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COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-first session

SUMMARY RECORD OF THE 1093rd MEETING (Chamber A)

Held at the Palais Wilson, Geneva,
on Friday, 13 January 2006, at 3 p.m.

Chairperson: Mr. DOEK

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The meeting was called to order at 3 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

Second periodic report of Ghana (continued) (CRC/C/65/Add.34; CRC/C/GHA/Q/2; CRC/C/GHA/Q/2/Add.1)

1. At the invitation of the Chairperson, Mr. Adongo, Ms. Amadu, Ms. Annan, Ms. Appiah, Mr. Aryene, Ms. Bannerman-Mensah, Mr. Bawuah-Edusei, Mr. Eduful, Mr. Gyamfi, Ms. Mahama, Ms. Richter and Ms. Sackey (Ghana) resumed places at the Committee table.
2. Mr. SIDDIQUI asked whether the number of trained teaching staff at the pre-school and primary levels was continuing to decrease; if so, he wondered what steps the Government planned to take to reverse that trend. He wished to know whether the second Ghana Poverty Reduction Strategy would be funded from the national budget. He enquired whether the National House of Chiefs had taken a public stand on the practice of customary enslavement, known as Trokosi, and other social customs and practices harmful to children.
3. The CHAIRPERSON wished to know what approach the Government was taking to address the needs of Ghana's AIDS orphans. He asked whether priority was being given to placing such children with their extended family and whether those families received any assistance. He requested information on how the Government was monitoring the activities of the many orphanages that had recently been established. The average stay in a children's institution in Ghana - between 10 and 12 years - was too long, and he asked whether the Government was developing programmes to remove children from such institutions and place them in alternative, family-type settings. He wished to know why there were so few children in foster care.
4. Ms. MAHAMA (Ghana) said that, in preparing the next periodic report, the Government would indicate the amounts allocated to specific children's issues. Responding to the Committee's concern that most of the funds allocated to health and education in Ghana were spent on salaries, she mentioned several other sources of funding for those items, including the Ghana Education Trust Fund; the District Assembly Common Fund; and the Sector-Wide Approach (SWAp) of the Ministry of Education.
5. The next steps the Government would take to promote early childhood development included the extension of programmes throughout the country, stakeholder capacity-building, the preparation of early childhood development curricula for teacher training programmes, and the formulation of standards for early childhood development.
6. A monitoring mechanism had reviewed and evaluated the impact of the initial Ghana Poverty Reduction Strategy and had recommended the formulation of a second strategy. A social protection strategy and national programme of action would be developed on the basis of the second poverty reduction strategy. The Ghana Statistical Service, which carried out periodic health surveys, had also conducted surveys on welfare and social protection.

7. Ms. APPIAH (Ghana) said that a disability bill currently under consideration required the Ministry of Education to provide the necessary facilities and equipment in learning institutions to enable children with disabilities to attend classes. The bill also required the Ministry to establish schools that provided special education in technical, vocational and teacher training institutions. Moreover, the bill required parents to send disabled children to school and provided that education for children with disabilities should be free of charge.

8. The Cabinet would soon be considering proposals for amending legislation on intestate succession with a view to adapting it to the best interests of women and children. The Children's Act explicitly provided that all children, whether born in or out of wedlock, were to be considered as subjects of rights insofar as the law on intestacy was concerned.

9. The statutory age for marriage was 18 for both males and females, and forced marriage was an offence under the Criminal Code. The statutory age for marriage contrasted with the cultural practice of early marriage, and many complaints of violation of that regulation had been received from under-age girls. The practice of Trokosi, referred to in the Criminal Code as "ritual enslavement", had been an offence since 1998.

10. Ms. OUEDRAOGO said that she was concerned about the failure to implement legislation. For example, the practice of Trokosi still occurred even though legislation had been adopted to prohibit it. She wished to know what steps the Government was taking to eliminate that practice.

11. Ms. MAHAMA (Ghana) said that the Government in cooperation with civil society organizations was making concerted efforts to eliminate the practice of Trokosi. The majority of the shrines involved in the practice had been abolished, and the priests in charge of them had been compensated. Many former female victims of the practice had been provided with skills and training in an effort to reintegrate them into society.

12. Ms. ORTIZ said that it was not clear how early marriages continued to take place if they were prohibited by law. She wondered why such marriages were not invalidated.

13. Ms. MAHAMA (Ghana) said that few Ghanaian girls married earlier than age 18. Girls had become more aware of their rights and were more assertive in exercising them. A girl who felt she was being coerced into marriage could file a complaint with the Department of Social Welfare.

14. Ms. APPIAH (Ghana) said the Cabinet had recently approved a bill that would replace former mental health legislation, which dated from 1972. The new legislation would take a human rights-based approach to mental health in accordance with guidelines established by the World Health Organization (WHO). The bill contained specific provisions for children with mental disorders, including the requirement to take children's opinions into consideration in matters regarding their care and treatment.

15. Ms. MAHAMA (Ghana) said that the Ghana Poverty Reduction Strategy was primarily funded from the national budget using funds made available by Ghana's development partners.

16. Ms. SACKY (Ghana) said that the Department of Social Welfare, including its youth section, fell under the purview of the Ministry of Manpower Development and Employment. The provision of counselling and services to parents was one of the core functions of the Ministry for Women and Children's Affairs. Some microfinancing was provided to families through women's associations in the form of training for income-generating activities.

17. The Government depended on the organization International Social Services to assist it in dealing with issues relating to transfers of guardianship over children at the international level. Some programmes aimed at combating trafficking in children had been set up to increase parents' awareness of the dangers that could befall their children. With international assistance, several children had been rescued from traffickers and had been placed in shelters, where they had received psychological treatment. A number of bilateral agreements had been signed with neighbouring countries in order to address the problem of trafficking in children at the subregional level.

18. The Government agreed with the Committee that orphans should be placed in children's institutions as a last resort; it relied on the extended family system to care for such children wherever possible. The adoption procedure in Ghana was cumbersome because the Government took numerous precautionary measures in order to ensure that the adoptive parents had the child's best interests in mind. While stringent regulations governing the operation of orphanages had been adopted, they had not yet been distributed to all government agencies. An inspectorate made regular visits to orphanages to monitor their operation and compliance with the law. If an institution did not meet the requisite conditions, it would not be allowed to operate.

19. The imprisonment of a child's mother or her admission to a mental hospital, and the extended family's refusal to care for the child, were some of the reasons for the high average length of stay in children's institutions. Another reason was that adoption was more popular than foster care.

20. Ms. ORTIZ asked whether training courses would be provided to prepare staff for the institutional changes being introduced in residential homes.

21. Ms. ANNAN (Ghana) said that caregivers and proprietors were receiving appropriate training, including training in such areas as child psychology and hygiene.

22. Ms. SACKY (Ghana) said that, with a view to meeting the Millennium Development Goals, Ghana had been targeting its interventions in areas with the highest mortality rates. Considerable disparities existed between urban and rural areas with regard to accessibility to health services, and the cost of such services also posed a problem. Progress in expanding community health schemes had been slow because some communities had been unable to provide the compound required for the use of the community health officer. Although the state of health care in Ghana had been adversely affected by the exodus of health professionals, the Government hoped to achieve coverage for the entire population by 2015. The Exemption Policy for Children Under Five was continuing to prove successful.

23. In accordance with the Integrated Management of Childhood Illnesses approach, first-level health workers were being trained to recognize danger signs. Efforts were also being made to make mothers aware of danger signs: pictures had been included in children's health records in order to show mothers what they should do in certain situations. Every sick child brought to a health facility for treatment was assessed for malnutrition, and children were weighed at every appointment in order to facilitate accurate drug dosing. A programme to provide mosquito nets under the Roll Back Malaria Partnership was being expanded to all regions of the country, and mothers' support groups helped to ensure that children slept under nets. Intermittent preventive treatment had been introduced for pregnant women in order to prevent mother-to-child transmission of HIV.

24. The reported increase in malnutrition in urban areas was attributed to the use of breast milk substitutes: while women in rural areas tended to take their babies with them when they went to work in the fields or took their goods to market, women in urban areas were often obliged to leave their children in the care of others when they went to work. Mothers were being encouraged to continue bringing their children to growth-promotion clinics beyond the age of 18 months, when children received their last vaccinations. The number of sites for the prevention of mother-to-child transmission of HIV had increased to 109 by the end of 2005. However, antiretroviral drugs were still not widely available. A number of interventions had also been introduced to address the stigma associated with HIV/AIDS.

25. Ms. BANNERMAN-MENSAH (Ghana) said that the Capitation Grant, which had been introduced to ensure that poverty was not a barrier to education, was expected to have a positive impact on primary school enrolment rates; head teachers were to use part of the Capitation Grant to fund an enrolment drive. Other Government schemes to eliminate poverty as a barrier to primary school education included school meal programmes and scholarships. The Girls' Education Unit had adopted a number of strategies to reduce the gender disparity in school enrolment and attendance. It was hoped that the various initiatives that had been adopted would encourage more children to enrol in primary education, and that an increase in enrolment rates would bring with it an increase in completion rates.

26. The CHAIRPERSON said that the written replies indicated that the net enrolment ratio of girls in primary school had risen from 58 per cent in 2001/02 to 58.3 per cent in 2004/05, which did not represent considerable growth. That seemed to suggest that the Government's efforts had been in vain.

27. Ms. BANNERMAN-MENSAH (Ghana) said that gender parity had been achieved in 57 out of 110 districts. The Government had compiled a list of strategies that had been successful in improving enrolment rates, with a view to replicating those strategies in areas where improvement was needed.

28. Ms. OUEDRAOGO asked whether any studies had been undertaken to determine the root causes of girls' low enrolment and high dropout rates.

29. Ms. Yanghee LEE asked whether the Government had focused its efforts on eliminating gender disparity at the expense of overall standards. She wished to know what Ghanaian girls were doing with their time, since they were neither in school nor married.

30. Ms. BANNERMAN-MENSAH (Ghana) said that the reasons for the high dropout rate for girls included poor sanitary facilities and pregnancy. The problems with school sanitary facilities were being addressed in order to ensure that girls were afforded sufficient privacy. However, the main reason for non-attendance was poverty.

31. Mr. KRAPPMANN said that boys' enrolment rates were also poor. He wished to know what activities the approximately 1.5 million children who did not attend school were engaged in. He wished to know what the Government intended to do to help the many children who were outside the education system.

32. Ms. OUEDRAOGO said that the Government should determine whether the school syllabus corresponded to children's needs, since children who were not interested in what they were being taught were more likely to drop out. She asked whether sexual harassment had played any role in the high dropout rate among girls. She wished to know whether girls who became pregnant were permitted to continue their schooling, and whether any attempt was being made to encourage pregnant girls to continue their education.

33. Mr. GYAMFI (Ghana) said that, according to a study conducted in 2000, many girls dropped out of school because poor families that were forced to choose which of their children to place in school tended to give preference to boys. He was confident that the Capitation Grant would solve that problem and expected to see positive results within four years.

34. Ms. BANNERMAN-MENSAH (Ghana) said that girls who became pregnant were allowed to stay in school and to return to school after childbirth. Girls' education officers followed up such cases and encouraged the girls' mothers to take care of the babies in order to enable the girls to continue their education.

35. Mr. ADONGO (Ghana) said that, although there were reports of children working in quarrying, fishing and agriculture, he did not think that those activities could account for the 1.5 million children who were not in school. In his opinion, many of those children attended various establishments that provided vocational training.

36. Ms. Yanghee LEE asked why poverty should continue to be a barrier to education, given that the Free, Compulsory Universal Basic Education (f'CUBE) programme had been introduced in 1996.

37. Ms. BANNERMAN-MENSAH (Ghana) said that, with full implementation of the f'CUBE programme and the Capitation Grant, primary education in Ghana was free.

38. Ms. MAHAMA (Ghana) said that, although the State had not charged any school fees since the introduction of the f'CUBE programme, schools had begun to require parents to pay for facilities and equipment. Under the Capitation Grant, the Government would absorb the costs that schools had previously charged to their pupils. The Government expected to see a gradual improvement in primary school enrolment rates and eventually meet the Millennium Development Goal of universal enrolment.

39. The CHAIRPERSON asked how the Government would ensure that schools that received the Capitation Grant did not continue to make parents pay additional fees.

40. Ms. MAHAMA (Ghana) said that the introduction of the Capitation Grant had received enough publicity to ensure that parents were informed that schools could no longer require them to pay for their children's education. Private schools, however, continued to be fee-paying.
41. Ms. OUEDRAOGO asked whether children were allowed to attend school if they did not have a birth certificate and whether schools did anything to help children without birth certificates to obtain one.
42. Ms. MAHAMA (Ghana) said that a birth certificate was not necessary for school enrolment.
43. Mr. KRAPPMANN asked the delegation to comment on reports that some schools received less funding under the Capitation Grant than they had received before the introduction of the Grant.
44. Ms. BANNERMAN-MENSAH (Ghana) said that no child could be denied schooling because his or her parents could not pay their dues to parent-teacher associations.
45. Ms. ANNAN (Ghana) said that the chiefs had repeatedly demonstrated their commitment to the implementation of the Convention and to the attainment of children's rights. Some had built schools and recreational facilities and had instituted scholarships and awards for needy children in their communities. The chiefs had also been involved in drafting the Constitution, which contained a number of articles on children's rights. The queen mothers had partnered programmes to care for orphans and abandoned children and contributed to many programmes in support of children's rights.
46. Mr. GYAMFI (Ghana) said that the 1993 health survey had found that 20.8 per cent of the population had access to piped water and that, according to the 2000 survey, that figure had increased to 22.8 per cent. A strategy had been introduced to improve the provision of water and the management of urban water supplies, increase asset allocations for sewage facilities and enhance the capacities of environmental health offices to run such facilities. With assistance from Save the Children and other NGOs, all new schools and health-care facilities had clean water and toilet facilities.
47. The CHAIRPERSON asked whether Ghana had set any time-bound targets for access to clean water.
48. Mr. GYAMFI (Ghana) said that, over the next four years, the Government's aim was to provide 70 per cent of the urban population and 54 per cent of the rural population with access to clean water.
49. Ms. ANNAN (Ghana) said that the goal of the adolescent health-care programme was to improve adolescent health by providing appropriate information to promote changes in behavioural patterns and encourage the use of public and private health services. To achieve that goal, health-care institutions must be made "adolescent-friendly". Health workers themselves acknowledged that they were inadequately trained to deal with young people's health problems,

and adolescents complained about the unhelpful attitude of health workers at health facilities. In order to address the problem, the Government had begun a programme to train regional resource teams. An initiative was under way to assess health-care facilities for “adolescent-friendliness”; in particular, it was important that health-care services should be available after school and that adolescents should be able to receive counselling separately from adults. Moreover, health-care facilities should make written materials and Internet services available to young people.

50. Teenage pregnancies had been declining. The current approach was to give special attention to girls between the ages of 10 and 14, who were more at risk of pregnancy than girls between the ages of 15 and 19. Family planning services were available to adolescents. Schools and several NGOs were working towards reducing teenage pregnancies. It was hoped that teenage pregnancies could be reduced by encouraging girls to stay in school.

51. The CHAIRPERSON asked whether contraceptives were available.

52. Ms. ANNAN (Ghana) said that girls were given contraceptives upon request. Condoms were widely available.

53. The CHAIRPERSON requested additional information about children with disabilities.

54. Ms. AMADU (Ghana) said that considerable progress had been made in integrating children with disabilities into society. Some children with serious disabilities were in special schools, and a number of facilities provided vocational training to children with disabilities who could not be enrolled in formal schooling. However, there was a growing tendency to send children with disabilities, to community schools wherever possible, and to provide teachers with special training to address the needs of such children.

55. Ms. OUEDRAOGO asked whether any progress had been made in combating female genital mutilation.

56. Ms. APPIAH (Ghana) said that, although the 1998 Criminal Code Amendment Act prohibited female genital mutilation, many people had avoided prosecution because the law focused on the perpetrator. The Cabinet had given its approval to strengthen legislation in order to ensure that anyone involved in that practice could be prosecuted.

57. Ms. ANNAN (Ghana) said that a number of awareness-raising campaigns had been conducted and educational projects had been carried out in regions in which female genital mutilation was endemic, and the practice was declining. The health-care services had included the identification of victims of female genital mutilation in their training manuals, and were addressing the subject in their training courses. A national multisectoral committee was making efforts to combat the practice, and a national action plan to prevent female genital mutilation had been developed.

58. Ms. OUEDRAOGO welcomed Ghana’s policy of accepting refugees from neighbouring countries and commended it for its role as mediator in the peace process in the subregion. She was pleased at the progress made in registering births and issuing birth certificates for refugee

children and the children of asylum-seekers. However, efforts still needed to be made to protect women and children from violence and sexual abuse in refugee camps. The administration of justice in refugee camps should be strengthened. The use of policewomen in the camps would help improve security and prevent sexual exploitation. Greater attention should be given to the problem of unaccompanied children.

59. The Committee had received reports that other countries might be recruiting children in Ghana, and she asked whether the Government was taking any measures to prevent the involvement of children in armed conflicts. She also asked whether any steps had been taken to regulate child labour in the informal sector.

60. She asked whether anything was being done to treat and rehabilitate child victims of drug abuse. She wondered whether any measures had been taken to address the reported increase in sexual exploitation, particularly prostitution, sex tourism and trafficking, which were practices that also affected boys. The Government's actions seemed to be very limited because the body responsible for dealing with those problems, the Women and Juvenile Unit of the Police Service, was inadequately funded. The police and other officials were not trained to deal with the problems, and Ghanaian legislation did not provide for the prosecution of foreigners who committed such offences. She enquired whether Ghana was considering any measures to protect child victims of sexual exploitation.

61. She asked whether the Government planned to take any measures to prevent juvenile delinquency among street children.

62. Ms. Yanghee LEE said that the Committee had received reports of teachers sexually abusing girls in schools. She asked whether Ghana had a toll-free hotline or any other child-sensitive system for reporting sexual abuse in schools. The delegation should comment on reports that girls with disabilities were being abused and were not allowed to enrol in school.

63. The CHAIRPERSON asked how the Government ensured that the media conveyed a balanced picture of child labour, street children and juvenile delinquency. He requested information on measures to protect children working in agriculture from exposure to pesticides.

64. Mr. GYAMFI (Ghana) said that, although Ghanaian legislation prohibited child labour, government statistics indicated that, in 2003, 39 per cent of children between the ages of 5 and 17 had engaged in some form of employment, including in the fishing and mining industries, quarries and commercial agriculture. A number of initiatives had been taken to deal with the problem of child labour. Child-labour monitoring committees were active in many districts, and counselling was provided to children involved in the worst forms of child labour. Strategies had been adopted and implemented with the help of the International Labour Organization (ILO) and the International Programme on the Elimination of Child Labour (IPEC) with a view to rescuing, rehabilitating and reintegrating trafficked children. Parents of trafficked children had been given vocational training in order to enhance their employment opportunities, and shelters for trafficked children had been opened in Accra and in Tamale.

65. Mr. EDUFUL (Ghana) said that, on coco farms, children were not permitted to participate in the spraying of crops because it was regarded as a health hazard.

66. Although national legislation prohibited commercial sex involving children, there had been instances of children engaging in commercial sex activities. On the basis of a questionnaire that was being developed, the Government planned to provide such children with financial support that would enable them to return to school or obtain vocational training.

67. Ms. AMADU (Ghana) said that Ghana was currently considering draft legislation on mutual legal assistance in prosecuting sexual offenders in order to ensure that such persons did not flee the country.

68. The CHAIRPERSON said that, if Ghana ratified the Optional Protocol on the sale of children, child prostitution and child pornography, it would have to review its Criminal Code, parts of which did not meet the requirements of the Optional Protocol. He enquired whether the Criminal Code specifically prohibited the possession of child pornography. Pursuant to section 108 of the Criminal Code, persons with custody of a child under the age of 16 who allowed or encouraged the sexual exploitation of the child were liable to punishment; however, the provision in question did not cover children under 18 years of age or persons who did not have custody of the child.

69. Ms. AMADU (Ghana) said that the code of ethics for teachers had been amended, and penalties for the sexual exploitation of pupils now included dismissal and prosecution.

70. Ms. MAHAMA (Ghana) said that the Government was working closely with the Office of the United Nations High Commissioner for Refugees to ensure that refugee children were registered. Ghana had committed itself to allowing such children, who came mainly from Togo, Côte d'Ivoire and Liberia, to remain in the country. In the Volta region, the children of some 15,000 Togolese refugees had been enrolled in school. Summer programmes had been introduced in refugee camps for Togolese children.

71. There were police stations in all the camps. Schools had been built, and some were better equipped than those outside the camps. Programmes were periodically conducted in the camps to encourage refugees to promote peaceful relations and to avoid situations that could escalate into violence. The Women and Juvenile Unit of the Police Service also had offices in the refugee camps, and women or children who had been victims of violence could report directly to them.

72. She was not aware of any activities involving the recruitment of child soldiers in Ghana.

73. The CHAIRPERSON asked whether drug abuse among children was a problem in Ghana.

74. Ms. AMADU (Ghana) said that drug abuse was frequent among street children. Measures to assist those children included vocational training programmes and the subsequent provision of grants for starting a small business. Children participating in such programmes were monitored closely. Efforts to encourage dropouts to return to formal education had also been successful. So far, some 2,000 children had benefited from such measures.

75. The goal of the Community Based Rehabilitation Programme, which had been introduced in 1992, was to provide vocational training for children with disabilities within their community as an alternative to placement in institutions.
76. The CHAIRPERSON said that experience in other countries had confirmed that toll-free 24-hour helplines for children were crucial to identifying the extent of child abuse in the home, and he asked whether the State party intended to introduce such a service.
77. Ms. AMADU (Ghana) said that, according to police statistics, child abuse in the home was a serious problem. Awareness-raising activities in schools, kindergartens and day-care centres were aimed at encouraging children to report cases of abuse. The Planned Parenthood Association of Ghana operated a hotline, although it was not toll-free, since toll-free technology was still not available.
78. Mr. GYAMFI (Ghana) said that the creation of a helpline for the exclusive use of children was currently being discussed with the Youth Development Foundation Ghana.
79. The CHAIRPERSON said that the NGO Child Helpline International had extensive experience in African countries and could be a useful partner.
80. Ms. OUEDRAOGO asked what kind of support services existed for child victims of sexual abuse within the family and whether perpetrators could be prosecuted.
81. Ms. AMADU (Ghana) said that child victims of abuse within the family were removed from their families and placed in State-run shelters where they received counselling. Perpetrators of child sexual abuse were brought to justice.
82. The CHAIRPERSON said that the delegation should explain why children were placed in adult detention centres and give the reasons for the sudden rise in the number of girls in remand detention. It should also describe existing alternatives to detention and clarify how children's right to legal counsel was guaranteed.
83. Ms. AMADU (Ghana) said that juvenile justice personnel received special training to ensure that children were given fair trial. Children found loitering after hours were considered to be in need of protection; consequently, they were detained and questioned, and a social report on each child was prepared.
84. Ms. APPIAH (Ghana) said that the Legal Aid Board offered free legal counselling to all persons, including children. The 2003 Juvenile Justice Act provided for a range of diversion measures, including informal caution and community service. The implementation of such measures was supervised by parole officers, who prepared regular reports. The Juvenile Justice Act also provided for the expungement of criminal records to ensure that young people were not stigmatized later in life.
85. Mr. EDUFUL (Ghana) said that a survey of the administration of juvenile justice covering the period from 1993 to 2003 had been carried out, and the comprehensive outcome report had been made available to all relevant institutions.

86. The CHAIRPERSON asked the delegation to indicate the number of cases where formal criminal procedures had been instituted against minors arrested by the police.

87. Ms. AMADU (Ghana) said that approximately three quarters of all cases involving juvenile offences were brought to trial.

88. Ms. OUEDRAOGO asked whether the treatment of female offenders was in conformity with the State party's obligations under the African Charter on the Rights and Welfare of the Child.

89. Ms. ANNAN (Ghana) said that the Code of Criminal Procedure had been amended to bring domestic legislation into line with the African Charter. Accordingly, pregnant women received suspended sentences and nursing mothers were not subject to long-term custodial sentences.

90. Ms. AMADU (Ghana) said that children over the age of 6 months were placed in children's homes for the duration of their mother's imprisonment. The Government was planning to introduce provisions for non-custodial sentences for female offenders.

91. Ms. OUEDRAOGO (Country Rapporteur) commended the progress that Ghana had made in implementing the Convention. She encouraged the State party to consider adopting a national plan of action for children. Poverty reduction programmes should include specific measures that targeted children. It might be useful to set up an independent monitoring body to oversee the implementation of the Convention. Greater efforts should be made to promote girls' education, encourage cooperation between national and local authorities, eliminate corporal punishment, eradicate female genital mutilation, improve data collection and prevent child abuse. She encouraged the State party to undertake a comprehensive study on the sexual exploitation of children with a view to formulating effective strategies to address the problem. The Committee welcomed the State party's efforts in the area of juvenile justice and its participation in regional efforts to combat trafficking in children.

92. Ms. MAHAMA (Ghana) said that her delegation looked forward to receiving the Committee's observations and recommendations, which would guide Ghana's efforts to implement the Convention.

The meeting rose at 5.45 p.m.