Chairman and President’s Message 2
Orphans and Vulnerable Children 4
HIV/AIDS and Health 8
Food Security and Agriculture 12
Emergency Humanitarian Aid 16
Africare in Africa 2006 18
Summary of Programs 19
Bishop Walker Dinner 23
Major Donors 24
Support Africare 27
Summary of Financial Statements 28
Headquarters and Field Offices 30
Board of Directors 32

“Hope is the pillar of the world.”

African Proverb | Kanuri
During 2006, Africare provided a total of $46 million in humanitarian and development assistance to the people living in 25 African countries. This assistance was in the areas of health/HIV/AIDS, food security and agriculture, water and sanitation, education, governance, poverty alleviation and humanitarian/emergency aid.

Africare’s 2006 Annual Report features its programs in the area of orphans and vulnerable children to highlight this critical and growing area of need. Currently, it is estimated that there are 43 million orphans and vulnerable children (OVCs) living in Sub-Saharan Africa. These children have been heavily impacted by armed conflict, HIV/AIDS, the demand for cheap labor and the increasing mortality of one or more parents caused by HIV/AIDS or other infectious diseases.

In response to this problem, Africare launched a signature program entitled “The Community Based Orphan Care Protection and Empowerment Project” (COPE). Funded by the President’s Emergency Plan for AIDS Relief (PEPFAR), COPE is being implemented in four African countries — Mozambique, Rwanda, Uganda and Tanzania — each of which is experiencing a tremendous growth in the number of orphans and vulnerable children related to HIV/AIDS. Through COPE Africare has used community infrastructure to help communities identify and enable these children to participate in a variety of support services developed by Africare in cooperation with the host country and its implementing partners.

It is estimated that in 2006 alone, 126,000 vulnerable children and 85,000 caregivers have been impacted by Africare’s programs and activities through the establishment of school-block grants that provide books,
uniforms, desks and laboratory equipment to promote equal educational opportunities for these children; the opening of hundreds of COPE clubs that offer life skills and HIV/AIDS education and encourage social integration into their local communities; peer education and psychosocial support; access to healthcare and nutrition support; and the opportunity to participate in income-generating activities.

Africare has mounted other innovative programs to promote good health and combat HIV/AIDS, such as the highly acclaimed “Man Enough to Care” program in Zimbabwe, the very successful “Reaching HIV/AIDS Affected People with Integrated Development and Support” (RAPIDS) in Zambia and the “Youth Empowerment and Support Project” (YES) in South Africa, Zambia and Malawi. In addition, Africare is carrying out new initiatives to help control the spread of malaria in Angola, Uganda, Nigeria, Benin, Tanzania and Senegal. These programs include education, the training of health workers and the distribution of drugs and insecticide-treated mosquito nets.

Food Security and Agriculture has been another major focus of Africare’s work. Our programs to improve agricultural production and practices, achieve better nutrition and provide additional income-generating activities for farming families are leading hundreds of communities towards self-sufficiency in the countries of Angola, Burkina Faso, Burundi, Chad, Guinea, Liberia, Malawi, Mali, Mozambique, Niger, Sierra Leone, Tanzania, Uganda, Zambia and Zimbabwe.

In 2006, Africa faced a number of emergency and humanitarian crises in the countries of Liberia, Niger, Zimbabwe, Burkina Faso and Chad. Two of the most significant crises that required Africare’s attention were the refugee situations in Chad, stemming from the Darfur crisis and instability in the Central African Republic. Africare has been managing the United Nations High Commissioner for Refugees (UNHCR) Gaga Refugee Camp in eastern Chad, which has offered humanitarian assistance to 18,000 refugees from Sudan’s Darfur region. In addition, Africare has provided humanitarian assistance to 35,000 refugees in southern Chad from the Central African Republic. This assistance includes housing, food rations, seed and tools for farming and gardening as well as adequate water and sanitation facilities.

This year’s Bishop John T. Walker Memorial Dinner celebrated Africare’s 35th anniversary and honored General Colin Powell for his outstanding contributions in the area of international relations, efforts to facilitate world peace and commitment to alleviating human suffering throughout the world, especially in Africa. Attended by nearly 2,000 guests, the dinner raised $1 million to help Africare carry out its critical development and humanitarian programs in Africa.

We would like to take this opportunity to thank all of Africare’s generous supporters for all that you have done to support our work and for sharing our commitment to improving the quality of life for the peoples of Africa. We hope that you will continue your strong support in the years to come.

W. Frank Fountain, Chairman of the Board

Julius E. Coles, President
Orphans and Vulnerable Children
Africa is a continent rich in proverbs—proverbs that express collective struggles and philosophies, proverbs that teach and impart moral lessons, and proverbs that reveal truths. One such proverb says “The tears of the orphan are invisible.” Since many Africans are locked in the near-constant struggle to ensure the survival of their own families, it becomes nearly impossible to focus on and care for “invisible” children, whose parents have died from disease, famine or civil unrest.

Diseases such as AIDS carry a stigma, causing others to reject the children of parents who have died of AIDS. And some communities get trapped in the midst of civil wars that inflict further burdens shouldered by men, women, and children alike. All of these circumstances rob human lives and create Orphans and Vulnerable Children (OVC).

OVC, which the World Bank defines as children (both orphan and not) who are more frequently exposed to risks than are their more privileged peers, include street children, child laborers, children affected by armed conflict, and children affected by HIV/AIDS. Such children are often invisible to members of their community. Although their caregivers may still live, the burden of acquiring food and other basic needs often falls upon the youngsters, forcing them to quit school and thus forfeit the possibility of a better future. Children in this situation may also have to forego village celebrations, may be excluded from traditional rites of passage or may lose contact with friends, further estranging them from the community at large.

One OVC, a young Mozambican named Fungai, describes what occurred at his father’s funeral, a man who had died from AIDS: “A handful of my community acquaintances brushed their feet of dust, washed their hands and faces and signaled me farewell after burying my father in two minutes like an animal.” Later, Africare discovered Fungai...
and set him up in a vocational training program. He emerged as a talented sculptor who now trains other OVC in this art form.

**Africare’s Response**

Embracing the philosophy “It takes a village to raise a child,” Africare launched the Community-based Orphan Care, Protection and Empowerment Project (COPE) in 2005. This five-year project, funded by the President’s Emergency Plan for AIDS Relief (PEPFAR), operates in four countries: Mozambique, Rwanda, Uganda, and Tanzania, each of which has experienced a tremendous increase in the HIV/AIDS scourge and an unprecedented growth in the number of children orphaned as a result. In Mozambique, estimates from the end of 2005 indicate that the country is home to approximately 1.9 million orphans; in Rwanda, estimates suggest that approximately 1.2 million children are OVC; Uganda is home to slightly less than a million orphans; and Tanzania houses more than 2.5 million orphans. The numbers are staggering, often obscuring the fact that behind each number is the face of a child with hidden hopes, dreams, and fears.

**Giving Hope to These Children**

To strengthen COPE’s ability to achieve its primary goal — curtailing the socioeconomic toll inflicted by HIV/AIDS on millions of OVC and their caretakers — Africare secured partnerships with Emerging Markets Group, the Population Council, local partners and the governments of each of the beneficiary countries. In FY2006 alone, the project had reached more than 120,000 OVC. Working in partnership with existing community infrastructures, COPE empowers communities and helps position children so that they may benefit from a variety of support services developed or improved by Africare.

For example, Africare established school-block grants to promote equal educational opportunities for OVC. Through these grants, Africare provides schools with the necessary books, uniforms, desks and laboratory equipment at the start of the school term. In turn, the schools admit a predetermined number of vulnerable children who are exempted from the cost of tuition. Thousands of children have benefited from these grants, especially since this

—I had no hope of ever stepping in a classroom again after HIV/AIDS killed my mother.”

—Simon Kutesa, OVC from Uganda
manner of giving grants reduces the stigma and discrimination that OVC face when the community perceives them to be receiving direct assistance.

In addition, Africare has overseen the opening of hundreds of COPE clubs operating within the target countries. Club members consist of orphans, children under the age of 18 with HIV-infected parents and (to deter discrimination) more privileged youth. Clubs provide members with life skills education, HIV/AIDS prevention education and the social integration of OVC in their communities. Each club consists of about 40 children, who meet weekly to participate in sports, sing songs, dance and learn about HIV/AIDS prevention.

Africare believes that for a project to be sustainable, it must be community-owned and -driven. To that end, Africare is dedicated to recruiting and training local people, who then forge the path that the community follows. For COPE projects, local community members from the targeted regions of the chosen countries were trained as Service Corps Volunteers (SCVs). The Service Corps Volunteers, who report to regional COPE offices, spend much of their time interacting with members of the community, identifying problems and encouraging community involvement to find solutions that benefit and are satisfactory to all.

Community leaders, trusted for their wisdom, can help eliminate social stigma and other barriers that keep communities passive and distant from the suffering around them. Being a leader — whether political, traditional or religious — enables them to persuade others to become and then remain involved in providing support to OVCs. Africare works closely with these leaders to ensure that the processes of learning, teaching and behavioral change come primarily from within.

Simon Kutesa is one of thousands of orphans affected by HIV/AIDS in the District of Ntungamo in the Southwest Province of Uganda. Before his mother died, she told him, “I have left you with the responsibility to look after your brothers and sisters.” They were left homeless, their father having sold all their land, with no food or means to survive until their grandmother gave them a small piece of land where they could farm. But since they could only work on the farm on Saturdays, there was still not enough food. Simon dropped out of school to gather food for the younger ones; he had no hope of ever stepping into a classroom again.

Relief came to Simon in late 2006 when he was identified by Africare through Service Corp Volunteers and the Orphan Care Committee (OCC) of the Migyera parish. Once registered to be supported by the Africare COPE project, which supports orphans and vulnerable children, Kutesa and his sisters and brothers received exercise books, pens, pencils, uniforms, a hoe, insecticide-treated nets and assorted seeds. The Orphan Care Committee members also assisted the children by putting up a three-room house roofed with iron sheets. “May God bless the Africare COPE project and all the OCC members, who have done this great thing for us. We had no hope of ever having a home like this, but now we have hope,” recounted Simon.
HIV/AIDS and Health
“He who learns, teaches.”

African Proverb | Ethiopia

In Tanzania it is said: “If you refuse the elders advice, you will walk the whole day.” Africare understands the importance, the necessity of creating forums where youth, women and others are armed with knowledge about HIV/AIDS and thus are empowered to make wiser decisions. Knowledge is the first step — without it, the AIDS pandemic will continue to rage.

In a study conducted in 2002 by Africare in Zanzibar, Tanzania, youth responses revealed that 46% of this at-risk population were ignorant of the symptoms of sexually transmitted diseases. Furthermore, they regarded AIDS as taboo. When a culture defines something as taboo, it becomes invisible, silent. The same study further revealed that 68% of Zanzibarís, some of whom are commercial sex workers, did not believe they could contract HIV/AIDS.

Africare, through its Zanzibar NGO Integrated Support and Partnership Program (ZISPP) and in partnership with the Zanzibar NGO Cluster (ZANGOC), opened HIV/AIDS testing centers where more than 2,000 people were tested and counseled. In addition, mass media communication enabled the program to transmit messages that promoted abstinence. Such messages reached approximately 3,000 people.

In Rwanda, one of the four targeted COPE countries, OVC face yet another obstacle to healthcare — few OVC can access appropriate health services. Africare has begun to remedy this tragic situation. Already 1,000 OVC have been enrolled in insurance plans, which effectively give them the “right” to seek healthcare. In addition, Africare managed to get health insurance for 567 caregivers and 1,274 family members. To complement the health initiative, Africare trained 709 caregivers in nutrition skills.

In the Zondoma Province of Burkina Faso, which lacks both government services and NGO interventions, rural
strategies to attack it from every angle. The principal objective is to promote behavioral change.

In the Kanungu District of Uganda alone, Africare and its partners have conducted more than 380 health education sessions, promoted and participated in four malaria day campaigns, and sponsored malaria-focused radio programs that ran on local FM stations. In addition, 12 drama groups were formed and performed more than 240 educational shows.

Africare's strategies on malaria prevention adapt to the needs and resources of the people, but they also consider the infrastructure problems of the host country. For example, in Nigeria Africare's malaria prevention program is focused on the Niger Delta, an area plagued by poor access to quality healthcare services. This inadequacy is amplified by the poor road conditions. What is most needed is capacity building at all levels. Africare has begun to rectify the problem by convening stakeholders, providing technical assistance and training for healthcare workers, and procuring vehicles to distribute drug storage cupboards to clinics.

poverty increases vulnerability to prostitution and drug addiction. The youth of this rural population are largely ignorant about HIV/AIDS; they do not know how it is passed, they do not understand its implications. But this area has strong existing community structures such as youth groups, active community leaders and interested administrative authorities. Thanks to Africare and COPE, peer counselors, who are able to warn young people about the disease, have encouraged the participation of more than 24,816 villagers in at least one HIV/AIDS awareness session in this fiscal year alone.

Malaria
The Centers for Disease Control and Prevention report that malaria, or a similar disease, has existed for about 4,000 years. It was only in the 1890s that malaria became indisputably linked to the mosquito. Outbreaks of malaria in Africa are on the rise, especially amongst children and pregnant women. To combat this widespread disease, Africare has developed a series of strategies to attack it from every angle. The principal objective is to promote behavioral change.

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Wherever Africare works, a primary goal is to find innovative and improved ways of striking its target. In the Mono/Couffo Departments of Benin, Africare pioneered the use of Coartem, a new drug used to treat malaria; more than 3,500 children under the age of five received treatment. Additionally, local health workers, trained in preempting the onset of malaria during pregnancy, gave more than 19,000 women their first dose of chemo-prophylaxis, a shot which helps deter the likelihood of contracting the disease. In keeping with Africare’s fundamental use of a system-wide, sustainable approach, 371 members of women’s groups were trained in the promotion of insecticide treated mosquito nets. One result: more than 45,000 nets were distributed to pregnant women and children under the age of five.

Maternal and Child Health
Africare is carrying out a comprehensive “Improved Community Health Project” in Liberia that takes an integrated approach to increasing the delivery of primary health care services through local partners at both the health facility and community levels. One area of focus is on maternal and child health. In 2006, 440 traditional midwives were trained in their villages in first-aid skills for safe motherhood, safe newborn care and prevention of parent-to-child HIV transmission. Thousands of women and children in the Bong and Nimba counties have benefited from this training, thus ensuring access to an essential package of quality mother and child health care services.

Africare at the Forefront
- Africare is a leader in development assistance and humanitarian aid to Africa, as well as being the oldest and largest African-American led organization in the field.
- Since its founding, Africare’s coverage has been among the widest and deepest of any organization working in Africa, representing over 2,000 projects past and present in 36 countries Africa-wide.
- Africare has delivered more than $640 million in assistance to millions of beneficiaries across the continent.
- Today, under the leadership of President Julius Coles, more than 200 Africare programs reach families and communities in 26 nations in every region of the African continent.
- Because of Africare’s unique and singular focus on Africa, Africare’s staff have unparalleled knowledge of the continent — its challenges and opportunities — and have nurtured valuable relationships with key figures ranging from community leaders and traditional authorities to presidents and prime ministers.

- Africare's approach places communities at the center of development by designing programs with the active participation of the communities and forming partnerships with local organizations to ensure effective institutional strengthening and capacity building.

Africare works where the need is greatest...
Three-quarters of Sub-Saharan Africans live below the poverty line on less than $2 a day. Average per-capita income Africa-wide is just $500 a year, the lowest in the world.
Food Security and Agriculture
Everyday, Africans living below the poverty line struggle to grow and find food. They combat extreme weather patterns: floods that drown crops, droughts that parch their leaves and stunt their growth. Apart from food, a human needs water to survive, but Africans living in rural areas cannot simply turn on the tap: they must walk, sometimes for miles, to reach a water source. This precious water, essential for drinking, cooking and personal cleanliness, is not always clean and safe; sometimes the very water needed for survival brings on disease or death.

Food security remains a vital issue and a great challenge. In the Bong and Nimba counties of Liberia, where many internationally displaced persons are returning, Africare is engaged in community infrastructure rehabilitation activities to promote small-scale income generation and diversify local diets. To start, fish ponds were stocked. This was followed by a training workshop focused on fishpond management in which 25 farmers participated. In addition, 25 communities became involved in vegetable production. More than 9,000 farm families were touched by this short-term, small-scale project.

In Uganda, Africare facilitated the training of 9,596 households in improved agricultural productivity practices, which led to better quality seed potatoes, bean seeds and maize seeds, helping to raise average household incomes. Post-harvest potato losses decreased from 40% to 10%. Africare initiatives connected with an additional 5,000 households, introducing vitamin A through the production and eating of sweet potatoes. Africare's efforts spanned other areas as well, including the construction of rabbit and pig farming centers, the completion of additional roads to improve access to local services, and the registration of more than 8,000 children in the growth monitoring program.

Niger, considered the poorest non-conflict country in the world, has also been labeled as the country with the worst
When Africare's food security project introduced the idea of developing community-based initiatives to generate steady revenue for the extremely impoverished and remote Guinean village of Kindoye, the villagers suggested setting up a small store. And so, after business and management training, as well as a microcredit loan facilitated by Africare, the store was established. It is only a small stand, but it sells essential items such as sardines, candles, and gasoline bottles – items that were unavailable locally prior to the project.

According to Telly Barry, president of Kindoye's Rural Development Committee, the little store has transformed the lives of the villagers in Kindoye and neighboring villages. “Nowadays our travels are much less frequent; we can last four to eight months without going to the Dogomet market 50 kilometers away. Before we had our store, we had to walk for four days to Dogomet for any ceremony like a baptism or end of harvest, for nothing more than a liter of oil or a kilogram of salt. Today, not only do households from our village and the surrounding villages shop at our mini-store, but it has also led to the creation of a road path that helps communication between the villages.”

Africare is guided by three basic principles:

- We go where the need is greatest.
- We support local initiatives by Africans in conceiving and implementing projects.
- We integrate activities across sectors of development.

Africare is committed to...

- Working on the ground
- Partnering with African communities
- Building strong and sustainable infrastructures

Africare's CORE Areas

- Food Security and Agriculture
- Health and HIV/AIDS
- Water Resources Development
- Women’s Empowerment
- Civil Society Development and Governance
- Emergency Humanitarian Assistance
- Environmental Resources Management
- Education
- Microcredit

CHANGING LIVES IN GUINEA
health status. The poor health record stems, in part, from inconsistent rainfall. To help counteract the effects, Africare distributed more than 6,000 metric tons of soy-fortified bulgar wheat to 365,185 beneficiaries in 481 villages for the Food for Work program. And soil conservation techniques have been implemented, leading to the rehabilitation of 55,676 hectares of land.

“Africare helped us by providing food for work and also imported materials like cement and a pump.”
— Ab Kamara, Chief of Lowoma Mandu

Prone to drought, the Zondoma province of Burkina Faso is home to inhabitants who see high levels of infant malnutrition and who often have difficulty growing crops. Africare continues to help locals learn how to identify and respond to the massive food security need. In FY 2006, 601 people from 29 villages received literacy training with a 98% success rate. Participants became the secretaries during agricultural planning meetings, later transferring pertinent information to their villages. Ms. Aguiratou Guioro, who now possesses basic reading, writing and agricultural skills, says: “Thanks to the literacy program, I can now do the bookkeeping for my small business activities, and I work for my community as a volunteer nutrition educator.”

CHANGING LIVES IN SIERRA LEONE

Sixty-seven-year old Ab Kamara, Chief of Lowoma Mandu in the Kailahun District of Sierra Leone, remembers a time when his village depended on a polluted pond in the woods as the community’s only water source for drinking, cooking and bathing. “We were getting water in the forest, but the water was not good because it is below the hill,” he recalled. “All the garbage and human waste would wash into the pond, and the leaves would fall into the water from the big trees above it.” Women had to walk into the forest down a narrow path, carrying the water in plastic containers on their heads. Members of the community, especially the children, often suffered from diarrhea and other diseases caught from the dirty water.

That was until Africare came into the community. Africare helped the community leaders organize into a Village Development Committee (VDC). They made a plan to install a water well equipped with a pump in the village. “We provided local materials and labor for the well,” Chief Kamara said. “Africare helped us by providing food for work and also imported materials like cement and a pump.”

The community has seen a dramatic improvement in the health and quality of life of its people since the well was constructed. “There is no more diarrhea among the children,” said Watta Momoh, one of the community’s women leaders. “The water is clean even straight from the tap, and the community is producing more food. We no longer walk a far distance to get water. After constructing the well, again with the help of Africare, we focused on increasing agricultural production, with the cultivation of a vegetable garden and swamp rice.” Both men and women are involved in the efforts of the VDC and are committed to improving their living conditions. “We want everyone to be moved to do something very important in the community,” said Chief Kamara.
Emergency Humanitarian Aid
Prolonged conflicts. War. Famine. Drought. Displaced people. Poverty. All of this and more lead to vulnerable people who need direct humanitarian assistance.

In Chad, which ranks among the five poorest countries in the world, 64% of the population live in extreme poverty. During Fiscal Year 2006, Chad endured several major crises, which further aggravated the hardships of its people. Many inter-community clashes erupted, which culminated in injuries, deaths and the displacement of people who lived along the border between Chad and Sudan. According to the United Nations High Commissioner for Refugees (UNHCR), approximately 30,000 Chadians were displaced.

The atrocities in Darfur have caused more than 250,000 Sudanese to flee to Chad; this influx has placed a severe strain on the country’s already scarce natural resources. One side effect is greater food insecurity. Africare continues its efforts to alleviate this human tragedy through the Ouaddai Food Security Initiative.

At the same time, southern Chad has become the refuge of about 35,000 Central African Republic citizens. In response, Africare, UNHCR and the U.S. Department of State began collaborating on the provision of assistance to approximately 10,000 Central African refugees.

While both the UNHCR and the World Food Program (WFP) provide the refugees with food rations, these measures do not suffice. To complement the UNHCR and WFP initiatives, Africare prepared land for market gardening, provided training on how to produce a profitable garden, and distributed gardening equipment and seeds to the selected refugees.

These pages have told the stories of many African lives and communities that have been guided along the road from sustenance to self-sufficiency through the many projects of Africare and its local and international partners. On the following pages, please find a complete list of the over 200 Africare programs in 26 countries carried out in 2006.
Africare in Africa
2006

July 1, 2005–June 30, 2006

- Africare assistance, FY 2006
- Past Africare assistance
Africare's development and emergency assistance reached communities in 26 countries Africa-wide during Fiscal Year 2006, as summarized below (with donors in parentheses).

**ANGOLA**

**BIE PROVINCE:** Community-based malaria intervention (ExxonMobil Foundation); Food security for demobilized soldiers (World Bank/Angola Government); Water and sanitation (African Well Fund); Seed multiplication and distribution (ShareCircle); Insecticide-treated bed nets (UNICEF); Chipeta water tank in Catabola Municipality (UNICEF)

**CABINDA PROVINCE—CABINDA CACONGO MUNICIPALITIES:** Promotion of household food security through basic food crops production to families surrounding the rich oil producing areas (Sonangol/ Chevron-TEXACO)

**LUANDA:** Center for vocational training of young women (ExxonMobil Foundation); Emergency polio intervention (CORE Group/USAID)

**ZAIRE PROVINCE:** Food security in Mbaza Congo (Sonangol/Chevron-TEXACO)

**VARIOUS: BIÉ, LUANDA, KWANZA SUL AND ZAIRE PROVINCES:** Polio eradication and Prevention support activities in Luanda, Zaire, Bié and Kwanza Sul provinces (USAID/CORE group/ World Vision International); Emergency food supply and food security assistance in Bié and Kwanza Sul provinces – CDRA (U.S. Agency for International Development/U.S. PL 480 Title II Program, Chevron Corporation)

**BENIN**

**BEMBEREKE, NIKI, PERERE AND TCHAOURO COMMUNES:** HIV prevention (U.N. Development Program)

**CITY OF COTONOU (PORT AREA):** HIV prevention (William H. Donner Foundation)

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

**BURKINA FASO**

**LOROUM PROVINCE:** Africare HIV/AIDS Service Corps (Alpha Kappa Alpha Sorority, Inc./Alpha Chapter)

**ZONDOMA PROVINCE:** Food security (U.S. Agency for International Development/U.S. P.L. 480 Title II Program); Establishment of HIV/AIDS testing and counseling center (U.S. Government/West Africa Ambassadors’ Fund)

**BURUNDI**

**GITEGA AND KARUSI PROVINCES:** Strengthening of indigenous non-governmental organizations (U.S. Agency for International Development); Resettlement of internally displaced persons and returning refugees (Office of U.S. Foreign Disaster Assistance)

**KARUSI PROVINCE (BUHIGA AND GITARAMUKA COUNTIES):** Food security (U.N. Development Program, U.S. Agency for International Development); Community-based rural development (International Fund for Agricultural Development)

See also Tanzania (page 21) and Regional Programs (page 22).
ERITREA

NORTHERN RED SEA ZONE (NARO PLAINS): Food security (U.S. Agency for International Development/U.S. P.L. 480 Title II Program)

ETHIOPIA

ABOBO, GODERE AND GOG DISTRICTS: Water supply and sanitation (Alpha Kappa Alpha Sorority, Besser Foundation, National Sorority of Phi Delta Kappa)

GAMBELLA REGION: Food security in rural Malawi (U.S. Agency for International Development/Food Program/FFP); 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/CARE/OFDA);

THYOLO DISTRICT: Community focused nutrition project (UNICEF)

GHANA

CITY OF ACCRA: Africare HIV/AIDS Service Corps (William H. Donner Foundation)

GUINEA

ALBADARIAH, DABOLA, GUECKEDOU, Kankan, Koudussa, Macenta, Mandiana, Nzerekore and Sigui Prefectures: Assessment of farmers’ seed supplies (World Food Program)


DINGUIRAYE PREFECTURE: Africare HIV/AIDS Service Corps (William H. Donner Foundation)

LIBERIA

BONG & NIMBA COUNTIES: Veteran training in agricultural and livestock production (United Nations Development Program and JIU Trust Fund)

BONG & NIMBA COUNTIES: Food security in rural communities; sustainable return of displaced populations (U.S. Agency for International Development, OFDA, Mission IDFA)

NIMBA COUNTY: Continuation of sustainable livelihoods through agriculture and health interventions and stabilized infrastructure (U.S. Agency for International Development/U.S.P.L.480 Title II Program and Food for Peace)

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

MALAWI

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/Food Program/FFP), 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/CARE/OFDA);

THYOLO DISTRICT: Community focused nutrition project (UNICEF)

MALI

BAROUELI CIRCLE: Local-level governance training (Government of Mali)

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

GAO, KIDAL AND TIMBUKTU CIRCLES: Radio-transmitted civic education and community development information (U.S. Agency for International Development)

TIMBUKTU REGION: HIV prevention (Government of Mali)

MOZAMBIQUE

MANICA PROVINCE — BARUE, GONDOLA, MANICA AND SUSSUNDENGA DISTRICTS: Manica Expanded Food Security Initiative (MEFSI) (U.S. Agency for International Development/U.S. P.L. 480 Title II Program); COPE (U.S. Agency for International Development/President’s Emergency Plan for AIDS Relief – OVC program)

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 and UNICEF); Protection and education of AIDS-affected children (RECLISA) (U.S. Department of Labor)

NIGER

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

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

BOBOYE DISTRICT: HIV prevention (William and Jennifer Mead); Africare HIV/AIDS Service Corps

FILINGUE DISTRICT: Emergency mitigation and recovery (Bill & Melinda Gates Foundation)

CITY OF NIAMEY: Food monetization for consortium of U.S. non-governmental organizations (U.S. Agency for International Development/U.S. P.L. 480 Title II Program)

NIGERIA

ABUJA: Increase analytical input into reform program and policies of the Nigerian government (Soros Foundation, United Nations Development Program)

ABUJA: Nurturing of an 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, IBRD and Japan Social Development Fund)

AKWA IBOM, BAYELSA, CROSS RIVER, DELTA, EDO AND RIVERS STATES: Maternal and child health (Shell Petroleum Development Company of Nigeria)

LAGOS AND RIVERS STATES: Reduction of the HIV/AIDS prevalence rate (U.S. Centers for Disease Control and Prevention)

RWANDA

GASABO, KICUKIRO AND NYAMAGABE DISTRICTS: Support for people infected or affected by HIV/AIDS (World Bank, IBRD)


KABUGA AND KANOMBE DISTRICTS: HIV prevention among AIDS orphans (Mosaic Foundation)

See also Regional Programs (Page 22).
**SENEGAL**

**MAKA DISTRICT:** Maternal and child health (Government of Japan)

**NIORO DISTRICT:** Maternal and child health (Government of the United Kingdom)

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

**ZIGUINCHOR REGION:** Malaria and tuberculosis prevention and treatment (U.S. Agency for International Development); Local-level governance training (U.S. Agency for International Development)

**SIERRA LEONE**

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

**KAILAHUN DISTRICT:** Improve primary health care of community residents through family latrines in health centers and primary school communities (Blood: Water Mission)

**KONO DISTRICT:** Utilization of schools as agents to promote positive social change

**SOUTH AFRICA**

**EASTERN CAPE PROVINCE:** HIV prevention, treatment and support for people affected by HIV/AIDS, and assistance to AIDS orphans (U.S. Agency for International Development/President’s Emergency Plan for AIDS Relief, U.S. Centers for Disease Control and Prevention, World of Hope Foundation, Rainbow Fund, Conrad N. Hilton Foundation)

**TANZANIA**

**DODOMA REGION — KONGWA DISTRICT:** Home-based care for people living with HIV/AIDS (Global Service Corps)

**KIGOMA REGION — KASULU DISTRICT (MTABILA REFUGEE SETTLEMENT AND MUYOVOSSI REFUGEE CAMP):** Assistance to Burundian refugees (Refugee Education Trust, U.N. High Commissioner for Refugees, U.S. Department of State) Repatriation of Burundian refugees (U.N. High Commissioner for Refugees)

**SOGEENI VILLAGE:** School construction (Michael and Tina Chambers family and friends)

**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:** Beef: Developing market links for honey sector (Traidcraft UK)

**MTAKUJA VILLAGE:** School construction, teachers’ housing construction and school furniture (Michael and Tina Chambers family and friends, Peter and Denean Persell)

**TANZANIA — ALL OF MAINLAND’S DISTRICTS:** Artemisin combination therapy community sensitization (Global Fund Round Four/Tanzanian Ministry of Health and Social Welfare)

**NATIONWIDE:** Reduction of Malaria through the Tanzania NGO Alliance Against Malaria — TaNAAM (CORE Group)

**ZAMBIA**

**CENTRAL PROVINCE:** Capacity building and sustainability of community responses to orphans and vulnerable children in Mpima (Kabwe District) (New Zealand Agency for International Development (NZAID)); Smallholder enterprise and marketing project (SHEMP – Kabwe and Mkushi Districts) (International Fund for Agricultural Development (IFAD)/Government of Zambia)

**CENTRAL, EASTERN, LUAPULA, LUSAKA, NORTHERN AND SOUTHERN PROVINCES:** Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) (U.S. Agency for International Development/World Vision)

**UGANDA**

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

**KABALE DISTRICT:** Food security of resource-poor potato growers (International Fund for Agricultural Development (IFAD) through the International Potato Centre (CIP) Technical Assistance Grant 652); Improve regional organizational capacity (Swiss Development Corporation and Canadian International Development Corporation through CIAT)

**KABALE, KISORO, NTUNGAMO, KANUNGU, AND RUKUNGI DISTRICTS:** Phase II of a food security initiative (U.S. Agency for International Development)

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

**NTUNGAMO DISTRICT:** Secondary schooling for 50 HIV/AIDS orphans: Alleviation of suffering of families and their dependants from HIV/AIDS (U.S. Agency for International Development, ACDI/VOCA); Reduction of morbidity and mortality of children under five (U.S. Agency for International Development; Reduction of the social-economic impact of HIV/AIDS on children, orphans and caregivers (U.S. Agency for International Development)

See also Regional Programs (Page 22).
EASTERN PROVINCE: CHIKAWA (Chipata District Resource Centre, Katuta Ceramics and Walela Youth Group), Youth center for AIDs prevention (CRAIDS); Food for assets creation project and food aid for vulnerable households (Petauke District) (World Food Program); Rural Credit Facility (RCF-Chipata and Chadiza Districts) (African Development Bank (ADB)/Government of Zambia); Mtaya Community School, Sustainable community-based high value crop production for nutrition and income generation among HIV/AIDS affected orphans and vulnerable children (Various Donors).

LUAPULA PROVINCE: Forest Resource Management Project (FRMP-Chiengie, Kawambwa, Mansa, Milenge, Mwenze, Nchelenge and Samfya Districts) (International Fund for Agricultural Development (Government of Zambia, Irish Aid/DED); Luapula Women in Beekeeping (Irish Agency for International Development (Irish AID)/Government of Zambia)

NORTHERN, NORTHWESTERN & SOUTHERN PROVINCES: Cattle in trust project (Kasama, Solwezi and Monze Districts respectively) (Heifer Project International)


ZIMBABWE

GOKWE SOUTH DISTRICT: Short-term food security for vulnerable households in Gokwe South District – GIRA (Bill & Melinda Gates Foundation)

MANICALAND PROVINCE: Enhance food security and the nutritional status of families affected by HIV/AIDS families (U.N. World Food Program)

MBERENGWA, ZVISHAVANE AND SHURUGWI DISTRICTS: Promotion of Food Security Opportunities Opposing Drought–Pro-FOOD (International Fund for Agricultural Development)

MBERENGWA AND NYANGA DISTRICTS: HIV/AIDS prevention and care and support of people living with HIV/AIDS and OVC (PACT Zimbabwe and John Snow International)

MIDLANDS PROVINCE: Increased and diversified food security (International Fund for Agriculture Development)

MT. DARWIN, RUSHINGA, SHAMVA AND BINDURA DISTRICTS: Promotion of production, processing and utilization of soybean (Rockefeller Foundation)

MUTASA DISTRICTS: Improve nutritional status of households through promotion of small livestock keeping (New Zealand Aid – NZAID); Improve food production and security for children affected by HIV/AIDS through small livestock production, and processing of vegetables and medicinal herbs (DfID); Improve food security and nutrition of OVC (U.N. World Food Program); Increase male participation in HIV/AIDS prevention, as well as provide care and support for the infected and affected (Irish Aid and John Snow International)

RUSAPE TOWNSHIP — TSANZAGURU, TSINDI AND MUTARE DISTRICTS: Reproductive health and HIV prevention education for youths (U.S. Centers For Disease Control and Prevention)

SHAMVA DISTRICT: Agricultural Input Distribution – Distribution of seed to vulnerable households (U.N. Food and Agricultural Organization)

REGIONAL PROGRAMS

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


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

The Story of Edwina, the Ambitious

When Edwina Atusingwire, whose surname translates as “she [who] has overcome or succeeded,” turned 15, her family could not pay for her education. Her parents had sold almost all of their possessions, including most of their banana farm in the Ntungamo District of Uganda, with the intention of getting at least one of their nine children through secondary school.

“We had almost nothing,” Edwina recalls, yet she still refused to let her parents sell their last piece of farmland, an act that would deprive her siblings of any means of sustenance.

Edwina’s plight was reported to Africare, and she was interviewed as a candidate for Africare’s Orphan and Needy Child Scholarship. She later emerged among the 70 successful recipients of the scholarship.

Now three years have passed. Edwina graduated from high school and is enrolled at Makerere University where she is studying environmental health.

“Africare is a parent to me,” she says. “They took me up and made me a success.”
Held every fall since 1990 in Washington, DC, the Africare Bishop John T. Walker Memorial Dinner has become the largest annual event for Africa in the United States. This year’s dinner hosted nearly 2,000 international, government, corporate and academic leaders, as well as individuals who came simply to express their love for Africa.

The Africare Board of Directors proudly presented the Bishop John T. Walker Distinguished Humanitarian Service Award to the Honorable Colin L. Powell, Four-Star U.S. Army General (Ret.) and former U.S. Secretary of State, for his outstanding contributions to international relations, world peace, and the alleviation of human suffering throughout the globe, especially in Africa. The Honorable Alphonso Jackson, Secretary of Housing and Urban Development, and Lt. General Julius W. Becton (Ret.) each paid tribute to General Powell’s accomplishments. Jeroen van der Veer, Chief Executive, Royal Dutch Shell plc, and National Chair of this year’s event, delivered the keynote address.

In honor of Africare’s 35th anniversary, the Africare Legacy Award was presented to the original group of Africare medical volunteers, led by Dr. William T. Kirker; C. Payne Lucas, a 10-year veteran of the Peace Corps and head of Africare for over 30 years; Oumarou Youssoufou, the First Secretary of the Niger Embassy; and Joseph C. Kennedy, Ph.D., also a veteran of the Peace Corps. These four founders expanded Africare’s reach from its original health projects in Niger to projects in health and HIV/AIDS, food security and agriculture, water resource development, environmental management, and others, through community partnerships in 36 countries across the African continent.
Africare is proud to give special recognition to its donors of $5,000 or more, in cash or in kind, during the fiscal year 2006.

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World Cocoa Foundation
World of Hope Foundation
United Nations Foundation

Government and International Agencies

African Development Bank; IBRD, IFC
African Development Foundation
International Finance Corporation, The World Bank Group
International Fund for Agricultural Development
President’s Emergency Plan for AIDS Relief
United Nations High Commissioner for Refugees
United Nations World Food Program
U.S. Agency for International Development
U.S. Centers for Disease Control and Prevention
U.S. Department of Agriculture
U.S. Department of the Interior
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U.S. Department of State
Major Donors

Africare also wishes to thank the thousands of individuals who gave directly to Africare or who gave in the workplace through the Combined Federal Campaign, state and local government campaigns, and corporate employee drives. Africare is a member of the Global Impact workplace-giving federation.

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*Deceased
“Unless you call out, who will open the door?”

African Proverb | Ethiopia

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
Africare
Africare House
440 R Street, NW
Washington, DC 20001-1935
USA
Tel: (202) 328-5340
Fax: (202) 387-1034
Email: development@africare.org
Web site: www.africare.org

Gifts to Africare are tax-deductible to the extent provided by United States law.
Summary of Financial Statements

Management Report

Africare is proud to present its June 30, 2006 fiscal year results. This report reflects another successful funding year where the Organization attracted over $50 million to ensure the delivery of high-quality programs and assistance to some of the most needy and deserving people in Africa.

Africare understands that donors consider good financial stewardship as an essential quality of a charitable organization. Africare is particularly 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 fundraising 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. 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.

The Committee met several times during the year, including meetings prior to and at the conclusion of the annual audit. The Committee discussed with Africare’s management and independent auditors various matters pertaining to financial reporting, internal controls, quality of staff and compliance with donor regulations. The Committee also met privately with Africare’s external auditors to discuss the conduct of the audit and financial reporting procedures. The independent auditors have unrestricted access to the Committee.

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

Larry D. Bailey
Chairman, Audit Committee
Financial Summary for the years ended June 30, 2006 and 2005

<table>
<thead>
<tr>
<th></th>
<th>2006 (in thousands)</th>
<th>2005 (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundations, trusts, corporations and individuals</td>
<td>8,897</td>
<td>9,683</td>
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<tr>
<td>Special events</td>
<td>820</td>
<td>841</td>
</tr>
<tr>
<td>Combined Federal Campaign (CFC)</td>
<td>198</td>
<td>201</td>
</tr>
<tr>
<td>Donated services and materials</td>
<td>8,980</td>
<td>10,573</td>
</tr>
<tr>
<td>Governments</td>
<td>26,917</td>
<td>26,999</td>
</tr>
<tr>
<td>Investment income and other</td>
<td>4,787</td>
<td>1,634</td>
</tr>
<tr>
<td><strong>Total revenue and support</strong></td>
<td>50,599</td>
<td>49,931</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food security, relief and refugee assistance</td>
<td>15,439</td>
<td>19,333</td>
</tr>
<tr>
<td>Health and water resources development</td>
<td>14,819</td>
<td>10,861</td>
</tr>
<tr>
<td>Agriculture and small scale irrigation</td>
<td>7,885</td>
<td>8,491</td>
</tr>
<tr>
<td>Integrated rural development</td>
<td>5,422</td>
<td>6,228</td>
</tr>
<tr>
<td>Other development programs</td>
<td>2,384</td>
<td>2,909</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td>45,949</td>
<td>47,822</td>
</tr>
<tr>
<td>Management and general</td>
<td>2,920</td>
<td>2,068</td>
</tr>
<tr>
<td>Fundraising</td>
<td>1,359</td>
<td>838</td>
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<tr>
<td><strong>Total support services</strong></td>
<td>4,279</td>
<td>2,906</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>50,228</td>
<td>50,728</td>
</tr>
<tr>
<td>Change in net assets from operations</td>
<td>371</td>
<td>(797)</td>
</tr>
<tr>
<td>Non-operating minimum pension liability adjustment</td>
<td>1,079</td>
<td>(1,079)</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>1,450</td>
<td>(1,876)</td>
</tr>
<tr>
<td>Net assets, beginning of year</td>
<td>10,228</td>
<td>12,104</td>
</tr>
<tr>
<td><strong>Net assets, end of year</strong></td>
<td><strong>$11,678</strong></td>
<td><strong>$10,228</strong></td>
</tr>
</tbody>
</table>

Africare’s complete, audited financial statements are available on request.
Headquarters and Field Offices

Headquarters
Africare
Africare House
440 R Street, N.W.
Washington, DC 20001-1935

Tel: (202) 462-3614
Fax: (202) 387-1034
Web site: www.africare.org

European Office
Africare
37, rue des Mathurins
75008 Paris
France

Senior Staff*
Julius E. Coles
President

Jeannine B. Scott
Senior Vice President

Jack Campbell
Vice President of Finance and Management

Nancy Devine Kyger
Vice President of Development and Marketing

Ruth Mufute
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William P. Noble
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Peter M. Persell
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Charles Debose, Ph.D., M.P.H., M.P.A.
Director, Office of Health and HIV/AIDS

Clarence S. Hall, DrPH
Deputy Director, Office of Health and HIV/AIDS

Harold V. Tarver
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Ukeme Falado
Controller

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Director of Human Resources

* Senior staff as of December 1, 2007.

Field Offices*

Angola
C.P. 16194
Luanda
Republic of Angola
E-mail: mfinley@africareangola.org
Michael Finley, Country Representative

Benin
DDS Mono/Couffo
B.P. 02 Lokossa
Republic of Benin
E-mail: palumc@intnet.bj
Josette Vignon, Chief of Party

Burkina Faso
B.P. 608
rue 13.36
Porte 971
Ouagadougou
Burkina Faso
E-mail:africare@fasonet bf
Ahmed Moussa N’Game, Country Representative

Burundi
B.P. 1951
Bujumbura
Republic of Burundi
E-mail: james_bariyanga@yahoo.com
James Bariyanga, Acting Country Representative

Chad
B.P. 689
3047 rue Bordeaux
N’Djamena
Republic of Chad
E-mail: outman.africare@intnet.td
Al-Hassana Outman, Country Representative

DR Congo
Quartier GB
Commune de Ngaliema
Kinshasa
Democratic Republic of Congo
E-mail: africare1@gbs.cd
Francis Hammond, Country Representative

Ghana
P.O. Box OS-2108 (Osu)
Accra
Republic of Ghana
E-mail: Lungi.Okoko@gmail.com
Lungi Lumumba Okoko, Acting Country Representative
Guinea
B.P. 3774
Corniche Sud
Quartier Coleah
Conakry
Republic of Guinea
E-mail: africareguinea@africare.org.gn
Gordon Brown, Acting Country Representative

Liberia
Mail Bag 9057
1000 Monrovia 10
Republic of Liberia
E-mail: djhynes@hotmail.com
Denis J. Hynes, Country Representative

Malawi
P.O. Box 2346
Lilongwe
Republic of Malawi
E-mail: hyghten@africaremw.org
Hyghten Mungoni, Officer-in-Charge

Mali
B.P. 1792
Bamako
Republic of Mali
E-mail: Edward@africaremai.net
Edward Baxter, Country Representative

Mozambique
C.P. 2978
Maputo
Republic of Mozambique
E-mail: maputo@africare.org.mz
Charlene McKoin, Country Representative

Namibia
P.O. Box 1726
Katima Mulilo
Republic of Namibia
E-mail: joshuaafricarenamibia@iway.na
Joshua Karuma, Project Coordinator

Niger
B.P. 10534
Niamey
Republic of Niger
E-mail: afrniger@intnet.ne
Moustapha Niang, Country Representative

Nigeria
9, Sangha Street
Off Mississippi Street
Maitama
FCT Abuja
Federal Republic of Nigeria
E-mail: wmwangi@africarenigeria.org
Wangari Mwangi, Country Representative

Rwanda
B.P. 137
Kigali
Republic of Rwanda
E-mail: wboobura@yahoo.com
Willis E. Obura, Country Representative

Senegal
B.P. 2272
Dakar
Republic of Senegal
E-mail: africare@sentoo.sn
Bonaventure Traore, Country Representative

Sierra Leone
PMB 164
Freetown
Republic of Sierra Leone
E-mail: representative@africaresl.org
Casimir Chipere, Country Representative

South Africa
Private Bag X7055
Queenstown 5320
Republic of South Africa
E-mail: jlittlefield@africareec.co.za
Joan Littlefield, Chief of Party

Tanzania
P.O. Box 63187
Dar es Salaam
United Republic of Tanzania
E-mail: pmwambete@africare.or.tz
Phedson Mwambete, Officer-in-Charge

Uganda
P.O. Box 7655
Kampala
Republic of Uganda
E-mail: angosi@africareonline.co.ug
Anthony Ngosi, Country Representative

Zambia
P.O. Box 33921
Lusaka
Republic of Zambia
E-mail: bharrigan@africare.org.zm
Brian Harrigan, Country Representative

Zimbabwe
P.O. Box 308
Harare
Republic of Zimbabwe
E-mail: schikowero@africare.co.zw
Sekai Chikowero, Officer-in-Charge

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*Board of Directors for FY ’06
“Children are the reward of life.”

African Proverb | Congo
Africare works to improve the quality of life in Africa by assisting families, communities and nations in two principal areas — food security and agriculture, and health and HIV/AIDS — as well as water resource development, environmental management, literacy and vocational training, microenterprise development, civil-society development, governance and emergency humanitarian aid. 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.

Africare is a charitable institution under Section 501(c)(3) of the Internal Revenue Code. Africare’s financial support comes from charitable foundations, multinational corporations and small businesses, the religious community, other private organizations, the U.S. government, foreign governments, international agencies, and thousands of individuals.