



Leaving no one behind in Ghana

A Human Rights Assessment

By the UN Country Team, Ghana

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Introduction

In agreeing the 2030 Agenda for Sustainable Development, Governments made a commitment to “leave no one behind” in ending poverty in all its forms and in extending access to justice for all.

The Government of Ghana (GoG) has shown great commitment to the Agenda 2030 and its 17 Sustainable Development Goals (SDGs), through its participation in global consultations, localising SDG implementation in national development plans and strategies, and including SDG indicators and targets in national statistical collection, analysis and reporting. In 2016, then-President John Dramani Mahama was appointed by the UN Secretary-General to co-chair a group of Eminent Advocates for the SDGs. And his successor, President Nana Akufo-Addo was named to the same position in early 2017. This reflects the high level of national commitment and expectations in Ghana for the 2030 Agenda for Sustainable Development and its central principle of leaving no one behind.

One of the intransigent challenges Ghana faces in achieving the SDGs is in extending access to justice – and hence access to social services, quality education and health care, and decent work – to the most marginalised and ostracised groups in society. The UN Agencies working in Ghana are aware that some groups face such severe discrimination that they do not have access to the Government, the duty bearers, and are therefore not able to speak their case, advocate for the realisation of their human rights, and seek protection from abuse and discrimination.

This report summarises the findings of an inter-agency project supported by the UN Development Operations Coordination Office (UNDOCO) to assess human rights in Ghana. It was carried out by the UN Country Team (UNCT) in Ghana in 2016 in order to inform the subsequent development of the partnership framework for 2018-2022, the UN Sustainable Development Partnership (UNSDP).

The project was intended to address the following questions:

- i. Who are the excluded and ostracised groups? Which groups do not have access to the duty bearers in Ghana?
- ii. Can we improve the evidence base on such groups?
- iii. What are the views of these excluded and ostracised groups about improving their access to justice, protection, and public services?

Executive summary

As part of its support to Ghana's efforts to "leave no one behind" in light of the Sustainable Development Agenda, the UN Country Team (UNCT) in Ghana is committed to ensuring the consideration of the human rights of *all* Ghanaians in the development of the next partnership framework, the UN Sustainable Development Partnership (UNSDP) 2018-2022.

The inter-Agency project to assess human rights focused on three specific areas of ensuring that no one is left behind in Ghana:

Identification of excluded groups

First, the UNCT invited human rights experts from Civil Society Organisations (CSOs), academic institutions and Government in Ghana to a workshop to identify and map human rights challenges, current and foreseen, in Ghana. This led to a broad list of human rights issues which was then narrowed down to the human rights challenges faced by excluded groups with little or no access to duty bearers. The following marginalised groups were identified:

- People with disabilities (PWDs)
- Prison population
- Lesbian, gay, bisexual, transgender and intersex people (LGBTI)
- Underage sex workers (USWs)
- Injection drug users (IDUs)

Data evidence improvement

Second, out of the five identified excluded groups in Ghana, there was little available data on four: the prison population, LGBTI people, underage sex workers, and injection drug users. The UNCT commissioned a report to search for information from Government and NGO sources and to prepare a synthesis report focusing specifically on these selected groups.

Giving the groups a voice

Third, the UNCT used a variety of strategies to reach out to the specific groups in order to listen to their views and understand their needs, as summarised below:

People with disabilities (PWDs): Of the five groups, PWD are the best organised in Ghana. Various UN Agencies work with the Ghana Federation of Disability Organizations (GFD) and agreed to support its efforts to investigate ways of including disability in the SDGs. GFD advocated that the Government conduct an awareness survey on disability and SDGs, which should be followed by sensitisation of organisations that represent persons with disabilities. They also highlighted the importance of ensuring a focus on disability in national development plans and in programmes developed with Development Partners (DPs). Disability should always be an indicator or a target in the programmes, and this should be a precondition for DPs' support to the Government. Local language considerations are necessary to be able to include local communities and they called for information on SDGs to be translated to ensure inclusiveness. The UN Ghana is strongly encouraged to involve PWDs in programme design, development and implementation.

Prison population: For first-hand information, the UNCT drew on the reports by the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment following his visits to prisons, candid discussions with prisoners and prison officials, and meetings with NGOs. The Special Rapporteur documented the challenges for prisoners in Ghana to enjoy their human rights due to overcrowding, poor hygienic conditions, lack of access to health care, insufficient nutritious food, and personal safety issues among other challenges.

LGBTI persons: In reaching out to this group of people, the UNCT worked directly with LGBTI community members as well as via the few Civil Society Organisations (CSOs) working with LGBTI persons – in particular the Human Rights Advocacy Centre. A focus group meeting was held with some twenty LGBTI representatives who raised concerns related to access to health care, stigma, encounters with law enforcement agencies, and adverse statements from religious leaders. At a global conference on LGBT (Bangkok, December 2016), UNCT members heard similar concerns raised by representatives from countries around the world, as well as learned about good practices in promoting protection of human rights for LGBTI. Insufficient response to human rights violations on the basis of sexual orientation was one of the main points of criticism by the Human Rights Committee's review of Ghana in 2016.

Underage sex workers (USWs): This group of people is not organised in Ghana, and seemingly not supported by CSOs. Through a contact at Ghana's School of Medicine who had previously worked with some USWs, the UNCT was able to set up a focus group meeting with a group of female USW. They informed the UNCT of several human rights challenges but emphasised safety issues (they sleep outdoors and are victims of crimes like thefts and assaults), and lack of access to health, access to education and capacity building.

Injection drug users (IDUs): This group of people is likewise not organised in Ghana nor supported by CSOs or the like. The same contact at the Ghana School of Medicine was able to introduce the UNCT to a group of IDUs. They told the UNCT about their experience and issues and stressed the need for free rehabilitation for IDUs, followed by support to acquire skills to pursue careers. They suffer from stigma, lack of access to health care, and safety issues.

Methodology

The UNCT established an inter-agency project team to work on this project to identify who was at risk of being left behind due to human rights challenges. With the support of the UN Resident Coordinator, Ms. Christine Evans-Klock, and the UNFPA Country Representative, Mr. Babatunde Ahonsi, the project was led by Ms. Bianca Juhl Andersen, Human Rights Specialist in the Office of the Resident Coordinator,¹ working with project team members Ms. Adjoa Yeniyi (UNFPA), Ms. Jane Okrah (UNAIDS) and Ms. Olga Teye-Topey (UNHCR).

In addition to the project team, a national consultant was engaged for two months to conduct a thorough literature review and synthesise existing information and data on the excluded groups.

The project team made use of various methodologies for the project:

- Desk research;
- Dialogue meeting with experts;
- Focus group meetings with target groups;
- Interviews with stakeholders;
- Data synthetisation;
- Communication outreach (blogs, newsletter, website); and
- Global networking.

Part 1: Identification of excluded groups

On 8 June 2016, the UNCT hosted a human rights workshop in Accra for 35 participants. The participants were human rights experts from CSOs, academia and national human rights institution, as well as UN representatives, including the regional human rights focal person for the Office of the United Nations High Commissioner for Human Rights (OHCHR) in Ghana (based in Dakar).

These experts were invited to give short presentations on their perception of current and foreseen human rights challenges in Ghana. This resulted in the following identification of human rights challenges and groups of people whose human rights were at risk of not being protected:

¹ The project lead, Ms. Bianca Juhl Andersen, relocated to UNDP Headquarters in October 2016. Her office kindly gave their support to this project by agreeing that she represent UN Ghana at a global LGBTI conference in December 2016 and then draft the final report. The UNCT gratefully acknowledges this support and teamwork.

Human rights challenges in Ghana

Who is at risk?	Why is there a risk?
Slum dwellers	Lack of affordable housing in Accra, lack of resilience, discrimination of minorities, lack of land rights
People living in poverty	No access to sanitation systems, legal system set up making it difficult for the impoverished to access the justice system
Mining communities	Rights to mining companies are the focus - not rights holders (compensation, exploitation, housing, food, right to work, discrimination for foreign investors over local communities), police brutality, impunity, security agencies
Youth and children	Education accessibility and quality (especially in the North and in inter-city communities), nutrition
Women and children	No property and inheritance rights for women, cultural and legislative prioritisation of males, witch camps (including children), marginalisation, abuse, sexual and gender-based violence (SGBV)
Rural Population	Social conflicts which leads to land disputes, including with nomadic pastoralists
LGBTI / sexual minorities	Cultural stigma, criminalisation
People with HIV	Lack of access to health care due to stigma, discrimination, confidentiality, funding needs; lack of access to justice - unlawful arrests, detention, brutality, corruption, limited availability of legal aid
Prisoner population	Torture, ill treatment, overcrowding, general poor conditions, no job training
People with disabilities	Discrimination in public project development, education, health systems, access to public services, etc.
People with albinism	Discrimination in education, health systems, etc.
People with mental illnesses	Prayer camps, inadequate and poor quality of care at mental hospitals, with recourse to prayer camps/witch camps
Sex workers	Stigma, discrimination, access to health, SGBV, etc.

From among the list of vulnerable groups, the workshop participants and the UN project team identified those groups with little to no access to duty bearers in Ghana. These groups are marginalised or ostracised for a variety of reasons and thus are at particular risk of having their human rights not recognised or protected:

- People with disabilities (PWDs)
- Prison population
- Lesbian, Gay, Bisexual, Transgender, Intersex people (LGBTI)
- Underage sex workers (USWs)
- Injection drug users (IDUs)

The above five groups were chosen as target groups for this project to assess human rights in Ghana due to their greater risk of being left behind.

Part 2: Evidence base

The second objective of the project was to improve data on the excluded groups for which the least information was readily available (thus PWD was not included in this research exercise). There is little acknowledgement of these groups (see for instance Government of Ghana's response to the raised human rights issues in Ghana, hereunder LGBTI, in the 2016 Human Rights Committee report on Ghana²). By improving its evidence base, the UNCT will better be able to focus support and motivate attention to their needs.

A consultant was employed to compile, synthesise and analyse the data available from various sources, and provide recommendations for strengthening, using, and upgrading data. (The full report is available upon request.)³

Data summary and recommendations

The following table summarises the principal sources of quantitative information found on the target groups, and the subsequent text summarises information and recommendations stemming from the analysis of these sources.

Group	Key issues	Sources of information
Prison population	Congestion, stigma, torture, availability and access to complaint systems	Prison Service, Commission on Human Rights and Administrative Justice (CHRAJ), Planned Parenthood Association of Ghana (PPAG)
LGBTI persons	Stigma, adverse impact, attacks, protection, access to justice, access to services, jobs, etc.	UNAIDs, Ghana Aids Commission, NGOs, Ghana police Services, Integrated Biological and Behavioural Surveillance Survey (IBBSS)
Underage sex workers	Rights, protection, stigma, access to services, harassment	Domestic Violence & Victim Support Unit (DOVVSU), Ghana Aids Commission, UNAIDS, Ghana Police Service (GPS), Institute of Statistical, Social and Economic Research (ISSER), Police Intelligence and Professional Standards (PIPS), IBBSS
Injection drug users	Stigma, access to services, discrimination, lack of understanding of addiction	Mental Health service providers, NGOs, Centre for Disease Control and Prevention (CDC)

² http://tbinternet.ohchr.org/_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=1031&Lang=en

³ Abraham Ibn Zackaria, PhD., *Report for Data Collection on Marginalised Groups*, unpublished report to the UN Country Team in Ghana, November 2016.

Prison population

Key findings:

- The overall national prison population in Ghana as of August 2014⁴ stands at 13,479 prisoners (13,235 men and 244 women).
- Article 15 of the 1992 Constitution and the provisions of the Prisons Service Act - 1972 (NRCD, 46) protect the rights of the prisons population.
- Health services in Ghana's prisons are generally poor in terms of staff, drugs and equipment. Critical HIV services, such as voluntary HIV testing and counselling, antiretroviral therapy for treatment, etc., are not accessible to inmates.
- The overcrowding at individual prisons ranges from 271% to 526%.
- The proportion of remand prisoners ranges from 20 to 25 per cent. Approximately 22 per cent of prisoners in Ghana have never been convicted of any crime, and about 835 prisoners are incarcerated on expired warrants in the Nsawam Prison alone.
- The quality and quantity of food usually served to inmates is unsatisfactory to prisoners.
- Toilets are often used by over 100 prisoners, always locked at night, and are often overflowing with excrement.
- Less than 10 per cent of inmates have access to training opportunities and working materials.
- Available data on the prisons in Ghana are not recent nor comprehensive, stemming primarily from a few prison facilities in Accra, Kumasi, Sekondi and Takoradi.

Recommendations:

- More systematic and thorough country and penal institution-based research across Ghana's prisons, which combines surveillance surveys and behavioural studies to gather data, is needed in order to ascertain the true scope of the problem.
- There should be regular inspections by independent human right institutions, and facilitation of access to lawyers by detainees.
- Stakeholders should promote speedy access to justice, reformative programmes such as skills training for prisoners, social protection and support programmes that could help for effective reintegration of remand prisoners into society.
- More remand homes should be established across the country to avoid the mingling of remand prisoners with convicted prisoners.

⁴ Country Reports on Human Rights Practices for 2014 United States Department of State • Bureau of Democracy, Human Rights and Labor

LGBTI persons

Key findings:

- The literature on LGBTI rights in Ghana has focused mostly on gay men and other men who have sex with men (MSM), while issues pertaining more to lesbians and bisexuals, as well as transgender and intersex people, have not been given much attention.
- Global studies find that 6-10 per cent of every population identifies as LGBTI. In Ghana, the population of MSM based on 2011 estimates is 30,579, representing about 0.12%.
- Homosexuals reported incidences of unlawful eviction, denial of health care, and difficulty accessing legal representation. Human rights issues experienced by MSM include verbal abuse, police harassment, arrest, stigmatisation and social isolation.
- Discriminatory practices force an already marginalised community further underground, threatening their human rights, limiting their access to health services, and increasing their risk of sexually transmitted infections (STIs), HIV, mental health conditions, poor nutrition, and other health-related disparities.
- The most common challenges to access health service among MSM in Ghana are stigmatisation or ill treatment by providers, poor quality of services, mistrust of test results, insufficient funds/no health insurance, inadequate time at clinic, and shame in seeking services.
- Accurate knowledge of HIV among MSM ranges from 50 to 65 per cent, above the national estimated average of 34 per cent for men, with relatively poor knowledge of HIV treatment. Barriers to HIV testing include: lack of knowledge about locations offering these services, fear of a positive result, mistrust of test results, lack of privacy and fear of breach of confidentiality, shame in seeking HIV test services, and long queues.

Recommendations:

- Efforts should be made to combat violence, stigmatisation and discrimination toward persons on the basis of their sexual orientation or gender identity.
- Efforts towards training the police, the justice system, media, cultural and religious leaders, politicians, government representatives, educational institutions, health care professionals, and social services officials to respect and protect human rights of every Ghanaian, including LGBTI persons.

Underage Sex Workers

Key findings:

- The study looked only at under-age female sex workers (FSW). The estimated population of FSW in Ghana ranges from 47,780 to 58,920.
- In Ghana, HIV prevalence among sex workers is 8-fold higher than for the rest of the population.
- Condom use with clients is generally high, but negligible with long and short-term partners.
- Poverty and friends are the main factors luring young females into sex work.
- Fifty per cent of FSW reported arrest or detention by a policeman for being a sex worker.

- One third of FSW have experienced violence from a client in the past year, and such violence was not reported.
- Stigma is the main barrier to obtaining timely health care services, as well as insensitive health facility staff and fear of the consequences of disclosing their sexual history.

Recommendations:

- First and foremost, there is the need to decriminalise sex work, in order to give room for any intervention to achieve the desired impact.
- Every effort should be made by governments, the private sector, civil society, sex worker organizations, donors and the United Nations to support sex workers to acquire the skills, education, and employment opportunities that will assist them to exercise their human rights.
- HIV prevention programmes that include components such as peer education, medical services, and targeting male clients as well should be strengthened.

Injection drug users (IDUs)

Key findings:

- There is currently little information about IDUs in Ghana. A Ghana Aids Commission (GAC) study in 2013 estimated that about 6,300 injection drug users were living in Accra, Tema, Cape Coast, and Sekondi/Takoradi.
- Heroin and cocaine are the major drugs injected by this group, and most of the users were introduced to drugs by their friends, and boyfriends in the case of women.
- Most of the IDUs in one study in Kumasi were between 25 and 44 years old; nearly all slept outside, in front of kiosks or shops; about half acknowledged being involved in petty theft to support their drug habit while others earned money as day labourers, porters, barbers, etc., and reported spending most, if not all, their earnings on drugs.
- Possession and consumption of narcotic drugs for personal use is punishable by fines or imprisonment. Intense criminalisation of small amounts of drugs negatively affects the performance of harm reduction programmes by increasing the stigma associated with drug use, marginalising the IDU population, and restricting access to drug treatment and services.
- Sharing of non-sterile injecting equipment increases the risk of HIV infection among IDUs.

Recommendations:

- Allocate resources for research centres to collect data to support evidence based drug policies.
- There is the need for a drug policy to focus on public health and human rights responses to drug users instead of the current criminal justice orientation.
- Increase investment in public health services, such as prevention, early intervention, drug treatment, and recovery services.
- Harmonise drug laws within West Africa to minimise “safe havens” for drug traffickers in the region.

Part 3: Inputs from excluded groups

For each of the five identified excluded groups, the UNCT wanted to ensure to receive inputs from them in the best way possible for all concerned. Different approaches were used for the different groups.

The inputs received and suggestions for UN support were discussed at various UNCT meetings and at a UNCT retreat in November 2016 to identify the strategic priorities for the upcoming five-year UN partnership programme in Ghana.

People with disabilities

The Ghana Federation of Disability Organisations (GFD) represents seven disability organisations in Ghana. Their objectives include creating awareness and service delivery. Advocacy is the main activity of the organisation. GFD is part of the International Disability Alliance, which works closely with the UN.

People with disabilities (PWDs) in Ghana face severe challenges, including stigma, in their daily lives. In the Millennium Development Goals (MDGs) there was no specific focus on people with disabilities (PWDs), which often meant that their concerns were overlooked. In the SDGs, GFD, along with their international partners, had a strong focus on getting disability as a specific SDG. They did not succeed on this, but nine targets and indicators of the SDGs make specific mention of disability.

The UNCT supported the participation of a GFD representative in an international conference on disability inclusion in the SDGs, held in India in 2016. Following the conference, the delegate, Mr. Yaw Ofori-Debra, met with the UNCT to present the outcome of the international conference on how to support disability inclusion in the SDGs and to discuss promoting the fulfilment of human rights for PWDs in Ghana. He presented the following information about GFD and the recommendations of the international conference on SDG disability inclusion:

A global SDG Plan of Action with regards to disability was discussed at the meeting held in India. It was decided that there is a need for global awareness surveys to bring out comprehensive and inclusive data on SDGs and disability. GFD will advocate and lobby the GoG and entities dealing with SDGs to get them to carry out such awareness surveys in Ghana. Following the awareness surveys, there should be sensitisation of organisations that represent persons with disabilities about the SDGs.

People in Ghana should have full knowledge on the SDGs and disability, and their needs should be included in national development plans. People in communities need to know about the SDGs in order to engage local authorities and ensure that disability is considered in their plans.

There should be linkages between the Convention of the Right of People with Disabilities and the SDGs, as well domestic laws, policies and legislation concerning people with disabilities.

The Development Partners should ensure that there is a strong focus on disability in any programme that is developed. Disability inclusion should always be an indicator or a target in the programmes, to make sure that PWDS are not overlooked. This should be a future precondition for DPs' support to GoG.

Local language considerations are necessary to include communities: linformation on SDGs should be translated to ensure inclusiveness.

The UN Ghana is strongly encouraged to involve PWDs in programme design, development and implementation.

Discussion with UNCT members:

- HIV/AIDS: There is not sufficient data on HIV/AIDS and PWDs. GFD is encouraged to be proactive in designing plans such as the National Strategic Plan. GFD has worked with the Ghana AIDS Commission; they carried out sensitisation to PWDs. HIV/AIDS is a focus of the GFD Strategic Plan.
- Social Protection Programmes: PWDs are often the “poorest of the poor” in Ghana. GFD has worked with GoG to produce guidelines on regulation of disbursement of funds.
- Health (Ghana Health Service (GHS) and Ministry of Health): Too many PWDs die of preventable diseases. Some measures (for instance wheel chair ramps and drugs) are costly and not included in the GoG national plans. Furthermore, simple communication with doctors is difficult for some PWDs.
- PWD representation in politics: in the review of the Constitution of Ghana a few years back, GFD raised this issue of PWD representation, and suggested that, like in Uganda, PWDs be given a representation quota. For Presidential appointments to local government office, GFD recommends representation of PWDs. There is an official recommendation to the districts to do so, but only 79 of 219 Districts have followed the recommendation to date.
- Substance abuse is not currently a focus of the work of the GFD, but it should be. They requested assistance in developing plans for this.
- The UN Resident Coordinator noted that the UNCT meeting was being held at the World Food Program’s United Nations Humanitarian Response Depot (UNHRD) as it was the only UN facility with an elevator (PWD friendly).

Prison population

The human rights challenges for prisoners in Ghana have been covered by visits from the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – his last visit in 2016⁵. Based on his visit to prisons, discussions with prisoners and prison administrators, and meetings with NGOs, the Special Rapporteur made the following main recommendations to the GoG:

- Reform aspects of the criminal justice system and improve prison conditions with a view to enhancing the fundamental human rights of its citizens.
- Vigorously pursue the development of welcome initiatives such as the “Justice for All” programme, Project Efiase, and Ghana Sentencing Guidelines.
- Make a concerted effort to follow through on various commitments under legal and institutional frameworks to combat and prevent torture and other ill-treatment by, inter alia, ratifying the Optional Protocol to the Convention against Torture (OPCAT)⁶ and establishing an National Preventive Mechanism (NPM), introducing the offence of torture in national criminal legislation; strengthening legal safeguards against torture and other ill-treatment; implementing measures designed to improve judicial management and case disposition; and undertaking the comprehensive reforms contemplated by the GPS’s strategic plan with regards to conditions of detention and the delivery of services in prisons.
- Ensure that complaint procedures and mechanisms are adequate and lead to accountability, in response to persistent concerns over allegations of the use of torture and other ill-treatment during arrest, and interrogation, and police custody.

The Special Rapporteur welcomed the establishment of the Mental Health Authority Board and its efforts to improve mental healthcare practices in both the formal and informal sectors. In the face of severe challenges, GoG was urged to support these efforts through adequate funding, resourcing, and capacity-building.

However, practices in private prayer camps, such as shackling and forced fasting, observed by the Special Rapporteur, amounted to torture and other ill-treatment. The Government has a fundamental obligation to absolutely prohibit and eradicate these practices, in line with international human rights obligations.

⁵ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/036/92/PDF/G1603692.pdf?OpenElement>

⁶ It is well noted and acknowledged that Ghana did subsequently ratify the Optional Protocol, in September 2016.

Lesbian, Gay, Bisexual, Transgender and Intersex people (LGBTI)

There is a strong cultural and religious opposition against homosexuality in Ghana. Protection against abuse of human rights on the basis of sexual orientation or gender identification was presented as a main concern in the Human Rights Committee report on Ghana in 2016.

Due to the fear of exposure by members of the LGBTI community, the UNCT exercised extreme caution in reaching out to this group. LGBTI representatives and community members met privately with the Resident Coordinator, UN Heads of Agencies and project team members.

The discussion yielded the following main recommendations to the UNCT:

- Support media/movies etc. to improve public understanding of gender, in particular of diversity and to overcome stereotypes. Seeing LGBTI persons in non-stereotype roles is needed to break down stereotypes. Make the case – through movies or other ways – of the contributions LGBTI persons make in many walks of life and that they are important assets for Ghana.
- Extend outreach of Ghana's reports to the UN Human Rights Council. This could include making use of the information in briefs submitted by CSOs.
- Have regular communication with LGBTI groups, suggested through focal persons. Keep in touch during UN Evaluation, Common Country Assessment (CCA), UN planning processes.
- Support coordination: Different groups said they were working on similar issues (human rights awareness in particular), funded by different DPs evidently, and that they actually do not work together, or communicate, very much. The UN could encourage and facilitate groups to identify and maintain their own coordination leadership.
- Facilitate knowledge-sharing: They have had some opportunities to meet LGBTI Human Rights groups from other countries and would appreciate facilitation for more South-South knowledge-sharing and solidarity. They mentioned in particular South Africa and Botswana as having made interesting progress in protecting LGBTI rights.
- Accumulate and share data on LGBTI prevalence in Ghana. Lack of awareness and denial makes it easier to disregard this group.
- Refute hate speech made by some individuals in high positions and from traditional and religious leaders in smaller communities. The UN work should work with groups to provide an alternative narrative.
- Make the case for access to justice (and basic social services) on the basis of Ghana being a country proud of its rule of law reputation might be an effective approach, but might not until the decriminalisation of adult consensual homosexual acts.
- Support the LGBTI community and Human Rights groups rather than try to catalyse change as outsiders, emphasising the empowerment of community members themselves.
- Emphasis should be on Human Rights issues directly, and not pursued through health issues, which has already received a great deal of public attention.
- Consider targeting the human rights needs of lesbians and bisexuals. Due to cultural reasons (higher stigmatisation of MSM than lesbians), and because they were not originally identified as a key population, there are few projects that target meeting their needs.
- Improve the knowledge base. Fill the need for authoritative studies on the realities of life and human rights violation experiences for LGBTI in Ghana as a basis for more informed and

structured dialogues with key duty bearers and opinion-shapers/community gatekeepers including the police, Ghana Education Service GES, Ghana Health Service (GHS), employers' association, traditional chiefs and queen mothers, the mass media, Parliamentarians, etc.

- Identify and engage with 'allies' within key institutions of government and other sectors (media, the professions, business) as advocates for the protection of the rights of LGBTI and other marginalised groups under the existing laws and constitution.
- Build capacity and enhance networking and leadership development for LGBTI organisations and LGBTI-friendly human rights organisations starting with the Alliance, and give extra attention to lesbian, bisexual and trans groups which are not as organised and engaged as the gay organisations.
- Support 'safe houses' for young LGBTI persons when they are expelled or ejected from their homes or schools.
- Review the curriculum of training institutions for police officers, different categories of health providers, teachers, journalists, lawyers, etc. to include gender and sexual diversities from a human rights perspective.
- Integrate gender and sexual diversities into the various sexuality education curricula and sexual health information dissemination materials targeting adolescents and young adults (in and out of school).
- Strengthen CHRAJ for legal reform advocacy towards complete decriminalization of same-gender sexual relations.
- Increase advocacy to ensure that the human rights of LGBTIs are adhered to in the spirit of the SDGs.
- Seed out country experiences working with LGBTIs under legislation similar to Ghana's elsewhere, where appropriate, to provide ways that LGBTIs human rights can be addressed.
- UNCT members should be encouraged, where possible, to find appropriate ways to address the concerns of LGBTIs and their human rights within their mandates.
- Comprehensive research must be undertaken to ensure that inclusive data is available to give a good picture of marginalised groups in the country.

In addition to the focus group meeting, two project team members attended the global International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) LGBTI conference in Thailand, with some 700 participants from more than 100 countries. The main objective was to learn from good practices in other countries as well as network with potential partners.

Underage Sex Workers

The underage sex workers (USWs) in Ghana are difficult to reach since they are not an organised group – and no CSOs or the like are currently working with them.

In order to reach them, the project team contacted staff at the Ghana School of Medicine who had previously conducted research among the USWs. With their support, a meeting was facilitated with 15 female USWs, aged 13-15. The age they started as sex workers was 10-13 years. Most of them had dropped out of school and had been sex workers for over three years.

The participants gave the following reasons for having entered the sex work business:

- Their parents had died, and children's homes were not suitable.
- Friends and sisters were in the sex trade and were seen to have money.
- They had responsibility for younger siblings and lacked other means of providing for them.
- Most of the girls were previously employed selling water, ground nuts, etc. in the streets. The money is much better as sex workers and so they preferred the sex work.
- Some of girls had parents who forced them into the sex trade. In other cases, the girls reported that their parents did not know that they were sex workers.

The girls reported making 5-30 ghs per customer, depending on if the customer looks like he has money or not. They pay 2ghs for the place they bring the customers. They get 100 ghs per day. They average 7-10 customers per day, with more on Saturdays.

The meeting yielded the following main recommendations and requests to the UN:

- They need protection from the police.
- They need support for their daily sustenance.
- They would like to quit sex work and get help to get a good job, but for that they need skills training and capacity building.
- They want to go to school.
- Good and safe accommodation – They live in the outdoors market. They need a place to stay. People steal from them, there is poor security – men are assaulting them, especially when there is lights off.
- They would like to quit but are unable to do so due to their precarious financial situation.

Injection Drug Users

As with the USWs, injection drug users (IDUs) are a group of people that are difficult to reach, as their representation is not organised and they suffer from severe stigmatisation in Ghana. Through contacts at the Ghana School of Medicine, the project succeeded in setting up a meeting with 12 IDUs to receive their inputs regarding their challenges in meeting their human rights.

Most of those that participated in the focus group meeting had been injecting drugs for the past 20 to 30 years. They had been lured into this practice by friends, lovers and business partners.

The users are unemployed – whether as a result or cause of their drug practices, and undertake various measures to obtain money to buy the drugs. This includes being porters, moving rubbish, prostitution and theft.

The predominant experience is that drug use is treated as a criminal activity rather than a medical problem. IDUs suffer from a variety of health challenges, in addition to drug addiction, but are rejected by health facilities and so do not obtain the health care services they need.

The focus group participants were aware of their human rights. They testified to having encountered various arrests and human rights violations from the police.

There was a predominant desire among the participants to change their situation. But to do so they needed support which was not available to them. There are only a few rehabilitation centres in Ghana, all of which are private and thus provide treatment at very high cost. Some IDUs have tried seeking help with no luck.

Their main recommendations to the UN include:

- Build common understanding of addiction as a medical issue rather than a criminal offense.
- Expand access to rehabilitation.
- In addition, provide access to services where they could acquire skills that could help them find livelihoods and achieve stable lives. They need help to get an income that provides feasible alternative from criminal activities.
- Support clean-needle exchange programmes. Too often they have to use dirty needles from hospital waste, which increases risk of spreading disease.
- Convince the police to not arrest them, and if arrested to not put them in normal prison cells where the need for drugs will make them do things to themselves and others that they do not wish to do, including violence against other inmates and prison personnel.

Conclusion

The main objective of this human rights assessment project was to inform the UN Country team in Ghana about the human rights issues confronting members of marginalised or ostracised groups in Ghana.

The following excluded groups were identified by human rights experts and the UNCT Ghana as having little to no access to duty bearers:

1. People with Disabilities
2. Prison population
3. Lesbian, Gay, Bisexual, Transgender and Intersex people (LGBTI)
4. Underage Sex Workers
5. Injection Drug Users

Through this assessment of human rights, the UNCT in Ghana brought together human rights experts, advocates and government representatives to discuss key human rights challenges that persist in Ghana. The team met with representatives from three of the identified groups where there was the least information, using the UN's networks to identify representatives from the LGBTI community, underage sex workers, and injection drug users. The purpose was to better understand the human rights challenges they face and to ask how the UN could best amplify their voices so that they would not be left behind in Ghana's commitments to achieve the 2030 Agenda for Sustainable Development.

While challenges differed across groups, there were common concerns expressed related to personal security and safety, stigmatisation from society, the need for education and skills training, and the lack of access to health care.

Human rights are at the core of the UN's pledge to support Ghana in meeting its commitment to the Sustainable Development Agenda. The UNCT will take the inputs from the groups into consideration in drafting the UN Sustainable Development Partnership 2018-2022 and in consulting with Government and other stakeholders in its finalisation and implementation.

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