

Orphanage Africa (OA) Annual Report



Photography: Christina Rodés – Design: Waldo Rosales

September 2002 - October 2003

Table of Contents

Introduction	4
1. Orphanage Africa.....	4
1.1 History and Philosophy.....	4
1.1.1 Organization History	4
1.1.2 Long-term Sustainability.....	4
1.1.3 Operating Teams.....	5
1.2 Objectives.....	6
1.2.1 Three Critical Groups of Initiatives	6
1.2.2 Achievements	6
1.3 Projects	7
1.3.1 High-Level Model description.....	7
1.3.2 Project Plans 2004-2005.....	7
1.3.3 Ways to Help	10
2. Financial Statements.....	11
3. Orphans in Sub-Saharan Africa.....	12
3.1 General overview	12
3.3 Orphans in Ghana	15
Conclusion	17

A letter from the director

Dear friends,

When we first had the idea of making orphanages self-sufficient through development and sustainability, I could not imagine that within two years I would be living at our own orphanage with 40 children around me, and that we would be making a difference in the lives of hundreds of others. Today Orphanage Africa brings water, solar power, vegetable gardens, chicken farms, agricultural projects, kindergartens, schools and decent living conditions to orphanages throughout Ghana. We also help several schools, and are building up a HIV transmission prevention programme with infirmaries scattered across the country.

Orphanage Africa 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.

We aim to ensure education, nutrition, hygiene and health care in orphanages across Africa, using ecologically viable and sustainable techniques: we help them help themselves.

Akwaaba!

A handwritten signature in black ink that reads "Lisa Lovatt-Smith". The signature is written in a cursive, flowing style.

Lisa Lovatt-Smith
Director and President
Orphanage Africa

Introduction

This is Orphanage Africa's (OA's) first report. It covers the progress and development of the organization over 12 months of intense collaboration and involvement with African orphanages. The first section of this report contains basic information about OA, explains how the organization functions, and breaks down the long-term strategy and vision. The second section is dedicated to the financial activity and status of OA and concerns the way in which the money is spent. The last part of the report briefly describes the situation of Sub-Saharan Africa as well as the state of orphanages in this region of the world.

1. Orphanage Africa

1.1 History and Philosophy

1.1.1 Organization History

OA has just celebrated its first anniversary, and much has been accomplished in just one short year. The history of the organization began with a journey when Lisa Lovatt-Smith, fashion director of "Spanish Vogue" for many years, decided to volunteer with her daughter at an orphanage in Ghana. There were 105 destitute and abandoned children living there, 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, and tuberculosis. Sometimes the parents abandoned their children simply for the lack of means to take care of them.

This experience proved to be life changing and Lisa decided to leave behind her glamorous lifestyle and move to Africa. She was moved by her experience while living with the orphans and was consumed with the desire to aid them in a way that was lasting and substantial. In turn, Lisa founded ORPHANAGE AFRICA, NGO that strives to assist orphanages throughout Ghana and other parts of Africa to become self-sufficient.

OA currently supports six Ghanaian orphanages, and is planning to open its own orphanage in 2005. Each day more lives are touched, and as the organization grows, the efforts grow! OA was founded initially in Ghana and Spain and, as of October 2003, OA now exists in France and Italy. There are also hopes of expanding fundraising opportunities to a more global level.

Though the organization is still young, it has managed to achieve a lot this past year ... just imagine what the future holds !

1.1.2 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 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 the development of sustainable projects in order to bring self-sufficiency to the orphanages.

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, resulting that programs and policies to support orphans, the destitute, and those on the margins of society, receive very little

funding from the 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.

1.1.3 Operating Teams

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.

Lisa Lovatt-Smith – OA President and Founder

Lisa was born and raised in Barcelona, Spain. She is a well-known writer, interiors stylist and decoration editor. She has worked as an Editor-at-Large and contributor to many prestigious interiors magazines over the last fifteen years. She is also the author of seven best selling decoration books, editor of six photography books, and has taught at different universities as well as curated various exhibitions in the fields of design and photography. 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.

David Del Bourgo – Global Fundraising

David is from Paris, France. He holds a joint M.Sc. degree in biomedical engineering from University of Compiègne (France) and Tel-Aviv University (Israel). David worked for General Electric for seven years, a company where he held management positions in engineering, IT and international marketing. He joined OA in September 2003.

Emmanuel Abbey - Executive Director

Emmanuel is from Ghana. He was brought up in an orphanage and thus has first hand experience of what needs to be changed. He is a European-trained organic farmer and permaculturist with a Certificate in Permaculture from Montsant, Spain. He directs all the (strictly organic) agricultural projects, in addition to guiding the activities of OA in Ghana.

Regan Watson – Fundraising US and Spain

Regan is from San Diego, California. She attended the University of California, Berkeley, and graduated with a Bachelor Arts degree in English Literature. She then came to Spain to study Spanish at the Universidad de Barcelona, after which she joined the OA team in October 2003.

Elizabeth Eichhorn – Volunteer Coordinator

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 at el Instituto de Oaxaca in Mexico, the Universidad Católica in Quito, Ecuador, and has also volunteered in the developing world. She joined OA in March 2003.

Committee in Ghana:

Kwabena Nyarko - President Ghana

Kwabena is an architect specialized in the construction of buildings with a social role (hospitals, orphanages). Touched with the plight of orphans in his country he came up with the initial, groundbreaking, concept for OA.

Afua Hesse - Vice President Ghana

Afua is the Head Pediatric Surgeon at Korle-Bu Teaching Hospital and is a respected authority in her field. She is also an examiner for the West African Medical Association. Her involvement is key to OA's ever-expanding medical activities

1.2 Objectives

1.2.1 Three Critical Groups of Initiatives

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

Infrastructure and Agriculture:

- Developing facilities in orphanages through the provision of drinking water, electricity, residential homes, classrooms, play areas and other facilities

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
- Arranging volunteer programmes for individuals, churches, civil society groups, and professionals to interact and assist with orphans and caregivers in various ways.

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

OA aims to ensure education, nutrition, hygiene and health care in orphanages across Africa. The pilot projects begun in Ghana in October 2002 have had positive outcomes. Consequently, we have applied these models to other orphanages so that they can become self-sufficient as well.

1.2.2 Achievements

Our first year focused on two orphanages in Ghana. These are examples of the kind of things we were able to achieve in the different fields described above:

Infrastructure and Agriculture:

- Orphanage painted
- Rabbits and hutches donated
- 6500€ of land bought
- Mobile phone, laptop computer and printer obtained
- Basics tools obtained (drill, etc.)
- Car donated

Education and Training:

- Volunteer program fully in place

Healthcare and Human Development:

- Nurse and three teachers in place
- Nutritional program started (including permaculture)
- Sick-room has been furnished

These accomplishments demonstrate all the energy deployed by the OA team to effectively achieve the goals. The most significant achievement is the deployment of the model of sustainability to six additional orphanages, and there are three more in the immediate future.

1.3 Projects

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.

1.3.1 High-Level Model description

Infrastructure & Agriculture	Education & Training	Healthcare & Human Development
Income generation ----- Chicken/Rabbit Farming (CF) Edible Gardens (EG) Permaculture ----- **	Kindergarten Schools (KS) Primary Schools (PS) Secondary Schools (SS) Library Programs (LP)	Baby Units (BU) Infirmaries (IU) Teenage Centers (TC) Well Woman Centers (WWC)
----- Cost reduction ----- Solar Energy Supply (SES) Water Pumps (WP)	Computer Centers (CC) Volunteer Programs (VP)	Herbal Medicine (HM) Wards in the Community

Specific budgets for some of these initiatives are given in the next section. They cannot be assessed in a standard way, as they depend on the local situation (existing premises, land available, orphanage location, etc.).

1.3.2 Project Plans 2004-2005

Rabbit Farming – Budget: 2 000 € Obuasi Orphanage (Ashanti region), Ghana

Goal: 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 rabbit farm for 1000 rabbits on existing premises

1. Cleaning of all the structures
2. Changing the wire mesh
3. Disinfecting the whole area
5. Purchasing 100 rabbits (for breeding)
6. Feed, vet and vaccines for the rabbits up to 24 weeks
7. Training local maintenance personal for farm management

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

Baby Unit – Budget: 22 000 €

Frafraha orphanage (Greater Accra Metropolitan Region) - Ghana

Goal: 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 babies
4. Developing programs in social service and delivery systems such as sponsoring, fostering:

Partners: Orphanage Africa – Ghana

Edible Garden Project – Budget: 9 800€

Obuasi (Ashanti Region), Adenta (Greater Accra Region), Tamale, Bolotanga, Jirapa (Northern Region) - Ghana

Goal: To produce high quality, vitamin-rich food and 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

Computer Centre – Budget 7 150€

Frafraha Primary School – Frafraha Orphanage - Ghana

Goal: To generate income and skills development that orphanages undertake individually, to reinforce the local markets and to contribute to the community as a whole. One of the principal problems facing these orphanages is the lack of income generating activities to help them become sustainable. This project will also give the orphans and deprived children of the community access to modern technology and training.

Action: To set up a computer lab on existent premises

Partners: Orphanage Africa – Ghana

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

Goal: To encourage literacy and skills development and 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 most cases, their families cannot read or write.

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

Goal: 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. Providing solar power and lighting
3. Setting up a house for the teaching staff
4. Providing training for local staff members in order for them to take over from the foreign staff

OA Training orphanage (2005) – Budget: 200 000€
Winneba (Central Region) – Ghana

Goal: To care for abandoned and orphaned children, especially those with HIV/AIDS and disabilities. The principal problem facing children in this country is the increased number of orphans due to the high incidence of HIV, tuberculosis and malaria. Although OA has a network of Infirmaries and Well Women's Centres to avoid more children been orphaned, we need to create an orphanage for those who don't have anywhere else to live.

Its secondary role, once built, would be to act as a training school for personnel for the other orphanages and as OA HQ in Ghana.

Actions: To set up an orphanage for 200 children

1. Designing, building, and furnishing all the structures
2. Training local maintenance personal for management

Solar Energy Supply (2005) – Budget: 51 000€
OA orphanage –Winneba (Central Region) – Ghana

Goal: To provide an ecological power supply and significantly reduce costs.

1.3.3 Ways to Help

There are multiple ways that individuals and businesses can help OA to implement its programs in various African orphanages:

Become a Member:

To follow OA's aim for long-term sustainability, we encourage you to donate on a long-term basis through our membership program. The minimum donation per month of 12 euros can feed a child for a month, or pay one child's primary school fees for a whole year. Become a member of Orphanage Africa and join us in our efforts to help these children.

General Donations:

Any general donations can be directly deposited into the Orphanage Africa account at Barclays Bank Barcelona: 0065 0076 61 0001027246.

Sponsor a Project:

For those who would like to decide exactly where their money goes, OA offers the opportunity to sponsor one of the projects listed above in the Project Plans 2004-2005 section. You can equally sponsor a specific adolescent through school and university.

Buy:

For only 15 Euros, buy a T-shirt or 20 Christmas cards designed with the orphans! They can be ordered on the OA website at: www.orphanageafrica.org.

Volunteer:

Come volunteer with OA in Africa! You can teach, cook, work in the fields, give advice, or just play with the children. If interested, write to: orphanageafrica@yahoo.com

Spread the Word:

Being a young organization, OA is not yet well-known. Spread the word ! The more publicity and support that OA receives, the more OA can help the orphanages.

2. Financial Statements

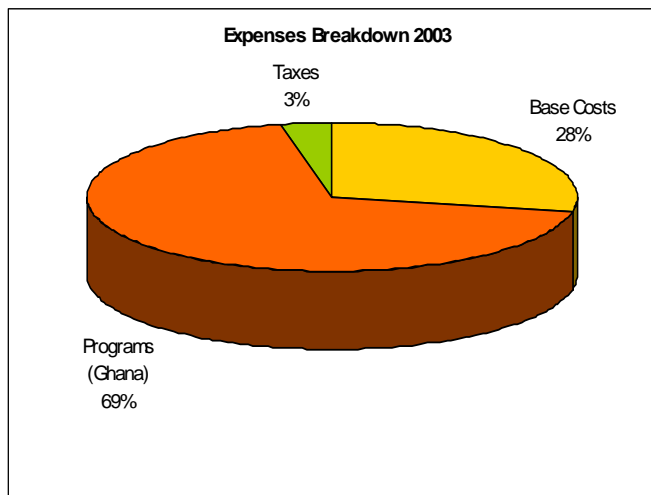
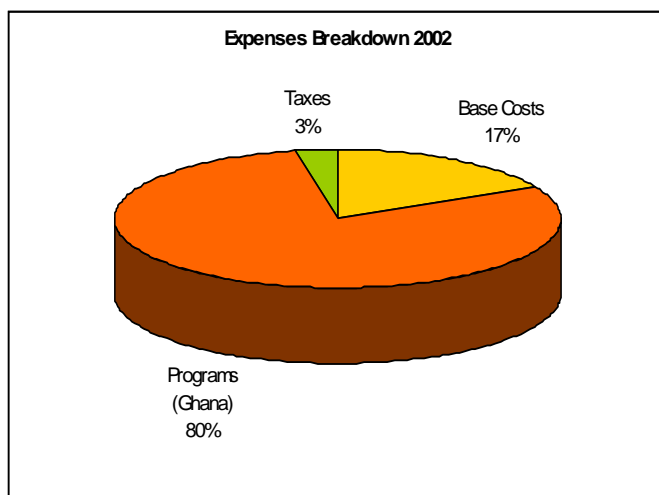
In the past year, 100% of OA's resources were from private sources, essentially due to generous donors and private companies in Spain and Italy. The volunteer program comprised 25% of the income generated. In many cases the volunteers contributed far beyond the standard volunteer fee.

In 2003 the expenses have increased by 56%. This increase is due to a 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 2000 people through free food, medical care or educational programs.

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

Income Statement 2002		
Incomes		
Subsidies and membership		23 601,00
		23 601,00
Expenses		
Operations		
	Base Costs	4 246,52
	Programs (Ghana)	19 769,15
	Taxes	741,54
		24 757,21
Net Income / Loss		-1 156,21

Income Statement 2003 (Oct. 2003)		
Incomes		
Subsidies and membership		53873,19
		53873,19
Expenses		
Operations		
	Base Costs	16163,28
	Programs (Ghana)	39594,93
	Taxes	1927,37
		57685,58
Net Income / Loss		-3812,39



3. Orphans in Sub-Saharan Africa

3.1 General overview

(extract from Children on The Brink 2002, by USAID, UNICEF and UNAIDS)

HIV/AIDS has a devastating impact on the world's youngest and most vulnerable citizens. Since researchers first identified HIV/AIDS nearly a generation ago, more than 20 million people around the world have died from the disease. An estimated 40 million are living with HIV today, including almost 3 million children under age 15.

One of the most telling and troubling consequences of the epidemic's growing reach is the number of children it has orphaned or seriously impacted. Currently, more than 13 million children under the age of 15 have lost one or both parents due to AIDS, mostly in sub-Saharan Africa. By 2010, this number is expected to jump to more than 25 million. While the impact of this loss of life differs across families, communities, and societies, one thing is clear: a child's life often falls apart when he or she loses a parent.

With infection rates still rising and adults continuing to succumb to the disease, HIV/AIDS will continue to cause large-scale suffering among children for at least the next two decades. *Children on the Brink 2002* contains statistics on children orphaned by HIV/AIDS from 88 countries, analysis of the trends found in those statistics, and strategies and principles for helping the children.

Estimates of children orphaned due to all causes are included to give a more realistic picture of the scale that responses must be developed for. By 2010, an estimated 106 million children under the age of 15 are projected to have lost one or both parents, with 25 million of this group orphaned due to HIV/AIDS.

Turning the tide of this emergency requires immediate and sustained action at all levels. 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 impact of AIDS on children is 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.

Sub-Saharan Africa has the greatest proportion of children who are orphans.

In 2001, 12% of sub-Saharan African children were orphans. This is almost double the proportion of orphans in Asia (6.5%), and more than double that found in Latin America (5%). Much of this difference is attributable solely to HIV/AIDS (Figure 1).

Because of AIDS, the number of orphans in sub-Saharan Africa is increasing dramatically, instead of declining. Orphans number more than 34 million in the region, with 11 million due to AIDS. By 2010, 5.8% of all children in sub-Saharan Africa will be orphaned by AIDS. In 2010, it is estimated that orphans from all causes will number 42 million, of whom 20 million will have lost one or both parents due to AIDS. Total orphans from all causes are expected to decrease in Latin America and Asia by 2010, with those orphaned by AIDS accounting for an increasing percentage of the total.

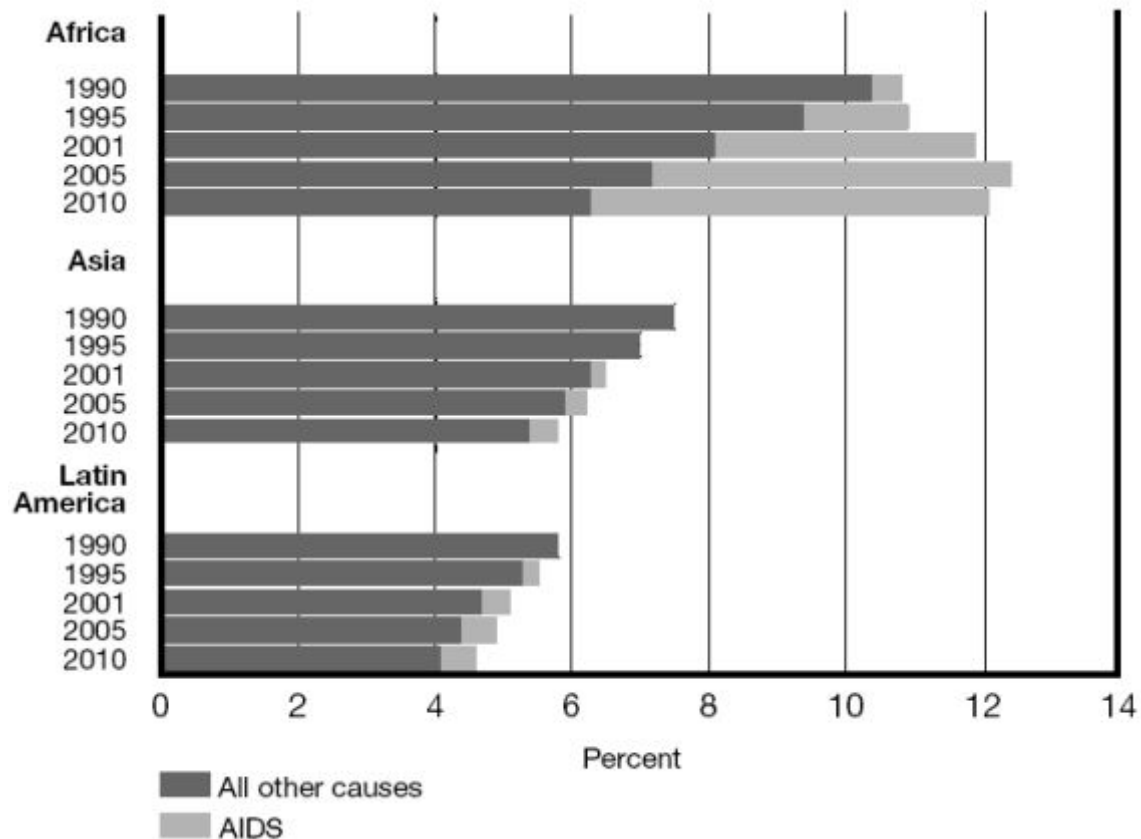


Figure 1. Percent of children under age 15 who are orphans by region, year, and cause

Mother-To-Child-Transmission (MTCT):

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 reduce the risk of infant infection by half.

A three-fold strategy is needed in order to prevent MTCT:

1. Protecting against infection
2. Avoiding pregnancies among HIV-infected women and women at risk
3. Preventing transmission of the virus from HIV-infected women to their infants during pregnancy, labor and delivery, as well as during breastfeeding. Voluntary counseling and testing are an essential part of this strategy.

3.2 Information about Ghana

Background

Ghana was formed from the merger of the British colony of the Gold Coast and the Togoland trust territory, and in 1957 became the first country in colonial Africa to gain its independence. A long series of coups resulted in the suspension of the constitution in 1981 and the banning of 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. He was succeeded by John Kufuor, who defeated former Vice President Atta Mills in a free and fair election.

Population:	20,467,747 <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 2003 est.)</i>
Age structure:	<i>0-14 years: 38.9% (male 4,021,570; female 3,938,454) 15-64 years: 57.5% (male 5,859,940; female 5,909,910) 65 years and over: 3.6% (male 350,045; female 387,828) (2003 est.)</i>
Median age:	<i>total: 19.8 years male: 19.5 years female: 20 years (2002)</i>
Population growth rate:	1.45% (2003 est.)
Birth rate:	25.84 births/1,000 population (2003 est.)
Death rate:	10.53 deaths/1,000 population (2003 est.)
Net migration rate:	-0.83 migrant(s)/1,000 population (2003 est.)
Sex ratio:	<i>at birth: 1.03 male(s)/female under 15 years: 1.02 male(s)/female 15-64 years: 0.99 male(s)/female 65 years and over: 0.9 male(s)/female total population: 1 male(s)/female (2003 est.)</i>
Infant mortality rate:	<i>total: 53.02 deaths/1,000 live births female: 49.98 deaths/1,000 live births (2003 est.) male: 55.97 deaths/1,000 live births</i>
Life expectancy at birth:	<i>total population: 56.53 years male: 55.66 years female: 57.43 years (2003 est.)</i>
Total fertility rate:	3.32 children born/woman (2003 est.)
HIV/AIDS - adult prevalence	3% (2001 est.)

rate:	
HIV/AIDS - people living with HIV/AIDS:	360,000 (2001 est.)
HIV/AIDS - deaths:	28,000 (2001 est.)
Nationality:	<i>noun:</i> Ghanaian(s) <i>adjective:</i> Ghanaian
Ethnic groups:	Black African 98.5% (major tribes - Akan 44%, Moshi-Dagomba 16%, Ewe 13%, Ga 8%, Gurma 3%, Yoruba 1%), European and other 1.5% (1998)
Religions:	Indigenous beliefs 21%, Muslim 16%, Christian 63%
Languages:	English (official), African languages (including Akan, Moshi-Dagomba, Ewe, and Ga)
Literacy:	<i>definition:</i> age 15 and over can read and write <i>female:</i> 67.1% (2003 est.) <i>male:</i> 82.7% <i>total population:</i> 74.8%
People - note:	There are 9,500 Liberians, 2,000 Sierra Leoneans, and 1,000 Togolese refugees residing in Ghana (2002)

More information is available on the CIA World Factbook.

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

3.3 Orphans in Ghana

The HIV/AIDS epidemic has rendered 170,000 children orphans and 173,098 more have been identified to be at risk of being infected with the disease. The Ashanti, Eastern, Greater Accra, and the Volta Regions have the highest concentration of 77.1% of the documented orphans and vulnerable children, while the Northern, Western, Upper East and Upper West Regions account for 22.9%.

This was revealed at an information dissemination workshop, which looked into a nationwide study on the status of AIDS orphans and vulnerable children in Ghana.

The study sponsored by the United Nations Development Programme and the Ghana AIDS Commission is to assist the government in the formation of a national policy for children affected by the epidemic, and to pave the way for the designing of programmes, 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 old that has lost either one or both parents to AIDS, and a vulnerable child to be a child under 18 years old, 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 until they died.

The study, therefore, called for foster parenthood, capacity building for caregivers, a sustainable livelihood strategy for caregivers, and 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 by the government for the AIDS issue was to formulate an appropriate policy and guideline 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.

The complete report is available in Appendix.

Conclusion

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

By thinking both at a day-to-day level as well at a long-term vision, OA is deploying every single effort to propose a model for sustainability, self-sufficiency and independence of orphanages across Africa.

After one year of existence, OA is now fully operational and has already achieved a lot. In 2002 and 2003 OA answered emergency and crisis situations in several Ghanaian orphanages. At the end of 2003, OA has recruited new people with diverse skills in order to increase the overall income from fundraising initiatives and donations.

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!

APPENDIX