



Travel Report Ghana

by the delegation of the Transnational Exchange III project

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Location: Accra/Greater Accra Area

Hosting organization: Assemblies of God Relief and Development Services (AGREDS)

Goal: Understand reintegration for vulnerable returnees in Ghana better

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1. Travel Agenda

Within the scope of the Transnational Exchange III project work visits to reintegration partners are also planned. The trip to Ghana in March 2017 was the first trip to a country of return. The agenda was crafted around the goal to learn more about the reintegration of vulnerable returnees. The visitors were hosted by the welfare organization Assemblies of God Relief and Development Services (AGREDS).

Day 1	Ministry for Gender, Children and Social Protection Accra Psychiatric Hospital AGREDS Lifeline Program (<i>Professional training for girls, potential victims of human trafficking</i>)
Day 2	GRATIS Foundation (<i>Professional Training Center</i>) Centre for Development Initiatives (<i>Counselling agency for health care system in Ghana</i>) AGREDS headquarters

Day 3	Monitoring returnee 1 Monitoring returnee 2
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In the following general structural and cultural aspects in Ghana rather than the scheduled meetings with the Transnational Exchange III representatives shall be described. In chapter two the travel report sheds light on the Ghanaian welfare system, since vulnerable returnees to Ghana (mentally or physically ill, minors or elderly, etc.) would want to make use of the existing support system. In Ghana, however, the governmental support is rather limited. That is why the family plays such an important role in taking care of vulnerable people. Returnees depend heavily on the acceptance and provision of the extended families. Existing “unwritten” rules of family support are described in chapter three. When preparing returnees for the reintegration, enough time should be invested in the economic reintegration. Returnees need to find a job or start an income generating activity as soon as possible after return. Sometimes, though, it makes sense for returnees to expand their skill set through professional training in order to start a more promising income generating activity. In chapter four professional training opportunities in Ghana are described. Chapter five gives a short overview of the two monitoring visits which were executed by the Transnational Exchange III representatives.

2. General Welfare System

Social Support Structures

Governmental social support structures are in place. The Ministry of Gender, Children and Social Protection (MoGCSP) aims to enhance policies, to coordinate and to monitor issues regarding gender, children and social protection. Its purpose is to ensure gender equality, empowerment of women, establishment and implementation of child rights as well as tend to the most vulnerable people of the society. In order to achieve these objectives six agencies and programs were established: Domestic Violence Secretariat, Ghana School Feeding Program, Human Trafficking Secretariat, Livelihood Empowerment Against Poverty, National Council for Persons with Disability, National Household Registry – Targeting Unit.¹ The Ministry of Health oversees the hospitals, the training of medical staff, the National Health Insurance and the National Health Services.² Even though these structures are in place, its effectiveness is often lessened by the lack of funds or the delayed or partial disbursement of funds. The social welfare system is highly affected by the economic development as well as the political party in power. Where the governmental structures fail, NGOs step in and make complementary contributions. Some governmental institutions depend heavily on contributions and donations from churches and religious groups which often provide goods for the basic needs (clothes, food) e.g. state-run orphanages.

From 2016 onwards there has been a shift taking place from institutional social care towards community-based social care. This shift can be explained with a strong negative stigma resting on people who are treated in or sustained by these institutions. Therefore, needy people often do not make use of the offer by institutions such as treatment in the psychiatric hospital. The aspired improvement of the shift towards a community-based care is a stronger sensitization within the

¹ <http://mogcsp.gov.gh/about/agencies-secretariats/>

² <http://www.moh.gov.gh/category/ministry-agencies/>

community for vulnerabilities and a low profile access to help (e.g. community health workers, social works, nurses).

Community rehabilitation (staying with the family during time of recovery) includes also social and vocational reintegration. This is why a main goal for vulnerable returnees should be the reintegration in the family network.

The same tendency to choose the family support over governmental support can be found in the child protection field. Families will always try to keep the orphans and children in need – even distantly related – in the family, rather than giving them to orphanages and children’s homes.

Governmental Support Programs

In the following several support programs shall be highlighted. The Livelihood Empowerment Against Poverty Program (LEAP) was addressed several times throughout the visit in Ghana. The program targets households with most vulnerable persons (orphans, elderly and disable people). The households are provided with cash in order to ensure the nutrition, to increase consumption and to facilitate access to education. In 2017 the program is assisting over 213,000 households in all 216 districts of Ghana.³ The enrollment for the program is quite difficult, can take very long and is only accessible to needy families staying in Ghana. Once a person is enrolled in the program, this person can be linked to other programs more easily. Aside from the LEAP there are other programs such as the National Youth Employment Program overseen by the Ministry of Youth and Sport, which aims to assist the youth (5 – 35) in finding their career, offers training to enhance the skill set and to offer employment,⁴ and the caregivers training program which was set up within the ministerial unit of child right and protection.

Health care system

“The public health care system of Ghana is operated through the National Health Insurance Scheme (NHIS), which permits the operation of three types of insurance schemes, including District-Wide (Public) Mutual Health Insurance schemes in all of the country's 110 districts, private mutual insurance schemes and private commercial insurance schemes.”⁵ In order for a returnee to receive medical treatment, he or she should register in the National Health Insurance which costs 40 GHC (= approx. 9 US Dollar) first. The registration can be undertaken immediately after return. This health insurance covers basic tests and doctor’s consultations. The annual registration renewal fee lies between 2 and 5 GHC.⁶ If the patient cannot be treated in the community hospital, he or she is referred to the district hospital and from there to the specialized clinics when needed. The basic health insurance does not cover the treatment. That is why destitute patients need to see medical social workers who are placed in all communal hospitals by the Ministry of Health. The medical social worker will investigate the financial resources of the patient as well as of the (extended) family (investigation time: 2 weeks). If the family cannot afford paying the treatment costs at once, a payment plan with installments is arranged and forwarded to the Department of Health. In case of

³ PowerPoint Presentation from 21st of March 2017 by William Niyuni, Deputy Director of the LEAP Program

⁴ https://en.wikipedia.org/wiki/National_Youth_Employment_Program

⁵ Austrian Red Cross & ACCORD, *Health Care in Ghana*, March 2009, p.12

⁶ International Organization for Migration, *Reintegr-Action: Pilot Initiative to Test Feasible and Sustainable Joint Reintegration Measures from the EU*, 2013

no familial cover of the medical expenses the hospitals need to cover the expenses and reclaim the expenses from the government. The reimbursement time can take several years.

Mentally disordered people and care structure

There are three psychiatric hospitals found in Ghana.⁷ The Mental Health Care Act (846) was approved by the government on May 31st 2012.⁸ It established a Mental Health Authority, standards of treatment, a Mental Health Fund, which covers the training and employment of medical staff and more. The National Health Insurance is supposed to cover all mental health care treatment (in theory). In reality, the family of the patient needs to pay an additional fee of 500 GHC every three months for feeding, accommodation and therapy. The medication is free of charge but not always available. As described earlier, the hospitals wait months for funds in order to run the hospital and to be supplied with medicine. In November 2016 the medical staff of the Accra Hospital went on strike because the hospital was lacking medicine for several months, which impeded the sedation and immobilization of patients. The staff demanded medical supply because the hospital had become a dangerous work place.⁹

Due to the negative stigma of mental diseases and its treatment institutions, families will try to seek treatment elsewhere – traditional healers, “healing centers called prayer camps”¹⁰ and other options. In this way the suffering is often unnecessarily prolonged and patients are admitted to the hospital in a late stage of the disease. Family members in psychiatric institutions are called but not visited in person in order to avoid gossip. Family members often refuse to pick up the cured or stabilized patient personally at the psychiatric hospital which causes a delay of discharge. Mentally ill or seriously retarded children are sometimes dropped at the entrance of the hospital without any contact details of the parents.

After being released from the hospital, the patient might find it challenging to access the medicine needed: the discharged person is supplied with medicine for the first weeks by the hospital, but if there is a shortage of medicine it might not be provided. The patient is supposed to report to the community psychiatric nurse, but in the rural areas the medical staff is not available. All governmental district hospitals have a psychiatric unit, but they might be far from the place of residence.

Impressions from the visit to the Accra Psychiatric Hospital:

- The building is a former prison and resembles a fortress; it has several wards (female ward, children ward and special ward). Most wards are overcrowded (special ward: 80 beds available, 140 patients admitted). The number of beds, mattresses and rooms is not sufficient which causes patients to sleep on the floor or outside (patients in total: 421 in March 2017).

⁷ See above, p. 95

⁸ <http://www.refworld.org/pdfid/528f243e4.pdf>

⁹ <https://www.newsghana.com.gh/psychiatric-hospital-emergency-staff-use-brooms-to-tame-patients/>

¹⁰ <http://www.nydailynews.com/life-style/health/mentally-ill-patients-ghana-chained-months-group-article-1.1172756>

- The nurses seemed to be guarding the patients, but not engaging in occupational therapeutic measures. Caused by lack of funds vocational trainings or needed equipment is not available.
- The recovery is mostly based on medical treatment and not on the empowerment of the patient.
- Approximately 10% of the patients admit to the hospital voluntarily, involuntarily admission are executed by family members or police men with court orders. Also people on the streets can be admitted to the hospital directly.
- The duration of treatment ranges between a few weeks and 40 years.

Pension

In Ghana, elderly people retire at the age of 60. They will receive a pension if they have paid into the pension trust for a minimum of 240 months. The pension trust consists of obligatory payments of the employer (12,5%) and of the employee (5%). A small amount of the monthly pension payments is forwarded to a private pension trust which can be chosen individually. Additionally, people can pay voluntarily into private retirement funds. Upon retirement the obligatory private pension trust is then disbursed in a lump sum. The monthly pension amount is an average of the three years with the highest income. Even though this system is in place, most Ghanaians do not profit from it since most people are self-employed (in the informal sector) and choose not to pay into the pension trusts. When registering for the pension trust, they need to disclose personal information and estimate a monthly income which is hard to predict and sometimes underestimated in order to avoid taxes. In general the family is supposed to take care of elderly family members. Only one home for elderly people can be found in the Ashanti region, which also serves as a destitute home. In order to assist families with the nursing care, elderly people can visit day care centers (in bigger cities), in which elderly people can spend the day with occupational therapy and are picked up by the family members in the evening. A Ghanaian saying goes like this: “the person who took care of you when you got your first tooth should be taken care of by you when that person is losing his or her teeth.”

Advice for counsellors:

- Be aware that definitions of certain target groups might differ; when you are looking for certain support programs ask the returnee how he would formulate his age group or needs (In Ghana the “youth” program is crafted towards an age group of 18 – 28 year olds
- Be aware that the perception of mental illness occurring (after return) is ascribed to a concrete punishment of God
- Ensure that the family is informed sensitively and carefully about mental illnesses and afterwards about the condition of the returnee
- Be aware that the rejection of a mentally ill returnee from the family might not be done out of personal reasons but out of fear of stigmatization from the community (“the family with the mad one”); in certain cases a relocation of the nuclear family to a different community could be taken into consideration
- Suggest the mentally ill returnee a return to a different surrounding if the environment had influenced the outbreak of the mental disease (e.g. trauma) or substance-abuse-disorder

- Inquire about former employers and the professional experience of a returnee; when former employers are sensitized for mental illnesses and are encouraged to see the potential and the existent skill set of a former mentally person, they might reemploy the returnee
- Be aware that the accessibility to psychiatrists and the conditions in the psychiatric institutions are not comparable to European standards
- Inform the elderly returnees that they should go to the former employers and get a “contribution paper” which tells the contribution number and states that payments into the pension trust were done in order to access the pension.

3. Family Support System

Extended Family

In Ghana the term family always implies the extended family rather than just the nucleus family. “At the center of Ghanaian society is the institution of family. Sustained through a series of kinship networks and marriages, the family is acknowledged as the bedrock of all social life.”¹¹ Primarily, the family is in charge of providing social care (funding of education for the young), social security (care for vulnerable family members: poor, needy, sick or elderly) and social control. The governmental support only steps in if there is no family to support. The family support goes beyond the practical or financial assistance in times of need. Family members are obliged to take interest in one another’s lives and maintain emotional closeness. In case of sickness the extended family needs to pay for medical treatment as well as to show moral support through phone calls and frequent visits. Traditionally, all of the support and care shown by the individual family members is recorded in the family book. It records the “investments” in the family. Only if a person has invested enough, the person can expect assistance and support from the family in return when he or she finds himself or herself in a state of distress. This system creates pressure to always assist relatives even though there is no true emotional closeness or willingness to support on the one hand. On the other hand, it provides a family insurance which covers everything (instead of national health insurance). Therefore an extended family network is essential.

In order to maintain good relationships with other families or to negotiate a good deal, girls or boys could be promised to a partner from another tribe in a very young age. The children then grow up always knowing that she belongs to a certain man. These promises should not be broken.

Child Care

In Ghana it is common that children are not raised by their biological parents, but that they are sent to an aunt or uncle, distant relative or even to older siblings for an extended period of several years. The primary reasons to give children into the care of relatives can be a better access to education or a possibility for the parent to accept a job offer in a different town or country. The secondary reasons, however, are to expose the children to different ways of living (circumstances) and behavior

¹¹ <http://family.jrank.org/pages/703/Ghana-Family-Structure-Family-Formation-Family-Life.html#ixzz4f9dGHOMe>

and to strengthen the obligation to care for the extend family (e.g. if a child stays with an uncle for several years in order to attend a better school, the child will be heavily emotionally indebted to the uncle as a grown-up). Biological children and children of relatives are regarded as equal and receive the same treatment.

Inheritance

Depending on the cultural background and the tribe there are different patterns of inheritance regarding the continuity of family businesses and land ownership: inheritance can take place along the maternal or paternal line. "In matrilineal practice, a man is succeeded by his sister's son (nephew) rather than his offspring."¹² In cases of intertribal marriage this could lead to an exclusion of inheritance or, in the opposite way, to double inheritance. Although the government tried to establish hereditary regulations, several Ghanaians are still discriminated in this sense.

Acceptance and expectations after return

If people leave for Europe and are supported by the family, the family expects the delegate to never return to Ghana. The person in Europe is also expected to pave the way for other family members to join him or her in Europe. There is very little awareness about the European immigration and asylum laws amongst the Ghanaians which aggravates the reasoning whenever a Ghanaian in Europe does not send high remittances or even wants to return. The remaining family in Ghana regards the relative in Europe as lazy and incompetent. Whenever Ghanaians are defeated by the lack of professional opportunities or a negative asylum decision in Europe, a return is not really an option. A returnee is expected to bring precious gifts and money back to Ghana. After the return the family scrutinizes the belongings of the returnee and if he or she cannot hand out good enough gifts, the family might reject the returnee after a couple of weeks. Some families are more lenient and take the returnee back, even if he/she has not kept in touch or contributed financially but they will punish him heavily (way of behavior, tasks to fulfill). A true understanding why someone would return from Europe to Ghana is hardly ever achieved. The returnee might not speak in details about his or her negative experience and therefore it might not be understandable for the family members why he or she decided to return.

Advice for counsellors:

- Encourage your client to reconnect with family members, church members or other community members. Nevertheless, it should be carefully investigated if the person has certain reason to avoid reconnecting to the old network (e.g. destructive lifestyle of relatives and former friends, inheritance problems in the family). To reestablish the family ties it is advisable to contribute to the family network before return, although the family might see this as a cheap way to make up. Contributions are not limited to financial assistance, but could also mean to show interest in the situation of the family and to participate in the family's life by for example calling regularly. Remind the client that the family is the only true social security he or she will have in Ghana

¹² International Organization for Migration, Reintegr-Action: Pilot Initiative to Test Feasible and Sustainable Joint Reintegration Measures from the EU, 2013, p.23

- Ask the returnee whom he or she took care of while still in Ghana when the client answers that he or she has no contact to his family anymore. If he supported children (of relatives), they should be indebted to him and open to reconnect.
- Be aware that a Ghanaian returnee will ALWAYS be picked up by family members and can usually stay with the family for a certain while. The family might decide to reject the returnee after a certain time when they find out that he/she has not brought back enough money.
- Discuss family expectations and practice conversations to explain the reasons for return
- Discuss the inheritance situation with older returnees. Renting is very difficult and hard to sustain. The inheritance usually secures a place to live at least.

4. Professional Training

A great array of professional training institutions exists in Ghana. The Reintegr-Action Ghana Report mentions several training institutions: the National Vocational Training Institute (NVTI) offers all aspects of vocational training from internships, training, testing and certification; the Opportunity Industrialization Centre (OIC) focuses on training Ghanaian returnees (10%) and offers mainly employable skills training programs to unskilled workers; its courses can range from six weeks to two years. The Accra Technical and Training Center (ATTC) and the as well as the Gratis Foundation need to be mentioned here, too.¹³ The training offers and costs vary greatly; in several cases, the prices for the training are affordable but the people lack the funds to pay for transportation and room and board since there is no other source of income during the time of training. A shortened training or an additional training for the existing skills is usually possible. Certain professions are especially needed such as welders. Companies hire and pay welders with special qualifications such as underwater welders from the spot. These qualifications can also be obtained in Ghana but it is very costly and time-consuming.

During the visit at GRATIS the question was posed if the training certificate in welding or any other certificate from Europe would be regarded as better qualification. The chief executive officer of GRATS denied the statement and pointed towards the fact that the welding instruments as well as the welding methods were too different so that an official work permit as a welder would require a post-qualification. Nevertheless, a certificate from Europe can open job perspectives and is still regarded as valuable.

Most training centers provide minimal business training since every lender requires a reasonable business plan; if a Ghanaian wants to register a business officially, he or she needs to hand in a business plan. Several institutions offer assistance with the creation of a business plan such as the Business advisory centers (BACs) of NBSSI. Private employment agencies (e.g. XL Management Services Ghana LTd.) and international organizations offer assistance with training, business plans and job placement (IOM, RECFAM, IIP, TRAGRIMAC) also for returnees. The costs for this assistance can vary.

Advice for counsellors:

¹³ International Organization for Migration, Reintegr-Action: Pilot Initiative to Test Feasible and Sustainable Joint Reintegration Measures from the EU, 2013, p.73 -75

- Offer financial reintegration assistance for job placement or business preparation counselling sessions
- Be aware that many professional training institutes are willing to accustom the training the individual needs regarding time and content

5. Business Start-ups and Microfinancing

The three most promising working fields are agro-processing, light manufacturing or the service industry. In the following several ideas for possible start-ups for lowly skilled returnees with a low reintegration budget shall be mentioned¹⁴:

- *Agricultural farming*: snail farming, grasscutter farming, tilapia farming, rabbit farming, mushroom farming (in every part of the country demanded)
- *Light manufacturing*: screen printing (on T-shirts, clothing, souvenirs), sandal manufacturing,
- *Agro-processing*: palm kernel processing, Gari processing, meat processing, plantain and cassava processing, cashew processing, bamboo processing, rice processing, fish processing, sheabutter extraction, groundnut extraction
- *Services*: food and beverage services, food retailing, hairdressing, barbering shop, tailoring and dress making, event management, non-store retailing and commission-based selling, landscaping services, plumbing, electrical services, waste management, auto parts merchandizing, washing bay and drinking spot, internet café, craft village

During the visit to the GRATIS Foundation it was addressed that Ghana strives towards a full industrialization of the country. The country has great natural resources and a rich agricultural production due to the good weather and soil conditions. The industrialized processing of the crops, however, is only little implemented by a few large companies. GRATIS focuses on developing new (cheap) machines for agricultural processing which could be bought by small scale entrepreneurs (such as groundnut peelers, oil press, fruit juice press). The cost for each machine varies but a simpler one could be purchased for a price of 3000€. The fixed costs would be the fuel for the Diesel generator and the packaging. If two persons would unite in order to buy a machine together and start a business, it would be a very promising field.

Services Industry

Start-ups in the service industry are usually not officially registered but become part of the “informal” sector which allows the circumvention of taxes but also does not offer any security. Most of the time sellers on the streets or on the doorstep in front of the house need to run two or three business in order to be able to live of the earnings. Especially in the informal sector unskilled returnees could easily open up a business and earn a living. In this case character traits such as strength, resilience and flexibility are required.

¹⁴ International Organization for Migration, Reintegr-Action: Pilot Initiative to Test Feasible and Sustainable Joint Reintegration Measures from the EU, 2013, p.30

If money is the only factor holding back a future entrepreneur, he or she could get a small loan from the National Board for Small Scale Industries (NBSSI), Exim Guaranty Company Ghana Ltd. or from the Ghana Association for Women Entrepreneurs. Microcredit institutes are also an option. In order to receive a micro credit a person needs to save with the same bank for six months first.

Advice for counsellors:

- Read the above mentioned work opportunities to the returnee and find out if one could be suitable for him or her
- Remind the returnee that he or she needs to research first what type of microcredit institutes are available and for how long they have been in business; institutes with a lower durability than five years are not recommended; microcredit institutes often go out of business

6. Monitoring Visits

Two return cases:

Returnee visited after three months of return:

The first person the Transnational Exchange III delegation visited was an elderly man who had returned from the Netherlands three months prior to the visit. He had left the Netherlands because he could not bear the return pressure and deportation attempts from the Dutch government due to his illegal status anymore. He exhibited two vulnerability criteria - on the one hand, 16 years of absence of the home country; on the other hand, the medical condition of high blood pressure which forced him to take medicine continuously. In the Netherlands he was also receiving treatment for depression and consulted a psychologist. This mental disorder, however, was never mentioned during the monitoring visit. The discussions about his health condition only included the physical problems, hence the blood pressure. He stated clearly that he did not really return voluntarily and that he would want to return any minute if there was an opportunity to do so. He was not able to tell much about the pre-departure counselling and preparations. He rather described the actual return as rushed and sudden. He faces an aggravated reintegration because of two factors. He was completely rejected by his family after the first couple of weeks, after the family (his kids especially) had realized that he hadn't brought back enough money or expensive gifts. Even though he had sent gifts and remittances as much as possible throughout his entire absence, he was rejected nevertheless. He stated that he actually didn't want to return to his former family and community, which consisted of drunkards and unemployed people. The second factor was that his father had excluded him from the group of heirs which left with him without any land, where he could have lived and rebuilt his life.

The reintegration money he was granted in the Netherlands is deposited on a bank account until he decides what to do with it. He refused to make any concrete economic reintegration plans in the Netherlands due to the long absence of his home country. Currently, he is still in the arrival stage and is not able to take first actions towards a business start-up. He stays with a pastor who provided him a temporary room because he was rejected by his family. He hopes to find an affordable place to rent but due to the two year rent deposit, this endeavor seems near impossible. One of his first missions was to restock his monthly blood pressure medicine. In order to achieve this he would have needed

to travel to the IOM office and to a pharmacy. His reintegration counsellor did both visits on behalf of him because it would have cost him too much money and he was too weak and unsure of himself. He was granted a medical reintegration budget which provided blood pressure medicine of one year.

In his case the success of reintegration is highly affected by circumstance or factors which cannot be changed or altered through better pre-departure counselling.

Returnee visited after two years of return:

The second returnee who was visited by the Transnational Exchange III delegation was a middle-aged lady who had been a victim of human trafficking and had returned to the home country two years ago. She had sold her hairdresser salon in order to travel to Europe. She was forced into prostitution by her Ghanaian human trafficker and the abusive treatment continued in the Netherlands. After three difficult years in the Netherlands she decided to return. When she told her sister, with whom she had stayed in contact and was very close to, the sister could not understand but she also did not ask her to stay in the Netherlands. With the reintegration budget (6000 GHC) the lady opened a hairdresser shop again. She also took a micro credit (6000 GHC) in order to stock the hairdresser shop and purchase the costly hair products. With the support of her sister, her children and the reintegration counsellor the returnee managed to reintegrate well. Two years after return she is able to pay off her micro credit. She currently has three trainees. The delegation asked her whether she had more money left over after all necessary monthly payments in the Netherlands or in Ghana. She answered that she has more money at disposal now than in Europe. Overall this reintegration seemed thorough and sustainable. Nevertheless, the visitors could tell that her experiences as a victim of human trafficking had left long-lasting emotional strains. She preferred her sister answering on behalf of her and when she answered she spoke very softly and answered mostly with one word answers.

The reintegration counsellor mentioned that the client didn't want to speak about her experience as a victim of trafficking to her family members. It seems that there is still a high vulnerability due to traumatizing experiences. Verbal processing of the trauma with the family is not an option.

7. Conclusions

In conclusion, it needs to be mentioned at first that a field trip to reintegration partners would be advisable for every return or reintegration counsellor. The visit helped to comprehend the reintegration challenges in a much better way.

The returnee needs to face several challenges when reintegrating in his community and especially his family: the returnee will receive little to no understanding regarding the return; the family might not be willing to support a vulnerable returnee because the returnee brings back very little money to invest in the family; the family is not only an emotional support but the actual social security on which a returnee needs to rely. Therefore, the returnee needs to make every effort to reconnect with the family unless the family had been detrimental to the returnee prior to the departure to

Europe. Severely mentally ill Ghanaians are not advised to return since the treatment facilities are few in number and do not comply with European standards.

Business start-ups are recommendable especially in the fields of agro-processing, light industry and the service industry. Professional training institutions, business advisory centers and established banks could assist the endeavor. The support offer is sufficient for the local market situation. It is highly recommended to get more information about business start-ups from IOM publication "Reintegr-Action: Pilot Initiative to Test Feasible and Sustainable Joint Reintegration Measures from the EU" from 2013.

The cost of living is surprisingly high. Rent needs to be paid two years in advance, food has similar prices like in Germany.

If counsellors research information about Ghana, the information found on the internet cannot be taken too literally since every Ghanaian stated that homepages do not get updated and hold only semi accurate and current information.

Regarding established laws and ministries in place from the conversations with several experts one can state that there is a big gap between written documents and the realization of it.

The support of the family network therefore must be considered as the most important support system – this is a very common phrase in the return counselling, but observing the situation on the ground shows that the importance of family ties can't be overestimated.

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This report does not claim to be exhaustive but it represents impressions of the delegation and insights from conversations carried out in Ghana.



Europäische Union



Bayerisches Staatsministerium für
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Dieses Projekt wird aus Mitteln des Asyl-, Migrations- und Integrationsfonds und des Bayerischen Staatsministeriums für Arbeit und Soziales, Familie und Integration kofinanziert.