Project description
House Daakye

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1. Brief description

For 10 years, the Ghanaian-German Women Association Berlin (GGWAB) has been supporting Ghanaian women, both in Germany and Ghana. The healthy wellbeing of women and their children is the focus of the association's work. The latest project *House Daakye* aims at reducing maternal mortality in Ghana by assisting pregnant young women and girls in planning their future.

Together with the local NGO Initiative for Responsible Motherhood (IRETEM), GGWAB will build a mother-child-center in Kumasi, Ghana. The center allows young mothers and pregnant girls to continue to attend school and to follow their formation while their children are being taken care of in the center's kindergarten and nursery. At the same time, they are being offered appropriate health services, training services, care and counselling. It shall be noted that the center should be viewed as a safer space in which the young mothers and pregnant women will not be exposed to judgement or condemnation. A space where friendships evolve.

In the following, the project is introduced in detail. First, the GGWAB introduces itself. Second, the current situation of young pregnant women in Ghana is examined. This part stresses the necessity of the project. Finally, the project idea and goals will be presented in detail.

2. The context

2.1. GGWAB

The “Ghanaian German Women Association Berlin e.V.” (GGWAB e.v.) was founded in 2004 following the initiative of the then Ghanaian ambassador in Germany, H.E. Rowland Alhassan. Five women got together to formalize the association which was officially registered on February 2nd, 2006.

One aim of the association is to bring together Ghanaian women residing in Berlin and all of Germany. The focus is on the promotion and maintenance of their cultural interests and their wellbeing. GGWAB aims at recognizing and nurturing women’s potentials, knowledge, ideas, talents and skills. We are moreover convinced that education, culture and good parenting strengthen our children and will help them become responsible individuals who have the potential to contribute positively to society.

Special attention is given to the support of women and girls in rural areas of Ghana. Their access to health services is often limited. Previous support by GGWAB includes the dispatch of first aid kits for obstetrics, blood pressure monitors, blood sugar devices, wheelchairs, walking aids, rolling walkers, hospital beds, surgery beds, ECG and ultrasound scanners. The shipment of these goods was realized independently as well as with the assistance of the German Corporation for International Cooperation (GIZ). These goods were successfully distributed across the country – mainly in rural areas. Some auxiliaries had been sent to pre-selected clinics such as Battor Hospital, Maternity Home in Mampong-Asante, Efiduase Clinic and Oyoko Maternity Home through the Presbyterian Church of Ghana. The medical goods were immediately installed. Furthermore, some of the GGWAB members have previously assisted in the area of obstetrics in hospitals in Kumasi and Accra and were thus able to gather important impressions regarding the situation on site.

The members of the first generation of GGWAB are made up largely of nurses, midwifes, dietitians and other professionals in the care and housekeeping sector. Therefore, we are experienced in the practical realization of health services. The second generation of members include cultural and social scientists. We live and work in Berlin, we come from Ghana and Germany or unite both nationalities.

2.2. Problem overview and analysis

Current statistics surrounding maternal mortality in Ghana are alarming. High rates of maternal mortality are directly connected to the high percentage of underage mothers and pregnant girls aged between 15 and 19 years, among other factors. The children of very young mothers are also subject to higher risks regarding sickness and even death. Young mothers and pregnant girls in rural areas with less or no formal education have limited access to medical care and are thus more likely to suffer from maternal mortality.

The level of education and the young age of pregnant girls and young mothers are directly related to one another. Studies published by Ghana Health Service demonstrate that the average age of pregnant women in Ghana is lower if these have not enjoyed formal education or if they merely completed primary school. Studies further show that teenagers who lack academic education are four times more likely to conceive than teenagers who have completed advanced education or who continue with higher education.[1] In many cases, this is because pregnant school girls are often stigmatized and suspended from school with very limited opportunities to continue education at a later point in their lives.

In 2014, statistics recorded 75.000 pregnancies among women and girls between 15 and 19 years. In the Ashanti region alone, 20.000 such cases are known. Out of these, 700 cases were recorded in which the young mothers and pregnant girls were between 10 and 14 years old.[2] Overall, it has been established that one fifth of Ghanaian women between 25 and 49 years gave birth by the age of 18. Two fifth of these women gave birth by the age of 20. [3]

As previously mentioned, the young age in combination with the girls' level of education and rural placement result in great health related risks, both for mother and child. In 2013, the maternal mortality rate was at 380 per 100.000 births. [4] The World Bank recorded a mortality rate of 319 in 2015. The trend is slightly decreasing. Germany, in comparison, recorded six cases of maternal mortality per 100.000 births in 2015.[5] Studies further found that teenage girls in Ghana are about 46% more at risk of death following giving birth or pregnancy than women between the ages of 20 and 49. Moreover, it is striking that in 2011 only 68% of births in Ghana were assisted by qualified health professionals. That means that about 260.000 women gave birth without medical supervision.[6]

Both, the "Millenium Development Goals" and the "Sustainable Development Goals (SDGs)" of the United Nations rate these numbers as alarming. Thus, reducing maternal mortality worldwide is one of the documents' central goals. The SDGs demand the global reduction of maternal mortality to a rate of 70 per 100.000 births by the year 2030. Given that the critical numbers need to be assessed in view of several other grievances, further UN goals need to be considered: Both access to health services and to education must be facilitated and made unrestricted. In that context, special attention and priority should be given to young girls' and women's empowerment and support. This demand can also be found in the UN's SDGs. It

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[1] Ghana Demographic and Health Survey 2014, S. 69
[2] "Ashanti Region records low teenage pregnancies", GhanaWeb, 12.11.15
[3] Ghana Demographic and Health Survey 2014, S. 59
[4] United Nations Population Fund, http://unfpaghana.org/assets/user/file/Factsheets/Ghana%20accelerating%20progress%20towards%20MDG5.pdf
[5] Weltbank, http://data.worldbank.org/indicator/SH.STA.MMRT?order=wbapi_data_value_2015+wbapi_data_value+wbapi_data_value-last&sort=asc
[6] United Nations Population Fund, http://unfpaghana.org/assets/user/file/Factsheets/Ghana%20accelerating%20progress%20towards%20MDG5.pdf

becomes clear that many goals need to be pursued simultaneously in order to provoke sustainable change.

At the same time, the structural consequences of maternal mortality, teenage pregnancies and child mortality ought to be considered in order to highlight the necessity of projects such as the one presented here. Women in Ghana make up half of the population and yet they are proportionately more affected by poverty and social dependence. If half of the population is structurally disadvantaged, especially in financial and economic terms, the productivity and the wellbeing of the country rests on the shoulders of few members of society. Thus, health, education and personal development of women is essential in order to fully draw from the society's potential. Furthermore, it should be reminded that our future rests on the shoulders of our children. We depend on the stability of their social environment. The responsibility of creating such a stable environment does not solely lie with women but with all of society.

The GGWAB recognizes this necessity and with its project *House Daakye* offers a unique model that addresses several issues raised here. Medical care and education are as important as academic and professional formation as well as the economic emancipation of young mothers. At the same time, the needs of the newborns are met. The project has the potential to support many young mothers in their future planning, to foster their interests and talents, and thus to make a positive contribution to Ghanaian society.

3. Detailed project description

3.1. Whom is *House Daakye* addressing?

The House is addressing girls aged between 10 and 19 who had to stop attending school because of their pregnancy. In most cases, pregnant pupils are being excluded from attending school. Moreover, it is not unusual that pregnant girls are cast out of their parental home. Because of that, many girls and young women are clearly and structurally disadvantaged: Not only are they being denied access to their human right of education, they and their children are also deprived of an unlimited access to medical and social care services. It is our aim to support these young women and girls in building their future. At *House Daakye*, these girls are given the chance to continue education throughout pregnancy and afterwards. At the same time, they receive medical care and social counselling. Simultaneously, their newborn children will be taken care of in day-care. With our help and support we will contribute to the girls' independent, responsible and self-sustained development and future.

Being accepted to live at *House Daakye* is subject to closer examination. Local youth welfare offices, social workers, the coordinators of our local partner NGO IRETEM and the management of the house will be deciding upon the admission of the girls. One core criterion for being admitted is that the girls be first-time mothers. Underage pregnant girls need the written approval of their parents. Furthermore, the young women and girls who want to move

into *House Daakye* must be demonstrably underprivileged and must have the dire wish to continue their scholarly or professional education.

In order to guarantee the sustainability of the house, a kindergarten and a hostel will be placed on the premises of House Daakye, as well as seminar rooms for courses, workshops and trainings. Respectively, the house also addresses the wider public: tourists, professional parents in the region and other interested parties.

3.2. Kumasi, Ashanti Region as a locational factor

Thanks to a generous land donation we chose Kumasi as the location of *House Daakye*. Moreover, we are very well connected in the region, for example with local youth welfare offices, hospitals and social workers. The responsible NGO coordinator Ms Veronica Addai also resides in the area. Further, the region is in strong need of supporting young mothers and pregnant girls. This need can be reviewed under the statistics mentioned under 2.2.

Kumasi is the second biggest city in Ghana and is located in the center of the country. Kumasi is well connected to the rest of the country in terms of public transport, and, as a large city it offers the often stigmatized and marginalized girls certain anonymity. Finally, Kumasi is an industrial and commercial city that hosts people of many different professional backgrounds and social levels. This diversity shall be reflected at *House Daakye*, particularly in our in-house kindergarten.

3.3. Capacities and facilities at House Daakye

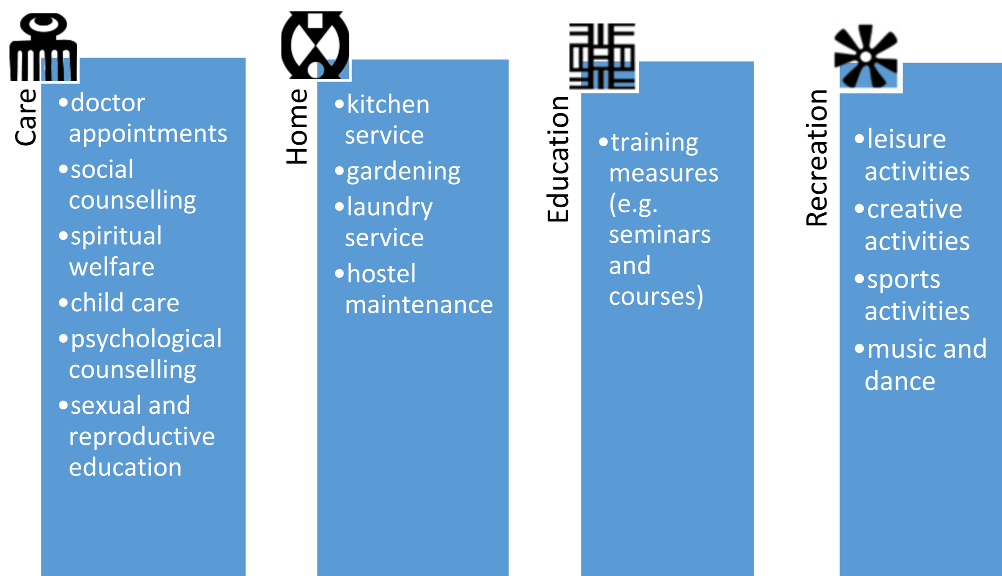
Up to 30 girls and their children (normally one child per girl) shall be hosted in 30 bedrooms and 15 bathrooms. Further premises include:

- The in-house kindergarten with four rooms for 45-50 children, plus sanitary facilities and an outdoor playground
- One kitchen
- One dining hall
- Two common rooms and seminar rooms
- Two storage rooms
- One utility room including laundry room
- One examination room (first-aid)
- Two offices
- Bedroom for housekeeper
- Staff and visitor’s WC

The hostel is based in a separate bungalow. It consists of five bedrooms and three bathrooms.

3.4. The four pillars of community and cohabitation

The following four pillars lay the foundation for a successful life together:



House Daakye shall facilitate personal development and fulfillment. Moreover, offered activities shall foster a sense of community and social skills. It is furthermore important that despite the girls' spatial separation from their families, they do not feel isolated.

In addition to medical, social and psychological care and support for mother and child, trainings (such as computer courses and internships), as well as recreational activities such as sports and dance will be offered. Creative activities such as jewelry and textile design, but also gardening shall ensure a self-sufficient House Daakye. It shall be noted that the girls' individual strengths, skills and interests ought to be considered at all times when engaging them in the different activities.

In return for the girls' active involvement in the house, we will facilitate their going to school and we will cover most of the costs arising with their education, such as school books, other school materials, uniform and, if necessary, transport service. Moreover, their children will be taken care of while the mothers attend school. In addition, the girls will receive a weekly allowance at their own free disposal. Sanitary products will be provided for both mother and child.

3.5. Code of Conduct

The girls must comply with the house rules which will be laid down in the house regulations. This includes keeping their living and common spaces tidy at all times. In addition, the girls must ensure, organize and take responsibility for the care and parenting of their children outside the kindergarten and nursery schedules.

The girls must commit themselves to attending school during and after pregnancy, or to beginning or continuing professional training.

Parallel to attending school or professional training, all girls are urged to make use of the offers and programmes of *House Daakye*. That includes participating in special trainings and informational sessions, regular social counselling and doctoral check-ups. Furthermore, they are required to actively engage in housekeeping, e.g. kitchen service, gardening, cleaning, laundry service, as well as in common recreational activities. It is mandatory that all girls form an active part in the development of cohabitation, and that teamwork and a sense of community be at the center of all activities. Every girl must thus engage in each one of the four pillars of *House Daakye* (care, home, education and recreation).

Obeying these rules is indispensable when aiming at a successful coexistence. Ignoring these rules will lead to restrictive measures - exclusion from the residential community may be a consequence. In case of repeated pregnancy, there will be a disciplinary procedure and the board of IRETEM reserves its right to dismiss the girl from her right of residence and the residential community.

3.6. Duration of residence and farewell

The duration of residence is limited for every girl. All underage girls are granted the formal right of residence until they reach the age of 18. This is, of course, subject to their complying with the house rules and their obligation to attend school or professional training. The aim is that every girl successfully completes junior high school. Those girls who have excellent chances of completing senior high school or a recognized profession shall be supported in that endeavor, beyond completing junior high school. Pupils with outstanding academic talent who

wish to embark on a university degree shall be sponsored through a special scholarship fund. Decisions regarding the girls' educational or professional future are always made based on a previous in-depth evaluation conducted by teachers, social workers and psychologists, and in cooperation with the respective girl. Evaluation procedures are assumed whenever a girl reaches the age of majority and / or when she successfully finishes school (JHS, SHS or professional training). The evaluation is the basis for establishing any individual objective and deadline. It shall be noted that every case will be reviewed individually.

The ultimate goal is that every girl and every child will be discharged into a self-determined, well thought out and promising future.