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Letter from Founder and President
Lisa Lovatt-Smith

To our Collaborators, Contributors, and Friends,

OrphanAid Africa (OA) is a Ghanaian NGO, with a network of fundraising branches in Europe and the US, that helps orphans and vulnerable children in Ghana to grow up in healthy, nurturing environments that provide quality care, protection, education and support.

Children need families. Most of the children in “orphanages” in Ghana are not really orphans but their parents and extended families find it difficult to care for them because of the burden of poverty, disease and lack of social protection. They end up sending them to “orphanages” simply to ensure access to food and education.

A main component of our work is to help families of children at risk of abandonment and give them secure futures within their communities. Families are forever and even in the era of HIV/Aids they provide a vital safety net for life – something an institution can never do.

We believe in the rights of families – and a child’s right to growing up in a family and that poverty and ill health are not reasons for separating children from their families. We are focusing on strengthening the capacity of families and communities to care for their own children. In 2008 a main component of our work will involve resettling children living in institutions through family tracing and reunification or fostering.

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 2007 we provided an array of services to children in jeopardy, including the provision of a social worker to evaluate each case individually. We then stepped in to help with anything from counseling, positive parenting issues, support for healthy living with HIV, medication, clothes, food packages, accommodation, micro credit loans, job training or other resources.

In 2007 OA also provided much needed educational assistance and scholarships to needy children in Ghana. Often poor parents end up sending their children to “orphanages” simply to ensure access to food and education. We assisted children to be the best they can be by sponsoring education up to tertiary level. This included special schools for the deaf or blind, and vocational schooling. Although elementary education is free in Ghana, OA helped deserving primary students buy shoes, food and pay PTA dues so they could actually take advantage of the free schooling.

Good maternal health, disease prevention and proper birthing practices ensure many less children become orphans. In 2007 we supported women’s health centers, a weekly radio program on HIV prevention, a therapeutic feeding centre, and sponsor HIV positive or at risk mothers for safe pregnancies and births to improve maternal survival.
Another main component of our projects is our work favoring the deinstitutionalization of orphans and vulnerable children in Ghana. OA is alarmed at the overall tendency to house children without appropriate parental care in “orphanages” without exploring alternatives within the extended family and community, such as trained foster caregivers. Data shows that 90 percent of these children have families willing to care for them if they are supported to do so. Research and practice over the last 60 years has proven beyond doubt that children are at risk from harm in “orphanages”.

In 2007, through the Department of Social Welfare (DSW), the Government of Ghana initiated a dynamic process called the Care Reform Initiative (CRI) to transform the sector by closing “orphanages” and promoting kinship care and fostering. OA is proud to be a funding partner for positive change and care system transformation and will continue in 2008 to work towards creating an enabling environment for deinstitutionalization in Ghana.

OA has come a long way in assisting orphaned and abandoned children, thanks to our donors, the help of our friends and our courageous staff. We couldn’t have gotten this far without you.

Thank you for taking the time to get to know us better and for your interest in our work.

Lisa Lovatt-Smith
OrphanAid Africa Founder

“Another main component of our work is to help families of children at risk of abandonment and give them secure futures within their communities.”

OA Founder Lisa Lovatt-Smith
Where we Work
OrphanAid Africa implements its projects in Ghana, West Africa

OrphanAid Africa works in Ghana, located in West Africa, bordering the Gulf of Guinea, between Cote d’Ivoire and Togo. Ghana, with a population of just over 23 million, is well endowed with natural resources. Ghana has roughly twice the per capita output of the poorest countries in West Africa. Even so, Ghana remains heavily dependent on international financial and technical assistance.*

Yet, despite Ghana’s relative prosperity, poverty remains pervasive in the country, with half of Ghana’s population living under the poverty line.

One of the many problems is that despite the existence of a well established extended family network Ghana has responded to the twin stress of the HIV/AIDS epidemic and rural-to-urban migration with a sudden mushrooming of an unprecedented number of Children’s Homes, estimated to be 127 in number nationwide.

The majority of the almost 4,000 children living in unregistered and unregulated “Orphanages” in Ghana are not actual orphans, and the main factor leading to their institutionalization is poverty, not death of the parents.

Extended families are often the first protective safety net for children who lose their parents. OrphanAid Africa is implementing programs to improve care for orphans and vulnerable children through their extended family by providing support services and alternative care solutions.

OrphanAid Africa’s projects currently reach a total of 2,600 children and women each month.

Our awareness building radio program reaches over 60,000 listeners in Ghana.

The History of OrphanAid Africa

Our Beginning
OrphanAid Africa was founded by Lisa Lovatt-Smith in October 2002. Lisa is an established author whose published work includes 13 books on design and photography. She was an editor at Vogue magazine for many years while living in both Spain and France. In 2002 Lisa decided to volunteer with her daughter at children’s home in Ghana. There were more than 100 destitute and abandoned children living at the home, some brought to the home by police or social welfare workers because the children’s parents had died of endemic sicknesses such as malaria, AIDS, or tuberculosis. Very often, however, the children were abandoned because the parents simply couldn’t afford to take care of them. This experience proved to be so life changing for Lisa that she left behind her comfortable lifestyle in Europe and moved to Ghana full-time. Her desire to help vulnerable children was a long-lasting and substantial one, driving her to launch OrphanAid Africa with the aim of helping make sure no child should need to grow up in an institution, unloved and with few prospects for the future.

Our Evolution
OA initially developed programs under the name “Orphanage Africa” with the purpose to help make children’s homes happier healthier places for children to grow up in with the end goal of making them self-sufficient. We implemented projects that focused on improving education, healthcare, basic infrastructure and farming.

Over time however, we drastically extended our approach to developing programs that build stronger families and communities. We felt that by helping families and strengthening the community, we ensured that they could care and provide for their children resulting in less abandoned or orphaned children that would end up in an institution.

In parallel we developed an ecologically built and powered center integrated into a rural community, specializing in temporary care for babies and children with acute health problems, HIV/AIDS, or young adults. Our center has received an award for its ecological design and has been called a model in West Africa.

In 2006 OA adopted a new policy, inline with the

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of Ghana, to avoid institutional care for orphaned and vulnerable children (OVC) whenever possible. Under the motto “Every child deserves a family” we decided to place our emphasis and resources on community and family care, such as foster care, and on the reinforcement of civil society in order to encourage the preservation of family ties.

In 2006, we also started to implement the 5 year long Care Reform Initiative, which will change the way OVC are cared for across Ghana, collaborating with the Department of Social Welfare, the lead agency and UNICEF as partners.

As a reflection of our policy change, which is all about encouraging family-based care, in 2007 Orphanage Africa’s name changed to OrphanAid Africa.

OA Branches
In addition to our headquarters in Ghana, OA has fundraising offices, operating and building awareness in the USA and Europe. We have registered branches in France, Germany, Italy, Spain, Switzerland, and the United States, all sharing the similar goal of developing fundraising programs that will help fund our OVC care initiatives in Ghana.
OrphanAid Africa's Objectives

OrphanAid Africa (OA) is a non-profit organization dedicated to helping orphans and vulnerable children (OVC) in Ghana, West Africa grow up in healthy, nurturing environments that provide quality care, protection, education, and support. We do this by assisting the families, communities, organizations and departments charged with their care.

Our Approach:

- To reinforce families and communities with cash transfers and educational and health support, thus avoiding the abandonment of OVC
- To improve the capacity of the Department of Social Welfare in Ghana to put the emphasis on family-based care for OVC
- To ensure that tracing and reunification are the first priority for children in institutional care in Ghana and that they have their basic needs and rights covered
- To create awareness about the dangers of institutional care for children and the advantages of family-based care

Our Policy Regarding Institutional Care

Our policy, inline with UNICEF guidelines, is to avoid institutional care whenever possible. We believe that the family is the structure most suitable for providing care for children. International research has proven that consigning children to orphanages for long term care can be detrimental to their development and does not respect a child’s basic rights.

Children may be placed in orphanages after loosing a parent, despite having family members who want to care for them but lack the means to do so. Orphanages often represent access to food, clothing, and education, when what really should be done, is make these necessities accessible in the local villages and communities. When an orphanage is treated as the principal solution, it can hinder the incentive for the local population to address the orphan problem and at the same time channel resources into making better orphanages, which encourages parents and families to abandon their children for lack of a better alternative. For all these reasons we channel our resources into supporting families and encouraging family and foster care as opposed to orphanage care for vulnerable children.
Our Work in 2007

Strengthening the Ghanaian Department of Social Welfare and Civil Society

The Care Reform Initiative

The Care Reform Initiative (CRI) is a joint venture between the Department of Social Welfare (DSW) and OrphanAid Africa. It involves the provision of various forms of support by OrphanAid Africa and other partners to enhance the capacity of DSW to encourage family based care.

The CRI 2006/10 seeks to de-emphasize over-reliance on care systems for vulnerable children based on institutions and move towards a range of integrated family and community based childcare services. The goal of the CRI is the establishment of a more consistent and stable approach to caring for vulnerable children in Ghana so that each child will be assured of a permanent home in a supportive and loving family.

The 4 Main Components of the CRI Approach

Prevention: To prevent the disintegration of families through linkages with strategies that strengthen families such as the social grant program (LEAP), scholarships, food packages, access to national health insurance and other support programs.

Reintegration with the extended family (kinship care): In cases where children are separated from their parents, to find loving relatives who are able to create a caring and stable environment for the child.

Fostering: When kinship care cannot be provided, temporary or permanent care with foster families can still provide a good home for children.

Adoption: When the possibility of a family reunion is exhausted, to find the child a loving adoptive home, preferably with a Ghanaian family.

What we Expect to Achieve Under the CRI

* Institutionalization will be used as a last resort for OVC, and not for more than three consecutive months, and social support systems such as cash transfers will be used to promote in-family care.
* 3,800 children in institutions will be identified and a database to track their cases will be created.
* The care system that relies on orphanages will be transformed into one based on kinship and short and long term fostering.

* 3,800 children in orphanages will be resettled in a family care context, or transitioned into independent living.
* Fostering and adoption rates will be increased by at least 50%.
* The general public in all districts will be sensitized on the benefits of family care and the risks associated with institutionalized care.
* State employed social workers will be adequately paid and motivated to sustain the management of the OVC database, individual care plans and monitoring systems.
* The three government-operated, and seven approved private residential children’s homes will be transformed into model child care institutions.
* A shelter, a home for children with special needs and a mother and baby home for transitional care will be available in each region.
* Regulatory standards for fostering and kinship care, residential care and adoption will be produced.
* A fund for care and support packages that enable children to remain with their families will be established.
* Members of the Judiciary, Child Panel members, law enforcement agents, traditional and political leaders at a district and community level, and other stake-holders will be sensitized in 170 districts.

The aim of the program is to ensure that institutional care is used as a last resort, and that when it is used, these establishments comply with the requirements of the Children’s Acts 560 (1998) and the UN Committee of the Rights of the Child, 1990 (UNCRC) and the UN Guidelines for the Protection and Alternative Care of Children without Parental Care.

OrphanAid Africa’s Capacity Building for the Department of Social Welfare Project aims to help DSW regulate the situation of children without parental care in the country and make it possible for these children to access alternative forms of care.

Currently, the number of children’s homes operating in Ghana is estimated by OA at 127, although at present, only five of them are registered at the Department of Social Welfare there are a lot of concerns about how these homes are being run.
There is an overall tendency to house children in residential homes without exploring alternative within the extended family and community.

On the whole the management of these establishments are generally poor as they operate without annual budgets or financial planning and children may be arbitrarily expelled when the homes experience financial stress. The ratio of caregiver to child is poor and they are unable to engage the services of qualified child care personnel. Lack of adequate bedding and space, food, medication, academic and training facilities for the children are prevalent, and many of these homes fail to comply with the minimum standards for the operation of children’s homes.

Our aim is that Ghana will replace this institutional system with one where the children are as much as possible kept within families – either their own or foster families - as OA believes that the best place for a child is the family, as worldwide research has proved that orphanages can in fact be very harmful.

The problems that have been identified for children living in residential care settings in general are numerous. Homes often limit contact with family and community life and children living in homes may be stigmatized by the larger society. Children living in homes often do not develop social networks in their community and many institutions are unable to respond to the psychological needs of children who require an adult of reference and consistency of care, to become emotionally stable adults in later years. Furthermore, institutional care is expensive; the per capita cost of raising a child is often 5 to 10 times more than in foster care, due to infrastructure costs and additional personnel needed to run the home.

In 2007 OA produced three drafts for a new Government of Ghana Draft Standards for Residential Care in order to establish a more consistent and stable approach to caring for vulnerable children in Ghana. Our goal was to produce a document that would be used to set an enforceable minimum legal standard and to encourage dialogue and action. It also sought to raise awareness and understanding of the issues by all those involved in enhancing the lives of vulnerable children in order for them grow and develop to their full potential.

Additionally, in 2007, OA took the following steps to accomplish its goal:

✓ Produced the first draft of Ghana Foster and Kinship Care Standards  
✓ Sponsored the reactivation of the Government of Ghana Technical OVC Steering Committee  
✓ Funded OVC stakeholder workshop on the Standards  
✓ Commissioned the creation of software to produce a database on census conducted of all the children's homes in Ghana  
✓ Obtained first results of the Census of Children Living in Institutions in Ghana  
✓ Distributed bicycles to social workers so that they may reach remote institutions  
✓ Funded and participated in five regional workshops for 148 orphanage owners on child rights and the principals of de-institutionalization  
✓ Launched the Care Reform Initiative under the auspices of the Deputy Minister of Manpower  
✓ Wrote a pilot for a holistic curriculum for caregivers and production of DVD, and launched it with the Deputy Minister of Women and Children's Affairs at UNICEF  
✓ Launched press, radio, and television campaigns for public awareness of the problem of institutional care, and encouraging family care.  
✓ Obtained UNICEF's backing for the Care Reform Initiative  
✓ Employed A local consultant for 6 months to start the project  
✓ Officially changed our name in line with our stated objectives  
✓ Ran advertisements in Graphic for several issues on the Care Reform Initiative
Ataa as we call her, is a name automatically given to a twin girl in Ghana. She and her brother are the first of the three sets of twins born by her mother. In all her mother has 11 children and she and her brother are the third born.

Ataa is thirteen years old, and comes from Akotekrom in the Birim North District of the Eastern Region. One day the father left the family to go to the farm and never returned. After some time it was rumored that he had died in the bush. Her twin brother also drowned in a river when he was fetching water. The mother was left without the means to care for Ataa and sent her to stay with her maternal aunt in the village of Akroso.

This was the beginning of Ataa’s tumultuous upbringing between several households. Her aunt subsequently asked her teacher to care for Ataa, so that she could continue with her schooling. When the teacher was transferred she did not take Ataa with her but left her in the custody of a friend who then sent her to work as housemaid in Adukrom a town near Akropong.

When our social worker first came across Ataa on the 5th of July 2007, she had just been arrested by the district education committee for loitering during school hours. When questioned she said she didn’t attend school because her caretaker told her she must sell what she could to raise the amount of twenty Ghana cedis (approximately 13 euros) before she would be sent to school. Unable to earn this meager sum to attend school, she passed her days loitering about.

She was referred to the District Social Welfare office and after their investigations they sent her into the custody of OrphanAid Africa, where she has been until she was reunited with her mother on the 23rd of December 2007.

The reunion of mother and daughter was incredible for both of them, as it had been seven years since they had seen each other. Ataa has now been enrolled in the Catholic Basic School in the town under the sponsorship of OA. She is in class six and doing very well. The mother is grateful to receive their monthly allowance, giving her the confidence and capacity to care for her daughter.

The Care Reform Initiative
2006 - 2010

Our aim is that Ghana will replace the institutional system with one where the children are as much as possible kept within families – either their own or foster families. OA believes that the best place for a child is the family, as worldwide research has proved that orphanages can in fact be very harmful.
Our Work in 2007

Preventing Separation of Children & Parents Through Family & Community Development

OA has implemented community programs such as the sponsored education program, for needy children, in order to relieve economical burdens on impoverished families.

We also seek to help reduce the number of ill parents through the creation of OA Wellness Centers, which 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 programs and provides nutritional support for PLWHAs (people living with HIV / AIDS) through our mobile advocacy program.

OA aims to greatly reduce the need for children's homes by implementing programs that assist the families of needy children to ensure that they are capable of caring and providing for their children. There are many abandoned children in Ghana who end up in children's homes, which often unintentionally do great harm by separating children from their roots, religion, family and lifelong emotional security, condemning them to a life of poverty as the cycle continues.

One of the main reasons cited for child abandonment is poverty and inability to properly care for the child. The problem arises in a society where a child's home is wrongly perceived as more capable of providing care for a child, rather than his or her extended family. It has been proved, however, that children need the long term and permanent attachment to one caregiver, in order to thrive and develop emotionally, and this is better provided within the traditional African extended family system.

The OA Education Scholarships Program helps relieve families of the economical burden associated with educating their children. The OA Education Scholarships Program granted more than 477 sponsorships to needy children in 2007.

In Ghana many children do not attend school even though it is free to the junior high level, because of the high costs tied to supplies, uniforms and transportation, and in the worse cases are simply abandoned to live in a children's home because the parents believe that their child will at least be educated in children's home school.

With our Education Scholarship Program we take the economic burden off of families who might otherwise abandon their children, an initiative that dovetails with the UNICEF and Government of Ghana LEAP program for cash transfers to the poorest families.

A closer look at 2 young girls benefiting from OA education scholarships:

Ernestina Ababio is an OA ward at Christ Faith. She is 15 years old and is in Junior High Form Three. She was the best student in her class with excellent grades in all subjects last term. Her overall aggregate is six (06) distinction, which is the best result you can have in her final exams. Tina is from a broken family. Her parents divorced and since then, her father cannot be traced. Her single mother is unemployed and supporting three other children. With the help of OA, she was able to pay her children's school fees. Tina went on to receive the OA Best Student Award on January 3rd 2008.

Christiana is OA ward studying at Christ Faith. She is 13 years old and in Junior High School Form One. Her parents are alive but unemployed. The father has serious health problems leaving the entire family burden on the mother. Without the help of OA the children would have undoubtedly dropped out of school. Christiana is a very brilliant student. She performed excellently well in all subjects with an aggregate six (06) distinction. With the help of OA, she and her brother Jonathan have continued pursue their education.
Another program implemented to strengthen families is the HIV advocacy program run by OA. The mobile HIV advocacy team travels to different communities, which enables us to reach populations further from the city center. It educates men and women of all ages on the dangers of HIV so that they have the tools in order to make educated decisions regarding their health.

The OA advocacy team visits the surrounding communities of the children’s homes, as well as centers for street girls, schools, hospitals and clinics (especially gynecological clinics) and professional training centers. The majority of locations are visited regularly so that OA can follow-up with the health and continue educating the women and children who attend the various centers.

Focused on HIV prevention and the transmission of sexually transmitted diseases, as well as contraception and sexual education, the program has been developed with the goal of promoting healthier women and pregnancies, thus decreasing the number of abandoned or orphaned children. By focusing on women’s issues, OA hopes to help strengthen families and the local communities as a whole.

Prenatal care, HIV prevention and education are a major focus of the centers, but the goal is to serve as many women as possible, including adolescents through to menopausal women. The centers provide women with information, education, support and natural methods for maintaining good health. The advocacy team’s activities include prenatal programs, support groups and community education. Prenatal care is essential for the well being of the mother and baby. Many complications can be prevented through diet alone. Having the knowledge to avoid and recognize danger signs, if they should arise, can save lives.

Support groups are designed for those with similar issues to come together to gain strength, share ideas and to find solutions. It helps the person to know that they are not alone. It can help to create a sense of usefulness when they see that they can help someone else in a similar situation.

The advocacy team also focuses on community education. Because women are the main caregivers in the home, they are also the first educators. As the African educator Dr. Kweggin Aggrey once said, “Educate a man, and you educate an individual. Educate a woman, and you educate a nation.” Whenever possible, classes will be offered in Ga, Twi, or Ewe as well as English. Some of the classes that we plan to offer are: English language and literacy; antenatal care and nutrition; childbirth preparation for women; childbirth preparation for couples; baby care; family planning; stretching & relaxation; nutrition; common diseases; hygiene.

In 2007 OA’s prevention program expanded to embrace a larger public. OA developed a radio jingle on concept resettlement and HIV. Furthermore a weekly radio show “Gold Youth Corner” played on 3 different national radio stations. Each week a specialized advocate, invited guests and an HIV positive woman, who has pioneered the OA advocacy program since 2004, answered the public’s questions. The anonymity offered by this type of communication allowed an open discussion on a subject not easily spoken about. Thanks to these radio shows, financed by OrphanAid Africa, the Ghanaians gained access to clear and practical information on AIDS (prevention, treatments, etc).

In 2007 OA additionally formed 3 community based HIV clubs to provide a support system for HIV positive individuals. The organization also participated in workshops pressing for access to universal HIV treatment in Africa.

The OA Adult Wards Program aims to resettle older children who have spent time in a children’s home and are evicted at the age of 18. We assist them with micro credits or stipends, with the end goal of being self-employed and independent. In many cases, OA assists wards to finish their schooling, whether it is a university or technical training for their particular vocation.

In 2007 OA supported 32 adult wards in their transition to independent living through living stipends, career guidance, counseling, and funding for access to national health insurance.

Gloria Ama Awuma
22 year old Gloria is an OA-sponsored student pursuing a course in Civil Engineering at Kwame Nkrumah University of Science and Technology in Kumasi. She lost her father and was living with her elderly mother who is a pensioner. With the help of OA she’s been able to pursue her course up to the final level. After completing her course in June 2008, she will graduate with a degree in civil engineering. Gloria expresses her joy and gratitude for OA’s intervention to support her in her educational career.

George Ameyaw
24-year-old George was admitted to the University for Development Studies, Wa Campus in the Upper West Region in August 2007. OA is supporting him in his pursuit of a Bachelor of Arts Degree in Integrated Development Studies. Both of George’s parents have passed away and therefore had no one to support his education. With the help of OA, he has been able to attend university.
OA also carries out a support program for orphaned and vulnerable children, called the **OA Community Wards Program** that provides living assistance to extended families of orphaned children, who are otherwise unable to care for their children. OA aims to provide this support so that these children may continue to live in their communities as opposed to ending up in an orphanage. In 2007 we developed and expanded this program to 51 beneficiaries in various regions of the country.

Each month, the OA social worker and Foster Family Community Director pays a visit to the OA community orphans and their extended family. Upon being interviewed, they are given counseling services, as well as rations of food, soap, detergent, clothing as well as a monthly living stipend. The package might also contain other things that the child may need personally. The program also covers any medical bills that might have been incurred as a result of a child being sick as well as funding for access to national health insurance.

The program has garnered extremely positive results and the beneficiaries are very grateful for the support. “What I have learned the most from our visits with the families is it is not necessarily that the relatives don’t want to cater for these children, but that the difficulty in maintaining the children in terms of finance and resources is what leads to the children being dumped in institutions,” says OA Foster Family Community Director Awo Boatema. By providing financial subsidies to these families, OA has successfully resettled 51 orphans in 2007. Greater expansion of this program is planned in 2008.

In parallel, OA’s community development outreach included: the making of a new promotional documentary about resettlement; the establishment of a local Positive Parenting Association; the organization of youth development programs at various Secondary Schools and a youth rally for 130 children sponsored by OA.

The youth rally focused on “The Potentials in Young People” and was attended by students between the ages of 13 and 26 years. The rally aimed to outline the main factors engendering their. The Planned Parenthood Advocacy team gave a powerful presentation on the menace of HIV/AIDS and the need to prevent this deadly disease from entering their lives.

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### Ensuring Proper Care

In order to ensure the proper care for OVC, in 2007 OA continued working with various children’s homes, institutions and schools in the large city of Accra with the end goal of helping them reach a level of minimum standards adequate for the children serviced by these homes.

DSW and OrphanAid Africa organized a census of all residential institutions in Ghana in the latter half of 2006, in order to get a sense of the magnitude of the problem. They also organized a workshop “strengthening families” for 256 social workers on the need for community and family care in July 2006. In 2007 the Care Reform Initiative was launched with purpose of informing, educating and legislating for holistic OVC care.

### OA’s Support in 2007:

Frafraha Children’s Home is located in Frafraha, in an area that lies on the outskirts of urban Accra. The home is adjacent to a government school, which educates not only the children living in the home but the needy children in the local community. In all there are over 650 children who depend on Frafraha community school for their education and the promise for a better future.

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### Our Work in 2007

#### Assisting Institutions to Meet Minimum Standards
OA started assisting Frafraha Children’s Home and Community School in 2003, and today we continue our support by providing much needed aid to the school. In 2007 OA supported teaching staff by providing them with accommodation. OA built a new accommodation building for the Frafraha School, which enabled the school to provide more teachers. In Ghana classes have an average ratio of one teacher per 50 students, even at the nursery level. The majority of staff has very limited education and few have had any formal teacher training.

Osu Children’s Home in the capital city Accra, is the largest government run children’s home in Ghana and cares for over 130 children. Most of the children received by the Department of Social Welfare in Ghana are brought to the Osu Home, and there is often overcrowding as a result. Osu depends on government subsidies and donations, which are highly inadequate for the day-to-day needs of the home. OA has been collaborating with Osu Children’s Home since 2003 on various projects. These have included: childcare, nutrition/feeding, wellness, advocacy, physiotherapy for children with special needs and our volunteer program.

Since 2004 OA has supported Osu children’s home to pay the salaries of 8 additional caregivers. This is in line with OA policy of making sure that the right mother to child ratio is adhered to. The total cost of this program between 2004-2006 was 3,200,000 Ghana Cedis per month (approx 320 Euros). However, this increased in 2007 to 4,448,000 Ghana Cedis per month (approx 445 Euros).

In 2007 OA also continued to support a wellness center in Osu that provides healthcare for the residents as well as their caregivers. Family planning is also practiced in the center. The center has a regular nurse and a visiting doctor. In addition, OA established a physiological stimulation center for children with various degrees of disability. OA employed the services of a qualified physiotherapist who trained caregivers to manage the center.

In 2007 OA once again extended its support to Adullam Children’s Home in the Ashanti region of Ghana. Adullam cares for 135 children, many whom have been orphaned by Aids. Adullam is located in Obuasi, which is home to the nation’s largest mining community, with many male workers who are separated from their families. As a result there is a very high rate of HIV infections in the area. At the Adullam home, OA helped financially support the infirmary by paying salaries of the home’s infirmary staff.

OA additionally supported two Eastern Region children’s homes: Huhunya Home by providing food support; and Orphan Cry Home by subsidizing the costs of additional caretakers and aiding to start the construction of a kitchen building.

Also in Accra, the Labone Reformatory and Remand Home is a rehabilitation center that works with youth, on remand, boys and girls, and offers vocational training. The children housed there are waiting to go to court for a judge’s decision on their particular case and are schooled within the home.

The high rate of delinquency in Accra is in large part due to poverty and lack of social programs to assist the poor. Accra is characterized by very intense social, commercial and various other activities involving a fairly large population of children, youth and adults. A notable feature of these interactions is the high level of youth delinquency and its related adverse activities including the following: street life, petty thefts, high level crimes, and abuse of drugs and narcotics.

In 2007 OA assisted the Remand Home by continuing to provide the support of a full-time social worker and also restored the football pitch for recreational activities.
Our Work in 2007

The Ayenyah Foster Family Community Development Project

Three years ago, in a move to achieve full sustainability, OA sought funds to purchase land next to the impoverished settler community called Ayenyah, badly in need of revitalization. This was the beginning of an extensive project we call “the OA Foster Family Community”. The first step was to build a community center and a school near our land, in the local village, which also doubled as a temporary home for the children cared for by OA. This was the sun and wind powered project that won the Natura Award for Ecology in 2005. This enabled OA to integrate into the community gradually and implement our development outreach programs in Ayenyah village. We also developed a permaculture farm, which has meant that we depend less on external funding for our nutritional needs.

In 2007, with the help of our donors, principally Villa Roca, we started to build the Foster Family Community on our land and plan to be living there permanently by mid-2008. We also successfully brought water to the site and improved the access roads. One of the main advantages for this project is that the new land belongs to the organization, meaning that the OA Foster Community can be fully autonomous. Moreover, in the new setting we will be able to offer the children better facilities, including a purpose built intensive care unit for seriously malnourished babies and children with special needs, as well as “family homes.”

The project is a Foster Family Community as opposed to a Children’s Home because it is our intention to try and recreate the permanent long-term love, protection and care that a child would normally receive from his or her family. This means that rather than sleeping in dorms divided into age groups or need categories, the children will be grouped into self-contained family compounds, where a specially trained permanent foster mother will take care of a maximum of 6 children. The idea is to create a family relationship between adults and children, as opposed to the professional one usually found in care environments in Ghana.

Throughout 2007, in parallel to the construction of the new Foster Family Community, we continued to run our programs in Ayenyah including the maintenance of the community school built by OA (now absorbed by the Ghanaian government), a community clinic and well women’s centre, a 21-acre permaculture farm, our market garden, the income-generating guesthouse, volunteer program and dance group. OA installed solar power at the guesthouse and increased capacity by constructing three new buildings and a water tank.

We put resources into developing our staff at the OA home by offering 3 different courses for our caregivers, a staff exit training for management staff, training in case management for our nurse and training in psychological social counseling. We maintained consistent management meetings and reporting under to OA monitoring structure.

To help increase the quality of service rendered to our children, the management of the home included psychosocial/career guidance counseling to the number of services we offer to our children. OA employed a social worker and consultant social worker for group and individual counseling. Individual counseling is done by Mr. Nuworzah, a formal National Youth Counsellor, P.P.A.G and the group counseling is done once every Thursday by the OA Home Director.

In 2007 OA also offered numerous services for the members of the Ayenyah community.

Free permanent medical care and adult education classes were offered, 13 paid positions for people in the community were created, and football sports training were made available for community children.
In 2007 the OA home sourced birth certificates for all the children in the program as well as registering itself with two districts as a development partner. A new handbook was also created concerning internal protocols on child participation and adoption.

Inline with our initiative to favor family care, in 2007 OA facilitated several adoptions and fostering of the children under our care, under the direction of the Department of Social Welfare of Ghana. We officially started our resettlement project to reunite children with their extended families and implemented the cash transfer program for foster and kinship caregivers, as well as amplifying our counseling services.

OA continued to develop its ecological and agricultural programs in 2007. A soak away home water recycling system was constructed at the home and we were accredited by the Environmental Department of Ghana. The OA farm was registered at district level and we began intensive pawpaw cultivation.

The site of the OA Foster Family Community is located on a 21-acre plot of land in Ayenyah village, about 50 kilometers North East of Accra and near the predominantly rural community of Dodowa, the capital town of the Dangme West District of Ghana. Ayenyah is also about 20 kilometers from Agormeny, the epicenter of the Aids epidemic in Ghana. A component of the activities carried out by OA seek to address some of the socioeconomic problems of the Ayenyah community.

Thanks to OA, the local residents of the Ayenyah village benefit from various services, including a school with the capacity to educate all the children from the surrounding area, a cultural resource and adult education centre, as well as a health clinic.

In 2007 OA aimed to improve education at the school by offering teacher training programs, supplementary teaching materials, desks, various donations and school uniforms. A parent-teacher association was also formed to encourage the parent’s participation in the education process of the children. In order to encourage school attendance, OA provided a school bus for Ayenyah students attending the Aikuma Junior Secondary School and started a “Safe School” project with no corporal punishment in Ayenyah GES school.

OA aimed to development the general infrastructure of the Ayenyah community itself in various ways. OA improved the general sanitation of the village by constructing a six-seater toilet for public use and employed a guardian to ensure its upkeep. The main road was improved and erosion problems in the village were treated.

In 2007 OA also offered numerous services for the members of the community. Free permanent medical care and adult education classes were offered, 13 paid positions for people in the community were created, and football sports training were made available for community children. OA additionally facilitated the donation of shoes from UNESCO and distributed them to 4 institutions in the region.
In 2008 OA will maintain all ongoing initiatives from 2007, including our programs to create an enabling environment for de-institutionalization in Ghana under the Care Reform Initiative, our community outreach projects, and the development of our Foster Family Community. OA will also continue to improve the conditions of approved institutions for children.

Creating an Enabling Environment for De-institutionalization in Ghana

COMMUNICATION PROJECTS:
• Create a website for the Care Reform Initiative
• Create a website for Department of Social Welfare
• Press, radio, television and collaboration with National Commission on Civic Education to promote public awareness of the problem of institutional care, and encourage family care

COMMITTEES/GROUPS:
• Sponsor and participate in the Government of Ghana Technical OVC Steering Committee
• Create a child-led support group for children survivors of institutional care

WORKSHOPS/TRAINING:
• Workshop for media professionals on of the use of the proper terminology, the problem of institutional care, and encouraging family care
• Support and training for adolescents over 18 that are at present institutionalized to access independent living
• Sponsoring career change training for owners of institutions
• Provide training for Fit Persons in Child Rights and Care

PUBLICATIONS/HANDBOOKS:
• Production of new Standards for Residential Care Handbook
• Production of a new Regulations for Foster Care Handbook
• Write a holistic curriculum for caregivers and production of DVD and television show of 120 episodes on Positive Parenting

CENSUS/RESEARCHING/INFORMATION COMPILING:
• Hand-over of finished Census of Children’s Homes Database: official communication to

Department of Social Welfare of status of institutionalized children in Ghana with their names and whereabouts and other results of the Census
• Production of a database on Fit Persons for Fostering

Preventing Separation of Children from Parents Through Family & Community Development
• OIC Food Program (feeds vulnerable children and people affected by HIV)
• Education Scholarships Program
• Advocacy team Radio outreach programs
• Adult Ward Program
• Community Ward Program

Minimum Standards in Approved Institutions

REMAND HOME
• Continue to provide social worker
• Construction of bedroom for the boys

Ayenyah Community and Foster Family Development Project
• Proceed to close down the children’s home and resettle children
• Move to permanent Foster Family Community
• Continue to run government school
• Maintain clinic/well women centre
• Maintain 21 acre permaculture farm
• Maintain guest house
• Maintain market garden
• Maintain toilets
• Maintain community adult education classes
• Maintain women’s group
• Restore children’s home building to become school
• Restore school building to become infirmary
• Hand over clinic to Ghana Health Service
• Football field construction
• Community parking lot construction
• Holistic plan goat herding and planting plan against the environmental degradation
• Construct additional toilets for the school
• School Playground Construction
• Bring three water taps to the community
• Open Community Library and resource Center
• Begin Community Development Projects
• Multi purpose Sports field construction
• Continue volunteer program
2007 Financial Statements

In 2007, 95% of OA's resources were from private sources, essentially due to generous donors, foundations and private individual companies. 5% of the income was thanks to government grants acquired in Spain.

The total funds sent to run OA's programs in Ghana showed an increase of 21% in 2007 from the previous year, (420,598,00€ in 2007 from 348,197,00€ in 2006) which can be attributed to the increase of experience of the European fundraising offices and the creation of two new OA branches.

In 2007 OA further specialized its programs in Ghana to gain optimal results through the implemented programs involving our new policy to avoid institutional care. OA continued to affect the lives of more than 2,600 people through support to schools and government institutions, feeding programs, medical care, HIV outreach and advocacy programs for communities, and educational scholarship programs. In 2007 the construction of the Foster Family Village was started and numerous development projects, including running the community school and providing health care, were implemented in the economically depressed and isolated village of Ayenyah. Our biggest achievement in 2007 were the steps taken to ensure the continuation of The Care Reform Initiative to update and enforce the Regulations and Standards for the Operation of Residential Care Setting in Ghana in conjunction with the Department of Social Welfare in Ghana and UNICEF.

In addition to the increase in funds sent directly to Ghana for OA projects, the ratio of money spent in Europe on professional services has increased slightly 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.

Over the next year we aim to maintain the amount of funds sent for our programs in Ghana in 2007 thus enabling us to continue all current projects, progress constructing the OA foster family and community project, as well as advance with our collaboration with the Department of Social Welfare and, consequently, to sustain the future programs and OA's long-term strategy.

The full audited financial statements, are available upon request by emailing to africa@oafrica.org.
2007 Consolidated Accounts

OA Europe / USA Consolidated Accounts*

<table>
<thead>
<tr>
<th>Account Results (Summary)</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>589 129 €</td>
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<tr>
<td>Project Support - Ghana Programs</td>
<td>420 598 €</td>
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<tr>
<td>Other External Expenses</td>
<td>79 711 €</td>
</tr>
<tr>
<td>Salaries &amp; Human Resources</td>
<td>82 823 €</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>583 132 €</strong></td>
</tr>
<tr>
<td><strong>2007 Year end result</strong></td>
<td><strong>5 997 €</strong></td>
</tr>
</tbody>
</table>

*OA consolidated accounts for fundraising branches in France, Germany, Italy, Spain, Switzerland, and the United States.

OA Europe / USA Consolidated Accounts by Country

<table>
<thead>
<tr>
<th>Account Results (Summary)</th>
<th>France</th>
<th>Italy</th>
<th>Spain</th>
<th>USA</th>
<th>Germany</th>
<th>Switzerland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>199 808 €</td>
<td>80 708 €</td>
<td>257 609 €</td>
<td>21 864 €</td>
<td>24 023 €</td>
<td>5 117 €</td>
</tr>
<tr>
<td>Project Support - Ghana Programs</td>
<td>136 562 €</td>
<td>61 940 €</td>
<td>195 079 €</td>
<td>14 888 €</td>
<td>7 000 €</td>
<td>5 117 €</td>
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<tr>
<td>Other External Expenses</td>
<td>31 765 €</td>
<td>4 572 €</td>
<td>38 726 €</td>
<td>4 647 €</td>
<td>0 €</td>
<td>0 €</td>
</tr>
<tr>
<td>Salaries &amp; Human Resources</td>
<td>31 656 €</td>
<td>17 970 €</td>
<td>30 288 €</td>
<td>1 766 €</td>
<td>1 143 €</td>
<td>0 €</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>199 983 €</strong></td>
<td><strong>84 483 €</strong></td>
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<td><strong>21 301 €</strong></td>
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<td><strong>5 117 €</strong></td>
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<td><strong>2007 Year end result</strong></td>
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<td><strong>-3 775 €</strong></td>
<td><strong>-6 484 €</strong></td>
<td><strong>562 €</strong></td>
<td><strong>15 869 €</strong></td>
<td><strong>0 €</strong></td>
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Fundraising Branches Expense Summary - OA Spain, France, Italy, Switzerland, Germany, USA

- Ghana programs 72%
- Fundraising and awareness building 5%
- Administration 9%
- Salaries and professional services 14%
## 2007 Detailed Account Summary

### OA Europe / USA Detailed Account Summary*  

**Income**  

<table>
<thead>
<tr>
<th></th>
<th>France</th>
<th>Italy</th>
<th>Spain</th>
<th>USA</th>
<th>Germany</th>
<th>Switzerland</th>
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<tbody>
<tr>
<td>Monthly Donors</td>
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<td>6 772 €</td>
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<td>Private Donations</td>
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<td>Government Grants</td>
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<td>0 €</td>
<td>3 304 €</td>
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<td>Products</td>
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<tr>
<td><strong>Total Income</strong></td>
<td>199 808 €</td>
<td>80 708 €</td>
<td>257 609 €</td>
<td>21 864 €</td>
<td>24 023 €</td>
<td>5 117 €</td>
</tr>
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### Project Support, Programs Ghana  

<table>
<thead>
<tr>
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<th>France</th>
<th>Italy</th>
<th>Spain</th>
<th>USA</th>
<th>Germany</th>
<th>Switzerland</th>
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</thead>
<tbody>
<tr>
<td>Project Expenses - Ghana Programs</td>
<td>136 562 €</td>
<td>61 940 €</td>
<td>195 079 €</td>
<td>14 888 €</td>
<td>7 000 €</td>
<td>5 117 €</td>
</tr>
<tr>
<td><strong>Total Project Support</strong></td>
<td>136 562 €</td>
<td>61 940 €</td>
<td>195 079 €</td>
<td>14 888 €</td>
<td>7 000 €</td>
<td>5 117 €</td>
</tr>
</tbody>
</table>

### Other External Expenses  

<table>
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<tr>
<th></th>
<th>France</th>
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<th>Switzerland</th>
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</thead>
<tbody>
<tr>
<td>Fundraising / Awareness Building</td>
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<td>Administration &amp; General Expenses</td>
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<tr>
<td><strong>Total</strong></td>
<td>31 765 €</td>
<td>4 572 €</td>
<td>38 726 €</td>
<td>4 647 €</td>
<td>0 €</td>
<td>0 €</td>
</tr>
</tbody>
</table>

### Salaries & Human Resources  

<table>
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<tr>
<th></th>
<th>France</th>
<th>Italy</th>
<th>Spain</th>
<th>USA</th>
<th>Germany</th>
<th>Switzerland</th>
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</thead>
<tbody>
<tr>
<td>Salaries &amp; Professional Services</td>
<td>21 500 €</td>
<td>17 970 €</td>
<td>22 840 €</td>
<td>1 766 €</td>
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<td>Social charges</td>
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<td>7 448 €</td>
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<tr>
<td><strong>Total</strong></td>
<td>31 656 €</td>
<td>17 970 €</td>
<td>30 288 €</td>
<td>1 766 €</td>
<td>1 143 €</td>
<td>0 €</td>
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</tbody>
</table>

*OA consolidated accounts for fundraising branches in France, Germany, Italy, Spain, Switzerland, and the United States.*
## 2007 Ghana Accounts

### OA Ghana Consolidated Accounts*

<table>
<thead>
<tr>
<th>Account Results (Summary)</th>
<th>Consolidated</th>
</tr>
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<tbody>
<tr>
<td>Income</td>
<td>506,513 GH¢</td>
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</table>

<table>
<thead>
<tr>
<th>General and Administration Expenses</th>
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<tbody>
<tr>
<td>Administrative expenses</td>
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<tr>
<td>Advocacy - HIV</td>
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<tr>
<td>Care reform</td>
<td>1,025 GH¢</td>
</tr>
<tr>
<td>Donor feedback</td>
<td>25,620 GH¢</td>
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<tr>
<td>Education</td>
<td>76,759 GH¢</td>
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<tr>
<td>Farm</td>
<td>13,732 GH¢</td>
</tr>
<tr>
<td>Guesthouse</td>
<td>11,800 GH¢</td>
</tr>
<tr>
<td>Foster Family Community</td>
<td>125,412 GH¢</td>
</tr>
<tr>
<td>Medical</td>
<td>15,839 GH¢</td>
</tr>
<tr>
<td>Support services</td>
<td>41,486 GH¢</td>
</tr>
<tr>
<td>Volunteer coordination</td>
<td>9,200 GH¢</td>
</tr>
<tr>
<td>Women's health center Ayenyah</td>
<td>8,475 GH¢</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>26,297 GH¢</td>
</tr>
</tbody>
</table>

**Total Expenses** 481,262 GH¢

**2007 Year end result** 507,559 GH¢

*OA consolidated accounts for the operational branch in Ghana.

### OA Ghana Project Expense Summary

- Administration: 33%
- Donor Accountability: 4%
- Support Services: 8%
- Education: 6%
- HIV Advocacy: 2%
- Medical: 4%
- Women’s Health Center: 2%
- Care Reform: 11%
- Farm: 20%
- Foster Family Community: 2%
- Guesthouse: 0%
- Volunteer Coordination: 3%
OA Operating Teams

OrphanAid Africa (Orphanage Africa) is registered in Ghana, Spain, France, Italy, Switzerland, Germany and the United States.

There are executive committees in each country and the organization has set-up a team dedicated to daily operations and fundraising missions. OA employs about 60 Ghanaian staff working directly in Ghana.

OrphanAid Africa Ghana

OrphanAid Africa (OA) is a Non-Governmental Organisation (NGO) 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.

Board
Lisa Lovatt-Smith, President and Director
Jamil Marby, Executive Committee
Geena Punjabi, Executive Committee

Program Representatives
Awo Boatema, OA Home Manager
Richard Klu, Projects Manager
Susan Sabaa, DSW Collaboration Consultant
Henry Yeboah, Education Dept Head
Carmen Perez, Volunteer Coordinator
Innocent Eso, Financial Dept Head & Donor Accountability

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

Orphanage Africa 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.

Board
Sergio Volturo, President
Lisa Lovatt-Smith, Vice-President
Ramón Masiá, Secretary
Sonia Barrajón, Treasurer

Operations & Fundraising
Dhaniella Falk, Chief International Fundraiser
Aida Maia, Fundraiser
Raquel Prado, Fundraiser
Regan Watson, Events

OrphanAid Africa Italy

OrphanAid Africa, known as OrphanAid Africa Onlus, established an office in Milan, Italy in December 2003. OrphanAid Africa Onlus is a non-governmental organization with its registered office in Milan, in Via dell’Annunciata 31, C.F. 97365440151.

Board
Margherita Missoni, President
Lisa Lovatt-Smith, Vice-President
Francesca Pinto, Secretary

Operations & Fundraising
Francesca Pinto, Fundraiser

OrphanAid Africa France

OrphanAid Africa, known as Orphelinats d’Afrique established an office in Paris, France in October 2003. OA is an association declared on the 21st of October 2003 (Insertion in J.O. the 15th of November) where the objective is to help children in Africa grow up in the best possible conditions through helping families, communities, organizations and administrations in charge of their care. Siège social: 2 rue Marengo, 75001 Paris.

Board
Lisa Lovatt-Smith, President
Gerlinde Hobel, Vice-President Didier Hassan, Treasurer
Monica Sanchez, Executive member
Sandie Roy, Executive member
Charlotte le Grix de la Salle, Executive member

Operations & Fundraising
Elizabeth Eichhorn, International General Manager
Nadia Sarfati, Fundraiser

OrphanAid Africa Switzerland

OrphanAid Africa established itself as an association in Switzerland in September 2006 with its headquarters in Geneva.

Board
Lisa Lovatt-Smith, President
Olivier Perez, Treasurer
David Perez, Secretary
The OrphanAid Africa Foundation was established and recognized by the tax office Munich under the control number 143/235/63005 with an official certificate starting from July 23rd, 2007 for charitable purposes as well as child welfare service recognition.

**Board**

Anja Rüttermann, Chairman of the board  
Carsten Jeremias, Member of the Executive Committee  
Petra-Alexa Heinze, Member of the Advisory Committee  
Sandra Klinger, Member of the Advisory Committee  
Janina Lückoff, Member of the Advisory Committee

OrphanAid Africa was established and registered in the United States on March 7th, 2007 as a U.S. 501c3 non-profit organization headquartered in San Francisco California with the purpose of helping orphans and vulnerable children in Ghana grow up in healthy, nurturing environments that provide quality care, protection, education, and support.

**Board**

Ashley Allison, President  
Haydee Rodriguez, Treasurer  
Edward Asante, Secretary  
Elizabeth Eichhorn, board member  
Regan Watson, board member

---

Thank you to all our donors, monthly contributors and collaborators who made our work possible in 2007.

A special thanks to...

**France:**  
Les aventuriers d’un autre monde  
MTV Europe Foundation  
Paul McMahon & Family  
Robin Hood Institute

**Germany:**  
Ameranger Klöpferlsinger  
Billi-Bolli Kindermöbel GmbH  
Christian Saak  
Color Line Arena D+J-Arena Hamburg GmbH  
elspec GmbH  
Gerti & Heinz Iglhaut  
Gottfried Puhlmann GmbH + Co. KG  
Hannelore Mundorff & Friends  
Jon-Christoph Berndt  
Lukas Rosenkranz  
Manu & Dr. Jürgen Schüppel

**Italy:**  
Baglioni Hotels  
Baldissera  
Child Priority  
Enrico Falck  
Missoni

**Switzerland:**  
Christie’s

**Spain:**  
Ayuntamiento Barbastro  
Ayuntamiento Teulada  
Bain & Company  
The Feller Family  
Fondation Activa  
Fondation Renta  
Fresa Comunicación  
Gary Amos  
Higinia  
Isavia  
Macarena Busato  
Montblanc  
Patagona  
Roviralta  
Sonia Barajan  
Tambores por Africa  
Value Retail  
Villa Roca

**United States:**  
Alison Davenport  
Arlene Mitchell (UN World Food Program)  
David Lipman  
Frederica Gironi  
Patrick & Fabienne Bousquet-Chavanne  
Nora Tobin & collaborators