

Africare

Improving lives, Building futures

Annual Report 2009

Improving lives, Building futures

Améliorer les vies, Bâtir l'avenir

Melhorar as vidas, Construir o futuro

تحسين الحياة، بناء المستقبل

Cover Photo: Thirteen-year old school girl who lives in Ajegbende close to Epe in Lagos state in Nigeria. The Ajegbende community is one of three in the Epe Axis where Africare—through the TAP project—supported community based Orphan and Vulnerable Children and other services. Community based caregivers supervised by the Bethesda Child Support Agency with Africare training and supportive supervision provided direct care including kids club activities, homework assistance, nutritional and education support, long lasting insecticide treated bed nets, and safe water systems for home use.

Cover photo by Alexandra Seegers

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Alexandra Seegers



Elizabeth Adelski

Chairman and President's Message



W. Frank Fountain

Africare's geographic reach has expanded since our origins in West Africa's Sahel region but our intent remains unchanged—to go where the need is greatest. Africare now has worked in all corners of Africa providing nearly 1 billion dollars for development and humanitarian assistance in 36 African nations that have helped improve the lives of millions.

In this 2009 annual report, you will learn more of our work of caring about Africa a little differently by partnering with and empowering Africans to lift themselves out of poverty. You will read their stories, told in their own words, about how their lives have been transformed with Africare's assistance.



Darius Mans

At the core of our work is placing communities at the center. Whether the focus is on health, water, food security or humanitarian assistance, Africare directly engages communities right from the inception of projects and throughout their implementation. The goal is to promote local ownership, skills transfer and leadership development, which increase the likelihood of achieving concrete results that are sustainable and scaleable.

Looking ahead, we want to build upon our decades of experience and commitment to working alongside individuals, families, and communities in close collaboration with governments, the private sector, donors, and fellow civil society organizations to help ensure a brighter future across Africa.

Thank you for the role you play in helping to make a difference in the lives of so many. We truly appreciate your support.

W. Frank Fountain
Chairman of the Board

Darius Mans
President

Farewell Julius Coles and Welcome Darius Mans

In 2009 Africare's President Julius E. Coles announced his retirement after having served in the position for more than seven years.

During his tenure Africare grew and expanded across the African continent. He streamlined budgeting and reporting systems and brought in more than US \$400 million in new commitments—almost doubling the total amount of development dollars generated by Africare over its 39-year history.

On the program side Mr. Coles formally added water and sanitation as one of the key program areas alongside agriculture and food security, health and HIV/AIDS, and emergency and humanitarian response. He oversaw the implementation of various new projects in the communities in which Africare works.

From his early days as an Operation Crossroads Volunteer in Senegal, to assuming the top position at Africare, Mr. Coles' belief in the people of Africa and his respect for their culture remained strong. Looking back on his Africare years, Coles reflected, "Africare is one of the world's best and the most committed organizations working on the African continent. It has been a privilege to build on this legacy."

In January 2010, Africare welcomed Dr. Darius Mans as its next leader. Prior to joining Africare he served as the Acting Chief Executive Officer of the Millennium Challenge Corporation. He brings to Africare more than 30 years of development experience. Committed to the continent Dr. Mans is poised to take Africare to new heights.



Shannon Jensen

Former Africare President Julius E. Coles



Africare President Dr. Darius Mans



“We were taught how to look after animals, grow crops using better farming methods, and now we still use what we learned and we can also teach others”

Tavhare Fernando Chingore, Mozambique

Food Security and Agriculture

Malnutrition affects a third of all people in Sub-Saharan Africa—more than in any other region in the world—and an estimated 310 million people live below the “extreme” poverty line of less than \$1 a day. Strategies used to improve food production have been hampered by high population growth, and in some areas, political instability. In addition, though Africa is the continent least responsible for climate change which adversely affects agriculture, it is the most affected and least able to afford the costs of adaptation. However, on this continent where food production per capita has dropped over the past 30 years, Africare’s work has shown that rural poverty can be overcome, malnutrition can be reversed and farmers can feed their families with appropriate development support.

Africa’s future lies in the hands of its farmers and rural entrepreneurs, many of them women. Representing 80 percent of the population, they are a potential engine for economic growth. They could transform what is now the world’s most food deficit region into possibly the next breadbasket of the world.

Africare’s food security and agriculture programs focus on improving food availability, food access and

food utilization, to reduce risk and vulnerability. Over 40 years our strategy has been to work in partnership with individual farmers, farmers’ associations, women’s groups—who represent 75 percent of food production in Africa—with the principle objectives of linking food production and productivity to improved nutrition and income.

To fully address a community’s needs, our programs encompass much more than just crops and livestock. Africare works with farmers and communities through a comprehensive approach ranging from crop diversification, improved techniques, farmers’ associations, development and micro-credit, all to support conflict resolution, civic education, gender equality and basic adult literacy. As a result, communities are able to create and implement their own Village Development Action Plans to better prepare for and anticipate shocks such as floods and drought.

Though the challenges of food insecurity in Africa are immense, they can be overcome. Africare’s work proves every year—farmer by farmer, village by village, and province by province—that the right type of interventions truly get results.

2009 HIGHLIGHTS Food Security and Agriculture

In Malawi, Africare provided support and training to build improved irrigation canals in farming communities allowing for greater food production. As a result, food insecurity for 2,049 farm families was reduced from six months to two months; and the average income of farmers benefiting from irrigation systems increased from US\$36 to US\$143.



A total of 63,750 linear meters of disease-resistant cassava were distributed to individual beneficiaries living in the Democratic Republic of the Congo. To improve market linkages, Africare distributed food in exchange for the participant’s labor to rehabilitate 10 kilometers of road and 5.6 kilometers of irrigation canal.



Food programs improved the nutritional status of 4,185 moderately malnourished children under three, pregnant women, and lactating mothers in Burkina Faso.





IMPACT

Food Security and Agriculture

Africare's programs in food security and agriculture measurably improve conditions across the continent.

By almost doubling the availability of food, Africare programs led to a nearly 25% malnutrition reduction in over 100 villages in Burkina Faso and a 6% reduction in over 100 communities in Uganda. In addition, post-harvest losses fell by over 30% in Uganda and food availability increased by 40%, resulting in a 7% reduction in the stunting of children between the ages of two and six.

In Mozambique, Africare's support for oilseed production and processing in four districts more than doubled farmer incomes and reduced stunting of children under age six by 60%.

In Burkina Faso, thanks to Africare's growth monitoring program for severely malnourished infants, 80% gained between 425 grams and 550 grams and 20% gained between 325 grams and 365 grams in only 12 days. And after two months of the children's participation in the program, all of them were rehabilitated and classified as well nourished.

“Equipped to Serve Others!”

Musa Amos Conteh stopped his formal education because of civil wars that beset Sierra Leone over the last decades. His ambition of becoming a teacher vanished when his parents died in the wars and there was no other source of money for his school fees. He worked as a manual laborer on the farms of rich people or at construction sites to earn money just to survive and to support his extended family. His own children were denied the opportunity to go to school because he, too, couldn't afford the school fees, even though he and his family lived on two hectares of arable but uncultivated land that he had inherited from his father.

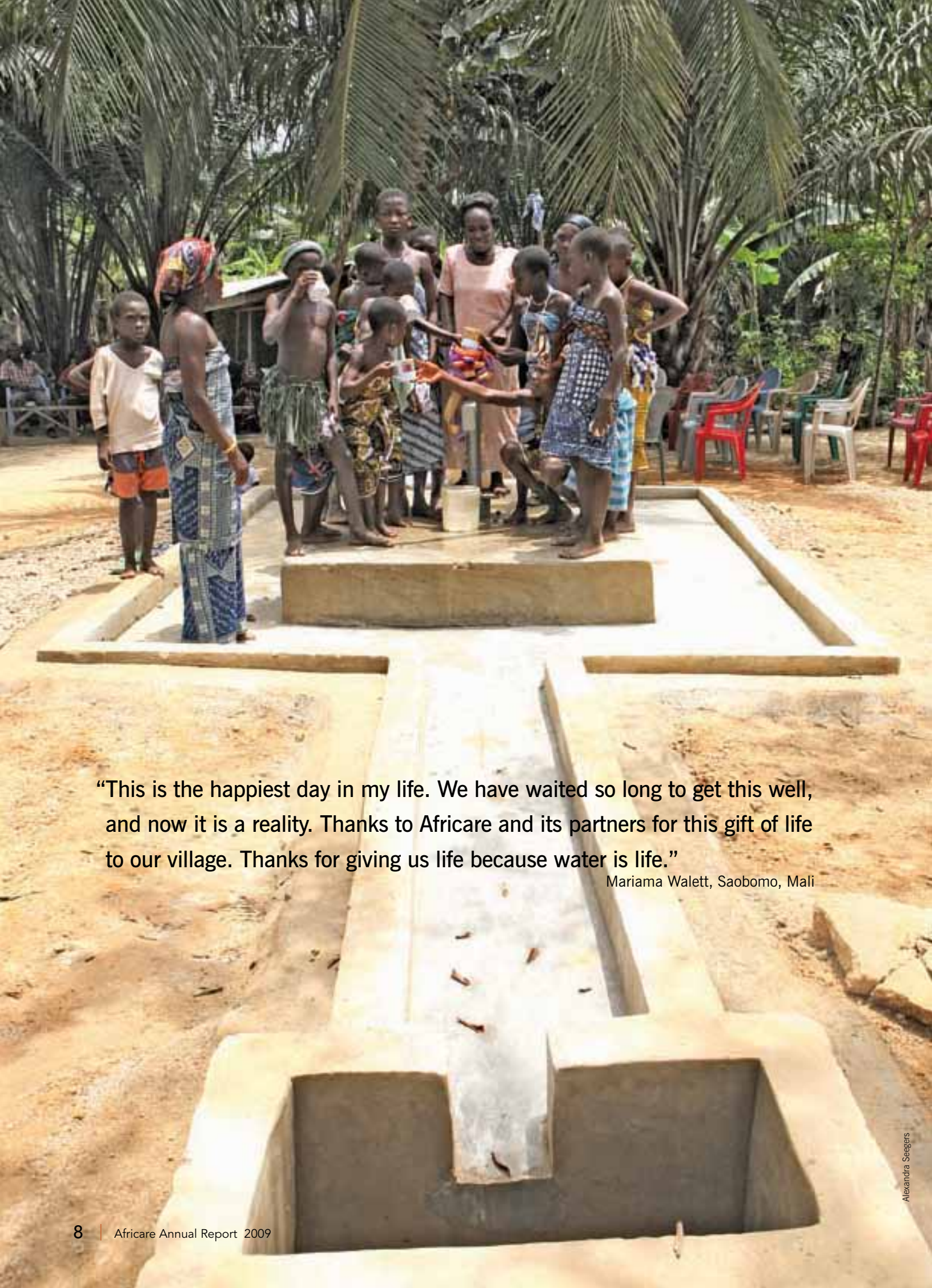
In 2007, Musa joined as a trainee in the TOT “Training of the Trainer” Course, as part of Africare’s Food for Security activities in Ndamba community, Njaluahun Chiefdom, Kailahun District. Initially reluctant to join, Musa was encouraged by a neighboring farmer who had participated in the first two days of the session. The program taught them technologies to increase crop production, teaching skills for other farmers, and an orientation into farming as business. Musa emerged as one of the best students among the other 21 trainee farmers.

After completing the program, Musa established his one-hectare demonstration plot, experimenting with cassava, sweet potatoes, groundnuts, and vegetables. Combining several of the farming practices he had learned in the Africare program such as proper tilling and ridging, good varieties, early weeding and proper spacing, plus the use of organic manure, his crop harvests increased four- to six-fold. He not only raised enough food to easily feed his family, but he was able to sell a full half of the crop harvest, making enough money to send his children to school. “I am very grateful for the knowledge and skills offered by Africare. My family and I had never generated such an amount of money from crop sales before I joined this program.”

Musa has now become a model prosperous farmer in the community and has contracted with a local

NGO to facilitate two Food Security programs in nearby districts. “After my completion of training in FFS (Food for Security) methodologies, I feel now equipped and ready to mobilize and serve other farmers so that we all join hands to improve the food security situation in our community.” And even better, he says “Africare’s introduction of FFS in our community has improved the welfare of my family and made me regain my dream of becoming a teacher once again. And I am thinking about an even bigger project on my farm. Next time you come, you will be able to see it.”





“This is the happiest day in my life. We have waited so long to get this well, and now it is a reality. Thanks to Africare and its partners for this gift of life to our village. Thanks for giving us life because water is life.”

Mariama Walett, Saobomo, Mali

Water and Sanitation

Africa is plagued not so much by the shortage of water as by its inaccessibility. Of all the renewable water available in Africa, only 4 percent is actually used each year—because most African communities lack the money for building wells, pumps, canals, reservoirs, irrigation systems, and sanitation facilities essential to utilizing the potential water supply. Where there are rivers, farmers may have difficulty moving water to their fields. In dry, desertified regions, vast supplies of water flow underground, exploitable only by deep wells.

In Sub-Saharan Africa, sanitation coverage is a mere 36 percent. In fact, the World Health Organization cites ten Sub-Saharan African countries among the world's bottom twelve with regard to the availability of adequate sanitation.

Water-related diseases remain Africa's most serious public health threat, killing 5,000 children everyday and causing 80 percent of childhood illnesses. Lack of clean drinking water and proper toilet facilities under-

mine the sustainability of other critical needs, including education, economic development, nutrition, environmental health and gender equality.

At its inception, Africare responded to drought-stricken communities throughout the then, six-country Inter-State Committee for the Fight against the Drought in the Sahel (CILSS). Construction of hand-dug wells, rehabilitation of abandoned bore holes, construction of earthen dams and the design and implementation of large-scale river-based irrigation schemes were major elements of Africare's earliest response to Africa's expressed needs for water in Niger, Mali, Chad, Burkina Faso (then Upper Volta), Senegal and Mauritania.

Today, in more than twenty countries, water continues to be an entry point in response to village and government demand and an integral component of Africare's development and relief activities in agriculture, health, education, natural resources management and livelihoods.

2009 HIGHLIGHTS Water and Sanitation

Africare provided integrated water, sanitation and health training to schools in Luapula District in the Southern Province of Zambia, while also training peer educators in activities such as health and hygiene education to improve the day to day health of children and their families.



Four schools in Angola received environmentally friendly latrines. Training was also provided to school clubs and communities on water and sanitation hygiene.



Alexandra Seegers



Africare stresses the integration of water, sanitation and hygiene in most of our projects. We recognize that a well or spring with clean water, when combined with hygiene education and proper waste disposal, reduces diarrhea and other water-borne diseases. Additionally, clean water sources near homes reduce the time spent by women and girls fetching water, often from more than five miles away by foot. Separate and clean toilets for boys and girls in schools significantly improve attendance rates of girls. Over our history, we have worked in thousands of African communities to ensure reliable supplies of water and sanitation facilities through the construction of wells, springs, dams, boreholes, rainwater catchments, latrines and hand washing facilities.

Africare emphasizes appropriate technology and community participation, training and empowerment to ensure the sustainability of water interventions as well as to seek gender equity. We organize village water user committees, which oversee water project implementation and ultimately water point maintenance and repair. Africare also helps communities understand the connection between polluted water and disease and the measures that people should take to stay healthy.

Alexandra Seegers

“We have water!”

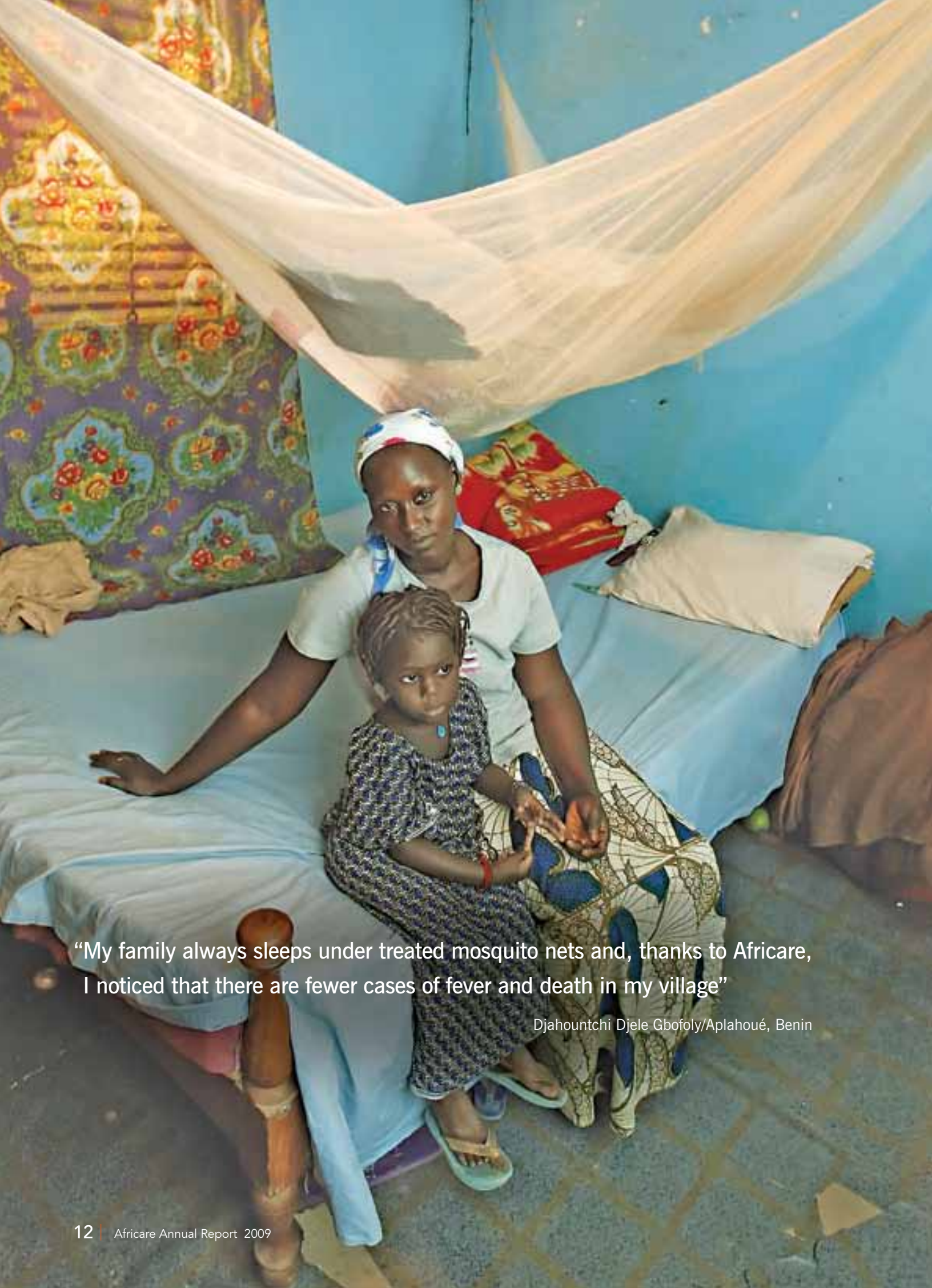
The village of Tsamia Djigo in Niger has a population of about 3,000 inhabitants, with only two modern wells. In 1985, construction of one of the wells was stopped at a depth of 95 meters without reaching ground water. A second well was constructed in 2001, and that one broke down so the villagers have had to travel up to 15 kilometers to get water. During the rainy season the village depends on temporary swamps, despite the fact that this water is dirty and unfit for human consumption.



Elizabeth Williams

With funding from the African Well Fund, Africare worked with the village to continue the drilling of the first well that had never reached ground water. Africare began by strengthening the village Well Management Committee through training members in the management of water resources, including bookkeeping, mobilizing additional funds, and developing an awareness of water-related diseases. From there, the work to continue drilling began.

One day, after a long, hot day of work, the laborers were relaxing under the biggest tree of the village when they heard a big noise that sounded like a fired weapon. The villagers ran to the well and upon seeing the water exclaimed, “We have water!” jumping and shouting with happiness. “Our water problem is ended forever. All our thanks to Africare and the African Well Fund,” said the 117-year-old village head, who had a drink of water and showered himself with water coming directly from the well. Food was cooked by the village women for the laborers and neighboring villagers, who came to share in their happiness, followed by the largest feast the village had ever prepared!



“My family always sleeps under treated mosquito nets and, thanks to Africare, I noticed that there are fewer cases of fever and death in my village”

Djahountchi Djele Gbofoly/Aplahoué, Benin

Health and HIV/AIDS

Of all the regions of the world, Sub-Saharan Africa presents the most serious health problems and has by far the fewest resources to care for the health of its people. From infant, child and maternal mortality, and death from preventable or curable illnesses to the high rates of malnutrition, tropical diseases, and now overwhelmingly HIV/AIDS, Sub-Saharan Africa struggles to manage its widespread health challenges.

The statistics are daunting. One out of every five African children dies before his or her fifth birthday—the highest mortality rate of any region in the world. Even though largely preventable and treatable, more than a million people worldwide die of malaria each year—90 percent of those deaths occur in Sub-Saharan Africa. Africans represent 64 percent of the world's people living with HIV/AIDS—an estimated 25.4 million. In the United States, life expectancy at birth is 77 years—in Sub-Saharan Africa it averages just 46 years. It is below 40 in some war-torn countries and those especially hard-hit by the HIV/AIDS pandemic. Medical personnel are in short supply—in many countries there is just one doctor for 10,000 to 25,000 people.

Africare's first project, in 1970, was to assist an understaffed, under-equipped rural health clinic in the West African nation of Niger. Ever since, Africare has maintained its commitment to the health of the African people. Numerous programs seek to improve mother and child health and fight diseases like malaria, HIV/AIDS and tuberculosis. Programs also work to improve nutrition, access to clean water, personal hygiene and to promote healthier living through behavior change especially in rural hard-to-reach areas where, very often, there is no access to even basic medical care.

Paying explicit attention to gender has also enhanced the effectiveness of Africare's health, nutrition and hygiene initiatives. Our projects directly involve women in the implementation process as community volunteers and at the same time enhance women's knowledge, skills and their status in the communities. Recognizing the role men play in the decision making process with regard to accessing health care services, Africare also targets men with specific messages that address gender norms in the African context. For instance in Zimbabwe, Africare recruited and trained men to provide home based care for AIDS patients, thus reducing the burden on women.

2009 HIGHLIGHTS Health and HIV/AIDS

Through Africare's Community-based Orphan Care Protection and Empowerment project, a total of 156,627 orphans and vulnerable children were aided with three or more essential services including health and nutritional support, income generation, education assistance and psychosocial support.



Close to 3,000 pregnant women in Niger benefited from ante-natal consultations and 6,380 children under five were covered by growth monitoring activities.



To reduce morbidity and mortality rates in children under five and pregnant women in Angola, Africare focused on empowering communities by training 1,212 community health animators on the prevention of malaria and the management of common diseases; as well as building the capacity of Angolan health workers to carry out more effective and efficient programs.



Alexandra Seegers

HIV/AIDS

HIV/AIDS is much more than a health problem. It is decimating African societies, whole families and communities. It affects those who work and sustain all sectors of society; education, sanitation, government, healthcare, farming, and other areas. As the teachers, government leaders, farmers, and health care workers become weakened and die from HIV/AIDS, they can no longer contribute to their communities' social and economic growth.

Africare has been combating HIV/AIDS in Africa since 1987, shortly after the epidemic began. In concert with governments and local communities throughout Africa, our approach is to offer a continuum of care, focusing initially on HIV prevention and education but also including voluntary counseling and testing; treatment; care and support for people already infected with HIV or suffering from AIDS; and assistance to orphans, vulnerable children and communities impacted by HIV/AIDS. Africare also invests in building the capacity of caregivers of orphans to reduce the negative impact of HIV/AIDS on orphans and vulnerable children.

Africare uses a holistic approach and integrates health activities into all of its development programs to maximize the benefits from our projects and to increase the number of beneficiaries impacted by our work, especially women who are more vulnerable to HIV infection for biological, social, cultural and economic reasons.



Adam Finck

“It was Africare. If it wasn't for that first check of \$15,000 ZAPHA+ wouldn't be here. If it wasn't for Africare ZAPHA+ wouldn't be here.”

Staff and founding member of Zanzibar Association of People Living with HIV/AIDS (ZAPHA+), Zanzibar, Tanzania



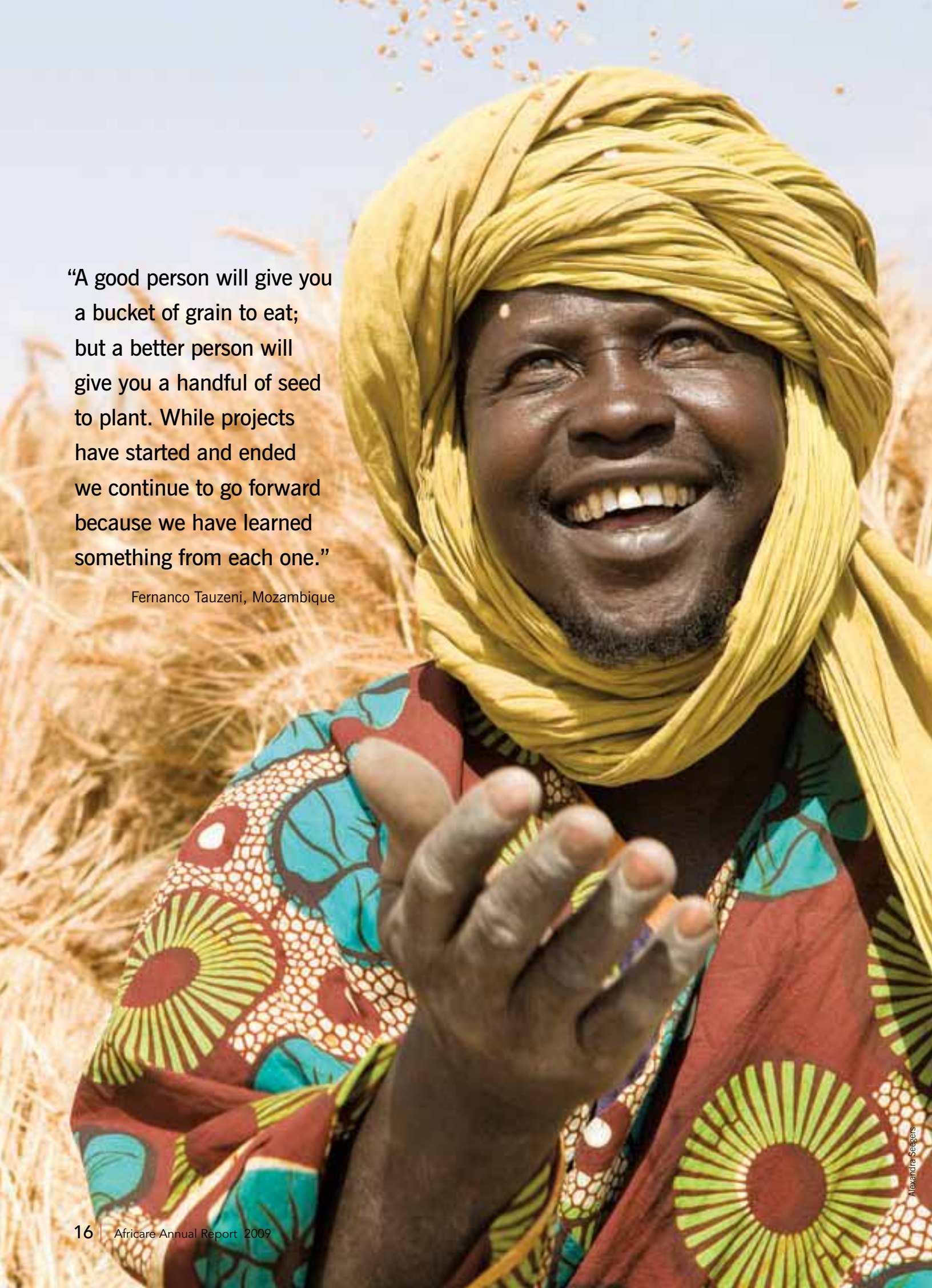
IMPACT

Health and HIV/AIDS

Since 2004, in Benin, Africare has been training women's groups to prevent and treat malaria within their communities through the provision of bednets, malaria treatment for children under five and malaria prevention amongst pregnant women. As a result, the number of children dying of complicated malaria in Africare's intervention areas has fallen by half.

In Nigeria, Africare works with thousands of commercial sex workers, child brides and other at-risk young women to combat sexually transmitted diseases (STD) by improving their overall reproductive health while empowering them economically. By offering health education and access to health care, as well as business management training and the provision of start-up equipment, there was a 55% increase in testing, patients seeking STD treatment more than doubled and the number of multiple sex partners fell by 33%.

In Uganda, by providing block grants as part of our Community-based Orphan Care, Protection and Empowerment project (COPE), orphaned girls' enrollment increased from 72% to 96%. In addition, orphaned boys' enrollment rose from 80% to 97%.

A close-up photograph of a man with a joyful expression, wearing a yellow turban and a vibrant, patterned shirt. He is holding a handful of grain, with some seeds falling through his fingers. The background is a field of golden-brown grain under a clear sky.

“A good person will give you a bucket of grain to eat; but a better person will give you a handful of seed to plant. While projects have started and ended we continue to go forward because we have learned something from each one.”

Fernanco Tauzeni, Mozambique

Emergency and Humanitarian Assistance

On the African continent, the need for emergency relief assistance arises with tragic frequency. Crises are caused by natural disasters like drought or flooding, disease epidemics, civil strife and political upheaval. Whatever their causes, they beget the incalculable suffering of thousands upon thousands of innocent people. Africa has 10 percent of the world's population but about 25 percent (17 million) of the world's refugees and internally displaced persons.

Forced to leave their countries with no clear future, refugees depend utterly on the resources of their places of refuge, at least initially, because they have usually left their survival tools behind them. Countries receiving refugees are almost inevitably traumatized by the heavy burden of their new responsibilities.

Africare was founded in the midst of a crisis—the prolonged drought in the Sahel in the 1970s. Since its inception, Africare has provided relief to millions of Africans driven from their homes as a result of natural disasters or civil wars.

Africare provides immediate needs such as water, shelter, food and emergency health care, but Africare's priority and strength always has been long-term development and sustainability—the only way to improve the quality of life overall and the best way to avert future crises or vulnerability. Africare provides victims with the knowledge and skills they need to rebuild their lives, their homes, and their communities. It facilitates training and education, provides grants for developing organizations, and supports setting up of essential infrastructure such as schools, health centers, water supply systems, housing and local markets.

Africare's approach to the management of refugee settlements focuses on local capacity development, sustainability and the transfer of improved technologies. In addition, as host communities are impacted by the influx of refugees, Africare facilitates understanding between them and neighboring communities. This leads to a more secure environment, thus easing the way for development efforts.

2009 HIGHLIGHTS Emergency and Humanitarian Assistance

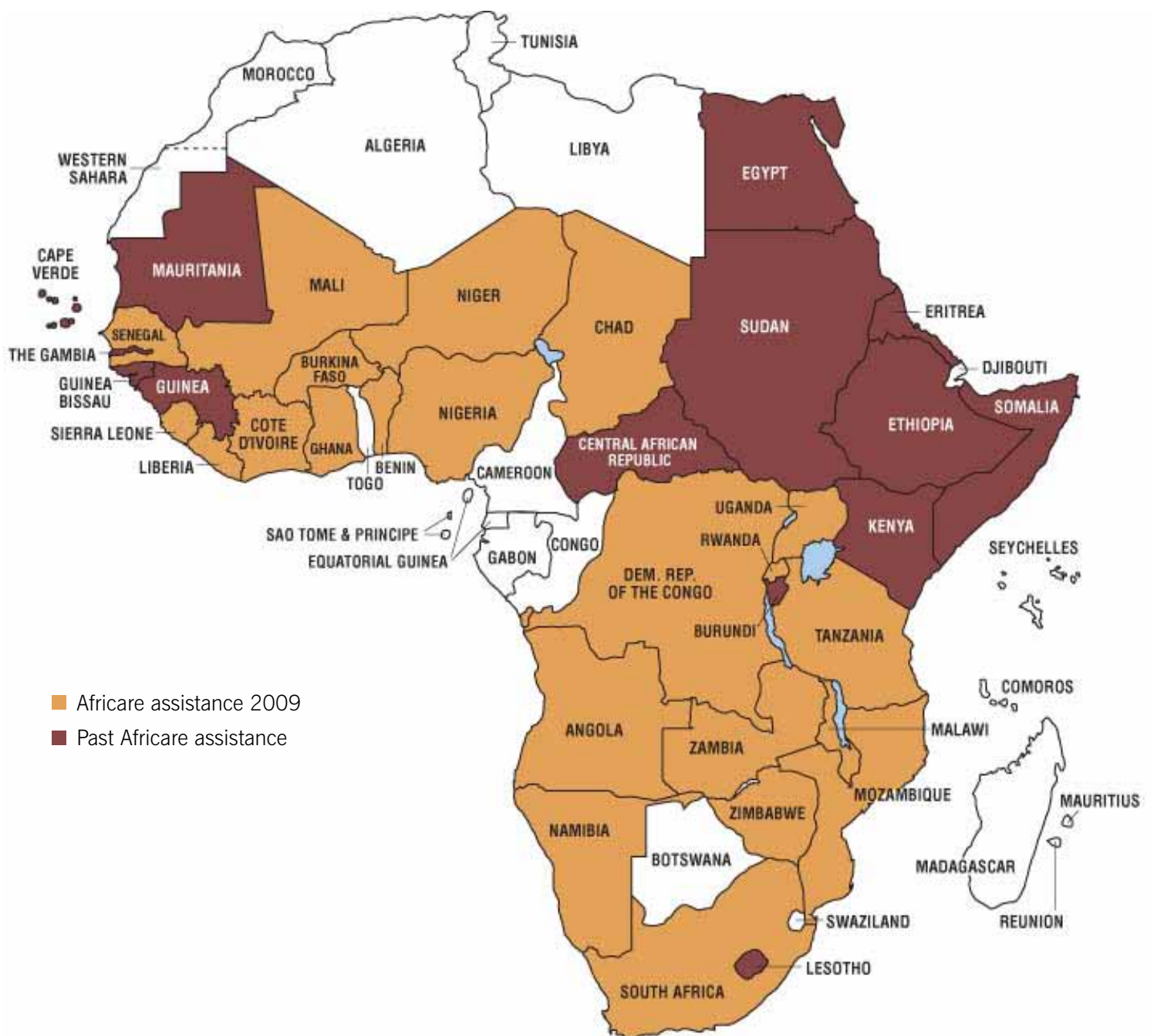
At the Gaga Camp in Chad, Africare distributed 15 litres of water to 19,274 refugees each day. Also, every family in the camp received firewood.



Africare contributed to improved living standards and supported the transition of families affected by the 2007 floods in Zambia. Africare sought to diversify income generating activities to families—whose livelihoods were previously dependent on fishing—through training them in conservation agriculture, promoting vegetable production and providing small livestock to households.



Africare in Africa 2009



Summary of Programs (FY09)

Africare's development and emergency assistance reached communities in 22 countries Africa-wide during Fiscal Year 09, as summarized below (with donors in parentheses).

ANGOLA

BIÉ PROVINCE: Food security for demobilized soldiers (World Bank/ Government of Angola)

CUNENE PROVINCE: School construction (ExxonMobil Foundation); Distribution of solar lights to school children (Esso Block 15)

HUILA PROVINCE: Malaria prevention among young women and children under 5 years (World Learning/ U.S. Agency for International Development)

KWANZA SUL PROVINCE: Kibala water and sanitation (African Well Fund); Cela water and sanitation (African Well Fund); Malaria prevention (World Learning); Malaria prevention (ExxonMobil Foundation); Polio eradication (CORE Group/World Vision/U.S. Agency for International Development)

LUANDA: Center for vocational training of young women (ExxonMobil Foundation); polio eradication (CORE Group/World Vision/ U.S. Agency for International Development)

ZAIRE PROVINCE: Polio eradication (CORE Group/World Vision/ U.S. Agency for International Development)

BENIN

COUFFO AND MONO PROVINCES: Malaria prevention (Global Fund to Fight AIDS, Tuberculosis and Malaria)

BURKINA FASO

HOUET PROVINCE: Agriculture and nutrition alternatives for revenue producers (The Monsanto Fund)

HOUET PROVINCE: Water Point Development (African Well Fund)

ZONDOMA PROVINCE: Food security (U.S. Agency for International Development/P.L. 480 Title II Program)

ZONDOMA PROVINCE: Improved Nutrition (World Food Program)

CHAD

ABECHE AND BILTINE: Democracy and Local NGO Assistance (National Endowment for Democracy)

BATHA- ASSONGHA AND OUADDAI DEPARTMENTS: Food security (U.S. Agency for International Development/P.L. 480 Title II Program)

DOBA REGION (GORE REFUGEE CAMP): Emergency assistance to refugees from the Central African Republic (United Nations High Commissioner for Refugees)

DOBA REGION: Women's Empowerment (ExxonMobil Foundation)

GAGA/OUADDAI AND AMBOKO/LOGONE ORIENTAL REFUGEE CAMPS: Sudanese and Central African Republic Refugees' Empowerment Project (SCARAP) to promote food security and economic opportunities for refugees (U.S. Department of State, Bureau of Population, Refugees and Migration)

LOGONE ORIENTAL COUNTY: Improvement of children's well-being and establishment of medical reference system for female victims of violence (United Nations Children's Fund)

N'DJAMENA: Youth training and micro-credit (Academy for Educational Development/ U.S. Agency for International Development)

OUADDAI DEPARTMENT (GAGA REFUGEE CAMP): Emergency assistance to refugees from Darfur, Sudan (United Nations High Commissioner for Refugees)

OUADDAI DEPARTMENT: Improvement of the Nutritional Food Intake (United Parcel Service)

COTE D'IVOIRE

SOUBRE PREFECTURE: Health support to cocoa communities (Mars Foundation)

DEMOCRATIC REPUBLIC OF THE CONGO

CITY OF KINSHASA: Community support for vulnerable children (Médecins du Monde)

SOUTH KIVU PROVINCE: Food Security (ADRA/ U.S. Agency for International Development/P.L. 480 Title II Program)

GHANA

WESTERN REGION AND CENTRAL REGION: Mars Partnership for Africa Cocoa Families of Tomorrow Health Project (iIMPACT)—reduce the incidences of illness such as malaria, malnutrition, HIV/AIDS, and water, sanitation and hygiene (Mars, Inc.)

LIBERIA

BONG COUNTY: Fenutoli Wells Project—provide clean water in four rural communities within the Fenutoli watershed (African Well Fund)

BONG AND NIMBA COUNTY: Improved Community Health Project—Reproductive and community health care initiative targeting women of reproductive age and children (U.S. Agency for International Development)

NATIONWIDE: Rehabilitation of health services infrastructures (U.S. Agency for International Development)

Summary of Programs (CONTINUED)

NIMBA COUNTY: Continuation of sustainable livelihoods through agriculture and health interventions and stabilized infrastructure (U.S. Agency for International Development, Office of Food for Peace)

NIMBA COUNTY: Mano River Union (MRU)—Support advocacy activities with the local, national and MRU secretariat as well as promote the exchange of information and experiences to two member countries and development partners in the fight against HIV/AIDS (United Nations Population Fund)

NIMBA COUNTY: Mano River Union II

MALAWI

DOWA AND MCHINJI DISTRICTS: Water and sanitation in schools; borehole repair, school latrine construction, roof rainwater catchments, hand washing and hygiene education (United Nations Children's Fund/H2O for Life)

MCHINJI DISTRICT: Livelihood support through nutrition education for people living with HIV/AIDS (UPS Foundation)

MULANJE DISTRICT: Food security among chronically vulnerable households (U.S. Agency for International Development, Office of Food for Peace/ Catholic Relief Services)

NTCHEU DISTRICT: Improving livelihoods through increasing food security (I-LIFE); Consortium to reduce food insecurity among vulnerable households and communities in rural Malawi (U.S. Agency for International Development, Office of Food for Peace); Targeted food distribution (Government of Malawi); Rehabilitation through Irrigation and Production Extension (RIPE) to increase agricultural production and productive assets for farmers and family members in Ntcheu (Catholic Relief Services/U.S. Agency for International Development, Office of Foreign Disaster Assistance)

NTCHEU DISTRICT: Enhancing the capacities of communities to manage natural resources (Malawi Environmental Endowment Trust); Community led microfinance (CARE)

LILONGWE, DEDZA, MACHINGA, BLANTYRE, NENO DISTRICTS: Play pumps for water, hygiene and sanitation (Water for All)

THYOLO DISTRICT: Community integrated management of childhood illnesses (United Nations Children's Fund)

MALI

TIMBUKTU REGION: Food security (U.S. Agency for International Development/P.L. 480 Title II Program); Provision of seeds, agricultural tools and veterinary supplies to farmers affected by locust invasions (Food and Agriculture Organization)

GOUNDAM TIMBUKTU CERCLE: Promotion of Intensive Rice Production (Better U Foundation/ U.S. Agency for International Development)

GOUNDAM CERCLE: Water point development (African Well Fund)

MOZAMBIQUE

NAMPULA PROVINCE—NACALA-A-VELHA, MEMBA, ERATI, NACAROA AND MONAPO DISTRICTS: Improving food security through nutrition and agriculture (U.S. Agency for International Development)

MANICA PROVINCE—BARUE, GONDOLA, MANICA AND SUSSUNDENGA DISTRICTS: Manica Expanded Food Security Initiative (MEFSI) (U.S. Agency for International Development/P.L. 480 Title II Program); COPE: Community-based Orphan Care Protection and Empowerment Program to support orphans and vulnerable children (U.S. Agency for International Development/ President's Emergency Plan for AIDS Relief); Training and equipping of volunteer caregivers for home-based HIV/AIDS patients (Health Alliance International/U.S. Agency for International Development; United Nations World Food Program Umbrella partner for the handling and distribution of food commodities for nutritional support to orphans and vulnerable children, home-based care clients and their families (United Nations World Food Program) Protection for orphans and vulnerable children (UNICEF)

NAMIBIA

CAPRIVI REGION—KATIMA MULILO: Caprivi food security and nutrition project for HIV/AIDS-affected households through community home-based care groups (Bristol-Myers Squibb/ United Nations Children's Fund); Protection and education of AIDS-affected children (RECLISA) (U.S. Department of Labor)

NIGER

AGADEZ DEPARTMENT: Food security emergency support (Government of Niger)

AGADEZ, TILLABERI AND TAHOUA DEPARTMENTS: Food security (U.S. Agency for International Development/U.S. P.L. 480 Title II Program)

BALLEYARA VILLAGE AND CITIES OF MARADI AND NIAMEY: Strengthening of indigenous non-governmental organizations (National Endowment for Democracy)

BILENA DISTRICT: Emergency Mitigation Support (United Nations Development Program)

FILINGUE DISTRICT: Water point development (African Well Fund)

NIAMEY, ZINDER AND TAHOUA DEPARTMENTS: Youth vocational training and micro-credit; rural radio installation (Academy for Educational Development/ U.S. Agency for International Development)

NIGERIA

ABUJA: Nurture an enabling environment that supports health and education programs in Nigeria (U.S. Agency for International Development)

ABUJA, KADUNA, NIGER AND NASSARAWA STATES: Sex education and empowerment of women through management training (World Bank and Japan Social Development Fund)

BAYELSA, CROSS RIVERS, DELTA STATES: Promoting Initiative for Malaria Eradication—reduce malaria morbidity and mortality among children under five years old and pregnant women (Global Fund through Society for Family Health)

AKWA IBOM, BAYELSA, CROSS RIVER, DELTA, EDO AND RIVERS STATES: Reduction of malaria incidence (Shell Petroleum Development Company of Nigeria)

LAGOS AND RIVERS STATES: Reduction of the HIV/AIDS prevalence rate (Centers for Disease Control)

RWANDA

GIKONGORO PREFECTURE: Food security, HIV prevention for youths and home-based care for people living with AIDS (U.S. Agency for International Development/P.L. 480 Title II Program/ACDI/VOCA)

GIKONGORO DISTRICT: HIV/AIDS support (Catholic Relief Services/U.S. Agency for International Development)

SENEGAL

TAMBACOUNDA REGION: Maternal and neonatal health (U.S. Agency for International Development)

ZIGUINCHOR AND KOLDA: Decentralize health care services management to community level (U.S. Agency for International Development/ABT Associates)

ZIGUINCHOR AND KOLDA: Improve family health status and malaria control (U.S. Agency for International Development-President's Malaria Initiative/Christian Children's Fund)

KAOLACK REGION: Food Security and Agriculture (U.S. Department of Agriculture Food for Progress)

TAMBACOUNDA REGION: Improved child nutrition (World Food Program)

SIERRA LEONE

BONTHE, BO, AND MOYAMBA DISTRICTS: Sierra Rutile Technical Vocational Institute—improve livelihoods of vulnerable populations through the provision of skills training to youth (Dwight Anderson)

KAILAHUN DISTRICT: Reduction of food insecurity in 32 chiefdoms (U.S. Agency for International Development, Office of Food for Peace)

KAILAHUN DISTRICT: Improve water access and sanitation (African Well Fund)

KAILAHUN DISTRICT: HIV/AIDS PHE and Community Mobilization—reduce HIV/AIDS prevalence and impact in Sierra Leone through raising awareness, sensitization and mobilizing youth and community duty bearers. (Global Fund Round 6)

KONO DISTRICT: Water and sanitation (United Nations Children's Fund)

SOUTH AFRICA

EASTERN CAPE PROVINCE: HIV prevention, treatment and support for people affected by HIV/AIDS, and assistance to AIDS orphans (President's Emergency Plan for AIDS Relief through the Centers for Disease Control, World of Hope Foundation, Rainbow World Fund)

TANZANIA

ALL DISTRICTS OF DODOMA (KONDOA, KONGWA, DODOMA URBAN, BAHU, CHAMWINO, AND MPWAPWA)—COPE: Community-Based Orphan Care, Protection and Empowerment project (President's Emergency Plan for AIDS Relief)

COAST AND ZANZIBAR REGIONS (TUNAJALI): Community care for people living with HIV/AIDS, orphans and vulnerable children (U.S. Agency for International Development through Deloitte)

IRINGA REGION—URAMBO: Outreach to promote counseling and testing to groups highly at risk of HIV/AIDS, Universal HIV/AIDS Intervention for Counseling and Testing (U.S. Agency for International Development/JHPIEGO)

MAJOR SELECTED TRANSPORTATION CORRIDORS: An HIV prevention strategy under the 'Sikia Kengele and Vaa Condom' Behavior Change and Communication Strategy (The Academy for Educational Development through T-MARC (Tanzania Marketing Company)

MANYARA AND MARA REGIONS: Scale up home-based care activities for people living with HIV/AIDS (Centers for Disease Control)

SINGINGA REGION: Support to most vulnerable children's committees, orphans and vulnerable children of Singinga (The Global Fund to Fight AIDS, Tuberculosis and Malaria)

TABORA AND RUKWA REGIONS: Improving biodiversity in the Ugalla landscape through a livelihoods approach (U.S. Agency for International Development); integrated natural resource management and income generation in and around Ugalla Game Reserve (U.S. Agency for International Development)

TABORA REGION—URAMBO DISTRICT: MTAKUJA VILLAGE: School classrooms, teachers' housing and toilet construction; provision of scholastic materials (Michael and Tina Chambers family and friends)

Summary of Programs (CONTINUED)

TABORA REGION—SIKONGE DISTRICT: Kipanga Water Project, Development of borehole water points to provide safe and clean water to local people (U.S. Department of Agriculture)

TANZANIA—ALL OF MAINLAND'S DISTRICTS: Helping to bring reliable electricity to the people of Tanzania and Zanzibar (Millennium Challenge Account Tanzania, ESBI Engineering)

UGANDA

ANUNIA, KABERAMAIDO SOROTI, LIRA AND APAC: Increase food security (U.S. Agency for International Development/ACDI/VOCA)

GULU DISTRICT: Dorms for Displaced Children—Improve standard of living and increase academic success of young people living in the internally displaced persons camps of Northern Uganda (Invisible Children's Education Scholarship Program)

NINE DISTRICTS OF WESTERN UGANDA: Enhancement of technical support for orphans and vulnerable children (U.S. Agency for International Development/President's Emergency Plan for AIDS Relief)

NTUNGAMO DISTRICT: Reduce social and economic impact of HIV/AIDS on children, orphans and caregivers (U.S. Agency for International Development)

ZAMBIA

CENTRAL PROVINCE (KABWE DISTRICT): A Safer Zambia—Responding to the challenges of Gender Based Violence (World Vision)

CENTRAL AND LUSAKA PROVINCES: Promotion of Adherence to Anti-Retroviral Therapy and the Prevention of Mother to Child Transmission. (Zambia National Aids Network/The Global Fund to Fight AIDS, Tuberculosis and Malaria)

CENTRAL, EASTERN, LUAPULA, LUSAKA, NORTHERN AND SOUTHERN PROVINCES: Reaching Aids Affected People with Integrated Development and Support (RAPIDS) (United States Agency for International Development/World Vision)

LUAPULA AND SOUTHERN PROVINCES: Integrated Water and Sanitation Development Project, Community Led Total Sanitation in Mazabuka and Monze Districts of Southern Province (UNICEF)

LUAPULA PROVINCE: Water point (African Well Fund)

NATIONWIDE: General Play Pumps (Water for All Foundation), Market Improvement and Innovation Facility (World Bank through Zambian Ministry of Agriculture and Cooperatives)

NORTHWESTERN PROVINCE: Food Security Initiative for Vulnerable Households (European Union)

SOUTHERN PROVINCE: Foundations of Resilience: Crop Diversification, Conservation Agriculture and Water Resource Management (United States Agency for International Development, Office of Foreign Disaster Assistance, Nsongwe Women's Agriculture)

ZIMBABWE

HARARE METROPOLITAN PROVINCE: Sustainable Livelihoods for Vulnerable Urban Families Promotion of internal savings and lending clubs and construction of market stalls for vendors (Joint Initiative, US Agency for International Development, New Zealand International Aid and Development Agency, U.K. Department for International Development, Canadian International Development Agency, Swedish International Development Cooperation Agency), Public Health Program for Urban Humanitarian Crisis (Oxfam)

HARARE, MANICALAND AND MIDLANDS PROVINCES: Support in HIV/AIDS education and prevention to Civil Society and Faith Based Organizations (The Centers for Disease Control), Nutrition on Wheels Food distribution to food insecure families (World Food Program), Emergency Cholera Response, provision of clean water and hygiene education to communities suffering from the cholera outbreak (UNICEF), Gender Based Violence, working to support women and children who are victims of gender based violence (SaFAIDS), Sanitary Ware Distribution (United Nations Population Fund)

MASHONALAND CENTRAL PROVINCE: Agricultural Input Distribution and Support—Distribution of seed and fertilizer to vulnerable households—(United Nations Food and Agricultural Organization/GRM International)

MIDLANDS PROVINCE: Commercialization of Midlands Root and Tuber Associations (International Fund for Agricultural Development), Integrated recovery action, agricultural support to farmers to increase resiliency to shock and drought (United States Agency for International Development, Office of Foreign Disaster Assistance), Water and Sanitation (African Well Fund), Gweru Cholera Response Project (Oxfam), Integrated Agricultural Development Project (Japanese Embassy)

REGIONAL PROGRAMS

MOZAMBIQUE, RWANDA, TANZANIA AND UGANDA: COPE: Community-Based Orphan Care, Protection and Empowerment project (President's Emergency Fund for AIDS Relief)

AFRICA-WIDE: Food for Development Program (Africare, U.S. Agency for International Development)

The Bishop John T. Walker Memorial Dinner



Gustave Assiri

From left to right: United States President George W. Bush, Africare Board Chairman W. Frank Fountain and Africare President Julius E. Coles greet a crowd of over 1,500 at the 2008 Bishop John T. Walker Memorial Dinner.

"I appreciate those who support Africare. I thank you for your work in caring for orphans in Uganda, or fighting polio in Angola, or resettling refugees from Sudan. I thank you for the work you do in twenty nations on the continent."

President George W. Bush



Tony Brown

Africare's annual hallmark event, the Bishop John T. Walker Memorial Dinner, held since 1990, is the largest fundraising event for Africa in the United States. The theme of the 2008 Bishop Walker Dinner was "Clean Water—Life's Lifeline." With 340 million Africans lacking access to safe drinking water and more than 497 million having no access to proper sanitation, the dinner underscored the need for clean, safe water on the African continent and Africare's commitment to delivering safe water and improving sanitation conditions.

The highlight of the evening was Africare's salute to President George W. Bush presenting him with the 2008 Bishop John T. Walker Distinguished Service Award for his historical achievements in doubling development assistance to Sub-Saharan Africa through the President's Emergency Plan For AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), as well as his education and hunger initiatives. In accepting the Humanitarian Award, President Bush said, "I've had a lot of uplifting experiences as the President. And one of the most uplifting has been to witness a new and more hopeful era dawning on the continent. Over the past eight years, it's been moving to watch courageous Afri-

cans root out corruption, and open up their economies, and invest in the prosperity of their people."

CNN anchor, T.J. Holmes served as the evening's emcee while Africare Board Chairman, Frank Fountain, delivered the welcome remarks and expressed a special appreciation to Africare sponsors. Other distinguished speakers included Alexander B. Cummings, Jr., Executive Vice President and Chief Administrative Officer of the Coca-Cola Company, which was the event's presenting sponsor; Congressman Donald M. Payne, Chairman, Subcommittee on Africa and Global Health; The Honorable William H. Frist, M.D., former U.S. Senate Majority Leader; and Dr. Jendayi E. Frazer, Assistant Secretary of State for African Affairs, U.S. Department of State.

Among the guests were U.S. First Lady Laura Bush; Dr. Dorothy I. Height; the Honorable Andrew Young; Mrs. Thurgood Marshall; members of the African diplomatic corps; government representatives from around the world and corporate leaders—all united in their concerns for Africa and the desire for the United States to be a constructive partner with Africa.

Pass It On!

Keep the Africare story going...

Pass It On! is Africare's way of connecting the public to people and their stories of overcoming major challenges impacting the African continent—challenges such as no access to safe water, food insecurity, and the growing number of children orphaned by AIDS. Each person has “something to tell you” about the success of Africare programs on the ground.

The *Pass It On!* stories make their way from Africa to the rest of the world through a network of people who are passionate about telling Africa's story. Each story is ready to “pass on” to a friend or acquaintance through video, social networks, e-mail or even a mobile phone! Learn more about *Pass It On!* at www.africare.org.

“If I wasn't doing this with Africare I would be selling corn under the sun. But Africare came and I've engaged myself... and I will never sell corn again.”



Alexandra Seegers



Alexandra Seegers



Alexandra Seegers



Alexandra Seegers



Alexandra Seegers



Alexandra Seegers



Alexandra Seegers

Major Donors

Africare is proud to give special recognition to our donors of \$1,000 and over during Fiscal Year 2009 (July 1, 2008–June 30, 2009). A complete list of all donors can be found online at www.africare.org. We recognize that there are options for your philanthropy, and we are grateful that you have chosen Africare. The Africare family and those we have the privilege to serve thank you. You are the lifeblood of our organization.

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Africare Needs Your Support!

Africare depends on contributions to carry out its essential work throughout Africa. Gifts to Africare may take several forms: cash contributions support a variety of current programs in rural Africa; major endowment gifts ensure the perpetuation of Africare's self-help assistance over time; bequests of cash, securities or property offer expanded giving opportunities to many supporters. To make a contribution or for more information about gift options, please contact:

**Office of Development
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USA**

Tel: (202) 328-5340

Fax: (202) 387-1034

Email: development@aficare.org

Web site: www.aficare.org

Management's Report and Letter from the Audit Committee Chairman

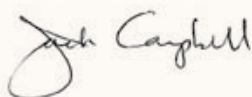
Management's Report

Africare is pleased to present its June 30, 2009 fiscal year results. Fiscal year 2009 marked a period where investment values plummeted, negatively impacting net asset levels. In addition, due to the weakened economy, donations also declined. However, even in the face of a 12% decline in unrestricted contributions, Africare reported an operating surplus of \$739,397. As noted in last year's annual report, by anticipating challenging financial times and taking actions in previous years, Africare continued to operate efficiently as revenue streams were stretched.

Africare understands that donors consider good financial stewardship as an essential quality of a charitable organization. Africare is proud of the fact that 92 percent of every dollar spent was dedicated to program activities in Africa. By maintaining one U.S. location in Washington, DC, Africare is able to minimize administrative and fund raising costs while maximizing funds available for direct program expenses and related support overseas.

Africare's management is responsible for the preparation and integrity of the financial statements as well as the systems, processes and controls that ensure timely and accurate reporting. To the best of its knowledge and belief, management asserts that the financial statements are complete and reliable in all material respects. Africare has an active Board of Directors, including an Audit Committee that oversees the organization's internal control framework and financial reporting. A letter from the Audit Committee Chairman is included in this report.

The financial statements have been audited by independent certified public accountants. Excerpts from the audited financial statements are presented on the following page. Complete copies of the financial statements are available by visiting our website at www.africare.org or by calling 202-462-3614.



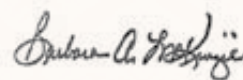
Jack Campbell
Vice President, Finance and Management

Letter from the Audit Committee Chairman

The Audit Committee of the Board of Directors of Africare plays an integral role by ensuring that management is exercising good fiscal controls and that the independent auditors are providing audit examinations in accordance with industry standards. The Committee is composed of four independent members of the Board. No members of the Committee are officers or employees of the Organization.

Africare recently established a formal internal audit function, prepared a risk analysis, and had its audit plan approved by the Audit Committee. The Audit Committee discussed with Africare's management, the internal auditor and the independent auditors various matters pertaining to financial reporting, internal controls, and compliance with donor and governmental regulations. The Audit Committee also met privately with Africare's internal and external auditors to discuss the conduct of their audits and reporting procedures. The internal auditor and the independent auditors have unrestricted access to the Audit Committee.

The Audit Committee chairman reports the results of Audit Committee meetings to the Executive Committee of the Board and the full Board at regularly scheduled meetings.



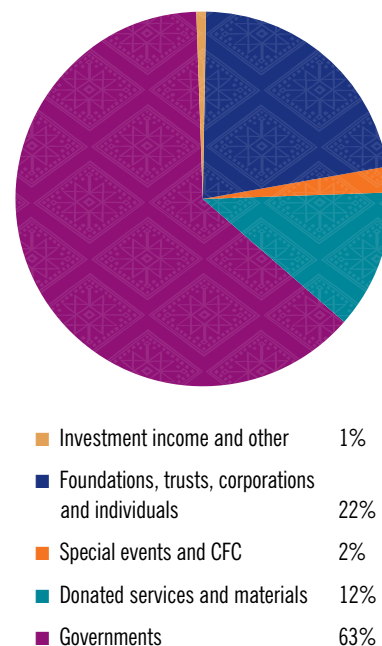
Barbara A. McKinzie
Chairman, Audit Committee

Financial Summary

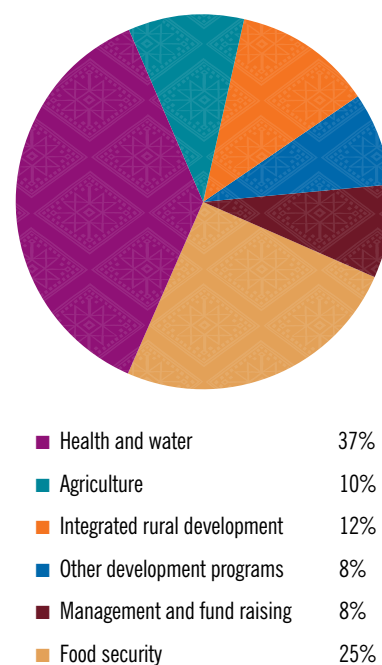
For the years ended June 30, 2009 and 2008

	2009	2008
	(in thousands)	
REVENUE AND SUPPORT		
Foundations, trusts, corporations and individuals	\$11,605	\$10,831
Special events	960	1,172
Combined Federal Campaign (CFC)	233	289
Donated services and materials	6,276	4,381
Governments	33,580	28,495
Investment income and other	379	1,178
Total revenue and support	<u>53,033</u>	<u>46,346</u>
EXPENSES		
Food security, relief and refugee assistance	12,826	8,719
Health and water resources development	19,327	19,954
Agriculture and small scale irrigation	5,200	5,234
Integrated rural development	6,187	8,052
Other development programs	4,696	1,972
Total program services	<u>48,236</u>	<u>43,931</u>
Management and general	2,837	1,898
Fundraising	1,221	1,179
Total support services	<u>4,058</u>	<u>3,077</u>
Total expenses	<u>52,294</u>	<u>47,008</u>
Change in net assets from operations	739	(662)
Non-operating pension liability adjustment/losses on investments	<u>(1,836)</u>	<u>(1,017)</u>
Change in net assets	(1,097)	(1,679)
Net assets, beginning of year	<u>10,188</u>	<u>11,867</u>
Net assets, end of year	<u>\$9,091</u>	<u>\$10,188</u>

FY 2009 Revenues



FY 2009 Expenses



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* Senior staff as of June 1, 2010

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“Africare has given us knowledge on how to best raise our children, teaching us things we did not know and now we are able to do better agriculture and protect our children against malnutrition”

Rosa Arselmo-Bapua,
Mozambique



Alexandra Seegers

Improving lives, Building futures

Améliorer les vies, Bâtir l'avenir

Melhorar as vidas, Construir o futuro

تحسين الحياة، بناء المستقبل

Africare

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Africare works to improve the quality of life in Africa by assisting families, communities and nations in four principal areas—health and HIV/AIDS, food security and agriculture, water and sanitation, and emergency and humanitarian assistance. Africare also works in the areas of women's empowerment, environmental management, literacy and vocational training, microenterprise development, and civil-society development and governance. In the United States, Africare builds understanding of African development through public education and outreach.

A private, nonprofit organization, Africare was founded in 1970. Since then, communities in 36 nations Africa-wide have benefited from direct Africare assistance.

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