



The Gweimen Centre Newsletter

A Self-Sufficiency Center for Widows and Orphans of HIV/AIDS

December 2008

Chairman's Christmas Message

As we enter this season of Christmas, I am especially mindful of the kind of giving that formed the basis for this great Holiday. God so loved the world, that He **gave**.... He gave His one and only Son, that all who believe in Him would not perish. God loves us, each one, and calls us to do the same. With that in mind, and the theme of the Gweimen Centre from Isaiah 1:17, this season is a time to consider what we may give to those in need. God calls us to love our neighbor as ourselves, to learn do right, to seek justice and to encourage the oppressed. As people scurry about the shopping malls and attend gatherings with loved ones this season, might we consider those who lack the basic necessities of life? Is this the year we will share hope and love with those who long to feed their children, take them to the doctor when needed and send them to school?. As the Christmas song that was created during a great famine in Ethiopia chimes, "Do they know its Christmas time at all?" I wonder if we will be a light to orphaned and needy children around the world this year.

The love of God has no price tag, and is available to all. However, sharing God's love with a gift of hope demonstrates His love in a real, tangible way. When we reach out our hand to neighbors around the world who lack food, shelter and care, the love of Christ is delivered along with hope and resources. It is my prayer that each of us will share what we have, and trust God to multiply our resources to bless women and children in Kwoi, Nigeria. May they know the love of Christ this Christmas through the partnership of friends. Thank you for supporting this Ministry throughout the year. May God Bless you and your family!

Tatia Gibbons, Chairperson, Gweimen, U.S.A.

Update from Kwoi, Nigeria

News from Kwoi is very encouraging and gives us cause to praise God for all of his mercies. The feeding centre in Sab-zuro continues to feed 3 meals a day, 6 days a week to over 50 orphans. The children who are of school age attend school with the Centre providing school supplies and funding for uniforms. "Our" children from the Centre score consistently higher than other students, a testimony to the benefits of proper nutrition. This original feeding centre now employs 5 cooks (widows) and a part time Bible teacher. ICAP now has a presence in Kwoi, so no longer are long trips

to medical facilities necessary for HIV testing. With the testing so accessible, many more orphans and widows can be tested and treated in a timely matter.

In early fall, a second centre was opened in the village of Ankung. Currently, this centre feeds 40 orphans and operates similar to the centre in Sab-zuro. Benjamin is the supervisor of the new centre and also does the medical testing. The centre also employs one widow who cooks.

There are plans to expand and open feeding centres in the nearby villages of Nok and Bitaro in 2009. Currently, the local churches are spreading the word and encouraging their congregations to gather at the Kings Palace on Sunday afternoons where Gweimen holds informational meetings, providing education and awareness of AIDS and informing them of the feeding centres ability to help.



Hope of Miracles

Recently 2 of the children from the feeding centre in Sab-zuro who had been considered positive tested negative!

Patience, an 11 year old girl who suffers from Sickle Cell Anemia and had previously tested positive for HIV, has now tested negative. She has been on the ARV drugs up to this time. In order to confirm the test results, she was taken to a larger clinic in Kafanchan where they agreed with the negative test result. We can only thank God for this wonderful news. Vincent, a 7 year old boy has also gotten a negative result and awaits further confirmation from Kafanchan.

Dr. Beatrice Kadangs

Many of you may know that Beatrice Kadangs finished her PHD program at Loyola University in September of 2007. She has returned to Nigeria as one of the very few women in her country that has obtained this level of education. Beatrice is working in the capitol city of Abuja at Bingham University. The University is named after Rowland Bingham who was one of the three pioneer missionaries that came in 1893 and founded SIM/ECWA. (Serving in Mission/Evangelical Church of West Africa) Dr. Kadangs' current position is Director of Academic Planning and Coordinator of General Studies Program. Living in Abuja allows her to travel frequently to Kwoi to continue her work for Gweimen. Beatrice is a living example to the widows and orphans. She proves they can get an education and improve their lives, that there is indeed hope, that even one from their own village has accomplished so much and still cares for her people.

A View of Nigeria

When we speak to others about the work of the Gweimen Centre in Nigeria, maybe we assume too much that they are familiar with this land, its people, its geography and demographics.

Nigeria lies in Western Africa bordering the Gulf of Guinea, between the countries of Benin, Cameroon, Chad and Niger. The Nigerian land mass occupies well over 1 million square miles, slightly more area than twice the size of California. Climate varies from equatorial in the southern regions, tropical in the center to arid in the north. Southern lowlands merge into central hills and plateaus; mountains in the southeast, plains in north. Nigeria is rich in natural resources, principally oil and natural gas followed by iron ore, coal, lead and zinc. Oil is the number one resource, with proved resources of 37 billion barrels lying deep within its surface. Even with exports of 2.4 million barrels per day, the country suffers from extensive poverty represented by an average family income of \$692 dollars (U.S.) per year. As a result, in oil rich Nigeria, long hobbled by political instability, corruption, inadequate infrastructure and poor macro-economic management, the vast majority (2/3) of the 146 million Nigerian people live in abject poverty, disease and hunger.

Nigeria is Africa's most populous country, made up of more than 250 ethnic groups, of which Hausa and Fulani (29%), Yoruba(21%), Igbo(18%), Ijaw(10%), Kanuri(49%), Ibibio(3.5%) and Tiv(2.5%) are the most populous and politically influential. English is the national official language but Hausa, Yorba, Igbo (Ibo), and Fulani is spoken throughout the country.

Fifty percent (50%) of all Nigerians are Muslim followed by 40% Christians and 10% indigenous beliefs. The greatest number of Muslim Nigerians live in the northern states. Life expectancy at birth for the total population is 46.5. At this interpretation, males are living to 45 years and, comparatively, females to slightly over 47 years. Infant mortality rates are soaring close to 100/1000 births (95.74/1000 – 2008 est.) It is estimated that over 3 million Nigerians are living with HIV/AIDS. This prevalence level, at over 5.4% of the total population, is the largest number in the world after India and South Africa. HIV has orphaned an estimated 930,000 children in Nigeria. Of course, these statistics reflect only identified cases of HIV positive test results. Many remain untested because of the fear and shame an HIV positive test result carries within his or her family and community

Although it is estimated that literacy level (those who can read and write) is 68%, school life expectancy still remains at 8 years (primary to tertiary education levels). While this seems unacceptable by most standards, it remains quite remarkable in that from 300 billion GDP only 0.9% is spent on education funding by the government.

The governing body is described as a Federal Republic made up of an executive branch and a legislative branch forming a bicameral National Assembly consisting of the Senate (109 seats, 3 from each state) and a House of Representatives (360 seats). Members are elected through popular vote and serve four year terms. The newly elected Chief of State and President (elected 29 May 2007) is the residing head of government in the national capitol city of Abuja. The current President, Umaru Musa Yar'adva, was elected by popular vote for a 4 year term. Along with his cabinet, the Federal Executive Council has pledged national economic empowerment, poverty reduction and infrastructure development. Infrastructure is by far one of the main impediments to any improvement to growth and prosperity for the people. With only slightly over 195,000 miles of roads in the whole nation, a mere 28,000 are actually paved. The blessing of the cellular telephone has opened a vastly new feeling of connection to over 40 million cell phone users throughout Nigeria. A huge step forward since even today only 1 ½ million land line telephones are in existence in the whole country.

Medical care can be described as meagerly available at best. A medical brain drain has developed taking many doctors away to more financial appealing places throughout the world, resulting in a frightening absence of trained medical personnel. Infectious diseases such as malaria, yellow fever, respiratory meningitis, soil borne diseases (Lassa fever), food, waterborne diseases, as well as HIV plague all parts of

What is ICAP?

Nigeria. Hunger still ranks highest in most all of Nigeria. Seventy percent of all Nigerians depend upon an agrarian livelihood to provide basic nutrition for their families. Harvests are small at best, most times not enough to adequately feed the family. Planting and harvesting is done completely by hand with rudimentary tools.

When anyone reads these paragraphs and begins to contemplate the facts presented here on the health, wealth and well-being of the Nigerian people (including that of most all of equatorial Africans), it cannot help but place upon our hearts and minds the vastness of these problems. How could anyone of us feel we could have any impact on such a monumental undertaking in providing enough assistance to resolve such impoverishment and suffering? The answer is simply, we can. One person at a time. One widow at a time. One orphan at a time. One community (Gweimen) at a time. Will we improve all the need and suffering in our lifetime? Perhaps not. But we can help provide money for food and much needed medicine. We can provide prayer and encouragement. The greatest resource in Nigeria is not oil, it is the Nigerian people. When you meet one, you can tell instantly in the firmness of their handshakes and hugely warm, toothy smiles that they are very privileged and happy to meet you. Now you are their welcomed friend and you will always be treated as such. The first served at a meal, proudly introduced to all friends and families as "Uncle" or "Auntie" (a title of high respect and honor). These are people made of hope. Lives are lived in Nigeria one day at a time, tempered by sincere happiness in spite of hardship and encouraged by the strength of hope.

Over the past 25 years, HIV/AIDS has claimed over 25 million lives. The spread of this disease infects almost 40 million men, women and children worldwide. While many governments and international organizations have launched initiatives to provide life saving antiretroviral (ART) treatment to HIV infected people, one organization, ICAP (International Center for AIDS Care and Treatment Programs), has been one of the most successful to date. In 2002, the Mailman School of Public Health launched one of the first of their global HIV/AIDS care and treatment programs. By recognizing that women are the cornerstone of families and are disproportionately affected by HIV, the Mailman School established the MTCT plus initiative to focus on providing care and treatment to HIV infected women and through them, care to their families. Conventional approaches include treatment, modified to emphasize efforts to prevent mother-to-child transmissions (MTCT) of HIV, with the program focused on the health of mothers and their families. By 2004, ICAP was recognized and funded by the U.S. government under the President's Emergency Plan for AIDS Relief (PEPFAR). Today, ICAP supports more than 400 sites in 14 resource-limited countries around the globe, principally in Sub-Saharan Africa. One of God's blessings to Gweimen, has provided the ICAP organization in Nigeria to recognize and endure the grassroots work being offered by the Gweimen Centre. Providing additional technical and diagnostic/verification support to our brothers and sisters working at the main Centre in Kwoi as well as our outlying feeding and testing centers, Gweimen can be even more effective in efforts to provide the care and much needed hope to many more of those who otherwise would live a life of needless suffering. Our prayers should address the hope for continued cooperation and efforts by both Gweimen and ICAP. For more information, visit icap@columbia.edu.

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