10/18/2021

GA WEST MUNICIPAL ASSEMBLY, AMASAMAN--DEPARTMENT OF SOCIAL WELFARE AND COMMUNITY DEVELOPMENT

PROGRESS REPORT FOR 3RD QUARTER ENDING 30TH SEPTEMBER, 2021

1. TABLE:

2. INTRODUCTION

The Department of Social Development works in partnership with people in their communities to improve their well-being through the promotion of social development with equity for the disadvantaged, vulnerable, persons with disabilities and the excluded. The mandate of the Department is to take the lead in integrating the disadvantaged, vulnerable, persons with disabilities and excluded into mainstream society.

The Department during the quarter under review managed successfully 100% of child protection cases received to improve social services delivery within the Municipality.

Again, Nine Hundred (900) home visits were undertaken during the quarter under review. Home visits were held Kpobikorpe, Ayikai Doblo, Treba, Kwashiekuma, Amanhiakorpe, Toman, Opah, Kuntunse, Medie, Papase, Manhean, Adusa Quarters, Okaiman, and Kotoku, Samsam-Odumase areas. The issues raised and discussed were: Covid 19 and its related issues, how to care for the children after school, safety protocols at school, fire safety.

However, the major challenge facing the Department is inadequacy of resources and unavailable of a vehicle for monitoring and evaluation.

3. MONITORING AND EVALUATION OF DEPARTMENTAL ACTIVITIES

3.1.1 CHILD PROTECTION CASE MANAGEMENT USING STANDARD OPERATING PROCEDURES (SOP'S) AND STANDARD FORMS

The Government of Ghana through its Ministry of Gender, Children and Social Protection (MoGCSP) has over the years been making good progress in creating enabling legislative and policy environment that seek to protect and prevent children from violence and abuse. It played a lead role in establishing a National Child Protection Policy framework and initiating the development and roll out of other initiatives including media campaigns and the Child Protection Toolkit to facilitate community engagement with the view to fostering positive behavior towards children.

These significant progress notwithstanding some challenges persist which tend to hamper various efforts at preventing and responding to violence, exploitation and abuse of children at a national scale. Decentralized response mechanisms at the Metropolitan, Municipal, District Assemblies (MMDAs) level particularly fall short in addressing the needs of child victims of violence and abuse. In addition, a proper evidence-based and data–driven case management system at the MMDAs level with a referral mechanism also remains a main gap.

A standard paper-based system exists but is very weak mostly because there are no standardized forms, or procedures on how to report or make referral within a decentralized services delivery structure. This gap in integrated case management and incident monitoring and reporting framework does not only hinder the speedy follow up on cases of children, but also hinders policy makers in arriving at decisions which are evidence-based and in the design of effective strategies and programmes that promote access to social welfare services.

To address this gap, UNICEF has provided support to the Department of Social Welfare to develop a Child Protection Case Management Standard Operating Procedures (SOPs) for children in need of care and protection.

In that regard, The Department received and managed Three Hundred and Seventy-Nine (379) child protection cases during the quarter under review culminating into Four Hundred and Eighty (480) children benefitting from child protection services. Forty-Two (42) have been referred for other services. The breakdown is as follows:

No.	**TYPE OF CASE RECEIVED**	**GENDER SEGREGATION**			**REMARKS**
		M	**F**	**T**	**Successful**
1.	Access	9	13	22	**Successful**
2.	Child custody	40	38	78	**Successful**
3.	Child maintenance	90	94	184	**Successful**
4.	Family Welfare	42	27	69	**Successful**

5.	Abandoned/Missing children Unaccompanied children	2	7	9	**Successful**
6.	Teenage Pregnancy	-	-	17	
TOTAL		**183**	**179**	**379**	100% of the child protection cases received during the quarter were managed successfully

It can be seen from the data above that 100% of child protection cases received during the quarter have been managed successfully.

CASES REFERRED FOR OTHER SERVICES

INSTITUTION	**NUMBER RECEIVED**	**NO. REFFERED**
Residential Homes for Children	8	8
Court-Family Tribunal	15	15
Legal Aid	2	2
Hospital	6	6
GENDER BASED INTERVENTIONS(DOVVSU)	**11**	**11**
	42	

3.1.2 CARE REFORM INITIATIVE PROJECT

THE DCOF/UNICEF/MOGCSP Accelerating Children Care Reform Programme 2015 to 2020 is designed to support the implementation of the CRI and includes an objective to develop a monitoring system to provide real-time data and information on children in residential care and status of Children's Homes in Ghana.

The scope of the monitoring has been expanded to include all children in formal care including residential care and formal foster care and children reintegrated with parents or into family-based arrangement from formal care as this will help provide a more comprehensive picture of trends in alternative care and also addresses some of the other monitoring requirements in the programme.

Year 2 (2017) of the programme focused on designing and piloting a paper-based tracking and monitoring system for children in formal care in selected geographical areas in Ghana. And to strengthen the Social Welfare workforce capacities to contribute to the professionalization of Social Work in Ghana and to support Government of Ghana to develop formal gate keeping structures to prevent the unnecessary admission and readmission of children into residential care popularly called Orphanages and children's Homes. The best place for a child is in the family not in an institution and when circumstances necessitate institutional care, it should be for a temporary period while the Department takes urgent and professional steps in ensuring that the child is re-unified with the family.

The Department used a software package to track and monitor system for children living in Residential Homes for Children in the Municipality. This is contributing to the Compliance by RHCs to the National Standards as well as the Case Management Standards Operating Procedures.

3.2.1 MONITORING OF RESIDENTIAL HOMES FOR CHILDREN

Monitoring of RHCs form part of Care Reform Initiative (CRI) that was introduced 2007 by the Government of Ghana as a response to a significant growth in Residential Homes for Children (RHC) over the previous decade and the need to strengthen family-based alternative care options (including formal foster care so that institutional care would be a matter of last resort for children in need of care and protection.

The CRI seeks to de-emphasize over reliance on care systems for vulnerable children based on institutions and move towards a range of integrated family and community based care services for those children without appropriate parental care.

The goal of the Care Reform Initiative is the establishment of a more consistent and stable approach to caring for vulnerable children in Ghana so that each child will be assured of a permanent home in a supportive and loving family.

The approach was based on four main components:

- **Prevention**: To prevent the disintegration of families through linkages with strategies that strengthen families such as the social grant programmes (LEAP), scholarships, food packages, access to National Health Insurance and other support programmes.
- **Reintegration with the extended family (Kinship Care):** In cases where children are separated from their parents, to find loving relatives who are able to create a caring and stable environment for the child.
- **Fostering:** When kinship care cannot be provided, temporary or permanent care with foster families can still provide a good home for children.
- **Adoption**: When the possibility of a family reunion is exhausted, to find the child a loving adoptive home, preferably with a Ghanaian family.

The Children's Act (Sec. 106) includes a provision for the Department of Social Welfare in a District Assembly to monitor homes within its District.

Monitoring of RHCs is required for following-up on recommendations from the inspections to either address compliance issues before licensing/renewal can take place or to close the RHC within specified time frames.

Monitoring of RHCs also focuses on tracking key indicators to determine national, regional and district trends of RHCs and children in RHCs as well as monitoring of the case management of children in RHCs. The team also monitored two reunified children as well as profiling of the Human Compassion Organization.

This Monitoring was conducted is to track key indicators to determine district trends of RHCs and children in RHCs as well as monitoring of the case management of children in RHCs.

During the quarter review, four (4) Residential Homes for Children were monitored to ensure that they are complying with national standards for operating Residential Homes for Children. There are currently four Residential Homes for Children (RHC) operating in the Municipality and the four RHCs have been monitored during the period under review: They details are as follows:

- **CHANCE FOR CHANCE**

It is the goal of Chance for Children to empower street-connected children and families in Ghana in their way to a dignified life. Through their holistic model, they strive to cover the different developmental stages and needs of a child. Chance for Children is composed of three bodies with different purposes which all contribute to their goal of empowering street-connected children and families in Ghana. These are the Chance for Children NGO (Ghana), the Chance for Children Foundation and the Chance for Children Association (both established in Switzerland).Founded in 1999, Chance for Children is an accredited non-governmental organisation (NGO) under the Ghanaian laws. It is run by Daniela RüdisüliSodjah, Amon Kotey and Daniel Awuley Nartey, who are responsible for the local management, implementing the strategy and reporting to the Chance for Children Foundation Board.A team of more than sixty (60) professionals, most of them Ghanaians, operate our different programs with the support of the interns and volunteers who join them every year in their work towards their vision.

- **RAFIKI CHILDREN'S CENTRE**

Established in 2001, this Village is the first of the Rafiki Training Villages on the continent. Twenty-eight buildings house the residential, educational, and medical facilities for the staff and children.

- **EVERY CHILD MINISTRIES (HAVEN OF HOPE)**

The Haven of Hope started operations in Ga West in 2002. They can be located behind the Rush Energy Company along the Adjen Kotoku Road.

- **KRESSNER HANDMAIDS CHILDREN HOME**

Kressner Handmaids Children Homes exist to provide care and protection for HIV/AIDS patients children tested to be negative in St. Dominic Hospital and other children found to be in need of care and protection.

The following is the data on the number of children living in each RHC

S/N	RHC NAME	YEAR ESTABLISHED	NO. OF CHILDREN	RHC STATUS

			M	F	T	
1	Chance for Children	1999	27	34	61	Licensed
2	Rafiki Children Centre	2002	31	36	67	In the process-applications submitted
3	Haven of Hope		20	18	39	In the process-applications submitted
4	**Kressner Handmaids Children Home**	2002	21	25		In the process-applications submitted

- **LICENSING OF RESIDENTIAL HOMES FOR CHILDREN(RHCS)**

  Three RHC's have so far submitted their applications for licensing. They include Rafiki Ghana, Have of Hope and Kressner Handmaid Children Home

- **CAPACITY BUILDING FOR RHC STAFF**

During the period under review, capacity of Staff in working in the RHCs was built in the usage of the case management forms especially the care plan template. The knowledge acquired from the training will help them prepare to better prepare care plans for all the children in the RHCs. For instance, with Haven Hope, I brought on board a consultant who conducted comprehensive two-day training for the caregivers, staff and management of the staff in the RHC and that opened their eyes about case management and need for them to engage workers in helping to manage the Homes.

- **CLOSURE OF HUMAN COMPASSION ORGANIZATION**

  As part of planned activities, we plan to fully close down Human Compassion Organization. However, this Home provides care and protection for children who are tested to HIV/AIDS negative. And there are currently, three children in the Home who are infected. In order to fully close the Home, we have to relocate the three infected children into an RHC specialized in providing care for such children while trace and

reunify the remaining five with their families. Fortunately for us, in consultation with the Regional Directorate, we have found a Home ready and willing to accept them.

We have therefore filed the necessary documents at the Amasaman Family Tribunal to obtain Care Orders for their plan

3.2.2 MONITORING OF EARLY CHILDHOOD DEVELOPMENT CENTRES

This activity was not undertaken during the quarter under review as a result of lack of funds.

3.3 SOCIAL PROTECTION

There was no LEAP cycle payment during the quarter under review. However, twenty (20) cases were managed during the quarter review.

3.4 DISBURSEMENT AND MONITORING OF THE DISABILITY FUND

The Department and the Disability Fund Management Committee through the Procurement Unit will purchase various items to be distributed to Persons with Disabilities. The items will comprise charcoal, foodstuff, cosmetics, hair dryers, laptop, complete oven with gas cylinder, corn mill machine and shoe making machine. In addition to the procured items, twelve Persons with Disabilities (PWD) will be supported with a start-capital enable to them commence their businesses. The items will be shared to the Persons with Disabilities during the fourth quarter of 2021.

3.5 DATA ON PWD'S AND OTHER VULNERABLE

Ten (10) PWD’s were registered during the quarter under review

3.6.1 NHIS REGISTRATION (INDIGENTS)

During the quarter review, Two Hundred and Twenty-Three indigents were registered onto the NHIA platform. The breakdown is as follows:

SN	TYPE	NO.
1	Person with Disabilities	29
2	Vulnerable Children (Rafiki)	81
3	LEAP	113
Total		**223**

3.6.2 CHILD MARRIAGE DIALOGUE

Trends in child marriage in the world according to the latest estimates, states that about 650 million women alive today were married as children. Over the past decade, the proportion of women who were married as children decreased by 15 per cent, from 1 in 4 to about 1 in 5 women. At this rate, it would take another 50 years to eliminate child marriage worldwide. The current rate of decline in child marriage has to be significantly accelerated in order to meet the Sustainable Development Goal (SDG) target of ending child marriage by 2030.

The reduction in child marriage has been uneven. While South Asia has seen significant reductions in child marriage, largely due to progress in India, the global burden is shifting to sub-Saharan Africa, where rates of progress need to be scaled up dramatically to offset population growth.

Globally, 115 million boys and men were married before the age of 18 years. The countries in which child marriage among boys is most common are geographically diverse and differ from the countries in which the practice is most common among girls. Girls remain disproportionately affected; with 1 in 5 young women aged 20–24 years old, married before her 18th birthday, compared with 1 in 30 young men.

Advocacy: The Global Programme to End Child Marriage (the Global Programme) has played a key role in accelerating the momentum to end child marriage, through positioning the global, regional and national agenda, national policy and legislative support, as well as by demonstrating innovative community action. The Global Programme has continuously elevated the issue of child marriage by organizing and providing support to global, regional and national political and partnership dialogues.

Data and evidence generation: United Nations Children's Fund (UNICEF) has produced statistical data and analysis on the latest global, regional and national child marriage trends. United Nations Population Fund (UNFPA) has released estimates of the costs associated with global efforts to end gender-based violence and harmful practices, including child marriage and female genital mutilation (FGM). An independent evaluation of Phase I and the Phase II design workshop has provided recommendations and inputs for revisions to the strategic direction of the Global Programme for the five years from 2020 to 2024. ■ Advancing child marriage

programming: Over the course of Phase I, the Global Programme has made significant investments to improve the effectiveness of its programming by commissioning numerous studies to improve knowledge and evidence of what works to end child marriage, commissioning an independent evaluation of Phase I, sharpening gender transformative approaches, strengthening joint and convergent programming, and developing new pathways to scaled-up programming and to reaching larger numbers of vulnerable adolescent girls and communities.

The Global Programme has surpassed most of its output targets, reaching millions of people in the 12 programme countries with interventions designed to end child marriage. The programme has continuously extended its reach to larger populations of adolescent girls and community members.

Most countries have reached or exceeded their targets, and there have been significant improvements in programme achievements over the four years of the Global Programme implementation. issues that enable child marriage, well beyond the 12 focus countries under the Global Programme.

Empowerment of adolescent girls: Countries have reached 24 per cent more adolescent girls than targeted with life-skills and empowerment interventions such as asset-building and comprehensive sexuality education, and 6 per cent more girls with school-based education. Countries have improved their monitoring systems to better track changes in the knowledge, skills and attitudes of adolescent girls that have the potential to enable them to make their own decisions. ■ Community dialogue and mobilization for social and behaviour change: Countries have reached 53 per cent more people through communitybased dialogue and through media campaigns than originally targeted. Countries have improved, diversified and expanded approaches to changing gender-based social norms, by raising public awareness and mobilizing communities for the prevention of child marriage and the empowerment of adolescent girls. Community-level interventions include creative approaches to engaging all community members and gatekeepers, including women, men, boys and community leaders. Media campaigns are enabling countries to reach large numbers of people at low cost. In areas affected by insecurity, radio broadcasts bring the Global Programme to people who would otherwise not be reached. While the programme continues to invest in the monitoring of social and behaviour change efforts at community level, monitoring the effectiveness of media campaigns and broadcasts remains challenging. ■ Systems strengthening: Country offices have stepped up their efforts to ensure adolescent girls have access to essential social services. They have exceeded their health

and protection systems targets by 31 per cent and their education targets by 63 per cent. Health interventions focus on adolescent sexual and reproductive health information and services, and on menstrual hygiene management. The programme has fostered sustainability through advocacy, institutionalization, strengthening national and subnational systems, developing capacities and mobilizing and leveraging complementary funding.

The Global Programme has played a unique role in bringing together the combined capabilities of UNFPA and UNICEF to facilitate the multisectoral approach that is needed to tackle the complex set of interrelated

Government ownership and investments: Of the 12 governments, 11 have developed child marriage national action plans (NAPs). All of these 11 countries have costed plans, and 7 have allocated budgets for the implementation of the NAPs. In addition, several countries have succeeded in changing legislation to end child marriage and policies that discriminate against married and pregnant adolescent girls, especially in respect of their continued access to education. ■ Evidence generation to inform programming: In Phase I, the Global Programme established the foundation of evidence for programming and policy advocacy to end child marriage. Country and regional offices completed 157 studies, which included analyses of the drivers of child marriage, mapping the implementation of national strategies, and assessments, reviews and evaluations of programme outcomes. At the global level, the independent evaluation team completed the joint formative evaluation of the Global Programme, and the UNICEF Office of Research (Innocenti) conducted a review of the 76 studies that had been supported by the Global Programme in 2016 and 2017. The Global Programme's publications were made widely available through two publication catalogues for 2016–2017 and 2018–2019.

India. January 2019. © UNICEF/UN0273428/Vishwanathan

2020 marks the beginning of the implementation of Phase II of the Global Programme. In support of the rollout of the new theory of change and results framework, the programme will invest in the following areas.

■ Implementing gender transformation as an overarching strategy: Promote gender-equitable norms that influence child marriage at all levels, from the empowerment of adolescent girls to community awareness-raising and mobilization, to the design and delivery of health, education and social services, and at policy development and implementation levels. Further, strengthen gender transformation and rights-based approaches in the Global Programme's policy,

programme and research work and provide guidance to equip and strengthen the capacities of country offices and partner agencies. Topics of the technical notes to guide this work include: strengthening agency and decision-making among adolescent girls, transformation of gender norms, engaging men and boys, and other topics.

■ Acknowledging gender discrimination in all its forms and linkages to child marriage: Address the manifestations of power relations and discriminatory gender norms and practices where they are linked to child marriage, including: violence against women and girls; FGM and harmful initiation rites; sexual exploitation, trafficking and marriage-related migration; boy preference and gender-biased sex selection; sexual and reproductive health and rights, early pregnancy and early sexual initiation; HIV/AIDS and other sexually transmitted infections.

■ Encouraging a more inclusive understanding of child marriage: Promote a more nuanced and inclusive perspective of the various forms of child marriage and early unions within and across regions.

■ Expanding the target group: Explicitly include pregnant, married and divorced adolescent girls and adolescent mothers and continue efforts to remove and replace laws, policies and rules that prevent pregnant and married girls from attending school.

Extending the reach and ensuring inclusion: Step up efforts to ensure policies, services and investments are inclusive of the most marginalized and disadvantaged adolescent girls and the most vulnerable populations. This means the design, funding, staffing and delivery of education, health and protection services must be appropriate and adequate for reaching adolescent girls who are pregnant, married or divorced, and those who are out of school, with disabilities or otherwise marginalized and disadvantaged.

■ Recognizing the multifaceted drivers of child marriage: Embrace the variations in early marriage and early unions in different parts of the world. Focus on transforming structural gender inequalities, including discriminatory gender-based social norms and practices, promote a range of opportunities for adolescent girls (in education, health, protection, and livelihoods) and leverage partnerships in broader platforms to address livelihood and economic constraints that trigger child marriage.

■ Working with boys and men: Systematically engage boys and men to promote positive masculinities and partner with them as agents of change to maximize impact. Expand partnerships with organizations involving boys and men in child marriage programmes.

■ Generating and using evidence and strengthening knowledge management: Develop a Phase II evidence and research strategy to strengthen the evidence base and improve the quality and timeliness of data generation and knowledge management to inform future programming. Continue to build a community of practice related to child marriage programming to share lessons and best practices across countries, within the Global Programme and beyond, including regional and at-scale initiatives such as the Spotlight Initiative. Strengthen and contextualize monitoring and reporting systems, especially data related to the change in social and gender norms and behaviours.

■ Addressing child marriage in humanitarian settings: Further clarify the challenges and approaches needed to prevent and respond to child marriage in humanitarian settings, including conflicts, natural disasters and public health emergencies.

■ Supporting a global movement to end child marriage: Expand technical support and knowledge to countries and regions beyond the scope of the Global Programme, including Latin America and the Caribbean, to accelerate progress towards the elimination of child marriage by 2030.

As a follow-up to the statement by H.E Nana Addo Dankwa Akufo-Addo at the AU summit and in line with the AU's roadmap on harnessing the demographic dividend through investments in youth and the agenda 2063, Ghana has identified Child Marriage as a cultural practice hindering the process of harnessing the demographic dividend.

Action Aid Ghana (AAG), an affiliate of Action Aid, a global movement of people working together to further human rights for all and defeat poverty is working through the Greater Accra Regional Programme to educate Parents, Elders, Chiefs and Imams within in the Ga West Municipality.

CHILD MARRIAGE

Child marriage (or early marriage) can be defined as “both formal marriages and informal unions in which a girl lives with a partner as if married before the age of 18”. Child marriage, despite recent declines is still widely practiced in many parts of the developing world. In developing countries (excluding China), every third young woman continues to marry as a child.

While age at first marriage is generally increasing around the world, in many parts of sub-Saharan Africa, a significant proportion of girls still marry before their 18th birthday. In developing countries, it is estimated that one in seven girls marry before age 15 and 38% marry before age 18. In Ghana, 4.4 and 5.8% of women aged 15–49 married by exact age 15 in 2006 and 2011 respectively. In addition, among women aged 20–24, the proportion who married before exact age 18 was 22% in 2006 and 21% in 2011. The rest of the introductory section of the paper discusses reasons and incentives for child marriage, negative effects of child marriage and legal norms in relation to child marriage.

Reasons and incentives for child marriage Child marriage is used as a mechanism to protect chastity as premarital sex and child bearing bring shame to the family. In traditional Ghanaian societies premarital sex and child bearing is frowned upon, hence early marriage is encouraged. For instance, betrothal (in some cases, exchange of girls) is often early, sometimes before birth to ensure sex and child bearing occur within marriage. The need to reinforce social ties or build alliances is another traditional factor that influences child marriage.

The major religious traditions (Christianity and Islam) in Ghana encourage early marriage because premarital sex and child bearing are considered “immoral”. These behaviours were, and often still are, strongly prohibited and sometimes punished. Both Christianity and Islam seek to ensure that sex and child bearing occur within marriage. Hence, they tend to encourage early marriage, mostly indirectly. Some Muslim groups try to ensure that births occur within marriage by compressing the gap between age at menarche and marriage.

While traditional and religious practices try to protect girls from premarital sex and child bearing, girls who fall pregnant are sometimes married off to men who impregnated them to ensure they take care of them. In Ghanaian societies, marriage is very important for women’s status. Recognition and respect go hand in hand with marriage. Evidence suggest that early marriage brings some child brides respect and honour as both peers and adults in the community show them respect because they have “settled down” (married) and are seen to be responsible.

Parents who have married daughters also enjoy some prestige and respect from community members.

Another factor that contributes to child marriage is poverty . Its influence on child marriage is multi-dimensional that stems from parents' socioeconomic status and children's demand for material goods that their parents cannot afford (in some cases attributable to parental neglect and supervision). Some parents and girls are motivated by financial gains and security to the family and they tend to agree to child marriage. In some cases, it provides financial stability to girls coming from economically disadvantaged homes as some child brides married to escape poverty.

Child brides do not only get financial support from their husbands, but also from their in-laws to ensure they lack little or nothing. Some child brides are also able to amass some wealth from their husbands to take care of their own family. Hence, parents who marry their children off early "are not necessarily heartless parents but, rather, parents who are surviving under heartless conditions", as some parents use child marriage as a strategy to break out of poverty.

NEGATIVE EFFECTS OF CHILD MARRIAGE

There are many reasons why child marriage is perpetuated, which can be beneficial in many ways. However, empirical evidence suggests that on the balance, the same reasons that make child marriage beneficial are the same reasons that make it problematic with various negative socio-economic and health effects to girls, their children, families and their communities. Evidence show elevated rates of suicidal thoughts or attempts among girls promised or requested in marriage and married girls compared to those not yet in the marriage process, suggesting that child marriage is a problem at the very onset even before sex and child bearing.

Child marriage is a form of violence against young girls as it increases their vulnerability to sexual, physical and psychological violence due to the unbalanced power dynamics within marriage. While child marriage is usually used to ensure that sex and child bearing occur within marriage, it effectively brings a girl's childhood and adolescence to a premature end and imposes adult roles and responsibilities on young girls before they are physically, psychologically and emotionally prepared to handle them.

Sexual intercourse and child bearing among girls can lead to various health complications, however, the practice of child marriage worsens these health challenges. For instance, early sexual debut goes hand in hand with child marriage, which increases a girl's health risks, because an adolescent's vaginal mucosa is not yet fully matured, exposing them to increased risk of sexually infected diseases including HIV. In 29 countries including Ghana, it was found that female adolescents were more vulnerable to HIV infection than older women. Women who marry young often tend to have much older husbands, in polygamous unions and are frequently junior wives which increases young girls' probability of HIV infection.

Child marriage will most likely result in early child bearing resulting in serious health implications. The mean age at first birth of girls who marry early is approximately 2 years younger compared to women who marry as adults. Further, early pregnancy loss among girls age 15– 19 has been found to be twice as high as that of other age groups in Ghana. For instance, the 2014 GDHS reported that neonatal (42 deaths per 1000 live births), infant (62 deaths per 1000 live births), and under-5 mortality (84 per 1000 live births) were highest among children born to mothers less than 20years compared to those aged 20years and above. In another study in Ghana, it was found that first-born children of women who married before age 18 had increased odds of mortality compared to first-borns of women who married after 18years.

Thus, child marriage, exposes girls to exacerbated intergenerational health risks as they are exposed to various reproductive health challenges, children born to them have higher mortality rates and are more likely to be born prematurely. Aside reproductive health challenges, child marriage has also been found to be associated with increased likelihood of difficulties with activities of daily living (including carrying a 10kg load for 500m; bend, squat or kneel; and walking a distance of 2km. A common belief is that child marriage is a coping strategy for poverty, accords girls and parents status and honour. However, evidence also show that child marriage is a catalyst for poverty which undermines status and honour in societies.

In sub-Saharan Africa including Ghana, it was found that early marriage negatively influences education as it reduces the probability of literacy and completing secondary school. In Ghana, early marriage among girls has been found to be one of the important challenges facing effective enrolment and school attendance, which leads to school dropout. In essence, it ends a girl's opportunity to continue her education to acquire employable skills, which results in persistent poverty among girls and effectively undermines their status and honour as they are unable to meet their daily needs.

Legal norms in relation to child marriage Child marriage undermines the fundamental human rights of children and violates Article 16(2) of the Universal Declaration of Human Rights, which states that "Marriage shall be entered into only with the free and full consent of the intending spouses". It also violates Article 16 of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) that women should have the same right as men to "freely choose a spouse and to enter into marriage only with their free and full consent". The 1998 Children's Act of Ghana and the 1992 Constitution of Ghana define a child as a person below the age of 18. By age 18, young persons are expected to have developed enough intellectual, emotional and physical skills, and resources to fend for themselves as well as to successfully transition into adulthood. Until then they require care from adults, support, guidance and protection . The 1998 Children's Act of Ghana (Act 560), indicates that no person shall force a child: (1) (a) to be betrothed; (b) to be the subject of a dowry transaction; or (c) to be married; and (2) the minimum age of marriage of whatever kind shall be eighteen years (18years). In Ghana, there is commitment towards curbing child marriage.

The Ministry of Gender, Children and Social Protection established a Child Marriage Unit in 2014 to promote and coordinate national initiatives aimed at ending child marriage in Ghana. In 2016, the unit in partnership with the United Nations Children's Fund (UNICEF) and other key stakeholders developed a National Strategic

GLOBAL STATISTICS:

22 Million girls are already married. • Another 280 Million is at risk of becoming brides before they turn 18. • The total number of women married in childhood is 700 Million. • Every year, additional 15 Million girls under age 18 are married 2.2 Statistics in Ghana: • International ranking is Ghana is 61 in the world on Child Marriage • 5.0 percent are married by age 15 and 21.0 percent by age 18 • The proportion of the population who marry below the age of 18 is 27.0 percent according to MICS 2011. • Regional rates of Child Marriage- Upper East Region (39.2%), Western Region (36.7%), Upper West Region (36.3%), Ashanti Region (30.5%), MICS 2011 • Child Marriage is more common in the rural areas

The practice of Child Marriage is slowly decreasing. 1 in 5 young women today were married before age 18, compared to 1 in 3 in the early 1990s.

SEVERAL LAWS AND POLICIES THAT PROTECTS CHILDREN, ADOLESCENT AND YOUNG PEOPLE IN GHANA

Several rights are denied by child marriage in contravention of the provision in Article 4 (Protection of Rights) under the UN Charter on the Rights of the Child. The right to education, right to be protected from physical and mental violence, rape and sexual exploitation, rights to the enjoyment of the highest attainable standard of health, rights to meaningful employment.

- The 1992 Constitution of Ghana
- Children's Act, 1998 Act 560
- Domestic Violence Act, 2005
- The 1994 National Population Policy
- The 2000 Adolescent Reproductive Health Policy
- The National Gender Policy, 2015
- National Reproductive Health Service Policy and Standards in Ghana

FRAMEWORK AND OBJECTIVES ON CHILD MARRIAGE DIALOGUE WITHIN GA – WEST MUNCIPAL ASSEMBLY.

The framework is to ensure effective, well-structured and well guided collaboration between state and non-state institutions, Parents Teachers, Elders, Chiefs and Imams of our Community. Despite signing on to international resolutions, national laws, and efforts by various national and international organizations, child marriage in Ghana remains a phenomenon of concern with very limited empirical evidence to support program interventions to deal with the practice. The present Program seeks to

(a) identify the predictors of child marriage in the broader Ghanaian society and

(b) explore in-depth the norms and practices surrounding child marriage as well as how the phenomenon could be addressed.

The objective of the programme is to assess the issue of Child Marriage and Teenage Pregnancy and the implications for Adolescent Sexual and Reproductive Health (ASRH) programming in Ghana to inform policies, implementation of programmes and interventions and also to ensure the well-being of adolescents and young people in all aspects of their lives.

- Develop an advocacy strategy to inform policy.
- The Programme will re-strategize and strengthen existing interventions on child marriage.
- empowered to promote and advance adolescents' health and development
- sustained appreciation and compassion for the joys and aggravations of adolescence:
    - the exuberance
    - the insecurities
    - the risk-taking
    - At no other time except infancy do human beings pack so much development into such a short period.

Child marriage has many effects on the health of the child and the developmental consequences. Child marriage has many effects on the health of the child and the developmental consequences of child marriage can be very damaging. The impact on mothers includes the risk of obstetric fistula, the majority of which cases are found in these three regions. There are also complications of unsafe abortions, increased risk of sexually transmitted Infections (STI), HIV and health risks to infants. In certain cases, child marriage can lead to premature birth and even death during pregnancy as the child's body is not fully matured to go through the experience of childbirth. There are additional psychosocial harms as girls may experience depression since most of them are not psychologically and emotionally prepared to go through this outmoded cultural practice.

The implications of child marriage can also be measured through the selected indicators below.

i. **Age Specific Fertility Rate (ASFR)** is expressed as the number of births per thousand women in the age group and represents a valuable measure for assessing the current age pattern of childbearing. They are defined in terms of the number of live births during a specified period to women in the particular age group divided by the number of woman-years lived in that age group during the specified period. Total Fertility Rate (TFR) is defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children (15-49) at the currently observed rates of age-specific fertility. The TFR is obtained by summing the age specific fertility rates and multiplying by five. Declines in adolescent birth rates have been observed to be slower than the Total Fertility Rate (TFR), in most developing countries and many other parts of the world. According the 2014 Ghana Demographic and Health Survey, the ASFR for mother's aged 15 to 19 years is 76 live births per 1,000 women (GDHS, 2014), from 74 live births per 1000 women in 2003 and 64 live births per 1000 women in 2008. This trend indicates the increase in births of adolescents from 2008 to 2014. In Ghana, adolescent (15-19 years) fertility currently constitutes 9.1 percent of TFR (GDHS, 2014). Studies have shown that, some adolescents are psychologically and physically immature to handle pregnancy and its related issues. Usually, both the adolescent mothers and their babies are susceptible to mortality and morbidity and have other complications such as fistula, stillbirth, infertility and excessive haemorrhage (Banke Thomas et al. 2017). Child marriage can impact heavily on the health of the adolescent as the Ghanaian society upholds in a woman ability to give birth. Adolescent fertility has an effect on the reproductive health and the social and economic well-being of adolescents.

ii. **Contraceptive Prevalence Rate (CPR)** is the use of contraceptives among women aged 15- 49. It is measured using all women, currently married women and women who are sexually active. This paper will focus on adolescents who are currently married using modern methods. The use of modern contraceptives among adolescents 15-19 has been increasing since 2003. In 2003, CPR was 6.4 percent, 2008 indicated 7.6 percent and sharply increased to 16.7 percent in 2014. Ghana has implemented programmes and activities on adolescents' reproductive health and this has resulted in

adolescents becoming more aware of the use of contraceptives to manage their fertility, however this prevalence could increase further. Adolescents due to their low socio-economic and educational status; poor psychological and physical maturity are more likely to avoid using family planning methods, when they marry. The relatively low use of contraceptives, especially, among young mothers can lead to unintended pregnancies, abortions, interrupted education, economic vulnerability, and this can stifle the efforts at reducing TFR in Ghana. This makes them prone to unplanned pregnancies which can result in high-risk pregnancies and complications during delivery. This can also lead to stillbirth, fistula, infertility and excessive haemorrhage.

iv. **Childbearing among Adolescents** is referring to adolescents who either have a live birth or are pregnant with first child. Childbearing among adolescents reduced from 13.8 percent in 2003 to 13.3 percent in 2008. However in 2014 it increased to 14.2 percent in 2014. Sexual initiation is early in Ghana that by age 19, more than one-third (36.1%) of adolescents have either had a live birth or are pregnant with the child. Child marriage is a contributing factor to the increase in the rates as married young females are required to have children. Child marriage exposes adolescents to early assumption of childbearing. This early assumption of childbearing exposes adolescents and their babies to health challenges. Young mothers apart from the health complications they suffer during pregnancy and childbirth, together with their babies have a higher likelihood of mortality than relatively older mothers. Early pregnancy also causes adolescents to drop out of school.

vi. **Infant Mortality Rate (IMR)** among Children of Adolescent Mothers Babies born to young mothers are generally at an increased risk of mortality. Among other factors, this is mostly as a result of the poor utilisation of health care during pregnancy, poor maternal factors including the lack of biological and psychological maturity among adolescents and young mothers to handle the pressures of pregnancy and poor socioeconomic status. From the GDHS, the infant mortality rates among mothers below age 20 have been decreasing, however relatively high. In 2003 it was 77 deaths per 1000 live births, to 69 deaths per 1000 live births, then to 62 deaths per 1000 live births in 2014. Young mothers are physically and psychologically immature to handle the pressures of childbearing. They are usually prone to socio-cultural factors like stigma and

may have difficulties understanding information and education on sex and pregnancy (pre and postnatal education).

vii. Abortion among Adolescents Abortion among adolescents and young people is usually unsafe. This has socio-economic consequences such as morbidity, stigmatisation, economic vulnerability and maternal mortality. The unmarried adolescents and young people face a greater risk because access to services is lower and there is low social acceptance of out-of-wedlock pregnancies. From the 2015 Family Health Division Annual Report, abortion rates among adolescents 10- 14 reduced from 1.5 percent in 2012, to 1.4 percent in 2013, 1.5 percent in 2014 and 1.0 percent in 2015. As compared to adolescents 15-19 the abortions rates were much higher, however decreasing. Among the 15-19 year old, abortion rates were 21.4 percent in 2012, 20.5 percent in 2013, 19.0 percent in 2014 and 19.8 percent in 2015. Unsafe abortion is common among adolescents due to factors such as stigma, poor attitude of service providers and lack of or misinformation on sex and pregnancy. Unsafe abortion renders most adolescents prone to mortality as well as short and long-term morbidities and complications like fistula, infertility and excessive haemorrhage.

viii. **Maternal Mortality Rate (MMR)** Maternal Mortality is highest among girls below 18 years. According to studies (Nove et al, 2014), age can be linked to maternal mortality which means adolescents are more prone to pregnancy-related death compared to all other age groups of women. This is because they are not physiologically and psychologically prepared for pregnancy and childbirth. More so, their low socio-economic and educational status coupled with stigma from society and the poor attitude of service providers means they are highly susceptible to mortality. The rates of maternal mortality in the country include the contribution of young mothers. From the 2010 Population and Housing Census, the maternal mortality rate was 485 deaths per 100,000 live births. However, WHO, UNICEF, UNFPA, World Bank estimates indicate the rate to be 560 in 2005, the 2007 and maternal health survey indicated 486 per 100,000 live births. In 2010, WHO, UNICEF, UNFPA, World Bank estimated the MMR at 350 deaths per 100,000 live births, 380 deaths per 100,000 live births in 2014 and 319 deaths per 100,000 live births as at 2015.

ix. **Sexual Initiation. Sexual** activity among girls is mostly initiated between ages 15-19 years. In low-income countries, sexual activity for girls is often initiated within marriage, or as a result of coercion, frequently with older men. Yet adolescents and young adults face challenges regarding knowledge about sex and family planning and the skills to put that knowledge into practice. From the 2003 and 2008 GDHS, proportion of adolescents aged 15-19 who have had sex by exact age 15 was 7.4 percent and 8.2 percent respectively. In 2014, the proportion of adolescents 15-24 who have had sex before age 15 were 11.8 percent, 15-17, 13.3 percent and 18-19 is 9.2 percent. Among those aged 18-24, a proportion of 58.3 percent of that aged 18- 19 have had sex before age 18. The age at which females initiate sexual intercourse is considered a more precise marker of their exposure to pregnancy and its associated risks. Most young girls initiate sex between ages 15-19 years. When adolescents and young peoples' sexual activity begins at a younger age, the risk of early and unintended pregnancies is heightened and exposure to pregnancy is extended, leading eventually to higher TFR, unless reproductive health knowledge among females is improved and access to contraceptives increased. Adolescents and young people also have challenges regarding availability and access to 7 CHILD MARRIAGE NATIONAL POPULATION COUNCIL, FEBRUARY 2018 reproductive health services. This leads to low contraceptive use among adolescents and young people, and as a result, they face a higher risk of early pregnancy and motherhood.

x. **Sexual Violence/Abuse Sexual** violence was higher among young people compared with men and women in the older ages. Almost 4 out of 10 young women aged 15-19 have suffered any sexual violence, and some of these abuses occur in marriage. Sexual violence is predominant among adolescents due to their high dependency status and vulnerability. Most adolescent girls lack negotiation skills, are un-empowered or un-informed about their sexual and reproductive health rights and the laws that protect them. In other cases, the socio-cultural setting also suppresses the empowerment of adolescent girls who are in marital unions with older men. Usually, sexual violence victims are prone to conditions like emotional trauma, vaginal bruises and tear and excessive haemorrhage. For those that get pregnant, they and their babies are susceptible to mortality as well as short and long-term morbidities and complications like stillbirth, fistula, infertility and excessive haemorrhage. In 2008, the proportion of women aged 15-19, who have ever experienced physical violence since age 15 was 32.3 percent. The proportion of women below 15, whose first sexual intercourse was forced against their will was

24.9 percent and those aged 15-19 were 16.5 percent. The proportion of women aged 15-19 who have ever experienced sexual violence is 16.5 percent. From the 2016 Domestic Violence in Ghana report, 38.2 percent of females aged 15-19 have suffered sexual violence and 13.8 percent have been physically and otherwise forced to have sex. Sexual violence has negative effects both physically and emotionally on the victim. Some adolescents and young people who unfortunately experience forced sexual initiation can suffer from permanent reproductive problems including infertility. The high number of female adolescents, who had experienced sexual violence, may be due to their physical and psychological vulnerability as well as their inability to negotiate for safe sex or report an issue of violence. This situation leaves them traumatised and intimidated.

To enable us to achieve our goals, child marriage and teenage pregnancy should be reduced to the barest minimum. Children should be empowered and allowed to stay in school up to at least the SHS level. For this change to happen, the values and norms which support the practice of child marriage need to shift. There is the need to work with families and the wider community to raise awareness of the harmful consequences of child marriage to change attitudes and reduce the acceptance by those who make the decision to marry girls as children.

The practice of child marriage has far-reaching consequences on the child development as the practice takes away the child's ability to be physical, emotionally and financially ready for the responsibilities attached to the marriage. ˅ Reducing child marriage cuts across the responsibilities of a wide range of institutions and service providers, including parents, family, traditional and religious authorities, schools, social protection, health service providers and law enforcement agencies.

A responsibility to protect the rights of girls, to support girls' retention in school and to educate parents and communities about health risks and rights violation involved in child marriage. ˅ Working with men and boys is critical in ending or reducing child marriage. In many communities, it is the men who hold the power and make the decisions. Interventions targeting fathers, brothers, husbands and future husbands are therefore very important.

Community-level change is also important in changing norms. Holding a community conversation and using a variety of innovative techniques such as theatre to reflect on the practice of child marriage and communicate its harmful impact on girls and their communities.

Religious and traditional leaders should be encouraged to speak against child marriage and change community attitudes, target and support them to become positive advocates for change who fully understand the implication of child marriage for the girls, their families, communities and the nation as a whole.

Mass media campaigns such as radio, TV, digital media should be used to raise awareness of girls' rights and the impact of child marriage. Messages that promote new norms, role models and positive deviants show positive signs of being an effective way to change attitudes and behaviors.

Registering births and marriages in other places help prevent child marriage by providing the age of a girl and her partner and also mean that girls and women are able to seek financial and legal redress if the marriage ends.

A combination of the above recommendations and a stricter and enforcement of a legal framework can make a substantial impact on reducing the child marriage menace and reap the demographic dividend for an overall social, economic and political development of the country.

COMMENTS OR SUGGESTIONS BY OPINION LEADERS AND STAKEHOLDERS AFTER PRESENTATIONS DURING THE WORKSHOP.

- Assembly member for Medie (Hon. Issaka Ibrahim) suggested if a petition can be made to parliament to see whether the marriage-age in the constitution can be reduced from 18 years to 16 years. He indicated that the age of consensual sex in the constitution is 16 years, if a lady is capable to take a decision and agree to have sex at 16 years and bear the consequences, she should be able to take a decision on marriage and handle its responsibilities. However Mr .Tanko told them that until the law is amended nothing can be done, he caution that, if anybody should come into conflict with the law, the law deal with that person.
- Assembly member for Sarpeiman (Hon. Gamel Abubakar) also added that the 16 years for marriage will not be out of place. Because in their communities, people less than that age are having sex, giving birth, moving away from their parents to stay as couples, they are virtually doing everything that married people do, albeit without much preparation and experience. So if the 16 years age is accepted, the youth will now be sensitized

earlier on marital issues and its responsibilities for them to prepare to take up such responsibilities.

- A queen-mother from Kotoku (Naa Gamili) also indicated that a lot of responsibility rests on the shoulders of parents. It is incumbent on parents to provide the needs (physical and emotional) of their children. Poverty is not a good excuse for such negligence, because the items the perpetrators of sex offences use to lure their victims are just peanuts. She indicated that the society is now not safe, so parents should keep a keen eye on their children. Always know the whereabouts of your children and maintain a very good relationship with them to ensure that they always confide in you at all times.
- A representative from the Christian fraternity (Pentecost Elder) also indicated that we should educate our children very well and let them go through the formal education system, this will allow them enough time to also prepare for marriage. Otherwise, children will enter into marriage without enough knowledge and preparation on marriage.
- Representatives of the Ghana Education Service (GES) also indicated that parents and guardians should frequently visit the schools of their children, to check how their children are doing in school. There are some things that the children might not be able to tell their parents or guardians but can confide in their teachers and classmates. There are also certain behaviours that they will exhibit in school and not at home and vice versa; so it should be a collaborative effort between all stakeholders to ensure that all stakeholders are fully aware of what the child is going through and see the best means to support the child.
- The Chief Imam of Medie-Samsam also indicated that all the Imams and Chiefs should pay attention to the details of the law and not officiate or supervise any marriage that goes against the laws of the country (below 18 years). He indicated that those present should inform the rest of the Imams and Chiefs in their various communities, so that they will all be law-abiding. He added that the opinions leaders should continue to admonish their members against fornication and adultery, we must find dynamics ways of bringing up our children to prevent adolescent pregnancies and related matters. If there is a possibility of the marriage age also coming down to the age of consensual sex (16 years), it will help, if not, all opinion leaders and stakeholders should abide by the law.
- A women's group leader also lamented that broken homes or a breakdown of the nuclear family system also plays a role in some of these challenges of the contemporary society. The children take advantage of the broken homes to get out of control, so the helpless

parents will now want to give that child in marriage to prevent an out of wedlock pregnancy. She therefore encouraged the parents to collaborate, even if they are no longer a married couple, to ensure that they can fully take charge of the proper upbringing of their children.

Evidence-based research has established that child marriage is inimical to child development because it robs the young girl of the opportunity to be physical, emotionally and financially ready for the responsibilities of marriage and childbearing. Child marriage increases social isolation and launches girls into a cycle of poverty, gender inequities, and a higher risk of dying from complications of pregnancy and childbirth (Ghana Web, Featured Article, Ending Child, Early and Forced Marriages in Ghana, 2016).

Participants of this workshop were very hopeful that their suggestions can be escalated to reach higher authorities who are influential in decision-making in the country to ensure that the best decision for our children and the society can be taken and implemented.

3.7.1. Study group meetings:

During this quarter, number of community members for our study group meetings totalled Two thousand one hundred and one (2101) participants; mainly (956) men and (1145) women.

Statistics on Study Group Meetings

NO	COMMUNITY	NO. OF PARTICIPANTS	PARTICIPANTS		
			MALE	FEMALE	TOTAL
1	KPOBIMAN	71	26	45	71
2	MEDIE	69	24	45	69
3	KPOBIKORPE	62	22	40	62
4	SAMSAM	82	36	46	82
5	DOBLO GONNO	161	82	79	161
6	AMASAMAN	320	123	197	320
7	SAPEIMAN	77	42	35	77
8	KOTOKU	60	36	24	60
9	MANCHIE	129	50	79	129

10	AKOTOSHIE 1	82	36	46	82
11	TREBA	30	5	25	30
12	AFUAMAN	38	16	22	38
13	KWASHIEKUMA	132	62	70	132
14	AKOTOSHIE 2	127	62	65	127
15	KATAPOR	81	39	42	81
16	OPAH	62	24	38	62
17	PAPASE	66	24	42	66
18	MAYERA	137	70	67	137
19	OKAIMAN	37	26	11	37
20	DEDEIMAN	77	42	35	77
21	KOJO ASHONG	32	28	4	32
22	NYABEMAN	35	18	17	35
23	AYIKAI DOBLO	40	29	11	40
24	MANHEAN	58	20	38	58
25	FAASE	36	14	22	36
	TOTAL	**2101**	**956**	**1145**	**2101**

3.7.2 Topics discussed at Study Group Meetings:

- Adolescent pregnancy
- Parental neglect
- Child marriage and its effects
- Kidnapping
- Human trafficking
- Child labour
- Defilement and rape
- Incest
- Social harassment
- Who is an adolescent?
- Responsibilities of fathers in marriage
- Abuse of the internet
- Activities of Okada riders across communities
- Role of parenting
- Nudity and pornography
- Rape my neighbours
- Abusing drugs
- How to dress decently
- Single parenting
- Causes of climate change
- Child abuse

3.7.3 Extension Services/ Achievements

Action Aid Ghana in Collaboration with the Department of Social Welfare and Community Development (Ga-West) as well as Ghana Education Service has over the years been making good progress in creating awareness and the policy environment that seek to promote the welfare of children as a whole. A children parliament was implemented to explore multiple

communication functions, directions, results and challenged for children in the basic schools between the ages of 13 and 18.

3.7.4 Nine hundred (900) home visits were undertaken during the quarter under review. Home visits were held Kpobikorpe, Ayikai Doblo, Treba, Kwashiekuma, Amanhiakorpe, Toman, Opah, Kuntunse, Medie, Papase, Manhean, Adusa Quarters, Okaiman, Kojo Ashong, Faase, Afuaman, Kotoku and Samsam-Odumase areas. The issues raised and discussed were: Covid 19 and its related issues, how to care for the children after school, safety protocols at school, fire safety.

4.0 CONSTRAINT'S AND CHALLENGES

The major challenges facing the Department are as follows:

1. Exponential increment in the reportage of medium and high-risk child protection cases due to rapid urbanization
2. Inadequacy of transportation to carry out the mandate of the Department.
3. The unavailability of funds to carry out various projects as well as lack of logistics continues to hamper the activities of the Department and also makes the staff unable to work to the best of their abilities.
4. Unavailability of a vehicle to transport victims of sexual violence to the hospital for examination and to facilitate other rounds in relation sexual violence cases.
5. Proximity between the office and some of the communities is a cause for concern, coupled with bad road network

5.0 GENERAL OBSERVATION, RECOMMENDATION/WAY FORWARD

Though it has been quite a successful quarter, it is recommended that the Department is equipped with all necessary logistics to facilitate our work. Also, a vehicle should be procured for the Department and also funds made available for major projects to enable staff to work efficiently and effectively. Vehicle should be allocated to the Department to help in periodic monitoring at least once a quarter.


Types of Marriage


Child
Marriage