

OrphanAid AFRICA

supporting orphans and vulnerable children



Annual Report 2008



OrphanAid **AFRICA Annual Report 2008**

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A letter from the founder and president

To our Collaborators, Contributors, and Friends,

The OrphanAid Africa team is thankful to all our friends, volunteers and especially donors for their continued support. You have helped us achieve important milestones such as the transformation of our community wards program as the center of our activities in 2008. OrphanAid Africa was the first NGO in Ghana to set up a program such as this, which places and supports orphans and vulnerable children (OVC) in foster or kinship care in the community so they can develop in a family environment, as opposed to placing them in orphanages or residential homes.

OrphanAid Africa also now provides this support, including processing birth certificates and care orders as well as national health insurance payments for more than 70 children and their caregivers. National Health Insurance enables the children and their caregivers to receive medicine and necessary medical treatments for free, with the cost per individual at just 8 euros per year.

These achievements have been essential in our movement to avoid institutional care for children whenever possible. Through our focus on supporting family units, thus allowing them to properly care for their own children within the local extended family system, we are helping strengthen the social fabric of that will benefit the children and Ghanaian society as a whole.

In 2008 OrphanAid Africa continued to focus its efforts to encompass creating an enabling environment for de-institutionalization. On an international level UNICEF advocates for alternatives to orphanages for children whose homes don't or can't provide adequate care and support or whose parents are desperate to provide their children with opportunities they can't provide by themselves.

The preferred solution, given that the best possible environment for children is generally with their families, is to try to prevent children from being separated from their families in the first place. Experience shows that simple and cost-effective support provided in a timely fashion to households reduces the institutionalization of children.

In Ghana specifically, the Care Reform Initiative, spearheaded by OrphanAid Africa alongside the Department of Social Welfare and other partners, has begun the de-institutionalization process. The intended project results include the following:

- Ghana will use institutionalization as a last resort for OVCs, preferring the use of social support systems such as cash transfers to promote in-family care.
- The public will be sensitized as to the need for family care in the community.
- The social workers will be adequately paid and motivated to keep an OVC database and community counseling systems set up during the project functioning.
- The three government orphanages, and the five or six aggregated private orphanages remaining by the end of the project will be reformed to a very high level, with standards and best practices adhered to.
- The vast majority of children in orphanages will be resettled in a family care context.
- Fostering and adoption rates will increase both on a national and international level.

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 made it 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 and President

Where we work



OrphanAid Africa implements its projects in Ghana, 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 un-registered 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 6,053 children and women each month.

* <https://www.cia.gov/library/publications/the-world-factbook/geos/gh.html>

OA history and philosophy



The History of OrphanAid Africa

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 glamorous 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.

OA's 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 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 guidelines of UNICEF, the UN and the Government 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.

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.

OA objectives

OrphanAid Africa 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.



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.

OrphanAid Africa helps families of children at risk of abandonment and gives them secure futures within their communities. Our goal is to strengthen families and communities so they can care for their own children.



Our approach is through four key program areas:

- keeping families together
- sending children to school
- keeping mothers alive
- protecting children by transforming systems

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 losing 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 2008 concentrated on the implementation of The Care Reform Initiative



We did this by

(A) Strengthening the Ghanaian Department of Social Welfare and Civil Society

(B) Exploring our own options for de-institutionalization by developing a model Foster Family Community

The Care Reform Initiative (CRI) is a joint venture between the Department of Social Welfare (DSW), OrphanAid Africa and other partners. 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:

1. 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.
2. 3,800 children in institutions will be identified and a database to track their cases will be created.
3. The care system that relies on orphanages will be transformed into one based on kinship and short and long term fostering.
4. 3,800 children in orphanages will be resettled in a family care context, or transitioned into independent living.
5. Fostering and adoption rates will be increased by at least 50%.
6. The general public in all districts will be sensitized on the benefits of family care and the risks associated with institutionalized care.
7. State employed social workers will be adequately paid and motivated to sustain the management of the OVC database, individual care plans and monitoring systems.
8. The three government-operated, and seven approved private residential Children's Homes will be transformed into model child care institutions.
9. A shelter, a home for children with special needs and a mother and baby home for transitional care will be available in each region.
10. Regulatory standards for Fostering and Kinship Care, Residential Care and Adoption will be produced.
11. Fund for care and support packages that enable children to remain with their families will be established.
12. Members of the Judiciary, Child Panel members, law enforcement agents, traditional and political leaders at a district and community level, and other stakeholders 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. (to be approved in 2007).

A: Strengthening the Ghanaian Department of Social Welfare and Civil Society

OrphanAid Africa's capacity building project aims to support 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 148, although at present, only five of them are registered at the Department of Social Welfare and 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 alternatives within the extended family and community.

On the whole the management of these establishments is 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.

B: Foster Family Model Development Project



Three years ago, in a move to achieve full sustainability, OA sought funds to purchase land next to the impoverished settler community of Ayenyah, which was 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 centre 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 Ecological Development in 2005.

This project 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 2008, with the help of our donors, principally Villa Roca, we continued to build the Foster Family Homes on our land and will permanently install the foster families there in the beginning of 2009. One of the main advantages for this project is that the new land belongs to the organization, meaning that the OA Foster Families can be fully autonomous. Moreover, in the new setting we will be able to offer the children better facilities, including a center for children with disabilities and special needs.

The Foster Family Homes are not an institution, but rather intend to provide the permanent long-term love, protection and care that a child would normally receive from his or her family. The children who live here will only include those where all attempts at tracing and reunification or resettlement have failed - often because they have special needs, have been trafficked, have chronic health problems or a long history of abuse. This means that rather than sleeping in dorms divided into age groups or categories, the children are grouped into self-contained family compounds, where a specially trained permanent foster mother cares for a maximum of 6 children. The aim is to create a long-term family relationship between adults and children as opposed to the short term ones usually found in care environments in Ghana.



The OA Foster Family Community site 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 about 20 kilometers from Agormenya, the epicenter of the Aids epidemic in Ghana. A component of the activities carried out by OA seek to address some of the socio-economic problems of the Ayenyah community.

In 2008, OA ran the following programs:

Program Area I: Keeping Families Together

The situation in Ghana: One of the main reasons cited for child abandonment is poverty and perceived inability to properly care for the child. A Children's Home can be 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 than within orphanages. 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. OA aims to greatly reduce the need for Children's Homes by implementing programs that assist the families to ensure that they are capable of caring and providing for their children.



OA has implemented community programs such as the **sponsored education program** 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).

OA continues to facilitate the **OICI feeding program**, which reaches nearly 700 needy and abandoned children each month. USAID provides the food for this project and OA has committed by paying the salary of the project manager to oversee the proper implementation and distribution of food. Access to proper nutrition is a major issue in developing countries and in some cases the existence of the feeding centre allows the children to remain with their families who otherwise couldn't afford to feed them.

The OA Community Wards Program

Inline with our initiative to favor family care, at the end of 2008 OA resettled and transferred all children under our care to their families or foster families, under the direction of the Department of Social Welfare of Ghana.



Inline with our initiative to favor family care, at the end of 2008 OA resettled and transferred all children under our care to their families or foster families, under the direction of the Department of Social Welfare of Ghana. We ran a cash transfer program for foster and kinship caregivers, as well as gave extensive counseling services 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 2008 we expanded this program to 75

beneficiaries in Central, Eastern and Greater Accra regions of the country.

Each month, the OA social worker and Foster Family Community Director pays a visit to the OA community wards and their extended family. After 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

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. Greater expansion of this program is planned in 2009.



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.

In parallel, OA's community development outreach included applying for 76 Birth certificates for children who didn't have them, training on positive parenting for 12 foster families, and the creation of a database and forms for administration purposes to better serve the beneficiaries.

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 university or technical training for their particular vocation. In 2008 OA resettled 2 adult wards and continued to support 30 others in their transition to independent living through living stipends, career guidance, counseling, and funding for access to national health insurance.



Emmanuel Ntiri - University College of Education

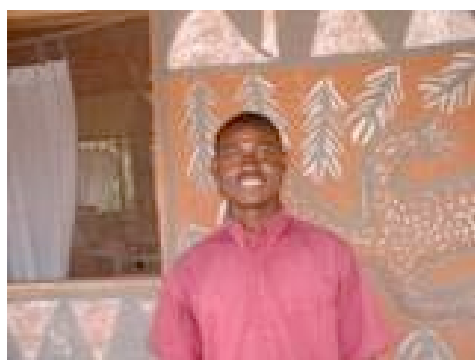
I did not find it easy at all when I was in primary and JSS; unfortunately my father died and my mother, not having anything at all, sent me to one of my uncles at a village near Kade. In fact, I stopped school to help my uncle with farming. Now I'm happy that God has blessed his people, including me and this is one of my greatest moments that all things are running smoothly. I have everything in the house and my life is perfect. With the support of OA,

I am now pursuing my university education in the field of Special Education at the University College of Education Winneba. I want to study hard to achieve my aim so that I can also support less fortunate children in OA home here and the nation as a whole.



Gbemou Akpene - University for Development Studies

I am grateful to Orphan Aid Africa for supporting me to reach university. I am a young girl whose father died some years back and had nobody to support my education. My siblings could not support me so I sought support from OA. The OA Education Director gave me career guidance and counseling after Senior High and with OA's support I am now at university. I am studying Integrated Development Studies at the University for Development Studies. I want to specialize in Community Development and hope to support needy young children in the future.



Archibald Afriyie - Delcam College

On behalf of my colleagues, I would like to thank you management and benefactors, for supporting us to do extra classes to rewrite our West African Senior School Certificate Examination (WASSCE). It has been very kind of you and we really appreciate being part of the class at Delcam College.

My colleagues and I have equipped ourselves very well academically and have improved greatly since last year. We will be very happy if other colleagues could start the classes when school resumes.

Program Area 2: Sending Children to School

The OA Education Scholarships Program helps relieve families of the economical burden associated with educating their children. **The OA Education Scholarships Program granted 533 sponsorships to needy children and young adults in 2008.**

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.

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 4 young students benefiting from OA education scholarships:



Abigail Djan is a 19-year-old girl from Anyinam in the Eastern Region. She is from a broken home and the father cannot be traced after abandoning the family. She lives with her single mother and two other siblings. Thanks to the support of OA, Abigail completed Mancel Vocational School in Kumasi where she studied Home Economics and Catering. She expresses her gratitude to OA for all their support – especially career guidance and financial counseling.



Peace Kwakudua is 17 years old. Her father passed away, and she is now living with her mother at Ashiyie, a suburb of Accra. Her mother fell very sick and as a result is unable to work. She used to sell roasted plantain on the streets to support the family. With the help of OA, Peace completed High School at Christian Heritage School where she studied General Arts. Peace is very appreciative of all the support she has received, from financial (fees), materials (books, uniform), and career guidance.



Michael is 21 years old and is from Navrongo in the Upper East Region. Both of his parents are alive but are old and unable to work. Due to his family's situation, he migrated to Accra to find a job on the street and ended up becoming a street boy. OA supported him so that he could complete his basic education while he was living with a brother at Anumle near Legon - Accra. Michael completed Junior High School at Kotobabi in Accra, but all efforts to get admission to Senior High School for him proved futile. Admission to all schools in the Greater Accra Region seemed impossible. Thanks to the education director, who traveled to Navrongo, he finally was admitted at Awe Senior High and Technical School. He is now in school, reunited with his family and community, and performing well in his studies. Michael has expressed his sincere gratitude to OA. Had it not been for OA he would have been a dropout.



Stella is 16 years old. Her father has passed away and she is now living with the mother at Kasoa in the Central Region. Her mother does petty trading to support the family. OA supports Stella and her elder sister Florence so that they can continue to go to school. Stella completed Christ Faith Mission School in April 2007, and was supposed to enter Senior High School in September 2007, but did not get admission until February 2008. OA sought admission for her at Aburi Secondary and Technical School, and the headmaster was very kind to admit her. Now because of OA's support, Stella is in school and did not become a dropout.

The OA Community School at Ayenyah



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, a health clinic, a women's support group, a 21-acre permaculture farm, our market garden, and volunteer program. Internet was connected in Ayenyah for the benefit of OA staff and the community.

In 2008 OA aimed to improve education at the school by offering a class room for children with disabilities, purchasing additional furnishings and aids, rehabilitating the library, and providing new uniforms as well as sports teachers.

In line with our mission to provide vulnerable children with a positive environment to grow up in we ran an extensive sports and skills program serving underprivileged children thanks to the Laureus Foundation. We believe that all children have a right to sports and recreation and that provision of sports will also help to solve many related problems around self-esteem, health, bonding between children and lack of integration in the community. OA employed a life skills consultant and two coaches for regular sporting and life skills teaching, arranged multiple excursions for competition football, and bought land for pitches and many sports accessories.



“We have seen major improvements in the way and manner in which the youth of Ayenyah have united together to clear the land for the new football pitch, volleyball court, basketball court and a dressing room. For the first time, these young kids are doing something together as a team. The Laureus Sports Program has given the youth of this community the feeling that they can improve themselves through sports.”

Prince, 18-years-old



Education for staff

In 2008 we also put resources into staff education by developing the capacity of OrphanAid Africa's staff through various training programs. We offered a red cross workshop for caregivers, gave pedagogical training to teachers on alternatives to corporal punishment and offered “Right to Play Training” for staff and stakeholders, provided conflict management training for staff, and supported two teachers in their professional development.

Programme Area 3: Keeping Mothers Alive

OA Community Wellness Center & HIV Advocacy

In March 2006 OA constructed and inaugurated an infirmary next to the OA Foster Family homes in the rural village of Ayenyah. The infirmary attends to the residents of the foster families (children and employees) and the 561 habitants of the marginalized community of Ayenyah. The infirmary includes a full time nurse and weekly visits by a doctor.



The profile of the country, conditioned partly by its demography, is characterized for high maternal and infantile mortality, especially in rural zones where the access to the medical care is limited, as in Ayenyah. We consider, moreover, that the greatest risk of death to women is the delay in treating complications related to pregnancy, childbirth and post-natal care, situations which most of the time are easily prevented if we have the adequate level of medical attention and an emergency plan in the community.

The infant mortality rate in developed countries is 5,8 per 1.000 births, as opposed to Ghana where the proportion for babies under one year old is 68 per 1.000 births, and 112 per 1.000 children from 1 to 4 years. This represents a total of 178 infant deaths per 1.000 births principally caused by malaria, pneumonia, diarrhea and malnutrition. These deaths can easily be avoided by providing an adequate level of healthcare in poor, rural communities.

The center focuses on HIV prevention and the transmission of sexually transmitted diseases, as well as contraception and sexual education, 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 community as a whole.

Antenatal health, HIV prevention and education are a major focus of the center, 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.

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.

During 2008, the mobile HIV advocacy team traveled to different communities, which enabled us to reach populations further from the city center. The team visited thirteen homes to spread awareness on the dangers of HIV. OrphanAid Africa also helped families through HIV screening processes thanks to an adapted care program. This program, called Voluntary Counseling & Testing is carried out throughout the country. The Ashanti region was the first to benefit due to the large amount of orphans whose mothers died from the AIDS virus. In 2008 320 children benefited from the program. Four children were diagnosed as HIV positive and are now identified by the Ministry of Health for regular check-ups.

For eight months during 2008 OA continued funding a weekly radio show “Gold Youth Corner”, which played on 3 different national radio stations. Each week a specialized advocate, invited guests and an HIV positive woman 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 hugely popular radio shows, financed by OrphanAid Africa, the Ghanaian public, especially women and youth, gained access to clear and practical information on AIDS (prevention, treatments, etc).

HIV awareness building in remote villages



Programme Area 4: Protecting Children By Transforming Systems

Creating an Enabling Environment for De-institutionalization to support the Care Reform Initiative in Ghana in various ways.

- Communication and awareness building amongst the public
- Organizing and/or participating in training programs, committees, groups and workshops in order to increase knowledge in the government and NGO sector
- Creation of publications and handbooks to create a system of standards
- Census, research, and information compiling in order to gain necessary data regarding the beneficiaries in Ghana

OA led various communication projects that increased public awareness of the problem of institutional care, and encouraging family care. This included the creation of a CRI website, press, radio, and television coverage, as well as the printing and distribution of 8,000 brochures.

We sponsored various committees, groups and workshops in order to increase knowledge amongst government agencies and NGOs in Ghana. In 2008 OA sponsored and participated in the Government of Ghana Technical OVC Steering Committee, held a forum for 500 NGOS on CRI and NPA, held a post forum meeting to bring other NGOs on board, held an internal stake holders meeting to define goals and timeline, participated in the Government of Ghana Positive Upbringing Committee, and became a member of DAWNNET NGO collation.

OA organized a workshop for media professionals on of the use of the proper terminology, the problem of institutional care, and encouraging family care. We additionally held a youth rally, facilitated Adoption workshop for member of the diplomatic corps and the Ghana Association of Social Workers, and held a one-day training workshop for 28 selected Social Workers on the benefits of community care.

In 2008 OA continued to contribute to various publications and handbooks that would allow us to create a system of standards. With the support of UNICEF we produced the new Draft Standards for Residential Care Handbook, the new Draft Regulations for Foster Care Handbook, wrote a holistic curriculum for caregivers and produced a DVD and television show of 40 episodes on Positive Parenting, and made a documentary on the danger of institutional care for children called “Children’s voices”.

We handed over the finished Census of Children's Homes, an official communication to the Department of Social Welfare of status of institutionalized children in Ghana with their names and whereabouts and also produced a database ready to use for tracing and reunification of de institutionalized children. To additionally support the Department of Social Welfare, OA financed new office furnishings for the CRI team.

In 2008 OA continued working with the **Government of Ghana Labone Reformatory and Remand Home** in Accra with the end goal of helping them reach a level of minimum standards adequate for the children serviced.

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 2008 OA assisted the Remand Home by continuing to provide the support of a full-time social worker, as well as a visiting social worker. We successfully reintegrated 2 children into society, and reunified 12 children with their parents and families. OA additionally facilitated lawyer intervention for early treatment of cases and provided a life skill consultant, sports teacher and sports equipment. The latter were sponsored by the Laureus sports for good foundation and were part of a larger project that used sports to reach out to difficult, abused and delinquent children, giving them access to social workers, medical treatment and other support.

Most importantly, in 2008 OA signed a sponsorship agreement with UNICEF and Ghana Aids Commission that would allow us to continue working to improve awareness on the danger of institutionalization for children.

OrphanAid Africa Workplan 2009

In 2009 OA will maintain all ongoing initiatives from 2008, 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 Community Wards Program which will be re-named Family Support Services to better describe its scope.

The following strategic action programs will be implemented in 2009:

- Care Reform Initiative: creating an enabling environment for de -institutionalization
- Family Support Services: supporting families to care for de-institutionalized children or those at risk of institutionalization
- Community projects, Ayenyah school, volunteer program, sports and PR: supporting and developing our immediate environment
- Education grants: paying school fees for vulnerable children
- Donor accountability: providing feedback and support to donors
- Creating a Strategic plan for the development of OA over the next 5 years

The following departments will implement these programs in 2009:

Department	Basic Activities and Programs
Projects	<ul style="list-style-type: none"> • CRI: positive parenting, advocacy, government liaison, partnerships, media, food program, training, workshops, and awareness building • HR, large purchases, staff training, legal requirements, staff coaching, program audits
Family Support Services	<ul style="list-style-type: none"> • Foster care, kinship care, cash transfers parenting classes, enabling adoption, training of foster mothers, child participation, sensitization of child panels (case by case), counseling, legal aid, counseling for children, national health insurance payment, obtain birth certificates
Education	<ul style="list-style-type: none"> • Scholarship Program
External Relations	<ul style="list-style-type: none"> • PR, adult education, sports sessions, recruiting and supporting volunteers and visitors, culture, supporting Ayenyah school by providing resources and support staff, library, community center, clinic, Laureus reports, maintaining sports equipment and facilities, relationship with DA.
Donor Accountability	<ul style="list-style-type: none"> • Reports, check payments, standing orders, cash book, salaries, tax, PWC audits, budgets, asset maintenance: (garden, building, vehicles).

FINANCIAL STATEMENTS:

In 2008, OA's resources were mainly from private sources, essentially due to generous donors, foundations and private individual companies. A small part of the income was thanks to government grants acquired.

In 2008 the total funds contributed by the European and American branches to run OA's programs in Ghana showed only a small increase of 3 860 € from the previous year, (424.447 € in 2008 from 420.587 € in 2007) which demonstrates the stabilization of fundraising activities.

Of the funds received in Ghana 13% was spent on administration and donor accountability, with 5% depreciation bringing **the total percentage of funds spent directly on the program beneficiaries to 82%.**

In 2008 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 6,053 people through support to schools and government institutions, feeding programs, medical care, HIV outreach and advocacy programs for communities, and educational scholarship programs. In 2008 the construction of the Foster Family Homes continued and numerous development projects, including running the community school and providing health care, were continued in the economically depressed and isolated village of Ayenyah. Most importantly in 2008 were the steps taken to ensure the continuation of The Care Reform Initiative 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.

In 2009 we aim to maintain the amount of funds contributed to OA programs in Ghana with respect to 2008 thus enabling us to maintain 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@oafrika.org or on our website www.oafrika.org

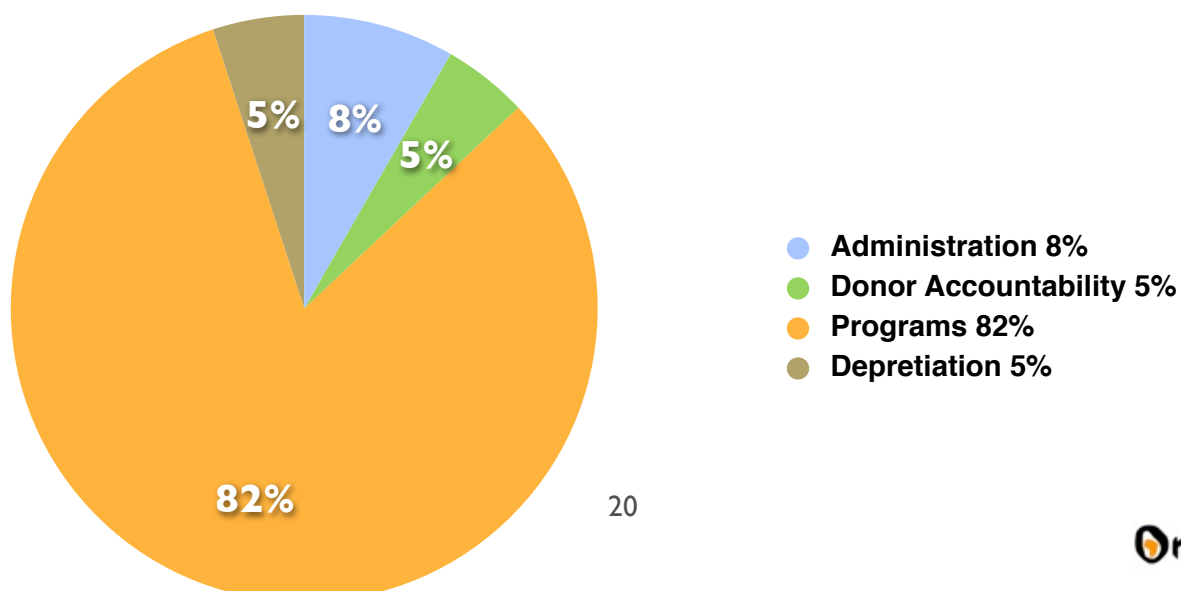
2008 Ghana Accounts

OA Ghana Consolidated Accounts*

Account Results (Summary)	Consolidated
Income	584 774 GH¢
Program and Administration Expenses	
Administrative expenses	40 681 GH¢
Adult wards	14 071 GH¢
Ayenyah community development	8 133 GH¢
Care reform	29 743 GH¢
Community care	21 902 GH¢
Depreciation	28 057 GH¢
Donor Accountability	22 971 GH¢
Education	82 991 GH¢
Farm	9 601 GH¢
Foster families	87 713 GH¢
Ghana Aids Commission	5 804 GH¢
Guest house	14 241 GH¢
HIV advocacy	12 022 GH¢
Laureus Sports Program	28 796 GH¢
New site	1 847 GH¢
Support department	1 424 GH¢
UNICEF	51 526 GH¢
Volunteer coordination	11 853 GH¢
Well women centre	19 222 GH¢
Total Expenses	489 208 GH¢
Surplus	95 566 GH¢

Fund balance	For the year ended 31 December 2008
Balance at 1 January	261 324 GH¢
Surplus	95 566 GH¢
Revaluation surplus	86 480 GH¢
Balance at 31 December	443 370 GH¢

*OA consolidated accounts for the operational branch in Ghana.



2008 Consolidated Accounts

OA Europe / USA Consolidated Accounts*

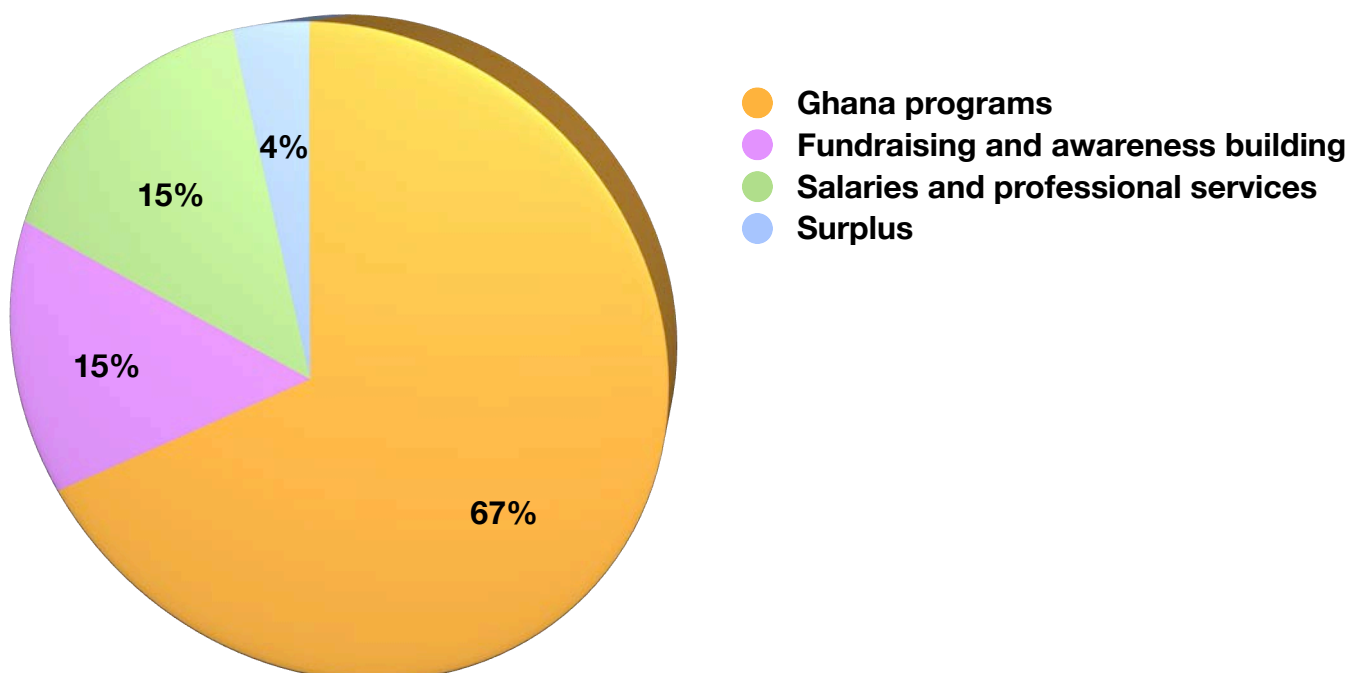
Account Results (Summary)	Consolidated	
Income	634 178 €	
	Total Income	634 178 €
Project Support - Ghana Programs	424 447 €	
Other External Expenses	92 941 €	
Salaries & Human Resources	94 367 €	
	Total Expenses	611 756 €
	2008 Year end result	22 422 €

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

OA Europe / USA Consolidated Accounts by Country

Account Results (Summary)	France	Italy	Spain	USA	Germany	Switzerland
Income	168 091 €	155 397 €	231 552 €	33 819 €	38 675 €	6 644 €
Project Support - Ghana Programs	96 883 €	93 066 €	174 714 €	24 059 €	33 328 €	2 397 €
Other External Expenses	36 575 €	26 544 €	22 379 €	4 541 €	2 650 €	252 €
Salaries & Human Resources	39 601 €	21 481 €	28 969 €	4 316 €	0	0 €
Total Expenses	173 060 €	141 091 €	226 062 €	32 916 €	35 978 €	2 649 €
2008 Year end result	-4 969 €	14 306 €	5 490 €	903 €	2 697 €	3 995 €

Fundraising Branches Expense Summary - OA Spain, France, Italy, Switzerland, Germany, USA



OA OPERATING TEAMS:

OrphanAid 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 50 Ghanaian staff working directly in Ghana.

OrphanAid Africa Ghana

OrphanAid Africa (OA) is a Non-Governmental Organisation (N.G.O.) registered with the department of Social Welfare in the Greater Accra region in Ghana. Registration No.D.S.W. 1951, issued on 30/10/03.

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*

Bianca Collier, *Program Manager*

Henry Yeboah, *Education Dept Head*

Carmen Perez & Nana Yaw Saah Aboagye, *Volunteer Coordinators*

Innocent Eso and Maxwell Doh, *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, Agriculturists, Permaculturists, Artisans, Sports Coaches, Cooks, Cleaners, Security, Drivers and Volunteer Workers.

OrphanAid Africa Spain

OrphanAid Africa established an office in Barcelona, Spain in October 2002. ORPHANAID 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

Fernando Masià Martí, *President*

Lisa Lovatt-Smith, *Vice-President*

Ramón Masià Martí, *Secretary*

Sonia Barrajon, *Treasurer*

Operations & Fundraising

Dhaniella Falk, *Fundraiser*

Aida Maia, *Fundraiser*

Raquel Sacristán, *Fundraiser*

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*

Luca Magni, *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

Katie Kennedy, *President*

Anushia Manoharan, *Treasurer*

Claire Parfitt, *Secretary*

OrphanAid Africa Germany

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*

Lukas Rosenkranz, *Member of the Advisory Committee*

OrphanAid Africa USA

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 and collaborators who made
our work possible in 2008.**

A special thanks to...

France:

Allison Davenport
Anonymous donor
Association Mondiale des Amis de l'Enfance
Hotel Montalembert, Paris
Monthly donors
Volunteer program participants

Germany:

BG Phoenix GmbH
Billi-Bolli Kindermöbel GmbH
elspec GmbH
Gerti & Heinz Iglhaut
Human Synergistics Deutschland GmbH
Ingenieurbüro Dr. Gauch
Lukas Rosenkranz
opus 5 interaktive medien GmbH

Ghana:

Ghana Aids Commission
Laureus
Lycée français Jacques Prevert
Marcel Desailly
MTN
UNICEF

Italy:

Baglioni Hotels
Braccialini
Cesarina Imbresi
Chantecler
Coin
Enrico Falck
Fondazione Child Priority
La Bottega Dell'albergo
La Contessa Marta Marzotto
Marco Moglia
Missoni
Rodo Firenze
Starhotels
System Management Services

Switzerland:

Kona Bike
Le Coin Grec
United Nations Women Guild - Geneva

Spain:

Ayuntamiento Elda
Ayuntamiento Teulada-Moraira
Beatriz Zafrilla
Expressive
Fundación Laureus
Fundación Renta
Grupo Sopesan
José Luis Pascual
Louis Vuitton
Sam Chesterton
Sonia Barrajon y amigos
Sonia Bermúdez
Valerie Hernández y amigos
Viajeros sin Fronteras
Victoria Gómez
Villa Roca

United States:

Bousquet-Chavanne Family
Carlson Family Foundation
Federica Gironi
Harm de Blij
Ileana Makri
Missoni
Ryan Flahive & friends
Sinead O'Leary
Susastera Inc.