

**Africare:  
(1970-2009)**

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*Néné Mputu was born in Lubumbashi in southern Congo. Although her grandfather was a high-ranking government official, her parents separated when she was young. She lived with her father until 2003 when her mother called her to come to Kinshasa. Her mother had been diagnosed with AIDS and later died in her arms. No longer receiving support from either side of her family, Néné was alone and struggled to support herself; she eventually resorted to prostitution to survive. One of her clients eventually took her in, and she gave birth to a son, Mardoché, but the father later abandoned them both.*

*Néné desperately wanted to avoid a return to prostitution and sought help at Africare's local partner, Christ Secours de Faible (Christ's Help for the Weak), where Africare supplies sewing machines for classroom training. There she completed seamstress training and was also selected to be part of a group receiving micro-grants from Africare-DRC for workshop start-ups. Together the women have established the "New Fashion" sewing workshop in Bumbu Commune of Kinshasa.*

*Now 23, Néné still struggles to make ends meet for herself and her son, but she has not returned to prostitution and credits Africare's support for changing her life.*

## **INTRODUCTION**

Africare was founded in 1970 by a former U.S. Peace Corps volunteer (who had worked in eastern Niger) to improve the quality of life for the people of Africa with community development projects. Since its founding, Africare has delivered more than \$710 million in assistance and support through over 2,500 projects to 36 countries throughout Africa. The organization employs over 1,000 people, largely indigenous to the countries and to the areas where it operates and is the oldest and largest American organization specializing in African aid.

Beginning with the Sahelian drought of the 1970s, Africare has focused its attention on the Somalia refugee crisis and the drought of the 1980s affecting many countries, the warfare of the 1990s in Angola, Somalia, Liberia, Sierra Leone, Rwanda, Burundi, and the resurgence of widespread famine in Southern Africa and the Horn of Africa since 2002. As of 2009, its programs include food security and agriculture, health and

HIV/AIDS, water and sanitation, and emergency and humanitarian aid. In addition Africare supports projects focused on water resource development, environmental management, basic education, micro-enterprise development, and women's empowerment.

## **HISTORICAL EVOLUTION**

Africare was founded amidst severe drought in West Africa's Sahel region in the Republic of Niger by two Americans; William O. Kirker, M.D. and his wife, Barbara (a nurse), who had worked at Niger's Maine-Soroa Hospital. The objective was "to provide medical services and health care to the people of Africa, beginning in ... Niger". In 1970, Africare was incorporated in Hawaii. In 1971, Africare was reconstituted and permanently re-incorporated in Washington, D.C. The idea for a "new breed of assistance organization" had become a reality. In 1975, Africare shifted its emphasis from drought relief in the Sahel to long-term rural development throughout Africa.

Along with the crisis response to drought in Niger and Upper Volta, other drought victims, refugees and displaced persons in Ethiopia, Somalia, Uganda and Zambia received emergency aid from Africare. By 1985, Africare was working in five major regions of Africa and providing assistance in 23 countries.

In addition to drought relief, rural development projects included food, water and environmental projects, rural health assistance and "women in development" initiatives. Emergency aid was ongoing in Somalia, home to a million refugees from Ethiopia's Ogaden region. Refugee relief also began in Rwanda and Chad. During the 1980s, rural micro-enterprise development programs rapidly spread from the Central African Republic to Malawi and Mali to Guinea-Bissau. The African Development Education Program and Child Survival and the Food for Development programs were launched in 1984 and in 1987 the first AIDS programs was started in Nigeria and Rwanda.

During the 1990s, most of Africare's efforts focused on food, water, environmental and health programs in Africa's rural areas. The demand for rapid humanitarian aid increased in relationship to genocide in Rwandan, violence in Burundi, warfare in Somalia and civil wars in Angola, Liberia and Sierra Leone. In 1998, a border war erupted between Eritrea and Ethiopia. Heavy flooding in early 2000 caused damage and loss of life in Southern Africa, especially in Mozambique. Drought continued to plague Sahelian West and East Africa. The African Diplomatic Outreach Program also began in the early 1990s and focused on facilitating working relationships between African ambassadors and their U.S. counterparts to advance Africa's causes. As the drought and warfare situation improved, Africare began to expand its work in the area of civil society development and governance. By 2007, longstanding wars in Angola, Liberia and Sierra Leone had ended and reconstruction was underway.

As the food crises arose in various regions of Africa, the Food for Development programs greatly expanded and by 2000 had reached 13 countries. The program addressed the three goals of food availability, food access and food utilization. During the late 1990s and early 2000s, HIV/AIDS had engulfed the continent in what is probably the worst

pandemic in history. HIV/AIDS programs also spread from 20 African nations in 2000 to all 36 nations by 2007.

## **PROGRAMS**

### ***Health and HIV/AIDS***

Africare's first health program started in 1970 by providing assistance to an isolated Maine-Soroa Hospital in Diffa, Niger. Since that time, the focus has been on "primary health care" at the community level and focused on prevention-oriented interventions in rural areas. Africare also supports curative medicine, health infrastructure development and other programs to address rural health needs.

In 1981, Africare partnered with the U.S.-based Pharmaceutical Manufacturers Association (PMA, now PhRMA) and the Gambian government to assess the country's pharmaceutical distribution system to determine the reasons that rural clinics frequently lacked essential drugs. In 1983, Africare helped the Sierra Leonean Ministry of Health to pilot a similar program.

One of every six African children will die before his or her fifth birthday. Malnutrition, diarrheal disease, malaria, pneumonia, measles, whooping cough, tetanus, tuberculosis and now AIDS are on the top of the list of killers. Africare's child survival programs, initiated in 1991, have brought basic medical services to more than one million children in 13 countries. The programs provide the six basic childhood immunizations namely measles, whooping cough, tetanus, tuberculosis, polio and diphtheria. Africare gives priority to diarrheal dehydration by teaching mothers to administer simple solutions of sugar, salt and water (called "oral rehydration therapy") to their children.

Every year, more than a million people worldwide die of malaria and 90 percent of those deaths occur in Sub-Saharan Africa. Since 1998, Africare has been working on malaria control in rural areas of Benin where the disease is widespread. Its program includes malaria information campaigns, community-based outreach and resource provision in the form of nets and anti-malarial drugs.

Africare's first HIV/AIDS program was started in Nigeria and Rwanda in 1987. Today, Africare's HIV/AIDS programs reach every country where the organization operates and often include: 1) HIV prevention, 2) HIV/AIDS counseling and testing, 3) treatment, palliative care and other support for people living with HIV, AIDS and TB/HIV, and 4) support for AIDS orphans.

In the early 1990s, Africare helped develop Africa's first Portuguese-language HIV/AIDS awareness materials, designed to serve millions of people in Angola, Cape Verde, Guinea-Bissau, Mozambique, and Sao Tome and Principe. HIV prevention work includes peer education among adults, school programs and "orphan clubs," traveling drama shows and counseling centers especially for youths. With Africare's support, village volunteers and local groups have developed their own responses to the HIV/AIDS issues in their own communities. Care for people infected and affected by HIV/AIDS is both home-based and through networks of hospitals and rural clinics. The care work embraces both medical care and socio-economic supports like helping children continue their

education, providing training for livelihood, and providing food. The HIV/AIDS Service Corps program, launched in 2002, enlists Africans as volunteers within their own communities to promote HIV prevention education, caring for people living with AIDS, training village health workers and linking patients in isolated rural areas with regional or urban medical care. The Male Empowerment Project has expanded the role of men in caring for people with HIV/AIDS through training and support.

Sub-Saharan Africa has 11 percent of the world's population, but 80 percent of the AIDS orphans. According to the latest estimates, between 10 and 15 million Sub-Saharan African children have been orphaned by AIDS. Since 2002, Africare is implementing COPE (Community-based Orphan care, Protection and Empowerment), a model care and support program for orphans and vulnerable children that provide a comprehensive programming for orphans and vulnerable children affected by HIV/AIDS and their caregivers.

### ***Food Security and Agriculture***

An agricultural development program has been the core of Africare initiatives since its beginning. The main objective of the program is to reduce hunger and malnourishment in Africa through food security initiatives. The comprehensive approach to improve the agriculture and food security includes loan for farmers, training in food production and storage, access to improved seeds and tools, and information on improving nutrition. Millions of vegetable and fruit growers, rice farmers, fishermen, cattle herders, poultry producers, beekeepers and other African agriculturalists have received development assistance. With Africare's support, sixteen Farmer Field Schools have been established to provide training on potato production techniques and the management of agricultural diseases and pests in Kabale, a city in southwestern Uganda. Following training, average potato yields have increased by more than 350 percent. Africare has also developed the Africare Food Security Review (AFSR) to publish important findings and tools from Africare's food security programs. One of the most important aims of the publication is to provide user-friendly information that cooperating sponsors can access and use in relationship to the design, implementation, monitoring and evaluation of food security initiatives.

The food security program is also connected to water resource development as water inaccessibility is one of the major causes of food shortage throughout Africa. New wells, dams, and other water retention structures have been developed to increase food production. The food security programs in arid regions of Burkina Faso, Chad, Cote d'Ivoire, Eritrea, Ethiopia, Mali, Niger and Senegal focus primarily on irrigation.

### ***Emergency Humanitarian Assistance***

Since its inception, Africare has responded to nearly every natural and man-made emergency in Africa. The approach is to provide for immediate needs such as water, shelter, food and emergency health care, while also working to assist with the longer-term goals of repatriating refugees or integrating them into new communities. Some of Africare's emergency responses include the establishment and management of refugee camps, resettlement programs, and education for refugee children.

Between 1984 and 1986, severe drought ravaged the African continent and more than 300 million people in 20 countries were affected. Africare's extensive drought relief efforts reached severely affected countries such as Burkina Faso, Chad, Ethiopia, Mali, Mozambique and Niger. Since 1996, Africare has managed the Mtabila Refugee Settlement, now sheltering more than 60, 000 refugees from Burundi. In Southern Africa, Africare provided emergency food supplements to more than half a million Malawian mothers and children. Humanitarian aid continues to flow to refugees and internally displaced persons in Angola, Burundi, Liberia and Sierra Leone.

## **GOVERNANCE**

Africare has a governing body consisting of eighteen board members including two honorary members and one ex officio member. The role of the board members is to provide leadership in the areas of investing, finance, fund-raising, and executive leadership oversight. In the past 40 years, the number of staff has grown from 2 to 40-50 at headquarters in Washington, DC and more than 1,000 in the 36 sub Saharan countries where Africare operates. The staff includes 17 directors with diverse and distinguished professional backgrounds. It is incorporated as a nonprofit in the United States.

## **FINANCES**

Africare is entirely donor funded, dependent on receiving grant from international donors for implementing its programs. 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. The annual revenue for the organization for the year 2009 is approximately \$50 million.

Some of the major donors to the organization during 2009 include:

1. Abt Associates Inc.
2. Academy for Educational Development
3. ACDI/VOCA
4. American Institutes for Research
5. Dwight Anderson
6. Bill & Melinda Gates Foundation
7. ExxonMobil Foundation
8. Global Impact
9. Mars Inc.
10. Wilhelmina L. McSwain, The Estate of Médecins du Monde
11. Monsanto Company
12. Robert L. Johnson Companies
13. Shell Petroleum
14. Starbucks Coffee Company
15. The William H. Donner Foundation (Ambassador Curtin Winsor and Family)
16. The UPS Foundation

There has been a continuous growth in revenues over the last thirty five years (1970-2005), from \$1.15 million to \$222, million.

## CONCLUSION

Africare provides assistance in the form of long-term rural development under the most difficult circumstances that include natural calamities of drought and famine, epidemics like HIV/AIDs and malaria across the continent, and political unrest and warfare. In spite of these challenges, Africare is making a significant contribution to transforming the lives of millions of individuals, families, and communities and plans to continue improving the lives of individuals and families while also building communities.

## DISCUSSION QUESTIONS

1. What are the challenges facing organizations providing emergency and humanitarian relief in Africa?
2. What steps could be taken to make emergency relief sustainable overtime?
3. What are the environmental and political challenges that affect non-governmental organizations operating in Africa?

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