

UNIVERSAL PERIODIC REVIEW – HUMAN RIGHTS COUNCIL
UNICEF INPUTS – GHANA

I. Trends

1. Since the 1990s, following the return to constitutional and democratic rule, the promotion and maintenance of basic human rights has loomed large on Ghana's national agenda, spurred in large part by the Convention on the Rights of the Child (CRC) and growing worldwide recognition of the importance of human rights in general and continued improvements in the macro-economic environment. Indeed Ghana was the first nation in the world to ratify the CRC. Chapter Six of Ghana's Constitution obliges the state to enact appropriate laws to assure the "protection and promotion of all basic human rights and freedoms," including those of children, the disabled, the aged and other groups whose rights are considered to be at risk of violation and who are not in a position to defend them. In so doing, the Constitution states that government authorities shall be "guided by international human rights instruments" – in the case of children, the CRC and African Charter on the Rights and Welfare of the Child (ACRWC). The Children's Act, 1998 (Act 560) also calls for respect for the principle of "the best interest of the child" when decisions are made that affect children's lives.
2. In terms of living standards, the proportion of Ghanaians living in poverty declined from 52% in 1992 to 40% in 1999, and further dropped in 2005/2006 to 28.5% of the population; while the proportion living in extreme poverty has dropped from 37% in 1992 to 27% in 1999 and it is now 18 per cent (*Patterns and Trends of Poverty in Ghana, 1991-2006*, GSS, 2007). The GSS report however notes that significant disparities remain between administrative regions, among occupational groupings, between urban and rural areas and between men and women. The report notes that of the 10 regions of Ghana, the three northern regions remain the poorest; that even though food crop farmers make up 43.0% of the population that has access to employment and livelihood opportunities, they continue to have the largest share of those in the extreme poverty bracket; that rural areas with about 60% of the total population continue to be significantly poorer than their urban counterparts; and that despite recent improvements, women still form a majority of the poor in Ghana in terms of gender. It can therefore be concluded that children born to the stated vulnerable social, economic and spatial segments of the society are likely to remain disadvantaged, vulnerable and excluded from achieving the full potential in survival, development and participation.
3. Overall the situation of children is showing an improving trend. Ghana is set to achieving the MDGs on poverty reduction, eliminating gender disparity in education, ensuring safe water and sanitation, and halting the spread of HIV/AIDS. While the child mortality reduction is not currently on track, most determinants (malnutrition, use of ITNs, treatment of malaria) are improving, giving reason to believe that mortality rates will drop in the near future. Universal primary education may not be reached by 2015 as school completion remains a challenge.
4. Slow progress has been made in reducing child mortality. According to the 2003 Ghana Demographic and Health Survey (DHS), one in every nine children dies before reaching 5 years of age, and nearly three in five of these deaths (60%) occur during the first year of life. The 2003 infant mortality rate was 64 deaths per 1,000 live births, while child mortality reached 111 per 1,000 live births. The MICS 2006 confirmed the findings of the DHS with regard to the infant mortality rate (IMR) and the under-five mortality rate (U5MR), standing at 71 and 111 per 1,000 live births respectively, over the preceding 10-year period. Meanwhile, wide regional and rural/urban differentials and disparities also persist. Nutrition status is one of the areas showing improvement, and is on track to meet the MDG targets related to nutrition, recording a linear improvement since 1990, with underweight standing at 17.8 per cent in 2006, down from 22 per cent in 2003 (DHS 2003). Continuous improvements in immunisation coverage and a marked increase in use of ITNs are also factors expected to greatly influence mortality rates in coming years.
5. Currently a survey is underway to determine maternal mortality rates (MMR). According to UN estimates, MMR has been reduced by one quarter between 1990 and 2000 (from 740 to 540 deaths per 100,000 births). At this rate, achievement of MDG 5 is unobtainable. There is a common view among

government and development partners that accelerated efforts are required to ensure progress, particularly through investments in skilled birth attendance and emergency obstetric care.

6. The HIV prevalence rate seems to be stabilising in Ghana. Although a rise was observed in the 2006 HIV Sentinel Survey (to 3.2% up from 2.7% in 2005), the overall trend is evidence of a slight decrease. As of December 2006, mothers who received prevent mother-to-child transmission of HIV (PMTCT) services were 1,526 compared to 16,785 pregnant women in need of PMTCT. This represents 9%. It is projected that by 2012 an estimated number of 19,778 mothers will be in need of PMTCT annually. (UNICEF Fact Sheet, Nov. 2007). With respect to risk reduction among the youth, the percentage of youth aged 15-24 engaging in high-risk sex who use condoms is only 41.8% for female and 55.7% for male (MICS 2006). Contraception rates for currently married women also remain low. However, HIV prevalence among 15-24 year old mothers attending antenatal care reveals a slightly decreasing incidence rate (HIV Sentinel Surveillance Report 2006).
7. In relation to MDG 7, MICS data reveal that Ghana has achieved national targets. Seventy-eight per cent of the population is now using an improved source of drinking water and 60.7% have access to improved sanitation¹. Further, the distribution is highly skewed sub-nationally, and again the north is far from achieving adequate coverage. Ghana reported more cases of Guinea worm than any other country worldwide in 2004.
8. In the education sector, primary net enrolment has increased steadily since the 2005 education reforms; in addition, net enrolment in kindergartens rose from 49.9% in 2005/6 to 55.6% in 2006/7. Correspondingly, the number of primary-school age children not in school has decreased substantially: from 1.4 million children in 2004/5 to 800,000 in 2006/7. In addition, net enrolment in kindergartens rose from 49.9% in 2005/6 to 55.6% in 2006/7. Correspondingly, the number of primary-school age children not in school has decreased substantially: from 1.4 million children in 2004/5 to 800,000 in 2006/7 (EMIS 2006/7). Final Education statistics for 2007 are not yet available, but field reports suggest that enrolment continued to increase, although at a somewhat reduced pace. (UNICEF, Annual Report 2007). Gender parity in terms of access to education remained stable (0.97), even at a time of rapid increases in enrolment (Education management Information System data (EMIS 2006/7). Especially important is the fact that in certain areas with particularly low GPI levels, noticeable improvements were recorded. Data from the 2006 MICS suggest that Ghana has already achieved gender parity at the primary and junior secondary levels. However, universal primary education may not be reached by 2015 as school completion remains a challenge. Based on net enrolment in the 6th grade at primary school, only three out of every four children complete primary school. However, it is encouraging to find a slightly higher completion rate for girls (EMIS, 2006/07). Concerns remain with institutionalisation of corporal punishment in schools; Reference is made to corporal punishment as a means of punishment in Teachers Handbook. Corporal punishment continues to be a subject of extensive debate due to long standing cultural and religious views on how children should be punished.
9. About 9% to 15% of Ghana's approximately 20 million population is believed to engage in female genital mutilation (FGM), particularly in the rural savannah and the Northern, Upper East and Upper West regions. But as a longstanding cultural and religious practice, legislation has not proven sufficient to halt it. Cases of sexual abuse and exploitation of children are steadily and consistently on the rise. While in 2000 the former Women and Juvenile Unit of the Greater Accra Region reported 181 defilement cases, the number increased to 425 in 2002 and by June 2003 stood at 278².
10. According to a 2003 study³ in Ghana, child labour manifests itself in different ways: Approximately 242,074 children between 13-17 years old were engaged in mining and quarrying, hotels and restaurants, and fishing – activities which are considered as hazardous work; 220,891 children were found to be engaged in night work; 14,221 of them work for more than four hours; and about 1,590,765 children

¹ The sanitation figure appears to present a significant increase over comparable household surveys in 2003, but the government is working towards adopting a new set of guidelines defining what constitutes improved sanitation, and whose outcome may result in a downward revision of this figure.

² This may also be an indication of greater public awareness and of increased confidence in the criminal justice system further seen by an increase in the number of convicted perpetrators with accompanying higher sentences than before.

³, *Ghana Child Labour Survey*, Ghana Statistical Service and International Labour Organisation, March 2003.

were attending school while working, which is 64.3% of children engaged in usual economic activity. Research by the African Centre for Human Development⁴ suggests that Ghana is both a source and destination country for trafficked children. An estimated 40,000 children are subjected to diverse forms of internal trafficking.

11. Ghana is signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and has also acceded to the Declaration on the Elimination of Violence Against Women (DEVAW). Domestic violence is a serious social evil and is widespread in the Ghanaian society with most victims being women and children. Statistics indicate that 1 out of 3 women (33%) has experienced some form of gender violence in Ghana⁵. Recent studies and reports (including reports from the former WAJU of the Ghana Police Service) indicate that incidence of physical, sexual and psychological abuse of women and children is on the increase and that most victims were abused by people they know in domestic settings.
12. The juvenile justice administration system has been weakened by inadequate logistical and human resource capacity of the Department of Social Welfare. The absence of separate police cells, lack of co-ordination between the police and the Department of Social Welfare have led to an increase in the presence of juveniles in adult police cells at specific points in time from 289 in 2000 to 382 by mid 2003. There have been corresponding cases of juvenile incarceration within adult prisons due to the failure of authorities to determine the ages of child convicts. Nationally, there are 8 convicted mothers with their children 0-5 serving various degrees of prison sentences⁶.
13. The migration of children from rural to urban areas seems to be increasing, due to factors like economic hardships and lack of opportunities (educational, apprenticeship, & job opportunities) in the rural areas. One group of children who have become a source of concern of abuse and violence are the 'kayayee' (head porters). These are mostly girls under 18 who have migrated mostly to the big cities of Accra, Kumasi and Takoradi to engage in head portage. These girls are among the most vulnerable child labourers, as many engage in prostitution or may be sexually exploited in exchange for protection while living on the streets

II. Recent developments in relation to children's rights (2003-2007)

1. In spite of the recent challenges posed by the energy crisis, rising fuel prices associated with the increases in oil prices on the international market, output has been robust and Ghana's economy remains resilient. Vast amounts of crude oil deposits were recently discovered off the western coast of Ghana, generating prospects that the economy was about to experience a major take off in the near future. However, developments around some key indicators reveal that progress towards achieving the MDGs is mixed.
2. There has been good progress in the overall policy and strategy development of the health sector, with the major efforts being directed at finalising the new 5-Year Programme of Work for the Ministry of Health (POW 2007-2011). Delivery of a set of high impact cost effective interventions to reduce child and maternal mortality is firmly entrenched in the POW as the core strategy and forms a core component of the Health Sector budget. A National Health Insurance Scheme has been adopted and special exemptions have been made to ensure access of services by children and pregnant women. One of the essential components of the High Impact Rapid Delivery (HIRD) strategy is capacity building at the community level for improved family care practices in support of maternal, newborn and young child survival, growth and development. The HIRD approach expanded from the initial four priority regions beginning in 2006 to all ten regions of the country by end-2007. The MoH has also embarked on an updating of the child health policy.
3. Ghana's comparatively low and stable number of HIV/AIDS cases masks considerable variations by geographic region, gender, age, occupation, and to some degree, urban-rural residence. To address the

⁴ Tengey, Wilbert and Emiliyah Oguuah, 'The Little Ghanaian Slaves Cry For Help: A Report on Child Trafficking in Ghana', African Centre for Human Development, Accra, 2002.

⁵ Coker Appiah and Kusack, *Breaking The Silence & Challenging The Myths Of Violence Against Women and Children in Ghana*, 1999.

⁶ From *Children in Ghana*, unpublished UNICEF Ghana document

knowledge/behaviour gap evident among young people and to increase risk-awareness among adolescents, UNICEF has supported the rollout to national level of the “HIV Alert School” model, which seeks to increase understanding of all aspects of the epidemic in schools and communities, in order to accelerate progress toward achievement of MDG 6.

4. At the start of the 2005/06 academic year the Ministry of Education abolished (in principle) all school fees and introduced a capitation grant for all basic schools. This move sparked major increases in enrolment, which have continued into subsequent school years. The recent increase in access has however gone hand-in-hand with challenges related to quality and outcomes – all of which are worse in some parts of the country (mostly northern Ghana) than others and affect girls more than boys. Related challenges include shortages of teachers, classrooms, furniture, textbooks and other equipment, as well as continued negative parental attitudes in some parts of the country towards education.
5. In September 2007, Ghana begun implementation of a new reform programme which, among others, focuses on Universal Basic Completion (UBC) by 2015 instead of just Universal Primary Completion (UPC), and by 2020 all Junior Secondary school graduates will be exposed to Senior Second Cycle education or training. The Government is also assuming full responsibility for the first year of a much structured system of apprenticeship for Junior High School leavers who do not qualify or choose not to enter the Senior High School Programme⁷.
6. Major progress took place in 2005 in Guinea worm reduction, but the breakdown of a major water source in early 2006 led to only minimal reductions that year. Intensive efforts led to positive developments during the last six months of 2007, and an 8 per cent reduction was calculated by end-November 2007, compared to the same period in 2006 (UNICEF, AR 2007). In 2007, the funding available for eradication activities grew substantially through finalisation of a funding agreement between UNICEF and the European Commission in May 2007, providing a total of 20 million euros for activities in the most endemic region over a four-year period. (UNICEF, AR 2007)
7. In addition to the enhanced legal framework over the years, institutions have been established in recent times to encourage children or their parents to seek redress when violations occur. Some of these institutions include the Commission for Human Rights and Administrative Justice (CHRAJ), the Domestic Violence and Victim support Unit (DOVVSU of the Police Service), and district-based Child Panels. The latter, established under the Children’s Act, have quasi-judicial powers, allows for children’s participation in the proceedings and can be instituted at no charge.
8. Birth registration has recently experienced a marked improvement in coverage to 47%, after a preceding decrease from 31% in 2000, to 27% in 2001 and to 17% in 2002. To celebrate the Day of the African Child in June 2003, the government launched a campaign to provide free registration of newborn babies within 12 months of delivery. More than 2,500 children were registered that day and to this increased coverage to 27% at the end of 2003. The government also sponsors a national Birth Registration Day every September 1.
9. The practice of ritual slavery (known as *trokosi*) – giving over a young daughter to the priest of a local shrine – exists, but is not widespread in Ghana. Despite concerted efforts, an NGO, International Needs estimates that there are 3,000 women and girls who are still victims of this traditional practice⁸. In June 1998, Ghana’s Criminal Code was amended to outlaw the practice.
10. In order to stem the tide of child abuse and exploitation, a special police unit previously known as the Women and Juvenile Unit (WAJU), but later renamed the Domestic Violence and Victim Support Unit (DOVVSU) in 2005, was formed in 1998 to investigate such cases. Sexual and other forms of abuse, and FGM are prohibited by the 1992 Constitution of Ghana, and this has been reinforced by the Criminal Offences (Amendment) Act, 2007 (Act 741), establishing stiff penalties for both offences.
11. Further progress has been made in strengthening the legal and institutional framework to combat human trafficking. The Human Trafficking Management Board (HTMB) was established with the President’s approval and the National Plan of Action on Human Trafficking, which was adopted on December 5 2007.

⁷ Preliminary Education Sector Performance Report, June 2007

⁸ From *Children in Ghana*, unpublished UNICEF Ghana document

12. International concerns regarding the use of children in cocoa farming in some West African countries, including Ghana, fuelled responses during 2006 and 2007. These concerns led to the signing of the Harkin-Engel Protocol Agreement, which requires the development and implementation of standards of certification in cocoa producing countries to pursue that cocoa cultivation and processing should be free from any of the Worst Forms of Child Labour. The pilot survey revealed lack of understanding and appreciation of occupational health and safety standards by cocoa farmers which in turn has serious health consequences for their children who assists them on the farm. Data collection is currently ongoing.
13. New laws have been introduced to clarify or strengthen constitutional guarantees of human rights in general and children's rights in particular, including the Juvenile Justice Act (Act 653) in 2003 which protects the rights of persons below 18; the Human Trafficking Act in December 2005, and the Domestic Violence Act, 2007. Institutional mechanisms (described above) have been put in place to operationalize legal provisions towards addressing issues related to education, health, birth registration, ritual slavery, female genital mutilation (FGM), child abuse, domestic violence, child labour and human trafficking.
14. **Conclusion:** Existing child-related legislations and human development programmes allow one to conclude that Ghana's framework for guaranteeing children's rights is extensive and progressing. Nevertheless, violations continue to occur. Parental poverty, weak institutional capacity for enforcing laws and implementing programmes relating to children and harmful traditional practices are key factors driving the vicious cycle that results in the violation of children's rights in the country today. The current economic and social situation means opportunities for improving general living standards are either improving or emerging, but the Ghana Committee on the Rights of the Child "recommends that the State party strengthen its efforts and take all necessary measures, including provision of human and financial resources to guarantee the implementation of all legislation and its commitment towards policy implementation in a focused and systematic manner"⁹, in order to give protection to the poorest and vulnerable, who are mostly children.

III. Summary of UNICEF capacity building and technical assistance programmes

1. The UNICEF programmes in Ghana aim at supporting the Government and various stakeholders to design and implement social and economic policies, legislative measures and budgetary allocations to enhance rights and possibilities for children in health and education, and to prevent and respond to violence, exploitation and abuse of children. Programme implementation is being anchored within the framework of both international and national development priorities such as the Millennium Development Goals (MDGs), GPRS II, National Social Protection Strategy and the Ministry of Women and Children Affairs (MOWAC) Strategic Plan (2005-2009).
2. UNICEF in close other partners, has so far supported the Government to finalise and start implementation of the national Social Protection Strategy (NSPS). The NSPS was finalised and presented to Cabinet in April 2007. The most progressive part of the NSPS has been the development of the Livelihood Empowerment Against Poverty (LEAP), social grants scheme that will provide both conditional and unconditional cash transfers to targeted populations.
3. UNICEF has supported or will continue support for the government within the 2006-2010 CPAP, in terms of technical knowledge base, institutional capacity-building and financial resources for interventions relating to health, education, HIV & AIDS, water and sanitation, child labour, OVCs, the development of the new Child Care Reform Initiative (CCRI), and the development of a national helpline for children to offer counseling and referral services
4. At the National, Regional and District levels, UNICEF has been providing technical support, developing partnerships and doing advocacy for policy-making and decentralized planning and for increased and efficient resource allocation, to improve the enabling environment for the delivery of basic social and economic services and child-friendly programmes.

⁹ *Concluding Observations: Ghana*, Committee on the Rights of The Child, 17 March 2006