

Orphanage
AFRICA



Supporting Orphans and
Vulnerable Children

Orphanage Africa (OA) 2005 Annual Report

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A letter from the founder:

Dear friends,

Orphanage Africa (OA) has evolved immensely since its foundation in 2002, with a far greater emphasis now being placed on long-term improvements to the quality of care, and as well developing projects to strengthen families in order to prevent more children from being abandoned or orphaned in the future.



In 2005, with the aim of improving the lives of children living in institutions, OA worked with eight individual children's homes and institutions, helping to mitigate some of the negative aspects of institutional care and make them happier, healthier places. The projects developed over the year concentrated on health care, nutrition and education, as well as placed an emphasis on enabling children's homes to gain some level of self-sustainability through farming projects.

In order to make a long-term difference across all regions of Ghana, OA has also started **working even closer with the Government's Social Welfare Department on policies** that improve the homes and that also encourage the de-institutionalization of children.


This is part of a far ranging long-term programme that aims to encourage other types of care for vulnerable children. The traditional tribal structure that used to ensure that the needy were always cared for is no longer able to cater for the growing number of children orphaned due to AIDS and the growing number of street children: urban economic migrants who live on the street, beg or work at menial jobs in order to survive and often never complete school. Orphanage Africa was created with these children in mind, and as well as improving orphanages and children's homes we also **aim to resettle children in their communities and re-unite them with their families**.

Two government initiatives have affected our work in a very positive way this year: the introduction of the National Health Insurance Scheme and that of Free Compulsory Basic Education. In Ghana, people, and especially children, die every day from easily treatable diseases such as malaria, respiratory diseases and diarrhoea, often just because they can't afford to go to hospital—free health care will make a world of difference to the 44% of those living on less than a dollar a day.

Similarly, only just over 60% of children attend primary school. This is mainly because families can not afford it, and the new law, which offers education at no cost, will hopefully make school part of every child's life. We continue, however, to **support the education of over 200 vulnerable children** that continue to live with their families and want to continue to higher education, or require a helping hand for their textbooks through the **Orphanage Africa Sponsored Education Programme**.

We have also maintained our **Wellness Centres**, which specialize in hygiene and preventive care in the children's homes, and have permanent nurses and visiting doctors. Our **HIV Advocacy Team has expanded**, and continues to visit more than 12 sites. Undoubtedly, the most important event in 2005 for me personally and the children of the OA Children's Home has been, thanks to our faithful donors, the completion of the **Orphanage Africa Children's Home**, built in the small village of Ayenyah. Rural, traditionally built in mud-and-thatch, ecological, solar and wind powered, it has strong ties with the village community and won the prestigious **Natura Award** in November 2005.

Best of all, the children, with their own playground and lots of room to run and play, love it here!



Lisa Lovatt-Smith - Director and President, Orphanage Africa Ghana

Introduction

This is Orphanage Africa's (OA) third report. It covers the progress and development of the organization in 2005. The first section of this report briefly describes the situation of Sub-Saharan Africa as well as the state of children's homes in this region of the world. The second section contains basic information about Orphanage Africa (hereto referred as OA in this report), explains how the organization functions, and breaks down the long-term strategy and vision. The last part of the report is dedicated to the financial activity and status of OA and concerns the way in which the money is spent.

1. Orphans in Sub-Saharan Africa

1.1 General overview

(extract from *Children on The Brink 2004*, by USAID, UNICEF and UNAIDS - http://www.unicef.org/publications/files/cob_layout6-013.pdf)

Millions of children have been orphaned or made vulnerable by HIV/AIDS. **The most affected region is sub-Saharan Africa, where an estimated 12.3 million children have been orphaned by AIDS.** This orphan population will increase in the next decade as HIV-positive parents become ill and die from AIDS.

Sub-Saharan Africa is home to 24 of the 25 countries with the world's highest levels of HIV prevalence, and this is reflected in the rapid rise in the number of orphaned children. In 2003, there were 43 million orphans in the region, an increase of more than one-third since 1990 (see figure 1). In 2003, 12.3 percent of all children in sub-Saharan Africa were orphans. This is nearly double the 7.3 percent of children in Asia and 6.2 percent of children in Latin America and the Caribbean who were orphans.

The impact of HIV/AIDS on mortality and the number of children orphaned by AIDS in sub-Saharan Africa will continue to increase through 2010 (although a massive increase in the availability of antiretroviral therapy could bring the projected figures down to some extent). The increasing proportion of children who are orphans also places a tremendous strain on the social fabric of communities and nations. Even cultures and communities with strong social cohesion and traditions of providing support to orphans and other vulnerable children can be overwhelmed when the rate of increase and the overall number of orphans reach such high levels.

While children can lose their parents at any age, the proportion of children who are orphans generally increases with age, and older orphans greatly outnumber younger orphans. This age pattern has important implications for the allocation of resources for programs. There are substantial differences in the needs of children of different ages, the relevant child protection measures for each age group, and how programs should address each group. While programs for very young orphans are important, new needs and different elements of the protective environment must be addressed to protect and provide for the nearly 90 percent of orphans above age 6.

The critical points are:

HIV/AIDS has created an orphan crisis. This unprecedented orphan crisis will require radically scaled-up national, regional, and community responses for at least two decades—especially in sub-Saharan Africa, where children have been hardest hit.

Orphans due to other causes also demand attention.

Increases in the number of orphans due to AIDS should be considered as part of a much larger problem of orphaning due to all causes. In 12 African countries, projections show that orphans will comprise at least 15% of all children less than 15 years of age by 2010.

Other children are also vulnerable.

The safety, health, and survival of all children in affected countries are increasingly jeopardized due to the effects of AIDS on families and communities. Increasing numbers of children are living with sick or dying parents or in households that have taken in orphans. Moreover, the pandemic is deepening poverty in entire communities, with children usually the first to suffer from the

deprivation.

AIDS threatens children's lives. The impacts of AIDS on children are both complex and multifaceted. Children suffer psychosocial distress and increasing material hardship due to AIDS. They may be pressed into service to care for ill and dying parents, be required to drop out of school to help with farm or household work, or experience declining access to food and health services. Many are at risk of exclusion, abuse, discrimination, and stigma.

Communities with a high proportion of orphans require urgent assistance.

Responses need to be focused and scaled up in communities with high proportions of orphans and other children affected by HIV/AIDS. Because they are at the centre of the crisis, these communities are the most overstretched.

Some Facts on Mother-To-Child-Transmission:

- The transmission of HIV from mother to child is responsible for over 90% of infections among children under the age of 15.
- 90% of the 600,000 infants that acquired HIV in 2002 acquired it through mother-to-child transmission (MTCT). About 90% of these infections occurred in sub-Saharan Africa, in the developed world it has been virtually eliminated.
- Short-term antiretroviral prophylactic treatment is a cheap, effective and feasible method of preventing MTCT. When combined with infant feeding counselling and support, and the use of safer infant feeding methods, it can halve the risk of infant infection.
- A three-fold strategy is needed in order to prevent MTCT:
 1. Protecting against infection
 2. Avoiding pregnancies among HIV-infected women and women at risk
 3. Preventing transmission of the virus from HIV-infected women to their infants during pregnancy, labour and delivery, as well as during breastfeeding. Voluntary counselling and testing are an essential part of the strategy.

1.2 Information about Ghana

Background

Formed from the merger of the British colony of the Gold Coast and the Togoland trust territory, Ghana in 1957 became the first sub-Saharan country in colonial Africa to gain its independence. A long series of coups resulted in the suspension of the constitution in 1981 and a ban on political parties. A new constitution, restoring multiparty politics, was approved in 1992. Lt. Jerry RAWLINGS, head of state since 1981, won presidential elections in 1992 and 1996, but was constitutionally prevented from running for a third term in 2000. John KUFUOR, who defeated former Vice President Atta MILLS in a free and fair election, succeeded him.

Population:	22,409,572 <i>Note: estimates for this country explicitly take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected (July 2006 est.)</i>
Age structure:	<i>0-14 years: 38.8% (male 4,395,744/female 4,288,720) 15-64 years: 57.7% (male 6,450,828/female 6,483,781) 65 years and over: 3.5% (male 371,428/female 419,071) (2006 est.)</i>
Median age:	<i>total: 19.9 years male: 19.7 years female: 20.1 years (2006 est.)</i>
Population growth rate:	2.07% (2006 est.)
Birth rate:	30.52 births/1,000 population (2006 est.)
Death rate:	9.72 deaths/1,000 population (2006 est.)
Net migration rate:	-0.11 migrant(s)/1,000 population (2006 est.)
Sex ratio:	<i>at birth: 1.03 male(s)/female under 15 years: 1.03 male(s)/female</i>

	15-64 years: 1 male(s)/female 65 years and over: 0.89 male(s)/female total population: 1 male(s)/female (2006 est.)
Infant mortality rate:	total: 55.02 deaths/1,000 live births male: 59.56 deaths/1,000 live births female: 50.33 deaths/1,000 live births (2006 est.)
Life expectancy at birth:	total population: 58.87 years male: 58.07 years female: 59.69 years (2006 est.)
Total fertility rate:	3.99 children born/woman (2006 est.)
HIV/AIDS - adult prevalence rate:	3.1% (2003 est.)
HIV/AIDS - people living with HIV/AIDS:	350,000 (2003 est.)
HIV/AIDS - deaths:	30,000 (2003 est.)
Major infectious diseases:	degree of risk: very high food or waterborne diseases: bacterial and protozoal diarrhea, hepatitis A, and typhoid fever vectorborne diseases: malaria and yellow fever are high risks in some locations water contact disease: schistosomiasis respiratory disease: meningococcal meningitis (2005)
Nationality:	Noun: Ghanaian(s) adjective: Ghanaian
Ethnic groups:	Black African 98.5% (major tribes - Akan 44%, Moshi-Dagomba 16%, Ewe 13%, Ga 8%, Gurma 3%, Yoruba 1%), European and other 1.5% (1998)
Religions:	Indigenous beliefs 21%, Muslim 16%, Christian 63%
Languages:	English (official), African languages (including Akan, Moshi-Dagomba, Ewe, and Ga)
Literacy:	Definition: age 15 and over can read and write female: 67.1% (2003 est.) male: 82.7% total population: 74.8%
People - note:	Refugees (country of origin): 42,466 (Liberia) (2004)

More information is available on the CIA World Factbook.

<http://www.cia.gov/cia/publications/factbook/geos/gh.html>

1.3 Orphans in Ghana

At the end of 2003, HIV/AIDS has rendered an estimated 120,000 – 250,000 children orphaned and up 36,000 could be infected with the disease. The regions with the highest concentration of children with HIV/AIDS are The Ashanti, Eastern, Greater Accra and the Volta Regions with 77.1 per cent of the documented orphans and vulnerable children infected. The Northern, Western, Upper East and Upper West Regions account for the remaining 22.9 per cent.

A study sponsored by the United Nations Development Programme and the Ghana AIDS Commission is to assist government to formulate a national policy on children affected by the epidemic and pave the way for the designing of programmes and their implementation based on reality and the actual concerns of the affected children.

Mr Clement Ahiadeke, Senior Research Officer at the Institute of Statistical and Economic Research (ISSER), who was presenting the report, said the study defined an AIDS orphan as a

child under 18 years or who has lost either one or both parents. A “vulnerable child” was defined as a child below 18 years, who has been abandoned, orphaned or exposed to extreme physical or moral danger.

It was discovered that HIV/AIDS was more prevalent in the mining areas and border towns. Due to stigmatization and discrimination, most of the AIDS victims from the cities and urban centres migrated to the rural areas where they lived till they died.

The study, therefore, called for foster parenthood, capacity building for caregivers, sustainable livelihood strategy for caregivers, support to district health units and community supervisory groups.

Mr Alfred Salia Fawundu, UN Resident Coordinator and UNDP Resident Representative, said, "while we are all concentrating our energies on achieving the millennium development goals, it was barely possible to achieve those goals such as eradication of poverty, universal primary education or reduction of child mortality by the 2015, without tackling the issue of AIDS orphans and the vulnerable".

The major task assigned the government on the issue of AIDS was to formulate an appropriate policy and guidelines on how to tackle the serious issue and provide care and support for children and their caregivers.

Mr Fawundu said that development assistance should target women as well as children when intensifying efforts in fighting against HIV/AIDS and poverty.

More information is available in the UNAIDS/WHO Epidemiological Fact Sheet – 2004 update Report included in Appendix A.

2. Orphanage Africa

2.1 History and Philosophy

2.1.1 Organization history

Lisa Lovatt-Smith founded Orphanage Africa in October 2002 after volunteering in a children's home in Ghana. OA currently supports eight Ghanaian children's homes, and also runs its own. In 2005 Orphanage Africa bought land in Ayenyah and moved the OA Children's Home. The objective is to create a fully sustainable children's home with the ability to cater for 200 children, with a school that will also be available to the surrounding community.

OA initially was founded in Ghana and Spain in 2002. In October 2003 OA was founded in France and Italy. There are also hopes of expanding fundraising opportunities to a more global level. Activity has started in order to open a branch of OA in the U.S.A. and Germany.

2.1.2. Organization mission

OA is a non-profit, non-governmental organisation that aims to support and create self-sufficient, sustainable children's homes in Ghana, Africa, through programmes in sustainable education, technology, farming and general healthcare. OA is bringing hope to children and adolescents that have found themselves, through no fault of their own, in borderline situations. Like millions of others across Africa, they are living in children's homes with little hope for the future. The irony is that their parents have, in many cases, died from diseases that are not fatal in our Western societies.

These children are the innocent victims of AIDS, and of the social and financial inequalities felt throughout the world. As cultures change, as migrations displace people, as tribal wars break out and the African political systems search for stability, countless children fall through the cracks and suffer in poverty, hunger and despair. OA aims to ensure education, nutrition, hygiene and health

care in children's homes in Ghana using ecologically viable and sustainable techniques: we help them help themselves.

Orphanage Africa considers that institutional care should be a last resort, but when it is necessary it should be a controlled, safe, hygienic, happy and stimulating environment and available to those truly in need. Our aim is to help orphans and vulnerable children (OVCs) principally through supporting the families, institutions, structures, and departments charged with their care.

Orphanage Africa supports orphans and needy children in Ghana in a variety of ways. Initially OA developed projects to help make children's homes self-sufficient by individually analysing their most acute problems. We designed programmes that focused on education, healthcare, basic infrastructure and for nutritional self-sustainability: farming, permaculture and animal farms.

Over time, however, OA has drastically extended its approach to encompass the greater community by implementing community outreach programmes such as Well Women's Centres, HIV prevention, a therapeutic feeding centre, sponsoring extreme medical cases or funding education for 220 children in the community. We believe that by helping families and strengthening the community, we ensure that they can care and provide for their children so that there will be less abandoned or orphaned children in the future. In addition to assisting Ghanaian Children's homes, we also run our own OA Children's Home, specializing in babies and children with acute health problems, HIV/AIDS, or young adults rejected by other children's homes.

2.1.3. Long-term sustainability

At an African children's home where money is scarce, the priority is always to provide the children with sufficient food and their urgent everyday needs. Therefore, long or medium term strategies are often times simply not feasible. These strategies usually require the purchasing of equipment, undertaking of construction and often land acquisition, the relative cost of which would undermine individual children's home's ability to meet the current needs of the children.

The contradiction lies in the fact that such investments in land, farm machinery and seed, solar power/irrigation, and infrastructure would, in the long run, provide for those very same day-to-day needs without having to always depend on outside help.

This is why OA intends to prioritize investment for long-term sustainability, thus helping children's homes to become self-sufficient. The main objective is to bring self-sufficiency to children's homes in Africa through the development of sustainable projects.

The challenges of globalization are enormous for developing countries in Africa. Most countries in Sub-Saharan Africa have per capita incomes of less than \$500/year and resources of governments are largely overstretched. This means that programs and policies to support orphans, the destitute and those on the margins of society receive very little funding from central government. This is compounded even more by the emergence of HIV/AIDS and the toll the pandemic has on society in the form of the newly emerging group of AIDS orphans. It is estimated that there are 13 million orphans today and that number will grow to 40 million across Africa by 2010.

2.1.4. Avoiding Institutional Care

OA Key Policy, inline with UNICEF guidelines, is to avoid institutional care whenever possible. Orphanage Africa believes that by helping the parents, we ensure that they can care and provide for their children so that there will be less abandoned or orphaned children in the future. For this reason OA has expanded its work to encompass communities and families. We continue to play an active roll in the children's homes themselves in order to improve the conditions of the homes and lives of children living in them. OA also encourages adoption, under the guidelines of Social Welfare, of institutionalized orphaned and vulnerable children by loving parents.

AIMS:

1. **Encouraging children's homes and community day care centres to support the preservation of family ties and care**, thus preventing the premature separation of the

- child from the ill or impoverished parents.
2. **Enhancing the capacity of ill and impoverished parents** thus preventing the premature separation of the child from their family.
 3. **Helping children's homes and community day care centres meet minimum standards** to ensure the proper care for OVCs.

OUR APPROACH:

We would like to further our work by collaborating and working with Social Welfare in Ghana. In order to encourage children's homes and community day care centres to support the preservation of family ties, in 2006 OA has committed to training government district social workers on the concept of de-institutionalization of orphans and vulnerable children. OA will also conduct a census with the social workers of the children's homes, and do in-depth investigations on each child's background and the possibility of reuniting the child with its extended family.

OA works to enhance the capacity of ill and impoverished parents through programs, such as the sponsored education programme, to relieve economical burdens on the extended family. Sponsoring education for needy children and support for one-parent families helps keep children with their families. The OA Wellness Centres empower women through health, hygiene and skills acquisition as well as family planning and pre- and post- natal care to improve infant and mother mortality figures. OA also implements HIV prevention programmes and provides nutritional support for PLWHAs (people living with HIV AIDS) through our mobile advocacy programme.

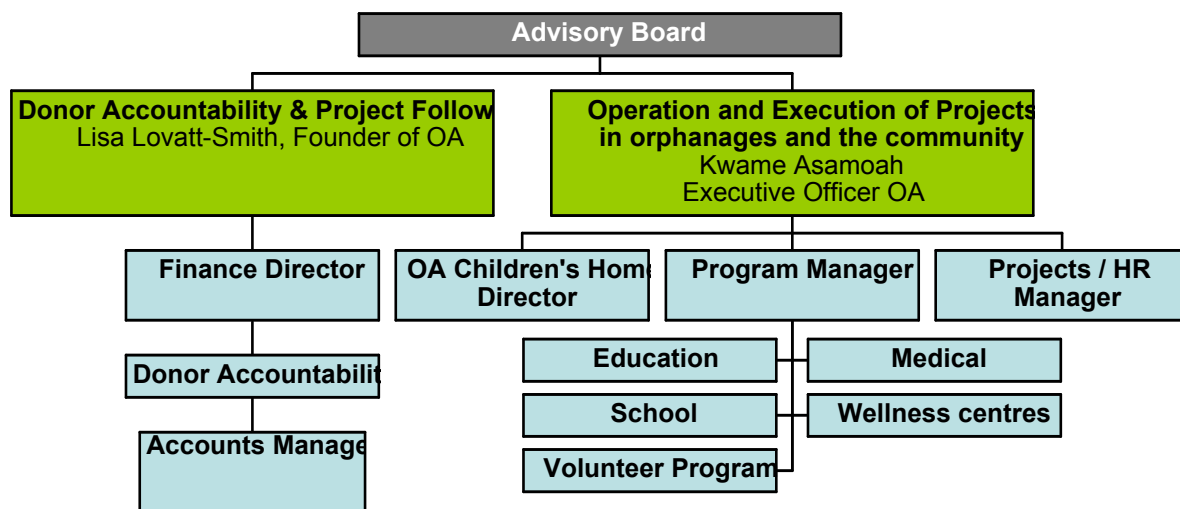
OA also works to build stronger families through the empowerment of rural communities. OA supports pro-agricultural, pro- rural government policies including skills training. It is vital that these policies are ecologically sensitive as well as respect the traditional small scale farming patterns. We hope to strengthen traditional social patterns and families and not to undermine them with the disintegration of the social structure. Strong villages make for united families. Small-scale agriculture keeps families together: this is one way to fight the social breakdown that creates "lost" youth and orphans. We currently work with permaculture techniques, supported by the FAO, which rely on the integration of agriculture in order to achieve a sustainable system.

In order to improve the conditions in children's homes and to make them healthier, happier places, with an emphasis on sustainability, Orphanage Africa is currently assisting the Ghanaian social welfare department in creating minimum standards programme for children's homes. The Orphanage Africa Assessment Form (see Appendix B) highlights what we believe are the minimum standards that children's homes and residential facilities should meet. This assessment was created based on the OA model children's home and is now being used as a template for the formulation of a Ghanaian regulation that will set a minimum standard for children's homes (public and private) in Ghana.

2.1.5 Operating teams

2.1.5.1 Operating team in Ghana

In addition to executive committees in Spain, Italy and France, and a team of 18 working directly in Ghana, the organization has set-up a team of five dedicated to daily operations and fundraising missions. Orphanage Africa (OA) is a Non-Governmental Organisation (N.G.O.) registered with the department of Social Welfare in the Greater Accra region in Ghana. Registration No.D.S.W. 1951, issued on 30/10/03.



Committee in Ghana:

Kwabena Nyarko – Co-President Ghana

is an architect specialized in buildings with a social role (hospital, children's homes). He had the initial concept for OA.

Lisa Lovatt-Smith – Co-President and Founder

Lisa was born and raised in Barcelona, Spain. Lisa founded OA in October 2002 after volunteering in Ghana. She now spends most of her time in Ghana directing the implementation of OA's projects.

Afua Hesse - Vice President Ghana

Head Pediatric Surgeon at Korle-bu Teaching Hospital. She is a respected authority in her field (Also examiner for the West African Medical Assoc.).

Support Team in Ghana:

We work together with our support team, which consists of: Supervisors, Project Directors, Social Workers, Psychologists, Doctors, Midwives, Nurses, Physiotherapists, Accountants, Teachers, Architects, Agriculturists, Permaculturists, Artisans, Sports Coaches, Cooks, Cleaners, Security, Drivers and Volunteer Workers

2.1.5.2 Operating team in Spain

Orphanage Africa established an office in Barcelona, Spain in October 2002. ORPHANAGE AFRICA (OA) is a non-profit association, (non-governmental organization – NGO), with N.I.F. G-62986971, registered in the Association Register of the Generalitat of Catalunya under the number 26.940/B.

Committee in Spain

From 16/9/2004: Jeronimo Gonzalez (President), Ana Klamburg (Vicepresident), Rafael Orellana de Castro (Treasurer), and Francesca Hosta Privat (Secretary)

>From 14/7/2005: Sergio Volturo (President), Maite Loubet Luzarraga (Vicepresident), Marta Macias Quesada (treasurer), Macrina Busato (Secretary)

2.2 Objectives

2.2.1 Four critical group of initiatives

OA is dedicated to establishing, running and maintaining children's homes, orphanages, schools, women's health centres, prenatal programmes, day care centres, health centres, sports centres and other institutions, and communities for the needy, especially destitute mothers and OVCs (Orphans and Vulnerable Children).

OA's challenge is to implement a model that will provide a sustainable development and stability to African children's homes. This is articulated through a series of key initiatives described below:

Healthcare and human development:



- Designing health, hygiene, nutrition, immunisation and post-natal care programs for orphaned/abandoned children
- Treating and preventing malaria, HIV/AIDS, tuberculosis and other tropical diseases in the community to avoid more children being orphaned or abandoned
- Implementing HIV Advocacy programs in order to educate the Ghanaian communities in areas of

prevention and family planning

- Treating and preventing malaria, STDS, HIV/AIDS (specifically by improving access to anti-retroviral treatment), tuberculosis, cerebral palsy and leprosy, etc in the community to avoid more children being abandoned or orphaned.

Infrastructure and agriculture:



- Developing facilities in children's homes through the provision of drinking water, electricity, residential homes, classrooms, play areas and other facilities
- Channelling international aid and assistance such as food, clothing, developmental toys, sport items and medicine
- Arranging volunteer programmes for individuals, civil society groups and professionals to interact and assist with orphans and caregivers in various ways
- Acquiring land to achieve self-sufficiency

- Development of vegetable gardens, mushroom farms and chicken farming to provide a steady source of food for the children's homes

Education and training:



- Building the capacity of caregivers through training and skills development
- Developing programs in social service and delivery systems such as sponsoring, fostering and vocational skills training
- Providing educational support, vocational and technical training or higher education for orphans and vulnerable children

- Providing program support, particularly IT, micro-credits, financial and agricultural advice for income generating activities, which the children's homes might undertake individually to reinforce the local markets wherever possible and to contribute to the community as a whole

Creating models for institutional reform:**OVCs**

- Encouraging de-institutionalization of children and encouraging alternative care
- Writing curriculum to train caregivers and other children's home staff on protocols for resettlement
- Sponsoring educational programs for children's home staff
- Creating and administrating support programmes for families, especially involving sponsored education, in order to avoid the institutionalization of OVCs.
- Writing guidelines for the operation and infrastructure of children's homes in Ghana
- Collaboration with the Department of Social Welfare in Ghana in order to create protocols for monitoring and reform in institutions
- Sponsoring and implementing initiatives (governmental and non-governmental), in order to regulate the care of OVCs
- Defining and promoting legislation at a national or international level to protect OVC's
- Developing programs in social service and delivery systems such as adoption (according to Social Welfare Regulations), sponsoring, fostering, and vocational skills training

2.2.2 Means of achieving objectives

Management meetings are held once a week or as needed. At our meetings we:

- Assess the individual progress of each project
- Examine the weekly and monthly reports given by supervisors and management team
- Discuss matters such as the overall approach; aims, goals, and the way these can be achieved
- Discuss specific needs of the OVCs, children's homes and children's homes and ways to meet those needs.
- Discuss and analyze day-to-day activities at the children's homes and children's homes and other projects
- Ensure that the Ghana Children's Act is being adhered to and that reports are made available for social welfare officers as needed.
- Assess building and purchasing project advancements and analyze costing
- Cost analysis and funding analysis for monthly running
- Organize fundraising activities

OA aims to ensure education, nutrition, hygiene and health care in children's homes across Africa. The pilot projects begun in Ghana since October 2002 have shown positive outcomes. We have also created a model institution "the OA Children's Home" which aims to achieve full self-sufficiency. Consequently, we have applied this model to other children's homes so that they can become healthier, happier places as well.

2.2.3 High-Level Model description

In order to provide African children's homes with a sustainable development, a "sustainable model" has been developed and applied to the different children's homes concerned. This model contains three parallel initiatives described in the next paragraph. The consistency of this model is solid, as it has already been successfully implemented.

<p style="text-align: center;">EDUCATION</p> <p style="text-align: center;">School Buildings</p> <p style="text-align: center;">Libraries</p> <p style="text-align: center;">Computer Centres</p> <p style="text-align: center;">Teacher Training Courses</p> <p style="text-align: center;">Sponsored Education</p> <p style="text-align: center;">Children with Special Needs</p>	<p style="text-align: center;">HEALTH</p> <p style="text-align: center;">Wellness Centres</p> <p style="text-align: center;">HIV Outreach</p> <p style="text-align: center;">Medical Supplies</p> <p style="text-align: center;">Nutrition Programmes</p> <p style="text-align: center;">Special Medical Cases</p> <p style="text-align: center;">Medical Staff</p> <p style="text-align: center;">Training Courses</p>	<p style="text-align: center;">AGRICULTURE & ANIMAL HUSBANDRY</p> <p style="text-align: center;">Agriculture</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Vegetable Gardens</p> <p style="text-align: center;">Mushroom Cultivation</p> <p style="text-align: center;">Tree Propagation</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Chicken and Rabbit Farming</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Egg and protein source</p>	<p style="text-align: center;">INFRASTRUCTURE</p> <p style="text-align: center;">Buildings and Structures</p> <p style="text-align: center;">Restoration and Furnishing</p> <p style="text-align: center;">Energy Resources</p> <p style="text-align: center;">Water Resources</p> <p style="text-align: center;">Land Acquisition</p> <p style="text-align: center;">Communication</p> <p style="text-align: center;">Transportation</p> <p style="text-align: center;">Solar Energy Supply</p>
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Specific budgets for some of these initiatives are given in the next section and cannot be assessed in a standard way, as they depend on the local situation (existing premises, land available, children's home location, etc.).

2.3 Projects

Our third year (2005) focused on 6 children's homes and 2 schools in Ghana.

2.3.1 Achievements

Through the different initiatives described above we have accomplished the following actions:

OA ACCOMPLISHED PROJECTS NOVEMBER 2004 – DECEMBER 2005:

Supported Institution:	THE COMMUNITIES OF THE SUPPORTED CHILDREN'S HOMES IN THE ACCRA REGION
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • OIC Food Programme implemented (feeds 700 needy children and people affected by HIV) • Establishment of Education Scholarships (Ongoing, now involves more than 200 sponsorships) • Advocacy team outreach programmes, HIV/AIDS Prevention initiatives implemented at 10 Children's homes, Schools and Street Children Centre's – Values/Decision making, Self esteem, Gender Stereotypes, Gender/HIV. Reaches about 500 people a month (Ongoing) • Construction of 6 ecological latrines for the children's home community at Ayenyah

	<ul style="list-style-type: none"> • Health programs, infirmaries and provision of nurses
Supported Institution:	OA HOME (AYENYAH)
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • All children and staff moved • 21 acre land bought • Temporary children's home building constructed • Volunteer Quarters rented and restored • Volunteer programme implemented (Ongoing) • All 100% maintained, staff, and support (Ongoing)
Supported Institution:	YOUNG ADULT SERVICES
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Introduced adult ward programme • Paid for living quarters, expenses and schooling for 17 young adults
Supported Institution:	PEACE AND LOVE, ADENTA EAST
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Establishment of Well Women Centre (WWC). Sexual and reproductive health education and medical services for People Living with HIV and care for teenage mothers • Establishment and staffing of infirmary • Renovation of O.A. volunteers' quarters • Volunteer programme implemented (Ongoing) • Paying salaries for 6 teachers for one year • Employment of a cook (Ongoing) • Forty two desks donated to the school • Repaired beds • Built ceilings • Created Polytank stand • Provision of beds, mattresses, rubber sheets/protective covering for the mattresses • Provision of Water tank • Implementation of OIC Food Programme • Built a dining hall

	<ul style="list-style-type: none"> • Provided wardrobes and cupboards and toys • Jointly with Western Union funded the construction of a 3-classroom block • Employed a manager (Ongoing) • Employed a nurse (Ongoing)
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Supported Institution:	NEW HORIZONS SPECIAL CHILDREN'S SCHOOL
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Salaries for 6 teachers paid (for one year) • Donation of a computer

Supported Institution:	OSU CHILDREN'S HOME
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Payment of salaries of 8 support staff (Ongoing) • Establishment and fittings of infirmary • Tiled and restored infirmary floor (with French Navy) • Provision of Drying Lines • Renovation of kitchen store • Implementation of O.A. volunteers' programme • Nutrition centre established • Nurse employed (Ongoing) • Provision of drugs • Payment for a regular visiting doctor (Ongoing) • Provision of a container used as a store • Employment of massage therapist for babies (Ongoing) • Payment for a visiting physiotherapist (Ongoing) • Establishment for Day Care Centre for Disabled Children

Supported Institution:	TESHIE CHILDREN'S HOME
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Construction of toilets and bathrooms • Introduced O.A. volunteers' programme • Renovation of O.A. volunteers' quarters • Repair of roofing leakages • With Western Union provided funds for the continuation of a new children's

	home <ul style="list-style-type: none"> • Collaborative work with Rotary Club to fund the building of a clinic and Well Women Centre
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Supported Institution:	LANTEI CHILDREN'S HOME
Location:	Eastern Region, Ghana
Activities:	<ul style="list-style-type: none"> • Vegetable garden created. • Farm tools and seeds donated.

Supported Institution:	LABONE ABUSED CHILDREN'S CENTRE AND REFORMATORY (Remand Home)
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Children provided with on-site part-time schooling , counseling, soap, fruits and basic necessities. (Ongoing)

Supported Institution:	RAINBOW KIDS STREET CHILDREN CENTRE, ACCRA
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Payment of the salary of a youth co-coordinator 2004 and 2005

2.3.2 Detailed Project Examples 2005:

Educational Scholarships – Budget: 30,000 € Community (Greater Accra Region), Ghana

Goals: The Educational Scholarship program aids deprived children in Ghana. The children sponsored fall within the following categories:

- Children who have lost one or both parents to death, physical or mental handicap, or abandonment
- Children whose lives are in danger due to domestic violence or political instability
- Children whose parents cannot cater for their education because of extenuating circumstances like: child's physical or intellectual disability, household income below 300,000 cedis (approx 28 €) per month, etc.



Actions: To provide access to education for 230 needy children, who would not have education otherwise.

1. Paying of school fees
2. Providing textbooks and exercise books
3. Providing uniforms (max. 2)
4. Paying student's transportation costs

Partners: Orphanage Africa – Ghana; African Millennium Foundation

HIV/AIDS Advocacy Team Outreach Programmes – Budget: 35.000 €
Ten different children’s homes, schools and street children’s centres – (Greater Accra Metropolitan Region) - Ghana

Goals:

- To prevent the abandonment of children
- To treat those with HIV/AIDS, and to make the centre sustainable through volunteer and adoption programmes
- To create healthier pregnancies
- To wipe out taboos regarding HIV/AIDS



Actions: Reaches about 500 people a month (Ongoing)

1. Weekly HIV talks and visits to these centres
2. Family planning seminars
3. Advising pregnant women

Partners: Orphanage Africa – Ghana

21 acres of land purchased – Total budget: 21,000 €
Ayenyah (Greater Accra Region) – Ghana

Goal: To acquire fertile land in order to achieve sustainability and self-sufficiency. The new OA children’s home will be built on this land and will have the capacity to house 200 needy children. There will also be a school, which will educate the community with a capacity for 400 students.

Actions: To purchase land

1. Clearing of land
2. Ploughing of area
3. Employing and training local workers

Partners: Orphanage Africa – Ghana, Missoni



Temporary children’s home building construction - Budget: 30,000 €
Ayenyah (Greater Accra Region) – Ghana

Goals: To build a temporary residence on donated land to house the children until the new children’s home is complete. The community will later use the buildings as a cultural centre and school.

Actions:

Building the various buildings of the home (school, library, communal area, kitchen, storehouse, girls dormitory, boys dormitory, latrines, showers, baby room, staff room, office, playground)



Partners: Orphanage Africa – Ghana; Natura; OA volunteer program, AFADA, Anja Rutterman, Vanessa Rueter, Ritmos Solidarios, Villa Roca, Ayuntamiento Teulada, Blanca Muñoz & Antoine Passerat, Alba Aregemi & Marti Ros

Recognition: Received the prestigious Natura Award for ecological construction techniques use

OA home maintenance – Budget: € 63,000

Ayenyah (Greater Accra Region) – Ghana

Goals: To provide care, housing, education and healthcare of up to 50 needy, abandoned or orphaned children.

Actions:

1. To feed, clothe, educate and care for 50 OVCs
2. Employment of 13 workers and caregivers

Partners: Orphanage Africa – Ghana; Child Priority



Construction of a 3-classroom block – Total budget: 17,000€

Peace and Love Children’s home, East Adenta (Greater Accra Region) – Ghana

Goal: To expand the quarters of the school, which is 50% above capacity and educates 150 needy children from the surrounding community.

Actions:

1. Building the school
2. Purchasing of the desks

Partners: Orphanage Africa – Ghana, Western Union



Osu Nutrition Centre – Total budget: 2,500 €

Osu Children’s Home, Accra (Greater Accra Region) – Ghana

Goal: to provide warehousing for the food donated by OIC, for subsequent distribution to up to 1000 beneficiaries per month.

Actions: Buying and restoring a container for use as warehouse for vitamin-enriched oil, soghum, etc and paying a project manager salary and expenses for a year

Partners: OICI, USAID (provision of the food)



Construction of toilets – Total budget: 7,000€

Ayenyah Village (Greater Accra Region) – Ghana

Goal: To provide toilets for the children’s home community, which had none, thus increasing sanitation and health in the community

Actions: receiving a site of donated land, construction the toilets and toilet building

Partners: Natura



2.3.3 Project Plans 2006-2006

Future Projection:

OA will maintain all ongoing projects

COMMUNITY SERVICES

- OIC Food Programme expansion (feeds 700 needy children and people affected by HIV)
- Education Scholarships expansion (Ongoing now involves more than 200 sponsorships)
- Advocacy team outreach programmes expansion to 1000 beneficiaries
- Expansion of the Volunteer Programme to more than 100 volunteer months worked per year
- A census of children's homes and institutions to be conducted with Social Welfare
- A training programme for 136 Government Social Workers on alternative to institutional care

OA HOME AYENYAH

- Starting a permanent home
- A school
- A clinic and well women centre
- An income generating guest house
- A 21 acre permaculture farm
- Construction of a road leading to the village

FRAFRAHA SCHOOL

- Support teaching staff
- Provide accommodation for staff
- Proposed school block

PEACE AND LOVE

- Establish a clinic and well women centre
- Provide fruit and improved nutrition
- Add classrooms to school block

TESHIE ORPHANAGE

- Establish a clinic and well women centre in collaboration with Rotary Club

OSU CHILDREN'S HOME

- Construct a fence wall
- Expand the nursery
- Tree planting project
- Improve the safety of the grounds
- Library

- Increased fruit and protein food support

LABONE REFORMATORY (REMAND HOME)

- Build new dormitory for the boys
- Provision of classrooms for boys and girls
- Provision of sports ground centre for boys and girls

3. Financial Summary

In 2005, 100% of OA's resources were from private sources, essentially due to generous donors and private individual companies.

In the past year OA has sought to stabilize its activity in Ghana to gain optimal results through the implemented programs. OA aided six children's homes, 2 schools, and 2 centres. OA currently affects the lives of more than 2,600 people through feeding programs, medical care, HIV outreach and advocacy programs for communities, and educational assistance programs.

In addition, the ratio of money spent in Europe on professional services has increased in order to support fundraising initiatives, awareness to African issues among the public and, consequently, to sustain the need for future programs and OA long-term strategy.

3.1 Allocation of funds by OA Ghana & number of beneficiaries

INCOME	cedis	Euros
Ghana income from OA Europe - 2005*	¢ 2 570 054 315	€ 228.449,27
Individual donations	¢ 20 210 655	€ 1.796,50
Volunteers	¢ 40 031 000	€ 3.558,31
TOTAL	¢ 2 630 295 970	€ 233.804,08

Use of funds:	Cedis:	Euros:	Number of beneficiaries:	Detail of beneficiaries:
HIV Advocacy Dept	¢ 47 523 550	€ 4.224,37	500	estimated population that benefits from the WWC and HIV outreach
Education Programme	¢ 374 296 100	€ 33.271,18	220	scholars benefited by the program
Medical	¢ 156 858 605	€ 13.943,16	300	Population that visits the infirmaries
Support Service / Donation	¢ 408 468 780	€ 36.308.79	1.227	total population of supported communities, orphanages and schools
OA Children's Home	¢ 871 535 015	€ 77.470,75	64	total population of the OA home and staff

Project supervision	¢ 44 404 600	€ 3.947.12		Maintenance and oversight of projects
Administration	¢ 252 546 916	€ 22.448,90	15	staff population
Depreciated	¢ 95 028 857	€ 8.447,12		
TOTAL:	¢ 2 250 662 423	€ 200.058.88		

Surplus / (Deficit) transferred to Accumulated fund	¢ 379 633 547	€ 33.745,20		
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Conclusion:

Orphanage Africa is a young and dynamic organization with the strong will to help orphans and deprived children of Sub-Saharan Africa where HIV/AIDS has dramatic consequences.

By thinking both at a day-to-day level as well at a long-term vision, OA is deploying all efforts to propose a model for sustainability, self-sufficiency and independence of children's homes in Ghana.

After three years of existence, OA is maturing as an organization and continues to assume a greater role. In 2002 and 2003 OA answered emergency and crisis situations in several Ghanaian children's homes. By the end of 2004, OA defined what will continue to be its chief areas of intervention and support: educational support, preventive health, encouraging auto-sustainability, HIV advocacy and women's health, as well as creating models and guidelines for institutional reform.

In 2005 we built an ecological children's home in a tribal village in a rural setting of Ghana, which was the proud recipient of the Natura award in November 2005. During this year, OA also continued to help eight individual children's homes and institutions so that they can be happier, healthier places and mitigate some of the negative aspects of institutional care but we also worked with the Ghanaian Government's Social Welfare Department on policies to improve the Homes and that encourage the de-institutionalization of children. OA has also continued to extend support to 220 needy children in the community, promising them hope for the future, and incentive for their families not to abandon them in hopes of a better education in an orphanage.

OA has thus matured into an organization that works for long-term, sustainable development of children's homes, which takes the prevention of orphaning and abandonment as seriously as it takes care. It is an organization that works hand in hand with the Ghanaian authorities to improve the lives of the most needy, and is an NGO that is really appreciated by those on the ground as making a sustainable difference.

OA continues to implement projects in Ghana in order to and build stronger communities and thus prevent the abandonment of more children.

**Please join us and help stop the orphan crisis.
Your help is needed to continue!**

Thank you for considering your collaboration with us.



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