

AAIM EXECUTIVE DIRECTOR'S REPORT TO THE AAIM BOARD COVERING THE PERIOD SEPTEMBER 24, 2017 TO MARCH 15, 2018

Praise God for the opportunity to once again give a report to the AAIM Board on the activities done covering the period from the 24th of September 2017 to the 15th of March 2018. Through the grace and mercies of our Lord, this report is made.

AAIM YEARLY AWARENESS SABBATH

This is the first year the AAIM Awareness sabbath was done so as to open the eyes of our church membership to the plight of those HIV infected-affected as well as to stir compassionate responses from our congregations. The timing of the last sabbath of November for HIV is done so as to coincide with the celebration of World AIDS Day on the 1st of December of every year. AAIM made efforts to emphasize the AIDS World Sabbath.

The Executive Director celebrated this significant sabbath in Bujumbura, Burundi. At the same time Nellie Llaguno, AAIM office manager, was in Polokwane, South Africa to create awareness on AAIM and its programs. All the three African divisions came up with various programs for the participation of December 1 in their various communities as seen in a few examples in Cameroon-WAD, Zimbabwe-SID and Kenya-ECD.

To highlight the significance of this sabbath and also to join the whole world in commemorating December 1, World AIDS Day, AAIM released three newspaper articles in the SID ECHO Magazine- the official paper of the SID; the electronic paper of Adventist Professionals Health and Humanitarian Services and a write-up on Adventist News Network.

ADVENTIST PROFESSIONAL HEALTH AND HUMANITARIAN SERVICES BOARD (APHHS)

APHHS is one of the major AAIM projects funding donors since 2007. AAIM took the opportunity to give a report to the APHHS Board in its meeting at Vista Clinic on the 8th of November. Without the help of APHHS, the projects section of AAIM would be seriously compromised. Thanks to Dr Peter Landless the APHHS Chair person who is instrumental in this collaboration and continuous generous funding.

APPOINTMENTS OF NEW AAIM COORDINATORS

The expansion of Zimbabwe Union Conference saw the creation of 3 Unions from one entity. This created 3 new AAIM coordinators in addition to others who recently were appointed:

Madeline Madembo- Zimbabwe Central UC

Phyllis Manungo- Zimbabwe East UC

Zibusiso Sibanda- Zimbabwe West UC

Elizabeth Nkholongo- Lesotho Conference

Phil Amado- Botswana UC

Dr Mark Habineza- Rwanda UM

Re-alignment of Central Africa Union Mission with Chad and Central Africa Republic directly under WAD. There will be two additional AAIM Coordinators in the attached countries.

All these new appointments mean orientation, training and exposure to the new office for these individuals to be able to accomplish the task ahead.

COMBINED ADVISORY AND TRAINING IN THE UNIONS

AAIM continues with its training of the pastors who are vital for the successful implementation of its programs. All these events at the Union level were done in conjunction with the respective division health ministries director/AAIM coordinator. These trainings are also intended for pastors to come up with programs at the local church level.

1. Burundi Union Mission- These are the HIV statistics for Burundi as of 2016:

New Infections.....	.2,200
AIDS Deaths.....	2,900
HIV Infections.....	84,000
Prevalence.....	2%
Population.....	10,524,000
Sex Workers % of total HI.....	21.3%
Gay and MSM.....	4.8%
ARV Treatment.....	61%

Burundi has also one of the highest hunger levels at 38.8% of the population.

There were more than 20 participants to the training consisting of Union department heads, the 3 AAIM conference-mission HMD-AAIM Coordinators plus the 6 health institutions represented. The two officers of the BUM Dr Josphe Ndikubwayo- President and Pastor Paul Irakoze- Executive Secretary were there in all the meetings.

AAIM programs were mostly done by the 6 dispensaries doing awareness-prevention programs, HIV counseling-testing and one clinic Nyanza Lac is distributing ARVs. BUM intends to work with ADRA for HIV income generating projects.

2. South Ghana Union Mission- Ghana has 2 unions, one in the south in Accra and one in the north in Kumasi. This is the 2014 HIV scene in the whole country:

HIV Infections.....	250,232
Children with HIV.....	21,223
New Infections.....	11,356
HIV Deaths.....	9,248
Prevalence	1.6%
Population.....	25 M

The joint Health and AAIM Advisory Training was done in Valley View University with the attendance of representatives from the 6 conferences, 2 missions , 4 hospitals and 9 clinics. The health institutions are doing counseling and testing with some distributing ARVs. Churches are doing HIV awareness-

prevention programs. The president of SGUM Dr Thomas Ocran attended some of the meetings. ADRA country director Dr William Brown reported collaboration with the local churches on youth prevention strategies, as well as income generating activities.

AAIM was given one of the evenings of the student convocation at Valley View University to address the student body on pertinent HIV awareness, prevention and availability of drugs to combat the disease. At the same time abstinence and being faithful to God's requirements were stressed.

It was also a good opportunity to meet together with the Director General of Ghana AIDS Commission Dr Angela El Adas together with her team on possibilities of collaboration. The church was represented by AAIM, Pastor Thomas Ocran- Union President and ADRA.

3. NORTH GHANA UNION CONFERENCE- The joint health and AAIM Advisory-Training was done in the NGUC headquarters. Representations came from the 9 conferences, 1 mission, 12 hospitals, 5 clinics and 2 health training institutions. Kwadaso SDA Hospital is the biggest SDA hospital in NGUM. It has a clinic dedicated for HIV and TB diagnosis and treatment. Two other hospitals like the Hart Hospital, Akomaa Memorial Hospital and Asemang SDA Hospital were visited for their HIV programs. The whole sabbath was spent at the Kwadaso School of Nursing with the afternoon program dealing with HIV and health. Dr Kwame Boakye Kwanin- President of NGUM gave a resounding support with his participation in the proceedings.

4. EAST NIGERIA UNION CONFERENCE- This is the 2016 HIV statistics for Nigeria

People living with HIV...	3,200,000
Population (2016 est)...	185,989,640
Prevalence rate.....	2.9%
New Infections.....	220,000
Deaths due to AIDS.....	160,000
Orphans due to AIDS.....	1 800 000
Ages 0-17 years old.	

The combined health and AAIM Training Advisory was done in the city of Abia, Aba state at the East Nigeria Union Conference office. Participants came from the 11 conferences, 2 missions, 1 hospital and 2 clinics-dispensaries. Here in this Union, 80% of the health ministries directors are medical doctors. Dr Bassey Udoh- ENUC president was in some of the presentations. Visitation was done to the SDA and Motherless Baby hospital where AAIM gave some donations to the HIV program. This hospital has more than 300 patients on ARV. It has an HIV support group needing assistance in income generating activities. Aside from the hospital and clinics, the few local churches are doing awareness and prevention programs. It is envisioned that the meeting will stimulate interest in the local churches to do more for the HIV pandemic.

5. WEST AFRICA UNION MISSION which comprise the 3 countries of Liberia, Sierra Leone and Guinea. This area specially Liberia was the center of the 2014 Ebola outbreak. This is the 2016 HIV statistics for Liberia.

HIV Infections.....	.43,000
ARV Treatment.....	19%

New Infections.....	2,900
HIV Deaths.....	2,800
MSM Transmission.....	19%
Orphans.....	52,000
Prevalence	1.6%
Population.....	4.5 M

There were more than 40 participants mostly from Liberia. The meeting was a good opportunity to get information on AAIM programs. Cooper Memorial Hospital does HIV counseling and testing. Also it makes ARVs available. Aside from this, there is very minimal HIV church programs going on.

6. EAST KENYA UNION CONFERENCE- This are the 2016 HIV statistics for Kenya

HIV Infections.....	1.6 million
Population (2017 est) ...	49,125,325
Prevalence	5.4%
New Infections.....	62,000
Adults on ARV.....	64%.

The meeting in EKUC was a follow-up to the advisory which was done in March 2017. There were more than 60 pastors in attendance to the joint health and HIV training program. The meeting was done at the Parkland SDA Hospital in Nairobi.

Visit was also done to the Adventist Center for Care and Support (ACCS) under the auspices of the Nairobi Central Church. It has a membership of more than 3,000 with a number occupying high government positions like the Chief Justice of the Supreme Court. ACCS was formed in 2005 by the local church in response to the HIV pandemic and to do other charitable programs. It was registered in 2006 as an NGO with powers to solicit funding. With 7 staff members, it takes care of more than 4,430 orphans with more than 250 of them HIV positive, has 12 support groups with 5 for youth and is engaged in many income generating projects with some families now being self-reliant. The board members of ACCS are also church members. It is able to source out funding from Plan International, USAID, Catholic Relief Agency and others. ACCS is a model which AAIM would like to propagate to the urban churches.

HIV PROJECTS VISITATION

HIV projects visitations were done in West Kenya Union Conference. The visiting team consisted of AAIM, Dr Fesaha Tsegaye of SID, Dr Danile Tirop- WKUC HMD, the Conference or Mission HMD and the district or local church pastor. The trip took 4 days starting early in the morning and returning late in the evening covering more than 2,500 kms with 1/3 of the way passing through rugged, rough, dusty and atrocious terrain. Nevertheless, it was very fulfilling to see the many loving efforts done in our local churches to make Christ love real.

Out of the 9 support groups visited, only 2 namely Rangwe and Ramba were established outside the ADRA HIV TOT program. Although the program officially terminated in July 2016, the local churches have taken to continue with this compassionate program. It was the long term intention of the donor funded program for the church to continue even with the termination of the funding.

1. Seito Support- Kitale which was established in 2007 with Elijah Mosiori as one of those who underwent ADRA HIV TOT training. He in turn trained under councilors. This group is taking care of orphans and those with HIV. Income generating activities are gardening and cattle raising. The group is registered as self-help and were able to tap resources from AMREF from 2010-2012. Members are Adventist and Non-SDA. It is not anchored only in one church since the members come from different SDA churches. Rather it is community support group.

2. Kagwa Support Group- Started around 2005 with ADRA HIV TOT. Based on Kangwa SDA church. It uses the nearby clinic as its base operations in counseling. They have income generating projects, counseling and referrals to government institutions for treatment. Many have testified that this group through their awareness program have saved lives.

3. Kachok, Kisumu Support Group- They also call themselves as Journey of Hope. This is under the auspices of the Kachok SDA church in one of the informal settlements in Kisumu. They were the recipient of ADRA's IGA goat raising program. Right now they have 24 families who have received at least 1 goat. They also do native crafts for income generating projects and produce re-usable maternity pads. Out of this group, 6 other support groups were formed.

4. Koru Support Group- Supported by the local church. Most of its programs are counseling and referrals. They used to do IGA but have folded. They also work together with the nearby Catholic mission hospital.

5. Rangwe Support Group- This mission outpost has a church, secondary school and dispensary. Support group was formed in 2015 in response to the needs of the HIV community. The group has 47 members doing awareness and prevention campaigns. Some of them have to walk long distances to reach those infected. They have adult, adolescent and pediatric support groups as each has different needs. The youth are embarrassed to mix with the adults.

6. Manyatta Support Group- Due to land issues, the nearby local church has been temporarily closed. The support group is mainly under the clinic with the leadership of the clinic in charge Esther Elisha and Tobias Otacha. Programs include: awareness, prevention, counseling and income generating activities of goat raising.

7. Kendu Mission Hospital HIV Program- This hospital serves more than 14,700 HIV infected individuals with an average of 150 patients a day receiving ARV. The hospital also gives Pre-Exposure prophylaxis. With the vast number of HIV infected, there are 67 support groups. Its laboratory facilities are able to do a whole range on HIV procedures and follow-ups except for the viral load count which is being done by the government hospital.

8. Kendu Community Support Group- Formed in 2003. Many of the members come from the different SDA churches including non-SDAs. Activities are awareness, prevention, counseling, HIV care and orphan care.

9. Ramba Support Group- Formed in 1999 through the efforts of Elisha Ondoro. Their three main activities are orphan care, assistance to HIV specially the widows and income generating activities (farming, vegetable gardening, maize, sugar cane and others). The group is renting the land used for their farming. Registered as a self-help organization. Kanga SDA church where they operate is the main local church supporter.

10 Ranen Support Group- Supported through the efforts of Ranen SDA Church. A hammer mill was donated by ADRA for income generating activities which has helped a lot of the orphans for their tuition fees and other needs. Other IGAs are poultry, goat raising and vegetable gardening. It is estimated that this group has helped more than 80,000 persons in terms of counseling, referral, awareness and others. Some prominent members of the church are the ones financing this program.

The visit to these different programs was a good opportunity to know first hand what is happening at the level of the local churches. Most of the groups were encouraged and strengthened by the visit. They renewed their commitment to the program. Many were inspired that the world church is aware of what they are doing in behalf of Christ. Each support group has different challenges. They were encouraged to work closely with the local churches. Also for any funding needs of the support group, the visiting AAIM team agreed to assist within the collected capacity of all with the financial assistance evenly contributed by the conference, the union, the division and AAIM. Each support group was encouraged to submit a project proposal to be endorsed by the local church, then given to the conference, then the Union, the division and to AAIM. Once all the different church levels will approve of the said project, all the different levels will equally contribute to the financial request.

ADRA HIV TOT PROGRAM

It is important to note the great contribution ADRA HIV TOT project has done for the HIV programs of the church. ADRA TOT started way back in 2003 with Dr Mike Negere of ADRA AFRO drafting a project proposal submitted to SIDA Sweden in consultation with Dr Oscar Giordano (AAIM), Dr George Sanz (WAD), Dr Fesaha Tsegaye (ECD) and Dr Alexis Llaguno (SID). The concept was to train Trainer of Trainers in HIV for awareness, prevention, identifying those who may have the disease, motivate for testing and then referral for treatment. Those initially trained would also train others resulting in a massive ripple effect. The program was supposed to be only for 3 years with funding from the Swedish Mission Council but due to its overwhelming success in reaching so many beneficiaries, the donor agency continues its support until December 2018 although no longer in the original countries that were identified. Countries that benefited of this program are: Tanzania, Kenya, Rwanda, Zimbabwe and South Africa. Initially Cameroon was included in the proposal but was dropped by the donor since it has its own political priority. The program continues in these countries up to December 2018: Namibia, Lesotho, Swaziland and Malawi as per the needs determined by the donor.

UNIVERSITY OF EAST AFRICA in BARATON ENGAGEMENT

This is the second year that AAIM has been invited to address not only the HIV concerns of students but also alcohol, tobacco, promiscuous sex, drugs and others which are contributing factors to HIV infection. The main thrust was to make students aware that their present health decisions will impact their future. No matter how successful a person may become, with the absence of health, that success will come to naught. "Health is not everything, but without health, everything becomes nothing" was the phrase often repeated to the students.

AAIM went on the UEAB airwaves for one hour discussing HIV awareness, prevention, testing and also the need for treatment. It was a live program with air audience posting their questions.

A visit was also done in the HIV project of UEAB sponsored by the Women's Ministries. The project started way back in 2005 when after doing a testing campaign, the church was able to identify a village ravaged by HIV. A subsequent visit ensued confirming the need to assist in meeting the needs of those with HIV. Through the years, UEAB has given assistance in terms of money, clothing, food, school uniforms and others. IN this village about 15 are known to be orphans. Through the years, the those who participated in this ministry has seen HIV persons succumbed to death, children orphaned and other tragic stories. The day of the visit, students also participated. Some of these students gave from their own allowances to buy cooking oil, mealie meal, toiletries and others. Some dug into their wardrobe to share what they have. It was a very moving experience grooming students for the ministry of love and compassion.

KEY PERFORMANCE INDICATORS

There are three very important key performance indicators (KPI) which AAIM will continue to stress. These are based on the 2015-2020 strategic goals previously approved:

1. Number of local churches involved in at least one ongoing and active HIV program. The more programs the better. The AAIM reporting system lists the possible programs that the church may be involved in.
2. Mainstream with the other church ministries- this is needed for AAIM to better fulfill its mission. AAIM needs to work with Youth, Women's, Adventist Men Organization, Stewardship, Ministerial, Family Life, Education, Children, Adventist Global Mission Pioneers and all the other ministries to be effective.
3. Collaboration with government agencies, faith based organizations, non-governmental organization and other agencies with the same purposes and principles of operations.

The task is daunting in the face multiple needs dealing with life and death issues in contrast to our very limited resources comparable to our a drop in the bucket. It is my prayer that God will multiply what we have, just like He did to the 5 loaves and 2 fish. Nothing is impossible with God.

Alexis Llaguno
15th March 2018