GHANA: NGO assessment of the implementation of follow-up recommendations – with the support of Centre for Civil and Political Rights (CCPR)

Ghana

NGO assessment of the implementation
UN Human Rights Committee’s recommendations
January 2019

The initial report of Ghana on the State’s compliance with the International Covenant on Civil and Political Rights (ICCPR) was reviewed by the UN Human Rights Committee (the Committee) at the Committee’s 117th session in June 2016. As the result of the review, the Committee issued its Concluding Observations (CCPR/C/GHA/CO/1) with 19 recommendations to the State party. The Concluding Observations also state in paragraph 46 that “In accordance with rule 71, paragraph 5, of the Committee’s rules of procedure, the State party is requested to provide, within one year of the adoption of the present concluding observations, information on the implementation of the recommendations made by the Committee in paragraphs 18 (non-discrimination and harmful traditional practices), 28 (persons with disabilities and psychiatric treatment) and 30 (conditions of detention and violence among inmates) above”.

The recommendations made in those three paragraphs are selected by the Committee for its follow-up procedure (“follow-up recommendations”). This assessment form was developed by the Centre for Civil and Political Rights (CCPR) in order to facilitate civil society assessment of the implementation of follow-up recommendations by the State party and more effectively contribute to the Committee’s follow-up procedure.

The assessment report is submitted by the Human Rights Advocacy Centre with contribution from the following NGOs:

1. POS Foundation, Ghana
2. BasicNeeds Ghana
3. Legal Resources Centre
4. MindFreedom Ghana
5. Amnesty International, Ghana

Report Coordinated by: Wendy Abbey
Human Rights Advocacy Centre
(wendy@hracghana.org /wyn.abbey@gmail.com)
**Paragraph 18: Non-discrimination and harmful traditional practices**  “The Committee is concerned about the persistence of certain harmful practices, notwithstanding their prohibition by law, such as female genital mutilation, trokosi (ritual servitude), forced early marriage and witchcraft accusations leading to confinement in witch camps. The Committee also expresses its concern about the practice of polygamy, which is still permitted through religious or customary norms and widely accepted in society. While, as explained by the delegation during the dialogue, the cultural background of these practices must be borne in mind when devising strategies to address them, the Committee recalls that a failure to comply with the obligations contained in the Covenant cannot be ultimately justified by reference to political, social, cultural or economic considerations within the State (general comment No. 31 (2004) on the nature of the general legal obligation imposed on States parties to the Covenant). The Committee regrets the lack of information on possible instances of prosecution of perpetrators and measures of redress granted to victims of harmful practices (arts. 2, 3, 7, 8, 24 and 26).”

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<td>The State party should strengthen its awareness-raising and education programmes in that regard, in particular in those communities where the practices remain widespread.</td>
<td>Child marriages continue to exist in some communities across Ghana. Some of these marriages are also polygamous in nature and often orchestrated by parents and relatives of girls as a result of a specific community tradition or due to poverty. Children who resist such marriages are often molested or stigmatized by community members.</td>
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<td>The State party should further enhance its efforts to prevent and eradicate harmful traditional practices.</td>
<td>The Domestic Violence Support Unit (DOVVSU) in response to child and compulsion of marriage has expanded its online data management system to capture these cases. DOVVSU also embarked on training of more officers in online data management to strengthen its institutional response to address such cases. However, on one hand, DOVVSU is yet to categorize and capture on record, cases of witchcraft accusations, female genital mutilation and trokosi in its data system although the follow-up report of the State claims that DOVVSU has a system to address all forms of domestic violence including child marriages, female genital mutilation and trokosi.</td>
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<td>On the other hand, DOVVSU is a member of an interagency teams made up of officers from the Department of Children Social Welfare and Community Development formed to embark on rescue missions for young girls forced into marriage. In addition, national strategic dialogues continue to be held towards operationalizing and financing of ongoing interventions under the National Strategic Policy on Child Marriage in order to sustain gains</td>
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2 Domestic Violence and Victims Support Annual Data Report, 2016
3 Information Received from Ghana on the follow-up to the Concluding Observations, Human Rights Committee Concluding Observation on the Initial Report of Ghana, Addendum 27th November, 2017 (United Nations, CCPR/C/GHA/CO/1/Add.1)
4 ibid
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<th>Remarks by the Acting Director of the Department of Children, Ministry of Gender, Children and Social Protection at a Roundtable Meeting with National Stakeholders on the Follow-up to the UN Human Rights Committee’s Recommendations to Ghana at Coconut Grove Hotel on Friday 12th October, 2018</th>
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| The Ministry of Gender, Children and Social Protection has established Regional Child Protection Committee throughout the country to a larger extent to address child protection issues. The Committees were set up in fulfilment of policy targets under the National Child and Family Welfare Policy developed in 2015. Since the establishment of the Committee, 53,000 communities have been reached with information and programmes on harmful traditional practices, domestic violence and child protection.5 There is a need however, to up-scale more of such interventions across the country.

Under the auspices of the Office of the President of Ghana and the African Union, the Gender and Development Initiative for Africa (GADIA) was launched in November 2017 in Ghana. The GADIA initiative is a campaign towards the elimination of harmful traditional practices such as child marriages,7 and promotion of women in business and politics across Africa8. Since its launch there seem to have been no clear coordination between the Ministry of Gender, Children and Social Protection and the Office of the President in its implementation. 9

Although these awareness raising campaigns have been steady and perennial, no clear assessment has been conducted to ascertain their effectiveness or contribution to change in citizens’ awareness on harmful traditional practices or more generally on women’s rights and non-discrimination. There appears to be a seeming lack of measures to institutionalize and sustain the momentum of such campaigns. Thus, it is imperative for the State to embark on more targeted and sustainably-oriented campaigns in communities where harmful traditional practices persist.

The State party should proactively investigate cases of traditional harmful practices and ensure that victims have access to effective remedies and adequate protection, rehabilitation and reintegration.

The Domestic Violence Victims Support Unit of the Ghana Police Service reported that in 2016, six cases of compulsion of marriage or forced marriage were reported to the Unit. One out of the six cases was submitted to court for trial, three were closed while two are

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5 Remarks by the Acting Director of the Department of Children, Ministry of Gender, Children and Social Protection at a Roundtable Meeting with National Stakeholders on the Follow-up to the UN Human Rights Committee’s Recommendations to Ghana at Coconut Grove Hotel on Friday 12th October, 2018

6 Remarks by the Acting Director of the Department of Children, Ministry of Gender, Children and Social Protection at a Roundtable Meeting with National Stakeholders on the Follow-up to the UN Human Rights Committee’s Recommendations to Ghana at Coconut Grove Hotel on Friday 12th October, 2018


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mechanisms.

In 2017 the Ministry of Gender, Children and Social Protection (MoGCSP) launched a “Helpline of Hope” Call Centre at the Ghana Household Registry. The Call Centre consists of a centralised helpline that was originally set up to provide complaint and response services to disgruntled beneficiaries of social protection programmes and grants. However, the services have been extended to victims of domestic violence to report abuses and to request for assistance upon referral by the Centre to the appropriate agencies. Institutional protocols needed to coordinate referral of domestic violence cases from the Centre to other agencies are however, non-existent. The Domestic Violence and Victims Support Unit (DOVVSU) and other agencies continue to face resource, capacity and logistical constraints that hinder the full application of the law on domestic violence.

Furthermore, lack of resources on the part of victims and their families sometimes impede the pursuit and successful prosecution of domestic violence cases. In the event of delays in prosecutions, victims and their relations abandon trials. The Legislative Instrument (LI) of Domestic Violence Act passed in 2017 seeks to provide the appropriate legal structures and administration of support for victims of domestic violence and to address some of these challenges. For example, the LI provides a framework for funding victim support.

In addition, the Ministry of Gender, Children and Social Protection contributes to the provision of victim support services including, by providing shelter and rehabilitation for victims. Currently, there are two known functioning shelters accessible to adult and child victims—one is state-run and the other privately owned. A shelter is currently under renovation for victims of child trafficking.

10 Domestic Violence and Victims Support Annual Data Report, 2016
12 Remarks by the Acting Director of the Department of Children, Ministry of Gender, Children and Social Protection at the Roundtable Meeting with National Stakeholders on the Follow-up to the UN Human Rights Committee’s Recommendations to Ghana at Coconut Grove Hotel on Friday 12th October, 2018
14 Ibid
15 Remarks by the Acting Director of the Department of Children, Ministry of Gender, Children and Social Protection at the Roundtable Meeting with National Stakeholders on the Follow-up to the UN Human Rights Committee’s Recommendations to Ghana at Coconut Grove Hotel on Friday 12th October, 2018
Paragraph 28: Persons with disabilities and psychiatric treatment “The Committee notes with concern the stigmatization and discrimination faced by persons with disabilities, which strongly contributes to severe deficiencies in mental health care facilities in the State party. It is concerned at reports of prolonged and inadequate treatment of mental health patients in public psychiatric institutions. In particular, the Committee is concerned at the poor conditions, overcrowding and low levels of staffing in public psychiatric hospitals. It is also concerned at the existence of hundreds of unregistered private “prayer camps” to deal with illness, particularly mental illness, which operate with little oversight and no State regulation. It is concerned at reports regarding the use of torture and inhuman and degrading treatment in such camps, including cases of shackling and forced fasting, on persons with mental disabilities, and treatment without free and informed consent (arts. 2, 7, 9 and 10).”

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<td>The State party should ensure the implementation of the Mental Health Act, including through the adoption of Legislative Instruments for its implementation and the recruitment of qualified mental health professionals.</td>
<td>Prior 2017, the Mental Health Authority established Community Mental Health Units in all the 216 district hospitals and health centers in Ghana to provide decentralized mental health treatment services and to promote community based treatment for persons with mental health care needs—thereby reducing the burden of treatment at psychiatric facilities.(^\text{16}) However as of 2017, MHA was unable to appoint 216 District Mental Health Coordinators to the said units.(^\text{17}) With the absence of a Legislative Instrument (LI) on the Mental Health Act and a specific levy for resourcing mental healthcare, funding for mental health services continues to be inadequate and less prioritized.(^\text{18}) Currently, only 1.5 per cent of the total budget of the Ghana Health Service (GHS) is set aside for mental health.(^\text{19}) The supply of medication (especially psychotropic medications) continues to be erratic. In 2017 only 10% of the psychotropic medicines was available compared to 30% in 2016.(^\text{20}) The work of the Mental Health Authority is further hampered as the government is yet to inaugurate a new governing board for the Mental Health Authority since the previous board was dissolved in 2016. This is evidenced in the numerous challenges faced by the major mental health facilities, such as debts, poor infrastructure and stigmatisation of services and persistent overcrowding and insanitary conditions at psychiatric hospitals.(^\text{21})</td>
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\(^{\text{16}}\) ibid

\(^{\text{17}}\) 2017 Annual Report- p.24, May 2018 by the Mental Health Authority


\(^{\text{20}}\) 2017 Annual Report- p.24, May 2018 by the Mental Health Authority

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<th>The State party should ensure registration, regulation and control of “prayer camps”, with a view to preventing ill-treatment, including inhumane practices involving shackling and mandatory fasting.</th>
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|In furtherance to implementation of the Mental Health Act (Act 846), 2012, officials from the Mental Health Authority on 30th June, 2017 rescued 17 persons with mental illness whom they found chained at a prayer camp in Central Region; the individuals were later taken to the Ankaful Psychiatric Hospital for treatment. A total of 278 persons with mental illness during 2017 were unshackled by Regional Mental Health Coordinators in prayer camps throughout the country. The MHA also commenced the operating of specialist outreach clinics in some traditional and faith-based healing centres to advocate for the prevention of the abuse of the rights of persons with mental illness in the centres.

Following the unshackling exercise, the Mental Health Authority with support from the Human Rights Advocacy Centre developed the ‘Guidelines for Traditional and Faith-based Healers in Mental Healthcare’ in 2017. The Guideline was developed to provide standards for promoting and protecting the human rights of persons with mental illness within traditional and faith-based healing centres (including prayer camps) that provide treatment for mental illness.

A 1999 Code of Ethics and Standards of Practice for Traditional and Alternative Medicine Practitioners in Ghana would also complement the Guidelines in ensuring effective enforcement of minimum humane standards for treatment of mental illness in traditional and faith-based healing centres.

An on-going research by the Human Rights Advocacy Centre and MindFreedom Ghana, reveals that prayer camps and other traditional and faith-based healing centres continue to chain and shackle aggressive persons with mental illness. They are detained under inhuman conditions-without shelter, forced to fast and starve. In the absence of a Mental Health Tribunal required by the Mental Health Act, there are no clear steps taken by the Mental Health Authority or law enforcement agencies to provide redress for persons with mental disorders who are abused. The Ministry of Interior however asserted that 15,000 Community Policing Assistants have been recruited to support the Police Service to address abuses in communities (including those in prayer camps).

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23 2017 Annual Report- p.46, May 2018 by the Mental Health Authority
24 ibid
25 Human Rights Advocacy Centre project on “Improving access to mental healthcare and rights for persons with mental disabilities in traditional mental health centres in Ghana”, 2018.
26 Presentation by BasicNeeds Ghana at a Roundtable Meeting with National Stakeholders on the Follow-up to the UN Human Rights Committee’s Recommendations to Ghana at Coconut Groove Hotel on Friday 12th October, 2018
27 Human Rights Advocacy Centre-Preliminary Findings. Research on 'Promoting Access to Mental Healthcare and Rights for Persons with Disabilities in Traditional Mental Health Centre in Ghana', 2018
28 Bilateral Meeting with Acting Chief Director and Director of Research of the Ministry of Interior on 11th October, 2018.
In order to address abuses of the rights of Persons with Mental Illness in these Centres, the Commission on Human Rights and Administrative Justice proposed that the centres registered as Non-Governmental Organisations (NGOs) under the Department of Social Welfare (DSW), should be made to comply with the said Guidelines as an integral requirement for the renewal of their NGO licence by the DSW.29

It is envisaged that the publication of the Guidelines by the end of 2018 and subsequent awareness raising by the Mental Health Authority will improve human rights awareness amongst operators of traditional and faith-based healing centres (including prayer camps). It will also create the necessary framework that will guide the monitoring of these centres by officials of the Mental Health Authority.

The State party should ensure an effective and independent monitoring and reporting system for mental health and social care institutions, and ensure that abuses are effectively investigated and prosecuted and that compensation is provided to the victims and their families.

The Mental Health Act mandates the Mental Health Authority to establish Visiting Committees to conduct monitoring and evaluation of institutional and community-based mental healthcare. As of 2017 three Regional Visiting Committees have been established out of the ten required.30 The Committees have however not effectively engaged in monitoring visits. Abuses at prayer camps and other traditional and faith-based healing centres persist with no investigation or prosecutorial processes initiated on behalf of victims and their families.31

Although the Mental Health Act requires the establishment of Tribunals for the prosecution of abuses against persons with mental illness, there is no indication towards the establishment of such. However, the Mental Health Authority has trained selected staff of Judicial Council of Ghana on 13th June, 2017 on the Mental Health Law.32 BasicNeeds Ghana and the Mental Health Society of Ghana, have also trained Prayer camp leaders on common mental disorders and human rights and conducted awareness raising on the Mental Health Law with an objective of influencing practices of the prayer camp operators positively.33

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29 Bilateral Meeting with the Deputy Commissioner and officers of the Commission of the Human Rights and Administrative Justice at the at the office of the Deputy Commissioner on Thursday, 11th October, 2018.
30 Mental Health Authority 2016 Annual Report
32 Presentation by BasicNeeds Ghana at a Roundtable Meeting with National Stakeholders on the Follow-up to the UN Human Rights Committee’s Recommendations to Ghana at Coconut Grove Hotel on Friday 12th October, 2018.
33 Ibid
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<th>The State party should prohibit non-consensual psychiatric treatment, such as forced medication and confinement.</th>
<th>Mental Health Authority has developed a draft Mental Health Policy to address challenges at the Psychiatric Hospitals including issues on non-consensual psychiatric treatment. To reduce the burden of treatment at psychiatric facilities, the Authority has established Community Mental Health Units to promote community-based mental health treatment.</th>
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<td>The State party should ensure that persons with mental disabilities or their legal representatives are able to exercise the right to effective remedy against violations of their rights.</td>
<td>Chapter five of the 1992 Constitution of Ghana and the Mental Health Act 2012 safeguard the human and legal rights of persons with mental disabilities. Among others, section 59 of the Mental Health Act 2012 outlines complaint procedures for the benefit of persons with mental disabilities while the Constitution also makes provision for equal access to justice and fair trial. However, care-givers of persons with mental illness prioritize seeking medical assistance over legal redress or protection for persons with mental illness due to a perception that persons with mental illness do not have rights. Subsequently, abuse of persons with mental illness often go unreported. Thus, it is imperative for the State to disseminate information on the rights of persons with mental illness and take appropriate measures to enforce such provisions on the rights of persons with mental illness. This will help address the apathy towards protection and help relatives report abuses and redress (including compensation) for persons with mental illness. In addition, the State must ensure the establishment of the Mental Health Review Tribunal to <em>inter alia</em>, hear and investigate complaints in respect to persons with mental illness.</td>
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34 ibid
35 ibid
Paragraph 30: Conditions of detention and violence among inmates “Despite the information provided by the State party’s delegation during the dialogue that inmates designated as “black coats” are not entitled to exercise authority over other prisoners in place of prison officers, the Committee expresses its concern over reports suggesting that they sometimes exercise de facto authority, including through resort to violence. It is also concerned at the very high rate of overcrowding and poor conditions in prisons, including the lack of segregation of detainees from convicted criminals and separation of juveniles from other prisoners and men from women, unsanitary conditions and inadequate provision of basic services and facilities, as well as the lack of a regular and independent system for monitoring places of detention (arts. 7, 9 and 10).”

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| The State party should take measures to improve the conditions and treatment of persons held in custody and take steps to address the problem of prison overcrowding, including by introducing a genuine policy on the use of non-custodial penalties, in accordance with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). | On 10th October, 2018 a draft Bill on non-custodial sentencing was launched in accordance with the United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules). The Bill seeks to provide alternative sentencing for minor offences. This is expected to be passed and enforced alongside the Justice for All Programme aimed at reducing prison overcrowding in Ghana. The draft Bill will be submitted to Parliament by the end of 2018. In addition, a policy on Non-Custodial Sentencing is currently pending approval by Cabinet. The Ghana Prisons Service under the Ministry of Interior has established Paralegal Units in all Prisons. Under the Unit, prisons officers have been trained as paralegals to assist remand prisoners file petitions to supervising judges and High Courts to review remand cases. This is to help speed up the court work for remand prisoners and to reduce overcrowding. The Ghana Prison Service is also undertaking physical restructuring of Prisons across the country. Two remand facilities are under construction at the Nsawam Medium Security Prisons to separate remand prisoners from convicts. The Ankaful Maximum Prison has been completed with a 2,000 capacity. However, due to lack of infrastructure, including, rehabilitation facilities for prisoners and accommodation for the prison officers and stewards, the Ankaful Maximum Prison is currently holding only 677 prisoners. In 2017 the Government of Ghana acquired 500 acres of land to increase the production of food supplies for prisons. In addition, existing Agricultural Farm Prisons which combine

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36 Bilateral Meeting with Acting Chief Director and Director of Research of the Ministry of Interior on 11th October, 2018.
37 ibid
38 Bilateral Meeting with the Director-General General of the Ghana Prisons Service on 11th October, 2018.
39 Bilateral Meeting with Acting Chief Director and Director of Research of the Ministry of Interior on 11th October, 2018.
40 Bilateral Meeting with the Director-General General of the Ghana Prisons Service on 11th October, 2018.
rehabilitation and sentencing facilities also produce food crops to supplement feeding of prisoners across the country. Nonetheless, the feeding fee for a three-square meal remains unrevised at GHC 1.80 (0.36 USD) per day was per prisoner.

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<th>The State party should also ensure that inmates are not given any disciplinary authority over other inmates.</th>
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<td>Currently, the State separates prisoners on the basis of age, sex and custodial status. Juveniles who are in custody in adult prisons were put on trial as adults and committed to prison as such, on the basis that they falsified their ages in attempt to escape being put on trial in juvenile courts. The Prison Service under such circumstances could not release juveniles but provides them with assistance to appeal their sentence. As part of the assistance, the Prison Service sends juveniles to the Police Hospital for medical determination of their proper ages. The so-called “Black Coats” are inmates appointed by the Prison Administration and are regarded as a way of providing leadership for the effective management of cells.</td>
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