

CATHOLIC EPARCHIAL SECRETARIAT KEREN

HEALTH DEPARTMENT

Health Facilities and HIV/AIDS program
First half Report 2010



Report written by: Araya Tesfagabir
: Enatie Zufan Frezighi

July 2010

Health Facilities report

Introduction

There are three Health centers and five health stations providing preventative and curative services to the community in need regardless of the ethnicity and religion. Our health facilities are equal opportunity health facilities where Christian (Orthodox and Catholics) and Moslem are equally employed based on their qualifications not on their religion. Moreover, our health facilities are gender sensitive where over 70% of the employees are female.

On the other hand The Eparchial health facilities provides services to about 80,000 catchment population but the actual population size is more than these figure as people from outside the catchments area come to seek different health services.

The reputation of the health facilities is excellent among the people of the Zoba. People believe that the health facilities provide the best service inspired by worm and loving facial expression and respect. That is why there is always overcrowd and high work load in the health facilities. People come from outside catchment area to seek treatment because of the above mentioned belief.

St.George health station, as it is located in side Keren town, is one of the most crowded with clients. Though, it is known as health station; it has fully equipped laboratory services, delivery services, PMTCT and VCT which the other health stations lack. The Zonal MoH has a plan to officially declare the health facility as Health center but yet not done.

This report briefs the major accomplishments of the last six months from January to June 2010. This report is mainly focused on the HMIS reports analyses. It lacks the details of the work in the health facilities as the standard HMIS reports forms lack spaces for some activities. These activities are reported to the Zobal MoH in separate forms which the health facilities do not report it to us. Activities like:

- IDSR
- Supplementary feeding program
- Therapeutic feeding
- OPT
- Out reach
- Tb clinic
- Environmental sanitation and market supervision
- School health promotion
- National Immunizations
- Malaria Bed net distribution and Re impregnation

Are partially reported to us or totally not reported. Therefore, there would be a discussion with the heads of health facilities about the reporting system.

Mission

To participate in the healing Ministry of Jesus

Objective

To ensure that quality care is provided to all humanity who are in need regardless their age and ethnicity.

To save lives and decrease the mortality and morbidity rate of the population

Main Activities (Services) of Eparchial Health Care Facilities	
Health Center	Health Station
<ul style="list-style-type: none">❖ OPD and IPD service❖ Injection and dressing❖ Laboratory services❖ Antenatal, delivery and postnatal❖ EPI and growth monitoring❖ Immunization❖ Supervision and sanitation❖ Health education (IEC)❖ Outreach program❖ Ambulance service❖ Drug dispensing❖ IDSR❖ VCT service❖ Supplementary feeding❖ Therapeutic feeding❖ OPT	<ul style="list-style-type: none">❖ OPD❖ Injection, dressing and medication❖ Antenatal, delivery and postnatal❖ EPI and growth monitoring❖ Immunization❖ Supervision and sanitation❖ Health education (IEC)❖ Out reach program❖ Drug dispensing❖ Ambulance service❖ Laboratory (RDT)

Eparchial Health Care Facilities Profile

The eight Eparchial health facilities have a total of **75,215** catchments population. It is believed that the health facilities serve two times of their catchments population who come from outside of their catchments area.

S.N	Name of the clinics	Sub. Zone	Distance from Keren	No. of total Workers	Catchments area pop
1.	St.George H/S	Keren	in keren town	18	18,725
2.	Boggu H/S	Hagaz	10 km	5	3,708
3.	Ashera H/S	Hagaz	25 km west	6	4,181
4.	Ghilas H/S	Hagaz	20 km	6	7846
5.	Halhal H/C	Halhal	45 km	15	11,949
6.	St. Lucy H/C	Hamelmallo	13 km	16	14,232
7.	Feledarib H/C	Hamelmallo	13 km	21	7,159
8.	Medhani-alem H/S	Elabered	10 km	5	11,596
	Total			92	75,215



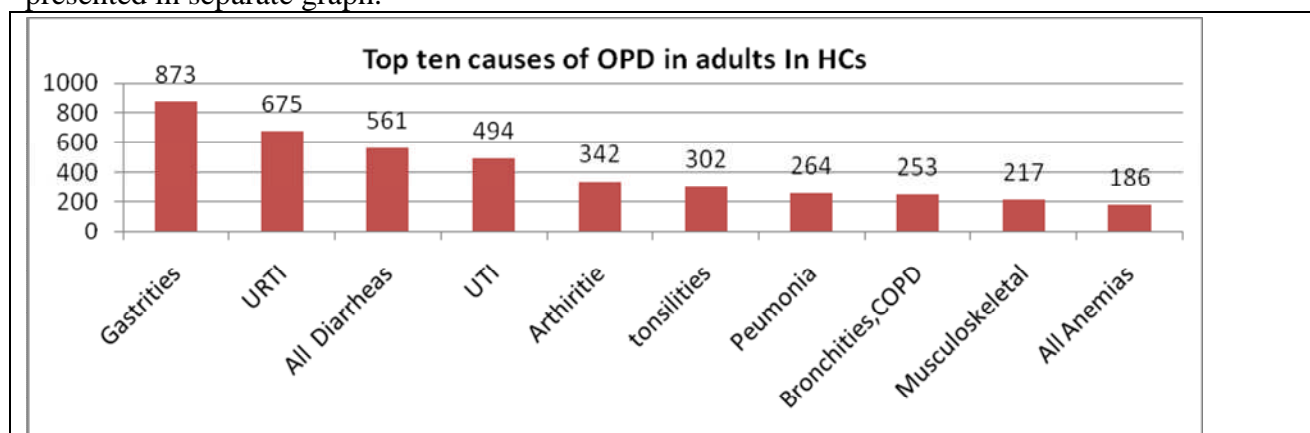
1. OPD services

The OPD services are open from 8:00 AM to 4:00PM. The OPD has different services for different age's groups. Generally there is an OPD for adult (>5years) and OPD for children<5 years. Usually the OPD for children is integrated with IMCI management tools and protocols. The table below summarizes the OPD services given to different age groups by the health facilities.

Health Facility	< 1 year			under 5 years			>5 years		
	OPD	Referrals	Death	OPD	Referrals	Death	OPD	Referrals	Death
Feledarid H/C	245	0	0	717	0	0	2410	16	0
Hamelmalo H/C	335	0	0	720	1	0	2562	3	0
Halhal H/C	269	0	0	684	2	0	3679	19	0
Boggu H/S	59	0	0	153	0	0	703	2	0
Ashera H/S	163	0	0	471	2	0	1660	6	0
Glass H/S	158	1	0	377	2	0	1729	14	0
H/mentel H/S	200	3	0	349	19	0	1146	16	0
St. George H/S	494	0	5	1284	6	0	6050	66	0
Total									

Top diseases in OPD

The reporting forms for health stations and health center are different and have different codes; therefore, sometimes it is difficult to combine both reports in one form for some services. The OPD report is one of them. Therefore, the top ten diseases in health stations and health center are presented in separate graph.



In health Centers in adults, as usual, the most causes of OPD visit are Gastritis/duodenal ulcers, upper respiratory tract infections, diarrheas and urinary tract infections. Except Gastritis all the top

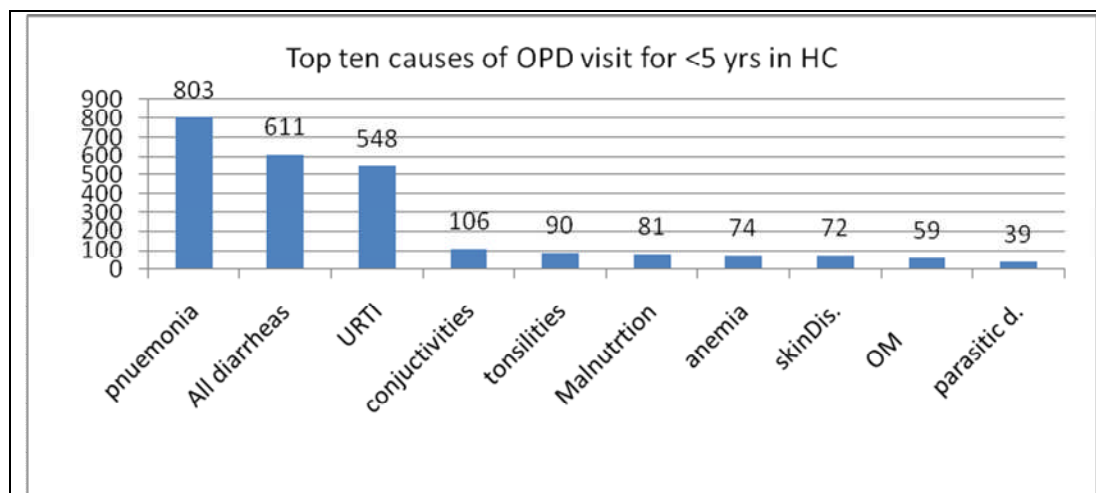
ten causes of OPD visits are communicable diseases which are preventable and controllable. These very common tropical diseases.

The non communicable diseases are not our problems currently.

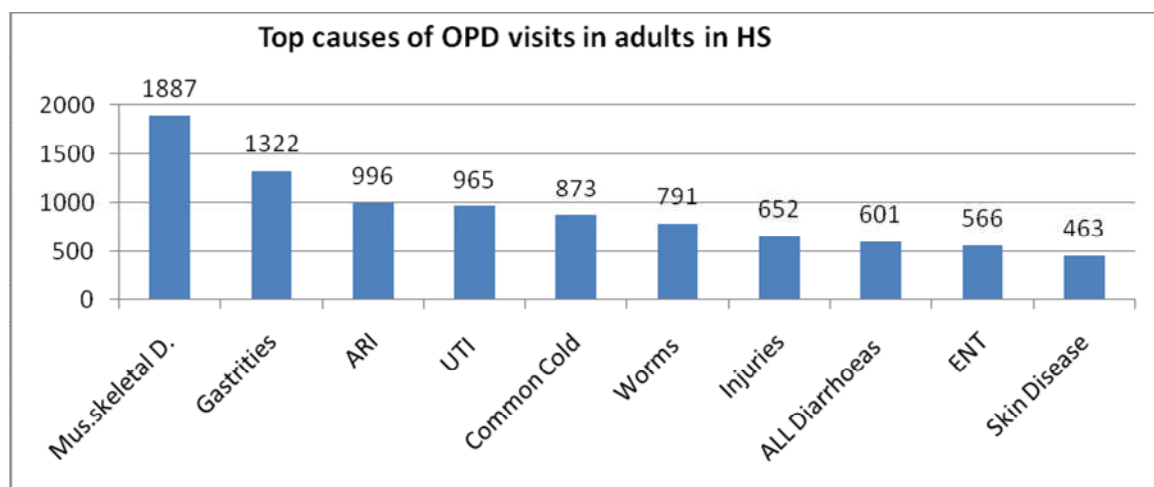


Busy card room of St. George H/S

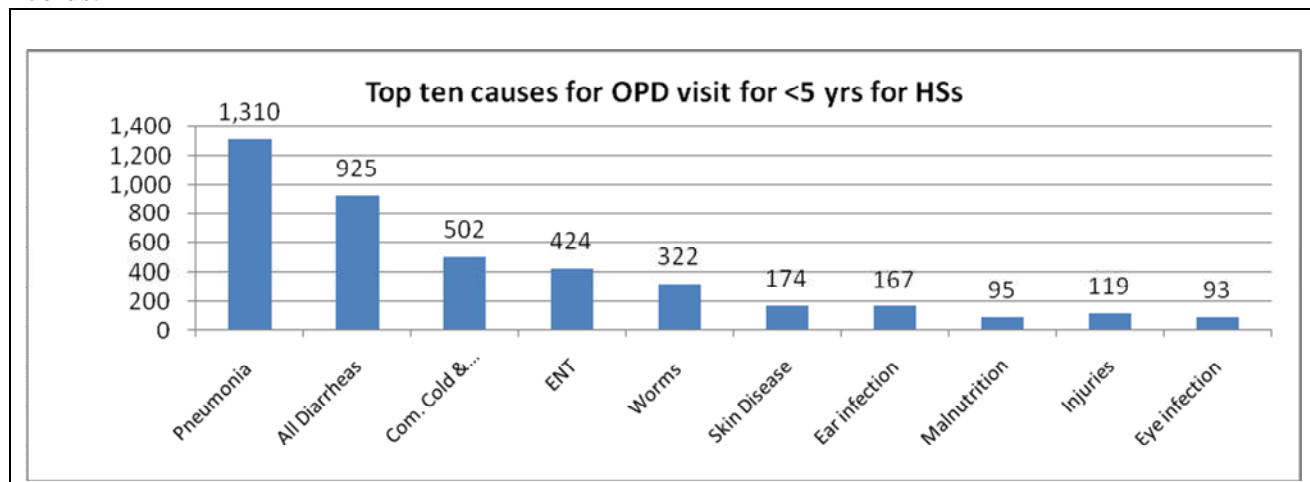
IMCI OPD IN St. George H/S



As in adults, the top ten causes of OPD visits in under 5 are also infectious , communicable and preventable diseases like Pneumonia, diarrheas and upper respiratory tract infections.



In health stations, unlike the health centers, the top two causes of OPD visits are musculoskeletal diseases and Gastritis which are more or less non-communicable diseases. Others are similar to that of health centers and they are acute respiratory tract infections, urinary tract infection and common colds.



There is no much to analyze here as the top ten diseases in under five are similar in health stations and health centers. They as usual, the communicable and preventable diseases but if not they are dangerous and killer diseases also.

There was no death reported from OPD in either children or adults in this reporting period.

2. IPD services for the three health centers

People admitted to inpatient treatment are those who are severely ill and need further management under close follow up of the health professionals in the health center.

Here the numbers of people admitted are not indicators for good performance. The indicator here is the number of death in the health facility. In this reporting period there was no death reported in either age groups.

Totally 940 patients got admission services, 58 patients were referred to higher level health facility for further investigation and treatment.

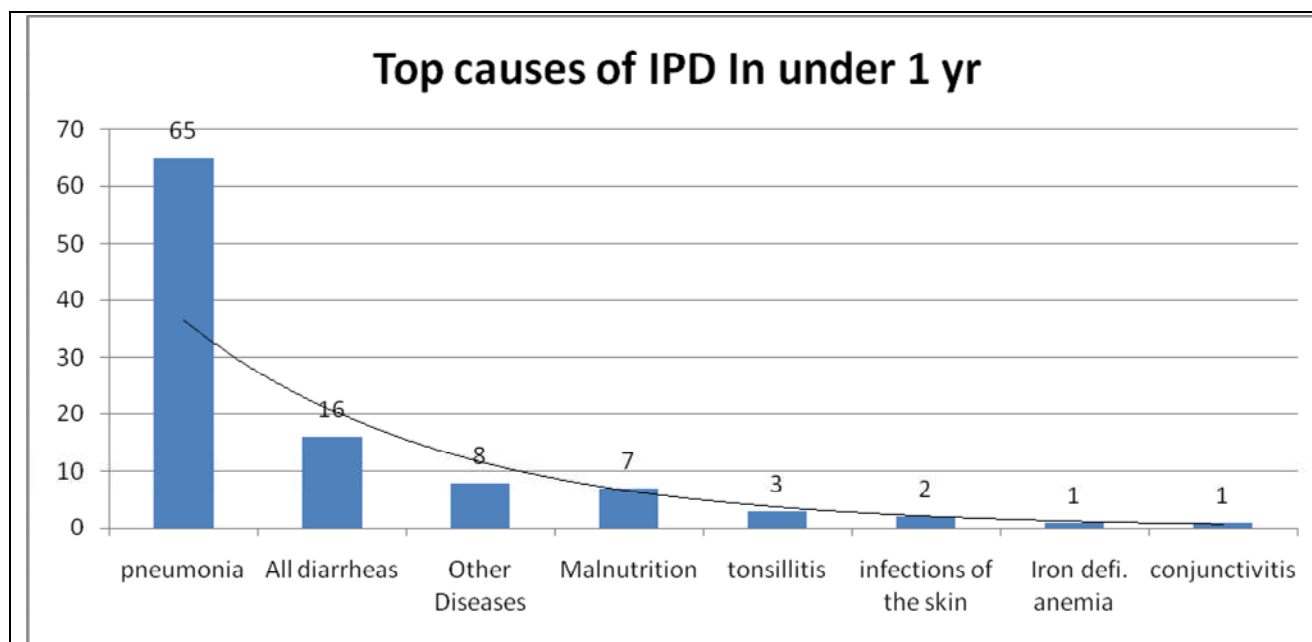
The table below summarizes the IPD admissions by age group and health facility.

Health Facility	< 1 year			1- 4 years			>5 years		
	Total IPD	Refer	Death	Total IPD	Refer	Death	Total IPD	Refer	Death
Feledarid H/C	32	4	0	82	3	0	236	14	0
Hamelmaloh/C	48	2	0	52	2	0	221	29	0
Halhal H/C	15	0	0	57	0	0	197	4	0
Total	95	6	0	191	5	0	654	47	0

Total IPD Admissions: **940**

Total IPD referrals: **58**

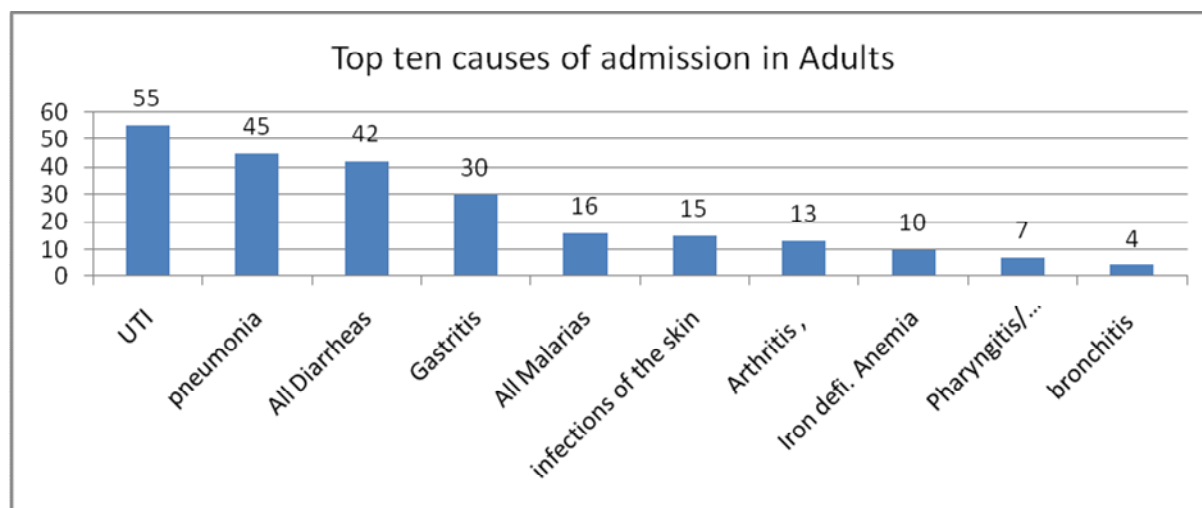
Total deaths: **0**



The top causes of admission in the under 1 and 1-4 years children are more or less similar. Diseases like pneumonia (63-73%), Diarrhea, malnutrition, Anemia, infection of skin and an eye are the most cause of admissions in under five years old children. Though, these Diseases are preventable; they still are the main causes of morbidity in children.

Top ten causes of admission in adults

The causes of morbidity and admissions are still the communicable and preventable diseases like urinary tract infection, pneumonia and diarrheas.



3. Total first aid services

The table below shows the first aid attendants in all eight-health facilities

For all ages and patients
Dressings, injections , Medications and Emergency service
28,063

The dressing, injections and medication given to different age groups in different times a in the eight health facilities are presented in the above table. It is just a number without any further indications.

4. Mother and Child health Care Program

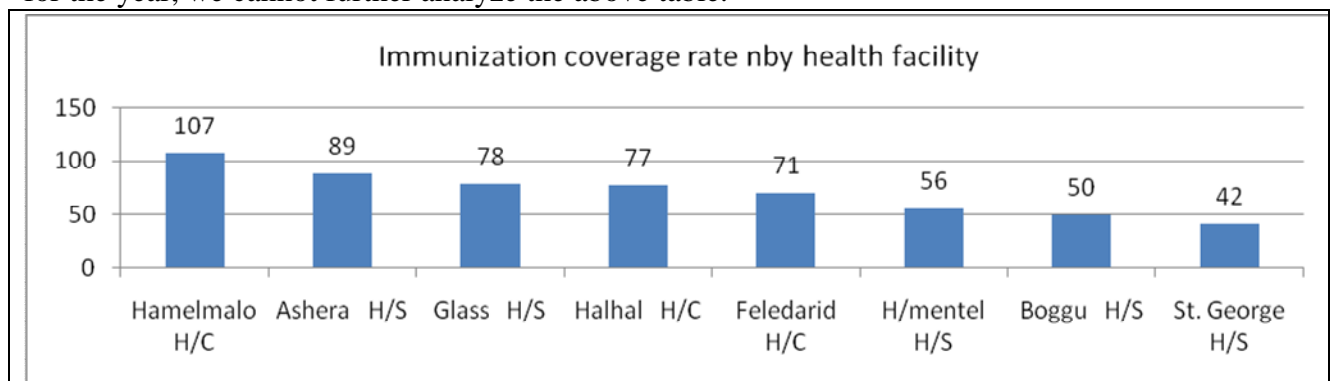
4.1 Child immunization;

Each health facility has its catchment population. Every year each health facility assesses and calculates number of target children for immunization and sets goal of the years or target for the year. At the end of the year, each health facility has to evaluate whether or not it achieved its target for immunization. Therefore, there part of the report is weight against its target percent.

Generally the achievement rate of the health facilities for each targeted vaccine is as follows:

Vaccines	NO	Coverage rate in all HF's
BCG	911	80
OPV0	311	--
OPV/DPTH1	935	83
OPV/DPTH2	990	88
OPV/DPTH3	1077	95
Measles	1115	98
Fully immunized	1088	96

The lowest achievement rate is 80% for BCG. Since each health facility has its own target percent for the year, we cannot further analyze the above table.



The above graph shows immunization coverage rate for each health facility for DPTHb3. It ranges from 107% to 42%. The variations are mainly due to under estimation or over estimation of the target population for the health facility resulting in wrong target goal for immunization for the year. Another possible reason for the achievements over 100% are the reputations the health facility has in population making some people come from outside of the catchments area to get health services and inflate or stretch the target for immunizations.

The immunization coverage is set by estimating the catchments population and then calculating number of children going to be born this year. Therefore, in estimating and calculating there is always variation in the coverage.

4. 2 TT Immunization for pregnant and non pregnant mothers

As for children the target for TT immunization is also set by estimation and calculation. TT immunization coverage is always very low. It has never reach 25% of the target set for the year at Zoba level. There could be different reason but still this is based on calculations that this year could be pregnant. Most of the pregnant mothers that attend ANC are one or more previous pregnancies and deliveries, during which they could have finished TT immunizations but they are still included in the calculation making the targeted goal very low.

Table showing pregnant and non- pregnant that got TT immunization

	Pregnant	Non-Pregnant
TT1	159	550
TT2	142	404
TT3	91	365
TT4	116	319
TT5	81	251
Total	589	1889

The Overall TT Immunization coverage is .094 for pregnant and 2.7% for non pregnant mothers.

4.3 ANC and delivery services

The antenatal care and health facility deliveries are improving from time to time. Unlike previous years mothers now prefer health facility delivery than home deliveries. The Traditional birth attendants (TBAs) are now prohibited from attending deliveries. Their role is encouraging mothers to attend health facility delivery.

When pregnant mothers come for antenatal checkups in the health facilities, the well being ness the fetus, hemoglobin and urine analyses; blood group and Rh factor for compatibility was checked.

Table below summarizes the ANC and delivery services

s.n	Services	No. of women	Coverage rate
1	No. of AN Newly Registered	1500	40%
2	No. of High Risk Pregnant Reg.	322	-----

3	No. of second visits (2 nd)	1038	28%
4	No. of third visits (3 rd)	675	18%
5	No. of fourth visits (4 th)	567	15%
6	Total AN received iron	2593	-----
7	No. of normal deliveries in HF	282	9.4%
8	abnormal (V+F+B) deliveries	5	-----
9	Total Live birth at H/F	282	-----
10	Still births at facility	5	-----
11	Low birth weigh	7	-----
12	Maternal death at H/F	3	-----
13	# Of refer. to other H/F	30	-----
14	New born death at Facility	2	-----

In all health facilities 1500 new ANC attendants were registered in this reporting period. A pregnant mother should attend ANC at least 3 times in one pregnancy. The third visit in this report is not promising; only 675 mothers came for third time for ANC out of the 1500 new registrants.

The ANC coverage rate for all health facilities is **18%**.

In this reporting period 287 health facility deliveries were attended. There were 5 still births attended (1.7%). The causes for still birth could be different but mainly is the prolonged labor.

Health facility delivery rate is **9.4%**.

4.4 NNT protection at birth

Out of the 925 mothers checked for Tetanus protection at birth 99.5 % were found protected against tetanus. This indicates almost all mothers are protected and got at least TT2 dose before delivery.

Protected	920
Not protected	5
Un known	0

5. Growth promotion and monitoring services

Less than -3 SD: 147

B/n -3 and -2 SD: 1055

Above 2- SD: 1349

There is no complete report on growth monitoring and supplementary feeding from the health facilities. Some health facilities don't report and others report it infrequently. Therefore, conclusions cannot be drawn from the above figures.

The issue of not reporting was discussed several times and still it should be discussed and health facilities should report it as part of the main reports.

6. Therapeutic Feeding

Same applies for therapeutic feeding. The table below has two months report for Mariam Dearit health center and no report for St. Lucy Philippine but Halhal health center has complete report.

For all ages and sexes	Feledarib H/C	Hamelmalo H/C	Halhal H/C	Total
Total admission	7		31	
Total cured and discharged	4		28	
Total Referred	2		0	
Total defaulters	0		1	
Total death	0		1	

7. Health education

Health education is main tool for delivering information for large number of people, therefore, easily disseminated to the rest of populations. Health education sessions were given every morning before the start of work. Different messages and topics were presented and current health information disseminated.

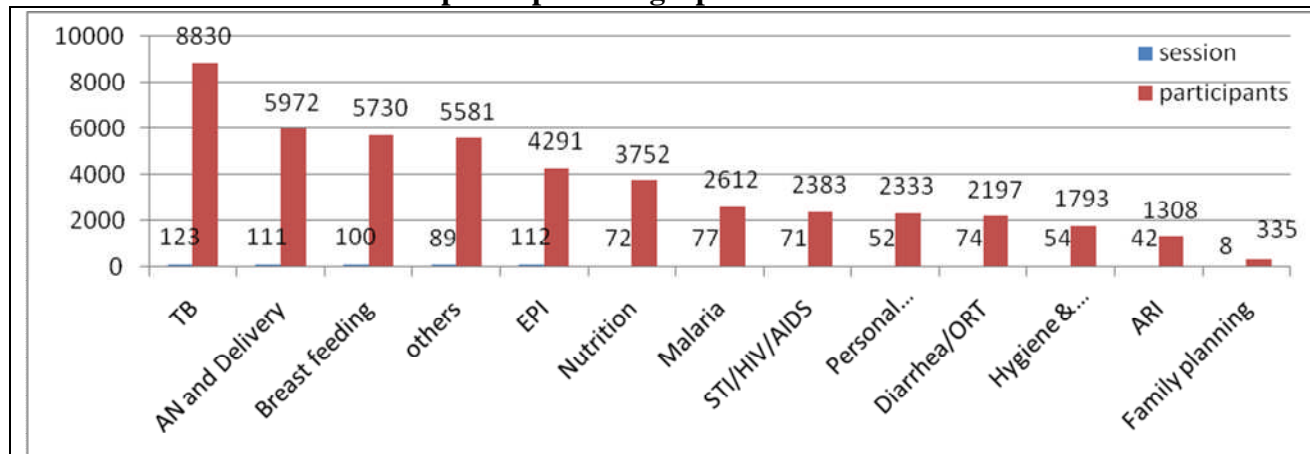
Different IEC materials were used to deliver the health education sessions.



Mariam Dearit H/C

Gilas H/S

Health education sessions and participants in graph



Health education for family planning is always the lowest session carried in the Eparchial health facilities every year.

Family planning could be delivered based on Catholic Church family planning principles. The health facilities knows the advantages of family planning, therefore, they should practices it based on the above principle.

8. VCT and PMTCT

H/F		Fele H/C	Hame H/C	St.Geo H/S	Halhal	Total
No of all ages Newly tested		128	82	40	194	444
No. of all ages new reactive results (VCT)		1	0	0	0	1
PMTCT pregnant	counseled	261	188	322	166	937
	tested	261	188	322	166	937
	reactive	0	0	0	0	0

HIV reactive rate in VCT: **0.22%**

HIV reactive rate for pregnant (PMTCT):**0**

The four health facilities have also shown good progress in VCT and PMTCT. 444 people for VCT and 937 pregnant mothers for PMTCT services were tested in this reporting period. The HIV infection rate calculated from the above figures is .022% for VCT and 0% for PMTCT. This is an excellent resulted mainly obtained through the vast and different campaigns had being carried out nationwide. The current HIV infection rate at national level is 1.3%.

9. Laboratory services (Feledarib, Hamelmalo, Halhal H/C and St. George H/S)

	Feledarib H/C	Hamelmalo H/C	Halhal H/C	St.George H/S	Total
OPD: Registered Patients(tested)	1258	2043	1527	3348	8176
OPD total testes made	2385	4055	2972	7959	17371
IPD Registered patient for lab	71	133	15	0	219
IPD total testes	90	192	23	0	305

8176 people from the four health facilities have got different laboratory services. Totally 17,371 different laboratory tests were performed in OPD.

In IPD 219 people have got 305 different tests.

The most frequently ordered lab tests were Bacteriology direct Microscopic, urine analyses, Hematology and parasitological.

Mariam Dearit and St.Lucy health centers suffer shortage lab technicians.

10. Pharmacy services

Top ten drugs exhausted drugs in the Eparchial health facilities were the following:

S.no.	The most exhausted drugs in the Eparchial clinics
1	Amoxicillin caps 250 and 500 mg
2	Amoxicillin syrups
3	Multi vitamins
4	Co-trimaxazole tabs
5	Co-trimaxazole syrups
6	Anti acids
7	Analgesics
8	iron +Folic acid
9	Procaine penicillin
10	ORS

The most exhausted drugs were analgesics antibiotics, vitamins and ORS.

11. Other Activities

- IDSR
- Supplementary feeding program
- Therapeutic feeding
- OPT
- Out reach
- Tb clinic
- Environmental sanitation and market supervision
- School health promotion
- National Immunizations
- Malaria Bed net distribution and Re impregnation

Though health facilities conduct much more different activities, they don't report it to us, therefore, these could not be reflected in the report.

Challenges/Short comings

- Lack of enough medicines
- Lack qualified health workers
- Shortage of fuels in the health facilities
- Lack of supportive supervision the health facilities due to lack of vehicles
- Health facilities don't report on some activities (Growth monitoring, supplementary feeding, therapeutic feeding and OPT, Financial reports, ... etc)
- The health education for family planning is very weak
- Salary scale out dated and no more obeyed by some health facilities
- No meeting with heads of health facilities conducted to discuss some issues.

Overhead plan

Hold meeting with the heads of Health facilities to discuss the challenges they face and possible solutions.

The health department will look for options to carry out training on family planning based on “Catholic Church’s Social teaching”.

Revise salary scale.

Look options for conducting “Human resource management” training for health facilities.

HIV/AIDS Program

Introduction

The CESK HIV/AIDS program has a total of 200 house hold beneficiaries. The individual number of the beneficiary clients of the program is 250 people living with HIV/AIDS and 34 orphan children who lost both parents due to AIDS. Each beneficiary house hold has at least one person living with virus; others may have two to three people. A lot of activities were done in this reporting period. The details of the activities are presented under the sub programs below.

In this reporting period only three new people were admitted to the program. Though the demand from clients is very high due to the economic bottlenecks only the above mentioned 3 people; very needy, destitute and desperate people were accepted.

Currently the CESK HIV /AIDS Home based care program consists of five sub programs:

1. Home based care support
2. Orphan care and support
3. Counseling
4. Health awareness and Peer education
5. Micro credit Scheme

Purpose of the HIV/AIDS program

The overall purpose is to reduce the impact of HIV / AIDS by increasing knowledge about the disease to reduce its transmission, increasing the staff and communities ability to cope with the disease and provide social services to assist those infected / affected by the disease.

Objectives

- 1) To improve the quality of life of the People living with HIV/AIDS by providing them with spiritual, moral and social supports
- 2) Provide counseling services to infected and affected people so that stress, frustration and depression are reduced and client experience positive living
- 3) Conduct HIV awareness campaign for a wider number of the population to increase the knowledge of the transmission of HIV in order to prevent and control the rapid spread of the virus.
- 4) Provide saving and credit scheme to the infected and affected people to develop self-reliance, sense of ownership and productivity and earn some incomes for their family.
- 5) Provides spiritual and social support to the children who have lost one or two of their families of HIV / AIDS to reduce the stress and discrimination by the society.

Activities

- 1) Monthly ration distribution to all clients of the program
- 2) Providing counseling and advice services in office and at clients house
- 3) Perform home visits for clients who need special attention
- 4) Provide home based services
- 5) Conduct monthly get together and Health education sessions
- 6) Provided clients with micro credit schemes to run small scale businesses
- 7) Run peer education activities to enhance behavioral change among the youths.
- 8) Provide wholistic support the to orphans due to AIDS (social , material , moral and psychological)
- 9) Conduct trainings and workshops for different groups
- 10) Report production, monitor and evaluation and developing projects.

Admission Criteria

- Confirmed PLWHA regardless of their religion, sex and race
- The patient of family consent for home based care support.
- The person should live within a coverage area of the Eparchy of Keren/Anseba Region.

Activity 1: Home Based care Support

This sub component serves confirmed people living with HIV / AIDS. The home based care beneficiaries are provided with social, medical, and spiritual support every day and every month. It has two main activities;

1) Monthly ration: The distribution of the monthly ration aims at improving the clients' nutritional status so that they can develop resistance to the opportunistic infections and also providing basic needs for those that cannot work.

The clients get monthly ration of 15 kg sorghum and 6kg of DMK. And totally 15,525 kg of grains and 6210kg of DMK was distributed.

The monthly social support is crucial in the client's life; it has been helping bed ridden, the poor and destitute for their daily need of foods.

The six months ration distribution is as shown in the below table.

Months	Sex		Total	Total Grains distributed	Total DMK distributed
	Male	Female			
January	39	126	165	2475	990
February	39	131	170	2550	1020
March	37	138	175	2625	1050
April	40	141	181	2715	1086
May	44	123	167	2505	1002
June	42	135	177	2655	1062
Total	241	794	1035	15,525kg	6210kg

2) Volunteer home based care provision (VHBC): this service was given to 41 clients; during each visit the clients were provided with services of all types of supports including, cleaning the house compound and the utensils, washing clothes, bed marking, food preparations and other domestic chores. Moreover, the Volunteer home based care providers give spiritual, moral and

other health education sessions like nutrition, compliance with the treatment, opportunistic infection, diarrhea, sanitation and the need to take enough rest.

The number of currently active volunteer home based care providers is **8**.

Mainly the Volunteer home based care providers focus on;

- Those clients that do not accept their status.
- Bed ridden clients.

Services given by Volunteer home based care providers

S/N	Services given	Number of times the services give
1	Moral & Psychological support	180
2	Spiritual support	250
3	Nutrition sessions	170
4	How to care the sick person to the family members	45
5	Moral, Spiritual & Psychological support to Orphans	161
6	Bed ridden patients	2 female and 2 male
7	Death	0

Activity 2: Orphan Care Program

The main aim of this program is providing economic, social and moral support to the children who lost their parents of HIV/AIDS and to the families who are caring the orphaned children. Currently CESK assists **34 orphan children**.

Achievements

The 34 children got monthly ration of sorghum and DMK, moral and spiritual support to reduce the sense of stigmatized and neglected by the community. The help was offered to them when they come for social assistance. Moreover, they were provided with clothes on the occasion of Easter *in March 2010. This is funded by Caritas Denmark*



Orphan children in groups with the Easter clothes they got

Two orphan children who don't have care taker are under full support and care of CESK HIV/AIDS project since 2007. These children received monthly ration, house rent payments, school materials and all necessary domestic help by the CESK HIV/AIDS project.

The CESK health department staffs follow the orphan children in their schools for their performance and also in their homes for their general well being ness.

Activity 3: HIV counseling

Counseling service was give to a total of **1446** infected and affected people during this reporting period. Counseling topics was given according to their current need and situation.

Dates 1st -5th of each month were reserved for monthly ration distribution and counseling. Clients come every time there is need for counseling and staffs also visit clients' homes if there is a need for further counseling and moral support.

Number of clients got counseling in these six months

Months	Number of clients
January	239
February	249
March	246
April	230
May	244
June	238
Total	1446

Activity 4: Health Awareness and peer education

1) Health Awareness: This health awareness raising campaigns were usually carried in the parishes and health units. Moreover, it was also carried in forms of workshop and general knowledge competitions. During reporting period a number of campaigns were carries by the health department staffs in the parishes around the town keren. Campaigns were carries in Halibmentel , Bambi Feledarib and Ghezabanda parish areas for over 400 parish youths. The campaigns were accompanied by testimonies by People living with HIV/AIDS.



Parish youths in Campaigns

2) Peer education: Most of the peer education groups were officially closed in 2009 for they have achieved the peer education goals. The Ken-an group from the St. Josef LaSalle youths with 30 peers was officially closed in March 2010. The peer group were said to be successful if they all visit Voluntary testing and counseling center to know their HIV status. This group of 30 peers has known their HIV status and pledged to keep the result as it is. Therefore, the official ceremony was aimed to encourage other parish youths to form peer education groups and know their HIV status.



The St. Josef peer groups in stage for different activities during the official closing ceremony.



Audience - H.E. Abune Kidane Yebio and Abba Uqbagaber addressing the audience and congratulating the awards, i.e., Certificate of chastity.

The Following were presented during the closing ceremony;

- Spiritual songs
- Drama
- Comedy
- Poem
- General knowledge completion
- Awarding certificates and prizes
- Lunch

Activity 5: Micro Credit

This component is aimed to help the people living with HIV/AIDs to develop self-reliance and sense of ownership and productivity. Moreover, it reduces stress and depression and helps earn incomes for their family. Most of the micro credit clients are in a good position. They are able to get some benefits from the loan. They brought radical changes in their life and able to ensure their families life. The micro credit loan ranges from 3000-5000 Nakfa and has a nominal interest of 1% monthly.

Currently 25 clients have got the credit and are actively engaged in small scale business.

Monthly education

The monthly health education sessions were aimed at discussing their current situations, share their experiences and suggest solutions for their own problems.

They get health education on different topics. It helped clients to experience positive living by accepting their condition as it is. Each month, the clients get health education by an expert for about three hours.

Number of clients attended the sessions

Month	Date	No. of participants			Topics given	Person given the topics
		M	F	Total		
January	23	31	96	127	Eternal Healing	Sr. Minia Tsegay
February	20	35	115	150	Human dignity in Biblical prospective	Abba Kibreab Meskel
March	20	39	104	143	Criminal abortion and its consequences	Sr. Minia Tsegay
April	24	40	115	155	God is love	Abba Semharay Z/Silasie
May	15	32	93	125	Kibri wedi-seb	Abba Z/haymanot Sium
June	26	38	104	142	Eternal life	Abba Dawit Tekle
Total		215	627	842		

Monitoring

Monitoring was regularly done for the activities mentioned above. Each activity has its own monitoring tools and forms. CESK has developed standard monitoring tools for the HIV/AIDS program. The monitoring was mainly focused on the performance, accomplishments, quality of services provided to the clients, clients needs meet, time frame and clients satisfaction.

Monitoring results and feed backs are used to improve the quality and quantity of the services provided to the clients.

Challenges

The CESK HIV/AIDS program usually faces some frequent and repetitive challenges. Some the challenges include:

- High magnitude of demands vs. limited resources.
- Skyrocketing prices
- Lack of vehicle and fuel for home visits in the sub zones
- Lack of volunteer Home based care providers to meet the high need of clients
- Lack of infant formula milk.
- Lack and shortage of medicine

Recommendations

As CESK is the only organization providing Home based care support the clients in the Zoba Anseba, there is high magnitude of demand of these service. Though, the ministry of Labor and

welfare provides infrequent support to the people living with HIV/AIDS ,it is CESK that regularly provides social, moral and spiritual support to the clients and orphan children. Therefore, the services of CESK are among the very valuable and highly respected in the Zoba. CESK usually suffers lack of enough donations as a result it is now overstretched trying to meet the needs of clients with limited resources. Any donation provided to CESK prolongs, sustains, comforts and saves hundreds of lives of people living with HIV/AIDS.