

Davis Projects for Peace 2014 Submission from NYU
1st Choice

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Project: *Project* being proposed is called P.R.O.M.O., which stands for Protecting the Rights Of the Marginalized and Oppressed, and we hope to launch our venture in Ghana, Africa with the hope of expanding in other developing nations.

Issue: Imagine 2,826,000 people living with a mental disability in a country that only has three public psychiatric hospitals and twelve psychiatrists. This however, is the reality for Ghana. Despite the large number of mentally disabled people living in Ghana, adequate resources are not available as only 3.4% of the health budget is dedicated to mental health. The only three public psychiatric hospitals are government funded and located in the southern part of Ghana. Patients from other regions and surrounding countries such as Togo and Nigeria have to travel very far to receive care. Additionally, Ghana has four private hospitals, which are expensive and inevitably lead to the relocation of patients to the public hospitals. As a result, the public hospitals become overpopulated with limited resources and staffing, making them unable to provide adequate care to their patients. In addition to the lack of resources, the stigma of mental health contributes to this issue. Mental disability is equated with insanity in Ghana, and this longstanding stigma often leads to the maltreatment of the mentally disabled who are often sent to prayer camps where they are chained to trees, locked away in tiny cells, and beaten in an effort to rid the demons. There are about 46,000 traditional healers, who serve at these prayer camps, where the mentally ill face these horrendous conditions. Another prevalent issue in Ghana is regarding female reproductive concerns and its contribution to the marginalization and oppression of Ghanaian women. Ghanaian women struggle for the right to choose if and when to have children and for safe intimate relationships free from all STIs, including HIV/AIDS. Currently, HIV/AIDS is ranked as the second highest cause of death in Ghana (CIA, 2013). With approximately 240,000 people living with aids in Ghana, there is an estimated 18,000 deaths per year, with an estimated 137,000 people in need of antiretroviral therapy, which they do not have access to (CDC 2010). Therefore, there is a demonstrated need for the accessibility of reproductive tools, such as contraceptives and other protection, to provide individuals with the protective means from such illnesses. Improved reproductive health care also leads to reduced maternal and infant mortality (UNFPA). Though mental and reproductive health seems like two distinct issues, they fall under one key point of interest: the protection of human rights. Accordingly, P.R.O.M.O. will address these concerns through our venture.

The Idea: Through our demographic analysis of Ghanaian populations, we have determined our specific target population to be women of reproductive age and older with mental disabilities and HIV/AIDS. This body of people represents marginalized groups ostracized from their communities. P.R.O.M.O., Protecting the Rights of the Marginalized and Oppressed, seeks to provide a safe space where women can be educated on sexual and mental health through our health educational programming,

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which will provide information on HIV/AIDS and workshops by trained P.R.O.M.O. volunteers from N.Y.U. Accra and the University of Ghana-Legon. These women will also be provided with the resources and skills for self-sufficiency through our recreational sessions. These sessions will help them in creating hand-crafted artwork such as dresses to be sold in the marketplace and on our website. We will call those who enter our safe space our sisters in an effort to make them feel welcome and avoid referring to them by their disabilities and/or their need for health care. The safe space will offer a shelter for our sisters for the duration of time it takes for them to regain their health, self-sufficiency, or both. The safe space will also be open to our non-residential sisters, who can simply attend our awareness and educational programs. P.R.O.M.O. has created a partnership with Dr. David Abdulai, who has an established clinic in Tamale, located in the northern area of Ghana. This clinic, Shekhinah Clinic, serves the homeless, destitute, people living with HIV/AIDS, and the mentally disabled. Dr. Abdulai maintains a similar clinic in Accra, inhabited by six women with HIV/AIDS. He describes his staffing as inadequate and wishes for his space to be developed further. Therefore, Dr. Abdulai is allowing us to utilize his space and transform it into our safe space for our sisters. The establishment of a safe space for the addressed marginalized populations of Ghana will lead to an overall change in the societal views of our target population. An increased sensitivity towards the plight of this population will therefore inspire a desire to tend to the mentally disabled and those in need of reproductive health care. The nature of our proposal is also conducive to establishing long-term relationships with the Ghanaian community. Since we intend to establish relationships and networks with established health-related organizations such as The Ghana Coalition of NGOs in Health in order to execute our goals, a stable, long-term organizational model is inherent to our proposal.