

Orphanage Africa (OA) 2004 Annual Report



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A letter from the founder:

Dear friends,

Orphanage Africa is two years old already!! It invites reflection... People often ask me why Ghana, with all its natural resources has so many orphans and vulnerable children. This tropical country has a reputation for the friendliest people on earth, It produces delicious pineapples and bananas, cocoa and timber, and has the largest gold mine in the world, yet many of its 20 million population live in abject poverty. Ghanaians suffer from diseases such as anemia, tuberculosis, polio, malaria and typhoid – all of which in the west could be easily cured. Lack of access to health services, especially for children and pregnant women result in a high infant mortality rate.



Ghanaians are proud of their traditions, music, dance and colorful handcrafts, and yet 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; the lure of the big cities has also help create a generation of urban economic migrants, many of them children. They live on the street, beg or work at menial jobs in order to survive; girls especially often never complete school. In Ghana, there's few state health care or unemployment plans, housing or childcare benefits. If you loose your parents you loose everything.

This is the country I discovered in 2002 when as a volunteer in a rural orphanage I experienced first hand the lack of hygiene, food, medicines and even toys that characterizes life in an African Orphanage. How to help? What struck me most is that with only 20 cents a meal, you can give the children a balanced diet. With the presence of a nurse, you can ensure hygiene and proper elementary medical care. I realized that it is, after all, very easy for us all to help. But as the idea matured I realized that I did not want to create dependence on foreign aid, but rather educate people to help them selves. A Ghanaian friend of mine, Kwabena Nyarko, had started working on the idea for a charity to reach out and help these children; in a culturally and context-sensitive way. As we explored the idea, Orphanage Africa, was born, exactly two years ago this week, and has since, thanks to you, made a difference to hundreds of lives.

Our activities initially concentrated on existing orphanages, and then we began to run our sponsor education programme, and our community services, (such as the well women's centres) with a view to helping mothers and would be mothers so that fewer children would be orphaned. Finally as you know, and due to our members support, we opened our own orphanage in December 2003. Now, as from this month, Orphanage Africa aims to channel most of its assistance to other orphanages through the Department of Social Welfare believing that, in order for aid to be sustainable it has to come from within. We have created a minimum standards programme for orphanages to make them healthier, happier places; with an emphasis on we believe are the minimum standards that orphanages and residential facilities should meet.

This assessment was created based on the OA model orphanage and we have just being informed that it will be used as a template for the formulation of a Ghanaian regulation setting a minimum standard for all children's homes (public and private) in Ghana. It is a historical moment for OA: and for everyone who has helped us. We hope to acquire the funds to be able to ensure that each child in an orphanage has essential such as bed, proper meals and an education. Thanks to you, we may be able to achieve it together.

Handwritten signature of Lisa Lovatt-Smith in black ink.

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

Introduction

This is Orphanage Africa's (OA's) second report. It covers the progress and development of the organization in 2004. The first section of this report briefly describes the situation of Sub-Saharan Africa as well as the state of orphanages in this region of the world. The second section contains basic information about OA, 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 under 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 center 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 counseling 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.
 - Protecting against infection,
 - Avoiding pregnancies among HIV-infected women and women at risk.
 - Preventing transmission of the virus from HIV-infected women to their infants during pregnancy, labor and delivery, as well as during breastfeeding. Voluntary counseling 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:	21,029,853 <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 2005 est.)</i>
Age structure:	<i>0-14 years: 37.1% (male 3,946,326/female 3,862,390) 15-64 years: 59.1% (male 6,203,035/female 6,235,107) 65 years and over: 3.7% (male 366,472/female 416,523) (2005 est.)</i>
Median age:	<i>Total: 20.45 years Male: 20.2 years</i>

	<i>Female: 20.7 years (2005 est.)</i>
Population growth rate:	1.25% (2005 est.)
Birth rate:	23.97 births/1,000 population (2005 est.)
Death rate:	10.84 deaths/1,000 population (2005 est.)
Net migration rate:	-0.59 migrant(s)/1,000 population (2005 est.)
Sex ratio:	<i>At birth: 1.03 male(s)/female under 15 years: 1.02 male(s)/female 15-64 years: 1 male(s)/female 65 years and over: 0.88 male(s)/female total population: 1 male(s)/female (2005 est.)</i>
Infant mortality rate:	<i>Total: 51.43 deaths/1,000 live births female: 54.25 deaths/1,000 live births male: 48.53 deaths/1,000 live births (2005 est.)</i>
Life expectancy at birth:	<i>Total population: 56 years male: 55.04 years female: 56.99 years (2005 est.)</i>
Total fertility rate:	3.02 children born/woman (2005 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:	<i>Degree of risk: very high Food or waterborne diseases: bacterial and protozoal diarrhea, hepatitis A, and typhoid fever Vector borne diseases: malaria and yellow fever are high risks in some locations Water contact disease: schistosomiasis Respiratory disease: meningococcal meningitis (2004)</i>
Nationality:	<i>Noun: Ghanaian(s) adjective: Ghanaian</i>
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:	<i>Definition: age 15 and over can read and write female: 67.1% (2003 est.) male: 82.7% total population: 74.8%</i>
People - note:	<i>Refugees (country of origin): 42,466 (Liberia) (2004)</i>

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 Ashanti, Eastern, Greater Accra and the Volta Regions have the highest concentration of 77.1 per cent of the documented orphans and vulnerable children with the Northern, Western, Upper East and Upper West Regions accounting for 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, and a vulnerable child to be 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 centers 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. 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 for 14 years.

In 2002 Lisa decided to volunteer with her daughter at an orphanage in Ghana. There were more than 100 destitute and abandoned children living at the orphanage, mostly 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. Sometimes, however, the children were abandoned because the parents simply couldn't afford to take care of them.

OA currently supports eight Ghanaian orphanages, and runs its own children's home. OA plans to move the orphanage in 2005 and create a home for 200 children, including a school. OA initially was founded in Ghana and Spain. 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.

Though the organization is still young, it has managed to accomplish a lot in its 2nd year...just imagine what the future holds!

2.1.2. Organization mission

OA is a non-profit, non-governmental organisation that aims to support and create self-sufficient, sustainable orphanages 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 orphanages 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 orphanages in Ghana using ecologically viable and sustainable techniques: we help them help themselves!

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

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 520 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 Orphanages, we also run our own OA Orphanage, specializing in babies and children with acute health problems, HIV/AIDS, or young adults rejected by other orphanages.

2.1.3. Long-term sustainability

At an African orphanage 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 strategy often times is simply not feasible. The relative cost of construction or land acquisition would undermine individual orphanage's ability to meet the current needs of the children.

The relative cost of construction or land acquisition would undermine individual orphanage's ability to meet the current needs of the children. The contradiction lies in the fact that investment 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.

This is why OA intends to prioritize investment for long term sustainability, thus helping orphanages to become self-sufficient. The main objective is to bring self-sufficiency to orphanages 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 over stretched, with the result 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 orphanages themselves in order to improve the conditions of the orphanages and lives of children living in them.

Our Approach

1. Helping orphanages and children's homes meet minimum standard regulations and strive for sustainability
2. Building strong families through empowerment of rural communities
3. Empowering of women through skills acquisition and family planning
4. Improving pre- and post- natal care to improve infant mortality figures
5. Creating HIV prevention programmes
6. Sponsoring education for needy children
7. Providing support for one-parent families
8. Providing nutritional support for PLWHAs (people living with HIV AIDS)

In order to improve the conditions in orphanages 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

orphanages. The Orphanage Africa Assessment Form (see Appendix B) highlights what we believe are the minimum standards that orphanages and residential facilities should meet. This assessment was created based on the OA model orphanage 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.

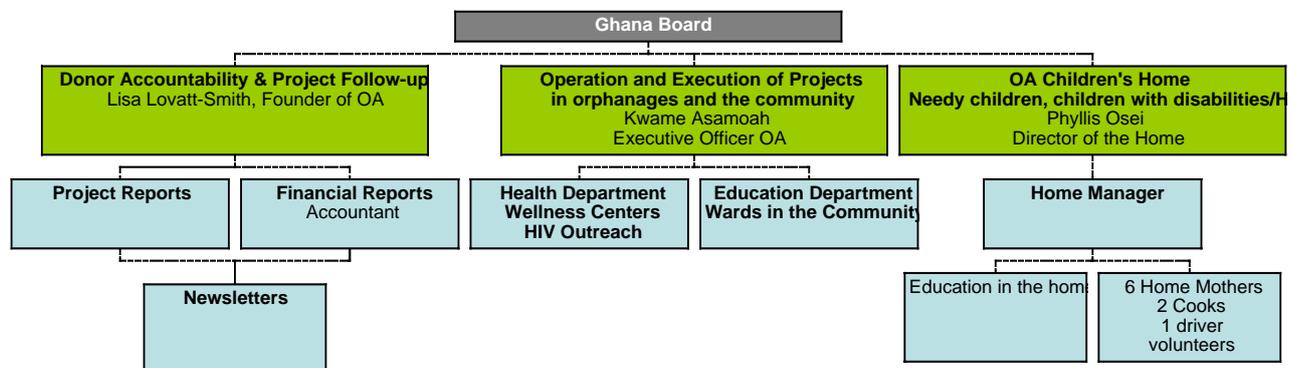
We would like to further our work by collaborating and working with national institutions. Point 2 above should be supported by pro-agricultural, pro-rural government policies including skills training. It is vital that these policies are ecologically sensitive as well as respect the traditional small 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.

Orphanage Africa works to cover points 3 – 8 above by establishing Well Woman Centres in communities that promote 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.

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.



Committee in Ghana:

Kwabena Nyarko – Co-President Ghana

is an architect specialized in buildings with a social role (hospital, orphanages). 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, is a respected authority in her field (Also examiner for the West African Medical Assoc.).

Staff:

Phyllis Osei – Psychologist

Phyllis holds a masters degree in Clinical Psychology from the University of Ghana, Legon. She has experience giving social talks on HIV/AIDS and STDs, through the Streetwise Project, sponsored by the Ford Foundation. She has also coordinated placement and counseling in the NGO Women's Refuge Africa. She has clinical experience from the Pantang Psychiatric Hospital and Accra Psychiatric hospital and has treated cases using; trauma therapy, talk therapy, family therapy, marital counseling, assessment of learning abilities, and stress management. She has extensive research experience in many different topics. Phyllis has worked as the OA psychologist by assisting with children's trauma cases and has consulted on the running of the home.

Matthias Sachse – Medical Program Director

Matthias graduated from The University of Guadalajara Mexico as a Medical Doctor. Prior to working with OA, he worked as a doctor for more than two years in the field. He did a

Masters in emergency medicine at The University of Barcelona, started working for OA in January 04 as the medical director. His projects included the establishment of infirmaries at supported orphanages, training nurses, and treating day-to-day illnesses at the orphanages.

Teri Clifton – Well Women's Center Director

Teri joined OA in June of 2003 when she moved from Hawaii, where she was a childbirth educator/doula and active in health related volunteer work, to Ghana where her duties ranged from assisting cooperating orphanages to maximize the use of donations and efforts, to helping to set up OA's current orphanage, to working with the house mothers and eventually to setting up the Well Women Centre's where the focus was on orphan/abandonment prevention through community education, family planning and safe birth practices.

Marlowe Myers-Garay – Director of Education Department

Marlowe graduated with a B.A. in political science from Arizona State University. She has previously volunteered with refugees and migrant workers. She is a certified English language teacher with experience in China and Peru and has traveled extensively around the world. Marlowe headed the education department, as well as teaching, fundraising and administrating. She was headmistress for the orphanage kinder garden, duties included teaching math and English lit, selecting employees, directing volunteers, and serving as a community liaison.

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

Before 16/9/2004: Lisa Lovatt-Smith (President), Alicia Rodés (Vice-president) Joshua Taub (Treasurer), Ana Klamburg (Secretary)

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

Staff

Elizabeth Eichhorn – Communications & Volunteer Program Director

Elizabeth is from Chicago, Illinois. She attended the University of Wisconsin, Madison and graduated with a Bachelor Arts degree in Latin American studies and Spanish. During her University career she studied in Mexico and Ecuador. She has also volunteered with various humanitarian organizations in the developing world. She joined OA in March 2003. In 2004 she spent two months in Ghana observing the projects and creating new marketing and communication materials for the NGO, as well as developing and amplifying the volunteer program.

Regan Watson – Fundraising Manager

Regan is from San Diego, California. She attended the University of California, Berkeley, and graduated with a degree in English Literature. She then came to Spain to study Spanish at Barcelona University. She joined OA in September 2003. Regan spent a month in 2004 in Ghana for on site training regarding the projects and helped to develop a new system for project writing.

Victor Ruibal Riesgo – Administration and Fundraising

Victor is from Madrid, Spain and studied at the European School of Brussels. He spent seven months in Ghana, initially as a volunteer and later on as the volunteer coordinator, projects assistant and accounts manager. Victor returned from Ghana in May 2004 and continued to work for OA in Spain, where he was responsible for the administration of the office and fundraising.

2.1.5.3 Operating Team in France

Orphanage Africa, known as Orphelinats d’Afrique established an office in Paris, France in October 2003. Orphanage Africa (OA) is an association declared on the 21st of October 2003 (Insertion in J.O. the 15th of November) where the objective is the development of self-sufficient orphanages. Siège social: 2 rue Marengo, 75001 Paris.

Committee:

Lisa Lovatt-Smith (President), Rebecca Plantier (Vice-president), and David Del Bourgo (Treasurer)

Staff:

Anne Véron – Communications and Fundraising

Anne has a degree in International Relations at The Hague Institute of European Studies in the Netherlands. She has studied Psychology at the University of Padova in Italy as well as the University Descartes in Paris. She did a seven-month internship with Amnesty International in Australia with their refugee team in Sydney. Anne spent 3 months in 2004 volunteering in Ghana at an orphanage supported by OA and continued her work in May 2004 after returning to Europe.

Karina Chircu – Development and Grant Writing

Karina holds a master’s degree in Political Science from l’Institut d’Etudes Politiques de Paris (Science Po). She has done internships with both UNESCO and The International Federation of NGOs. In 2002 she participated in a study with “The Hunger Watch” in partner with “Action against Hunger” concerning the observation of Hunger over the Internet. Karina joined OA in May 2004 and in through the course of the year has developed partnerships with various different international organizations and companies.

2.1.5.4 Operating Team in Italy

Orphanage Africa, known as Orphanage Africa Onlus, established an office in Milan, Italy in December 2003. Orphanage Africa Onlus is a non-governmental organization with its headquarters in Milan, in Piazza della Repubblica 25, C.F. 97422320156. Orphanage Africa operates in Ghana with the objective to create self-sufficient orphanages through programs in infrastructure, health, agricultural technology, and nutrition programs.

Committee:

Margherita Missoni (President), Francesca Zanasi (Vice-President), Simona Pavia (Secretary)

Staff:

Francesca Pinto – Fundraising and Administration

Francesca is currently pursuing a degree in "Business, Management and Economics" with a specialization in "Marketing and market analyses" at Bicocca University in Milan. She has participated in various seminars, such as "The equilibrium problem and its application" 06, "Monetary policy, fiscal policy and automatic stabilizer: welfare and macroeconomic stability" 05, "Welfare and no-profits" 04. She travelled extensively: she has been to Brazil, Paraguay, China, Uzbekistan and Turkey. After these experiences she decided to pursue a career in order to help underdeveloped countries. Francesca joined OA in December 2004.

2.2 Objectives

2.2.1 Four critical group of initiatives

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

Healthcare and human development:



- Designing health, nutrition, immunisation and post-natal care programs for orphaned/abandoned children
- Channelling international aid and assistance, such as food, clothing, developmental toys and medicine
- Treating and preventing malaria, HIV/AIDS, tuberculosis and leprosy in the community to avoid more children been orphaned or abandoned

Infrastructure and agriculture:



- Developing facilities in orphanages through the provision of drinking water, electricity, residential homes, classrooms, play areas and other facilities
- Arranging volunteer programmes for individuals, churches, civil society groups and professionals to interact and assist with orphans and caregivers in various ways

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 either vocational and technical training or higher education for orphans and abandoned children over 16
- Providing program support, particularly IT, micro-credits, financial and agricultural advice for income generating activities, which the orphanages might undertake individually to reinforce the local markets wherever possible and to contribute to the community as a whole

Creating models for institutional reform:



- Writing curriculum to train caregivers and other orphanage staff
- Sponsoring educational programs for orphanage staff
- Complying statistics on orphans and vulnerable children (OVCs) and institutions where children live
- Writing guidelines for the operation and infrastructure of children's homes in Ghana
- Collaboration with the Department of Social Welfare Ghana in order to create protocols for monitoring and reform in institutions.

OA aims to ensure education, nutrition, hygiene and health care in orphanages across Africa. The pilot projects begun in Ghana since October 2002 have shown positive outcomes. Consequently, we have applied this model to other orphanages so that they can become healthier, happier places as well.

2.2.2 High-Level Model description

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

EDUCATION	HEALTH	AGRICULTURE & ANIMAL HUSBANDRY	INFRASTRUCTURE
School Buildings	Wellness Centres	Agriculture -----	Buildings and Structures
Libraries	HIV Outreach	Vegetable Gardens	Restoration and Furnishing
Computer Centres	Medical Supplies	Mushroom Cultivation	Energy Resources
Teacher Training Courses	Nutrition Programmes	Tree Propagation	Water Resources
Sponsored Education	Special Medical Cases	-----	Land Acquisition
Children with Special Needs	Medical Staff	Chicken and Rabbit Farming -----	Communication
	Training Courses	Egg and protein source	Transportation

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, orphanage location, etc.).

2.3 Projects

Our second year (2004) focused on 6 orphanages and 2 schools in Ghana.

2.3.1 Achievements

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

A ACCOMPLISHED PROJECTS: DECEMBER 2003 – DECEMBER 2004:

Supported Institution:	THE COMMUNITIES OF THE SUPPORTED ORPHANAGES IN THE ACCRA REGION
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • OIC Food Programme implemented from (fed 400 needy children and people affected by HIV) • Establishment of Education Scholarships

	(Ongoing, now involves more than 200 sponsorships)
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Supported Institution:	OA HOME (AMPOMAH)
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Rented premises • Bought a car and a bus • Built in house library • Introduced O.A. volunteers' programme • Employed all staff and provided 100% maintenance • Had a visiting nurse

Supported Institution:	FRAFRAHA FOSTER HOME
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Library renovated • Dinning room added to and renovated • Vegetable garden maintained for 18 months • Building to be used as volunteer quarters renovated • O.A. Volunteer programme implemented • Well Women Centre opened and maintained for 1 year • Toilet facility installed • Soak Away (drainage system) for the boys showers installed and toilet repaired. • Renovation of Frafraha Community School • Collaborative programme with Rotary International Ghana during which we stocked the Frafraha Community School Library • Payment of allowances and rent for 6 trainee teachers of Frafraha Community School. (Ongoing)

Supported Institution:	LABONE ABUSED CHILDREN'S CENTRE AND REFORMATORY (Remand Home)
Location:	Greater Accra Region, Ghana
Activities:	<ul style="list-style-type: none"> • Two teachers employed (six months) • One social worker employed (Ongoing)

Supported Institution:	HUHUNYAH HOUR OF GRACE ORPHANAGE
Location:	Northern Region, Ghana
Activities:	<ul style="list-style-type: none"> • Vegetable garden created • Farm tools and seed donated

Supported Institution:	ADULLAM ORPHANAGE OBUASI
Location:	Ashanti Region, Ghana
Activities:	<ul style="list-style-type: none"> • Chicken farm created • Infirmary created • Orphanage library built and stocked (now used as School for the Deaf) • Rabbit programme created • Construction of a primary school • Two nurses paid (Ongoing) • Volunteer programme implemented (Ongoing)

2.3.2 Detailed Project Examples 2004:

Chicken Farming – Budget: 21 000 € **Obuasi Orphanage (Ashanti region), Ghana**

Goals: To produce high quality protein food and sell excess for income. The principal problem facing this orphanage is lack of food and rapid growth in numbers of children. Obuasi is the region in Ghana with the highest incidence of HIV.

Actions: To set up a chicken farm for 5,000 birds on existing premises

1. Cleaning of all the structures
2. Changing the wire mesh
3. Disinfecting the whole area
4. Purchasing 1,000 broiler birds (for meat)
5. Purchasing 4,000 layer birds (for eggs)
6. Feed, vet and vaccines for the broilers up to eight weeks
7. Training local maintenance personal for farm management

Partners: Orphanage Africa – Ghana; Obuasi Adullam Orphanage - Ghana



Baby Unit – Budget: 22 000 € **OA Children’s Home (Greater Accra Metropolitan Region) - Ghana**

Goals: To protect abandoned children, to treat those with HIV/AIDS, and to make the centre sustainable through volunteer and adoption programmes.

Actions:

1. Creating facilities for a residential home
2. Building the capacity of caregivers through training and skills development
3. Designing health, nutrition, immunization and post-natal care programs for orphaned/abandoned children
4. Developing programs in social service and delivery systems such as sponsoring, fostering and vocational skills training

Partners: Orphanage Africa – Ghana



**Edible Garden Project – Budget: 9 800€ / garden – Total budget: 48 000€
Lantei (Eastern Region), Frafraha (Greater Accra Region), Hunhunya (Eastern Region) - Ghana**

Goal: To produce high quality, vitamin-rich food; to sell excess for income. The principal problem facing these orphanages is lack of food; especially fresh and vitamin filled fruit and vegetables. The most common child malnutrition syndrome is *kwashiorkor*, or “wet malnutrition,” caused by an excess carbohydrate/low protein/low vitamin diet.

Actions: To set up vegetable gardens on existing premises

1. Clearing of land
2. Fertilizing of land
3. Ploughing of area
4. Purchasing seed
5. Employing and training local workers

Partners: Orphanage Africa – Ghana



**Library Programs- Budget: 6 000€
Obuasi Orphanage School (Ashanti Region) – Ghana**

Goals: To encourage literacy and skills development; to contribute to the community as a whole. We would like to give the orphans and deprived children of the community access to books and training. Many of these children have never opened a book and, in many cases, their families cannot read or write.

Partners: Orphanage Africa – Ghana;
Obuasi Adullam Orphanage - Ghana



**Permanent Primary School – Budget: 41 000€
Obusasi Orphanage (Ashanti Region) - Ghana**

Goals: Literacy and skills development; contributing to the community as a whole and reinforcing the local markets. The school will contribute to the orphanage's sustainability by charging (low) fees to the community kids. At present the children receive their schooling on the veranda, exposed to the elements. We would like to give the orphans and deprived children of the community access to a good level of teaching, books and training. Many of these children have never opened a book and many in the community can neither read nor write.

Actions: To build a permanent primary school

1. Building the premises with six 30 X 30ft rooms, with shelving
2. Setting up a house for the volunteer teaching staff
3. Providing training for local staff members in order for them to take over from the foreign staff

Partners: Orphanage Africa – Ghana;
Obuasi Adullam Orphanage - Ghana



2.3.3 Project Plans 2005-2006

Future Projection:

Maintenance of all ongoing projects

Young Adult Services: Introduce adult ward programme, Pay for living quarters, expenses and schooling for 17 young adults

Community Services: OIC Food Programme; Establishment of Education Scholarships, Advocacy team outreach programmes to be implemented at 10 Orphanage, School 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 orphanage community at Ayeniah

Oa Home (Ayeniah): 21 acre land to be bought; Temporary orphanage building to be constructed; Volunteer Quarters to be rented and restored; Volunteer programme to be implemented; All 100% maintained: staff and support.

Peace And Love, Adenta East: 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; Provision of beds, mattresses, rubber sheets/protective covering for the mattresses; Provision of Water tank; Implementation of OIC Food Programme; Build a dining hall; Provide wardrobes and cupboards and toys; Jointly with Western Union to funded the construction of a 3-classroom block

New Horizons Special Children's School: Fund salaries for 6 teachers (for one year); Donation of a computer

Osu Children's Home: Payment of salaries of 8 support staff; Establishment and fittings of infirmary; Tile and restore Osu infirmary floor (with French Navy); Renovation of kitchen store; Implementation of O.A. volunteers' programme; Nutrition centre establishment; Nurse to be employed; Provision of drugs; Payment for a regular visiting doctor; Establishment for Day Care Centre for Disabled Children

Teshie Orphanage: Construction of toilets and bathrooms; Introduce O.A. volunteers' programme; Renovation of O.A. volunteers' quarters; Repair of roofing leakages; With Western Union provide funds for the continuation of a new orphanage; Collaborative work with Rotary Club to fund the building of a clinic and Well Women Centre

Lantei Orphanage: Vegetable garden creation; Farm tools and seeds donation

Labone Abused Children's Centre And Reformatory (Remand Home): Provide with soap, fruits and basic necessities. (Ongoing)

3. Financial Summary

In 2004, 100% of OA's resources were from private sources, essentially due to generous donators and private individual companies.

There has been significant growth in the number of projects that are currently underway in Ghana. In 2002 OA assisted one orphanage, and now aids six orphanages and six schools. OA currently affects the lives of more than 2600 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 Financial Details OA Spain:

CUENTA DE PERDIDAS y GANANCIAS	
Empresa ORPHANAGE AFRICA 04	
Condiciones PERIODO : 01-01-04 / 31-12-04 (Importes en Euros)	
1. ACCOUNT RESULTS (SUMMARY)	
INGRESOS	179,091
INGRESOS TOTALES	179,091
APORTACIONES FUNCIONAMIENTO GHANA	129,881
OTROS GASTOS	44,566
GASTOS DE SUELDOS	9,474
GASTOS TOTALES	183,921
PERDIDAS DE EXPLOTACION	4,830
2. INGRESOS (Detalles)	
MIEMBROS	
OTRAS DONACIONES	
TOTAL	179,091
3. GASTOS PROYECTO GHANA (Detalles)	
APOYO - PROYECTO GHANA	129,881
TOTAL	129,881
4. GASTOS DE EXPLLOTACION (Detalles)	
ARRENDAMIENTOS Y CANONES	4,183
REPARACIONES Y CONSERVACION	219
SERVICIOS DE PROFESIONALES IND	13,972
TRANSPORTES	5,244
SERVICIOS BANCARIOS Y SIMILARES	2,506
PUBLICIDAD, PROPAGANDA Y RELACIONES PUBLICAS	6,202
SUMINISTROS	5,817
OTROS SERVICIOS	1,843
AJUSTES NEGATIVOS EN LA IMPOSICION INDIRECTA	4,580
TOTAL	44,566

5. GASTOS DE PERSONAL (Detalles)	
SUELDOS, SALARIOS, Y ASIMILADOS	7,030
CARGAS SOCIALES	2,445
TOTAL	9,474

3.2 Financial Details OA France:

ORPHELINATS D'AFRIQUE	
Compte exploitation - année 2004	
1. COMPTE DE RESULTAT (Synthèse)	
<i>POSTE</i>	<i>année N</i>
RECETTES	137,194
TOTAL PRODUITS	137,194
DEPENSES PROJET	72,263
AUTRES CHARGES EXTERNES	43,950
CHARGES DU PERSONNEL	18,232
TOTAL DES CHARGES	134,444
RESULTAT DE L'ANNEE 2004	2,750
2.RECETTES (Détails)	
<i>POSTE</i>	<i>année N</i>
DONS DES MEMBRES	21,153
AUTRES DONS	109,204
VENTES DE COLLIERS	6,837
CHIFFRE D'AFFAIRES H.T.	137,194
3.DEPENSES PROJET (Détails)	
<i>POSTE</i>	<i>année N</i>
AIDES VERSES - PROJET GHANA	72,263
TOTAL	72,263
4.AUTRES CHARGES EXTERNES (Détails)	
<i>POSTE</i>	<i>année N</i>
FOURNITURES BUREAU	669
FOURNIT.PETITS EQUIP.	853
SOUS TRAITANCE COLLECTE MAILINGS	3,671
LOYERS	5,982
FRAIS COLLIERS	800
FRAIS CONSULTANTS	11,100
PUB PUBLIC.RELAT.PUBLIQUES	549
REMBOURSEMENT DE FRAIS	1,556
FRAIS DE DEPLACEMENTS	365
MISSIONS RECEPTIONS	2,736
AFFRANCHISSEMENTS & TELEPHONE - MAILINGS	5,167
SERVICES BANCAIRES	2,525
FRAIS DE DEPENSES GENERALES	7,977
TOTAL	43,950

5. CHARGES DU PERSONNEL (Détails)	
<i>POSTE</i>	<i>année N</i>
SALAIRES STAGIAIRE	16,000
CHARGES SOCIALES	2,232
TOTAL	18,232

3.3 Financial Details OA Italy:

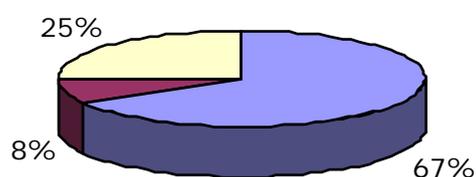
ORPHANAGE AFRICA ONLUS 2004 ACCOUNT DETAILS	
1. ACCOUNT RESULTS (SUMMARY)	
Income	38,015
TOTAL INCOME	38,015
PROJECT EXPENSES	31,000
AUTRES CHARGES EXTERNES	257
CHARGES DU PERSONNEL	800
TOTAL EXPENSES	32,057
2004 END YEAR RESULT	5,958
2. INCOME (Details)	
MEMBER DONATIONS	144
OTHER DONATIONS	37,871
TOTAL	38,015
3. PROJECT EXPENSES (Details)	
FINANCIAL SUPPORT - PROJECT GHANA	31,000
TOTAL	31,000
4. RUNNING EXPENSES (Details)	
BANK SERVICES	152
OFFICE MATERIAL	105
TOTAL	257
5. CHARGES DU PERSONNEL (Détails)	
PROFESSIONAL SERVICES	800
TOTAL	800

3.4 2004 FINANCIAL BREAKDOWN- SPAIN, FRANCE & ITALY :

ACCOUNT RESULTS (SUMMARY)	
Spain	179,091
France	137,194
Italy	38,015
TOTAL INCOME	354,300
PROJECT EXPENSES	233,144
RUNNING EXPENSES	88,773
PERSONNEL EXPENSES	28,506
TOTAL EXPENSES	350,423
2004 END YEAR RESULT 3,877	

FINANCIAL SUPPORT PROJECT GHANA (Details)	
Spain	129,881
France	72,263
Italy	31,000
TOTAL	233,144
RUNNING EXPENSES (Details)	
Spain	44566
France	43950
Italy	257
TOTAL	88,773
PERSONNEL EXPENSES (Details)	
Spain	9,474
France	18,232
Italy	800
TOTAL	28,506

■ Funds invested in Ghana projects
■ Personnel expenses
■ Admin and running expenses



3.5 Allocation of funds by OA Ghana & number of beneficiaries

	cedis	Euros
Ghana income from OA Europe - 2004*	2,198,170,385	€ 202,086.00

Use of funds:	Cedis:	Euros:	Number of beneficiaries:	Detail of beneficiaries:
Administration	225,336,272	€ 20,715.57	50	staff population
Education	245,291,546	€ 22,550.38	220	scholars benefited by the program
Infirmary	67,915,160	€ 6,243.24	300	children treated
WWC F	38,521,537	€ 3,541.17	400	estimated population that benefits from the WWC and HIV outreach
F Orphanage	44,775,167	€ 4,117.38	650	total population of the Frafraha orphanage + school
OA Orphanage	798,916,085	€ 73,465.68	50	Total population of the OA home
Unallocated	622,790,724	€ 57,269.77	450	recipients of the feeding program + OA home population
Property & Equipment	175,896,209	€ 16,171.54	50	population of the OA home
TOTAL:	2,219,442,700	€ 204,074.73	2170	

*note: amount received in Ghana does not reflect transfer from Spain in December 2004 of 23,112

Please see Appendix C for financial details on how OA Ghana has allocated the funds it has received

Conclusion:

Orphanage Africa is a young and dynamic organization with the strongest 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 orphanages across Africa.

After two 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 orphanages. By the end of 2004 OA defined what will continue to be its chief areas of intervention and support: educational support, preventive health, HIV

advocacy and women's health, as well as creating models and guidelines for institutional reform.

The strategy is now in place, the OA model is valid and running, the organization is structured and the team is operational.

Your help is needed to continue!

Thank you for considering collaborating with us.



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