

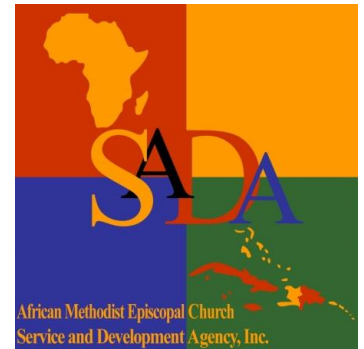
THE AFRICAN METHODIST EPISCOPAL CHURCH

SERVICE AND DEVELOPMENT AGENCY, INC.



AME-SADA 2013 Annual Report





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, Ms. 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 endeavored to stabilize its financial resources in light of the continued challenges that its mission demands. As we celebrate the completion of 37 years of service, the organization has engaged its field and headquarters staff in a series of strategic reflections to address its needs and objectives. As a result, while maintaining focus on our core sectors of Education, Health and Micro-Credit we now seek to add agriculture and alternative energy to our project portfolio and endeavor to have a more integrated program implementation approach to insure 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 finding new ways to respond as 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 are seeking additional funds for these programs to insure their expansion and strengthening. This expansion includes the development of the Bercy Transition Center for At-risk Pregnant Women with funding from the 11th Episcopal District Women's Missionary Society's Dorothy Adams Peck Leadership Institute, Bishop McKinley Young, Supervisor Dorothy Jackson Young and other grants and donations. AME-SADA in partnership with a US-based medical school is actively seeking funds to open a cervical cancer prevention program in the Caribbean and West Africa. In Education, 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. 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 being broadened while we prepare for the next phase, based on upcoming directives from the WCC Board and leadership.

AME-SADA is very grateful to USAID, the AME Church, the United Way of the U. S. Virgin Islands of St. Thomas and St. John, 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-seven years of operation, as we look to the future, we are grateful 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

I. 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 the end of year 2013 Haiti's population was 10,382,688 representing an increase of 140,911 people compared to the prediction of 9,893,934 for 2013. The female population is greater, with 5,146,946 women, representing 50.59% of the total, compared to 5,026,829 or 49.40% men.

AME-SADA works within the Western Department whose overall population is estimated at over 3,400,000 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 where AME-SADA carries out its assistance, has a population of approximately 350,000 people. Despite some 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 2013 marked three 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 and political unrest. While some positive progress has been made over the past three years, daily life for many of those affected by the several disasters remains a struggle. An estimated 350,000 to 390,000 people are still living in camps (formal and informal) and settlements with little hope for permanent housing in the near future. Through various resettlement programs some people moved out of their 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. Thousands still lack access to basic services such as clean water, sanitation and basic medical care. Unemployment continues to be well above the 41% mark and even higher for youth groups.

A. AME-SADA IN HAITI

For over 27 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 many challenges, is committed to positively impacting the lives of the Haitian people, particularly those in need. Our ongoing programs are described below.

1. HEALTH

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.

Three 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.

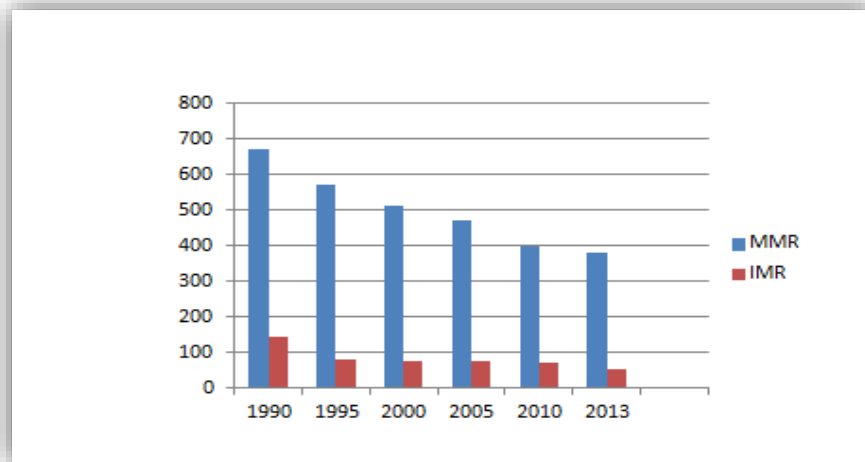
Despite many hurdles faced in the year 2013, the staff managed to achieve the following outcomes:

- A total of 146,398 patients were seen in six AME-SADA clinics. Approximately 2,500 patients attended the mobile clinics (most in the area of Delices I and Delices II;
- 1,242 women received pre-natal consultation during their first trimester of pregnancy;
- 9,949 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. Most women were referred to other centers for delivery.
- 3,420 women were tested for HIV; 54 were tested positive and received preventive (PMTCT) treatment;
- 8,795 new participants enrolled in the family planning program, helping to achieve a total of 202,479 women currently practicing some form of effective family planning;
- 17,342 children under 5 years of age received their first dose of vitamin A and 11,058 have received their second dose;
- 7,408 children less than 5-years old received all of the recommended vaccinations;

a. 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 380 deaths/100,000 live births in 2013. The infant mortality rate also decreased tremendously from 143 deaths/1,000 live births to approximately 51 deaths/1,000 live births in 2013. 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**

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 350,000 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 60 AME-SADA physicians, nurses, nurses' assistants, laboratory and pharmacy technicians, along with

144 Health Agents and 485 Traditional Birth Attendants (TBA) who provided 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 by 1) improving access to maternal and newborn health care services 2) increasing access to vaccination for infants and children under 5 years and 3) increasing the quality of assessment and the management of Diarrhea and Pneumonia.



b. HIV/AIDS

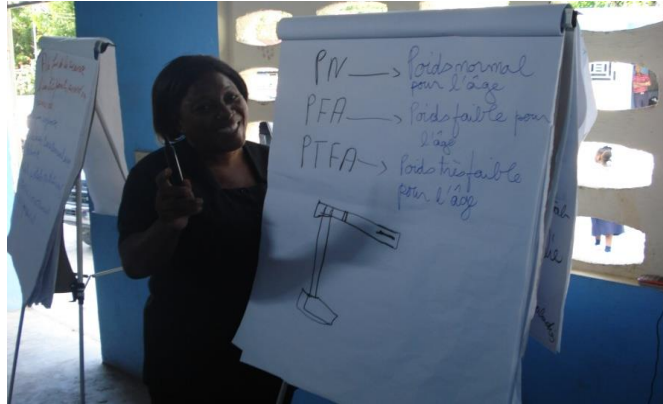
The prevalence of HIV/AIDS in the AME-SADA target area is over 8%. This rate is much higher than the national average of 2.26% reported in most publications. AME-SADA provides Voluntary Testing, Pre and Post Testing Counseling for HIV at all of its 8 health centers (Bellanger, Delice I and II, CRAH/Port-au-Prince, 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 2013, more than 5,813 people were tested for HIV. 184 were tested positive and 127 of them are currently receiving treatment. 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.

c. 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 2013, the program identified and treated approximately 2000 children in the Arcahaie region alone. 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.



d. 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 three 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 daily, especially during the rainy season. Several non-profit organizations closed their doors when they ran out of money. Thus, many patients are forced to travel far for treatment. 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 will be 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 Howard University (School of Engineering) to build safe water sources once funding is secured. Funding is being sought to undertake this activity.

e. New Initiatives: 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 2014) 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 and several individual private donors.



2. SADA-KREDI

AME-SADA operates a micro-credit program providing guidance and promotion of rural and urban income generating activities and micro-loans to 1200 participants. This program, in collaboration with a local partner has begun to provide limited support to local farmers and their production and post harvest activities. The Micro-Credit Program also known as "SADA Kredi" was originally implemented in 1999 to help support the Health Program. It was clear from the beginning that poverty, which afflicted the populations benefiting from AME-SADA Health interventions, required an integrated

approach. The project consists of 30 Village Banks, and offers loans of \$500 - \$900 to its members. These loans are renewable upon repayment. In the past 2-3 years, the program had faced some challenges due to the economic instability of the country.

In 2008, SADA KREDI began offering agricultural loans with funding provided by Congresswoman Corinne Brown of Florida, the late Bishop Sarah Davis and Bishop Carolyn Tyler-Guidry. In late 2008, with the sponsorship of the European Union, AME-SADA commenced a project for people living with HIV/AIDS who have been treated at the CRAH clinic. This program, based on AME-SADA's agricultural loans, started with only 20 patients (due to limited funds) in an effort to help these patients initiate an income generating activity. The patients were provided with live chicks which they raised (after attending training and obtaining the technical services of one of the project's agronomists) and sell at the local market for profit. The patients are then required to return \$50.00 US dollars to AME-SADA from their profits. These funds are deposited in a special account which is used to help other patients. This project has helped the patients to build self-confidence, adhere to their treatment and most importantly provide for themselves and their families. In addition, it encourages other patients to follow up on their treatment. AME-SADA is actively seeking funding to expand this component, in light of the demand from the local population and important indicators that it can become a viable sector of development.

AME-SADA also has an improved seed distribution pilot program in the Arcahaie/Cabaret regions with 400 farmers organized in pre-cooperative groups. If the first phase is successful and funding becomes available the project will be expanded considerably.

AME-SADA anticipates the significant expansion of the agricultural development component of this program in 2014.



3. EDUCATION AND SCHOOL HEALTH PROGRAM

AME-SADA has continued the teacher training program in the Arcahaie/Cabaret region and added a School Health component with funding from UNICEF and Plan International. The School Health Project targeted 20 public elementary schools (30,000 students) in Port-au-Prince metropolitan regions and Croix des Bouquets. The goals of the project consisted of the following: 1) to increase

access to vaccination for school-aged children; 2) to provide physical exams for each child; 3) to raise awareness of good practices in hygiene and sanitation; and 3) to increase knowledge of various infectious or communicable diseases and 4) to train two teachers in each school to provide hygiene courses. In addition the medical teams identified and documented thousands of children who had never been vaccinated, had dental and eye problems, have intestinal parasites, TB, etc. The project was amended to provide help for families with children in elementary schools and had been victims of floods in the Arcahaie/Cabaret regions to replace their children's school uniforms, shoes, books and school supplies. There was also a component to rebuild/repair and provide water and sanitation infrastructure to schools in the target region with funding from UNICEF. AME-SADA received a grant from a new source at the end of 2013, however, the contract was not signed until the beginning of 2014. This grant is intended to reach approximately 8000 school children in the Arcahaie/Cabaret area. It will also enable AME-SADA to continue to provide health services to pregnant women and newborns.



II. 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 48,810,427. 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 2001 census, the population is 79% Black African, 9.6% White, 8.9% Colored (SIC) and 8.9% Indian /Asian. It is estimated that about 5.6 million South Africans (ranked number 1 in the world), including 17.8% of all adults (country comparison to the world #4) have HIV/AIDS. The average life expectancy of males is 50.34 years and of females is 48.45 years. The mortality rate for South Africa is ranked number 1 in the world. Approximately 50% of South Africans live below the poverty line; the unemployment rate is in excess of 23% overall and much higher for youth 15-24 years (48.2%)¹ 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 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.

A. 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, 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.

¹ The World Factbook, June 1, 2012

Hastings Kamuza 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 re opened 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.

1. 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



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

and construction of the Multipurpose Educational Facility with a library, classroom and administration facility. This building was dedicated in 2000.

In 1998, AME-SADA was awarded another grant from USAID/ASHA for the construction of the Distance Learning Center (DLC) and faculty housing, dedicated in September 2003. In 1999, a third grant was awarded for the design and construction of the Dormitory Facilities. The dedication of the Dormitories was held in March 2010. 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. Final finishing was completed in the summer of 2012

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 will 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 develops in the future.



Students at Wilberforce Community College

WCC currently serves a reduced number of students and offers academic programs mirroring a US community college in Business and Management Science. The College has previously focused on students from disadvantaged backgrounds who have not performed sufficiently well in high school enter universities of technology or centers of post secondary education. WCC has recently engaged in the final steps of its accreditation with the Provincial Department of Education to become eligible for support funds as a Further Education and Training (FET) Institution. New guidelines from the Government of South Africa have 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 has offered in the past. This change in programming has occasioned a decrease in enrollment while WCC's public reacquaints itself with the college's offerings. The new curriculum is anticipated to re-build 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 within the next few years the College aims to establish three 4-year National Diploma and Degree programs of study in Information Technology, Industrial Engineering and Accounting. The long term vision for Wilberforce includes expanding the course offerings to support the educational needs of a growing Sub-Saharan Africa. More emphasis will be placed upon the practical needs of teacher enrichment, health care administration and service delivery, community economic development, municipal management training and corporate workforce development.

III. FUTURE GROWTH

AME-SADA anticipates the development of programs in West Africa with the opening of an office in Monrovia by the third quarter of 2014. The emphasis, at first, will be on the development of child and maternal health programs, with a review of the agricultural and educational sectors for possible expansion.

AME-SADA BOARD OF DIRECTORS

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Pont Matheux Clinic serving Arcahaie Arrondissement (Population 150,000) 24 hours/day

How You Can Help

AME-SADA depends on contributions to carry out its essential work in Africa and the Caribbean.

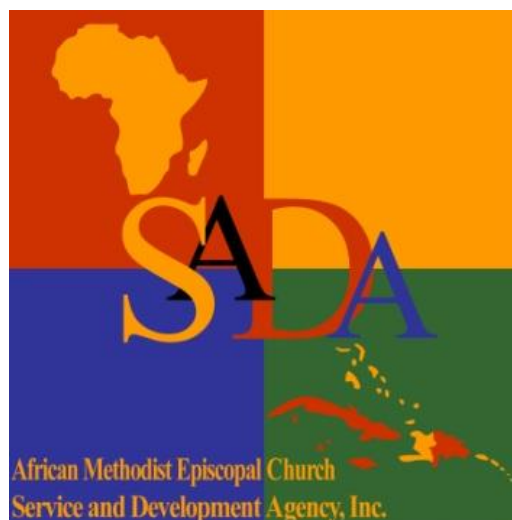
In addition to cash support, donors may receive significant tax savings and opportunities for public recognition through bequests: charitable trusts, appreciated property and proceeds from life insurance and retirement funds.

Major contributions to AME-SADA ensure the perpetuation of project activities over time, facilitate long range planning and address the needs of countries and population not otherwise funded.

To make contribution or for more information about gift options, please contact:

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Gifts and contributions to AME-SADA are tax deductible to the extent provided by law.



Grounded in the African Methodist Episcopal Church's mission to seek out and save the lost and serve the needy, we affirm the worth, dignity, human rights of every person and the interdependence of all life. The African Methodist Episcopal Church Service and Development Agency (AME-SADA) is a voluntary, non-profit organization working to help people help themselves throughout the world by providing essential assistance to those in need through health, education and micro-enterprise programs.

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