SITUATIONAL ANALYSIS OF VULNERABLE CHILDREN IN GHANA

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ACKNOWLEDGEMENTS

Many thanks go to all those who contributed their time and experiences in order to make this study possible, especially all of our key informants from governmental, non-governmental and international agencies. Special thanks go to Mr. Alan Miller, Mrs. Tawiah Agyarko-Kwarteng, and Ms Leah Jones, World Education staff of Benin, Ghana and Boston respectively for their highly informed assistance and technical support. Particular thanks go to the World Education (Ghana) Country Director, Mr. John Yanulis, for his insight, incisive support and direction.
TERMS OF REFERENCE

In order to determine the extent of the problem of vulnerable children in Ghana, the consultant(s) shall conduct a situational analysis of donors, government and civil society actors working to address challenges faced by childhood vulnerability. The analysis will also seek to determine a working definition of vulnerability as it applies in Ghana. This may differ with the local interpretation of what qualifies as a vulnerable child.

The consultant(s) will conduct key informant interviews and review existing literature including reports/assessments/studies from a variety of sources to gain a better understanding of the nature of the problems associated with vulnerable children. Interviews or focus group discussions with vulnerable children themselves may also yield important understanding of the problems they face on a daily basis. It may also engender ideas about what might be done to fill in the gaps left by existing government and civil society interventions. Gender and possibly age disaggregated statistics on children living in the streets, rates of school drop-outs, child Labor and trafficking numbers should also be identified by region, if possible.

The consultant(s) will also conduct visits to project sites where interventions are targeting vulnerable children to determine their effectiveness and the extent to which there are gaps in programming. Initially, we are suggesting the efforts be focused on children between the ages of 10-17 years (this may change depending on the findings of the situational analysis). It is expected that the initial focus of effort should be on the Greater Accra Region and the Eastern Region, although statistics may be derived and presented from other at-risk regions as well.

The consultant(s) may wish to examine

- The legal frameworks governing work with and the rights of children in Ghana.
- Causes or factors associated with childhood vulnerability
- Models of intervention that have been used by government and civil society

Key Questions to Consider

- How significant of a problem is (child trafficking, child labor, streetism, orphanhood, school dropouts, physical/sexual abuse of children) in Ghana? Is it widespread or isolated? Is there enough available information to adequately assess the situation? What conclusions have been made by donors, government? What does the research tell us?
- To what extent is this need being met by Government agencies at the national and local (District) levels? By civil society? What are some of the key government and donor priorities when it comes to reaching vulnerable children? What does the Ghana Poverty Reduction Strategy say about reaching these children?
• Does World Education have a contribution to make given its core competencies and experience in Ghana?
• Are there donors willing to support these kinds of initiatives? To what extent? Are they regionally focused or focused on particular issues?

Reporting

The Consultant(s) shall meet with the World Education Country Director and other staff members at the beginning of the study as well as a minimum of once per week with the Country Director, perhaps more frequently by phone. The consultants will prepare a Final Report for submission to World Education’s Country Director no later than July 1, 2006. The report shall include the following:

• Executive Summary
• Background/Context of the study in Ghana
• Documents reviewed
• Stakeholders interviewed
• Organizations visited
• Findings of the analysis
• Programmatic/Intervention recommendations for Ghana and for World Education to pursue both in the short and long-term

Level of Effort/Timeframe

It is expected that the study will take place over a period of 3 weeks from June 8 – June 30, 2006. The situational analysis must be completed by June 30, 2006. It is expected that the level of effort for each consultant will be 20 days, to include data collection, analysis and report writing.
LIST OF ABBREVIATIONS

AIDS  Acquired Immune Deficiency Syndrome
ATL  Akosombo Textiles Limited
CAS  Catholic Action for Street Children
CCA  Common Country Assessment
CDGP  Consolidating Democratic Governance Program
CEDAW  Convention on the Elimination of all forms of Discrimination against Women
CHRAJ  Commission on Human Rights and Administrative Justice
CRC  Convention on the Rights of the Child
CRS  Catholic Relief Services
CSO  Community Service organization(s)
CSPS  Centre for Social Policy Studies
CSW  Commercial Sex Worker
CWIQ  Core World Education Welfare Indicators Questionnaire
DANIDA  Danish International Development Agency
DHS  Demographic and Health Survey
ECD  Early Childhood Development
ERP  Economic Recovery Program
FCUBE  Free Compulsory Basic Education
GCLS  Ghana Child Labor Survey
GDHS  Ghana Demographic and Health Survey
GDP  Gross Domestic Product
GES  Ghana Education Service
GNCC  Ghana National Commission on Children
GNRCC  Ghana National Coalition on the Rights of the Child
GNP  Gross National Product
GoG  Government of Ghana
GPRSR  Ghana Poverty Reduction Strategy/Growth and Poverty Reduction Strategy
GSS  Ghana Statistical Service
HIPC  Heavily Indebted Poor Countries Initiative
HIV  Human Immunodeficiency Virus
ILO  International Labor Organization
IPEC  International Program on the Elimination of Child Labor
MOE  Ministry of Education
MoMEY  Ministry of Manpower, Employment & Youth
NCWD  National Council of Women and Development
NGO  Non Governmental Organization
NHIS  National Health Insurance Scheme
SAID  Street Girls Aid
SHEP  School HIV/AIDS Education Program
SHARP  Strengthening HIV/AIDS Partnerships
SHAPE  Strengthening HIV Partnerships in Education
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>SIMPOC</td>
<td>Statistical Information Monitoring Program on Child Labor</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commission on Refugees</td>
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<tr>
<td>WAJU (DOVVSU)</td>
<td>Women and Juvenile Unit (Domestic Violence Victim Support Unit)</td>
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<tr>
<td>WUSC</td>
<td>World University Service of Canada</td>
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<td>WVI</td>
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EXECUTIVE SUMMARY

Government policy officially seeks to reduce poverty by increasing the education of Ghana’s population of 20 million, from early childhood to Junior Secondary School. Free compulsory education, capitation grants and school feeding has been introduced and funded as a result of external debt relief and external donor support. Ghana has instituted the Children’s Act and a host of supporting policies, Acts, conventions, and protocols, and several NGOs are supporting government efforts. However, the education system remains in crisis. Legislative bodies remain largely peripheral to these efforts and focus on reconciliation rather than prosecution. The enforcement agencies remain largely under-trained in child rights. Formal education facilities are not reaching the majority of school aged children. Over a million school aged children are out of school, and the net enrollment rate is at only 47 percent. School related expenses are frequently beyond the means of many families especially in the northern regions of Ghana. Lack of income results in children migrating southward from the North and, increasingly, from Ashanti and other regions to secure added income for education, food, family support and care of infants born along the way. Other obstacles stand in the way of the achievement of quality education. School teachers are poorly paid; many leave the profession after less than 5 years of service, leaving large numbers of schools under and un-manned. Ghana Education Services are attempting to redress the high teacher turnover, but the problem is significant. The annual demand for teachers reached 20,000 in 2002 whilst the supply from the teacher training colleges was as low as 6,000.

Despite the Convention on the Rights of the Child (ratified in 1990), a large and growing demand exists for cheap child labor in urban centers. Many of these children become caught up in a cycle of domestic servitude or street life along with children of the urban poor. Child prostitution is a growing phenomenon and well recognized beyond domestic borders as a thriving industry. There are an estimated 30,000 street children in Accra; the number is growing rapidly. These children engage in menial labor jobs including that of kayayes (female head porters), truck pushers, shoe shiners/cobblers, street hawkers, trotro mates (mini bus touts), fishing hands, etc. They become vulnerable to teen pregnancy, physical, sexual and psychological abuse, injury and ill health.

Agriculture (cash crop) industries employ large numbers of children, many of whom are exposed to pesticides or other dangerous work practices, and given no protective clothing or training. Agencies such as Ghana Agricultural Workers Union (GAWU) have taken steps to demand minimal protections for certain categories of farm workers but enforcement is weak to non existent. Though Ghana is a signatory to ILO conventions, a protocol addressing minimum age of agricultural workers remains un-ratified, and many children are trafficked into the cocoa and other farming enterprises. The largest farms produce two thirds of the cocoa and use mostly non-kin / trafficked child farm workers. Kuapo Kokoo is the largest Fair Trade compliant cocoa cooperative; Fair Trade has its own set of laws. Other cocoa cooperatives are less compliant. The fishing industry also employs children in dangerous conditions akin to servitude. Child trafficking is a growing internal and external (cross border) practice derived from mutated customary
practices of child fosterage and rearing. Children remain enslaved by these and other now outlawed practices such as Trokosi.

World Education interventions will need to retain their constituents but build programs and pilot projects that expand activities beyond the formal education section into complementary education and private – public partnerships. Specific activities that create accelerated targeted learning opportunities for vulnerable children addressed in this report are critical. Community participation must be facilitated and supported. Scholarship programs are critical. In addition there is a clear and pressing need for stakeholders to appreciate the dire situation of schoolchildren and begin to form collaborative efforts with Ministries, NGOs and donor agencies to stem the growing tide of vulnerable children. The consequences of not doing so may well affect the Ghana’s food security, labor pool and national security.

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1.0 INTRODUCTION

1.1 BACKGROUND

The Convention on the Rights of the Child (CRC) was adopted by the United Nations General Assembly in November, 1989 and it came into force in September, 1990. The CRC identifies childhood as a distinctive stage in life and details the rights of all children to survival and life, moral and intellectual development, and protection from harmful influences and active participation in social and cultural life. Following the adoption of the CRC, a historic gathering of governments and world leaders took place at a World Summit on Children to debate the CRC culminating in a Declaration and Plan of Action for Children which was customized as National Programs of Action for implementation in each national context.

Ghana ratified the CRC in 1990. A 10 year National Program for Action was launched in 1992. The Program was entitled “The Child Cannot Wait” and reflected the provisions of the CRC. The goals, strategies and program activities are in accordance with Ghana’s long term social development priorities as presented in the Human Development Strategy for Ghana (NDPC, 1991). Ghana has to date, submitted only one report on the implementation of the CRC to the relevant UN Committees. With the support of the Department of Social Welfare, 6,000 copies of translated CRC have been distributed with 1,000 in each of 6 main Ghanaian languages. There has been no translation into languages of refugees.

*Article 32 of the CRC states the child has an inalienable right to be protected from work that threatens his or her health, education or development.*

*Article 34 states that the state shall protect children from sexual exploitation and abuse, including prostitution and involvement in pornography.*

1.2 DEFINITION OF VULNERABILITY

The official definition of a vulnerable child as indicated by the Ghana National Commission on Children (GNCC) is “a child below the age of 18 who has been abandoned, orphaned or exposed to extreme physical or moral danger”.

A study conducted in 2005 by the Department of Social Welfare also used, for the purpose of the survey, the operational definition of OVC as follows: “*Any person below the age of eighteen (18) years who has lost one or both parents, and who is exposed to moral, physical and psychological danger as a result of neglect and/or abuse or incapacity whether or not a parent is alive*”.

A study on the status of AIDS orphans and vulnerable children in Ghana (GAC & UNDP, 2003) gives a working definition for a vulnerable child as:

- A child deserted by his/her parents as in the case of the biological parents’ migration;
- A child who is under the care of parents or guardian(s) who, by reason of drunken habits, for example is (are) not fit to have the care of the child;
- A child whose parent(s) or guardian(s) is (are) suspected of engaging high risk activities (like prostitution);
- Homeless or street children and others identified by community informants and focal persons and;
- A child who lives in some house with an HIV infected person

Further definitions of vulnerable groups can be found in Ghana’s Common Country Assessment (CCA) of 2004 which looks at the Ghana Poverty Reduction Strategy’s (GPRS) definition of vulnerable groups as including: children in difficult circumstances; women, adolescent girls and youth in difficult circumstances; persons with disabilities; vulnerable unemployed people especially unemployed youth; pregnant teenagers, young mothers and school drop outs. These groups are linked to the incidence of extreme poverty, prevalence of harmful traditional practices and weak institutions.

*For the purposes of this document, we define vulnerable children as “persons below the age of 18 who are at risk, are exposed to physical/moral danger and do not have access to their basic rights”.*

Other definitions of poverty from key informants visited include:
“Vulnerability is the inability to absorb shocks” - GNCRC; “all rural children are vulnerable” - L. Casely-Hayford; “all children are vulnerable and need attention in different ways” - HACI.

There are various types of vulnerable children, based on the above definitions and include: child laborers, street children, kayaye (head porters), trafficked children, orphans, juvenile offenders, refugees, migrant children, disabled children, HIV/AIDS orphans and vulnerable children and children in substance abuse.

Whilst the consequences of vulnerability are many, vulnerable groups are more likely to be affected by poverty; not have access to basic services such as education, health, food and protection; are more likely to suffer from malnutrition, child and maternal mortality, sexual exploitation, domestic violence and child trafficking. The inability to assert their rights or claim their constitutional entitlements is also a major problem amongst vulnerable groups.

According to the CCA (2004), there are seven factors contributing to the underlying causes of vulnerability. These are: poor targeting of resources; poor enforcement of laws; harmful traditional practices; income poverty; poor parental care and guidance and ignorance; limited forms of social security and weak institutions.
1.3 RATIONALE

World Education has focused its efforts in Ghana during the past five years, on addressing HIV prevention in the education sector. It has worked primarily with School HIV/AIDS Education program (SHEP) and Ghana Education Service (GES). Primary targets of intervention have been in-school youth, teachers, teacher trainees and parents. Interventions have emphasized HIV prevention education through peer education with youth, pre-service teacher training curriculum development and support, and capacity building of Ghanaian institutions working in the education sector.

During the last 5 years, the GES has taken on HIV as an important issue to be mainstreamed throughout its operations. An HIV curriculum for basic schools has been developed for all of Ghana’s schools from primary through secondary schools. Teacher training colleges (TTC) use the Window of Hope curriculum developed with World Education’s support and have included HIV as an examinable subject. The Ministry of Education has embarked on a teacher training Programs for all teachers in the country. Focal persons have been identified and trained in HIV/AIDS in all districts of the country and Civil Society Organizations (CSO) work closely with school officials in implementing peer education and club activities in many schools around the country.

It is increasingly clear that there are many more children in Ghana who are not in school or have dropped out of school and are likely to be more vulnerable to HIV infection and other social ills such as teen pregnancy, physical and sexual abuse, streetism, crime, rape, etc. Such vulnerable children could be classified into a number of categories. There are those children who are vulnerable due to migration patterns including child trafficking and are often forced into child labor. Others are vulnerable due to pockets of poverty in their community. Still others are vulnerable due to negative cultural practices such as the tradition of trokosi and female genital mutilation.

Indeed, one of the fundamental challenges has been the breakdown of the traditional family ultimately in the form of parental neglect. These children are often forced into menial labor jobs including that of kayayes/head porters, truck pushers, shoe shiners/cobblers, street hawkers, trotro mates, fishing hands and farm laborers. They become vulnerable to teen pregnancy, physical, sexual and psychological abuse due to:

- Child trafficking
- Excessive child labor
- Physical or sexual abuse from being house help or foster girls
- Living on the streets of major cities
- Migrating to the cities
- Orphanhood, including due to HIV/AIDS
- Other

There are certainly many different kinds of vulnerable children this analysis will not examine fully. These include children that are significantly disabled, or who are working in the cocoa industry due to limits for this assessment. The main reason for this
assessment at this time is for World Education to learn more about the context in which vulnerable children in Ghana are being addressed.

World Education has a well established presence in Ghana, through two programs: SHAPE (Strengthening HIV/AIDS Partnerships in Education) present in the Ashanti, Volta, Eastern and Greater Accra regions, and AGSP (Ambassadors’ Girls’ Scholarship Program) in the Upper East, Northern and Eastern regions. The girls’ scholarship program involves mentoring, group activities and a variety of activities with complementary and formal schools. Impoverished, handicapped and other vulnerable girls are targets of this program.
2.0 RESEARCH METHODOLOGY

The subject the team was asked to look at is vast and complex. Given time and resource constraints, the team was not able to examine the subject in detail, but was able to gain a general appreciation for the complexity and the scope of the problem during the three weeks allowed to it for the work.

2.1 LITERATURE REVIEW & KEY INFORMANT INTERVIEWS

The team used two basic techniques to conduct its work:

- A review of some of the existing literature on the subject: this looked at literature on global issues regarding vulnerable children as well as literature on the national situation. Key documents reviewed are listed in the annotated bibliography in Annex 3.
- Key Informant Interviews: the study team met with key people and organizations (both governmental and non-governmental, as well as some of the donor community) who are working with vulnerable children. Given the wide range of types of vulnerable children, there are many other organizations which should have been contacted. However, within the limitations of time, only some of major actors were interviewed.

One of the team's first tasks was to define "vulnerable children." We encountered many definitions of the field, and remained open, but in general, we considered children in the age range of 10-18 as the principal target group, and vulnerabilities that included the categories mentioned in the previous section. But as one person interviewed said, "All rural children in Ghana are vulnerable," in that they find it difficult to maintain proper nutrition throughout the year and have little access to basic services. When one realizes that 25% of the children of northern Ghana die before they reach the age of 5 years, it is difficult to argue with the respondent’s comment.
3.0 POLICIES, PERSPECTIVES AND APPROACHES

3.1 GOVERNMENT POLICIES, LAWS, STATUTES AND CONVENTIONS

The main government ministries tasked with addressing issues concerning vulnerable children include the Ministry of Women and Children’s Affairs (MOWAC) and the Ministry of Manpower, Employment and Youth (MoMEY). However, these ministries and their respective departments of Children GNCC and Social Welfare respectively, work in collaboration with other government ministries, departments and agencies (MDAs) such as the Ministries of Education, Health, GES, Ghana Police Service, CHRAJ, the Judicial Services, WAJU, Ghana Prisons Services, etc to ensure that the protection of the rights of children, especially vulnerable ones.

The Growth and Poverty Reduction Strategy of the GoG indicates the need to protect rights under the rule of law, and includes a social policy framework for mainstreaming the vulnerable and excluded in human resource development.

"There is a need to promote and protect economic, social, cultural, civil, and political rights as enshrined in the constitution and all international human rights instruments to which Ghana is a signatory. The quality of the administration of justice in Ghana can be categorized into two, namely judicial and attitudinal. Those that can be traced to the judiciary include delays and costs in administration of justice resulting in lack of confidence in the judiciary, and the inaccessibility of justice and legal institutions. Key attitudinal issues relate to poor compliance to the rules, regulations, and procedures, and weak enforcement of existing rules, regulations and procedures." (GPRS II, 2005 p.62-63)

The Ministry of Manpower, Employment and Youth developed a draft policy framework in February, 1997 to address key issues facing street children. The GNCC, NCWD, NDPC, NPC and various MDAs were to implement policies alongside’ national and international NGOs in provision of comprehensive services for these children. The ministry recently implemented a street children’s project in 4 urban areas - Accra and Kumasi Metropolitan areas, and Sekondi-Takoradi and Tamale Municipalities with funding from a World Bank Learning and Innovation Loan. A national policy on street children was one of the projected outcomes. The project had 3 main components: Advocacy and Information Dissemination; Policy Formulation; and Skills training. About 300 children were mainstreamed back into school with the reunification of some children with families of origin. The project worked through 37 service providers (mainly NGOs) and also gave some support to parents (in the form of small grants); developed a counseling manual for help on psychosocial and emotional issues.

The government also has developed certain policies to address the plight of vulnerable children in society. The National Policy Guidelines on Orphans and other Children made vulnerable by HIV/AIDS was developed and released in 2005. The government is in the final stages of a Social Protection Policy in which unconditional and conditional cash
transfers to parents will be provided for use in the care and protection of children in difficult circumstances. The Plan of Action being developed by the Coordinating Committee on Rights of Children has made OVC a high priority in the Plan of Action. The committee includes Government and NGO agencies such as MOWAC, PLAN, HACI, Futures, ADRA and UNICEF.

CHRAJ also serves as a referral point on child rights whilst FIDA provides free legal services to indigent women and children. The Courts Act of 1993 (Act 459) in response to the Children’s Act effected a waiver of fees in maintenance cases that is allowed and supported by the Chief Justice. The Act also provides for the setting up of child panels in every district. Many communities remain unaware of the panels however. UNICEF has established them in 44 districts in addition to Child Protection Teams that are made up of persons selected by the District Assembly and community opinion leaders. The Criminal Code Amendment (Act 554) 1998 seeks to abolish all forms of customary servitude.

The Ministry of Manpower, Employment and Youth run a Girls Vocational Institute in La, Accra that serves as a shelter for trafficked children being reintegrated with their families or rescued from trafficking. A close alliance is maintained with Interpol.

Below is a timeline of government policies/laws/conventions concerning child rights and protection.

1975 National Council on Women’s Development (NCWD) established. This organization is mandated to end negative cultural practices against women and to enhance women’s economic, social and political empowerment.

1979 Ghana National Commission on Children (GNCC) established as main government agency responsible for advocating for the survival, protection and development of the child.

1986 Ratification of the Convention on Elimination of all Forms of Discrimination against Women.

1989 Convention on the Rights of the Child (CRC) Ghana was first country to ratify treaty in February 1992. Subsequent legislation based on the provisions of the treaty:
   Article 19: Covers child protection from all physical, mental violence, injury or abuse or neglect and exploitation
   Article 32: Protects children from economic exploitation and provides that minimum age of employment is 15 years; also give guidance on hours and conditions of employment providing penalties to ensure effective enforcement
   Article 34: Protects children from sexual exploitation and abuse, pornography and any other unlawful activities.
   Article 36: Protects children from all forms of exploitative activities not in their welfare

1990 Ghana ratifies the CRC

1992 A Constitution which entrenches Rights of Children

1993 The Commission on Human Rights and Administrative Justice Act mandated under Act 456 to promote and protect fundamental human rights in Ghana. Has 4 activities on the rights of children; Public Education, Complaints, Dispute Resolution, Counseling and Supervision. Under educational activities they are to sensitize stakeholders and schoolchildren about the rights of children. They are to handle complaints about abuse, neglect, forced marriage and maltreatment of children. Counseling is supposed to be offered through referral to other agencies such as DSW, FIDA and WAJU (now DOVVSU)

1995 The Beijing Declaration and Platform for Action (UN 4th World Conference in Beijing, China)—189 countries agreed to take integrated measures to prevent and eliminate violence against women.” UNICEF is currently advising on an Amendment against domestic violence.

1998 Children’s Act (Act 560): Describes the basic rights of the child; supports family tribunals, rules for parental duty, custody, labor, apprenticeship, care and protection, etc, so children can grow to their fullest potential. Stipulates minimum age of marriage is 18 years

1998 Criminal Code Amendment (Act 554) to align codes in Ghana with CRC (increased protection for children against abduction, sexual abuse, prostitution, etc)

1998 Women and Juvenile Unit of the police: provides information, service, and support; established to prevent and prosecute crimes against women and children. Recently renamed as DOVVSU

2000, 2003 Juvenile Justice Act (Act 653): ensuring child protection according to international standards—manner different from that of adult. Age of criminal responsibility increased from 7 to 12 years age.

2001 MOWAC given cabinet status. GNCC now a department of MOWAC, charged with enhancing the survival, development, protection and increased participation of children. The GNCC plays an implementing role.

2001 National Partnership for Children and its Trust Fund overseen by President Kufuor

2002 Ministry of Manpower, Development and Employment (previously Ministry of Social Welfare) establishes a policy on people with disabilities. Little available data and no impact analysis done. They are also protected from discrimination of any kind in Children’s Act and 1992 Constitution

2002 Child Rights Regulations to operationalize the Children’s Act of 1998

2002 National Multisectoral Committee on Child Protection established following a GNCC & UNICEF National Conference on Child Welfare and protection for law enforcement and allied agencies

2002 Ghana AIDS Commission established to coordinate programs and activities according to a 2001-2005 HIV/AIDS National Strategic Framework (NSF). Now operationalizing the 2006-2010 NSF
2002  UNGASS (United Nations General Assembly) meeting on children
2002  Say Yes for Children Campaign in Ghana
2005  National Policy Guidelines on Orphans and Other children made vulnerable by HIV/AIDS
2005  GNCC and NCWD sensitize parents and children to their rights. Published Child Rights in 6 languages; 1,000 in each of 6 local languages; however none in languages of refugees
2005  Human Trafficking Act (Act 694): Addresses the recruitment, transport, transfer, harboring, trading or receipt of persons within or across borders by threat, force, coercion, abduction, fraud, deception, abuse of power, or exploitation of vulnerability OR by giving or receiving payments and benefits to achieve consent. Act includes, at a minimum, induced prostitution, labor, slavery, servitude, removal of organs.
2006  An Early Childhood Care and Development Policy (ECCD)
2006  The Disability Act passed by Parliament
2006  A draft Social Protection Strategy being developed

3.2  PERSPECTIVES AND APPROACHES OF NGOs AND DONORS

UNICEF and the Government of Ghana have established a Country Programme Action Plan for 2006-2010. UNICEF works first and foremost in Ghana with OVC, then beyond them to other vulnerable youth/street girls and boys, in partnership with organizations like the Salvation Army and SAID (Street Girls AID). UNICEF sees many issues of vulnerability through a gender lens, as girls, especially adolescent girls in Accra, are more vulnerable than boys.

In the northern part of Ghana, UNICEF works with Kayaye-at-risk girls in skills training, including soap making, hair dressing, etc. Sensitization is done to dispel myths of travel south, and to keep girls from coming south under vulnerable conditions. UNICEF also works in partnership with the Department of Social Welfare and the Department of Community Development to form community Child Protection Teams (CPTs). These groups are trained in child rights and key protection issues such as FGM, early marriage, trafficking, and denial of opportunity to go to school. The groups work with families and communities to educate and encourage youth. Up to date, about 400 CPTs have been trained. In addition, 300 prison officers and 105 police officers have in recent months been trained in child rights as part of UNICEF/DSW multi-sectoral social mobilization for children in conflict with the law.

Interviews with UNICEF revealed certain gaps in services to vulnerable children which include:
- **Service delivery**: skills training, direct training, vocational training in Accra, Northern, and Upper East regions.
- **Health care for adolescent girls**: STIs, child birth and care, liaising with clinics.
- **ECD**: Early Childhood Development resources and access to services.

The **International Labor Organization (ILO)** currently implements projects on HIV/AIDS, Trafficking, Capacity Building (strengthening institutions to address child labor issues) and a Time-Bound project. The organizations looks at 8 areas of the worst forms of child labor which include domestic servitude, kayayes (head porters), children in commercial agriculture, children in fishing, children in quarrying and small scale mining (galamsey), ritual servitude (trokosi), trafficking and commercial sexual exploitation of children. Their programs are currently in 20 districts of the country. These are districts where the District Assembly (DA) has to provide resources to conduct an administrative assessment of child labor in the district and commit some percentage of district resources to go into programs to address child labor. For example, in Wass West district children mainly work in mining (galamsey and quarrying); in Kpandu and Jasikan, fishing; in Accra, sexual exploitation, kayayes, fishing; Twifo-Hemang Lower Denkyira, rubber and oil palm plantations (agriculture).

ILO also works with Ghana Education Service (GES) in selected districts to put children back in school (increasing enrolment rates), to support peer education activities and provide guidance and counseling. ILO is currently working with GES to incorporate its SCREAM (Supporting Child Rights through Education, Arts and Media) materials into the national curriculum. Currently these materials are being used by the 20 districts to promote children’s rights in school.

ILO and the District Assemblies also work with organizations such as the Ghana Chamber of Mines and the Ghana Agricultural Workers Union (GAWU) to address issues of child labor in their sectors. For example, GAWU is supposed to incorporate provisions to prevent out growers from employing children on their farms in their collective bargaining arrangements.

Large international NGOs are also involved with vulnerable groups of children e.g. Hope for the African Child Initiative (HACI) as well as smaller and local NGOs and CSOs.

**HACI** is a consortium that operates on a global level. At the local level, HACI continues to work beyond the global partnerships with a Ghana-specific strategy/mission/values, etc, including collaborations with youth groups, traditional authorities, and local and national NGOs. HACI starts with “every child,” trying to develop resources for children who are both economically comfortable and struggling, understanding that vulnerability comes in many forms. HACI addresses children’s needs through KNOWLEDGE dissemination and availability, SERVICE delivery and access to health/psychosocial support, etc, EDUCATION, and ECONOMIC OPPORTUNITIES and works with communities and families to identify and work with roots of the issues. HACI is engaged with 170,000 HIV orphans and 20,000 street children of whom 6000 are girls. HACI engages the government at the district level. The 47 District Assemblies with which HACI works increasingly see the NGOs as important partners. Recently HACI supported
a community health insurance improvement scheme, in which they registered all households with OVC and paid for NHIS premiums. HACI is currently conducting a study to see how gender and HIV/AIDS affects individuals - looking at how men are moving away from homes and women are left in cities to care for children.

The Ghana NGO Coalition on the Rights of the Child (GNCRC) comprises over 120 local NGOs spread all over Ghana. The Coalition members came together five years ago to network and strengthen their resolve to protect and promote the fundamental human rights of children as expounded in the UN Convention on the Rights of the Child (CRC). The Coalition believes that the structure of the Plan of Action is not ‘SMART’ enough and would make monitoring and evaluation difficult. Since the action plan is for a decade, it has to be broken down to short term, medium term and long term goals with clearly defined time lines. They also believe that the Plan of Action should be based on the full range of the Rights of the Child as set out in the UN Convention of the Child rather than on a few thematic areas of health, education, abuse, exploitation, violence and HIV/AIDS. The Coalition is of the strong conviction that addressing issues of social services such as education, health, combating HIV/AIDS and protecting children from abuse, exploitation and violence without addressing the fundamental issue of poverty introduces too wide a gap in any report.

The issue of children with disability and special needs has not been fully addressed since this issue goes beyond thematic areas of health and education. The need to adopt a holistic approach to this issue cannot be overemphasized since in developing countries very little is being done to include the needs of children with disabilities in socioeconomic planning. With regards to the first part of the Plan of Action entitled: “Creating a child-friendly world”, the Ghana NGO Coalition on the Rights of the Child is of the view that it is not enough for the outcome document of the Special Session on Children to identify and state the issues as have been done. More important is the need to set indicators and time lines to ensure that the issues identified would be implemented and would have the chance of being monitored and evaluated.

Catholic Relief Services (CRS) focuses on PLWHAs and HIV/AIDS orphans, developing programs that provide Home Based Care, livelihood support, skill training and nutritional support. They operate as part of the USAID funded Strengthening HIV/AIDS Responses Partnerships (SHARP) project to implement care and support services. CRS has set up community care and support collaborations with MoH, Department of Social Work and MoE. They care for about 1600 children nationwide working in most districts, providing nutritional support whilst educational support is provided to 360 children in the Eastern, Ashanti and Western Regions. CRS is one of few agencies offering psychosocial counseling. CRS provides strong support to the National Steering Committee on OVC Policy

Opportunities Industrialization Centre International (OICI), which is also a partner of SHARP, trains 300 HIV orphans a year in vocational skills who are described as JSS graduates, school drop outs, semi-literate and illiterate. OIC vocational programs have been established in Greater Accra, Western, Eastern and Ashanti Regions. Scholarships
are provided to selected children who also serve as apprentices; receiving a daily stipend for transport costs. OIC has also engaged in private public partnerships with selected mining companies to increase economic opportunities and enhance the livelihoods of vulnerable groups within the mines concessions.

**Catholic Action for Street Children (CAS)** is one of the leading NGOs working with street children in the country and begun its activities with street children in 1993. Over the years, CAS has seen their programs develop, expand and change focus as the needs and characteristics of street children have changed. The organization has been informed by its research on the background of street children, on literacy, health education as well as vocational/technical education. It currently runs field work in the streets, where field workers go out into the streets to interact with children and invite them to their refuge centers for additional support and sponsorship programs, where interested and committed young people receive further training and preparation at its Hopeland Training Center.

Independent groups such as Cuban doctors are compiling a data base of OVC in conjunction with the Ghana Association of Traditional Healers.

The Manya Krobo Queen Mothers Association, an NGO, cares for 200 families; each with an average of 5 HIV orphans. It has been active since 1989 and consists of 371 Queen Mothers who cover 6 divisions of Manya Krobo in the eastern region. They are responsible for the welfare of women and children in their communities. As the prevalence of HIV/AIDS has increased, they have become increasingly engaged in all aspects of care and support of PLWHAs and OVC with support from Ghana AIDS Commission and other international NGOs. In addition they assist youth to become self sufficient within the Manya Krobo area. They have special programs for girls that empower them through income generating activities, HIV education, mentoring and role modeling. After training, trainees are assisted in the acquisition of micro-credit supported by UN DP’s gender program.

World Education has a well established presence in Ghana, through two programs: SHAPE (Strengthening HIV/AIDS Partnerships in Education) and AGSP (Ambassadors’ Girls’ Scholarship Program) in 12 districts in Northern Ghana, 3 districts in the Upper East, Volta, Ashanti, Greater Accra and Eastern Regions. The girls’ scholarship program involves mentoring, group activities and a variety of activities with complementary and formal schools. Impoverished, handicapped and other vulnerable children are targets of this program.
4.0 FINDINGS

4.1 ECONOMIC AND SOCIO-CULTURAL CONTEXT

Ghana was classified as a HIPC country in 2002 thus qualifying for $2,186 million (56.2%) debt relief in net present value terms (CCA, 2004). There has been considerable political stability over the past 6 years. Stabilization of the economy has been a major focus of the government. Social sector budgets have traditionally been low with social development heavily dependent on external donors and NGO’s. Regressive elements in spending on health and education have been identified as constraining poverty reduction (GoG, 2000). Most spending in social sector is allocated to recurrent expenditures - 96% GoG spending in the education sector in 1999. Infrastructure and school inputs such as books and other learning materials become the responsibility of parents. The same situation exists in the health sector. About 40% of Ghanaians live below the poverty line; however, over 69% of persons living in the northern regions live below the poverty line.

External debt relief has enabled the GoG to provide capitation grants to District Assemblies in an attempt to improve school enrollment. District Assemblies also receive resources from a District Assembly Common Fund to strengthen efforts in the social sector.

Ghana has a population estimated as 18.9 million (2002). The proportion of the population under 15 years is 40% (GHDR, 2004). 66% of the population resides in rural areas (ILO, 2003) but there is very rapid growth of Ghana’s urban populations. Over one third of all urban residents live in the 3 cities of Sekondi-Takoradi, Accra and Kumasi.

Ghanaian children are considered adult at 18 years of age. The right to identity by children is undermined by low levels of birth registration. National coverage in 2005 was given as 60%; amongst OVC however it is a mere 30%. (CCA, 2004; Department of Social Welfare, 2005 Provisional results).

The minimum age for formal and informal employment is 15 years according to the Children’s Act, 1998 (Act 560) although children are permitted to engage in light work from the age of 13 years providing that it does not harm their health or development, or school attendance and the capacity to benefit from school work. Children under 18 years are legally prohibited from engaging in hazardous labor and nocturnal work. However, child labor poses a serious problem as 25.5% of the age group 7-14 years is economically active.

Culturally, all children are expected to assist their families doing household chores, meal preparation, fuel and water gathering and child care as an integral aspect of culturally approved socialization. Children are also expected to assist in more commercial activities such as petty trading, head porterage, fishing and farming. Such commercial ventures may frequently interrupt and may even attenuate school attendance.
Our key informant interviews and literature reviewed detailed the common cultural practice of fostering out of young children to close relations in Northern Ghana. Another practice said to be common in the Eastern and Greater Accra regions was the securing of young children for ‘training’ in non-kin households which in effect precluded the child’s ability to attend school. Neither of these circumstances was considered child trafficking. Two main forms of fosterage-like adoption exist: customary fosterage and common law fosterage.

Customary fosterage is widely practiced amongst all ethnic groups in Ghana. Among matrilineal Akan groups, custom permits nephews to be cared for by their uncles. In most cases the uncles have a moral obligation to provide for their upkeep and education. Among the patrilineal communities of the three northern regions, children are passed on to either their paternal aunts or uncles as a means to bridge generational gaps. Girls are usually handed over to aunts for moral instruction and informal domestic training. No premium is placed on formal education with many remaining in domestic servitude to their aunties until they marry. Common law fosterage is child trafficking of children from the North involving intermediaries under the guise of traditional sponsorship.

Southward migration is increasing but has been occurring for the past decade. In addition to reasons given earlier, males from Ashanti Region are noted to migrate to Accra on account of failing farms and overpopulation of available farm land in the region. It must be noted however that there is some East-West migration as girls are moved from Ghana to Cote d’Ivoire as domestic workers as well as other cases of migration (including child trafficking) to other neighboring countries.

Less obvious is the increase in heavy freight traffic (which brings with it commercial sex workers and casual prostitution) on the South-North route from Takoradi/Tema to Kumasi to Tamale to Burkina Faso, Mali, etc. which has picked up as a result of the conflict in Cote d’Ivoire. This was described by OIC as an emerging problem particularly with reference to the migration patterns of HIV affected vulnerable children.

A 1997 ILO report documents an over representation of girls in the child labor pool (12.3% girls vs. 9.8% boys; urban rates are 8.2% girls vs. 4.4% boys). Cultural practices and lack of maternal education are important factors. Northern Ghana is a region where early, arranged marriages, FGM and child betrothal are common. Young girls used to engage in kayaye activity in order to afford betrothal necessities. As noted earlier, it is also common practice to foster out young children. Giving out of young children as child domestic workers is common in the large polygamous families in this and other regions of Ghana. Agricultural activity is a mere 4 months out of the year on account of weather conditions. In addition, there has been longstanding political and civic conflict and instability in Northern Ghana. Poverty is widespread in Upper East, Upper West and Northern Regions. The Ghana Living Standards Survey noted that children from farming families are unable to maintain nutritional standards during the first five years of a child’s life. For the first twelve years of life, under nutrition is a major problem. These are various push factors that may account for the high number of children, particularly girls who fall into the vulnerable child population of Accra.
4.2 EDUCATIONAL ENVIRONMENT

Education as a means of fighting poverty and reducing vulnerability is one of the Government’s main priorities as indicated in various policy documents. The government has given due attention to basic education by adopting the Free Compulsory Universal Basic Education Policy (FCUBE) in 1996. FCUBE has resulted in a substantial increase in primary school enrolment, particularly for the poorest segment and the girl child (GNCC: 2000).

There has also been an increase in the number of basic education schools since the 2000 GHDR. However many schools are in such poor conditions that the Government sometimes in collusion with contractors, has chosen to construct new schools rather than refurbish old ones with the Social Investment Fund derived from HIPC debt relief and in conjunction with the MLGRD. There are now 15,285 primary schools and 7,582 JSS in the country (MoEYS, 2003) The GETFund was established by an act of Parliament in 2000 to supplement government efforts in the provision of education at all levels. Disbursement is through MoEYS, National Council for Tertiary Education (NCTE), Scholarship Secretariat Social Security and National Insurance trust (SSNIT).

Nevertheless, the main barriers to access and full participation of children in education include costs of fees and basic requirements, cost of post primary schooling, ill health, disability, geographic distance and parental cynicism of the quality and management of public education services. The Ghana Children’s Report reveals that in spite of the FCUBE Programs, 31.8 percent of children within the primary school going age have never been to school.

Preschool has been formally incorporated into the basic school concept. The 2003 CWIQ Survey noted that 44% of urban children between 3-5 years were now enrolled in preschool (mostly private). An Early Childhood Care and Development (ECCD) policy has been launched by MOWAC specifically to address preschool education.

The national gross primary enrolment ratio (GPER) – an indicator of primary school enrolment rose only marginally from 2002-2003; and has been at 75-79% since 1986. The national goal is 85% enrollment rate by 2007. The net primary enrollment ratio is only 47%. Over aged enrollment and the inability to walk to far off schools are major issues nationwide. Another important concern is the state of school curricula. Children educated in complementary schools such as School for Life, EQUALL are out performing those educated in formal schools.

A direct relationship between economic activity and education was spelt out by a concerned District Assembly Coordinator who stated that despite the capitation grant received which was to spur school enrollment, large numbers of children drop out of school to make money in the rapidly growing industrialized port city of Tema. Parents do not have economic means to maintain their children in school although other (rural)
communities have realized an increased school enrollment (GER) as a result of the capitation grants.

The informal labor sector employs 86% of all Ghanaian workers. Workers in this sector earn only 25% of the formal sector employee’s wages. The former involves apprenticeship, lack of uniformity absent curricula and variable contractual terms. Statistics also show there are four times as many men as women in formal sector wage employment.

One recent study on Child Labor and Education in Ghana has focused on the day-to-day impact of child labor on those in school, finding that, as well as leaving children too tired to learn, child labor robs them of their interest in learning. Children who are already contributing economically to their family income may be less interested in academic achievement, resulting in a lack of motivation that affects both their learning and their future prospects. Other studies have reported that high fertility in Ghana negatively affects the education of girls. Girls with many younger siblings are less likely to attend school than boys, and mothers were reported to prefer to educate sons to ensure future security.

A report by CARE on reaching underserved populations in deprived parts of Ghana indicated that parents or guardians of children mostly incur direct costs of education. Parents who may have thought themselves capable of financing their children’s education may discover with time that they are unable to raise the money required for the variety of costs associated with schooling, some of which include providing food allowances for children attending school, providing transport funds etc. One study indicated that about 43% of the dropouts mentioned the lack of financial support as the main reason for dropping out of school. Casely-Hayford (2002) finds that in some places such as the coastal areas of Ghana, parents are seasonal migrants who leave their children in the care of grandparents who are unable to undertake the financial support for the children’s schooling. As a result, the children finance their own education, often working after school hours as weavers, fishermen and traders selling food items (CARE International, 2003)

The vast majority of children in northern Ghana are supplementing their family income through the provision of their labor to economic activities (e.g. farming or fishing), which makes participation in an education program a luxury. Underlying poverty factors and the growing parental neglect of children are vital factors when considering effective approaches for achieving universal basic education.

Studies by Akyeampong (2002) indicate that a high percentage of teachers in Ghana remain for a period of 4 to 5 years in the teaching profession after they complete teacher-training college and then move to other areas of administration or out of the system entirely. The annual demand for teachers in Ghana reached 20,000 teachers while the supply from the training colleges was as low as 6,000 teachers in 2002. Access Programs are increasing this number gradually but the problems remain constant that the demand far outstrips the supply (Akyeampong, 2002).
The Ghana Poverty Reduction Strategy (GPRS) recognizes these problems and declares that the Government will support over 100,000 children access alternative forms of education in deprived rural areas (Government of Ghana, 2002). The GPRS also recognizes that teachers, particularly trained teachers, are often unwilling to serve in rural deprived areas of the country which hinder the Ghana Education Service's ability to provide the necessary services (i.e. formal schools) in these areas (Casely-Hayford and Wilson, 2001).

CARE's field research (2003) focused on two complementary education programs considered successful for in-depth study. These are the School for Life (SFL) Programs, initiated by the Dagbon traditional council, Ghana Danish Communities Association (GDCA) and the Ghana Friendship Groups in Denmark (GV), and the Rural Education Volunteer (REV) Programs initiated by Action Aid Ghana (AAG). Other subsidiary interventions were examined such as the: Catholic Relief Service (CRS), Childscope (UNICEF), Youth Alive (Action Aid) Programs and the Local Language Initial Literacy Programs (LLIL) in relation to their impact in addressing the challenges of out of school children.

Field research indicated that about 39% of children in Lawra district in the Upper West are out of school and about 40% of communities in the Sissala District are without schools. In Lawra district about 78% of the people can be classified as illiterate and only 5% of the over 11 year olds have ever been to primary school. Several key challenges emerged during the study of educational programming in the deprived rural areas in Northern Ghana. These are:

1. Distance and small populations limits formal education opportunities;
2. Chronic teacher absenteeism and lack of commitment adversely affects the formal learning environment; and
3. Minimal engagement by communities and local institutions limits the quality of the learning environment.
4. The replacement of Parent Teacher Associations with School Management Committees, which further alienate parents.

The lack of community understanding about their rights and what changes they were capable of making (e.g., holding teachers accountable for their attendance) was a major theme that permeated the study. Poor communities felt completely disempowered and helpless in the face of GES officers who were viewed as close colleagues of "trained teachers". Most communities were hesitant to report absentee teachers for fear that the GES would not post additional teachers to their communities forcing the school to be closed (CARE, 2003).

Ghana's efforts to attain Education for All in the coming five to ten years will largely depend on their commitment to supporting educational services for 50% of the children currently out of school in Northern Ghana. It will depend on the policy makers' ability to look beneath the realities of formal education systems and understand the context in which learning takes place in deprived rural areas of the country. Complementary
education approaches are proving to be not only effective but essential in assisting children, who would otherwise not be reached by the formal system, escape the cycle of illiteracy and secure a better future for the next generation of children. Participation rates stand at about 75 percent (GSS, 2000).

The retention rates for Ghanaian children who start primary one is also very low. Ministry of Education data reveals that of the 75% of school children who attend schools, 25% drop out before completing the first six years of basic education, and another 20% drop out after completing the nine years of basic education. The quality of education provided for the percentage of children who stay in school is also dismal. Results of the Criterion Referenced Tests (CRT) administered to primary 6 children across the country in 1999, showed that only about 36% had attained mastery in English while 31% had attained mastery in mathematics. Regional differences in the quality of education have also been noted. The mastery level in English for public school children in the capital city is about 20% while in northern Ghana, the figures are as low as 3% (MOE, 2002). Data on the quality of education across the generations shows that this situation is only a recent phenomenon. Controlling for years of schooling, older Ghanaians score higher on mathematics and English tests than younger Ghanaians (Akyeampong and Stephens 2000).

4.3 Typology of Vulnerable Children

4.3.1 Child Labor

The 2003 Ghana Child Labor Survey estimated that there were 2 million children aged 5 – 17 years working of which 71% were illiterate. Over 1 million are under 13 years of age according to the GSS (2003). The survey also estimated there were 33,000 child laborers living on the streets. Although night work is illegal, the 2003 GSS study estimated that 220,891 or 3.4% of the total child population of Ghana work at night. Children as young as 7 years were reported to engage in work such as fishing, mining, commercial sex quarry, porters, hawkers and domestic servants.

Child labor is prevalent in both urban and rural communities. In urban areas children live and/or work on the streets and are engaged in trading whilst those in rural areas are active in both trading and agricultural activities. Some in-school children engage in such work on a part time basis in order to pay for school fees. Much co-mingling of in and out of school children is possible as school attendance is commonly only half a day. Using data from the 1997 Core Welfare Indicators Questionnaire (CW1Q) on 17,866 school-aged children (6-15 years), ILO (2004) estimated that 11% nationally and 56.5% of rural northern children are engaged in work that provides them with an income. National data shows that 13.2% children who have stopped schooling and 40.3% who have never attended school are economically active.

The zones along the banks of Lake Volta and town of Sekondi-Takoradi are major recruiting centers, transit points and departure nodes for child laborers. The fishing
communities of Half Assini, Mpataba, Jewi Wharf and Agona Nkwanta in the Western region use these small commercial centers for trafficking. Female recruiters are active at Makola, Nima, Maamobi and Agbogbloshie markets, in the suburbs of Accra.

It has always been normal practice to use girls as domestic help and boys and girls as farm hands in Ghana. A perversion of this practice is now evident with children being bonded into servitude for various periods over which the children have little control and not infrequently for financial gain to those other than the children themselves. The evidence available indicates that orphaned children, children of polygamous households, presence of one or more physical disabilities and children of illiterate or poor mothers are more likely to be engaged as child domestic workers. Child domestic workers are predominantly young girls with little or no schooling experience. Non kin domestic workers are in the minority and may be subject to more emotional abuse than foster / kin child domestic workers who are subject to more physical abuse. The latter are given greater opportunity for educational achievement however.

Ghanaian children engage in agricultural work because such work is easy to obtain. Such work is not judged unusual and the child’s labor is considered normal and not separated from family life. Ghanaian children work primarily for economic reasons. Poor parents are relieved when their child is housed and fed elsewhere. A quarter of 250 children in two regions studied in Ghana, work to supplement the low family income; however more children in the Greater Accra region work mainly to support the family income (28%) compared to their counterparts in the northern Ashanti (17%) (ILO, 2004)

In Ghana, parental expectations are a driving force influencing girls to start work. It is unclear whether other relatives - of whom 14 per cent were cited as an influence - are female or male relatives. Traditionally in Ghana, women are responsible for providing food for the household so it is a relief for mothers if they have one less mouth to feed if their daughter becomes ‘employed’. More parents from the Ashanti region ask their children to get involved in domestic labor (41%) in comparison to those from the Greater Accra region (22%) (ILO, 2004)

Previous studies conducted on child labor in agriculture have all highlighted the long hours of work, meager wages, and dangerous conditions in which children work. Another major concern for many developing countries is that a child working in agriculture may be held in debt bondage by his or her employer, either to repay fees for being trafficked from another country or to serve as repayment on a family debt. Recently a number of reports on child labor on cocoa farms in West Africa have been issued by foreign governments, international agencies, non-governmental organizations and the media. These reports have increased awareness of child labor practices in the cocoa sector and have elicited significant actions by governments and the chocolate industry to address those concerns. Family labor was the only type of labor employed on 17% of Ghanaian farms, almost all considered "small" in Ghanaian terms, and which do not produce a significant percentage of the country's cocoa.
In addition to the substitution of family labor for paid labor, farmers have also reduced the use of purchased inputs. The net effect of both of these factors has led to lower productivity and incomes and, perhaps most importantly, to reduced household investments in children’s education.

A 2002 study on children in the cocoa sector in 4 West African countries found that cocoa production across the study area was the domain of numerous small family farms, typically with less than 6 hectares of cocoa. Average annual quantities produced per household ranged from between 900 kg and 1700 kg, with a skewed distribution; one-third of the farmers typically account for over two-thirds of total production. From the study it was found that farmers hiring salaried child workers had cocoa holdings which were nearly twice as large as those of nonusers.

In general, Ghana has progressive child labor laws and has ratified all but one of the major conventions related to labor and child rights. Under the 1998 Children’s Act, children younger than 15 years of age are not authorized to be employed but can do light work if they are 13 years of age and older. The act stipulates the age of 18 years as the minimum age for engagement in hazardous work. However, enforcement mechanisms are weak or nonexistent, and communities are largely unaware of the requirements of the laws, especially in rural areas.

Children of all ages participated in cocoa production, but usually adolescents aged 14 years and older who are migrant workers or members of sharecropper families did the most intensive work. Although there was a general pattern of delineation of work tasks based upon age and gender, children younger than age 17 were found performing tasks regardless of the degree of hazard associated with the job.

A 2004 ILO study on children in agriculture in Ghana found that some child respondents admitted that they used fertilizers; for example the girls in study areas such as Offuman, Nkawie and Agona Nkwanta were found to apply fertilizers on crops. Children are asked to use their bare hands when applying fertilizer, although they are told to wash hands after such applications. With the exception of girls in Tamale, all the others in the study were supervised when using fertilizer. Supervision is mainly to ensure that work is done properly and that workers do not steal the produce, rather than to check for health hazards while applying it. No provision is made to protect the health of the children in the majority of the cases. Only 16 percent of children surveyed had received any information on health dangers associated with their jobs.

During cocoa production, children come into direct contact with pesticides when they served as applicators and/or acted as assistants or helpers. Pesticide containers were commonly carried on top of the head. Adolescents as young as 14 years of age worked as pesticide applicators, and children as young as 10 years assisted applicators during the mixing, loading, and application processes, resulting in pesticide exposure. Children were observed carrying backpack sprayers containing liquid pesticides supported on their heads without personal protective equipment to prevent exposure from spilling and leaking. More than 95% of children in rural areas did not use protective equipment.
Children are heavily involved in the application, storage, or disposal of agricultural chemicals. Training for workers and community members on pesticide safety is weak or nonexistent.

The active ingredients of primary concern contained in most pesticides identified in the production of cocoa include fungicides and insecticides which contain irritants (especially to the eyes) as well as respiratory and dermal complications. Overexposure to these chemicals may result in central nervous system toxicity with mental and motor impairment, headache, dizziness, vomiting, convulsions, and hyperirritability.

Children working in cocoa production in Ghana are exposed to significant ergonomic hazards at a critical time in their physical development. The survey in Ghana identified the neck, back, shoulders, legs, hands, and fingers as the body parts most often affected.

4.3.2 Streetism

"A street child is a person under the age of 18 years who spends a significant amount of time living and/or working on the street" (Ministry of Employment and Social Welfare, 1995)

Three kinds of street children exist:

a. **Urban poor**: those who return to a home at night and who may work part or full time to supplement household income or pay for educational necessities. These number about 40,000 (CAS); engage in ice water and polythene bag selling at request of parents

b. **Street children**: those who sleep and work on the streets and have no homes to go to at night. They are the more vulnerable.

c. **Street babies**: those born to street children. Children of street children have highest vulnerability; they demonstrate physical and emotional underdevelopment and malnutrition. As more babies are delivered on the street, there may be a significant underreporting of orphans as these births are not registered.

In 1998, the Ministry of Employment and Social Welfare estimated there were 18,000 children working in Accra and 800,000 countrywide. The Catholic Action for Street Children estimated about 20,000 youth on street in Accra, including 6,000 girls in a 2001 report. They also estimate about 4,000 babies in the streets. Ghana Statistical Services estimated there were about 33,000 children living on the streets (GSS, 2003). PPAG which works with children all over the country cited 300,000 as the number of street children nationally. UNICEF estimates that girls constitute 35% of all street children.

The Ghana Child Labor Survey (2003) included a street children survey which interviewed a total of 2,314 street children out of whom 52.4% were females. The 15-17 age group constituted about half of the total number. The highest proportion (56.6%) of the females was in the 10-14 age group, while that of the males (50.1%) was in the 15-17
age group. Greater Accra Region had the highest proportion (49.7%) of the street children, followed by Ashanti with 26.5 percent. Street children as a phenomenon, is virtually absent in the Upper West Region. Street children interviewed were predominantly of Mole-Dagbani (40.2%) and Akan (32.2%) however, for males Akans formed the greater proportion (53.4%) while 63.1 % of females were Mole-Dagbani. Only about 2 percent of the street children were married, with almost all of them being females.

Fewer than 10 percent of the children interviewed in the child labor survey admitted they had boy/girl friends; the older children were more likely to be in a sexual relationship. While over 80 percent of the children had heard about HIV/AIDS (older children were even more aware), less than 48 percent of the children knew about other sexually transmitted diseases (STDs). About 30 percent of the children knew about condoms as a means of protection; an additional 29 percent cited abstinence as protection against STDs.

One particular group of street children is the kayayes (head porters) who are increasing in number on the streets of major towns, especially in Accra. The term "kayayoo" (singular) also known as “kayaye” (plural) is from the Hausa (kaya meaning goods) and Ga (yoo meaning girl) languages.

A 1997 University of Ghana study gives some insight into the historical evolution of the kayayoo phenomenon to what it is today. The study noted that petty trading is the occupational province of women and the "kaya business" (commercial head-load carrying by girls and women) should be understood in this framework. The kaya business involves a relatively small investment and girls enter it as a way to save capital to invest in technology and equipment to enter less arduous and more profitable occupations. Migration to Accra was seen as a short-term activity which provides an opportunity for putting together a level of capital that would not be possible in a rural area. Many earlier kayayoo were Kotokoli from Togo.

Kayayoos exhibit a high level of social and economic organization. Majority of kayayoos interviewed in the study were involved in regular savings arrangements such as susu (someone operates as a banker, for a fee) and adashie (rotating savings/insurance against health problems). Street children in the CAS Refuge Center in Accra are also noted to save some of their income using the adashie or susu method. In Accra, the ILO-IPEC research findings (2003) indicate that 28 % of the girls regularly remit money home to their families, 42% spend money on purchasing items such as clothes and household goods whilst the remaining 30% engaged in some form of savings scheme. Other studies on street girls of Accra indicated that such girls remain strongly connected to their communities of origin (as well as to the new urban communities which are formed by migrants from their home towns).

The University of Ghana study noted that though legislation prohibits children of less than 15 from working, it was unlikely that the business will stop, as clients prefer younger girls without children as the best porters.
Whilst many of the characteristics above still exist, there are some key factors to note in current trends of streetism. From key informant interviews conducted for this analysis, it is true that originally girls came to acquire sufficient capital for bridal goods. However, one could say there are at least two generations of street children. Recent entrants are enticed by the freedom (from corporal punishment, overwork, underfeeding, sexual abuse, forced marriages, lack of skills for jobs), economic gain and inability to adequately socialize in other environments including formal schools. There is also a strong demonstration effect among the children including uninitiated schoolchildren. Though the majority falls between 10-15 years age, a number are 7-9 years age. The younger girls are used to look after children of older kayayes. CAS stated 35% of street youth come to the city because of poverty; other reasons include parental divorce, neglect, sexual abuse, death of a parent and lack of school fees.

Other characteristics of street children include the following:

- A particular group of street children, hawkers, tend to be older. They have capital to buy goods they sell in bulk. They often work in gender based groups and frequently buy their wares through organized syndicates.
- Girls work and sleep more in groups than boys. They earn less than boys due to the nature of work they engage in. Boys are more likely to sweep gutters and markets thereby earning more.
- Nutritional needs are subsumed by the need to earn income. Energizers that may include illicit drugs are used to maintain physical energy levels.
- Health problems are many and consequent upon exposure to the elements (e.g. malaria, poor nutrition), job stress (e.g. neck and back strain, injuries) and are widespread but self medication is the rule. Over half admit to injury at work (CAS). Self medication includes OTC medications, drugs from drug peddlers or herbs.
- Educational exposure occurs in an average of 25% particularly amongst boys. There is a strong history of drop out from primary school. Nearly half of girls have never attended school (45%). Commercial sex work and premature sexual behavior is common. Many supplement income through prostitution and pay for meals and protection through sexual favors; a practice which has led to some calling them “fried rice girls”. Entertainment and recreation are self regulated with greater opportunity for exposure to substance abuse, alcohol and sexual activity.
- Communal rental of a ‘room’ is not uncommon or else they sleep exposed to elements; children huddle and are said to sleep standing up during the rainy season.
- About 70% of their income is spent on food. They pay a watchman to guard shoeshine boxes with their belongings and must pay for water, food, toilet use, etc.

4.3.3 Child Prostitution
One study conducted in the three northern regions found that focus groups indicate consistently that about two-thirds of the female youths in their communities migrate to Burkina Faso to indulge in prostitution. The various focus groups, particularly those in the Bongo communities stressed the point that prostitution is the easiest occupation of the youth because it requires little educational qualification and very little knowledge of a foreign language (ISSER & UNICEF, 2004)

The report found that female-headed households earn incomes that are about half the earnings of the male-headed households. This situation puts a heavy burden on the female households to the extent that some of the heads themselves resort to "prostitution" or asking the younger female members to go after men for money. Communities visited during that study said that "prostitution was the main economic activity during the dry season". Only a very small percentage of respondents from Ghana described their work as being in prostitution, and many interviewed were engaged in other forms of work with prostitution as an ancillary activity.

The report also found that two-thirds of the girls in Ghana had migrated from elsewhere. Poverty was at the root of all respondents' reasons for migration. Generalizing from the range of respondents, the girl child in Ghana migrates temporarily because it is a tradition to earn money for her marriage.

In Ghana, working as a kayaye is considered to be an important rite of passage for a young girl, who has to save and purchase in advance all the items necessary for her marriage. Consequently, migrant young girls congregate in the capital city Accra to work as child porters, or engage in petty trading. It was revealed that many migrants and kayaye girls engage in commercial sexual activity as a secondary source of fast cash. Some girls are as young as eleven years. Moreover, a high number of kayaye girls are at one time or another forced to have sex with customers against their will. With no real shelter at night, these migrant girls are extremely vulnerable to sexual abuse and prostitution.

A 2004 ILO study on child labor (in domestic work, sexual exploitation and agriculture) found that a very high percentage of girls, nearly two-thirds of respondents from Ghana, expressed an interest in going back to school. Yet a lack of interest in schooling by some girls coupled with the influence of friends often leads girls to become engaged in prostitution as a way to earn easy money. Respondents from Ghana worked the longest days, but this could be attributed to the fact that they engaged in prostitution after their other day work, either in petty trading or as porters. The payment for working in prostitution varied considerably within each region of each country.

For the study, researchers in Ghana did not directly approach the subject of prostitution but concentrated on interviewing girls suspected to be working in prostitution as a secondary source of income. The sites were carefully chosen around Metropolis Accra on the basis that they are immediately recognizable as areas that attract young girl child laborers. These research locations are well-known as long-established centers of commercial activity by girls from the hinterlands, because of the promise of almost
instantaneous work. Girls work as porters and conduct petty trading, but also engage in commercial sexual work as their ancillary occupation. ILO research sites included commercial market areas, localities notorious for girls engaging in prostitution, tourist beaches, nearby agricultural towns, and a busy lorry centre. A girl interviewed by ILO at a brothel in Accra (home to around 200 girls, some as young as 9 years) corroborated the view that there is a very brisk trade in sex between young girls and boys with foreign tourists, who actively seek out liaisons at hotels, nightclubs, bars and other venues.

The ILO study found that respondents interviewed in Ghana were very young, with 3 per cent of respondents aged less than 10 years and one-fifth aged between 10-12 years. Determining the age at which girls started working in commercial sex in Ghana proved difficult for researchers, as only 2 per cent of the respondents described their work as commercial sexual work, although 15 per cent of the respondents admitted to have been paid for having sex. Of the 365 children interviewed, a third described their work as Kayayes (porters), whilst two-thirds described themselves as petty traders. Nevertheless a high degree of commercial sexual activity has been observed to take place amongst the young Kayaye girls and their customers. Very young females engaged in prostitution were found at Agbogbloshie and Chorkor markets. Over 60 per cent of the girl respondents in Ghana started working generally from the ages of 10 to 14 years. Overall a third of the girl respondents in Ghana stated that they were engaging in some form of sexual activity but not specifically prostitution. Even so, over 78 per cent of the child respondents admitted that they had had their first sexual encounter before the age of 15 years. Around 20 per cent stated that they had been forced at one time or another to have sex against their will.

In general, prostitution in Accra, Ghana, is seen as highly lucrative work that does not require any educational qualifications. A practice of some of the young girls was to squat on empty bottles smeared with shea butter to dilate the vagina sufficiently to accommodate any client (ILO, 2004).

Further findings from the 2004 ILO study included that most girls worked independently, operating from the street, drinking bars, market areas, restaurants and nightclubs. At some of these locations, the girls had organized themselves into groups of 5 to 10 members with their ages varying from 12 to 20 years. They elected a Queen Mother from within the group whose role was to market the services of members and to match them with specific client tastes. In some cases the Queen Mother was as young as 16 years. Employees of restaurants, clubs and bars also act as agents and refer clients to the Queen Mother for a commission. The organization of these groups mirrors the selling system of commodities in the market place. Sometimes young girls are the “understudy” of older prostitutes for about a month prior to engaging in independent activity.

4.3.4 Child Slavery
Slavery is a loaded term, particularly in Africa. Unfortunately, in Ghana, there are children that are not only being exploited; they are being practically enslaved. CHRAJ “has never heard any case of child servitude” and remains a peripheral player. Their official policy for cases brought to them is reconciliation rather than prosecution. As difficult as it is to get information about such contemporary forms of slavery, interviews with social workers and some former child slaves, as well as media reports, suggest that in most cases, parents in rural areas give their children to urban market women. The "madams" convince parents who cannot put their offspring through school that they can offer their children a better future. They promise to employ the children for a certain period - generally two years - and then provide them a sewing machine and vocational training or send them to school. They rarely keep this promise; prior to the end of the two years, most children run away. The children realize that their madam has been cheating them, or they can no longer bear the punishments and beatings inflicted on them by the madam.

"There is this woman at the Yam Market in Accra who has dozens of young girls on offer to those who need house-helps. One has to contact her, take a look at the girls, select, just as is done at the cattle or sheep market, and pay a price in order to take possession of one of them. The cost is dependent on the age, build, looks and what have you. Certainly, you pay; more for a fat, healthy cow! The same principle applies here."
-Daily Graphic, December 31, 1998

In Tema, the authorities said that prostitution, while well organized, was growing to become a huge problem that seriously challenged the District authorities, where plans were being drawn up, but resources were limited.

4.3.5 Orphanhood

In 2003, there were 1 million children orphaned due to all causes (UNICEF, 2005). UNICEF estimated there were 208,000 children orphaned by AIDS in 2004.

Under the conservative assumption base on current findings that only 13.3% of the orphans and 25% of the vulnerable children are living in orphanages that would still leave 61.7% healthy orphans and vulnerable children in need of homes. While some social and health workers encountered in the field encouraged the building of orphanages, others felt orphanages were alien to Ghanaian culture. They felt that the extended family system was capable of taking care of the orphans and the state must find a way of supporting such families (as in the case of the Queen Mothers Association), which they thought, was an ingenious approach than an orphanage. They point to the fact that building an orphanage is like building a school: it is not easy to build let alone find qualified and caring staff.

4.3.6 HIV Orphans and Vulnerable Children
With regards to HIV/AIDS, it is worth noting that though condom sales rose over 80% between 1999-2000, the rate of condom use is a mere 6% for men and 2% for women, despite 94% awareness of AIDS (GHDR, 2004). This indicates that much more needs to be done regarding the change in behavioral attitudes if the fight against HIV is to be won.

Stigma towards PLWHA is still very high in Ghana. An FHI Study (2003) reported "From the survey, it was obvious that most people were not prepared to relax their attitudes towards PLWHAs. Less than 25% of those interviewed indicated that they would show a positive attitude towards PLWHAs. Two things confirmed by the FHI study were that attitudes towards multiple -sex [partners] and the PLWHAs issue were not changing fast enough."

During key informant interviews for this study, CRS indicated that PLWHAs were their original target population but as these people died, they decided that the orphans left behind required support as well. As mentioned earlier in this report, CRS is one of the local partners working under a USAID grant known as SHARP. Under this project, the partners provide nutritional support, educational and vocational skills opportunities to HIV OVCs which include primary school children, JSS graduates, school drop outs, semi-literate and illiterate. Other organizations working with OVCs in the country are the Manya Krobo QMA who care for about 200 families, each with an average of 5 HIV orphans; the St. Vincent de Paul’s New Hope Project (Tema); SOS-Ghana; Don Bosco Youth Training Centre (Tema); World Vision International; and HACI amongst others.

These organizations provide a range of services to OVCs, including educational and training support, psychosocial services, nutritional and economic support to the families. Hope For Future Generations is an organization, possibly a joint venture between an international group and a local NGO that is planning to build a specialized school in Manya-Krobo to provide educational services to disadvantaged children. However, such attempts to assist are at risk of further stigmatizing orphans in communities such as Manya Krobo.

Research findings showed that family members do not often know when their relatives contract HIV/AIDS and attribute their ill health to other unfounded reasons such as curses. Consequently, they are unable to give them the right care. In order for the care givers to support both the orphans and those living with HIV/AIDS including children, they must properly be trained and educated on the disease and on how to handle their suffering relatives in the areas of safety procedures and infection prevention in the management of their patients, handling of corpses, disposal of body fluids and other potentially infectious materials.

Generally it seems that in the rural areas, children orphaned by AIDS are more likely to have company, live in-the open and be more tolerated and accepted by the large community than AIDS orphans living in urban areas.

The issue of vulnerability of children affected by HIV/AIDS needs to be addressed more broadly to incorporate the needs of the immediate families caring for the affected
children. Children left behind as a result of the death of their parents through AIDS tend to suffer more disadvantages than those orphaned in other ways. While both types of orphans are disadvantaged in areas like health education, livelihood, social welfare, and protection, AIDS orphans and vulnerable children tend to be discriminated against and often are targets for stigmatization.

The distribution of the age pattern for both vulnerable children and children orphaned by AIDS suggest that for both boys and girls, the heaviest concentrations are in the age segments 10-14 years (48.6% for boys compared to 46.8% for girls). For children orphaned by AIDS the proportions are 52.0% for boys and 52.5% for girls. The average age of children orphaned by AIDS was 11.4 years while the average age of the vulnerable children was 11.5 years.

Studies have noted a disproportionately large number of widows caring for vulnerable children and AIDS orphans. That widows (who usually constitute less than 2% of national samples) would now constitute a little less than half (48.6%) of this sample is an indication of the demographic distortion of the population structure being created by the spread of HIV/AIDS. This distortion translates directly into the devastation being unleashed by HIV/AIDS on the productive adult members of the population by killing them off and replacing them with the older generation who become breadwinners. Although the study was designed to link an orphan or a vulnerable child to a household head, the sample turns out to capture only 19% male and 81% female caregivers of which 75.6% of the females are household heads. The average household size is 4.8 members for female households and 8 members for male households. In addition, less than one in three females (27.5%) is in a polygamous union.

Of note, there is no substantive policy on the care and treatment of OVC in Ghana despite national guidelines on the treatment of HIV/AIDS being available since 2003. Given the nation’s extremely youthful population, high social premium on child bearing and a national fertility rate of 4.1% (GSS, 2004), this remains a significant omission. In order to facilitate the care of children affected by HIV, UNICEF arranges for cash transfers to families affected by HIV to allow enrollment into the National Health Insurance Scheme in selected districts.

4.3.7 Child Trafficking

There is scant reliable data. There is also much misunderstanding of what constitutes trafficking with adulterated cultural practices being widely practiced forms of trafficking. In Ghana, it is reported that the majority of trafficked girls are aged between 7 and 16 years, while boys, who are trafficked to work in diamond mines, are mainly between 10 and 17 years. The majority of the trafficked children came from the Northern part of Ghana, which has the highest incidence of poverty (ILO-IPEC-2001). For example, children who were traditionally fostered out to relatives within country or across national borders are increasingly in danger of being trafficked as such practices (combined with extreme poverty) are developing a more exploitative nature. There are now intermediaries who solicit children for such activities for financial gain. The children are made to serve
as housemaids, chop bar workers, prostitutes, porters, fishing apprentices, fishermen assistants, shepherds, petty traders, hawkers, farm hands, drug pushers and security agents. Industrial cities such as Tema are particularly common as destination in addition to growing cities such as Accra, Kumasi.

Reintegration and Re-Trafficking of Trafficked Children:

Children returning to their villages have a different frame of reference than their community members. This can cause problems during the process of reintegration of the child. Besides, it is not always easy for the family to accept the child back. Since the child had left at the insistence of the parents, the community often blames them if the child shows traces of maltreatment. The worst exploitation amongst trafficked children occurs in the agricultural sector.

4.3.8 Child Abuse

Statistics on child abuse are not readily available. WAJU (now DOVSSU), the special unit for women and children under the Ghana Police Service to deal with violence against women and children, reports that defilement comprises the largest number of cases (20%) reported between 2005 and 2006. Other forms of abuse against children include FGM, neglect, abandonment and child abduction. Trokosi and Fiasidi (ritual enslavement of virgins in shrines) are particular forms of child abuse in Volta Region and Greater Accra Region. There are 51 shrines in southern Ghana known to be involved (ISSER, 1999). Very severe forms of punishment such as putting pepper in the genitals or eyes were reported by child domestic workers for relatively minor offences (UNICEF, 2005 Study on CDW and fosterage).

4.3.9 Juvenile offenders

The Department of Social Welfare emphasizes community care of juvenile offenders for instance by employing “Fit persons” i.e. screened and found able to foster the juveniles. Such fosterage lasts 6 to 18 months. Some of the offenders are adopted, both by kin and non kin. In an effort to stave off trafficking, such children are mandated to remain in Ghana for a minimum of 3 months. The MoMYE is a member of the International Social Services network. CHRAJ has remained peripheral to activities supportive of juvenile offenders.

Assault, neglect and defilement are the largest problems reported in Accra to WAJU (recently renamed DOVVSU). There have been frequent reports of juveniles in adult prisons. In 2003, 36 were detected and removed. Mining and cross border areas report more juvenile crime. Juvenile courts are not operational in all districts. Those that have them are irregular. Poor logistics, collaboration and information sharing are noted as challenges, and juvenile facilities are not available at the district level. There is a great need for counseling and training for juvenile sex offenders. Notably there is lack of
resources, computerization and timely follow up. Some regions have no female facility, and others have women with babies without appropriate resources.

Almost all inmates of the Accra Borstal Institute are from broken homes arising out of death of one or both parents or divorce. Parental neglect and lack of discipline are also cited as causative factors. Stealing accounts for 95% of the offences committed. Other offences include drug dealing, murder, assault, bodily harm and truancy.

District Assemblies have formed Child Panels which are multi-sectoral bodies set up to establish action plans consistent with the Children's Act: Child Friendly courts are expected to deal with most cases involving children up to 16 years of age. Some of these panels have started operating, and could be an interesting point of departure for World Education. PTAs and SMCs are represented on the panels, along with school administration officials.

Child panels are looking at the Child Friendly Court approach for children aged less than 16 years in addition to support for the Child Parent Teams that DSW & UNICEF facilitate. UNICEF also supports the Department of Social Welfare by supporting attendance at 6 week social mobilization courses held at the University of Legon, provision of computers, strategic plan development and support for multisectoral meetings. UNICEF has trained a total of 450 prison officers in child rights to date.

There is a campaign to promote the registration of children using birth certificates, to ensure children can secure their rights as citizens as they move through life. An estimated 40 districts now have action plans drafted.

4.3.10 Substance abusers

Little reliable data is available. The Ghana Child Labor Survey reports illicit drug use amongst street children as 3.2%. Wee is the most available drug. Smoking of marijuana is illegal in Ghana but done in groups in morning and evening. An estimated 3% of street children involved in such activity according to CAS.

4.3.11 Refugees

Data from UNHCR camps that house refugees from outside of Ghana shows sexual assault rates in children aged less than 18 years as 20% of all SGBV cases (WISE, 2005). A large proportion of the refugee population, approximately 40%, is under 18 years of age. Following a 2003 survey UNHCR has sought to ensure that all children are enrolled in schools. Unaccompanied minors have been identified as particularly vulnerable and a wide range of support has been initiated at the refugee camps (Buduburam, Kristan) to cover their tracing, fostering, medical, educational and material needs. A feeding program in collaboration with World Food Program was introduced in 2004 to provide
rations to a targeted group of vulnerable refugees e.g. disabled. UNHCR is working in close partnership with the International Committee of the Red Cross (ICRC).

4.3.12 Disabled children

WHO estimates that 7-10% of the population as disabled. A study by MoME & Y in the Central and Upper East regions found a 5.5-6.2% incidence of childhood disability. Early childhood development whilst critical for optimal development of disable children is reported as very limited. In Accra, road traffic injuries and spinal injuries are the commonest form of disability whereas in Upper East and Central Regions, blindness was the commonest disability. Blindness is commonly a result of early childhood exposure to Trachoma. There are several programs now established to mitigate this scourge.

There are facilities in Cape Coast, Wa and Akropong for deaf, dumb and blind being funded by IPPF (World Bank). There are seven state schools for the deaf in Teshie, Wa, Bechem, Cape Coast, Hohoe, Sekondi, Kibi and a school for the mentally handicapped in Dzorwulu, Accra. The Soroptimist Society run a Braille library and buses to carry blind persons to reading rooms.

Disabled children from poor homes and rural backgrounds are the most vulnerable. A UNICEF study shows that children with mental retardation and learning disabilities suffer the worst form of rejection. The exclusion of disabled children from the protection of institutional homes (for orphans and destitute children) is prohibited under the CRC yet remains widespread. Limitations in available data reflect the general ignorance and stigma associated with disability which prevents many families from registering their disabled children. A situational analysis of women and children in 1984 carried out by UNICEF suggest a male preponderance of disabled children.

The Disability Act was passed in June, 2006. It hopes to encourage the mainstreaming of disabled children at all levels of development. There is a huge need for sensitization at the district and community level on the rights of OVC and increased access of caregivers to social services. UNICEF has been instrumental in such sensitization. NHIS premiums have been made available to caregivers on condition that their charges are sent and maintained in school. In order to encourage access to other support, the District Assemblies have been appointed to receive and disburse the NHIS premiums given by UNICEF. They are also the distributors of micro-credit and Ministry of Agricultural farm supplements.

For families to be able to benefit from the premiums provided under the Disability Act, they have to agree to enroll their dependent(s) into a school. The former limit of three people maximum under the NHIS is being waived to encourage the inclusion of disabled and OVC (HIV/AIDS) children, provided parents comply with the schooling provision.

Disabilities causes by exposure to pesticides is a sensitive subject in Ghana, and because symptoms are not in evidence until children reach adulthood, policies geared to the
protection of children are not of use in this regard. More work needs to be done by the relevant ministries (Health, Agriculture, and MoMEY) so that communities are educated as to the dangers of pesticides and the need for children (as well as adults) to wear protective clothing.

4.4 HIV VULNERABILITY OF VULNERABLE CHILDREN

Thirty-five percent of street child respondents admit to being engaged in sexual activity; 66% were full penetrative sex. Over 78 admitted having their first sexual encounter before the age of 15 years; 20% admitted having been forced to have sex against their will at one time or another. The national average age of sexual initiation is 17 years, so these children have a markedly premature sexual initiation that clearly increases vulnerability. Although only 14% admitted to supplementing incomes though commercial sex work, seasoned workers in the field consider a much larger involvement of both boys and girls in commercial sexual activities. It was considered cheaper and more convenient than maintaining a regular partner. The social structure would make young CSW unable to demand fair wages or use of condoms. Knowledge about AIDS is lower in child CSW’s under 13 years age (UNICEF). Commercial sex work was identified as the third most popular occupation after portering and petty trading because initial capital was not required (UNICEF). There is high demand for street sex among street boys and adult males who consider it cheaper than maintaining a regular partner. These factors would indicate that those engaged in child labor on the streets have a high vulnerability to STD’s, HIV and unplanned pregnancies.
5.0 RECOMMENDATIONS

5.1 RECOMMENDATIONS FOR NATIONAL LEVEL ACTORS

5.1.1 Ratification of Conventions

It is important that the Government of Ghana ratifies remaining conventions such as ILO Convention 138, which is obligatory to member states, and is to ensure that children are not employed full time for remuneration or otherwise before the end of compulsory school-going age. Others include the optional protocols under the CRC which prohibit: sale of children, child prostitution, child pornography, and involvement of children in armed conflict.

5.1.2 Enforcement of Existing Legislation and Conventions

Whilst the government has indeed put in place various laws and statutes to ensure the protection of the rights of children, many of these are not being fully enforced. More resources are required to support institutions such as WAJU (DOVVSU), the Judicial Services, Child Panels (which are to be set up in every district as outlined in the Children’s Act, 1998), and to ensure that cases concerning the abuse of child rights (defilement, trafficking, domestic violence, sexual exploitation) are effectively dealt with by the law. USAID’s Health Unit is engaged in OVC activities and might serve as a facilitator for discussions between the State Department, US Department of Labor and WEI.

5.1.3 Sensitization and awareness training of members of enforcement agencies, suppliers and users of child labor

With the increasing demand for child laborers in the economy and as a result, an increase in child trafficking, there is the urgent need for more training of enforcement agencies as well as suppliers and users of child labor to help stem the problem. This is urgently required to mitigate the growing urban demand by unwitting middle to upper middle classes. Micro credit schemes that target women have been shown to reduce the pressure on families to sell their children.

5.1.4 Sensitization and awareness training of communities in the dangers of pesticides, etc.

The agriculture (especially cash crops) industries employ large numbers of children; many of whom are exposed to pesticides and other harmful work practices. Communities need to be educated and trained on the dangers involved in such practices that should go hand-in-hand with increased enforcement of regulations regarding such practices and the use of protective clothing and equipment. There is a national agricultural modernization program about to start that would serve as an excellent vehicle.
5.1.5 Encouragement and upscaling of Community Foster Parent system

Following the success of the foster parenthood pilot project of the Manya Krobo Queen Mother's Association on the care and support for AIDS orphans, it is recommend that the foster parenthood concept should be encouraged in the rural settings and then be provided with the necessary assistance to enhance the care. This system can be seen as the most effective and natural child upbringing outside its biological parenthood without the child knowing that he/she is an orphan, as against the established Orphanage system that pre-exposes them to knowing their status early enough to put them to the feeling of guilt and consciously becoming stigmatized.

5.1.6 Engage students/graduates of the University of Legon Social Work Department in pilot programs and activities

It is necessary that social work students and/or graduates are encouraged and actively involved in research, pilot programs, and activities regarding vulnerable children to build up a cadre of sensitized social workers who are vital for the social development of the country.

5.2 RECOMMENDATIONS FOR WORLD EDUCATION

5.2.1 Promotion and Extension of Complementary Education Programs

Given the success, lower costs and relevance of complementary education, it is recommended that such programs should be promoted and extended to other parts of the country. The complementary education programs that are working effectively in rural areas in Ghana include, among others, Rural Education Volunteers, School for Life, The Olinga Foundation literacy project, WUSC-funded Girl-Child Project, and CARE's Basic Education and Civil Society projects.

Such programs should consider the following in the design (as evidenced from the above mentioned programs):

- Be consistent with the local context
- Provide a flexible school calendar and timetable (to address agricultural production, home-based activities, to allow children to both learn and participate in the labor force)
- Skill-based curriculum using the local language as medium of instruction
- Community-based participation in the learning environment.
- Have increased access to basics: Food supplements, water, and school health, which work in tandem with education programs to increase access and retention as well as the quality of education programming.

With WE’s partnership with School for Life in the AGSP, it would be worth exploring further opportunities to collaborate in the design of non-formal and complementary education programs for other vulnerable children.
5.2.2 Establishment of Vocational Learning Camps for street children

The idea in establishing such learning camps for street children is to give them the chance to gain some basic literacy, numeracy and life skills. Such camps could targeted towards children aged 8-15 years who have either dropped out of school or never had the opportunity to attend school and would be geared towards providing them with a relevant knowledge base. These camps could serve as an introduction of various options available to the children (such as transition into the formal education system, further vocational/skills training programs, etc).

5.2.3 Expansion of Girls’ Scholarship Program

WE’s current Girls’ Scholarship Program, operational in the Upper East, Northern and Eastern regions and targeted towards vulnerable girls at the basic level (primary and JSS) could be adapted and expanded in its recruitment base to cover more vulnerable children. More focus could also be directed towards developing its mentoring and community participation component to ensure that scholarship beneficiaries are given additional support and encouragement to complete their schooling. With experience from the SHAPE program’s peer education component, new models for peer mentoring and education could be developed as well.

5.2.4 World Education’s role as a bridge organization between complementary and formal/technical schools

It is recommended that WE function as a bridge organization, that is, be involved in material/curriculum development using SHAPE experiences as a base to provide for graduates of complementary programs to consolidate their skill acquisition before being funneled into either formal education, vocational training or skill specific learning that is geared to prepare entry for a specific predetermined labor pool.

5.2.5 Development of a national corps of Volunteer teachers in selected rural and urban areas

With the shortage in supply of teachers from teacher training colleges in the country, there will be the need to increase the numbers of volunteer teachers in deprived areas (e.g. the northern regions) to meet the growing demand. A partnership with United Way, with support also from large national service clubs such as the Rotary and Lions clubs, could provide a possible intervention. As recommended by other proponents of complementary education, the transfer of complementary instructional approaches from the non-formal sector to the formal sector (e.g. REV program or GES Pupil teachers training programs) may help to improve the quality of in-service teaching. There would be the need for any such intervention to be integrated into district efforts for teacher training.
5.2.6 Development of mobile VCT exercise to establish the incidence and prevalence of HIV infection in street children.

Given that not much is known regarding the incidence and prevalence of HIV infection in street children, despite their early sexual initiation and vulnerability to the disease, a VCT project that travels around the areas used by vulnerable children in different districts over a well defined period of time, could serve to raise awareness, encourage counseling testing and screen for actual HIV vulnerability in this population.

5.2.7 Development of agricultural community, child friendly materials for HIV education and child worker safety

There is the need to develop materials which could be used in communities for HIV education child worker safety especially in the agriculture industry (but also in others such as the fishing, mining and quarrying industries). Such materials should be developed in the local languages and be locally sensitive.

5.2.8 Public-Private Partnerships in Education

Private companies could be encouraged and facilitated by WE to invest in the development of skills in groups of vulnerable children who could be tapped into as a pool of labor at different levels of expertise according to the individual child’s potential and initiative within the program. Scholarships could then be awarded for selected individuals to pursue formal training with an understanding of being potentially employed by the host company. The company can encourage staff to act as instructors and coaches. This is a critical component in building the human resource base and for the expansion of the participation of stakeholders from the community. A mentoring pool would be a natural outcome of an activity of this type. Building human resource capacity is a sustained process which takes a number of years and includes mentoring visits for several years after the intensive initial implementation.

5.2.9 Increased involvement in selected District based Child Panels and Child Protection Teams

The Child Panels and Child Protection Teams are district-level structures intended to work by ensuring the protection of the rights of children at the local level. WE’s involvement with them in districts of operations can help to ensure that there is increased participation in addressing issues concerning vulnerable children and help to mobilize broad-based constituencies to advocate for better service provision to the young.

5.2.10 Increase district capacity support for improving the conditions for learning in deprived rural areas

WE working through and with local government and education authorities as well as CSOs has enormous potential to be a credible catalyst that moves the system to provide inclusive learning opportunities for vulnerable children including those affected by
HIV/AIDS and girls from under-served areas. Building human resource capacity is a sustained process which takes a number of years and includes monitoring visits for several years after the intensive initial implementation (building) phase.

The participatory planning process is a critical vehicle for incorporating issues of gender equality, poverty, HIV/AIDS and equity in formal and non-formal education programs and is a key strategic action to bring about change in the socio-cultural environment of women and men in order to address gender imbalances.

Civil Society agencies have a significant role to play in providing quality and cost-effective approaches to basic education and are proving to be the most effective education service providers (agencies) particularly in remote, deprived, and often marginalized communities sometimes pioneering education in these areas (e.g., School for Life).

There would need to be more extensive mapping of deprived rural areas; potential target areas for programs are available from the GES/MoE “Deprived Areas Studies”. The mapping could also be built on the AIDS mapping exercise already undertaken by W.E. under SHAPE.

5.2.11 Targeted WE involvement in advocacy and awareness raising

WE may wish to consider increasing their technical skills in the areas of research and monitoring and synthesis of information and experiences to be used in advocating with the Government on key education issues. This role is crucial if the optimum use of resources is to be made by the Government.

WE could also serve to raise awareness and sensitization among civil society by more active involvement in sharing of lessons learned, promoting grassroots advocacy, and increased support to civil society coalitions in the country such as GNCRC, GAPVOD, HACI, etc. WE would do well to become an observer on the HACI Council and consider membership at some future date.
ANNEXES

ANNEX 1: LIST OF LOCATIONS OF STREET CHILDREN BY REGION

(This list is for the two regions of focus suggested in the terms of reference for this report).

Greater Accra Region
1. Achimota, Market
2. Achimota, Mobil Station
3. Abeka-Lapaz, New Market
4. Tema, Community 2 Market
5. Tema, Fishing Harbour
6. Tema Harbour, Total Filling Station
7. Tema, Kaiser Flats – Community 4
8. Tema, Community 1 Market
9. Tema, Community 8 Market
10. Ashiaman, First Page Video Action
11. Ashiaman, Rural Bank Area
12. Kaneshie, Trust House
13. Kaneshie Market, Takoradi/Cape Coast Station
14. Tudu, Opposite Fire Service
15. Tudu, Behind Accra Polytechnic
16. Tudu, Aflao Station
17. Ministries, Births and Deaths Registry
18. Ministries, Koforidua Station
19. Ministries, Near Diamond House
20. Ministries, Rawlings Canteen
21. Ministries, Labor Office
22. Arts Centre, Opposite Lotteries
23. Accra Central
24. Accra, CMB
25. Accra, CMB-Railway Station
26. Kantamanto, Railway Station
27. Makola, Mobil Filling Station
28. CMB, Abuja
29. Agbogbloshie, Market
30. Agbogbloshie, Sodom and Gomora
31. Agbogbloshie, Kokomba Market
32. Nungua, Gbordu Kronaa
33. Nungua, Shell Filling Station
34. Kwame Nkrumah Circle, Main Trotro Station
35. Kwame Nkrumah Circle, Neoplan Station
36. Accra, Tema Station
37. Accra Newtown, Asantewaa Hotel
38. Ministries, Old Ghana Publishing (Opposite CEPS Headquarters)

**Eastern Region**
1. Koforidua, Lorry Station
2. Nkawkaw, Lorry Station

(Ghana Child Labor Survey, 2003)
ANNEX 2: LIST OF KEY INFORMANTS

Ministries, Departments and Agencies

Ministry of Women and Children’s Affairs
- Mr. Kojo Amoakwa, Chief Director
- Mr. Ampong, Director
- Marilyn Amponsah Annan, Director, International Desk (Children)

Children’s Department (formerly Ghana National Commission on Children – GNCC)
- Mrs. Ruth Addison, Head, Programs and Projects

Ministry of Manpower Development, Youth and Employment
- Mrs. Mary Dei-Awuku, Assistant Director
- Mr. Mawutor

Department of Social Welfare
- Mr. Lawrence Ofori-Addo, Principal Social Development Officer (Community Care)

Manya-Krobo District Assembly
- Mr. G.K. Scott, District Coordinating Director
- Gloria Narthe, Focal Person for District Response Initiative

Tema Municipal Assembly

Bilateral and International Organizations

UNICEF
- Mr. Iddris Abdallah, Child Rights Protection Officer

DFID
- Dr. Don Taylor, Education Advisor
- Sonya Sultan, Social Development Advisor

USAID
- BethAnne Moskov, Health Office Chief

International Labor Organization (ILO)
- Margaret Sackey, Senior Programs Officer

NGOs

Hope for African Children Initiative (HACI)
• Yaa Peprah Agyeman Amekudzi, Country Director

Ghana NGO Coalition on the Rights of the Child (GNCRC)
• Susan Sabaa, National Coordinator
• Mr. Kumah, Program Director

Opportunities Industrialisation Centres International (OICI), Ghana Program
• Dr. Nene-Osom Azu, Assistant Country Representative
• Mrs. Lucy Owusu Darko, HIV/AIDS Program Manager

Catholic Action for Street Children (CAS)
• Bro. Jos Van Dinther, Director

Planned Parenthood Association of Ghana (PPAG)
• Dr. Joana Nerquaye-Tetteh, Executive Director
• Mr. Francis Yankey, Programs Director

Other Key Informants
• Prof. John K. Anarfi, Deputy Director, Institute of Statistical, Social and Economic Research (ISSER), University of Ghana, Legon
• Dr. Margaret Price
• Dr. Leslie Casely-Hayford, Development Consultant, Associates for Change
• Esther Kpabitey, Program Manager, Manya Krobo Queen Mothers Association
ANNEX 3: ANNOTATED BIBLIOGRAPHY

1. CHILD RIGHTS AND PROTECTION

UN Convention on the Rights of the Child
This report provides an overview of the activities of the Government of Ghana following ratification of the CRC in Feb 1990.
Activities/programs include: entrenched protection of children in 1992 constitution; passage of the Children’s Act (1998); Ministry of Women and Children’s Affairs (MOWAC) established with cabinet status in 2001; Say Yes for Children campaign after UN General Assembly’s Special Session (UNGASS) on children in 2002; National Partnership for Children and its Trust Fund under President Kufuor in April 2001; development of a 10-year National Programme of Action (NPA) for Children; Juvenile Justice Act 643 (2003) ensures children protected according to international standards.

UN Convention on the Rights of the Child
CRC/C/GH/CO/2. 27 January 2006.
Report outlines progress of government on programs/activities of implementation regarding the CRC.
Successes: Ratification of ILO convention 182 concerning prohibition and immediate action for the Elimination of the Worst Forms of Child Labor in June 2000 as well as the African Charter on the Rights of the Child; Increase in criminal responsibility from 8 to 12 years.
Challenges: Limited implementation of Rights of the Child at local level; discrimination of kids who are street children, have HIV/AIDS, kids of immigrants, disabilities, etc still exists; lack of mental health support for teen pregnancy; high number of children are engaged in economic activities, and a high number of this group engages in work that is “hazardous, dangerous, and jeopardizes them of their health, education and development.”; drug abuse: need for support (WHO, UNICEF)

The GNCRC was established in 1996 and is made up of Child-focused NGOs. Their broad mandate is from the CRC, the 1992 Constitution of Ghana, the 1998 Children’s Act, etc.
Some key challenges noted in the report include the lack of data and the need for better monitoring and evaluation. It is also noted that the Department of Social Welfare and
Department of Community Development at the decentralized level are key to rights of children and need to be well supported.

Some recommendations made by the report include: As abuse and exploitation of children in private and public spheres pose a huge challenge it is critical that the Domestic Violence Bill and Human Trafficking Bill be passed with urgency. Also the need to pass the Disability Bill; ensure child participation; alternative care systems for kids in difficult circumstances; resources to public sensitization; reduce infant and maternal morbidity; good governance, rule of law, equality and nondiscrimination, participation of citizens, and economic development; closer collaboration between state and NGOs; child budgeting and analysis incorporated into overall budgeting arrangements, make FCUBE actual, juvenile justice improvement, drug and alcohol use not well-known, thus the need for more studies.

Ghana’s Children – 2000. GNCC

Report on Ghana’s children: their situation, from their perspective (4,513 children were interviewed). National Partnership for Children, Community based Child Protection and Child Rights Clubs are used by government to galvanize CSO support. Teacher Training institutions have resources and language simplified for kids. Child centered radio programs. Police, Judiciary, Medical and Nursing awareness raising of CRC.

Constraints: Representation of street kids hard because they do not have representatives or advocates like other kids; Child labor - mining (boys ages 10-17), trafficking (girls 7-16), fishing villages and urban centers; ECOWAS Protocol is illegalizing trafficking; Girls 16-25 lured to prostitution; Assault, neglect and defilement largest problems reported in Accra to WAJU; Physically disabled children - no schools for these kids. 10% of population is estimated to be physically disabled. Few schools for blind, deaf, or mentally challenged (only 5). Most are under equipped. Rejection, discrimination, and abandonment are issues.

2. STREET CHILDREN


Street children have come about as a result of a combo of poverty and breakdown of family structures. While 50% of street children actually live, sleep and socialize on the street, it is dangerous not to call all 100% street children. There are about 20,000 youth on the street in Accra, including 6,000 girls.

Children huddle and sleep standing up in rainy season. Must pay watchman to guard shoeshine box, sometimes puts money in CAS Refuge center.

-Youth pay for water, food, toilet use, etc.
-About 70% of their income is spent on food (hygiene a danger).
“History of Some Street Children Projects in Accra.” CAS chronicles the history of CAS and other orgs in Accra.
-Word doc resource for reports, individuals and names of orgs doing work with street youth in Accra (CAS, SAID, RESPONSE, UNICEF, Save the Children).

-CAS says 35% of street youth come to the city because of cited poverty. Divorce, neglect, sexual abuse, death of a parent, lack of school fees, are other reasons.
-CAS estimates 15,000 street children and 4000 babies.

-Works with street youth also born on the street. Very early contact with crime, drug addiction and prostitution.
-Street authority’s research and institutional knowledge.
-Mini refuges and houses of refuge (they guard property and guide children---children sometimes do not know how to take a bath or where to toilet.
-Hopeland Training, etc. candle and furniture making.
-Numbers of enrollees in CAS per region provided.

-Street children outside of AIDS information network. Alienated from social service providers and schools. Lack of guardianship to prevent risky behavior.
-AIDS cases were seen in Ghana first in 1986
-In 1995, 90% of all HIV/AIDS cases fall between 15-49.
-Street children include those who live at home but who “hang out” on the street, as well as those who live on the street in abandoned buildings and underground parking lots.
-Financial support comes from street life. (Muir 1991)
-Smoking of marijuana is illegal in Ghana but done in groups in morning and evening
-Youth pay money for baths, toilet, mat on verandah. Boys sell marijuana and involve in petty theft to pay these rates. Girls forced into survival sex.
-Legitimate activities include cleaning and portering, selling of petty items.
-Seized items cause peddling girls to change over to sex trade.
-Majority in 1992 study (250 sample size) had primary ed education (six years).
-2/3 migrated to Accra from other parts of the country. 6% from rural environment.
-51% of both sexes sleep away from their homes. Most (37%) sleep in market, 10% in bus stops, a few in hotels (1.3%---females).
-58% from single-parent homes
-41% spent most of childhood w/ parents. Majority w/ mothers only (31%), grandmothers (9%) or fathers only (7%). 44% still talk to parents.
-abortion common
-HIV/AIDS....female traders and male porters, truck drivers to female prostitutes, then out to other areas....
-Untreated STDS
-For HIV/AIDS prevention, accessible offices, insiders used as role models, training in certain skills, improve economic situation of youth, peer support and peer education, increased knowledge, integrated approach of social workers, medical practitioners, etc. Address environmental factors like dysfunctional families.

-Study examines determinants of school enrollment in Ghana.
-Gender of child and education of mother most significant predictors of school enrollment status
-Uneducated moms 3x more likely to have kids who did not attend school.
-Girls whose moms did not attend school were 1.8 times as likely to drop out and ½ as likely to attend than girls of moms who attended school.

3. HIV/AIDS, SEXUAL AND REPRODUCTIVE HEALTH, OVCs

-Report provides a comprehensive view of current knowledge on adolescent sexual and reproductive health issues in Ghana, with a focus on HIV/AIDS prevention, to id gaps to direct future research, to coordinate findings on this issue, and to inform policies and improve health of youth.
-Main sources are 1993 and 1998 studies.
-This report is part of a five year study: Protecting the Next Generation: Understanding HIV Risk Among Youth (PNG) being carried out in Burkina Faso, Ghana, Malawi, and Uganda.
-25% of females have been coerced at some point in time.
-Of street youth, 83% knew about condoms but only 28% had ever used them.
-Eastern Region of Ghana reported 8% HIV rates in 2002
-Special groups at risk: Street youth, girls involved in Trokosi system, HIV/AIDS orphans
-Catalogue of national policies (Children’s Act, etc) and programs
-Statistics still needed in HIV/AIDS rates, violence and sexual networking practices that threaten the sexual and reproductive health of youth.

-More than 60% of the world’s population living with HIV/AIDS (though only 10% of the world’s population live here). 25.8 million... in 2005, an estimated 3.2 million people became newly infected, and 2.4 million adults and kids died of AIDS.
-Stabilization of prevalence does not mean epidemic is slowing; can mean people are dying of AIDS at roughly same rate new people are becoming infected.
While rates appear to be stable in Ghana, fewer than 50% of males and fewer than 40% of females between 15 and 24 years of age correctly identified major ways of transmitting HIV in one 2003 study.

-Pilot survey of 100 street children between 11 and 19 regarding HIV knowledge, home and sexual experiences, risk behaviors, and factors contributing to their being on the street.
-80% minimal knowledge of HIV/AIDS, 54% think they are at risk for HIV/AIDS.
-100 million children working on streets globally (UNICEF)
-More than 10,000 street children in Ghana (CAS)
-Majority had never had sex, AIDS knowledge poor
-20% had never attended school and 94% not currently attending
-83% of the females had sex for money
-350,000 Ghanaians (of 20 million) reported to be HIV positive.

-Study assesses prevalence of alcohol, cigarette and marijuana use among senior secondary students in Accra (894 student sample).
-Overall, lifetime alcohol use25%, cigs 7.5%, and marijuana 2.6%.
-High risks associated with cig use, as everywhere, but few studies or programs exist.

-Primary school teacher perspectives on what they can do to prevent HIV/AIDS. 12 male and 12 female primary school teachers attending TTC for certification. Examination of barriers and recommendations.

-HIV/AIDS has left 170,000 children orphans, 173,098 are vulnerable to HIV/AIDS.
-Ashanti, Eastern, Greater, Volta have 77.1% of documented orphans.
-UNDP and Ghana AIDS Commission study showed that mining and border towns are especially vulnerable.
-Community supervisory groups, foster parents, support of district health units and caregivers are options for support.

Ahiaideke, Clement. Rudith King, Emmanuel Amokwandoh, and Miemac Y. Bart-Plange. “A Study on the Status of AIDS Orphans and Vulnerable Children in
- Study to take stock of orphans in selected districts, estimate numbers, know whereabouts and determine living conditions—20 districts, span of population (homeless, street youth, school kids, social workers, etc). 4,186 orphans and vulnerable children captured by study.
- Those infected are in most economically active age groups. Children and elderly most dependent.
- OVC are in orphanages or health facilities and other households.
- Of interviewed, 43.6% from rural and 56.4% from urban background.
- Of OVC (not just orphans) 10-14 years (48.6% boys and 46.8% girls).
- Average age of child orphaned by AIDS is 11.4 years and average age of vulnerable children is 11.5 years.
- Not well educated caregivers (45% have no education).
- Traders and farmers are largest # of caregivers of OVC.
- Mining activities increase prevalence of HIV/AIDS.
- 16.5% of orphans have received any counseling.
- Radio source of HIV/AIDS info (46.9), Followed by friends (16.8%), church (12.7). 1.7% mentioned NGOs, and 3% hospital, clinic. 2.8% mentioned family.
- Stigma often directed to family. More sympathy for vulnerable child than AIDS orphan.
- UNAIDS definition for Ghana: AIDS orphans from 126,000 in 2000 to 170,000 in 2002. Not well documented.
- AIDS affects orphans, kids w/ HIV, kids with parents who are sick, kids whose siblings, relatives, friends or teachers have died of HIV, kids of households stressed by children of another family orphaned by AIDS, kids on the street (who have a high infection risk).

4. CHILD LABOR AND TRAFFICKING

- On average, children in land-rich households are more likely to work and less likely to attend school than children in land-poor households (the wealth paradox). Trend observed in Ghana and Pakistan. Challenges assumption that child labor involves poorest families and households. Wealth paradox persists for girls, while for boys other factors play into mix. Statistical analysis contained in article.

- Children’s age and gender, as well as household resources, shape choices between allocating children to the labor force, to school, and/or to fostering them in or out of the household.
- Fosterage closely linked to apprenticeship.
- More limited schooling means a greater reliance on fosterage for enhancing kids’ social mobility.
Farming and work not independent of schooling decisions because of the high cost of sending kids to school.

-120 million children between ages 5 and 14 doing full time paid work in the world (ILO, 1996b; Ashagric, 1998). With part time work, number goes up to 250 million.
-Child work reduces educational attainment by about 2 years.
-Higher numbers of workers and hours in rural areas than urban.
-Improved quality and access to education is likely to curb child labor in rural areas.
-Sometimes areas of economic growth (urban areas)—increased economic activity does not curb labor of kids.
-Whole household needs to be pushed beyond poverty line. Legislation, adult ed, and vocational opportunities, as well as economic activity in poor clusters can help.

-Most children are vulnerable to being exploited and having education and development hampered in these countries, so preventing trafficking should not be done narrowly solely to eliminate this one form of exploitation.
-In Ghana in 1998, around 19% of children between 3 and 14 didn’t live with biological parents, and 25% of children 10-14 did not, either.
-Relocation for different reasons is common: households of relatives, to Muslim school, or to place of work.
-Tough to distinguish fostering a child from having her work as a domestic servant. Blurry lines.
-Many street youth spend the night standing. Boys offer protection if they pay through sexual favors. Unsafe sex, pregnancy, abortions, etc are risks to girls.
-Fishing: girls process the fish, and boys do the fishing. They get parasites, and eat little, non-nutritious food. Many drown. Physical injury and denial of food and clothing is common, as is maltreatment, social and emotional developmental delays and injuries.
-Most have kids work far from home so return is close to impossible.
-Restricted cross border migration may increase child’s need for assistance, and thus the market for intermediaries and traffickers.
-Kids usually brought by someone they know to an intermediary.

The main focus for this study was to understand and describe work situations in the cocoa sector that pose particular risks for children and that can hinder their human development. One major area of concern was the reported trafficking of children and reported forced or compulsory child labor in the cocoa sector of West Africa. Pertinent categories in which
children are most likely to be subjected to these risks are *salaried workers and children without family ties* with another area of concern being children in hazardous work, which is likely to threaten the health and safety of children.

**Girl child labor in agriculture, domestic work and sexual exploitation: Rapid assessments on the cases of the Philippines, Ghana and Ecuador. Girl child labor studies volume Nº 1. ILO. 2004.**

In 2002, three Rapid Assessments (RA) on child labor in agriculture took place in specific regions of the Philippines, Ghana and Ecuador. This report presents a comparative analysis of these findings.

Some of the major findings from Ghana include: A large sample of children was interviewed in Ghana, of whom over 72 per cent were girls engaged in agriculture; a higher percentage of child respondents from the regions assessed in Ghana have never been to school; the lowest percentage of children from Ghana received information on the work hazards (14%).

Some of the recommendations from the report include: having more concise national legislation on child labor in agriculture, including tackling the issue of the difference between whether children are “working” or are “involved in child labor”; protecting child laborers working on farms by ensuring that they have protective clothing and their schooling is not affected; and the provision of more and better education opportunities or grants to ensure that children can attend school.

The report also notes that poverty is the major factor leading children to begin working in agriculture and must be tackled by rural development policies and employment opportunities. It also strongly recommends that society’s acceptance of child labor in agriculture should be challenged.

**5. EDUCATION**

**Reaching Underserved Populations with Basic Education in Deprived Areas of Ghana: Emerging Good Practices Section 1 CARE International Ghana/Togo/Benin January 2003**


**6. GENERAL**


ANNEX 4: QUESTIONNAIRE

2. What current interventions are you using to deal with vulnerable children?
4. How do you identify these vulnerable children? What is your definition of vulnerability?
5. Where are the major gaps in this programming? (programmatically and geographically?)
6. What data exist and has it been disaggregated (age, sex, etc.)? How old are these studies assessments?
7.a) What systems and structures exist to address this problem? b) What linkages/coordination exists between these agencies and departments? c) What is their capacity to carry out these programs (tech/management needs, support from government, funding, other challenges)?
8. How much parent/community involvement is there in the planning and management of existing services for vulnerable children?
9. What training and support is provided to these organizations? Is it ongoing? Best practices identified?
10. What types of background skills or core competencies do your service providers have?
11. Who should we speak to next to better inform us of this issue/area?
12. What are the effects of vulnerable child situation on Education for All goals?

In summary:
What is the extent of the problem?
What are the gaps in and between policy and practice?
How/where could World Ed possibly help fill gaps?

What is known, what is unknown?
ANNEX 5: DETAILS OF TEAM LEADER AND RESEARCH TEAM

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