

This Evaluation Report was completed by an independent consultant. Subsequently the implementing agency, International Needs Ghana, amended and extended sections of the Evaluation Report in response to queries and feedback from the MFAT Activity Manager, as noted within.



PROJECT EVALUATION REPORT
PROTECTION OF CHILDREN FROM COMMERCIAL
SEXUAL EXPLOITATION IN ACCRA.
(CSEC PROJECT 2011-2014.)

FUNDED BY
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Evaluation of Protection of Children from Commercial Sexual Exploitation project in Accra Report

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This report presents the results of a retrospective evaluation of the MFAT/IN NZ funded Protection of Children from Commercial Sexual Exploitation project in Accra in Ghana. The independent evaluation was carried out by a lead consultant Kafui Mills-Odoi and team from HRD Solutions and Applications Consult – Ghana. Mary Yartey (Senior Programme officer) managed the evaluation with the support of Cromwell Awadey (Head of Programmes), Joyce Odame (Programme Manager-Child Protection programmes) Gifty Ashirifi (Project Officer) and Patience Vormawor (Head, Research and Documentation).

The purpose of the report is to independently assess how well the project was implemented using the given resources, the emerging impacts on the lives of the beneficiaries and generate as well as disseminate lessons. The report also seeks to facilitate the exchange of knowledge among International Needs™ personnel, with their donors and partners.

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AWP	Annual Work Plan
ARH	Adolescent Reproductive Health
BCC	Behaviour Change Communication
CBO	Community Based Organization
CPSC	Child protection, care and support
CSEC	Commercial sexual exploitation of children
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHC	Community Health Centre
DOVVSU	Domestic violence victims support unit
EMIS	Education Management Information Systems
IEC	Information education and communication
IN GH	International Needs Ghana
IPEC/WFCL	International Programme on the Elimination of Child Labour/Worst Forms of Child Labour
RH	Reproductive health
SDF	Sustainable development fund
UNCRC	UN Convention on the Rights of the Child

Introduction

“...It is hard to imagine a more difficult and shocking obstacle to the realization of human rights than the commercial sexual trafficking of children. ... Children who are sexually abused find their world turned upside down. Because it can occur at the hands of a close relative or friend, sexual abuse makes enemies out of the very people children look to for protection – those they know, love and trust. And because it can happen where children live, learn and play, familiar places like home or school can become forbidding and dangerous...”

Carol Bellamy – Former Executive Director (UNICEF)

All children are entitled to be protected from violence, exploitation and abuse.¹ Children’s basic rights to survival and development of their full potential are confirmed in the UN Convention on the Rights of the Child (UNCRC). Despite this assertion, a large number of children globally from all socio-economic backgrounds, spanning all ages, cultures and religions experience exploitation, violence and abuse every day.² Research has shown that child abuse has serious consequences for child development and causes disordered psychological development and Behaviour problems. Furthermore, there is significant evidence that exploitation and abuse among others can affect the child’s physical and mental health in the short and longer term, impairing their ability to learn and socialize, and affecting their transition to adulthood with adverse consequences later in life.³ Sexual abuse against children remains one of the gross violations of children’s rights⁴. Yet it is a global reality across all countries and social groups today. As a result the MDGs have demonstrated that not a single goal can be achieved unless the protection of children from human rights violations such as commercial sexual exploitation is an integral part of programming strategies and plans.⁵

International Needs (IN) CSEC programming in Ghana

In keeping with their Child protection, care and education thematic programme aimed at “developing and protecting the rights of the child as enshrined in the 1992 Constitution of Ghana, the Children’s Act 560 and the UNCRC⁶, International Needs, Ghana (IN GH) identifies CSEC as a critical violation of children’s rights. Subsequently, IN GH has implemented a three (3) -year project specifically targeted at the prevention, withdrawal and rescue of children at risk of commercial sexual exploitation as a significant contribution towards the elimination of commercial sexual exploitation of children in Accra and the total fulfillment of the UNCRC in Ghana. The project which began in 2011 was funded by International Needs New Zealand (IN NZ) and the Ministry of Foreign Affairs and Trade New Zealand (MFAT NZ).

**Sexual abuse against children
remains one of the gross
violations of children’s rights.
Yet it is a global reality across all
countries and social groups
today.**

The IN GH’s MFAT-IN NZ funded CSEC project was structured around four pillars (1) **Awareness creation**: increasing knowledge on child rights, CSEC, the importance of education as well as reproductive health issues by 80 % in six communities in Accra (2) **Direct support through prevention and rehabilitation**: preventing, withdrawing, counseling in addition to supporting 500 children in school or vocational training, (3) **Economic empowerment**: economically empowering 200 poor parents of beneficiary children through a micro finance scheme to enable them to continue supporting their children

¹ 2014 http://www.unicef.org/protection/57929_57972.html

² ibid

³ Op cit

⁴ 2011 http://www.unicef.org/protection/57929_58006.html

⁵ ibid

⁶ International Needs Ghana Child Protection, Care and Education programmes

in school and in training, and (4) participatory monitoring and evaluating effects to establish results indicated in INGH Results monitoring table.⁷ These results are:

- Increased awareness among six communities of child rights, dangers of CSEC and reproductive health,
- Two hundred (200) withdrawn from CSEC,
- Three hundred (300) children prevented from engaging in CSEC,
- Two hundred and fifty (250) children mainstreamed in basic school and supported with learning materials,
- Fifty (50) children enrolled in and supported in senior high school,
- Two hundred (200) children provided with vocational skills training,
- Two hundred (200) poor families economically empowered to continue supporting their children in school and training, and
- One District Child Labour Committee strengthened and six Community Child Labour Committees established or strengthened, and continue to engage in activities to reduce the incidence of CSEC

Purpose of this report

This report presents the results of an evaluation of the Protecting children from commercial sexual exploitation project in Ghana. The team conducted the study as part of an evaluation of the IN GH-MFAT-IN NZ CSEC project 2011 - 2014⁸. The overall goal of the project was to contribute to the elimination of commercial sexual exploitation of children in Accra. Specifically, the project sought to achieve strategic objectives:

- (1) Increase knowledge on child rights, CSEC, the importance of education and reproductive health issues by 80 % in six communities in Accra;
- (2) Prevent, withdraw, counsel and support 500 children in school or vocational training;
- (3) Economically empower 200 poor parents of beneficiary children through a micro-finance scheme to enable them continue supporting their children in school and in training; and
- (4) Participatory monitoring and evaluation with results compared to baseline information to ascertain the success of the programme.

Furthermore, the programme highlights peculiar experiences in six case study project communities-Korle Gonno, Korle Wonko, Chorkor, Agbogbloshie, James Town and Madina - thus highlighting the unique experiences and lessons that are associated with each of the six case study project sites. The study emphasizes the rationale and content of the CSEC programming implemented by IN GH and partners, the processes and efforts to contribute to its elimination, lessons learnt recommendations for addressing gaps as well as sustaining project gains and opportunities for scaling up successful unique strategies.

⁷ CSEC project documents provided through files for desk review

⁸ In April 2011, International Needs Ghana (IN GH) received funding from IN New Zealand and the Ministry of Foreign Affairs and Trade (MFAT) to implement a three-year project to protect children from commercial sexual exploitation in selected communities in Accra. The Project was slated to originally end in March 2014 having commenced in April 2011. There was a no-cost three-month extension as a result of June 2014 was envisaged as the final end of the project.

Methodology:

In order to adequately examine the design, processes, and results of the MFAT-IN NZ CSEC project, the evaluation team conducted a retrospective study using qualitative analysis methods. The study dwells on activities that IN GH has implemented in close collaboration with the government agencies and other partners as illustrated in the Results measurement framework. The study analysis focuses largely on activities related to awareness raising, prevention, withdrawing and rehabilitation as well as economic empowerment. Furthermore, it explores the following questions⁹, which are based on the terms of reference for the evaluation of the MFAT-IN NZ CSEC:

1. **Relevance of the project:** How well-aligned were they to the needs of the selected communities and at the time they were implemented? Why were specific project interventions and activities adopted?
2. **Effectiveness of the project:** To what extent have strategies and activities implemented contributed to changes? What unintended results emerged and why? How if at all has the level of awareness of CSEC and the use of alternative self-empowerment/ self-preservation strategies changed? How successfully has project promoted active collective community engagement in the fight against CSEC?
3. **Efficiency:** What was the quality of programming support provided and how, if at all, has it enhanced the results? How systematically and efficiently have resources been used and what methods were used in implementing the project activities? How successfully has the project involved key stakeholders – child beneficiaries, caregivers, trainers, community members - in the design and implementation?
4. **Sustainability:** What factors have supported or inhibited sustainability of the project? To what extent are the results likely to continue without further support from the project? How will the engagement with child-beneficiaries be sustained in view of the fact that they are still in school / or vocational training? Will their caregivers on the economic empowerment intervention be able to continue working to support them?
5. **Emerging Impacts:** changes (intended and unintended) in the lives of target groups or individuals as a result of their direct or indirect participation in the project interventions implemented in their communities. This should also include changes brought about by collaborators' / partners' contributions or involvement.
6. **Lessons learnt:** What general lessons can be drawn from the strengths and weaknesses of the design and implementation of the project as well as its results? What risks and challenges were encountered and how were they mitigated?
7. **Recommendations:** What emerging recommendations have surfaced from both direct and indirect beneficiaries and to what extent can they be leveraged for the sourcing of funds, design and implementation of future such projects.

The evaluation study was guided by the results measurement table and an evaluation matrix (Table 1) that specified definite research questions and linked them to relevant programming outputs and indicators in the results measurement framework. While some factors in the matrix were developed to tackle issues and results that were of significance to the broader evaluation of the project, others were directly aligned with those specified in the MFAT/IN NZ funded CSEC project.

⁹ Questions are based on the key areas of evaluation listed in the Terms of Reference (ToR) for the end- of –project evaluation

Table 1: CSEC Evaluation Matrix

Research Questions	Key Objectives/ Outputs/Outcomes	Indicators
Relevance of the project		
1. How appropriate were specific project interventions and activities?	Strategies were relevant to the needs of the communities and aligned with country policies and priorities	CSEC project addresses priorities expressed in Results measurement table and national development strategy for the sector
2. How well-aligned were they to the needs of the selected communities at the time they were implemented?	Project interventions were suitable for the peculiar needs of the communities at the time of implementation	Project incorporates inclusive livelihood empowerment
Effectiveness of the project		
3. To what extent have strategies and activities implemented contributed to changes?	Incidence of sexual exploitation of children reduced. Poor families are economically empowered and continue to support their children in school and in training	Number of children (a) involved and (b) at risk of commercial sexual exploitation in each target community No. of children prevented and withdrawn
4. What unintended results emerged and why?	Increased community awareness of child rights, dangers of CSEC, importance of education and reproductive health compared to baseline.	Incomes of poor parents supporting their children have increased No. of poor parents supporting their children in school or training
5. How if at all has the level of awareness of CSEC and the use of alternative self-empowerment/ self-preservation strategies changed?	Poor families in communities linked to poverty reduction programmes	Knowledge regarding child rights and CSEC, the importance of education, and reproductive health issues has increased No. of beneficiary children who have returned to CSEC/ dropped out of programme
6. How successfully has project promoted active collective community engagement in the fight against CSEC?		No. of children enrolled and supported in (or have graduated from) basic school No. of children enrolled and supported in (or have graduated from) senior high school Types of school materials distributed

No. of children placed in (or have graduated from) vocational skills training

Efficiency		
7. What was the quality of programming support provided and how, if at all, has it enhanced the results?	Project implemented in a cost efficient manner	Budget expenditure within agreed costs
8. How systematically and efficiently have resources been used and what methods were used in implementing the project activities?	Project support was inclusive in approach taking into consideration the basic needs of the child	No. of parents/guardians involved in participatory monitoring
9. How successfully has the project involved key stakeholders – child beneficiaries, caregivers, trainers, community members - in the design and implementation?	Disadvantaged children were considered and enrolled as direct beneficiaries	No. of children involved in participatory monitoring Girls as well as boys are considered as beneficiaries
	Outputs are produced in a timely fashion using least-costly resources	Participant data indicate access to project is open to children
	Rights-based approaches were applied in the planning and implementation of the project	Project activities produce outputs on time and do not exceed budgeted expenditures
Sustainability		
10. What factors have supported or inhibited sustainability of the project?	Risks factors have been identified and mitigation recommendations implemented	Underlying push and pull factors including risks identified and mitigated
11. To what extent are the results likely to continue without further support from the project?	DCLC's strengthened to continue gains of the project	DCLCs continue to engage in activities designed to reduce the incidence of CSEC
12. How will the engagement with child-beneficiaries be sustained in view of the fact that they are still in school / or vocational training?	Child beneficiaries are formally linked to existing national social protection interventions for sustained support	Policy makers and local government institutions monitor situation through findings disseminated
13. Will their caregivers on the economic	ID support inclusive of capacity building for sustainable financial management	Post project engagement taken on by DCLC

empowerment
intervention be able to
continue working to
support them?

Caregivers supported by ID to
through sustainable micro-credit
initiatives to increase incomes

Data Collection

Data¹⁰ for the evaluation were drawn from both primary and secondary sources. In June, 2014 the evaluation team conducted eight (8) days of in-country data collection, including field visits to six project sites – Korle Wonko, Korle Gonno, James Town, Agbogbloshie, Chorkor and Madina where the MFAT/IN NZ funded CSEC projects are implemented in the Greater Accra District. Primary data sources for the exercise included (1) interviews; (2) focus group discussions (FGDs). A range of secondary sources were reviewed, including community, counsellors, programme quarterly reports and national policy documents, data from surveys, and results of external studies in addition to these primary data sources. Data collection activities during the in-field visits consisted of the following components:

- ***Interviews with key informants.*** The evaluation team interviewed selected trainee beneficiaries, pupils, representatives of trainers, parents, CCLC representative, representatives from Domestic Violence Victims Support Unit (DOVVSU), representative of the Department of Social Welfare (DSW) and opinion leaders (*key decision makers in the communities – usually including traditional authority, family heads, leaders of faith based organizations and other well organized and recognized groups, politically elected community members i.e. assembly and unit committee members etc.*) involved in the CSEC project.
- ***Focus groups with beneficiaries.*** The team conducted three focus groups in each of the six project implementing communities. With the assistance of IN GH, participants were selected and discussions included participants enrolled directly, parents, community members and opinion leaders, as well as trainers providing direct vocational training.

Data Analysis methods

Two main qualitative methods were employed used by the evaluation team in analyzing the data: (1) thematic framing, and (2) triangulation. The analysis was structured around the project’s Results measurement framework (page 42-49) and an evaluation matrix specifying questions, outcomes, and indicators (page 9) to create a structure for thematic analysis. The process of triangulation was used to confirm trends and identify important inconsistencies across data sources and respondents participating in interviews and focus groups.

¹⁰ Details related to the primary data collection for the Ghana case study, specifically, a list of people interviewed and focus groups conducted are in the bibliography. Apart from these primary data sources, the team examined a variety of secondary sources, including reports, data from surveys and project database, and the results of independent external studies. Finally, a list of documents reviewed for the document is also in Appendix 3.

Site and beneficiary selection

Site selection: All project communities were selected. The rationale for purposive sampling was due to perceptions of high prevalence of CSEC in these locations and their proximity to each other, the possibility of effectively engaging beneficiaries groups and having opportunities to ascertain levels of results achieved by the project.

Beneficiary selection: A respondent list was generated based on random sampling from the MFAT CSEC Database (May) 2014 given by IN GH (Table A). Since project beneficiaries were varied, the need to have significant representation of the ranges informed the use of stratified sampling as a means to get respondent-representation from four groups (1) victims participating in the project), (2) at risk. The care givers and parents were automatically identified for selection. On the whole, INGH as an organization is interested in the extent to which their programmes reach particularly vulnerable groups. As result, disproportionate sampling was used to include more girls than boys, wherever they benefited. On the whole, a total number of 72 children (62 females), 43 parents, 40 trainers and 22 opinion leaders were interviewed from Chorkor, James Town, Madina, Agboglobshie, Korle Gonno and Korle Wonko.

Limitations of the study

The study's findings and recommendations must be understood in the context of one key limitation:

Programme stakeholders as primary data sources: The analysis relies largely on reports from direct beneficiaries who are affiliated with or affected by the project. Although respondents offered candid assessments of the programme's strengths and weaknesses, as well as its immediate outcomes, it is possible that affiliation with the programme skewed respondents toward positive assessments. The Evaluation team addressed each of the topics and provided the most precise findings and valid recommendations possible within the context of the limitation.

Structure of the Report

The rest of this report is organized into five sections. Section II describes the Policy context in Ghana, working definition of CSEC and a brief on the MFAT/IN NZ funded project. In Section III, an overview of three case studies of project sites are presented. Section IV presents findings each grouped under themes related to relevance, effectiveness, efficiency, as well as emerging impacts. Section V addresses the prospects for sustainability and scalability of the initiatives, and Section VI offers conclusions, lessons, and recommendations intended to enhance future programming by IN GH in Ghana.

Ghana was the first country to sign the UN Convention on the Right of the Child (UNCRC) in January 29, 1990, and ratified it in February, 1990.¹¹ This presupposes therefore that by law, children in Ghana are protected against all forms of abuse and neglect.¹² It subsequently embarked on a number of reforms to provide education, health, food and security and protection of the rights children from 1990s. A ten year national program of action called “The Child Cannot Wait” was drawn up in 1992, to fulfill the demands of the UN Convention on the Rights of the Child.¹³ The process of law reform also began in 1995 and the draft children’s bill was prepared in conformity with existing legislation and CRC.¹⁴ The bill was passed by Ghana’s Parliament as the ‘The Children’s Act (Act 560) in June 1998. The content of the Children’s Act (Act 560) hinges on the welfare philosophies that identify the interest of the child as central in all matters concerning the child and mandates that every child would have right to name and nationality, grow up with parents and have right to parental property, right to social activity, opinion, education and well-being.¹⁵ Furthermore, it sets out to protect the child from discrimination, torture, exploitative labor, and degrading treatment, as well as betrothal and marriage. Beside these objectives, the Act additionally defines the range of institutions and individuals including the mechanisms for implementing these objectives for the betterment of the status of children in Ghana.

In addition to the international laws related to children’s rights that protect girls and boys from discrimination and physical and sexual abuse that apply to Ghana, there are additional comprehensive laws, statutes and regulations in Ghana that protect children from any form of abuse. The Criminal Offences Act, 1960 (Act 29) for instance, criminalizes the exposure or abandonment of a child to danger, abduction of a child and a range of sexual offences that can infringe on the rights of the child. The 1998 amendment of the Criminal Offences Act, 1960 further strengthened the law to include procurement, causing or encouraging the seduction or prostitution of a child less than sixteen years.¹⁶ Additionally, penalties for rape were increased in the 1998 amendment, with a minimum of five years in imprisonment and a maximum of twenty-five years without the option of a fine as current additions. Other additional penalties include those for penalty for defilement now attracting a minimum and maximum of seven and twenty-five years respectively without an option of a fine.¹⁷ Another recent Act, Human Traffic Act (2005, Act 694) focuses on the prevention, reduction and punishment of human trafficking, for the rehabilitation and reintegration of trafficked persons and children for related matters. The 1992 Constitution also spells out fundamental human rights and freedoms for all citizens including children and specifically outlines rights to equality and freedom from discrimination.¹⁸ The Juvenile Justice Act, 2003 (Act 653) governs the administration of youth justice in the country and protects children in conflict with the law.¹⁹ There have also been some positive policy development efforts spearheaded at the national level in an effort to address the problem of violence, especially violence against women and children in Ghana. In 2006, the Government started the implementation of the National Programme for the Elimination of Child Labour in Cocoa, targeting the worst forms of child labour (WFCL) in all cocoa growing districts of the country and the National Program of Action for the Elimination of the Worst Forms of Child Labour. Other national level efforts have included the establishment in 1998 of the Domestic Violence

¹¹ Boakye, K.E. Culture and Nondisclosure of Child Sexual Abuse in Ghana: A Theoretical and Empirical Exploration. *Law & Social Inquiry* Volume 34, Issue 4, 951–979, Fall 2009

¹² Appiah, E. M. (2006). *Protecting the rights of children in Ghana: The legal framework and ancillary matters*. The Legislative drafting Division, Attorney-General’s department. Ministry of Justice.

¹³ Kuyini, A.B. & Mahama, F.K. (Implementing Child Rights and Protection Law in Ghana: Case Study (http://www.eshare.edgehill.ac.uk/3328/1/Child_Rights_Protection_Law_in_Ghana.pdf). Accessed July 3, 2014

¹⁴ Ibid

¹⁵ Kuyini A.B. & Mahama, F.K. *loc cit*

¹⁶ Appiah, E. M. *loc cit*

¹⁷ See *supra* note 10

¹⁸ VSO (2008). VSO Ghana child protection policy

¹⁹ Ibid

and Victim Support Unit (DOVVSU), a special unit of the Ghana Police Service; the Children's Department, the Anti-human trafficking unit, the Children's Act 1998 (Act 560); the Juvenile Justice Act 2003 (Act 653); and, more recently, the Domestic Violence Act 2007 (Act 732) as well as the 2012 Ministry of Gender, Children and social protection.²⁰

Despite all these legal and policy interventions, enforcement has remained weak.²¹ Even though the phenomenon of child sexual abuse has been widely recognized in Ghana, efforts to address this issue in Ghana have yielded limited success because this type of child abuse is severely underreported or disclosed.²² All these national efforts notwithstanding, violence against children, particularly child sexual abuse, continues to be a significant social problem in Ghana. Available statistics from Ghana's Domestic Violence and Victims' Support unit (DOVVSU) reveal a sharp increase in reported cases of defilement of children, with Greater Accra region recording the highest numbers of acts of child sexual abuse.²³ However, the lack of a current evidence-base related to CSEC forms, prevention, identification and interventions disaggregated by communities and sex available to inform policy, national and CSO programs as well as practices underscores the efforts and need for additional work in this area.

This is further exacerbated by the fact that knowledge on the various laws and policies concerning children are not adequately disseminated to the Ghanaian populace.²⁴ This phenomenon is manifested in the high incidences of various child related abuses including sexual, physical, emotional and morally. As a result, some parents or care givers are not aware of facts about these legal processes and policies which protect the children. Additionally, parents with child victims were only prepared to take cases of abuse by perpetrators to court when they believed they would receive compensation.²⁵ When they found fees were payable to the court, they no longer looked for formal justice but rather sought personal compensation from the alleged offender.²⁶ Other factors such as poverty have been predominant in endemic locations further increasing the factors of vulnerability and disadvantage of children.²⁷

In 2006, Ghana succeeded in almost halving its poverty rate to 28.5%, putting Ghana on track that year to achieve the MDG 1 target by 2015.²⁸ However, income disparities have worsened since then, with poverty deepening for those worse off, particularly in fast-growing urban slums and Northern Ghana where the numbers of poor people especially women and children have risen.²⁹ Furthermore, related cultural factors such as non-disclosure "fear of social retaliation, the economic cost of seeking justice or medical treatment, and negative experiences with formal agencies such as the police, the no-need-to-report syndrome, embarrassment, stigmatization, and fear of retaliation from either the perpetrator or the victim's own family have all contributed to increasing vulnerability of children."³⁰

Other related challenges identified have included inadequate capacities of law enforcement agencies and other partners with its attendant logistical constraints amongst others impeding the implementation and

²⁰ Ibid

²¹ UNICEF in Ghana: A summary

²² Boakye, K.E. Culture and Nondisclosure of Child Sexual Abuse in Ghana: A Theoretical and Empirical Exploration. *Law & Social Inquiry* Volume 34, Issue 4, 951–979, Fall 2009

²³ 2013 Domestic Violence Victims' Support Unit (DOVVSU) annual report

²⁴ Addison, R. (2010) *Addressing the needs of children in Ghana: Challenges and prospects* (<http://cepa.org.gh/researchpapers/Addressing68.pdf>) Accessed July 4, 2014

²⁵ Sossou, M-A. and J. Yogtiba (2008). Abuse of children in West Africa: implications for social work education and practice. *British Journal of Social Work* <http://bjsw.oxfordjournals.org/cgi/content/abstract/bcn033v1> Date accessed: 11/07/14

²⁶ Ibid

²⁷ Castle, S. & Diallo, V. (2008). Desk review of evidence about violence within educational settings in West and Central Africa. (A study funded by Plan West Africa, Save the Children, Sweden, Action Aid and UNICEF)

²⁸ Op cit

²⁹ Aikins, K. S. (2013). *Ghana's Development Context for Integration into VSO's Corporate Strategic Plan*. A study presented to VSO Ghana in support of the 5-year 2013-18 Country Strategic plan

³⁰ Pg 953 Boakye, K.E. Culture and Nondisclosure of Child Sexual Abuse in Ghana: A Theoretical and Empirical Exploration. *Law & Social Inquiry* Volume 34, Issue 4, 951–979, Fall 2009

enforcement of programmes as well as laws.³¹ Budgetary allocation at the national level for children's issues has generally been low as is the case with other ministries who work with or for children.³² While these are also daunting, the problem of lack of knowledge and understanding of laws and policies coupled with double income families, the added stress of having to juggle home and work, as well as urbanization and its attractions are all critical push factors. The extended family system seems to be giving way thereby affecting collective responsibilities of the family towards child care. Single parenting is becoming the order of the day with its implications of irresponsible parenting, compelling children to take care of themselves and in so doing making them vulnerable and subject to abuse, violence and exploitations.

Commercial sexual exploitation of children (CSEC): The working definition and trends

The UN Convention on the Rights of the child defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.³³ The Committee on the Rights of the Child, which is the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18 and Ghana's Children's Act (560) defines 'a child' accordingly.³⁴ There has been a call for intense work with communities to change the attitude that associates childhood with the years only up until the beginning of puberty, which creates a gap in both legislation and in practices to protect childhood and adolescence.³⁵ CSEC therefore is an infringement on the basic human rights of any human being below the age of 18.

CSEC is therefore defined as 'the use of a child or an adolescent - female or male – under 18 years old in sexual activities by an adult remunerated in money or in-kind to the child or adolescent (male or female) or to one or more third parties (Table 1.1).'³⁶ The phenomenon often involves types of transactional sex where a child undertakes sexual activities with the view to having basic survival needs such as shelter, food, education, and clothing met; or lack of disclosure or prevention by family members of the involvement of a child involved in sexual abuse due to rewards gained by the family from the perpetrator.³⁷ It also includes the practice whereby an adult achieves sexual fulfillment, financial rewards to the detriment of the child's fundamental human right. Other activities such as prostitution, production, promotion as well as distribution of child pornography, Sexting³⁸, arranged marriages involving children have also been included as dimensions of CSEC. Additional types also comprise trafficking of girls, boys and adolescents for sex trade.

³¹ Ruth Addison Addressing the needs of children in Ghana: Challenges and prospects (<http://cepa.org.gh/researchpapers/Addressing68.pdf>) Accessed July 4, 2014

³² Ibid

³³ UN Convention on the Rights of the child

³⁴ ILO (2007). *Guidelines on the design of direct action strategies to combat commercial sexual exploitation of children*. Geneva, International Labour Office

³⁵ Loc cit

³⁶ Op cit

³⁷ Ashiagbor, D (2013) Protection, rescue and rehabilitation of children from commercial sexual exploitation in and around Accra, Ghana

³⁸ Sexting in this context refers to an act of making children send or receive sexually explicit materials of themselves, or of their friends or partners perpetrators, through mobile phones can be charged with distribution of child pornography and those who receive the images can be charged with possession of child pornography

About the MFAT/IN NZ funded Protection from Commercial Sexual Exploitation Project

The three-year project aimed at withdrawing and preventing 500 children from commercial sexual exploitation, providing them with social support and economically empowering 200 poor families. The program will run in six communities; two of the old communities and four new communities. The project communities included Chorkor, James Town, Korle Gonno, Korle Wonko, Agbogbloshie and Madina, all in Accra. These are indigenous Ga settlements in the nation’s capital, characterized by slums, poverty and large family sizes and other risk factors (Table 1) which incline children to CSE. Furthermore, migrants from different parts of the country who have settled in these communities and are engaged in menial jobs such as petty trading, hawking, head portering and stone quarrying are also found in the communities.

Table 2: Trends of CSEC trends identified in six (6) project communities

Name of Project community	Type(s) of CSEC prevalent in community
Jamestown	<ul style="list-style-type: none"> • Rape • Use of internet café for child pornography related activities , • Defilement , • Teenage mothers tended to be sent off by their biological families to their “husbands” who were not formally married to them and taking advantage of by their partners, emotionally and physically • Sexting • Relatively “rich” older gay men as well as “rich” female lesbians preyed on the vulnerable children and lured them with financial and material gifts in exchange for sex • Pornographic DVDs and VCDs that were sold at very cheap prices and easily available on the streets without prohibitions and easily available to the children and offenders
Type of CSEC trend in project communities	
Name of Project community	Type(s) of CSEC prevalent in community
Korle Wonko	<ul style="list-style-type: none"> • Child prostitution – referred to popularly as “two-two”, “Shashie”, “Aketwashie” • Reckless intimate relationships

with peers as well as sugar-mummies and daddies in exchange for remuneration in cash or in-kind

- Same sex especially aggressive older women preying on young girls as their sex partners in exchange for catering for their socio-economic needs as well as men and adolescent boys in same sex relationships with younger boys.
- Older prostitutes who due to age had retired but had taken up the task of grooming vulnerable and needy girls for the “trade”.
- The older “retired” prostitutes resorted to hiring out their rooms to men who quickly needed havens for their quick sexual exploits with vulnerable girls.
- Discreet older and “rich” gay men taking advantage of vulnerable boys.

Type of CSEC trend in project communities

Name of Project community	Type(s) of CSEC prevalent in community
Korle Gonno	<ul style="list-style-type: none"> • Peer boyfriend-girlfriend relationships • Girls befriending boys both old and young • Adolescents and children asking for monies from men who later sleep with them as their girlfriends were typical cases of CSEC. • older men spending money on vulnerable boys, usually in exchange for sexual favours and a relationship • Adult lesbians (<i>Supi</i>) preying on girls and adolescents for sex • rape and Defilement • Girls were cohabiting with their boyfriends who catered for their needs and received sex as rewards. .

Agbogbloshie

- Prostitution,
- Older gays and older lesbians hunted” the vulnerable child-partners to solicit and in exchange provide the basic needs such as clothes, pocket money, food, toys, mobile phones and games in suburbs such as *Sodom and Gomorrah* and *Old Fadama*

Chorkor

- Defilement,
 - Adult lesbians taking advantage of girls and cohabiting with them in the name of “taking care of them.”
 - Gay men preying on boys and adolescents and in exchange giving them clothes, shoes, phones, money as well as games and toys, provisions,
 - Peer induced intimate boyfriend-girlfriend relationships with the view to getting material or cash rewards for sex.
 - Boyfriend-girlfriend relationships where both were cohabiting and the male counterpart taking advantage of the girls
 - Non-Ghanaian tourists also took advantage of the lax atmosphere to lure boys into same sex relationships in exchange for money
-

Type of CSEC trend in project communities

Name of Project community	Type(s) of CSEC prevalent in community
Madina	<ul style="list-style-type: none"> • Girl-friend and boy-friend relationships where one was seemingly earning money and taking care of the partner’s social need in exchange for sex, • Rape, • Children begging for money from men who later befriend and sometimes sexually exploit them. • Older gays and lesbians also taking sexual advantage of needy boys and girls and in exchange giving them material things • Defilement • Young girls indulging in some form of commercial sex activities with older men.

Source: Adapted from 2013 Mid-Term evaluation report MFAT/IN NZ funded CSEC Project

The Project’s Results measurement table (RMT)

According to this RMT, IN GH’s project in the six communities focused on four thematic strands, each encompassing a distinct set of activities, outputs, and outcomes:

- **Awareness raising:** This component of the programme focused on raising awareness among community members on child rights, dangers of CSEC and reproductive health. It also involved supporting the community members to understand the importance of formal education in a child is concerned and its related benefits in terms of guaranteeing the child secure livelihoods
- **Prevention, withdrawal and rehabilitation:** The related activities for this component included working closely with child survivors to enable them to fully re-integrate into the communities, challenge and support those at risk with skills to make the right choices. Inclusive rehabilitation of those listed was an additional component.
- **Economic empowerment:** Major activities for this component were mainly building capacity of the parents of the selected beneficiary through micro credits and associated financial literacy. The activities were run in partnership with a key stakeholder.
- Research, Documentation and dissemination of results to stakeholders

The project strategies and their linked outputs are expected to lead to several outcomes³⁹: (1) Knowledge on child rights, CSEC, the importance of education and reproductive health issues would have increased (2) Children at risk to or involved in CSEC would have been prevented withdrawn and rehabilitated, through counseling and supported in school or vocational training; and (3) poor parents of beneficiary children would have been economically empowered through a micro finance scheme to support their

³⁹ Adapted from International Needs Ghana - Results Measurement framework for the MFAT-IN NZ CSEC project in Ghana

children in school and training. (4) Lessons and learning from the field and research will be shared with child protection institutions, policy actors, traditional councils, parents, national, regional and district level institutions. Over the longer term, the expected impact includes enhancing child well-being and ensuring that all children are protected. Specific activities carried out are summarized in Table 2.1

Table 2.1: MFAT-IN NZ Funded CSEC project activities in 6 communities in Accra

Project Strategy	Activities
<p>Awareness raising among community members on child rights, importance of education, dangers of CSEC and reproductive health</p>	<ul style="list-style-type: none"> • Production and dissemination of awareness raising tools and materials such as posters, banners and leaflets on child labour, child rights, CSEC and reproductive health. • Campaign and organization of Community-based awareness programmes. • Cohort meetings in all six communities to increase awareness on child rights, dangers of CSEC and reproductive health. • Children’s fora in selected Basic and Senior High Schools in program area.
<p>Preventive, withdrawal, rehabilitative interventions and support for children in school or vocational training</p>	<ul style="list-style-type: none"> • Recruitment and training of community counsellors to provide psychosocial, emotional and vocational counselling and follow-up counselling support to the children. • Identification and counselling of victims and those at risk • Organization of screening and testing for STIs and HIV / AIDS in program communities • Placement of victims of CSEC or those at risk in schools or vocational training. • Transitional classes for 120 children • Grants for payment of school fees and levies at basic and senior high school levels, • Basic school-level supplies: school uniforms, sandals, school bags and educational materials • Senior high school-level supplies: school uniforms, sandals, school bags and educational materials • Provide training, tools, uniforms and pay training fees. • Provide stipend for 100 selected needy children in training

	<ul style="list-style-type: none"> • Strengthen existing DCLC • Setting up and capacity building of Community Child Labour Committees (CCLC) in new program communities • Follow-up support for DCLCs and CCLCs' activities.
Economic empowerment of poor parents of beneficiary children through a micro-finance scheme	<ul style="list-style-type: none"> • Mobilization and training of poor parents / guardians to be supported. • Micro finance assistance to parents / guardians
Participatory monitoring and evaluation	<ul style="list-style-type: none"> • Baseline survey • Parents / guardians, children and other stakeholders participate in monitoring the program • Biannual stakeholder review meetings • Midterm evaluation • Final evaluation.

Source: MFAT-IN NZ documents review

Key Case Studies

A total of four (4) key case studies featuring James Town, Chorkor, Korle Wonko and Madina have been selected and presented. These communities have been selected as they inherently are peculiar coastal constituency as well as migrant communities which are traditionally old with historical significance within Accra.

1. James Town

“...The project has helped James Town a lot. Due to single parenting, the needs of the children are not provided. So IN provide the needs... IN is doing well to give the girls money and trade. IN gives the girls incentives to keep them on track. They are learning hard and will be okay with their own jobs..”

(Samuel Tetteh – Former Chairman of Sub district committee – James Town

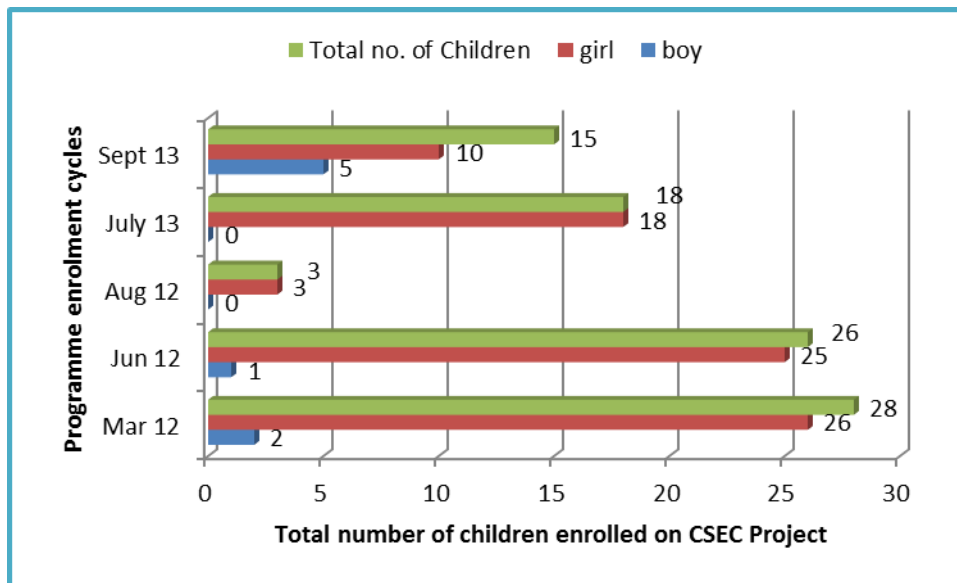
In this community a total of ninety-two child beneficiaries from the ages 13 to 20⁴⁰ were enrolled on the programme, consisting of batches of thirty-one (31) beneficiaries, twenty-six (26), eighteen (18) and fifteen (15) registered onto the project in four programme cycles over two years (Fig. 1). While these cycles involved levels of support being provided to large number of the child beneficiaries, eight (8) of them dropped out of the total number and were replaced by three (3) in an August 2012 out-of-programming cycle enrolment during the project cycle.⁴¹ Vulnerability in this community was closely related to girls (82) than boys (8) as a greater number of girls compared to boys were enrolled on the

⁴⁰ MFAT (2) Participant database-James Town (2) as at May 2014 – Master copy

⁴¹ loc cit

project in this community. A large number of beneficiaries enrolled on the project in this community were vulnerable adolescents 18 years and above (Table 2).

Fig 1. CSEC Child beneficiary enrolment demographics



Source: MFAT Participants' database (May 2014)

There was evidence suggesting that the CSEC project contributed meaningfully to sustainably improve awareness of the dangers of CSEC, importance of education, child rights, increased responsiveness from community members and awareness of challenges with abortions and causes of pregnancies in James Town. In all cases of insightful success, there was a sense of the project creating some opportunity for innovative change among direct child beneficiaries, parents and community members.

1.1 Enhanced knowledge of child rights

Interviews with parents, community members, and opinion leaders from James Town revealed a challenge on their part regarding who a child was. While 70% indicated that children were “*anyone from childbirth to 16 years...and a young person entrusted in your care whom you cater for providing that person with food and clothing from the age of 6 to 17 or 18 years,*” another 10% indicated “*someone from 8 – 13 years*”, another 15% argued based on developmental behaviors which in their opinion were exhibited by children and stated “*Now you can't differentiate between adults and children*” due to the fact that “*children were doing what adults do so there is no difference.*”⁴² Only 5% could correctly state that a child was “*anyone under 18 years old.*” On the part of children, none of those interviewed could correctly say who a child was. In their view “*a child is someone who is a baby*” or someone “*from 1 –*

⁴² Focus Group discussions with opinion leaders, parents, trainers and child beneficiaries on the CSEC project in James Town *sic*

10”, “2- 3 years”, “2 – 5 years”, “from 6 – 7”, “from 1 – 5”, “from 1 – 9” or “1 – 13 years.”⁴³ On their part, they viewed themselves neither as children nor adults but grown up to take care of themselves and additionally needed help. The observations affirm a call for intense work with communities to change the attitude that associates childhood with the years only up until the beginning of puberty, thereby creating a gap in practices to protect childhood and adolescence. Even though the results call for more intensive work in this area of child rights, the relevance of child rights sensitization by the project is clearly illustrated here.

In response to questions about the general environment and its conduciveness for child survival, interviewees across the groups – opinion leaders, trainers, community members including parents and child beneficiaries described the community a high risk environment⁴⁴ to raise children. Accra Metropolitan Assembly (AMA) ranked James Town as 4th class residential area among the list of residential suburbs in Metropolis.⁴⁵ Parents and opinion leaders affirmed that

“...bringing up children in Jamestown is very challenging and difficult because of the social vices common here...it is such a hard place to bring up children...just look at the mothers they are all interested in ‘kpodziEmo’(outdooring and naming ceremonies)⁴⁶... This area the mothers push their children into CSEC because they can’t take care of them...what is happening at the beach is horrible... Drug abuse, drinking, smoking and stealing is a lot here...the government should get the police to clear that area...look here 10,11- 15 year olds get pregnant, there are several defilement cases, there is no parental guidance. At night you should come and see both boys and girls⁴⁷ (Focus group discussions – Parents and opinion leaders from James Town, June 2014)

The respondents’ showed their ability to identify specific issues that affect the survival of children indicates awareness on their part as adults to ensure the safety of and provide for the child. Evidence from the evaluation suggests that IN GH provided some sensitization on child rights. For instance during the FGDs during the evaluation, evidence suggests 18 out of 25 discussants could explain and discuss scenarios on what was required from adults, parents and caregivers towards children independently from a non-IN GH child rights picture poster.

Evidence from the profile study also reveals that poverty, absence of parental figures, a general weakening of family and community networks were identified by respondents as family related vulnerability push and pull factors⁴⁸. Other findings were seen as additional vulnerability factors which threatened the survival of children in the community such as high use of drugs, the presence of shanties and poor basic services, drinking bars and negative peer pressure, all creating a congenial atmosphere for predisposing children as highly at risk.⁴⁹ The general vulnerability profile of those enrolled on the project (Table 2.2) included distinct challenges ranging from financial constraints to poverty. Findings also

⁴³Focus Group discussions with opinion leaders, parents, trainers and child beneficiaries on the CSEC project in James Town *sic*

⁴⁴ Focus Group discussions with opinion leaders, parents, trainers and child beneficiaries on the CSEC project in James Town

⁴⁵ Retrieved from the Repository of Districts in Ghana. Accessed July 4 2014

⁴⁶ Traditional christening ceremonies to outdoor the newborn child and held on the 7th day after the child is born. This was meant to introduce the child to the family members and was carried out in the wee hours of the day. Over the years, the tradition has evolved into a process of making money through donations well wishes give to the child and accompanied by big parties, funfair and other expenses such as new cloths and cloth for the mother of the baby

⁴⁷ Direct quotes from Focus Group discussions with opinion leaders, parents, trainers and child beneficiaries on the CSEC project in James Town

sic

⁴⁸ Op cit

⁴⁹ *ibid*

illustrated that those enrolled on the programme came on board with varied educational backgrounds - Senior high school level 2 (16.7%), Junior high school (1.11%) and uneducated (82.2%). The presence of a large number of uneducated within the programme presupposes a huge need for education and support exists in James Town and the lack of it predisposes children to the risk of being abused.

Table 3: Vulnerability Profile of some selected child beneficiaries for James Town⁵⁰

Financial constraints pushed respondent into a relationship; father dead; the mother and her new spouse threw her out anytime there was a misunderstanding

Respondent desires to continue her education and yet faces lots of financial constraints; she is battling peer pressure to take on a boyfriend; needs help

Respondent desires to continue his education even though all his siblings have stopped school; mother struggles to cater for them; father has other children

Respondent lost the father at a very young age; mother's income inadequate to cater for them; needs help, so she does not depend on men for support

Respondent has a son but son's father has travelled; she is living with another man who is not ready to assist her learn a vocation; wants to be a Hairdresser

Respondent was unable to continue her education after JHS due to financial constraints; she was glad for IN Gh and hopes to be selected to learn a vocation

Source: IN GH Beneficiary profiles on Jamestown file

1.2 Increased awareness of the dangers of CSEC

Awareness of CSEC and types was demonstrated actively by discussants in James Town. The child beneficiary respondents actively identified and explained the scenarios on the poster as ‘a man forcing a girl to sleep with him’, ‘taking pictures of a naked child for cash’ and ‘woman selling the child for money so the man can sleep with her’ and ‘women giving their child-maid to men to sleep with so they can collect money from the men’, as distinctive general examples. In relation to typical examples related to the suburb, respondents referred to examples such as *child pornography* and older lesbian women (referred to locally as *supi*) and gay men (*also referred to as Kojo basia*)⁵¹ taking advantage of needy children and enticing them with money, access to material needs such as phone units, meals, school/studies, fees, clothing among others in exchange for sex.⁵² Other examples highlighted by the respondents included children in the community taking the initiative to willingly or unwillingly look for prospective partners in the bid to fend for themselves either as a result of consumerism or inability of their parents to take care of them.

Interviews with the opinion leaders, parents as well as children were such that all respondents could describe CSEC as prevalent among people between the ages of 10-18. They were quick to identify that girls were more vulnerable than boys, particularly because of the fact that they obviously became pregnant and dropped out of school. The boy child on the other hand was more susceptible to being

⁵⁰ Compiled directly from James Town community folder from IN GH documents (sic)

⁵¹ It was explained that the gay offenders were not residents of James Town but found the place conducive for their nefarious

⁵² Focus Group discussions with opinion leaders, parents, trainers and child beneficiaries on the CSEC project in James Town

abused by adult gays.⁵³ Locations such as *Bokah, Bodé, Slaughter House, GyEnshEE*, in the alleys, *Bukom* and the *Beach* were cited by parents, community members and opinion leaders as high prevalent places where CSEC occurred.

Responding to enquiries on why CSEC was prevalent in the community, the opinion leaders, trainers, community representatives and parents blamed the situation on:

“...Mothers ... [who]...are not responsible... the fact that ...they[mothers] just give their children GHS 0.20p which is not enough so children have to look for money...some parents do not work but depend on their children for survival... Poverty is one of the main reasons...Some parents are poor and do not have the money to cater appropriately for their children... [so] children are therefore left to fend for themselves and sometimes... [are] involved in these social vices.... Financial constraints...Sometimes, the children need money to buy food, which their parents sometimes cannot provide... [also] Neglect due to broken homes, divorce and single parenting... Peer pressure and the influence of bad children make them do so...Also some children are driven by the need to acquire things by whatever means possible” even if they know they must not do so, or have been advised not to...Uncontrolled childbirth by parents and not being able to cater for them...”⁵⁴ (Focus group discussions – Opinion Leaders, community representatives, parents and trainers from James Town, June 2014)

On the part of the children, issues of safety were clearly understood. Those interviewed could indicate where and why locations were unsafe. In their view the child beneficiaries cited

“...areas such as Ngleshie [because]... there are a lot of wee smokers in that area...Bukom... [has]... a lot of criminals there...the Beach “Nshornaa”...because they sometimes rape people there...Akotolante... [has] lot of swindlers and pick pockets...Agbado. ..[is full] of criminals... “Aye ata”...there are prostitutes in that area...Club house... Prostitution goes on there everyday...”⁵⁵ (Child beneficiaries’ Focus group discussion – June 2014)

1.3 Importance of education

Despite the fact that a large number (82%) of the beneficiaries enrolled did not have any formal educational experience, all the child beneficiaries had high ambitions and were very much aware that the lack of education had somehow contributed to their predicament. A total of 92.3% of them indicated that school was required for them to “*have a good future*”, “*afford what they wanted and needed*” and “*getting pregnant while in school would prevent them from their future plans.*”⁵⁶ Discussions with parents, opinion leaders and community members (92.5%), reveal that “*going to school will help them know what is good and bad*”, (5%) felt “*the children here like short cut and quick money because of poverty... and feel schooling is too long for one to get money... so they are leaving for internet fraud activities, chasing men here and there and looking for quick money.*”⁵⁷ There was therefore a strong understanding from the discussants that education was critical for the personal development of children though this was not attributed to IN GH project. Discussants indicated their immense appreciation for IN GH’s assistance through the project to have some of the children enrolled in vocational training and thereby helping these girls to learn a trade which ultimately would make them less vulnerable to CSE.

⁵³ *ibid*

⁵⁴ FGDs with community members, parents and opinion leaders – James Town 2014

⁵⁵ Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in James Town *sic*

⁵⁶ FGDs with community members, parents and opinion leaders – James Town 2014

⁵⁷ *ibid*

1.4 Reproductive health issues

In this regard, majority (55.6%) of the child beneficiaries could indicate that engaging in sex would get them pregnant. However, they were unable to explain the implications of the menstrual cycle. None of them could explain how the cycle worked. On the other hand, the child beneficiaries (55.6%) indicated that they had been screened and indicated that the purpose was to assess whether they had any “diseases.” Even though all of them (100%) could only mention HIV and AIDS as one example of STIs, seventy-five percent (75%) were unable to mention other examples of common STIs. On the other hand discussants (75%) were aware that STIs were acquired through sex and had been taught that abstinence was the key though the condom was to be used if they had to engage in sex. All interviewed were very much aware of what condom and its use were and also indicated the dangers associated with abortions. They attributed their ability to explain the reproductive issues to the health specialist IN GH brought on board the project to support them.

1.5 Direct support through vocational training

Evidence from the evaluation also suggests that 75 child beneficiaries enrolled in James Town were directly supported with vocational skills training through apprenticeships and later referred to as trainees. Forty-three (43) child beneficiaries were enrolled for hairdressing, three (3) for pedicure and manicure, one (1) fitting mechanic and forty-three (43) in dressmaking. Results from interviews on the effects of this engagement with the child beneficiaries indicate that they found it very useful. They indicated

“...I used to be very lazy but I have changed” (sic)... “previously I only wake up, bath, eat, walk around to visit friend and sleep but it has changed now” (sic)... “I have been lazing around but now I am always busy”... “I am very productive and happy about everything”... “very happy that there is something that keeps me busy” and will use the training... “start working from the house”... “to practice what I have been taught I will teach others” (Child beneficiaries- James Town Focus group discussions, June 2014)

Though they referred to the apprenticeship training as “good opportunity by IN GH”, the interviews with the trainers revealed that the period for their apprenticeship training was a minimum of three years to become a professional.⁵⁸ They confirmed that IN GH had paid the full apprenticeship fees, after negotiating with the owners of the trades and provided each of the trainees with basic tool kits including sewing machines, sewing tool kits. Additionally, monthly stipends were paid to support the child beneficiary trainees.⁵⁹ Even though the stipends were to a large extent paid monthly, there had been a few experiences where some months were put together and paid due to delay. The stipends were meant to facilitate their training in the various vocations. The interviews with the beneficiary trainees revealed that some of the trainers behaved contrary to the expected. The child beneficiary trainees explained that

“...*Madam shouts at us too much... [she] takes our stipends and gives us what she wants...My madam shares my stipend with me...My madam does not want me to know all the work she does so sometimes she sends me [on errands] when she is cutting materials...My madam does not teach me to how to do cutting for all this while some friends have been taught long time and they are practicing it...Madam squeezes her face all the time...We buy calendars[with dress designs] that our madam uses in the shop for her clients...When the shop TV breaks down, we are made to contribute to fix it...Some of our madams treat*

⁵⁸ Qualification post apprenticeship was varied across the Trades associations.

⁵⁹ Discussion with Mary Yartey – Senior Programme officer for CSEC Project

us like slaves [abaawa]... Our madam charges us GH¢ 5.00 for going to work late...My madam charges us GH¢10.00 if you don't go to work... ” [sic]⁶⁰

According to the trainees interviewed, their typical training days began at an average time of 8am each morning. The daily sessions began with doing cleaning chores such as sweeping, tidying up the premise, arranging the chairs as well as arranging the tools they worked with. According to them, training is done by demonstration led by the Trainer and child beneficiary trainees observe. All child beneficiary trainees interviewed indicated they had... *“3 more years to go [to graduate] as a mechanic apprentice... have 2 years...2 years more...1 year...I am a senior apprentice so anytime soon I will graduate...Very soon...”⁶¹* Even though there is a clear indication that training will continue for their respective apprenticeship as all the apprenticeship fees have been fully paid, the stipends, on the other hand, for meals and other needs will no more be paid as the project has come to an end.

2.0 Chorkor

The community has evidence signifying that the CSEC project made significant contributions to enhance awareness of the dangers of CSEC, importance of education, child rights, increased responsiveness from community members and awareness of some reproductive health issues in Chorkor. In all cases of significant contribution, there was evidence of the project creating change among direct child beneficiaries, parents and community members.

In Chorkor child beneficiaries between the ages of 9 to 20⁶² were enrolled on the programme. At the onset of the project, sixty-seven (67) children either at risk of or involved in CSEC were taken on board the project. However, four (4) dropped out over the period either due to relocation from the community or as a result of not meeting the expectations set during the 3-month probation period outlined for all project beneficiaries. As a result, sixty-three children (57 females) were finally enrolled for Chorkor community. In this community, more females (57) compared to males (6) were vulnerable to CSEC in this community thereby reflecting a greater number of girls compared to boys enrolled in this community. In this beneficiary group, 18-year olds formed the majority (59%) of those enrolled with 5% being a few cases of 19, 20 and 22 year-olds who were either highly at risk or victims of CSEC.

2.1 Enhanced knowledge of child rights

The cross section of children, trainers, parents and opinion leaders interviewed showed mixed understanding of who a child was. In their case, 96% were of the view that a child was *“Someone from 6-10 years old”, “someone from 6-15 years old”, “15-18 years are adolescents”, “0- 10 years”, “1-17 years old”, “1-16 years old”, “1-15 years old”, “1- 17 years old”, “1-19 years old”...“A child is someone who is a baby”, “From 5 – 10”, “Baby - 6 year”, “baby – 12 years”...“Anybody who is below 1 year” ...or ... “A young person entrusted in your care whom one caters for providing that person with food and clothing from the age of say 6 to 17 or 18 years. This person must not necessarily be your own biological child”⁶³* The children viewed themselves as grown up though they needed support in learning a

⁶⁰ Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in James Town sic

⁶¹ Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in James Town

⁶² MFAT (2) Participant database-Chorkor as at May 2014 – Master copy

⁶³ Focus group discussions – data on Opinion leaders, parents, trainers and children (2014)

trade and therefore appreciated what IN GH through the project had assisted them with. Despite the challenge on this issue and the visible need for intensified work on this subject, the significance of the child rights component of the project was clearly demonstrated here.

These results notwithstanding, gains were recorded in other child rights areas especially child protection and child survival issues on the types of environment conducive and safe for a child to live in, roles and responsibilities of parents, adults and institutions towards children. The interviewees across the groups – opinion leaders, trainers, community members including parents and child beneficiaries could confidently describe what the risk factors in the Chorkor were in relation to making children vulnerable and susceptible to CSEC. Additionally, opinion leaders, parents and trainers could identify their roles and responsibilities in ensuring children were protected. In their view,:

“We are to ensure that they are safe...We must feed them well and not make them go hungry...give them the required attention and provide for their needs such as clothing and general well-being...We must send them to the hospital when they are ill..We should encourage them to go to school and make them appreciate the importance of education...We must help to instill in them good moral and religious values such as respect for others in the community as well as Christian principles and discipline...”

(Focus group discussions – Parents and opinion leaders from Chorkor, June 2014)

The respondents’ demonstrated their ability to discuss and illustrate specific issues that affect the protection of children and specifically indicating awareness on their part as adults to ensure the safety of and provide for the child. Evidence from the evaluation suggests that IN GH provided some sensitization on child rights. For instance during the during the evaluation, results suggests 22 out of 25 discussants could explain and discuss circumstances on what they had understood what was required from adults, parents and caregivers towards children based on the project community durbars and sensitization meetings and could independently discuss these using a non-IN GH child rights picture poster. In their perspectives

“...Poverty is one of the main reasons...[and]...some parents are poor and do not have the money to cater appropriately for their children...Children are therefore left to fend for themselves and sometimes become involved in these social vices...[others include]...Neglect due to broken homes, divorce and single parenting...[on the part of the children]...Peer pressure and the influence of bad children make them do so...Also some children are driven by the need to acquire things “by whatever means possible” even if they know they must not do so, or have been advised not to...[as parents also]...Uncontrolled childbirth by parents and not being in the position to cater for them...[as well as]...Living in single rooms...”

(Focus group discussions – Parents and opinion leaders from Chorkor, June 2014)

Results from the child profile analyses also reveals that poverty, absence of parental figures due to divorce, single parenting, peer pressure, a general weakening of family and community networks were identified by respondents as family related vulnerability push and pull factors⁶⁴. Other additional findings related to vulnerability factors which threatened the survival of children in the community such as high use of drugs, the presence of shanties and poor basic services, drinking bars and negative peer pressure, all creating a congenial atmosphere for predisposing children as highly at risk.⁶⁵ The general vulnerability profile of those enrolled on the project (Table 3.1) included diverse challenges ranging from poverty,

⁶⁴ Op cit

⁶⁵ ibid

defilement, rape to financial constraints. The educational background findings of the Chorkor group of beneficiaries showed varied educational levels - Junior high school (75%) and Primary school (25%). The age range of the child beneficiaries coupled with the socio-economic challenges on their profiles and the educational backgrounds demonstrate a group of children who are vulnerable and prone to worst forms of child labour, especially CSEC; hence, the suitability of the project to the enrolled.

Table 4: Vulnerability profiles of selected child beneficiaries of Chorkor

Respondent met husband in Nigeria and has 2 kids with him. Decided to come to Ghana to learn a trade because the man was not responsible.
Respondent got involved through a friend, was also raped by her studies teacher and was now taking care of the children all by herself
Respondent lost father recently. Mum not financially sound but has been able to cater for them till now.
Respondent's father's friend promised to help but was demanding for sex. Needs help because she doesn't want to be in such a relationship
Respondent dropped out from school because of financial constraints. Wants to learn a trade
Respondent's father was growing old and mum's business was not sufficient to cater for them. Wants to learn a trade.
Respondent was raped by some men and due to that always had pain in her abdomen. Can't tell anyone not even my parents. I fell shy to mingle with people. I need help to learn a trade.
Respondent is staying with my mum. Dad is married to 3 women so money for upkeep is always inadequate.

Source: IN GH Chorkor profile folder - 2014

2.2 Increased awareness of the dangers of CSEC

Results from the FGDs on awareness of CSEC showed that as a result of the project, Chorkor discussants were well-informed of what CSEC was and its dangers. In relation to typical examples related to the community⁶⁶, respondents shared examples such as “*child sleeping with grownups for money*,” “*Child prostitution*”, “*defilement*”, “*rape*” “*women stripping naked for both grownups and children to pay to watch.*”, *older supi (older lesbians) use money and sweet talk to lure children who are very poor into it so they take care of their material needs.*⁶⁷ Other examples highlighted by the respondents included children in the community willingly looking for prospective partners in the bid to fend for themselves either as a result of consumerism, adventure, peer pressure or the inability of their parents to take care of them.⁶⁸ The child beneficiary respondents explained the scenarios on the poster were discussed with them through the project team and counsellors and actively identified the various pictorial representations of the project posters as

⁶⁶ Focus Group discussions with opinion leaders, parents, trainers and child beneficiaries on the CSEC project in Chorkor-June 2014

⁶⁷ *ibid*

⁶⁸ Focus Group Discussions with child beneficiaries (Chorkor) – June 2014

“Someone taking pictures of a naked girl to be put on the internet...Someone is taking pictures of a naked girl for “sakawa”(internet fraud)...a man is trying to rape a girl, ..a young girl [is] pushing a man who wants to rape her away...a mother giving her daughter out for money...The woman is selling the girl for sex...The man has finished sleeping with the girl and the mother has caught them so he is bribing her to keep it as a secret, a girl is practicing prostitution, the woman is selling the house help to the man to have sex with her for money.”⁶⁹”

Other interactions and interviews with the opinion leaders, parents as well as children were such that all respondents could describe CSEC as prevalent among people between the ages of 10-19. The discussants identified girls as being more vulnerable than boys, despite the fact that there were rising concerns about innocent boys in need becoming prey for *older “well-to-do” gay men*. In terms of prevalence rates of CSEC in general, they indicated an estimated number of 4 out of every 10 children (40%). However, hot spots cited by parents, community members and opinion leaders as high prevalent rated places where CSEC occurred were outlined as *“Shatawale spot, Galilee where children and teenagers are found in the night engaging in all sorts of delinquent activities; Nii Beach which is rife with older Lesbians and gays taking advantage of children; and a location referred to as Chorkor.”* Explaining why CSEC was prevalent in the community, the discussants - opinion leaders, trainers, community representatives and parents indicated that:

“...Poverty is one of the main reasons...[and]...some parents are poor and do not have the money to cater appropriately for their children...Children are therefore left to fend for themselves and sometimes become involved in these social vices...[others include]...Neglect due to broken homes, divorce and single parenting...[on the part of the children]...Peer pressure and the influence of bad children make them do so...Also some children are driven by the need to acquire things “by whatever means possible” even if they know they must not do so, or have been advised not to...[as parents also]...Uncontrolled childbirth by parents and not being in the position to cater for them...[as well as]...Living in single rooms...”⁷⁰

(Focus group discussions – Opinion Leaders, community representatives, parents and trainers from Chorkor, June 2014)

On the part of the children, issues of safety were clearly understood as a result of the sensitizations and support from the project team and counsellors. Those interviewed could indicate where and why locations were unsafe. In their view the child beneficiaries cited

“...areas such as Shatawale spot, Galilee where children and teenagers smoke wee, take cocaine and heroin; Nii Beach ...”⁷¹ (Child beneficiaries’ Focus group discussion (Chorkor) – June 2014)

2.3 Importance of education

Even though all of child respondents had some level of basic education, none of them had requisite qualifications which would enable them to effectively compete on the job market or engage in vocational professions independently. Despite their challenge, they were very much aware that the lack of qualified educational status had one way or another contributed to their situation. All (100%) of them indicated that through the project they realized that school was required for them to

⁶⁹ Focus Group Discussions with child beneficiaries (Chorkor) – June 2014

⁷⁰ FGDs with community members, parents and opinion leaders – Chorkor 2014

⁷¹ Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in Chorkor *sic*

“have good status in society”, “be able to take care of themselves, their families and children,” “be in the position to acquire what they wanted and needed.” They also added that “getting pregnant while in school would prevent them (girls) from achieving their future plans and [they] would suggest finishing school properly before getting pregnant.”⁷² Discussions with parents, opinion leaders and community members (92. %), reveal that “going to school will help them become “somebody who was capable of independently taking care of themselves and family”, (8%) felt “Also some children are driven by the need to acquire things “by whatever means possible” even if they know they must not do so, or have been advised not ...”⁷³ There was therefore a strong awareness from the respondents that education was critical for the personal advancement of children and cited IN GH support to rehabilitate their children through vocational training and reintegration to schools.

2.4 Reproductive health issues

All the children except 17% had met the health resource person and interacted with her. Despite this result, all interviewed could confidently state that engaging in sex would get them pregnant. All children interviewed were conversant with monthly menstruation but were challenged with explaining issues related to how the menstrual cycle worked. They were all conversant with HIV and AIDS as an STI. They could not however mention other STIs. Alternatively, they were knowledgeable that HIV and AIDS was acquired through unprotected sex. Another 25% indicated that through the project they understood that the essence of being screened.

2.5 Direct support through vocational training

Evidence from the evaluation suggests that in Chorkor forty-nine (49) children were enrolled for vocational training. In terms of specific domains directly supported, twelve (12) child beneficiaries were enrolled for hairdressing, two (2) for pedicure and manicure, and thirty-five (35) in dressmaking. Results from interviews on the effects of this engagement with the child beneficiaries indicate that they found it very useful. They indicated

“...It keeps me busy...Makes me happy because I know with this training, I am going to be a great person in future ...I know how to do something meaningful for my life ...I was doing nothing just roaming about until this program came, now I have very busy days and weeks....Now I don’t keep a lot of friends any more...Because I don’t close early, I find it difficult to roam about in the evenings which is good for me...(sic)” (Child beneficiaries- Chorkor Focus group discussions, June 2014)⁷⁴

All respondents confirmed that their training fees were paid in full by IN GH. Responding to questions on their graduation, only 25% were graduating later in 2014, the remaining had between a minimum of a year and six months to two and a half years to complete. Those (25%) who were receiving stipends indicated the need for the project to continue to support them with stipends as they needed that for their meals and other personal issues. In sharing details of other forms of support they had received from IN GH project, the children indicated machines, uniforms, toolkits for the various vocations. A number of challenges though were expressed by the trainees during the interviews. A total of 11 child beneficiary trainees who were interviewed explained that

⁷² FGDs with community members, parents and opinion leaders – Chorkor 2014

⁷³ *ibid*

⁷⁴

“My madam shares my stipends with me although it is not enough...Madam takes our stipends and gives us what she wants...My madam punishes us too much...My madam does not buy calendars but the least thing you do she would ask you to buy calendar as a form of punishment for her clients to use...She shouts at us ...The uniforms we have are too many but IN pays for only two and we have to look for money to buy the rest...The cost for graduation is too high...We pay so much for graduation ceremonies...What some madams request from us in the form of punishment is too much because of that sometimes I go to my boyfriend for help and he would always ask to sleep with me....It is not fair for my madam to request that I buy 2 big bottles of Voltic water when I don't even have money to buy food...The press-up we are asked to do on the streets for going to work late humiliates us...(sic)” (Child beneficiaries- Chorkor Focus group discussions, June 2014)[sic]⁷⁵

According to the trainees interviewed, their daily training sessions began at an average time of 7:30am and they engaged in preliminary chores such as sweeping, cleaning the items for fixing nails, hanging the towels and arranging the wigs, hairpins and chairs as well as arranging the tools they worked with and tidying up the premise. One of them described their training sessions as follows:

“...When I started the training, I was asked to arrange bowls and other tools for fixing the nails but now, I fix the nails myself whiles my madam supervises...After packing the things, all the apprentices stand by our madam and watch her cut the materials...She then gives the pieces to us and show us how to sow them...I start by giving pins and rollers to my madam when a client comes for perming...What I see my madam and the senior apprentices do I try my hands on the dolls and do same...I try to fix my other apprentices' hair just like how my madam does to her customers...”⁷⁶

All child beneficiary trainees interviewed indicated they had... “26th July 2014...2 more years to go...1 more year...2 years 5 months...1 more year...2 years 4 months more...26th July 2014...2 ½ years more...1 year, 4 months more...3 months more.”⁷⁷ It is evident from the discussions that training will continue for the next two and half years for all those whose fees had been paid through the project in full. The challenge remained with those extremely needy ones who were receiving stipends through the project for meals and other needs.

3.0 Korle Wonko

Gains were made through the project in Korle Wonko. There were visible results recorded in relation to awareness of the dangers of CSEC, importance of education, awareness of some reproductive health issues, child rights, and increased responsiveness from community members in Korle Wonko. In all cases of significant contribution, there was evidence of the project creating change among direct child beneficiaries, parents and community members.

⁷⁵ Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in Chorkor sic

⁷⁶ Ibid

⁷⁷ Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in Chorkor sic

In total, thirty-eight⁷⁸ (38) child beneficiaries either at risk of or involved in CSEC and between the ages of 11 to 21⁷⁹ were finally enrolled on the project. The data base of enrolled beneficiaries revealed four (4) dropped out over the period. Even though records did not specifically indicate the reasons for them dropping out, factors such as relocation from the community, pregnancy, and disinterest in the project activities or inability on the part of child beneficiaries to meet the expectations set during the 3-month probation period outlined for all project beneficiaries could be contributing factors. In this community, more females (28) compared to males (10) were susceptible to CSEC indicating a vulnerability index closely related to females than males.⁸⁰ As a result more girls compared to boys were enrolled in this community.

3.1 Enhanced knowledge of child rights

Evidence from interviews with children, trainers, parents and opinion leaders in Korle Wonko showed varied understanding of who a child was. In their case, 87% were of the view that a child was “...Someone who does not know much...Someone without breasts...Someone under age 9...Someone who is being taking care of by the parents...a child is someone who is under the parents care...From 6 – 10 years...6 – 13 years...4 – 8 years...anybody under training...between the ages.1 – 22 years...6- 10 years...Anyone who is still in a basic school and cared for by someone;...anyone from 1 to 16 years who cannot care for himself or herself...a baby to age 16 years...”⁸¹ The remaining 13% were able to indicate the legal age for a child with confidence and made reference to the IN GH durbars as helpful platforms for learning this fact.

Additional gains were recorded in other child rights areas especially child survival and child protection issues on the roles and responsibilities of parents, adults and institutions towards children and types of environment conducive and safe for a child to live in. The interviewees– opinion leaders, trainers, community members including parents and child beneficiaries - could assertively explain what the risk factors in the Korle Wonko were in relation to putting children at risk of CSEC. Furthermore, opinion leaders, parents and trainers could identify their roles and responsibilities in ensuring children were protected. In their view, the sensitization meetings have enhanced their awareness in roles that lead them to :

“ensure that they [children] are safe... We should encourage them to go to school and make them appreciate the importance of education...give them the required attention and provide for their needs such as clothing and general well-being... feed them well and not make them go hungry... send them to the hospital when they are ill... ...We must help to instill in them good moral and religious values such as respect for others in the community ...” (Focus group discussions – Parents and opinion leaders from Korle Wonko, June 2014).

The respondents’ exhibited their capacity to talk about and demonstrate explicit issues that affect the protection of children and specifically indicating awareness as adults responsible for the safety of and provision for the child. Results from the evaluation show that IN GH provided some sensitization on child rights. For instance during the evaluation, 18 out of 22 discussants (opinion leaders, parents and trainers)

⁷⁸ MFAT (2) Participant database-Korle Wonko as at May 2014 – Master copy

⁷⁹ Ibid

⁸⁰ Op cit

⁸¹ Focus group discussions – data on Opinion leaders, parents, trainers and children (2014)

could explain and discuss responsibilities and roles of adults, parents and caregivers towards children as a result of project community durbars and sensitization meetings. They could independently apply learning using a non-IN GH child rights picture poster. In their perspectives

“... [Some of the underlying factors included]... Poverty ... Lack of parental or guardian control...Neglect due to broken homes, divorce and single parenting ... [in other cases] ...Children are therefore left on their own trying to take care of themselves ...Peer pressure and the influence of bad children make them do so...Also some children are driven by adventure and the whole idea of getting material things “by all means”.. .uncontrolled childbirth by parents and not being in the position to cater for them...” (Focus group discussions – Parents and opinion leaders from Korle Wonko, June 2014).

Results from the child profile analyses (Table 3.1) also reveal that poverty, death of both parents, parental neglect, a general weakening of family and community networks, absence of parental figures due to divorce, single parenting, peer pressure, were identified by respondents as vulnerability risk factors⁸². The respondents additionally outlined other vulnerability risk factors which threatened the survival of children in Korle Wonko included high use of drugs, proliferation of drinking spots and bars, crime such as armed robbery and theft, poor access to basic services, and negative peer pressure.⁸³ The educational background findings of the Korle Wonko group of beneficiaries showed varied educational levels – Senior High School (54%), Junior high school (17%) and Primary school (29%).

Table 5: Vulnerability profiles of selected child beneficiaries of Korle Wonko

Both parents of respondent are dead and she lives with her grandparent. Needs support.
Alcoholic father has been abusing respondent physically
Respondent lives with an old lady in the Awudome Estates and run errands for her. She feeds and pays for her school levies
Respondent came to Accra from Nsawam about 5 years ago. Has been maltreated by her auntie and would like to return in two weeks.
Respondent lives with grandmother. Parents separated and don't take care of her
Respondent's mother is dead and father cannot be found. Grandmother has been taking care of him since he was brought into the family house at age 5
Respondent was role playing 'mother and father' and we ended up "doing it".
Respondent was left with auntie at age 11 by his mother. Father not responsible and is not schooling at Osu Salem in class six
Respondent was being beaten by class teacher because she does not have note book

Source: IN GH Korle Wonko profile folder - 2014

⁸² Op cit
⁸³ ibid

3.2 Increased awareness of the dangers of CSEC

Gains were visibly recorded in Korle Wonko and discussants exhibited the ability through well-informed responses related to CSEC and its dangers. Results from the FGDs on awareness of CSEC showed that as a result of the project⁸⁴, respondents could identify examples of CSEC and gave the following examples: such as “sugar daddies taking advantage of needy girls,” “Child pornography”, “defilement”, “rape” “older lesbians and gay men using things like mobile phones, money and school materials to entice the needy children in exchange for sex”.⁸⁵ Respondents highlighted other examples and added that children and the youth in the community would do anything to get what they needed.⁸⁶ The child beneficiary respondents confirmed that CSEC related scenarios were discussed with them through the project team and counsellors and actively explained the various pictorial representations of the project posters as

“...man is giving money to sleep with the girl...the young girl is practicing prostitution ...A bad old man forcing the girl to sleep with him...someone is taking picture of a child to put on the internet...the man is taking the small girl pictures to use it for money.”⁸⁷

Additional findings related to awareness of dangers of CSEC from the perspectives of opinion leaders, parents as well as children were such that all respondents could describe CSEC as prevalent among children and youth between the ages of 10-19. There were concerns among the respondents that there were rising concerns about vulnerable boys in need being taken advantage of sexually by older “well-to-do” gay men. In terms of prevalence rates of CSEC in general, they indicated an estimated number of 5 out of every 10 children (50%). On the other hand, prevalence rates were high (7-8 children out of 10) in hot spots such as *Nshornaa*, *Agbee*, and *Zongo* junction cited by parents, community members and opinion leaders.

On the part of the children, of the sensitizations and support from the project team and counsellors enabled them to understand personal safety and confidently mention areas such as *Agbee* and *Nshornaa* as places they felt unsafe. In their view the child beneficiaries explained that

“...smoking of wee [marijuana] ...sale of cocaine and drugs....were common there and scare us...”⁸⁸

(Child beneficiaries’ Focus group discussion (Korle Wonko) – June 2014)

3.3 Importance of education

Despite their challenges in either dropping out of school or not having the means to pay, the respondents were very much aware that the lack of education had one way or another contributed to their situation. All (100%) of them indicated that through the project they realized that education was required for them to

⁸⁴ Focus Group discussions with opinion leaders, parents, trainers and child beneficiaries on the CSEC project in Korle Wonko- June 2014

⁸⁵ *ibid*

⁸⁶ Focus Group Discussions with child beneficiaries (Korle Wonko) – June 2014

⁸⁷ Focus Group Discussions with child beneficiaries (Korle Wonko) – June 2014

⁸⁸ Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in Korle Wonko *sic*

“be able to take care of themselves, their families and children,” “keep them out of CSEC as they would be able to afford what they needed,” and “be in the position to acquire what they wanted and needed.” They also added that “getting pregnant while in school would prevent them (girls) ...especially for girls as it would from achieving their future plans and [they] would suggest finishing school and getting qualified properly before getting pregnant.”⁸⁹ All parents, opinion leaders and community members, revealed that “going to school will help them become “responsible people capable of independently taking care of themselves, community and family” ...getting formal vocational skills training would make them earn their own income and enable them to be responsible people, especially women...”⁹⁰ There was therefore a strong awareness from the respondents that education was critical for the personal development of children. The respondents cited IN GH support to rehabilitate their children through vocational training and reintegration to schools as a typical example of showing support for and placing premium on educating marginalized children.

3.4 Reproductive health issues

All the school children and trainee respondents could outline some reproductive health facts from the project related education sessions to CSEC. While 83% could cite *pregnancy, STIs, HIV and AIDS, death at child birth* as typical issues they learnt from the reproductive health sessions, another 17% indicated *breast cancer, elephantiasis of the leg and breasts as issues* (obviously not at all related to reproductive health). The children interviewed were mindful of the menstrual cycle but could not explain what specifically how the menstrual cycle worked. Despite these results, all interviewed could confidently express the views on dangers of unsafe abortions, engaging in unprotected sex would get them pregnant and give them sexually transmitted infection. Alternatively, all respondents were knowledgeable that HIV and AIDS was acquired through unprotected sex but could not mention other STIs.

3.5 Direct support through vocational training

Evidence from the evaluation suggests that in Korle Wonko fourteen (14)⁹¹ children were enrolled for vocational training. Out of this number seven (7) were into dressmaking, six (6) hairdressing, and one (1) in interior decorating. Reviews from interviews with a cross section of them show gains have been made in terms of providing them with skills for sustainable livelihoods. None of the trainees indicated they owed in trainers’ fees. They confirmed the provision of toolkits, machines, school fees, school bags, exercise books pens, uniforms and other logistics as support received from IN GH. Responding to questions on their graduation, with the exception of one (1) all remaining trainees interviewed had a year and a half to complete their respective training. The concern was to know what would happen to their stipends now that the project was over. Those (25%) who were receiving stipends indicated the need for the project to continue to support them. These challenges were mainly with them suggesting the need for the support such as stipends to continue as that was a useful source of meals. According to the trainees the evaluation team met, the daily training sessions began at an average time of 7:30am and all indicated that they were involved in preliminary chores such as cleaning and arranging equipment, sweeping the premise arranging workstations for the day’s session to ensue. as well as arranging the tools they worked with and tidying up the premise. Some of the school children and trainees on the project shared their views as follows:

“...I get to school early and help with cleaning the compound as my mates do...then we go for classes after assembly, I am so happy I am still in school and hope to do well...but I have a problem with where I sleep at night – I sleep outside so the rainy season now is very difficult...”

⁸⁹ FGDs with community members, parents and opinion leaders – Korle Wonko 2014

⁹⁰ ibid

⁹¹ MFAT CSEC participant DATABASE as at May 2014-Master copy

When we get to our Madam's shop, we sweep and arrange things and work on the previous day's assignment until our Madam arrives. We normally look at what she is doing and then do the same as directed by her...on our own we try our ideas on pieces and mannequins we have been provided with. .."⁹²(sic)

It is evident from the discussions that training will continue for the next two years maximum for those who have about 18 months or more to complete.

4.0 Madina

Madina is a typical migrant community. Even though implementation of the project in this community had a slow start, there were evidences that its implementation made significant changes happen. Results were seen in areas related to awareness of the dangers of CSEC, importance of education, child rights and awareness of some reproductive health issues. Evidences of the project creating change among direct child beneficiaries, parents and community members were noted.

In this community, child beneficiaries enrolled on the programme were between the ages of 7 to 21⁹³. The total project beneficiaries for this community totaled 142 (119 females). The project intervention in this community was carried out mainly within the basic (118 beneficiaries) and secondary (5 beneficiaries) schools sector. As a result, only 13% (18 females and 1 male) of the beneficiaries enrolled in this community were supported through the vocational skills training window. None of the enrolled dropped out of the programme in this community. Vulnerability in this community was reflected in a greater number of girls (84%) compared to boys (16%). In this beneficiary group, teenagers ranging from the ages of 13 to 19 formed the majority (91%) of those enrolled with 9% being a few cases of 7, 9, 11, 12, 20 and 21 year-olds who were either highly at risk or victims of CSEC.

4.1 Enhanced knowledge of child rights

Views expressed by respondents (trainers, children, head teachers, parents and opinion leaders) indicate a fairly good understanding of who a child is. From the perspectives of 95% concluded that a child was

"Anyone who is still in a basic school and cared for by someone" ... "Anyone from 1 to 17 years who cannot care for himself or herself" ... "Anyone up to 19 years and schooling at the basic level whether he or she has given birth or not... "Anyone below 18 years childbirth and not up to 18 years" ... "Anyone from childbirth up and who is being looked after by his or her parents" ... "from 1 to 12 years" ... from 1 to 17 or 18 years..." " A young person entrusted in one's care who one caters for providing that person with food and clothing from the age of say, 6 to 17 or 18 years" ... "this person must not necessarily be your own biological child.

In explaining child protection and survival issues, respondents including opinion leaders, trainers, community members including parents and child beneficiaries could assertively describe what the risk factors such as parental neglect, poverty, consumerism and adventure, absence of good role models, single parenting and the prevalence of lesbianism and homosexuality as well as high numbers of drinking

⁹² Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in Korle Wonko *sic*

⁹³ MFAT (2) CSEC 2 project database-reviewed in June 2014

bars which predisposed children in the community to CSEC. Furthermore, opinion leaders, parents and trainers could identify their roles and responsibilities in ensuring children were safe and protected. From their perspective, parents, care givers and adults should:

Encourage them [children] to work hard in school to achieve the best ... provide their needs for them...provide them with shelter and clothing...protect them from wicked people....ensure that when they are unwell they are given good treatment...I buy food for them...we must teach them to open up to us... so they can share their challenges with us”

(Focus group discussions – Parents and opinion leaders from Madina, June 2014)

The respondents clearly exhibited a good ability to discuss and show specific issues that affected the protection of children. Specifically, they stressed the need for adults including them to ensure the safety of and provide for the child. Evidence from the evaluation in this community suggests that IN GH provided some sensitization on child rights. In instances during the evaluation when a non-IN GH child rights picture poster was used as a tool for discussion, results indicated that all 12 discussants could independently recognize and explain as well as discuss in their respective focus groups the child survival conditions they learnt from project-related community durbars and sensitization meetings that adults, parents and caregivers were obliged to carry out towards children:

“...Parents need to have a regular source of income to support the children...[and]...some parents just don't care and would even want the child to get something on her own... We must learn to sacrifice for the children...[others added]...we must make sure we have the right number of children to be able to take care of them” ...we unfortunately leave them to sell on the streets in the name of making more money...” the name of lack of funds... ”children have rights – to shelter, education, clothing, care and support...”

(Focus group discussions – Parents, trainers and opinion leaders from Madina, June 2014)

Results from the child profile analyses also reveals that poverty, death of both parents or one of them, divorce, lack of finances, insecure livelihoods of parents, a general weakening of family and community networks were identified by respondents as family related vulnerability push and pull factors⁹⁴. Other additional findings related to vulnerability factors which threatened the survival of children in the community included issues as prevalence of drug abuse, the presence of older lesbians and homosexual men preying vulnerable and needy children and poor basic services, generating a appropriate atmosphere for putting children at risk.⁹⁵

The educational background findings of the Madina group of beneficiaries reflected varied educational levels - Primary and Junior high school levels (75%)were predominant and Senior High school (25%) the least of the lot. The child beneficiaries were aged between the ages of 7 – 19 and depicted a critically young age range. This was coupled with the socio-economic challenges (Table 5) on their profiles and a group of children who are vulnerable and prone to worst forms of child labour, especially CSEC; hence, their suitability for enrolment on the project.

⁹⁴ Op cit
⁹⁵ ibid

Table 5: Vulnerability profiles of selected child beneficiaries of Madina

After completing JHS in Nkawkaw respondent came down to Accra to find a job; she needs help to enter SHS or a vocational school.
Respondent is an orphan who never knew her parents; desires to be a Nurse; needs financial support to see her through school
Respondent is a victim of physical and emotional abuse by mother; sometimes flogged with phone charger wire; assault marks are seen on her hands and back
Respondent is an orphan; she and siblings have no one to support them; they dropped out of school; She became pregnant; now wants to go back to school
Father not in good health for some time now; mother has ignored them; challenges with school fees and upkeep; church members support them occasionally
Respondent's challenges are food; money for transportation to school and school fees; she owes school fees from first term
Respondent is an orphan, living with an aged aunt; because of ill health cannot support him; her friends who assist her also gradually pulling away
Mother of respondent dead; father not responsible; aunt caters for her but support not adequate; has to sell to enable her pay her school fees
Respondent from a poor background; recently father asked her to stop school due to financial constraints; Evelyn really wants to remain in school
Parents of respondent separated; involved in sexual activity because of financial constraints; she needs assistance to remain in school
Respondent is involved in sexual activity due to financial constraints; needs assistance to set up a sewing shop (sewing machine etc)

Source: IN GH Madina profile folder - 2014

4.2 Increased awareness of the dangers of CSEC

Results from the FGDs on awareness of CSEC showed that as a result of the project, Madina discussants were knowledgeable of what CSEC was and its dangers to children. In relation to typical examples related to the community⁹⁶, respondents shared examples such as “defilement”, “rape” “children especially girls sleeping with men for money,” “Child prostitution”, “child pornography,” “, old supi (older lesbians) and gay men use money, toys, mobile phones and others to lure children who are very poor into it and in exchange take care of their material needs.”⁹⁷ Other examples highlighted by the respondents included children in the community willingly looking for prospective partners as a result of consumerism, adventure, peer pressure or poverty on the part of their parents or guardians.⁹⁸ The child beneficiary respondents explained the scenarios on the poster were discussed with them through the project team and counsellors and actively identified the various pictorial representations of the project posters as “Some men offer money to girls with the pretense of sending them to buy things like food, pure water, newspaper

⁹⁶ Focus Group discussions with opinion leaders, parents, trainers and child beneficiaries on the CSEC project in Madina-June 2014

⁹⁷ *ibid*

⁹⁸ Focus Group Discussions with child beneficiaries (Madina) – June 2014

and mobile units for them, and when the unsuspecting girl enters his room he rapes the girl.. the man is using a mobile phone to take pictures of the child who is not wearing anything... The man is offering money to a girl indulging in prostitution for sex.⁹⁹

Other interactions and interviews with the opinion leaders, parents as well as children were such that all respondents could describe CSEC as prevalent among people between the average ages of 11-19. In terms of vulnerability, discussants identified girls as being more vulnerable than boys. In terms of prevalence rates of CSEC in general, discussants indicated an estimated number of 4 out of every 10 children (40%). However, hot spots cited by parents, community members and opinion leaders as high prevalent rated places where CSEC occurred were outlined as “*Redco flats, Zongo Junction; and Agbee*” Explaining why CSEC was prevalent in the community, the discussants - opinion leaders, trainers, community representatives and parents indicated that:

“...Poverty is one of the main reasons; some parents are poor and do not have the money to cater appropriately for their children...population is made up of large numbers of migrant groups who are looking for ways to make ends meet... Children are therefore left to fend for themselves and sometimes become involved in these social vices...Lack of parental or guardian control...Neglect due to broken homes, divorce and single parenting... [while]...Peer pressure and the influence of bad children make them do so...also some children are driven by the need to acquire things “by whatever means possible” even if they know they must not do so, or have been advised not to...”¹⁰⁰

(Focus group discussions – Opinion Leaders, community representatives, parents and trainers from Madina, June 2014).

On the part of the children, issues of security and safety were visibly understood. They attributed lessons on safety and security to the children’s fora, sensitizations from the project team and counsellors as well as hearsay within the community. Those interviewed could indicate where and why locations were unsafe. In their view the child beneficiaries cited

“...areas such as Agbee, Redco and Zongo Junction ...”¹⁰¹ (Child beneficiaries’ Focus group discussion (Madina) – June 2014)

They explained the fact that the use of drugs, defilement especially of girls and the fear of being maltreated in these places made the place extremely dangerous for children. In their estimation, those places should be avoided when playing or sent on errands from home. They believed that those preventive measures including avoiding going into an adult’s room alone without supervision by their parents, caregivers or older siblings.

4.3 Importance of education

All of the child respondents were very much aware that the lack of qualified good education affected their chances of getting a comfortable life in future. All (100%) of them indicated that through the project they realized that school was required for them to “*earn a good income later in life*”, “*be able to take care of themselves, their families and children*,” “*be in the position to acquire what they wanted and needed without depending on people who could take advantage of them*”...support more needy children to go to

⁹⁹ Focus Group Discussions with child beneficiaries (Madina) – June 2014

¹⁰⁰ FGDs with community members, parents and opinion leaders – Madina 2014

¹⁰¹ Direct quotes from Focus Group discussions with child beneficiaries on the CSEC project in Madina *sic*

school They also commented that *“they would like to complete their education before getting pregnant...they would like wait and get their profession before thinking about getting pregnant...they all agreed that getting pregnant while in school would prevent them (girls)especially from achieving their future plans and [they] would suggest finishing school properly before getting pregnant.”*¹⁰² Discussions with parents, opinion leaders and community members (96. %), reveal that *“having educational qualifications will help them become respectable people in society [so]...they could also independently take care of themselves and family...”*¹⁰³ The strong awareness from the respondents that education was critical for the personal advancement of children was attributed to the project sensitizations, children’s fora and IN GH support to rehabilitate their children.

4.4 Reproductive health issues

All the children discussants except 10% had met the health resource person, engaged in and interacted with her. Despite this result, all (females) interviewed could confidently state that engaging in sex would get them pregnant. All children interviewed were conversant with what menstruation was. They were all conversant with HIV and AIDS as an STI. Alternatively, they were knowledgeable that HIV and AIDS was acquired through unprotected sex and it could not be detected by just looking at a person. They furthermore, explained that being screened enabled the person to know what type of STI or disease the person had.

4.5 Direct support through vocational training and basic school support

Evidence from the evaluation suggests that in Madina, only one (1) child was enrolled for vocational training in this community. The remaining were direct support into basic school level. Results from interviews on the effects of this engagement with the child beneficiaries indicate that they found it very useful. They indicated:

*“...my school supplies were all given to me and my school fees all paid. We were given pencils, uniforms, note books and they were so useful ...I could not have afforded the educational items... they paid for our examination registration (Child beneficiaries- Madina Focus group discussions, June 2014)”*¹⁰⁴

¹⁰² FGDs with community members, parents and opinion leaders – Madina 2014

¹⁰³ *ibid*

¹⁰⁴

Table 5.1: Achievements against Results Management table

<i>Agreed results measurement table</i>				<i>Results at the End of project</i>
Outcomes and outputs	Indicators for measuring performance	Baseline data	Planned targets	Actual measurement (against targets using indicators)
Medium Term Outcomes				
1. Incidence of sexual exploitation of children reduced.	Number of children a) involved and b) at risk of commercial sexual exploitation in each target community	Number of children a) engaged in and b) at risk of CSEC within each community will be determined by committees following initial training, and again at midterm and at end of term	reduction	a) CSEC incidence: Chorkor 40% Agbogbloshie 30% James Town 40% Madina 40% Korle Gonno 30% Korle Wonko 50% b) "At risk" incidence: Number of "at risk" children has reduced by 320

<p>2. Poor families are economically empowered and continue to support their children in school and in training</p>	<p>2a. Incomes have increased</p>	<p>Baseline incomes to be determined from poor parents when they join the programme.</p>	<p>By 60-80%</p>	<p>230 poor care givers (Parents/guardians) were linked to and enrolled on the ID sustainable income generating services, micro-credits, basic financial training and management</p>
	<p>2b. No. of poor parents supporting their children in school or training</p>	<p>None at outset (all participating children will be out of school/training at the time of their engagement)</p>	<p>90%</p>	
<p>Outputs</p>				

1. Increased community awareness of child rights, dangers of CSEC and reproductive health compared to baseline.	1a. No. and types of awareness raising tools produced and distributed	0 tools produced and 0 tools distributed at outset	1000 posters, 3000 handbills	A total of 4000 posters and handbills were produced have been distributed.
	1b. No. of attendees at children's fora	0 at outset	Between 100 & 500/forum. (At least 6 fora)	26 children's fora had been conducted in selected basic and senior high schools in all the project communities with a total of 3,671 children participating (1,595 boys and 2076 girls).
	1c. No of attendees at community durbars	0 at outset.	800/durbar, 6 durbars	6 durbars were held over the project lifespan (1,635 participants – 300 men, 437 women, 898 children).
	1d. No. of attendees at cohort meetings	0 at outset	At least 500 attended cohort meetings	About 1865 attended and participated in 20 cohort meetings.
	1e. Knowledge regarding child rights and CSEC, the importance of education, and reproductive health issues has increased	To come from baseline survey	by 80%	

2. Children withdrawn and prevented from entering CSEC and mainstreamed into education and vocational training.	2a. No. of children prevented	0 beneficiaries at outset	300	<p>418 participants (319 females, 99 males) were identified as being at risk to CSEC and consistently supported to prevent them from getting involved in CSEC by the end of the project.</p> <p>134 participants (133 females, 1 male) were actually victims of CSEC or other forms of sexual abuse including rape and defilement who were taken on for programme support and rehabilitation as well as counselling.</p> <p>38 participants (32females, 6males) dropped off out of the total number due to disinterest, pregnancy and relocation respectively. This number though inclusive of beneficiaries getting pregnant is not conclusive that they were involved in CSEC. The overall drop-out rates was 6.8%.</p> <p>234 children (170 females, 64 males) were supported in primary and junior high school (basic school).</p> <p>68 children (43females, 25 males) were supported to go through the senior high school level of education during the life of the project. As at the time of the evaluation, 6 of them (4 females, 2 males) have completed after having been supported under the project.</p> <p>234 children (170 Females) in primary and Junior High schools were supplied with School bags, books, stationery, and uniform as educational support kits</p>
	2b. No. of children withdrawn	0 beneficiaries at outset	200	
	2c. No. of beneficiary children who have returned to CSEC	0 at outset	<5%	
	2d. No. of children enrolled and supported in (or have graduated from) basic school	0 children at outset	250	
	2e. No. of children enrolled and supported in (or have graduated from) senior high school	0 children at outset	50	
	2f. No. and types of school materials distributed	0 at outset	300	
	2g. No. of children placed in (or have graduated from) vocational skills training	0 children at outset	200 (190f, 10m)	
	2h. No. and types of	0 at outset	200	

3. One District Child Labour Committee strengthened and four Community Child Labour Committees established or strengthened	2g. No. of children placed in (or have graduated from) vocational skills training	0 children at outset	200 (190f, 10m)	250 (238females, 12males) participants were supported to train in vocational skills (manicure and pedicure, masonry, electrical, glass making, dressmaking / tailoring, hairdressing, catering, auto mechanics, interior decoration and bag making.). Currently 6 (all females) have completed their training.
	2h. No. and types of vocational training materials distributed	0 at outset	200	A total of 250 in training received their training kits according to the following categories: dressmaking (111), tailoring (4), hairdressing (109), catering (5), interior decoration (4), bag making (1), masonry (1), glassmaking (1), electrical (1), auto mechanics (1), manicure and pedicure (12)
	2i. No. of people reporting child sexual abuse cases to law enforcement agencies	20(15 f. 5 male)	0 at outset	14 people (12 females, 2 males) were involved in reporting the rape and defilement cases encountered during the project.
	2j. No. and types of child sexual abuse cases reported	At least 10 (8 defilement, 2 rape)	0 at outset	Nine sexual abuse cases were reported during the project (8 defilement and 1rape case).
	2k. No of perpetrators arrested and prosecuted	At least 5	0 at outset	5 out of the six perpetrators were arrested by DOVVSU. Two are serving their jail terms. One has been discharged, two are on bail pending prosecution.
	3a. No. of committees trained	0 committees trained at outset	5	Four committees' members of (CCLCs) were trained during year one. The fifth (the DCLC) has not been trained, but INGH is working with members to implement project activities
3b. All committees	0 committees were actively engaged with	5	12 active CCLC members in four committees (representing all the project communities) who are helping with identification of	

<p>Output 3. One District Child Labour Committee strengthened and four Community Child Labour Committees established or strengthened</p>	<p>3a. No. of committees trained</p>	<p>0 committees trained at outset</p>	<p>5</p>	<p>4 community child labour committees’ members were trained at the beginning of the project to enable them to function effectively over the project period. They were further linked to the Counsellors and community facilitators for peer capacity strengthening.</p>
	<p>3b. All committees continue to engage in activities designed to reduce the incidence of CSEC</p>	<p>0 committees were actively engaged with this at the project outset</p>	<p>5</p>	<p>12 participants were actively engaged and they worked in the CCLCs to help implement project activities and monitor participants’ progress at the community level.</p>
<p>Output 4. Poor families linked to poverty reduction programmes</p>	<p>4a. No. of poor parents who have been trained</p>	<p>0 beneficiaries at outset</p>	<p>230 (191f, 39 male) parents / caregivers who came on board in phases have benefitted through loans between GHC 200 to GHc500 as well as financial training from the economic empowerment component of the project; This was achieved through assistance with loans disbursed by the project in partnership and through Initiative Development (ID) Ghana. A total of GHS 76, 350.00 as loans have been disbursed to members. Approximately 35% (totalling GHS 26,714.26) have been saved by beneficiaries. On the average, 98 caregivers/parents have taken their loans 3rd cycles of loans, 82 have taken their 2nd cycle and 50 their first cycle of loans.</p>	
	<p>4b. No. of groups established</p>	<p>0 groups at outset</p>		
	<p>4c. No. of groups accessing INGH group loans.</p>	<p>0 groups at outset</p>		
	<p>4d. No. of groups accessing micro loans from micro finance.</p>	<p>0 groups at outset</p>		
			<p>12 groups have been formed with average membership ranging between 8 and 55 members. All the 12 groups have been given at least two cycles of loans.</p>	

5. Baseline survey conducted and information documented.	5a. No. of communities covered	0 at outset	6	Seven communities were covered in the baseline survey.
	5b. Baseline survey report	None at outset	31 March 2012	Report completed and submitted to INGH.

6. Monitoring and evaluation conducted	6a. No. of communities where participatory monitoring is regularly conducted	0 at outset	6	An average of 3 quarterly Participatory monitoring meetings were conducted in all each of the 6 project communities per year
	6b. No. of parents/guardians involved in participatory monitoring	0 at outset	5 per community (total 30)	58 parents/guardians were involved in participatory monitoring meetings to discuss the progress related to their wards, issues of concerns among others
	6d. No. of stakeholder review meetings held	0 at outset	2 per year	5 stakeholder review meetings were held during the life of the project. 115 people participated in these meetings to receive information on the baseline survey and midterm review and share their inputs for the enhancement of the project success. They also discussed some challenges.
	6e. Mid-term evaluation report	0 at outset	January 2013	Submitted
	6f. Final evaluation report		May 2014	Completed and final report submitted in November 2014. Delay in starting resulting from negotiation of cost and delay in submission of report arising from prolonged ill health of consultant.

5.0 Findings and analysis

This section presents findings from the evaluation in four (4) broad areas: (1) Relevance of the project, (2) effectiveness of the project, (3) efficiency of project interventions, (4) emerging impacts

3.1 Project Relevance

In ascertaining project relevance, the evaluation team considered the extent to which the project interventions and strategies were suited to priorities and challenges of the Government, selected communities and the target groups, in particular vulnerable girls and boys.

Alignment with the National Priorities of Ghana

The CSEC Project was considered significantly aligned to the national child protection policies and priorities of Ghana. At its commencement, the project was designed to meet the child protection needs and gaps in six slum communities in Accra, Ghana; and it was also aligned to the relevant national plan of action on the elimination of worst forms of child labour, the Ghana Growth and Poverty reduction Strategy as well as the national social protection strategy all relevant national policies that were put together to meet the needs of beneficiary populations. The project's approach has continued to be relevant to date within the Ghanaian context, creating an enabling environment that fosters actions at the community and local level in communities at risk and in communities in demand. The MFAT/IN NZ-funded CSEC project was also responding to at risk and in demand vulnerability necessities, emphasizing prevention in communities with CSEC through cooperation with the concerned sectors and awareness raising campaign. It also aimed to address direct assistance to at risk/victims/survivors by means of outreach, withdrawal, rehabilitation, and family empowerment. Thus, the MFAT/IN NZ-funded CSEC project approach is observably relevant to ways of eliminating of commercial sexual exploitation of children in Accra.

Relevance of the project to the context

In Ghana, violence and abuse of children, including sexual abuse, remains very high with over 90% of children reporting having experienced physical violence, both at home and in the school environment.¹⁰⁵ Available statistics from Ghana's Domestic Violence and Victims' Support unit (DOVVSU) reveal a sharp increase in reported cases of defilement of children with Greater Accra region recording the highest numbers of acts of child sexual abuse.¹⁰⁶ According to the Ghana Health Service (GHS), 750,000 teenagers become pregnant annually in Ghana (2013). Poverty is deepening in urban slums and peri-urban communities in Greater Accra region among others. A number of issues have made the children from the slum communities such as the project communities extremely vulnerable.¹⁰⁷ These include poverty, inadequate knowledge on reproductive health, child rights issues as well as education, consumerism, low self-esteem, a high risk environment which is rife with socio-cultural and economic conditions such as child sex tourism, early age pregnancy, absence of parent figures and single parenthood. Children who live in these environments are likely to be abused and are prone to CSE.¹⁰⁸

¹⁰⁵ 2013 Domestic Violence Victims' Support Unit (DOVVSU) annual report

¹⁰⁶ 2013 Domestic Violence Victims' Support Unit (DOVVSU) annual report

¹⁰⁷

¹⁰⁸ Coccoaro, R. (2008) Global monitoring report on the status of action against commercial sexual exploitation of children. ECPAT

Relevance to children

The CSEC project was purposely developed to meet specific needs that were actually endemic in the coastal communities in Accra. The population of children between the ages of 0-19 is estimated to be 48.9% of Ghana's population.¹⁰⁹ Ghana has been described as data-deficient on comprehensive scope and prevalence of commercial sexual exploitation of children (CSEC) as a result actual figures of children involved in or affected by CSEC is not available.¹¹⁰ The UN Committee on the Rights of the Child highlighted that many young children were described as having been involved in child sex tourism and other types of commercial sexual exploitation thus making the prostitution of children a "growing problem" in Ghana.¹¹¹ The project focus was on supporting children at risk of, affected by and involved in CSEC. Although the protection of all children is enshrined in the 1992 constitution and other legal documents such as the UN Convention on the Right of the Child (UNCRC), the Criminal Offences Act, 1960 (Act 29), Human Traffic Act (2005, Act 694), and the Juvenile Justice Act, 2003 (Act 653,) exist to protect the Ghanaian child, many young children have been described as having been involved in child sex tourism and other forms of CSE thus making the prostitution of children a "growing problem" in Ghana.¹¹² The CSEC project consequently acknowledged that taking into consideration the huge steps made in developing legal documents and signing international agenda on child protection, a significant number of children are being sexually exploited.¹¹³

To this end, the project also focused on raising awareness to reduce public tolerance and demand for CSEC. Other pertinent components of the project included prevention in communities at risk through awareness education, socio-economic and educational support to children and families and direct assistance to victims /survivors by means of outreach, withdrawal, rehabilitation, reintegration and family empowerment.¹¹⁴ Parental education was apparently crucial in the Ghanaian context to prevent sexual exploitation of children, as many children suffer from parental neglect and are not encouraged to be assertive about their rights.¹¹⁵ Awareness of the dangers of the phenomenon was inadequate. In the midst of the situation, no hotel or tourism operator has thereby adopted *Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism* creating a tremendous gap.

Relevance of strategies

Capacity building of community structures in the education and awareness raising programs to continue the advocacy program.

Evidence from reviews of the documents and key informant interviews showed that traditional authorities served as endorsement authorities during community durbars calling for attitudinal change where the CSE was concerned. Additionally, efforts were also made by community members to report two incidents of defilement and supported the process of prosecution of the perpetrators. These results are indicative of the significance of collaborative engagements with traditional authorities and community structures such

¹⁰⁹

¹¹⁰ Op cit

¹¹¹ ibid

¹¹² ibid

¹¹³ Coccaro, R. (2008) Global monitoring report on the status of action against commercial sexual exploitation of children. ECPAT

¹¹⁴ Project proposal

¹¹⁵

as opinion leaders. However, no community bye laws were formulated by implementing communities as a result of the project.

Despite the existence of the protection of all children enshrined in the 1992 constitution and other legal documents such as the UN Convention on the Right of the Child (UNCRC), the Criminal Offences Act, 1960 (Act 29), Human Traffic Act (2005, Act 694), and the Juvenile Justice Act, 2003 (Act 653), among other policies, appropriate implementation and enforcement at community level particularly in the urban slums within which the project communities exist still pose a challenge. The challenges are in terms of appropriate structures in district assemblies, the attitudes, skills, of parents, traditional leaders, school authorities who deal with victims and children in general and their inadequate knowledge and capacities related to child rights and protection in particular which places the victims and survivors at a particular disadvantage. Extra work is required on these levels and also to enhance community attitudes towards children in general and victims and survivors in particular so are protected and integrated into the communities effectively.

Inclusive economic empowerment for poor mothers and female caregivers

The livelihood component of the CSEC project was meant to empower poor caregivers, especially mothers or direct female care givers to support their child beneficiaries through micro-finance interventions. Results of the livelihood component differed among project communities but what was common to them was the use of micro-finance small scale loans for establishment of or expansion of small scale businesses the care givers and parents were involved in. The approach targeted enrolling only the extreme poor caregivers (especially the females) who were responsible for the children and outsourcing the technical support to ID. The disbursement of funds including related financial support was all carried out by ID in partnership with IN GH. This confirms that those caught in the downward spiral of disadvantage and entrapped within the poverty cycle are, particularly, girls and boys of school age, young men and women of all ages. Hence, women groups were made up of extreme poor mothers and female care givers and represented each of the communities with membership inclusive of community facilitators.

The caregivers were constituted into groups of between 15 and 35 members (a major requirement by ID) and together group members were made to elect their own executives made up of the leader, secretary, treasurer and peer educator. The leader is in charge of convening the group, the secretary takes minutes during meetings, the treasurer assists the ID facilitator with the financials and the peer educator is trained by ID to raise awareness on social issues and assists the ID facilitator to do so. Loans were not given during the first group meeting. ID after registering group members thoroughly assessed them to ascertain the kinds of income generating activities they were engaged in or viable businesses they could do to earn substantial income. This helped them determine how much each group member could conveniently take, work with to yield profit and comfortably pay back as scheduled. There were also a series of meetings each group had to go through to receive orientation on how to effectively manage their businesses and finances and discuss other social issues such as reproductive health, positive parenting among others. The attendance to these meetings by the group members was also used to assess their commitment to the group and by willingness to access the loans to boost their incomes. Members were encouraged to also save some amounts of money during every meetings. This would eventually wean them off receiving loans from ID when their savings are substantial enough to constitute their capital. Members were eligible for receiving more loans after they had successfully paid off the old ones. This could be up to double the previous amount if the member was prompt in paying and if S/he needed more to expand their business. No member of the group was responsible for paying off the loan of a defaulting member. They however had to know each other's houses and ensure that they encourage each other to repay their loans.

With the loans they received, caregivers were able to expand their businesses. One woman with a physical disability for instance who made soft drinks and sold them in polybags and recycled bottles to people is now able to buy new plastic bottles and sell her drinks and also gets orders to supply her drinks at functions.

Initially, most of them broke even and made very little gains which were not substantial enough to enable them wean their children off the project support. Majority of them were petty traders dealing mostly in consumable goods which had very little profit margins. They were however optimistic that with their continuous involvement in the intervention, their businesses would expand and yield more profits which will eventually translate into greater financial independence for them and their dependants.

Some of the challenges related to the effectiveness of this strategy were identified. First, the implementation of the livelihoods component only took off after mid-term of the project. Therefore, expected capacities of beneficiaries were not as strengthened as expected. A total of 85% of respondents from all six communities who were beneficiaries repeatedly called for continuation of IN GH's support for their children in terms of payment of school fees, stipends, material tools. At the time of the evaluation, the cycle of loan administration was still in progress even though the project had ended. This is a clear confirmation that the parents would continue to have access to the micro credit to expand their business even after the project.

Awareness raising through sensitization

The CSEC project contributed to the roll-out of the nationwide community sensitization and mobilization programme under the National Plan of Action (NPA) for the Elimination of Worst forms of child labour (EWFCL). The project was directly aligned to NPA's component related to the promotion of children's rights including the effects and consequences of child labour, and its implementation in the targeted districts.¹¹⁶ There was evidence in the communities¹¹⁷ that CSEC project support for awareness creation resulted in understanding of the dangers of CSEC as well as the need for education among the different target groups of beneficiaries namely the victims, survivors, children at risk as well as parents, community members, traditional and opinion leaders.¹¹⁸ Additionally, the use of community durbars, CSEC and child rights related handbills and posters, children's fora in basic and senior high schools, participatory monitoring meetings with facilitators, child beneficiaries and counsellors, theatre for development pieces and movies among others formed the basis for raising awareness.

However, it is not evident that the project has consistently enabled the beneficiaries namely the victims, survivors, children at risk and community members to have a good understanding of and ability to articulate the some aspects of rights of the child, related child protection policies and reproductive health issues. This circumstance may be related to three factors: (1) a largely generic content used to sensitize or train target beneficiaries in lieu of tailored- content based on each community's specific learning needs assessments, (2) belief systems and traditions of socialization within the target communities and therefore require more aggressive and longer periods of engagement for shifts in mindsets to happen, and (3) inadequate engagement of communities by IN GH after sensitization interventions to determine levels of transfer of learning.

¹¹⁶ Ministry of Employment and social welfare(MESW) 2009. National Plan of Action for the Elimination of Worst forms of child labour. 2009-2015

¹¹⁷ Details of each community's respective progress are available in the cases studies indicated in Pgs 27 – 32.

¹¹⁸ INGH (2012-14). *Counselors' monthly reports* 2012-2014 – Year

Relevance of educational interventions and vocational training

The placement of child beneficiaries in artisanal and vocational apprenticeship training with master craftsmen and women as well as master mechanics addressed the provision of technical and vocational skills to the unskilled youth dimension of education delivery. The further provision of start-up learning toolkits and monthly stipends to the child beneficiaries complemented the efforts of the district assembly LEAP¹¹⁹ and LESDEF¹²⁰ programmes. These interventions evidently addressed the national need for skills training for the NEET¹²¹, particularly unskilled youth in marginalized areas, even though the exact mechanisms for sustaining the upskilling of disadvantaged youth remain a challenge.

Results from both reviews and interviews showed that the project included the integration of older children who were victims of commercial sexual exploitation into either second cycle institutions or vocational training apprenticeships with trade or artisanal associations, for them to acquire a skill of their choice. Other forms of direct support of immense relevance were the mainstreaming into basic and senior high schools for continuation of basic and secondary levels of education, the provision of school supplies such as school bags, exercise books, school uniforms in addition to vocational training kits for the vocation apprenticeships selected.¹²² Of immense significance were the payment of school levies and total apprenticeship training fees, monthly payments of stipends were paid to exceptionally needy withdrawn victims undergoing vocational skills training to reduce probability of relapse into CSE.

The vocational apprenticeship trainings were found to have been essentially useful and appropriate. Significantly, the apprenticeship trainings aimed at providing specific vocational skills in dressmaking, auto-mechanic, hairdressing and manicure & pedicure. Results of the vocational skills training component were varied among the child beneficiaries. However, what cut across majority of them was the signing up to a minimum of three-year placement contract with professional craftsmen and women of the trade within the communities.

Some of the challenges to the effectiveness of this strategy were noted. First, the beneficiaries were enrolled at different cycles on the project and therefore placement in apprenticeship programmes occurred later during implementation and at different periods.¹²³ Second, since the apprenticeship trainings were mainly in the informal sector they tended to progress in phases¹²⁴ where, the trainees began with an introductory phase with the trainee being taught through observations of the trainers activities alongside performing basic jobs such as cleaning the workshop or running errands and were at the skills building stage at the time of the study.¹²⁵ Third, apprenticeship placements took from months to years making the process unnecessarily long.¹²⁶ Fourth, those currently in training would no more be receiving the required psychosocial support and welfare stipends for daily subsistence as the project has ended. Final, trainee-apprentice whose trials of a particular operation demonstrated by her master or mistress, resulted in errors incurred the master's or mistress displeasure unduly resulting in problematic pressures and conflicts for the trainees.

¹¹⁹ ibid

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¹²¹

¹²² Aggregation of project support from Community project files – Agboghloshie, Madina, Chorkor, Korle Gonno, Korle Wonko and James Town,

¹²³ MFAT Participants' database (May 2014)

¹²⁴ Trainees Focus group discussion responses

¹²⁵ Francis Donkor, (2007) Enhancing Apprenticeship Training in Ghana Through Distance Learning Department of Technology Education, University of Education, Winneba

¹²⁶ Op cit

Project Effectiveness

Findings on effectiveness of the CSEC project address three issues related to the Results management framework and the goal of the IN NZ-MFAT Protection of Children from Commercial Sexual Exploitation in Accra, Ghana: (1) Incidence of sexual exploitation of children reduced.; (2) Poor families are economically empowered and continue to support their children in school and in training; and (3) Increased community awareness of child rights, dangers of CSEC and reproductive health compared to baseline. The evaluation team’s findings focus on the period covered by the current project plan (2011-2014).

Outcome 1: Incidence of sexual exploitation of children reduced

The evaluation noted that a total of 552 children including survivors and victims were enrolled on the programme. Gains were made to some extent in building understanding of community members on what CSEC and its related effects were thereby resulting in a reduction in incidence of CSE by an average of 10% in the project communities.¹²⁷ (Table 1 summarizes the changes for each community from the Mid-term evaluation to the End of project evaluation.) With the exception of Agbogbloshie which maintained its previous rate, opinion leaders, parents and trainers the evaluation team interviewed indicated an average incidence rate of 40 percent (4 out of every 10 children) a 10% difference from that of the mid-term review. However, locations¹²⁸ with very high incidence of CSE still exist in a number of endemic suburbs within the project communities. According to respondents, in areas such as Havana (Korle Wonko), Inshorna (James Town), Konkomba (Agbogbloshie) and bus terminal opposite Oman FM area, incidence rates ranged from 60% - 80%.¹²⁹ These high incidence rates were attributed to the proliferation of illegal night clubs, the increase in activities of drugs cartels, inadequate law enforcement, high influx of migrant youth looking for employment, rapid growth of urban slums, poverty and economic challenges.¹³⁰

Table 3: CSEC Incidence rates in each project community, by year

Community		2013			2014	
		Incidence	Incidence (MTE)%		Incidence (EPE)	Incidence (EPE)%
Chorkor	Mid-Term evaluation (MTE)	5 per 10 children	50	End of project evaluation(EPE)	4	40
James Town		5 per 10 children	50		4	40
Korle Gonno		4 per 10 children	40		3	30
Korle Wonko		6 per 10 children	60		5	50

¹²⁷ The issue of CSEC incidence rates continues to be a challenge to establish by community members due to its discrete nature, lack of data as a result of under reporting as well as baseline. Mean figures were calculated based on situation existing before and after basis. The average incidence rates therefore based on these were collated from an analysis of Focus group discussions (FGDs) and MTR reports

¹²⁸

¹²⁹ A number of hotspots in the communities were identified by respondents. In James Town, Agbogbloshie (Konkomba, Beach, Kantamanto rail lines area, Abrewa, June 4¹ Korle Wonko (Havana, Konkomba, Club house), James Town (Ngleshie. Bukom. Beach “Nshornaa”, Akotolante. Agbado. “Aye ata”. Club house).

¹³⁰ Respondents’ views collated from Focus group discussions with opinion leaders, parents, trainers and children.

Madina	5 per 10 children	50	4	40	
Agboghloshie	3 per 10 children	30	3	30	
Mean rates		5	50	4	40

Source: Mid-term evaluation report 2013 and 2014 Evaluation FGDs

Outcome 2: Poor families are economically empowered and continue to support their children in school and in training

The evaluation noted clues that some gains were made in respect of targeted poor families to have access to available credits and capacity building to increase their working capitals.¹³¹ This was mainly as a result of the project facilitating access of selected poor families to inclusive microfinance interventions through a partnership with Initiative Development (ID) a micro finance institution which specifically looks at packaging access to credits at very affordable interest rates while building in sustainable community development and business development approaches.¹³² The approach in itself addressed both demand and supply side of factors for enabling economic empowerment of parents towards taking care of their children in school and training especially beyond the project term. Parents / caregivers were initially both screened and profiled by IN GH to ascertain underlying needs. This was then followed up with a second screening by the financial and business development team from ID to confirm IN GH findings and basis for support. A support group made up of micro-credit beneficiaries and community facilitators was formed.¹³³ The group met weekly to discuss their progress, challenges and ways to ensure sustainability of the support. Visible impact at the family level has been felt mainly in some increases in gains and the ability to pay back loans on time.¹³⁴ The use of loan repayment on schedule remained a strong indicator of beneficiaries' assessment of their economic performance. Despite the gains indicated, key informant representatives of beneficiaries on livelihoods component indicated the need for IN GH to continue to support the payment of school fees and training stipends of their child beneficiaries on the project for a while as their incomes from the intervention were unable to take that up at the time of the evaluation. However, targeted parents had not demonstrated total ability to support their children in school and in training at the time of evaluation. This circumstance may be related to two factors: (1) the late start of the economic empowerment component of the project. This component took off after the mid-term review and beneficiaries were beginning to show results at the time of evaluation; (2) gains in relation to microfinance interventions in economically challenging environments generally took longer for maturation in behavior change and therefore turn-around time for targeted families required a much longer period.

Outcome 3: Increased community awareness of child rights, dangers of CSEC and reproductive health compared to baseline

Project strategies such as community durbars, CSEC and child rights related handbills and posters, children's fora in basic and senior high schools, participatory monitoring meetings with facilitators, child

¹³¹ Field visit results from 6 project communities. FGDs with opinion leaders and parents on the ID microfinance schemes served as a source of reference. Additional records were attained from ID

¹³² Analysis of IN GH reports, MoU with ID and collated FGDs with project beneficiaries

¹³³ Micro finance beneficiaries feedback from 6 project sites

¹³⁴ Op cit

beneficiaries and counsellors, theatre for development pieces and movies among others have served as critical platforms for raising awareness on child rights, CSEC, the importance of education and reproductive health issues among children, community members, parents, Municipal assembly agencies and opinion leaders.¹³⁵ A number of gains were noted:

(1) Achievements of outcomes with regards to community awareness on child rights

The capacity of community members including opinion leaders and parents in expressing the roles and responsibilities of parents towards their children was noteworthy. A total of 93% of those interviewed by the evaluation team noted that through the sensitization from the project, they understood that parents were to ensure child safety and protection, provide food, instill good moral and religious values, provide shelter and education and make their children appreciate the importance of education. All respondents clearly identified that the project enabled them to understand that the police was the first point of call for child abuse cases however socio-cultural pressures made it clearly challenging for parents especially to disclose or report. While 60% indicated that reasons of non-disclosure were the economic cost of seeking justice, as well as medical treatment, 83% emphasized the capacity challenges of social reprisal from perpetrator's or victim's family, embarrassment and stigmatization on the part of child and family. Despite these varied responses, all respondents recognized the challenges associated with non-disclosure on their part and lauded the support from the project where a third party such as IN GH had enabled two cases¹³⁶ of abuse to be prosecuted with conclusive judgment. In their view, the respondents stressed the need for further "hand-holding" by the project on effective and assertive ways of formal disclosures so parents and caregivers of child-victims could seek redress without intimidation. The gains notwithstanding, the respondents had challenges defining who a child was. The results revealed that while 87% gave definitions ranging from "Someone between 7-15 years old", "Someone from 6-10 years old", "someone from 6-15 years old", "15-18 years are adolescents", "0- 10 years", "1-15" years old", "1-17 years old", and "1-16 years old", another 13% indicated "a person below the age of 18".

(2) Achievements of outcomes with regards to community awareness on dangers of CSEC

One of the major strategies of the project was to highlight the dangers of CSEC to parents, opinion leaders, community members and children and share. Gains were visibly observed when respondents interviewed by the evaluation team identified types of CSEC prevalent in the communities. Respondents mentioned defilement of children, rape, child prostitution, trafficking for sex trade, cyber sex involving children, child pornography through cafés and adult video game centres where children were lured and abused as types of CSEC. Respondents confidently identified specific trends in their communities such as older gay men and lesbian women sexually taking advantage of boys and girls, forced marriages, "sexting", adult videos sold cheaply to children.

(3) Importance of education

Gains were also made and evident in respondents exhibiting a strong understanding from the respondents that education was significant for the personal development of children. Discussants indicated their immense appreciation for IN GH's assistance through the project to have some of the children enrolled in vocational training and thereby helping these beneficiaries to learn a trade which eventually would make them less vulnerable to CSE.

¹³⁵ These represent results sorted and collated from Counselors' MTR and quarterly reports and FGDs results from the End of project evaluation that were synthesized.

¹³⁶ Two cases of defilement through incest - Nii Bani Appiah and Old Man Ray (Information from Quarterly reports)

Project Efficiency

The project provided a combination of technical and psychosocial support towards the effective implementation of the project. The project fielded four counsellors and six community facilitators. The counsellors were trained to provide some level of psychosocial support for adaptation and settling-in to the child beneficiaries enrolled on the project. The counsellors served as key linking pins between the child beneficiaries and IN GH. The Programme manager and programme officer from IN GH were additionally required to carry out planned monitoring and supervision field visits in close collaboration with counsellors and community facilitators, who served as community mobilization interfaces to effectively quality assure the programmes. The volunteer-counsellors were based in communities and drew up schedules for their monthly work using templates provided by IN GH. Additionally, their work demanded they tracked the child beneficiaries and visited them on weekly basis to ascertain the quality of placements and care at home. Additionally, IN GH worked closely with DOVVSU the police institutional structure designated to technically support and pursue perpetrators of crime, the Department of Social Welfare to support official placements in Shelters, Ark Foundation the official non-state shelter and Street Children's Empowerment Foundation (an NGO), Accra Metropolitan Assembly, Ghana Health Service and Initiative Development a social development micro-finance organization for a sector-wide approach in dealing with CSEC.

Value for Money

The assessment on value for money¹³⁷ in relation to this evaluation was deemed as relating to accomplishing the best achievable results using minimal resources and costs. Three indicators, namely, economy, efficiency and effectiveness were used in the assessment of value for money. For economy, the total value of the project in terms of financial resources was NZD \$345,016 for a three-year period¹³⁸. IN GH made deliberate efforts at keeping input cost at the minimal cost while ensure quality of results were not compromised. In terms of project management and administration, the project used 20 volunteer counsellors, CCLCs and facilitators to support implementation in 6 community communities reaching a total of 4652 beneficiaries (3,106 f). The use of these volunteer support officers contributed significantly to generate the low cost implementation of the project as the use of paid project officers would have been extremely costly. As a result, resources such as training fees, stipends, training tools, and educational support packs and livelihoods interventions were made available for the poor children and care givers who needed the resources the most.

However, indications from key informant beneficiaries feedback conducted during the evaluation indicated that the monitoring and supervision visits by IN GH Programme officers though inadequate in their view, enhanced the quality of support they received from the master craftsman or woman during their apprenticeship trainings. Joint team visits were indicated to ensure both child beneficiaries and their supervisors get to their training sites on time and early. The project provided monthly stipends to the extremely needy children on the project. These enabled them to buy their meals and personal supplies which hitherto was a push factor for their vulnerability to CSEC. Key informant discussions with some child beneficiaries indicated efforts by some master craftswomen to either take the stipends completely from the apprenticeship trainees or constantly share the stipends and as a result depriving them of upkeep allowances. IN GH responded to these issues by holding review meetings with trainers to discuss the concerns of the trainees and orient them on the child protection policy of the organization. Another knowledge sharing session was organized for the trainers and trainees during which personnel from the

¹³⁷ It is generally taken to mean the pursuit of economy, efficiency and effectiveness in terms of equity.

¹³⁸ Project proposal document and budgets on Quarterly reports folders

Department of Labour share information pertaining to apprenticeships for children and obligations of master craftsmen and women towards these children. Participants (trainers and trainees) were also taken through a session on financial literacy and given basic tips in saving and business management.

These matters arising clearly illustrated the need for stronger and more regular monitoring. Second, based on feedback and interviews with the child beneficiaries, indications were that those master craftsmen/women required further additional on-site child protection training, organizational commitments through signing of individual Child protection policy documents and mentoring with experienced counterparts for better care and support of the children.

Sustainability:

Positive signs of sustainability

- a. Parents, community members as well as opinion members at the community- level have become more aware of the need for enhanced vigilance to promote awareness-raising of CSEC. Over the period, fourteen (14) people, without prompting from the project team, were involved in reporting one (1) rape and eight (8) defilement cases which occurred during the project. As a result, five (5) out of the six perpetrators were arrested by DOVVSU. One (1) however, has been prosecuted and is serving his sentence; the other perpetrator has his case still in court.
- b. Gains in increasing preventive as well as responsive structures at the community levels have much greater chances for sustainability.
- c. The three-year fully paid apprenticeship placements offer the child beneficiaries' longer terms for specialized vocational and technical training. As the placements are fully paid for by the project there is the guarantee for trainees to continue and complete. As at the time the project ended, majority of the trainees had completed about two years of their training with a few totally completing, graduating and working from home. Having come this far in their training there is less likelihood that they will drop out as they have come to understand the benefits of acquiring employable skills and the consequences of being unskilled and having to depend on giving sex for money. Interactions with trainees indicate that they all aspire to be like their trainers, own their own shops and train other people in their communities.
- d. Collaboration with ID a community-based micro-credit development agency to implement economic empowerment intervention is a positive sign of sustainability as that phase is still ongoing and did not end with the project. Again, ID already works in those communities and therefore the project also helped them to increase their clientele as the groups were mobilized for them to assist. Due to the benefits received by the group member, they are introducing more members to the intervention and the benefits will also contribute to the prevention of an increase in CSEC in the communities as caregivers will be better placed to provide the basic needs of their children through the gains they will make from the support. Additionally, a more professional financial literacy and sustainable livelihoods approach will be used to support community members on a regular basis.

Challenges to sustainability

- a. Some of the gains achieved through financial incentives such as monthly allowances and school fees at JHS and SHS levels for their meals at the training centre, and personal effects are not sustainable. The daily upkeep of the children will greatly be affected without the IN GH project. The idea of providing monthly allowances to the child was unsustainable in the long term. Poor families as well as child beneficiaries who were also selected and supported through the project through the payment of school fees at the SHS and JHS levels have come to depend solely on it and yet complain that it is insufficient. They have additionally requested for the payment of the fees to continue even though the project has ended.
- b. Poverty at the community level challenged the ability of communities and parents to generate income adequately to contribute resources for investing in their children's schooling and training.
- c. The absence of a functioning DCLC presupposes that institutional structures in the system are unable to mainstream the approaches used in this project post closure.

Outcomes / Emerging Impacts

Interactions with key stakeholders at various levels indicate positive outcomes of the project interventions which could translate into positive behavioral change especially at the community levels.

- School children and community members are now more aware of engaging children in sex as a violation of their rights and a matter which should not be settled at home. As a result of this more caregivers and victims are now reporting defilement cases and seeking help to get abusers arrested and prosecuted. The imprisonment of some perpetrators under the project despite pressures and threats from traditional authority and family members have proved to community members that the law can indeed take its course to the fullest and therefore the cases need to be reported to the appropriate authorities. By extension, perpetrators would be careful not to abuse children as this could cause them to be imprisoned. It is envisaged that if this should go on the communities will become safe places for the children to develop.
- More young people in the project communities are now skilled and employable as a result of the vocational training they have undergone. With very little time to idle, they have become less prone to falling victim to CSEC or relapse into the phenomenon. Education they have received on the dangers of engaging in sex for money and unprotected sex as well as the STI screening they have undergone which enabled them know their reproductive health status caused them to reflect on their lives and make more informed decisions and choices.
- Discussions held with opinion leaders and traditional authorizes in some of the communities brought out the fact that promiscuity of the young people in these communities is a great worry which is hindering the progress and development of the young people in the communities. Leaders in Chorkor for instance in one of the meetings stated that it was shameful for external institutions to lead the process in tackling the issue of CSEC in their community among others. They therefore resolved to continue the work that has been started under the project and take stringent measures to ensure that their young people are protected and guided and supported to develop well.

- Collaboration with institutions like DOVVSU during the awareness raising programs have increased the linkages between them and the public. Their presentations during these programs gave people a better understanding of their mandate and their modus operandi. Community members now find it easier to go to their offices to report cases of abuse.
- As a result of the project International Needs Ghana is being noted as one key organization working to ensure child protection especially in the area of CSEC. Owing to this child sexual abuse cases are referred to the organization by especially the Ghana Education Service for action to be taken. Again INGH's direction in this area made the organization a referral point for these cases by other NGOs and even DOVVSU (in the area of psychosocial support from victims).

Lessons Learnt and Best Practices

Key Lessons Learnt

In this section, the team assessed programme lessons and conclusions that could be drawn from implementing this project that would be useful to inform the future scaling up of the project.

- Collaborating with community-based structures and authorities to plan and carry out awareness education in demand communities ensures that individuals, families and communities understand the context of the problem and of children's rights and perpetrators are prosecuted and punished. To this end, Project strategies such as community durbars, CSEC and child rights related handbills and posters, children's fora in basic and senior high schools, participatory monitoring meetings with facilitators, child beneficiaries and counsellors, theatre for development pieces and movies among others have served as critical platforms for raising awareness on child rights, CSEC, the importance of education and reproductive health issues among children, community members, parents, Municipal assembly agencies and opinion leaders.
- Working closely with private vocational training centres to offer specialized vocational and technical apprenticeship training to children at high risk enables them to become role models to other peers at risk from the same communities and empower them to turn their situations into opportunities
- Incorporating effective information about where communities can report on the abuses and promoting their actions on disclosure through awareness education on the importance of reporting on abuse cases referral processes ultimately strengthens the capacity of the communities.
- The use of probationary processes to ensure commitment and minimize drop-out rates in the programme enhanced the commitment of participants.
- The use of secure livelihoods interventions for parents and caregivers as well as stipends for extremely needy trainees provided safety nets. For the trainees who received the stipends, they could afford their daily meals and other personal effects to encourage them to go through the training.
- Bringing on board institutional partners from DOVVSU, Department of Social Welfare, Ghana Health Service and the Labour Department supported the intervention to sustain awareness and

consciousness of the phenomenon. It additionally linked the communities to the institutions they would hitherto find challenging to deal with.

- Regular monitoring, counselling, and stipends also contributed immensely to the sustenance of participants in school and training.
- Working closely with personnel and agencies with expertise on certain components of the project afforded those components to be rolled out in a more professional way, reduced the possibilities of wastage of resources and increased the sustainability of the outcomes of those components (e.g. working with ID Ghana to manage the economic empowerment intervention and the Ark Foundation to provide shelter services).

Recommendations

The following recommendations are being made based on the resultant effects and case study findings:

- A more intensive implementing strategy to sustain the gains on the causes, types and preventive approaches related to CSEC should be adopted by district assemblies to ensure continuity.
- Strengthen awareness in other communities surrounding “no-go” areas identified, with high prevalence rates
- Map and link women to existing micro-credit schemes was therefore, a good and a best practice for promoting systemic change given that micro-credit was not part of the original design of the project.
- Replicate and scale-up the project in more communities to reach out of more vulnerable children
- Generate policy briefs for sharing at Parliament and dissemination through the ministry of Gender, Children and Social protection.
- Organize learning programmes to share lessons and practices gained from this project

**Appendix 1: Summary of number of interviews and respondents
IN GH CSEC project Operational site**

Korle Wonko	Korle Gonno	Chorkor	Agbogbloshie	James Town	Madina
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Selected respondents for End –of-project evaluation by community

Opinion leaders (4) + 1 Assembly man	Opinion leaders (3) +1 assembly man	Opinion leaders (5) +1 assembly man	Opinion leaders (5) +1 assembly man	Opinion leaders (5)+1 assembly man	Opinion leaders 5 school heads
6 female master craftswomen	9 female master craftswomen	14 female master craftswomen	1 master craftsman	11 female master craftswomen	3 Master craftswomen & 4 head& assistant head teachers
10 beneficiaries (females)	10 beneficiaries (2 boys and 8 girls)	12 beneficiaries (girls)	22 (15girls; 5 boys)	9 trainee beneficiaries (girls)	9 beneficiaries (girls)
Community member- 3males & 5 females	Community member- 1 males & 8females	Community member- 2 males & 4 females parents/care givers	Community members – 2 female parent; 2 males and 1 female community member)	Community members - 3 women parents/caregivers	Community members- 4 parents/caregivers (women), 1 male
n = 29	n = 32	n = 38	n = 33	n = 29	n = 26
N=207					

(22) 4 IN GH Programme staff, 4 counselors, 5 Community facilitators, CCLC members; 2 officers AMA, , Department of Social Welfare, Department of Children, National Coordinator (DOVVSU),GES Deputy-Director General (Q&A), Ministry of Gender, Children and Social Protection, Ghana Health Service, ID

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Appendix III
INTERNATIONAL NEEDS GHANA
PROTECTION OF CHILDREN FROM COMMERCIAL SEXUAL EXPLOITATION IN ACCRA
(IN NEW ZEALAND / MFAT)
TERMS OF REFERENCE FOR PROJECT END TERM EVALUATION.

Introduction

International Needs Ghana is implementing the final phase of a three year project to protect children from commercial sexual exploitation in selected communities in Accra. The Project is funded by IN New Zealand and the Ministry of Foreign Affairs and Trade and is slated to end in March 2014 having commenced in April 2011. The project has four key objectives and a set of expected outputs and outcomes for each of them.

Project Objectives

The overall goal of the project was to contribute to the elimination of commercial sexual exploitation of children in Accra. This was guided by four specific objectives as listed below:

- Increase knowledge on child rights, CSEC, the importance of education and reproductive health issues by 80 % in six communities in Accra.
- Prevent, withdraw, counsel and support 500 children in school or vocational training.
- Economically empower 200 poor parents of beneficiary children through a micro finance scheme to enable them continue supporting their children in school and in training.
- Participatory monitoring and evaluation would have been conducted and results compared with baseline information to ascertain the success of the program.

Outputs

- Baseline survey conducted and results documented
- Increased awareness among six communities of child rights, dangers of CSEC and reproductive health
- Two hundred (200) withdrawn from CSEC
- Three hundred (300) children prevented from engaging in CSEC
- Two hundred and fifty (250) children mainstreamed in basic school and supported with learning materials
- Fifty (50) children enrolled in and supported in senior high school
- Two hundred (200) children provided with vocational skills training
- Two hundred (200) poor families economically empowered to continue supporting their children in school and training.

- One District Child Labour Committee strengthened and six Community Child Labour Committees established or strengthened, and continue to engage in activities to reduce the incidence of CSEC
- Stakeholders engage in participatory monitoring
- Midterm and completion evaluation documents identify the results of program interventions

Purpose of the Evaluation

As the project is coming to term, there is the need for an independent assessment of how well it was implemented using the given resources and the emerging impacts on the lives of the participants. This information will be useful to various stakeholders as they will be interested in progress made, lessons learnt and how to plan future such projects taking into consideration inputs and recommendations from the assessment.

Scope of the Evaluation

The evaluation will cover project activities implemented between April 2011 – March 2014 in the six communities namely Agbogbloshie, Madina, Jamestown, Korle wonko, Korle gonno and Chorkor. Interactions will be held with different groups of people and institutions that participated directly or indirectly on the project. They include:

- Children / young people prevented and withdrawn and are now being supported in school or vocational training under the project.
- Parents / caregivers of participating children (especially those who are benefiting from the economic empowerment component of the project)
- Community members including the chiefs and elders
- Religious groups in the communities
- Cohort groups
- Governmental institutions and non-governmental institutions INGH collaborated with to implement components of the project such as the Ghana Health Service, the Domestic Violence and Victims' Support Unit, the Ghana Education Service, the Ark Foundation, Street Children's Empowerment Foundation, Initiative Development Ghana, the Accra Metropolitan Assembly, Artisans Associations.

Evaluation Criteria and Objectives

In view of the fact that a midterm review was conducted in the second year of implementation, the end term evaluation will be a follow up to the outcomes after the midterm review and a more thorough assessment of the whole project. Specifically, the end term evaluation will seek to answer questions on the following broad themes:

1. **Relevance of the project:** whether the project interventions and activities were relevant at all within the selected communities and at the time they were implemented.

2. **Effectiveness of the project:** the extent to which project activities were implemented, achieved results and any unintended results.
3. **Efficiency:** how resources were used and how well activities were implemented – processes / methods used in implementing the project activities, extent of involvement of secondary stakeholders / collaborating agencies.
4. **Sustainability:** whether the outcomes of the project will be sustained taking into consideration the socio-economic environment. Are the benefits likely to continue without further support from the project: will the children still be in school and vocational training? Will their caregivers on the economic empowerment intervention be able to continue working to support them?
5. **Outcomes / Emerging Impacts:** changes (intended and unintended) in the lives of target groups or individuals as a result of their direct or indirect participation in the project interventions implemented in their communities. This should also include changes brought about by collaborators' / partners' contributions or involvement.
6. **Lessons learnt:** documentation of lessons learnt from working with the target groups and collaborators for learning and enhanced implementation of future projects of the same kind. These should include risks and challenges encountered and how they were mitigated.
7. **Recommendations:** documentation of suggestions / recommendations from participants which can enhance the sourcing of funds, design and implementation of future such projects.

Methodology

The evaluator will plan the methodology which will be discussed with INGH and approved if agreed on. She will however have to ensure that participatory approaches which will involve interactions with direct and indirect participants, collaborating agencies and implementing agency team members are used. The tools to be used will also be discussed and agreed upon prior to commencement of the evaluation.

The consultant will be guided especially by the Results measurement table for the project which is the main framework for monitoring and evaluating the project. All other relevant documents will be made available to her to enhance the assignment.

Duration

The project midterm review is expected to take a maximum of 40 man days (from the day of signing the contract) to complete.

Evaluation Team

Kafui Mills-Odoi (Mrs.), an independent consultant and her team from (HRD Solutions and Applications Consult Ltd) will be contracted to undertake the assignment. She has a good working knowledge of child rights and child labour issues and has undertaken several assignments in this regard including the midterm review of this current CSEC project to be evaluated. The team also has the requisite knowledge and skills in analysing issues from a child rights perspective and competent research skills.

Deliverables

Prior to the assignment, the consultant is expected to submit a proposal detailing the following:

- The methodology for the review and tools for data collection
- Schedule of work
- Profile of consultant and key team members
- A detailed budget (**subject to negotiation to meet project budget**)
- Two hard copies and one soft copy of the end term evaluation report with recommendations (on completion of the assignment).

NB: International Needs Ghana places special emphasis on **CHILD PROTECTION** issues in all its working relationships and mandates all its working partners to adhere to its **Child Protection Policy**.

