescents and limited access by HIV/AIDS-infected children and mothers to antiretroviral medication.
Children affected by Armed Conflict
According to newspaper reports in 2009, children participated in the ongoing ethnic and chieftaincy conflict in Bawku in the Upper East Region by burning houses and ambushing people. As a result of the chieftaincy conflicts in the Upper East Region, men, women and children sometimes have to flee their community to avoid the conflict. The Human Security Project (which is supported by a number of UN agencies) is responding by supporting peace building activities in communities and schools in the Upper East Region.

Death penalty
Children are exempted from capital punishment in Ghana and no cases have been reported of a child subjected to the death penalty.

Child labour, forced labour and children living and/or working in the streets
By far the biggest employer of child labour in Ghana is the cocoa industry, the country’s main economic activity. Two surveys on labour practices on the cocoa farms (conducted between 2006 and 2008) found that about 186,000 children in the cocoa-growing areas of Ghana (about 10 per cent of the child population in those areas) were engaged in at least one hazardous cocoa-specific activity.

The National Programme for the Elimination of Worst Forms of Child Labour in Cocoa (NPECLC) was established in 2006 with the goal of eliminating such labour by 2011. With technical support from ILO and UNICEF, the NPECLC has led Ghana’s efforts to comply with the Harkin-Engel Protocol (a multilateral commitment by the cocoa industry to comply with ILO Convention on the worst forms of child labour), and was able to meet a 2008 deadline for establishing a regime for certifying progress in this effort.

Perhaps the most hazardous work activities in which children can be found to be engaged in Ghana are small-scale (and illegal) artisanal mining operations, also known as galamsey. Many operators of these illegal mines engage large numbers of children between the ages of 10 and 18 years (including girls) and pay them daily wages to work in this dangerous business. One estimate counted more than 3,000 children engaged in galamsey in the Western region alone.

There are estimated to be as many as 50,000 children living and/or working in the streets in Ghana. According to studies by the Ministry of Women and Children (MOWAC) and the Ghana National Commission on Children conducted in 2004 (the most recent data available), nearly half of all street children in the country were found in the Greater Accra region, with another 25 per cent in the second largest city, Kumasi (more than 60 per cent of the latter being females). Also, 71 per cent of street children were illiterate. Many street children are either victimized by sexual predators or turn to commercial sex as a way to make a living, exposing them to great risks, including violence, serious physical and psychological harm, and sexually transmitted diseases, including HIV.

Child trafficking
Ghana is a source, transit, and destination country for the trafficking of children and women for commercial sexual exploitation and forced labour. Ghanaian children are particularly trafficked to Côte d’Ivoire, Togo, Nigeria, and The Gambia for domestic service and exploitative labour. Children are also trafficked within Ghana to work in cocoa farming, domestic service, street vending, head porterage, fishing, and the commercial sex trade. Typically, boys aged 10–17 are trafficked from the northern regions to Lake Volta for fishing or to the Western region for mining, while girls come from the north and east and are trafficked to Accra and Kumasi for work in porterage, domestic service, and trading.

Ghana has made significant progress in addressing child trafficking. In 2005, Ghana passed the Human Trafficking Act (Act 694), which not only criminalized trafficking but also established a fund and mechanisms to rehabilitate child victims through non-formal education and skills training. A human trafficking management board under MOWAC has oversight on all aspects of the law, especially as it relates to children and women, and there also is in place a National Action Plan on Human Trafficking. More recently, a number of Anti-Human Trafficking offices were established and the number of prosecutions of traffickers has increased. In 2010, Ghana’s ratings in the US Department of State Trafficking In Person (TIP) Report improved moving to tier two.
Violence against women and girls
While it is not as common in Ghana as in some other African countries, female genital mutilation (FGM) is practised among some ethnic groups in northern Ghana. About 9 to 15 per cent of Ghana’s population belong to groups who practise FGM, mostly concentrated in the Northern, Upper East, and Upper West regions (but also found in parts of the Brong Ahafo region and among migrants from the north who have relocated to southern Ghana). FGM is outlawed under both the 1992 Constitution and by amendment of the Criminal Offences Act of 2007. Existing legislation calls for sentences of three years for those found committing the practice. Some traditional leaders have banned the practice and in recent years a growing number of FGM practitioners in the Upper East and Upper West regions have been jailed.

Corporal punishment
Ghanaian law does permit corporal punishment, “provided it is justifiable, reasonable in kind or in degree according to the age, physical and mental condition of the child.” The Ministry of Education’s code of conduct for teachers also permits caning, further blurring the human rights dimension of violence against children in Ghana.

A corporal punishment evaluation conducted in primary and junior high schools revealed that about half of all students interviewed advocated for the ban of corporal punishment while the other half opposed the ban. During focus group interviews, the dominant view expressed by the pupils was that corporal punishment had value and that it should therefore not be abolished – an opinion consistent with the position of teachers, head teachers, parents, and Ghana Education Service officials. The same study also reported that nearly 70 per cent of pupils interviewed claimed corporal punishment inflicted pain and sometimes injuries on them. Thirty per cent expressed the view that it made them feel like dropping out of school.

c) ADMINISTRATION OF JUSTICE AND THE RULE OF LAW

Juvenile Justice
The Juvenile Justice Act (Act 653) adopted in 2003 and covering persons under 18 years who come into conflict with the law, was premised on international standards and good practices and seeks to apply the principle of the best interests of the child. Juveniles convicted under the law are remanded to detention centres – including those for children between 13 and 15 years of age – which are supposed to provide vocational training. However, many juvenile detention centres are lacking in such facilities, thus depriving children of access to education, skills training, and other psychosocial services essential to their development. There are also insufficient juvenile courts – some districts have no such courts at all – and the ones that do exist do not convene often enough to address the case load adequately, meaning that juveniles spend excessive time in police detention awaiting trial.

An analysis of children in one juvenile detention centre in Accra found that of the 153 children there (males and females), nearly half were either orphans or had been abandoned; of the 83 whose parents were alive, 65 came from broken homes. The vast majority came from families living at or below the poverty level, and only 11 (7 per cent) had parents who had completed either secondary or tertiary education.

d) RIGHT TO SOCIAL SECURITY AND ADEQUATE STANDARD OF LIVING

Social security
The Government of Ghana has over the years put in place several social protection interventions to address inequity with various levels of successes. These include the National Health Insurance, the Livelihood Against Poverty (LEAP), a conditional cash transfer grant reaching an estimated 65,000 households, the ‘capitation grant’ for all primary school children and the Savannah Acceleration Development Authority initiative, which aims to reduce the disparity between the north and the south. In addition, approximately 1 million children were benefitting from a school feeding program in 2011.
Birth registration figures have increased in Ghana from around 30% in 2000 to over 60% in 2010, but children in the wealthiest quintile are twice as likely to have a birth certificate compared to children in the poorest quintile. Lack of parental awareness is the apparent primary cause of the low birth registration rate, as well as a lack of need for registration, since birth registration is not linked to the provision of basic services such as health and education. In surveys, parents also indicated that they did not know where to go to register their children’s births. The cost of registration was another reason given since parents are mandated to pay GHC10 if registration is done 1 year after the birth of the child. Thus it is not surprising that children in poorer families are less likely to be registered than those in richer families.

e) RIGHT TO EDUCATION

Compulsory and free basic education, since 2005 has contributed to an increase in the national net enrolment rate, from 69 per cent in 2005/2006 to 84 per cent in 2009/2010. However, an estimated 650,000 children remain out of school. National gender parity in primary education has been achieved, but stark regional disparities in enrolment, attendance and transition persist. The quality of education currently being received by Ghanaian children who are in school is a source of major, and increasing, concern. Many Ghanaian children complete primary education without attaining functional literacy or numeracy as a result of lack of text-books, overcrowded classrooms and lack of trained teachers. According to the Ministry of Education’s National Education Assessment (NEA) tests of 2009, only a third of grade six students reach proficiency levels in English, and fewer than 14 per cent achieve proficiency in mathematics.

f) RIGHT OF REFUGEE CHILDREN AND ASYLUM SEEKERS

Over the past decade, Ghana has received refugees from Liberia, Togo and, most recently, Cote D’Ivoire. The Ghana Government has supported efforts to meet the basic rights to protection, health and education of the refugee children. Challenges exist for refugee children reaching secondary school age, with limited opportunities to further their education in place.

III. ACHIEVEMENT, BEST-PRACTICES AND CONSTRAINTS

Ghana is recognized as a model of political stability, good governance and democratic openness. Ghanaians enjoy political rights, civil liberties and a free press. Ghana has started oil production and achieved the status of (lower) middle income country in 2010. Ghana is on track to achieve many of the Millennium Development Goals, especially the MDGs targets on poverty reduction, gender parity and access to education and safe drinking water. However, these averages mask stark disparities by location and among population groups (by gender, wealth quintile, level of education) which need to be addressed for Ghana to be able to achieve the MDGs with equity. Ghana has also made considerable efforts over the past years to involve children in the development and review of major policies. Children were involved in decision making processes around water and sanitation and the use of revenue generate from oil. During the Constitutional Review process, a special session was held exclusively for children to make inputs.

Key constraints are the inadequate implementation of existing laws, creating a gap between policy and practice and the lack of adequate human and financial resources (especially at district and community level) for an effective and systematic implementation of the Children’s Act and other laws and regulations relevant for the promotion and realization of child rights in Ghana. Of special concern is the inadequate resourcing of District Assemblies to ensure their capacities as the implementing body for children’s issues at the local level. While the rule of law is an entrenched reality in Ghana, some sections of the population are routinely denied access to justice because they cannot afford to hire legal representation.

Data on child protection issues are becoming increasingly available. There is still, however, a dearth of reliable information on child trafficking and commercial sexual exploitation, on HIV/AIDS orphans (and on street children generally), and on the prevalence of harmful sociocultural practices.
With regard to corporal punishment and other child-abuse issues, there is clearly some confusion in Ghana regarding the respective roles of rights holders and duty bearers. There is evidence to suggest that adults, particularly parents, believe that physical punishment of children is a critical component of child-rearing. This might suggest an urgent need for sensitization of all stakeholders on the negative impact that corporal punishment has on children.

4. KEY PRIORITIES, INITIATIVES AND COMMITMENTS

Children and women are those hit hardest by poverty and by inequities or inefficiencies in the distribution of resources (notably for schools and health centres). Ghana’s impressive achievements in economic growth and democratic governance now present it with the opportunity to prove that the benefits and empowerment will spread in such a way that the country’s growth and equitable development will be felt by the population as a whole, with children and women as the primary beneficiaries. In many cases, this may require extra funding for the poorest regions or districts, or special efforts will need to be taken to reach the poorest families who live in better-off districts.

Ghana has in place the legislative and policy framework and strategies for the implementation of pro-poor and child-friendly policies. Major constraints – in human capacities and budgeting priorities, processes, and implementation mechanisms – remain, and need both urgent attention and assistance from stakeholders and development partners. In addition, there are numerous gaps in data gathering (and disaggregation) and monitoring and evaluation processes needed to rationalize and strengthen programming priorities and practices.

District-level governance requires specific attention in order to realize gains in fulfilling the rights of children and women, particularly in “deprived” areas. Numerous NGOs and other actors are already engaged in empowering women and vulnerable communities at the district level, and this is an area that can be greatly strengthened in keeping with an equity-focused approach. Children’s issues – including child protection – must be given the same priority at national, regional, district and community levels.

The government has adopted pro-poor policies aimed at achieving the MDGs and has put in place National Plans of Action (including “A Ghana Fit for Children”) in the five key focus areas. There are many actors on the stage (national ministries, departments, and agencies; non-governmental organizations; UN agencies; civil society organizations; community-based organizations; and faith-based organizations) that would benefit from sharpened coordination mechanisms.

IV. CAPACITY BUILDING AND TECHNICAL ASSISTANCE PROVIDED BY UNICEF

UNICEF supported the roll-out of the Accelerated Child Survival and Development strategy in the three northern regions and the Central Region, contributing to a reduction in the national under-five mortality rate. UNICEF, with other partners, supported the roll-out of PMTCT services in disadvantaged regions and contributed to a nationwide emergency obstetric and newborn care needs assessment to inform the scale-up of interventions to improve maternal and neonatal health. A national salt iodization strategy was developed and is being implemented and UNICEF supported the development of a national communication for development strategy.

UNICEF has been part of a strategic partnership of the Government of Ghana, the European Union, the World Health Organization and non-governmental organizations (NGOs) to eradicate Guinea Worm in Ghana. Other examples of joint efforts supported by UNICEF are the development of the Health Sector Medium-Term Development Plan 2010-2013 and the Ghana Compact on Sanitation and Water for All, launched in 2010, and the development of two Millennium Acceleration Frameworks (MAF) on Maternal Health and Sanitation.

Intensive enrolment campaigns, capacity development, and community mobilization supported by UNICEF were instrumental in increasing gender parity in education enrolment, especially in the three Northern
Regions. UNICEF provided technical leadership in the development of the new Education Strategic Plan 2010-2020 and supported the implementation of the HIV Alert School model.

With UNICEF support, a National Social Protection Strategy (2008-2012) was finalized, as well as national plans addressing the sexual exploitation of children, the worst forms of child labour and orphans and vulnerable children. UNICEF supported the implementation of the national plan of action on OVCs and strengthened the capacities of the Anti-Human Trafficking Unit, Ghana Immigration Service and the Human Trafficking Board. A joint programme with the International Labour Organization, the International Organization on Migration and the United Nations Population Fund (UNFPA) contributed to an increase in birth registration.

UNICEF is strengthening national capacities to generate, analyse and use critical knowledge on the situation of children. A number of key studies were undertaken and widely disseminated, including the multiple indicator cluster survey (MICS) in 2006 and 2011, a child poverty study, a study on social protection and a participatory poverty and vulnerability assessment (in 2009 and 2010). The Ministry of Finance and Economic Planning has introduced programme-based budgeting in two ministries. With the support from UNICEF, DFID and the World Bank, four ministries (for education, health, agriculture, and employment and social welfare) are creating a common targeting mechanism to improve the efficiency of social protection assistance.

Equity mapping and analysis are key strategies supported by UNICEF to identify the most vulnerable populations and deciding the priorities and the geographic locations of key government interventions. More specifically, UNICEF supported the Ministry of Education to develop a bottleneck analysis tool based on the Marginal Budgeting for Bottlenecks (MMB) tool used in the health sector. The analysis which showed the bottlenecks to achieving quality education at national and sub-national levels provided education stakeholders with the evidence they needed to lobby for additional resources, especially for disadvantaged groups living in remote under-served districts. In the health sector, UNICEF supported the Ghana Health Service (GHS) to undertake a detailed analysis of inequities in attainment of the health related MDGs.

UNICEF contributed to peace education, nutrition and child protection within the joint United Nations Human Security Project in the three northern regions and to flood emergency response (in the three northern regions in 2007, 2009 and 2010 and Central Region in 2010), which enhanced the resilience of children and women.