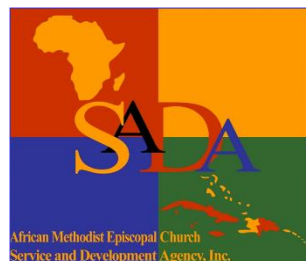


THE  
AFRICAN METHODIST EPISCOPAL  
CHURCH  
SERVICE AND DEVELOPMENT AGENCY,  
INC.



AME-SADA  
2015 Annual Report

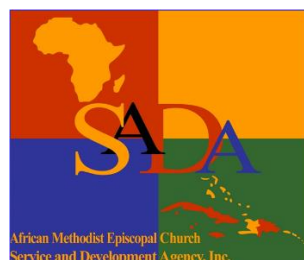


## ABOUT US

The African Methodist Episcopal Church Service and Development Agency (AME-SADA) is a non-profit organization dedicated to improving the quality of life in Africa and the Caribbean. AME-SADA grew out of the collective efforts of five unique and pioneering individuals: Bishop John H. Adams, Bishop Fredrick C. James, Mrs. Wilburn Boddie, Reverend Lonnie Johnson and Dr. Joseph C. McKinney. We give special recognition to Bishop Donald G. K. Ming for his unbroken support and dedication to the vision of our Founders.

Since its founding more than three decades ago, AME-SADA has demonstrated the implementation of its mission of *“helping people help themselves”* by providing essential assistance to those in need through health, micro-enterprise, agriculture and education programs as well as emergency humanitarian aid in Africa and the Caribbean. AME-SADA is looking to expand its programs as resources allow.

AME-SADA’s financial support comes from the AME Church, government and international agencies, foreign institutions, non-profit organizations, foundations and thousands of persons committed to our vision of a better world. AME-SADA is headquartered in Washington, DC.



## MESSAGE FROM THE CHAIRMAN OF THE BOARD AND EXECUTIVE DIRECTOR

*This past year, AME-SADA has continued to stabilize its financial resources in light of the many challenges that its mission demands. As we celebrate the completion of 39 years of service, the organization has engaged its field and headquarters staff in several new directions designed to address the changing needs of those we serve. As a result, while maintaining focus on our core sectors of Education and Health, we are now emphasizing agriculture and alternative energy in our project portfolio, thereby providing a more integrated program implementation approach to ensure a more effective and efficient use of our human, material and financial resources. In the Health Sector, we endeavor to respond to the growing needs of the population we serve in Haiti. While emphasizing child and maternal health services, AME-SADA is now a full-service provider for patients seeking treatment for HIV/AIDS. As we continue the implementation of our current USAID-funded health sub-contracts, we have secured additional funds for these programs to ensure their expansion and strengthening. This expansion includes continuing work toward the Bercy Transition Center for At-risk Pregnant Women, made possible with funding from the 11th Episcopal District Women's Missionary Society's Dorothy Adams Peck Leadership Institute, Bishop McKinley Young, Supervisor Dorothy Jackson Young, the W. K. Kellogg Foundation and other grants and donations. AME-SADA is very grateful to the Connectional Women's Missionary Society for its generous donation for the construction of the soon to be built Delice I Health Center. For the Education Sector in Haiti, we are now emphasizing school health, thereby allowing us to reach a new target group consisting of young people who are more than five years old. In Haiti we will be involving our constituents in areas of agricultural production and rudimentary agricultural processing aimed at increasing their sources and margins of profit. Through a grant from W. K. Kellogg Foundation, AME-SADA has completed a study to identify approaches to increase family economic security and improve agricultural development in the Arcahaie Commune of Western Haiti. We are also seeking new sources of funding to develop the agricultural sector generally. While seeking new and more diverse sources of funding for its programs, AME-SADA is now developing closer ties with partners working in the same sectors in order to increase our outreach, especially on the continent of Africa. In South Africa, AME-SADA has completed its USAID/ASHA grants to support the development of the infrastructure of the Wilberforce Community College (WCC) campus. The search for additional support for the campus' existing and developing academic programs and community outreach is ongoing to including the investigation of solar energy training and a trial solar farm for the WCC campus. A West Africa Regional Office has opened in Accra, Ghana with the appointment of a Regional Director and the current renovation of the office site provided through the generosity of Bishop Clement Fugh of the 14<sup>th</sup> Episcopal District and Rev. Collier Coleman, Presiding Elder in Accra.*

*AME-SADA is very thankful to USAID, the AME Church, the W.K Kellogg Foundation, other non-government organizations and the many individuals and churches who continue to support our activities and show great confidence in our programs. In the coming year, AME-SADA anticipates diversifying its funding sources and geographical outreach as it initiates operations in new countries in Africa and the Caribbean. After thirty-eight years of operation, as we look to the future, we are appreciative to the many organizations and individuals who have supported and believe in our entrenched commitment of improving the quality of life for all people. We appreciate the dedication of our staff who devote themselves, under difficult conditions, to the underserved populations we support. We are challenged by the ever-increasing need for our assistance and remain steadfast to our mission of "Helping People Help Themselves". We thank you and ask again for your continued support.*

*With warm regards,*

***McKinley Young***

Bishop McKinley Young  
Chairman of the Board of Directors

***Robert Nicolas***

Robert Nicolas  
Executive Director

# HAITI

The Republic of Haiti is located in the western third of the island of Hispaniola. The island is shared with the Dominican Republic. Haiti gained its independence from France in 1804. French and Creole are the two official languages. Haiti's territory consists of 28,000 square kilometers with five mountain ranges occupying 75% of the landmass. The country is divided into ten departments, 140 municipalities ("communes") and 561 districts ("sections communales").

By 2015 Haiti's population was 10,110,019. The female population is greater, with 5,091,820 women, representing 50.4% of the total, compared to 5,018,199 or 49.6% men.

AME-SADA works within the Western Department whose overall population is estimated at over 3,845,570 people. The Western Department includes mountainous and very isolated rural areas, coastal regions, as well as several urban and peri-urban zones including the capital city of Port-au-Prince. The portions of the Chaîne des Matheux, Cabaret and Arcahaie, a small part of Port-au-Prince where AME-SADA carries out its assistance, has a population of approximately 400,000 people. Despite some limited infrastructure improvements in the last few years, there is still an insufficient road network and most of the rural communities served by AME-SADA remain isolated and suffer from environmental degradation caused by erosion and deforestation.



January 2015 marked five years since the devastating earthquake which struck Haiti, killing an estimated 220,000 people, injuring over 350,000 and leaving close to a million people homeless. Since that time, the country has faced numerous other challenges, including a cholera outbreak in October 2010 which killed approximately

8400 people and sickened over 685,000 people, the impact of subsequent disasters (most notably Hurricane Sandy in October 2012), the food crisis in November 2012, exacerbated by an extensive drought in late 2015, political unrest and the constitutionally challenged elections of 2015-16. While some positive progress has been made over the past four years, daily life for many of those affected by the several disasters remains a struggle. The International Organization for Migration (IOM) estimates that 150,000 people are still living in "temporary" camps and an additional 150,000 – 200,000 are living in informal camps and settlements with little hope for permanent housing in the near future. Through various resettlement programs some people moved out of the camps in the more visible parts of Port-au-Prince and re-settled elsewhere under equally precarious conditions. Many have relocated in close proximity to the areas served by AME-SADA. More than 80% of the population of Haiti lives below the poverty line and 54% live in abject poverty. Thousands still lack access to basic services such as clean water, sanitation and basic medical care. Unemployment continues to be in the 40% range and even higher for youth groups.

## AME-SADA IN HAITI

For over 28 years AME-SADA has been working with the people of Haiti in the sectors of health, education, micro-credit, agriculture and humanitarian aid. The staff of AME-SADA, despite nearly overwhelming challenges, remains committed to positively impacting the lives of the Haitian people, particularly those in need. Our ongoing programs are described below.

Access to basic medical care remains difficult to achieve for the people of Haiti, especially those living in the rural areas. The latest statistics available show that there are approximately 0.25 medical doctors (including general practitioners and specialists) per 1,000 of the population. There are 1.3 hospital beds/1,000-population.

Four years after the earthquake, Haiti's health care system remains in disarray. Hundreds of thousands (especially those living in the remote areas) remain without basic health care, proper sanitation and clean water.



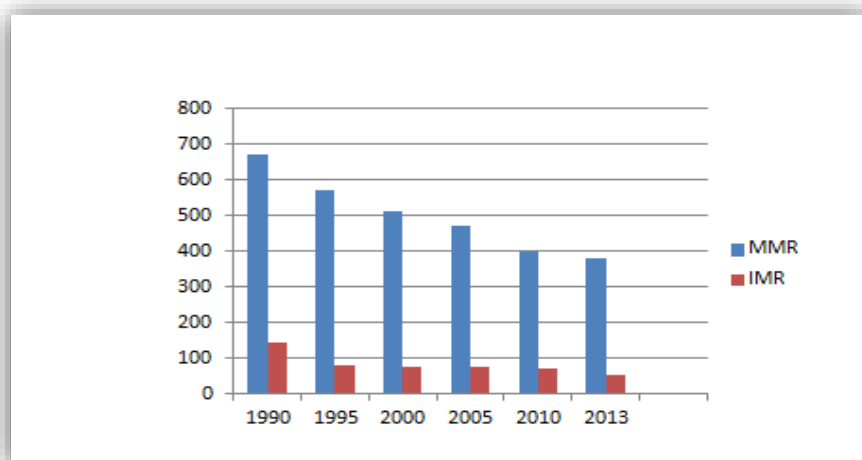
Despite many hurdles faced in the year 2015, the AME-SADA staff managed to achieve the following outcomes:

- A total of 150,000 patients were seen in 8 AME-SADA health centers. Among that total, approximately 5,500 patients were seen through the mobile clinics;
- 2,947 women received pre-natal consultation during their first trimester of pregnancy;
- 11,610 women received all of their recommended pre-natal visits;
- 3,698 pregnant women received all recommended vaccinations during their pregnancy;
- 2,628 home deliveries were attended by a trained, equipped and supervised TBA;
- 1,770 women received a home visit by an AME-SADA medical staffer within 3 days of delivery and 1,566 received such visits more than 3 days after delivery. Delivery at Pont Matheux was suspended temporarily in 2013 for administrative reasons and re-started in late 2014.
- 7238 women were tested for HIV; 179 were tested positive and received preventive (PMTCT) treatment and 132 were enrolled in treatment program;
- 20,573 men are using some form of effective family planning technique
- 10,632 new women participants enrolled in the family planning program, using some form of effective family planning technique, helping to achieve a total of 203,479 women currently practicing some form of effective family planning;
- 18,342 children under 5 years of age received their first dose of vitamin A and 12,058 have received their second dose; Here also vitamin A shortages prevented the reaching of more children;
- 8,408 children less than 5-years old received all of the recommended vaccinations; larger numbers could have been reached, but for the shortage of vaccination and distribution problems experienced by the Ministry of Health (MSPP).

## Child and Maternal Health

Maternal and infant mortality rates have improved tremendously; however, much more remains to be done. The maternal mortality rate has declined from 670 deaths/100,000 live births in 1990 to 359 deaths/100,000 live births in 2015 (est.). The infant mortality rate also decreased tremendously from 143 deaths/1,000 live births to approximately 47.98 deaths/1,000 live births in 2015.<sup>1</sup> This remarkable decline in both maternal and infant mortality rates can be credited to the effort and hard work from the non-profit organizations, a national vaccination campaign and the fact that more and more women are being seen during pregnancy.

Year	Maternal mortality ratio (MMR)	Maternal deaths	Number of AIDS-related indirect maternal deaths
2013	380	1,000	30
2005	470	1,300	59
2000	510	1,400	76
1995	580	1,600	70
1990	670	1,800	31



Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Haiti  
1990 to 2013



Newborn Clinic receiving donations from 3<sup>rd</sup> Episcopal District

<sup>1</sup> The World Factbook, June, 2015

## 1. USAID Sub-Contract

AME-SADA has continued to expand its child and maternal health services through a **local USAID-funded sub-contract**. This project serves a population of over 400,000 people and provides direct services for over 65,000 children (age 0 to 5 years), and over 95,000 women (15 to 49 years) in the Arcahaie/Cabaret regions and sections of Port-au-Prince. To date, the program also employs 99 full time employees, consisting of physicians, nurses, nurses' assistants, laboratory and pharmacy technicians, social workers, a psychologist and administrative and support staff, along with 117 Health Agents and 388 Traditional Birth Attendants (TBA) who provide medical services and promote health care awareness in their respective communities. The project's main objectives are to reduce morbidity and mortality of children less than 5 years of age and women of childbearing age with the following interventions:

- Improving access to maternal and newborn health care services
- increasing access to vaccination for infants and children under 5 years
- increasing the quality of assessment and the management of Diarrhea and Pneumonia.



Traditional Birth Attendants (Top right)  
Health Agents (Bottom right)

## 2. W.K. Kellogg Foundation Grant



and school-based interventions that can



AME-SADA is completing the first two-year grant for a project to improve child and maternal health in Arcahaie (Akayè in Creole), Haiti, through increased access to clinical services, pre- and post-delivery care to women and school health programs. The project is funded by a grant from the W.K. Kellogg Foundation of Battle Creek, Michigan (WKKF). This grant supports a child centered program in Haiti that links children and their families to community activities, clinical services improve their health. According to The World Health Organization, healthy early childhood development strongly influences well-being, obesity/stunting, mental health, heart disease, competence in literacy, numeracy, criminality, and economic participation throughout life. This project takes clear aim at helping communities, families and individuals improve early childhood development in the region. Efforts focus on provision of preventive and clinical services for early childhood

School Health Site (Top left)  
Pupils at School Health Site (Bottom left)

including vaccination and nutrition as a child survival program, providing access to health services for children enrolled in primary school including: de-worming, micronutrient supplementation, control of malaria, as well as vision and hearing screening, while strengthening the link between schools, parents, communities and local health services as a school based program. Maternal health care is being improved through provision of clinical services throughout pregnancy with special attention to the prevention of mother to child transmission of HIV. Assistance to orphaned children affected by HIV is also being addressed. The project promotes lifelong health behaviors through skills-based community health education. Improvements to the infrastructure of schools and clinics are designed to increase access to clean water and sanitation and improve the child, and community environment. The resources provided by WKKF have allowed AME-SADA to increase substantially the populations receiving services, especially in the areas of Leger, Delice I and Delice II.

### 3. Additional Support

AME-SADA Haiti has received substantial support (valued at US\$ 20,000.00) for the maternal and child health programs through donation of baby clothes, essential vitamins and new-born packets from the generous donations of the following: a) Third Episcopal District's WMS and Lay Organization, under the leadership of Bishop McKinley Young and Supervisor Dr. Dorothy Jackson Young; b) the International President of the Women's Missionary Society, under the leadership of Dr. Shirley Cason-Reed and c) First Episcopal District's WMS, under the leadership of Reverend Dr. Jessica Kendall Ingram. The vitamins are essential for pregnant and lactating women and children under 5 years old while the new-born comfort packets are used as an incentive to encourage new mothers to visit the clinics for medical follow-up. The vitamins are especially important due to constant shortages and lack of availability on the local market.

3<sup>rd</sup> Episcopal District Donated Vitamins (Top right)  
WMS contributions to maternal and child care (Bottom right)



### HIV/AIDS

The prevalence of HIV/AIDS in the AME-SADA target area is over 8%. This rate is much higher than the national average of 2.26% reported in most publications. AME-SADA provides Voluntary Testing, Pre and Post Testing Counseling for HIV at all of its 8 health centers (Bellanger, Delice I and II, CRAH/Port-au-Prince, Fond Baptiste, Pont Matheux, Source Mattelas, Leger. Full Anti Retro-viral (ARV) treatment is currently provided only in two clinics (CRAH in Port-au-Prince) and Pont Matheux Clinic (Arcahaie). From January to December 2015, more than 7,238 people were tested for HIV. 179 were tested positive and 132 of them entered treatment. 852 HIV positive patients are currently receiving treatment in AME-SADA health centers. In the last 12 months, approximately 42 women received the initial prevention of transmission and treatment from mother to child (PMTCT), and their babies were born without being infected with the HIV virus.

AME-SADA's goal is to be able to provide full treatment as well as nutritional and other support for all HIV/AIDS patients at all of its clinics. At this time, this goal remains a challenge because AME-SADA can only offer the test for the CD4 count (control of how well an HIV/AIDS patient's immune system is doing) at the Pont Matheux clinic. No funds are yet available to provide nutritional support for the HIV/AIDS patients. AME-SADA is continuing to seek additional funding to expand this level of service for all of its clinics.

### Cholera Treatment and Prevention

The cholera outbreak in Haiti was classified as one of the worst cholera epidemics in the world. Cholera killed 5,000 Haitians in its first year. In the four years since the outbreak, more than 8500 Haitians died from cholera and more than 685,000 have become sick—approximately one in 15 people. The number of cases has dropped significantly as a result of a massive public education campaign by the Ministry of Health and organizations like AME-SADA. Cholera, however, still persists in Haiti—hundreds of cases are encountered yearly, especially during the rainy season. In 2012, the Ministry of Health (MSPP) established treatment centers in the regions covered by the AME-SADA clinics, thereby eliminating the need for AME-SADA to treat cholera patients. It is, however, almost impossible to eradicate Cholera in Haiti until the core problems of accessibility to clean water and sanitation are addressed.

One of AME-SADA's goals is to train local mothers' clubs (organized in the last few years) in the use of spring cap construction and other more permanent systems to provide isolated communities with access to potable water. AME-SADA anticipates working in collaboration with one of its local partners to build safe water sources once funding is secured. Funding is being sought to undertake this activity. Some funding was provided by the Connectional YPD to field test this project.



Mother's Club

## Malnutrition Program

For the last decade, AME-SADA has received funding from a USAID-financed sub-grant to implement a malnutrition program. This program enables AME-SADA staff to identify and treat severely malnourished children at the Pont Matheux clinic. In 2015, the program identified and treated approximately 4,513 children in the Arcahaie region alone. This result almost doubles our previous year's accomplishments, due to increased resources provided by the WKKF grant. Through the mothers' clubs (groups organized by AME-SADA to empower women in their communities), women learn to use local foods to maximize the nutritional intake of their babies upon weaning. This program is working well and received positive feedback from the community at large. It is also now being expanded with new funds received from WKKF.

Food provided for malnourished families



## Infrastructure

Improvements to the infrastructure of schools and clinics will increase access to clean water and sanitation and improve the child, and community environment. This effort also includes the expansion of services with fully staffed outpatient centers in Delice I, II and Leger. The continued generosity of the Connectional WMS will allow for the construction of an expanded Delice I Health Center. These efforts go across the entire community to help people know and participate in what it takes to have a healthy environment for themselves and for the future of their children. The project relies on AME-SADA's long and positive relationship with the community and with local leadership and follows our vision of integrated programs that tie health, education, agriculture and economy.



Current Delice Clinic



Design for New Delice I Clinic

## New Initiatives:

### 1. Transitional and Treatment Facility for at-risk pregnant women in Bercy

In Haiti, maternal mortality, although improved, remains the highest in the Western Hemisphere. The primary objective of this project is to ensure that at-risk pregnant women in the communities where AME-SADA provides services, have access to adequate medical care. This work is currently conducted on a limited basis, in existent clinics; a Transitional Facility will be constructed (Phase I to be completed by the end of 2017) in Bercy (on the border between Arcahaie and Cabaret) that will house these women, provide the special care needed during pregnancy and near the time of their delivery or transfer them to the regional hospitals if surgery or other more specialized treatment is required. This additional access to care will in turn contribute to the decrease of child and maternal morbidity and mortality. The Bercy Transition Center for At-risk Pregnant Women, so far has received funding from the 11th Episcopal District Women's Missionary Society's Dorothy Adams Peck Leadership Institute, Bishop McKinley Young, Supervisor Dorothy Jackson Young, a grant from the United Way of St. Thomas and St. John, the W.K. Kellogg Foundation and several individual private Donors.

### Architect's Rendering of Bercy Site



Bishop Young and Supervisor Young and their delegation visiting Bercy to set cornerstone

## 2. Study to Identify Approaches to Increase Family Economic Security and Improve Agricultural development in Haiti.

The project is funded by a grant from the **W.K. Kellogg Foundation** of Battle Creek, Mich. It is based on the idea that integrated development is the key to improvement of any community. Locally driven development must be based on economic security, which in rural areas is firmly tied to the land. If support for agricultural development can be provided, a community can move forward in other areas of development. AME-SADA has a long history of assistance in health and education in the region, and these and other critical development thrusts can continue into the future if there is an increase in family economic security based on agricultural development in the region. AME-SADA has completed the diagnostic study leading to an assessment of the feasibility of integrating moringa and congo pea cultivation and the development of goat farming in the Arcahaie region and has submitted it to WKKF. By integrating rural planning compatible with the biodiversity of the region and the development of sectors which increase the income of small farmers/producers in the region, we will improve food security in the area and help participants (the local population) to afford improved access to health care and the other basic needs of life.

### Focus Group for WKKF Agricultural study

The study has provided the data to develop a strategy for the environmental planning and technical support for the producers and the creation of economic infrastructures that will contribute to the improvement of the quality of life of the population and especially that of the most vulnerable-- children. This study has provided the basis for the design of a project for development of moringa farming on 220 hectares, pigeon pea farming on 400 hectares, improved fodder availability and quality and introduction of a population of more productive goats, thereby tripling meat production and introducing related products. The resulting proposal has been submitted to WKKF for consideration. It is intended to promote additional support for agricultural transformation and marketing. In short, the region should begin to be much more productive and thereby able to sustain many more of the vital needs of its population.



Haitian Goats



Moringa Tree

## SOUTH AFRICA

The Republic of South Africa is located on the southern tip of the continent of Africa and at 471,010 square miles is approximately twice the size of the State of Texas. It has a population of approximately 48,375,645. This estimate takes into account the effects of excess mortality due to AIDS, which can result in lower life expectancy, higher infant mortality and death rates, lower population growth rates and changes in the distribution of population than would otherwise be expected. Per the 20011 census, the population is 80% Black African, 8.4% White, 8.8% Colored (SIC) and 2.5% Indian /Asian. It is estimated that 6,274,100 South Africans (ranked number 2 in the world), including 19.5% of all adults (country comparison to the world #4) have HIV/AIDS. The average life expectancy of males is 50.52 years and of females is 48.58 years. The mortality rate for South Africa is ranked number 1 in the world. Approximately 50% of South Africans live below the poverty line (World Bank 2011 est.); the unemployment rate is in excess of 25% overall and much higher for youth 15-24 years (51.5%)<sup>2</sup> and in the townships. South Africa's recent



history was filled with strife which included pass laws and informal and later legally institutionalized segregation. In 1961 South Africa achieved political independence and declared itself a republic. Despite opposition both in and outside of the country, the government legislated for a continuation of apartheid. The laws that defined apartheid finally began to be repealed or abolished by the National Party in 1990 after a long and sometimes violent

struggle (including economic sanctions from the international community) by the Black majority as well as many White, Colored, and Indian South Africans. Regular elections had been held for almost a century; but the majority of South Africans were not enfranchised until 1994 when the end of apartheid ushered in Black majority rule. South Africa is currently known for diversity in cultures, languages and religious beliefs. Several philosophies and ideologies have developed in South Africa, including *ubuntu* (the belief in a universal bond of sharing that connects all humanity). Eleven official languages are recognized in the constitution. English is the most commonly spoken language in official and commercial public life; however, it is only the fifth most-spoken home language. South Africa is ethnically diverse, with the largest European, Indian and racially mixed communities in Africa. Although 79% of the South African population is Black, the people are from a variety of ethnic groups speaking different Bantu languages, nine of which have official status.

The "Rainbow Nation", a term coined by Archbishop Desmond Tutu and later adopted by then President Nelson Mandela as a metaphor to describe the country's newly developing multicultural

<sup>2</sup> The World Factbook, June, 2015

diversity after segregationist apartheid ideology, continues to move to equalize the opportunities of all South Africans and to reduce the devastating impact of AIDS on the population.

## **The AMEC IN SOUTH AFRICA AND THE BIRTH OF WILBERFORCE**

The African Methodist Episcopal Church has had a strong presence in South Africa since the late 1800's through its churches and various community outreach programs. In 1908, the AMEC founded Wilberforce Institute in Evaton (Township outside of Johannesburg). The institution played an important part in the development of the town of Evaton. The school was the hub of social activity for the neighborhood, offering all manner of entertainment including choral competitions, cultural days and sporting events, to name a few. The school also had a reputation for academic excellence and molded many of Africa's leaders, such as Kenneth Kaunda, former President of Zambia and Dr. Hastings Kamuzu Banda, former President of Malawi, and others. At the time of its inception, Wilberforce and Lovedale (later to become Fort Hare), were literally the only sources of Black post-secondary education in South Africa. With the advent of the enforcement of the apartheid policies of Bantu Education in 1953, the Church elected to close the school rather than cooperate with the new laws established by the regime at that time. When the barriers of the apartheid system began to be dismantled, the AMEC decided to reopen Wilberforce. AME-SADA was called upon to spearhead the construction for this endeavor. Wilberforce reopened under the name of Wilberforce Community College (WCC), keeping the original campus, renovating its buildings and undertaking a modernization program to serve the future of South Africa.

### **CONSTRUCTION**

In 1996, AME-SADA was awarded a grant from the United States Agency for International Development/Office of American Schools and Hospitals Abroad (USAID/ASHA) for the design and construction of the Multipurpose Educational Facility with a library, classroom and administration facility. This was the first visible step in the rebuilding of the campus.

In 1998, AME-SADA was awarded another grant from USAID/ASHA for the construction of the Distance Learning Center (DLC) and faculty housing. In 1999, a third grant was awarded for the design and construction of the Dormitory Facilities. Construction was completed in December 2010 on the USAID/ASHA funded Dining Hall and the USAID/ASHA funded Student's Community Center construction was completed in June 2011. A total of five construction projects were completed in all.



**The Maxeke / McKinney Renaissance Building housing administration and lecturers' offices, library, conference rooms, study rooms, classrooms, computer lab, science lab, and a main hall.**

The newest campus construction, the Dining Hall and Students' Community Center, provide more of the usual amenities of campus life as well as increasing the college's opportunity to be self-contained. The Dining Hall will standardize the cost for student meals and assure adequate nourishment for all students who previously relied on a variety of individual sources of food. Positioned in proximity to the Students' Community Center as well as the Dormitories, the Dining Hall can also provide catering for events held at the Center thereby increasing the variety of its uses to the community and increasing its impact on the sustainability of the College.



**Dining Hall**

The Students'/ Community Center provides a campus venue for large events (300 – 500 seats) such as graduations, conferences, dramatic, musical and other artistic presentations, etc., and in addition can serve as a community outreach facility. The Distance Learning Center, Dormitories, Dining Hall and Students'/Community Center together place Wilberforce Community College in a unique position as a Convention Center in the heart of the Evaton Community and Gauteng Province. We anticipate that this will provide opportunities for community service as well as generate income for the College.



**Students'/Community Center**

AME-SADA has a multi-year commitment to the development of the Core Campus of the Wilberforce Community College. Upon approval by the WCC Board and campus leadership, additional proposals will be submitted to USAID/ASHA and other donors for assistance in financing the completion of its construction and development of its programs as the college grows in the future.



Students at Wilberforce Community College Distance Learning Center (left)

WCC currently has more than 600 enrollees and offers academic programs mirroring a US community college in Business and Management Science with specialties in Accounting and Business Studies, Marketing and Human Resources. WCC recently engaged in the final steps of its accreditation with the Provincial Department of Education and receives support funds for

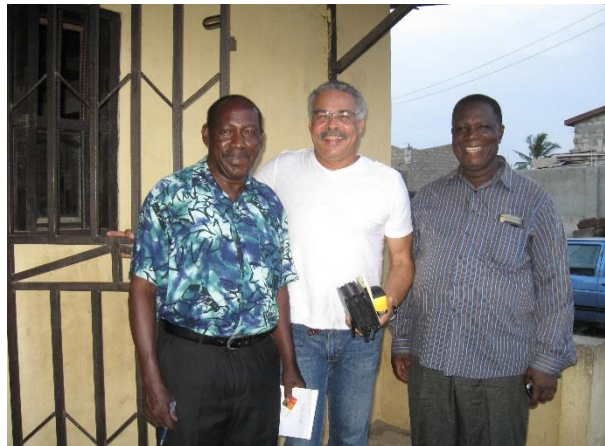
eligible students as a Further Education and Training (FET) Institution. New guidelines from the Government of South Africa required WCC and all FET Institutions to focus on specific programs of study which the nation will need in the future. These include vocational training as well as higher levels of offerings in management and business than WCC had offered in the past. This change in programming occasioned a short term decrease in enrollment while WCC's public reacquainted itself with the college's offerings. The new curriculum has already commenced re-building enrollment as the nation moves toward the education goals it has set for itself. Wilberforce looks forward to operating as a Technikon (South African Community College) and following that, the College aims to establish three 4-year National Diploma and Degree programs of study. The long term vision for Wilberforce includes expanding the course offerings to support the educational needs of a growing Sub-Saharan Africa. These areas of growth potential include the practical needs of teacher enrichment, health care service delivery and administration, municipal management and community economic development. Such projects as the current investigation of the feasibility of solar farming on the College land, in concert with training programs in solar panel construction and repair would serve the needs of the college, the community and the nation.



## AME-SADA WEST AFRICA

Based on the need, in parts of West Africa, for the types of services that we can provide, AME-SADA is opening a **new** Regional Office in Accra, Ghana to serve the populations in Ghana and eventually Togo, Liberia, Ivory Coast and Sierra Leone, while expanding to other areas as resources allow. Office construction is now underway due to the generosity of Bishop Clement Fugh, of the 14<sup>th</sup> Episcopal District and Rev. Collier Coleman, Presiding Elder in Accra Ghana who have provided support for the project and space for the new office. A number of economic development assessments and project designs are currently underway for submission to various funding sources. The agriculture, health and education sectors are the key areas under consideration.

New Country Representative, Ernest O. Asamoah (Above)



L-R Contractor Mr. Moses Amuah Sey, Mr. R. Nicolas Exec. Director and Rev. Collier Coleman of Bethel AME Church Accra, Ghana Site of Office space being renovated for AME-SADA West Africa.



# ***F. S. TAYLOR & ASSOCIATES, P.C.***

**CERTIFIED PUBLIC ACCOUNTANTS & MANAGEMENT CONSULTANTS**

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1420 N Street, N.W., Suite 100 / Washington, D.C. 20005 / 202/898-0008 Fax 202/898-0208

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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of the  
African Methodist Episcopal Church  
Service and Development Agency, Inc.

We have audited the accompanying financial statements of the African Methodist Episcopal Church Service and Development Agency, Inc. ("AME-SADA"), which comprise the statement of financial position as of December 31, 2015, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the African Methodist Episcopal Church Service and Development Agency, Inc. as of December 31, 2015, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## ***Other Matters***

### ***Other Information***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental statements on pages 13 through 18 are presented for purposes of additional analysis of the financial statements rather than to present the financial position, results of operations, and cash flows of the individual entities, and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

### ***Report on Summarized Comparative Information***

We have previously audited the African Methodist Episcopal Church Service and Development Agency, Inc's 2014 financial statements, and our report dated December 15, 2015, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized information presented herein as of and for the year ended December 31, 2014, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*J. S. Taylor & Associates, P.C.*

June 27, 2016

**THE AFRICAN METHODIST EPISCOPAL CHURCH  
SERVICE AND DEVELOPMENT AGENCY, INC.  
STATEMENTS OF FINANCIAL POSITION  
DECEMBER 31, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
<b><u>ASSETS</u></b>		
Current assets:		
Cash and cash equivalents	\$ 532,698	\$ 467,390
Accounts receivable(Net of allowance of \$-0- for 2014 and 2013)	150,085	176,308
Prepaid expenses and other assets	7,908	
Total current assets	<u>690,691</u>	<u>643,698</u>
Property and equipment:		
Land	42,328	51,337
Vehicles	19,516	57,982
Furniture and equipment	198,415	228,401
Total property and equipment	<u>260,259</u>	<u>337,720</u>
Less: Accumulated depreciation	<u>(187,895)</u>	<u>(251,465)</u>
Net property and equipment	<u>72,364</u>	<u>86,255</u>
 Total assets	 <u>\$ 763,055</u>	 <u>\$ 729,953</u>
 <b><u>LIABILITIES AND NET ASSETS</u></b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 141,406	\$ 212,237
Refundable advances	323,148	261,389
Due to related parties (Note 7)	150,000	204,827
Note payable (Note 8)	-	141,092
Total current liabilities/Total liabilities	<u>614,554</u>	<u>819,545</u>
Net assets:		
Unrestricted	<u>148,501</u>	<u>(89,592)</u>
Total net assets	<u>148,501</u>	<u>(89,592)</u>
 Total liabilities and net assets	 <u>\$ 763,055</u>	 <u>\$ 729,953</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

**THE AFRICAN METHODIST EPISCOPAL CHURCH  
SERVICE AND DEVELOPMENT AGENCY, INC.  
STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
<b><u>UNRESTRICTED NET ASSETS</u></b>		
<b><u>Support and revenue</u></b>		
Grant revenue - federal	\$ 620,828	\$ 787,801
Grant revenue - other	354,730	239,111
Contributions - AME Church	679,727	561,336
Contributions - Other	108,156	84,692
Clinics income	31,921	34,725
Interest income	833	793
In-kind donation	18,450	13,500
Translation gain/(loss)	(18,941)	35,773
Loss on foreign exchange	-	(186)
Total support and revenue	<u>1,795,704</u>	<u>1,757,545</u>
<b><u>Expenses</u></b>		
Program services:		
Health System	466,117	553,093
Other Overseas Programs	316,275	405,403
Clinics	124,099	77,964
Kellogg	287,240	200,484
Micro Credit	3,122	1,329
Total program services	<u>1,196,853</u>	<u>1,238,273</u>
Supporting services:		
Management and general	<u>360,758</u>	<u>250,753</u>
Total supporting services	<u>360,758</u>	<u>250,753</u>
Total expenses	<u>1,557,611</u>	<u>1,489,026</u>
Increase in unrestricted net assets	238,093	268,519
Net assets, beginning of year	(89,592)	(358,111)
Net assets, end of year	<u>\$ 148,501</u>	<u>\$ (89,592)</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

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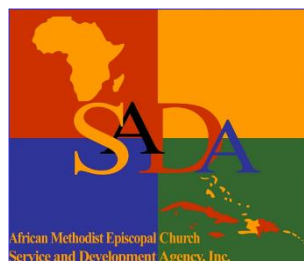
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