



Convention on the Rights of the Child

Distr.: General
29 May 2015

Original: English

Committee on the Rights of the Child Sixty-ninth session

Summary record of the 1993rd (Chamber A) meeting

Held at the Palais Wilson, Geneva, on Thursday, 21 May 2015, at 10 a.m.

Chairperson: Mr. Mezmur

Contents

Consideration of reports of States parties (*continued*)

Combined third to fifth periodic reports of Ghana (continued)

This record is subject to correction.

Corrections should be submitted in one of the working languages of the United Nations. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent *within one week of the date of the present document* to the English Translation Section, room E.6040, Palais des Nations, Geneva (trad_sec_eng@unog.ch).

Any corrections to the records of the public meetings of the Committee at this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

GE.15-10332 (E) 270515 290515



* 1 5 1 0 3 3 2 *

Please recycle A recycling symbol consisting of three chasing arrows forming a triangle.



The meeting was called to order at 10.05 a.m.

Consideration of reports of States parties (*continued*)

Combined third to fifth periodic reports of Ghana (continued) (CRC/C/GHA/3-5; CRC/C/GHA/Q/3-5 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Ghana took places at the Committee table.*
2. **Mr. Foley** (Ghana), replying to questions posed at the 1191st meeting, said that a study had recently been conducted about children in the criminal justice system in Ghana. The resulting report had not yet been adopted or published but should be ready for review by the Cabinet in late June; he would refer to its findings. In 2013, 59 children between the ages of 12 and 17 were being held in senior correctional facilities; the prison service was responsible for all correctional facilities in Ghana. The study indicated that 1.2 per 100,000 Ghanaian children had been in pretrial detention. In 2013, there were 72 children being held in pretrial detention, of whom 27 were waiting to appear before a court and the remainder to be charged with offences.
3. **Mr. Nelson** asked why children were not released pending trial. He also wondered whether detained children were held in adult facilities.
4. **Mr. Foley** (Ghana) said that whether a child was released or not depended on the nature of the offence charged. Defilement (which was a sexual offence short of rape) and stealing, for instance, were non-bailable offences. Under Ghanaian law, detained children lived in remand homes; they were not permitted to be held in adult prisons.
5. **Ms. Sandberg** asked on what grounds stealing had been classed as a non-bailable offence.
6. **Mr. Foley** (Ghana) said that aggravated stealing was non-bailable, such as, for instance, in cases of robbery.
7. **Ms. Muhamad Sharif** asked what the longest period of time was that a child could be held in a remand home.
8. **Mr. Foley** (Ghana) said Ghanaian juvenile justice law specified that the case of a child must be concluded within six months; therefore, pretrial detention could not exceed six months. It was important to understand that such detention was often also protective; a child who was left in his or her community could be subjected to retributive justice.
9. **Mr. Nelson** pointed out that, under Ghanaian legislation, unless a child posed a serious danger to the community, he or she must not be deprived of liberty. So the motive for pretrial detention was not, in fact, the severity of the offence charged but rather the danger a child might pose.
10. **Mr. Foley** (Ghana) said that officials were guided not only by the Criminal Offences Act but also by the Criminal Procedure Act, which contained additional grounds for placing children in pretrial detention. Regarding the child panels set up within the juvenile justice system, assessments had shown that they were worth maintaining; the Juvenile Justice Act and the Children's Act would therefore be amended to strengthen them.
11. Turning to the question of statelessness, he said that Ghana had signed a declaration before the Economic Community of West African States (ECOWAS) confirming its intent to become a party to the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness. He had, moreover, seen a copy of the Refugee Board Amendment Bill, which would provide better protection for refugee children and children seeking asylum and expedite their registration.

12. **Ms. Ayisi Quartey** (Ghana) said that Ghana had participated in an ECOWAS review in 2013, which had resulted in some recommendations on child labour policy. Over 2,000 children had been rescued from the mines, and community-based teams had been set up in mining communities to discourage children from engaging in that form of work. In addition, there were livelihood empowerment programmes for parents to help them keep their children out of the mines. Child Labour Day, a nationwide event, sparked public debate on ways of combating that phenomenon.

13. **Ms. Oye Lithur** (Ghana) said that there were 18,000 children living in the street in Ghana. The Government was aware of the magnitude of the problem and had adopted a multisectoral approach to resolving it. A plan had been drawn up, with the assistance of the Parliamentary Gender Committee, for achieving short-, medium- and long-term results. Humanitarian intervention services would be offered to street girls in three major markets in Central Accra and one market in the Ashanti region. It had been learned that over 50 per cent of girls living in the street hailed from a single ethnic group in northern Ghana: they were fleeing child marriage. As many as 8,000 women in the northern regions, including pregnant women and women with children under the age of 2, would be given cash transfers to help prevent their exodus toward the southern cities. Consideration was being given to projects offering skills training and programmes to help young people living in the street return to school.

14. **Ms. Sagoe-Moses** (Ghana) said that there were indeed insufficient funds allocated for health care in Ghana. The Government was working on a plan to address that issue. It had recently met with partners to find ways to increase the flow of funds to the national health insurance scheme. Mortality among infants and children under 5 had decreased, but neonatal mortality remained a critical problem. A child health steering committee, made up of representatives from various sectors, was meeting on a regular basis to find ways of combating neonatal deaths. The National Newborn Action Plan 2014–2018 had been launched to improve coordination, mobilize resources, strengthen data collection and ensure acceptable standards of care.

15. The high rate of maternal mortality in Ghana had led to the decision to provide free medical care to pregnant women, including before and during delivery. There was, however, a need to improve the quality of care. The Government was pondering programmes that would take health providers into communities and would, in particular, teach them extra skills, such as midwifery and methods for reducing postpartum haemorrhage; an anti-haemorrhage tablet would be distributed to all women giving birth at home. Caesarean deliveries and blood transfusions were free of charge. Under a new programme, potential blood donors would be identified for pregnant women ahead of time. She would appreciate clarification of the question raised about blood transfusion kits.

16. Family planning services and prenatal care were free of charge for adolescent girls. In general, efforts were being made to provide teenage-friendly reproductive care.

17. National immunization days were coordinated throughout the country. Anti-polio campaigns were held on the same day throughout the subregion. Health services were available to foreign nationals, in particular in the vicinity of border towns.

18. Intermittent preventive treatment (ITP) of malaria was offered to all pregnant women. A survey had shown that 83 per cent of women who had had a live birth in the preceding two years had been given the first dose of intermittent preventive treatment (ITP1) and 68 per cent had had the second dose (ITP2). Bed nets were provided for pregnant women; “hang-up” campaigns had recently been held, to ensure that bed nets were being properly hung and used.

19. Breastfeeding rates had dropped considerably in recent years. Consequently, the Government had stepped up its efforts to encourage the practice and was striving to create baby-friendly hospitals.

20. **Mr. Otoo** (Ghana) said that he would answer questions raised about education. To combat the problem of school abandonment, an eight-month fast-track remedial education programme had been launched for children aged 8 to 14. At the end of the eight months, they were tested for basic skill levels and mainstreamed back into the school system at the appropriate level. An apprenticeship programme had also been launched, under which master craftsmen were trained to take apprentices; more than 5,000 apprentices had been trained in recent years. Technical education and training were provided under a third programme.

21. The Government was working with development partners and the private sector to support private schools, in particular in deprived parts of the country, by supplying them with teachers, infrastructure, equipment and facilities. There were many such school projects in various stages of completion. The aim was to ensure that Ghana met its educational goals. The National Teaching Council was responsible for licensing and registering teachers and ensuring that all had the requisite skills.

22. Educational policy for children with disabilities emphasized the concept of inclusive pedagogy, which was an element of the three-year professional training programme for teachers. Children with severe disabilities were placed in special schools; the inclusive education policy, however, called for such institutions to be in or near other schools. A monitoring tool had been created to track the progress of students with disabilities.

23. Managers were trained in the basic principles of inclusive education for children with special needs. A considerable amount of awareness-raising had been carried out, notably in disadvantaged areas in northern Ghana, where children with disabilities were often marginalized.

24. Most of the untrained teachers in the Ghanaian education system worked in the deprived districts, where school performance ratings had tended not to meet national expectations. A programme had been launched to provide such teachers with special training and formal certification. Currently, there were 6,000 teachers in the programme, while almost 20,000 had completed it. Studies showed that the deprived districts were making progress, indicating that government programmes had been effective.

25. **The Chairperson** said that there were still a number of outstanding questions and that the Committee wished to receive concrete answers to them.

26. **Ms. Aho Assouma** said that she wished to know whether mothers could be asked if their child's birth had been registered when they took the child to be vaccinated. She noted that the lack of detailed data and statistics on street children made it difficult to establish programmes to help them, as did the fact that they crossed national borders. Regarding blood transfusions, her question had concerned the measures taken in the event of a shortage of paediatric donor bags.

27. **Ms. Aldoseri** said that she was concerned about the vast growth of private schools and the fact that commercial companies were active in the education sector, hiring teachers on low wages and giving them scant training. She wondered whether the situation was being adequately monitored by the authorities. She also wished to know whether public schooling was in fact completely free or whether there were hidden charges for such things as books, uniforms and transportation.

28. **Ms. Oye Lithur** (Ghana) said that she was surprised at the Committee's concerns about private schools. Independent research had shown that the proportion of private

schools in Ghana was close to levels found in developed countries and much lower than in the rest of Africa.

29. Detailed information about street children was available thanks to the efforts of the authorities and civil society organizations. More than half belonged to a single ethnic group from the north, the Dagomba. Ghana could help street children when they were in its national territory, but it could not act unilaterally on cross-border issues. ECOWAS was considering cross-border action to address the issue of street children.

30. Procedures had been amended since the moratorium on adoptions had been introduced, and the number of both domestic and intercountry adoptions had fallen significantly, from 353 in 2011 to 175 in 2014. Measures were being taken to ratify the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, amend the Children's Act and draft other regulations pertaining to adoption and foster care. The phenomenon of illegal adoptions persisted, but the Ministry of Gender, Children and Social Protection was working with the judicial authorities to combat it.

31. Access to sanitation and water was dealt with in detail in the Ghana Living Standard Survey of 2013, which would be provided to the Committee. The delegation would provide written responses to questions it was unable to answer comprehensively during the dialogue.

32. **Ms. Khazova** asked whether there were any procedures for monitoring children who were placed with their extended families.

33. **Ms. Asare** (Ghana) said that, thus far in 2015, only one adoption had been approved, to a Ghanaian family abroad. In order to avoid the risk of abuse and trafficking, the authorities had begun registering families who looked after children other than their own in the context of kinship care, a less formal arrangement than foster care under which children were cared for by members of their extended families. The authorities were concerned to ensure that children were raised in families rather than institutions and, since 2010, had closed 83 orphanages and reunited 2,248 children with their families. Awareness-raising campaigns were taking place among families to ensure that they did not give up their children to institutions, while orphanage managers and officials were given training on family tracing and reunification processes.

34. **Ms. Asamoah** (Ghana) said that the aim of the Child Care Reform Initiative, launched in 2007, was to limit the institutionalization of vulnerable children, examine other options such as kinship care and foster care, and encourage national rather than international adoptions. The Initiative also included training for officials in such areas as record keeping and care planning.

35. **Mr. Gurán** said that he wished to know who was responsible for deciding on the placement of children outside their families and whether there were programmes in place to help children leaving institutional care.

36. **Ms. Oye Lithur** (Ghana) said that placement was decided by the courts, which issued custody care orders.

37. **Ms. Asare** (Ghana) said that 18-year-olds, although legally adults, remained in the institutions in which they had been placed until they finished their schooling. Efforts were then made to find them a family with which to live or a place in the community.

38. **Ms. Khazova** asked whether account was taken of children's own wishes before they were placed with families.

39. **Ms. Asare** (Ghana) said that account was taken of the opinion of children over the age of 12. In any case, families were not imposed on children, nor children on families; they were brought together to see if they bonded and were suitable for one another.

40. **Mr. Foley** (Ghana) said that, while the Children's Act and the Criminal Offences Act contained provision for "chastisement", that chastisement had to be "reasonable". In the past, the courts had intervened to ensure that children were not harmed by corporal punishment. Amendments to the Children's Act would address the issue. In the sphere of education, the teacher's handbook explicitly banned any form of physical or psychological punishment of children.

41. **Mr. Otoo** (Ghana) said that, for a long time, pre-primary education had not been free, but that, following educational reforms in 2007, basic education, including two years of kindergarten, was provided free of charge. An early childhood care and development policy had been adopted which included the establishment of model kindergartens.

42. The Government had introduced a zero tolerance policy towards teacher absenteeism, which had produced positive results. Since 2013, district education managers had filed monthly reports on staff attendance, and teachers found to have been absent without justifiable cause had their wages docked. The authorities were seeking to make use of modern communications technology to monitor teacher performance and "time on task". The information gathered was entered into a database which allowed such parameters as student performance, teacher performance and absenteeism to be monitored.

43. The Government was aware that the sums it provided to cover the additional fees parents had to pay for primary education were insufficient but was attempting to increase them. The 75 districts in the country which had been identified as deprived received extra support on top of the Education Capitation Grant. It was hoped to extend that support to schools in non-deprived areas.

44. **Mr. Nelson** asked what percentage of the fees was paid by the Government and how much parents were expected to contribute.

45. **Ms. Aho Assouma** asked in what year the number of street children had been calculated as 18,000. She requested information about steps taken to combat Guinea worm disease, and about buruli ulcers, in which field Ghana was conducting very advanced research. She asked what measures were in place for children infected with or affected by HIV/AIDS. She wished to know whether maternal mortality rates were affected by the fact that many women gave birth at home without adequate medical support and if medical personnel were trained in analysing statistics relative to maternal and neonatal deaths. Lastly, she wondered how Ghana was avoiding a brain drain of trained medical staff.

46. **Ms. Sandberg** said it was important to be aware that the issue of private education in Ghana was not one of disinterested individuals setting up schools for idealistic motives but of commercial companies which underpaid teachers, charged students and sought to make a profit.

47. **The Chairperson** (Country Rapporteur) asked whether the Government had a clear position on the issue of corporal punishment and a time frame for addressing it. He said that the magnitude of sexual exploitation was not clear from the periodic report of Ghana, but that there was a sense it was increasing. The delegation should provide its assessment of the extent of the phenomenon, especially commercial sexual exploitation. Lastly, he wished to know the status of the fund established to support abuse victims.

The meeting was suspended at 11.40 a.m. and resumed at 11.55 a.m.

48. **Ms. Oye Lithur** (Ghana) said that Ghana was progressively addressing the discrepancy between law and practice in respect of gender-based violence, but that cultural relativism and cultural sensitivity remained a challenge. The Domestic Violence Secretariat of the Ministry of Gender, Children and Social Protection was forming committees to examine harmful traditional practices, especially in the north of the country. The female

genital mutilation rate had been reduced from around 30 per cent to 4 per cent over the preceding 15 years.

49. The National Plan of Action for the full implementation of children's rights had been integrated into the Ghana Poverty Reduction Strategy and the Child and Family Welfare Policy. The National Development Planning Commission had a monitoring and evaluation mechanism, while similar mechanisms also existed at the ministerial and departmental levels. Monitoring and evaluation at the district level was undertaken by various local committees and panels. As had been highlighted in the periodic report, the budget allocation to the Ministry of Gender, Children and Social Protection was inadequate.

50. The growth development agenda for 2014 had been approved by Parliament and was being implemented. The Ministry of Gender, Children and Social Protection was monitoring the implementation of those aspects of the agenda that related to its own mandate.

51. The national human rights institution had a children's unit with expert staff who offered training to officials working in the districts. The Government had also recently set up a multisectoral body to coordinate and review early childhood development policies. The Department of Children was the main coordinating agency under the Ministry of Gender, Children and Social Protection, with a mandate to formulate child-related policies and ensure that they were implemented.

52. The Committee would subsequently be provided with further information on unsafe abortions, which were the second leading cause of maternal mortality in Ghana. A new abortion law enacted in the mid-1980s had expanded the grounds on which abortion was permitted to include preservation of the physical or mental health of the mother, foetal impairment and rape or incest. Women could obtain an abortion on those grounds at any Ghana Health Service facility. The Government had developed a set of guidelines for comprehensive abortion care which were in keeping with World Health Organization (WHO) guidance on safe abortion.

53. **Mr. Foley** (Ghana) said that the prevention of drug abuse was part of the health education curriculum in schools. The use of illicit drugs was a criminal offence under the law and there were specific criminal penalties for persons who involved children in illegal drug use for the purpose of sexual exploitation. Furthermore, there was a drug rehabilitation unit at Pantang hospital just outside Accra which had been set up for the express purpose of caring for patients suffering from substance addiction.

54. Turning to the question of unaccompanied refugee minors, he said that the mandate of the Ghana Refugee Board had been extended to cover such children, who were now included in its definition of "family". Corporal punishment had been identified under the Child and Family Welfare Policy as a form of violence against children. Lastly, Ghana had made great strides in addressing issues related to business and human rights. The Government would be incorporating general comment No. 16 (2013) on State obligations regarding the impact of the business sector on children's rights into its policy framework, particularly with respect to the mining and oil and gas sectors.

55. **Ms. Oye Lithur** (Ghana) noted that the Child and Family Welfare Policy had been adopted in February 2015 and approved by the Cabinet. It was complemented by a Justice for Children Policy to improve child and family welfare and justice services, which would soon be submitted to the relevant authorities for approval.

56. **Ms. Sandberg** asked whether new legislation on refugees had been enacted or whether the 1992 Ghana Refugee Law was still pending amendment.

57. **Mr. Foley** (Ghana) said that the bill on refugees was still under consideration.

58. **Ms. Aldoseri** said that she wished to have further information on the extent to which the principle of the best interests of the child was applied in administrative and legislative procedures.

59. **Ms. Oye Lithur** (Ghana) said that the best interests of the child constituted an underlying principle of the Children's Act of 1988. Under the Act, the best interests of the child were paramount and the primary consideration of any court, person, institution or other body in any matter concerning a child. She cited by way of example a case in which custody of a child had been awarded to the father, as the court had considered that to be in the best interests of the child. The same principle was applied in cases involving maintenance and adoption procedures.

60. **Ms. Ayamba** (Ghana) said that a number of major studies had been carried out on street children in Ghana, 90 per cent of whom were girls. The statistics also showed a sharp geographical divide between the north and south of the country, with a far greater concentration of street children in the north.

61. One of the reasons for the large number of female street children was that few girls were able to complete higher secondary education, as many tended to drop out of school in order to work to help support their families. The Government was taking steps to bridge the gender gap in education through scholarships for talented students, including girls, and subsidies to poor families, particularly in the north of the country. Hot meals were also provided to encourage students to stay in school. Other efforts included free school uniforms and exercise books and the construction of new schools. Information technology was emphasized in upper secondary school and laptops were provided in a number of districts.

62. With respect to corporal punishment it could be meted out only by the head teacher or with his or her permission. All instances of corporal punishment must be recorded in a special log, with an indication of the time and date and the reasons for the measure.

63. **Ms. Kusi** (Ghana) said that the last case of Guinea worm infection in Ghana had been reported in 2010, after a 22-year nationwide battle with the disease. Nearly 180,000 cases had been reported when the programme to eradicate the disease had been launched. In 2015, Ghana was certified by WHO as having eliminated Guinea worm disease.

64. **Ms. Oye Lithur** (Ghana) said that the Government had passed a bill to amend the Mental Health Act, so as to afford children with mental disabilities greater protection against abuse, and had ratified the Convention on the Rights of Persons with Disabilities. Together with other West African States, it had pledged at a recent regional conference on nationality, migration and statelessness to accede to the international conventions on statelessness. Lastly, the Ghana Statistical Service had made advances regarding the collection of data disaggregated by sex and age, and the new data sets had been used by the Government to assess, for example, the level of gender-based violence against children.

65. **Ms. Sagoe-Moses** (Ghana) said that, in an effort to address the brain drain in the country's health sector, the Government had provided for postgraduate training at the Ghana College of Physicians and Surgeons, as a number of medical students who went abroad for further study did not return. The number of mothers who delivered with the help of skilled birth attendants had risen dramatically in recent years, and the progress made towards improving maternal and child health was closely tracked using a web-based scorecard under an African campaign to reduce maternal, newborn and child mortality. Ghanaian professionals were currently training health workers in other affected countries in the early detection and treatment of Buruli ulcer.

66. **Mr. Otoo** (Ghana) said he shared the concerns that schools were increasingly viewed as profit-making institutions. While private school teachers tended to be paid more

than those in public schools, the Government was working to re-register all private schools and set minimum standards for teaching and remuneration. As a result of its zero tolerance policy towards teacher absenteeism, Ghana had seen a drop in the phenomenon, from some 17 per cent in 2013 to around 11 per cent currently.

67. **The Chairperson** (Country Rapporteur) said that he would appreciate further information on sexual exploitation, commercial sexual exploitation and sex tourism in Ghana. He also wished to know whether the delegation could provide a forecast of the funds to be set aside for children in the light of the country's economic growth.

68. **Ms. Oye Lithur** (Ghana) said that sexual exploitation and prostitution were criminal offences under the national law, which had been amended to increase the protection of children from such exploitation. The Government was conducting campaigns in conjunction with civil society groups to raise awareness about reproductive and sexual health among young people and vulnerable groups such as sex workers, intravenous drug users and lesbian, gay, bisexual and transgender persons. She would submit more detailed information on the Government's efforts to combat HIV/AIDS at a later date.

69. **Ms. Aldoseri** (Country Rapporteur) said that much had been accomplished in the previous decade to promote the rights of the child, but that of course more needed to be done. She noted the focus that the State party had placed on combating discrimination against vulnerable groups and the concerns raised regarding quality of education, in particular in private schools.

70. **Ms. Oye Lithur** (Ghana) said that she was grateful for the very interactive dialogue with the Committee. The meeting was historic, given that Ghana had been the first country to ratify the Convention and much was expected of it. She looked forward to the Committee's concluding observations, which would help to guide the Government in its implementation of the Convention.

The meeting rose at 1.05 p.m.