

Catholic Eparchial Secretariat Keren (CESK)

HIV / AIDS Home Based Care Project

HBC annual Report for 2008



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Introduction

Eritrea is a country located in the Horn of Africa that has its independence in 1991 after long and bloody war against Ethiopia for 30 years and it is characterized as a sub - Saharan country. Eritrea has six administrative zones. It has an estimated population of 4-5 million. Majority of the population depends on Agriculture for food production. The remaining is engaged in small business scale activities.

According to the Catholic Church, the country is divided in to three ecclesiastical areas. These are catholic Eparchy of Asmara, Catholic Eparchy of Keren and Catholic Eparchy of Barentu. Catholic Eparchy of Keren (CEK) was established December 1995. The major religions are Christianity and Islam.

The Eparchy runs many Socio-Pastoral services in both Anseba and Northern Red sea regions. The services of the church are non-sectarian and tailored towards maintaining the existing inter-faith harmony, the positive cultural and social values with in the communities. It also nurtures the Christian values among catholic communities by respecting the other denominational values.

All these socio-pastoral services of the Eparchy are centralized under the executive body called Catholic Eparchial Secretariat Keren (CESK).

The services have been rendered for more than 150 years in the regions. The services include Pastoral care, Education, Health, Women's development activities, water programs, emergency programs, and others. The Parishes and Religious Congregations provide these services.

HIV/AIDS is a big issue, given priority by the Eparchy and is functioning as a program within Health department as "*HIV/AIDS home based care program.*" HIV/AIDS has become a major health and development problem in Eritrea. Presently, it is spreading rapidly through out the country. The number of people infected and affected by this virus is sharply increasing.

The Catholic Eparchial Secretariat of Keren (CESK) has started this home based care program in 2001 from its own budget. As the time gone, the number of clients increased, the demand also increased; therefore, the need to develop a project was vivid and the program was re-structured in full scale and capacity in 2003.

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

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

Purpose of the Home based care 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 of the Home based care program

Overall objectives of the program are:

- Establish a volunteer peer education groups and train volunteer educators.
- Have an 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.)
- Provide income-generating activities to the infected / affected families and create employment.
- Reduce stress, frustration and depression by diverge their mind.
- Up grade their knowledge on how to run a small private business and to guide the possible option (alternative) to generate income.
- Establish a home based care program and improve the quality of life by providing the infected and affected including chronically ill people with spiritual and social services in their home.

Criteria for the Home based care program

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

General information of the clients

Month	Individual	House holds	Orphan children
Jan- December 2008	707	250	42

Number of clients of CESK/HBC program during this reporting period

Months	New clients		Previous clients		death		Clients in bed		Total
	M	F	M	F	M	F	M	F	
January	3	4	73	127	-	1	-	1	206
February	-	4	79	127	1	-	1	2	210
March	1	9	78	132	-	-	2	-	220
April	2	2	79	141	-	-	2	-	225
May	6	5	82	143	-	-	2	-	236
June	12	3	94	142	-	-	2	-	251
July-Dece	Since there was no reception of new clients the number of client is constant.								

Activity 1: Home Based care Support

This sub component serves confirmed people living with HIV / AIDS. The home based care support beneficiaries are provided with holistic support: social, medical, and spiritual assistance. It has three activities, these are

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 providing basic needs for those that cannot work.

The clients get monthly ration of 30kg of sorghum/millet, 6 kgs of DMK and 1 litter of vegetable oil on a regular basis.

Moreover, clients got 2 kilos of powdered milk on to feast occasions.

97 clients with 0-6 month's old children had been taken 10-14 cans of 450mg Humana infant formula milk.

34 clients with positive children get 1kg of powdered milk monthly.

Food Assisted Clients

Months	Sex		Total
	Male	Female	
January	78	128	206
February	79	131	210
March	79	141	220
April	82	143	225
May	88	148	236
June	106	145	251
July	98	141	239
August	102	142	244
September	97	139	236
October	103	134	237
November	89	143	227
December	95	138	233
Total	1096	1673	2764

2) Volunteer home based care provision (VHBC): This service was given to total of 216 clients. The services given by the volunteer home based care providers include : bathing, cleaning the house compound and the utensils, washing clothes wound caring, 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 Volunteer home based care providers were given three days refresher training to help them extend their knowledge on their job.

They were also given one day workshop on “helping sick people from Biblical prospective” to enhance their moral and spiritual motivation.

3) Provision of medicine: A total of 379 Clients got medicines form the office. Clients come with their prescribed pad to get the medicines. The needy (bed –ridden patients are provided with basic treatments at home).

Activity 2: Orphan Care Program:

The main aim of this program is to provide economic and social support to the children who had lost their parents of HIV/AIDS.

There are 42 orphan children under this sub program. They get monthly ration of equal amount and quality with that of clients.

They were given one complete set of clothes in March, 2008.

They were also given a complete set of school materials during the start of academic year 2008/2009.

Moreover, during their visit for food aid, they receive spiritual and moral counseling.

The table below shows the orphan children got food and cloth assistance in the six months



The children with Sr.Ifret Kiflom CESK Secretary General in the middle

Activity 3.1: HIV counseling

Counseling services was given to infected, affected and orphan children. Counseling topics included were; marriage, disclosure of HIV status to family, hope and positive living, depression and spiritual counseling

Dates 1st -5th of each month are reserved for counseling and monthly ration but clients come for medicine and counseling services more than 4 times per month in the offices where they get counseling according to their current situations and problem.

The table below shows the clients got counseling services in the six months

Months	Total No of Clients got counseling
January	160
February	125
March	181
April	170
May	177
June	192
July	268
August	293
September	281
October	247
November	282
December	269
Total clients	

Activity 4: Health Awareness and peer education

This program goes concurrently with church structures in all departments. These sub program is divided in to:

1. The Health Awareness; health awareness campaign is carried in the form of workshops, seminars, health education sessions and general knowledge competitions. It is conducted in the church structures like in parishes through the priests and catechists, in health units, in schools and women development program.

2. Peer education: this runs in some selected eparchial schools and parish youth associations. The peer education program has standard teaching manual and reporting forms. This year the peer groups reorganized and took refreshment trainings, new peer groups were formed and they are actively participating in the program.

The number of peer groups in Eparchial schools and parishes increased from 11 to 18 groups. With 25 averages peer members each. Refresher training was given 22 to peer facilitators of eparchial school and parish youths groups. The training topics include the aims of BCC, the six discussion guide from the peer education manual, Facilitation skills (Picture code, drama, theater, time line.....ect), and Importance of data and reporting forms.

The peer education locations: and number of peers and peer groups currently active

	Schools and parishes	No. of peer facilitators	No. of peer groups	No. Peer coordinators
1	St. Michael Elementary and Junior school Ashera	4	4	1
2	Glass Elementary and Junior school	4	5	1
3	Hagaz Elementary and Junior school	5	6	1
4	Holy Trinity church” Youth association	1	1	0
5	St. Michael church youth association	3	2	1
6	De LaSalle brothers youth association	2	1	0
	Total peer facilitators trained	19	19	4



Peer facilitators in Eparchial schools Keren



peer facilitators in youth associations in

Summary of Trainings given to the peer facilitators and coordinators

	topics	Participants	organization
1	Standard peer education manual on HIV/AIDS	peer facilitators and coordinators	CESK(health department)
2	HBC experience sharing	VHBC providers and peer coordinators	National HIV/AIDS Desk
3	Peer education manual on Malaria and TB	Peer facilitators and coordinators	MOH
4	Standard training manual on HIV, TB, Malaria and Reproductive health	Peer facilitators coordinators	National MoH Asmara
5	Behavioral change	peer facilitators & coordinators	CESK(health department)
6	The aim of peer education program and the data collection forms usage of the data	peer facilitators and peer coordinators	CESK(health department)

Number of peers in a groups and number education session carried in 2008

No.	Names of schools	Number of peers in groups	No. of sessions carried on	Total number of peer participated in the sessions	Total number of absents
1	Ashera Elementary & Junior	116	66	1810	99
2	Glass Elementary & Junior	120	74	2184	107
3	Hagaz Elementary & Junior	132	72	1471	50
4	Holly trinity youth groups	35	10	40	47
5	St. Michael Youth groups	73	52	1584	275
6	LaSalle youth groups	30	30	748	180
7	St. Antonio youth groups	58	8	160	42
	Total	564	312	7997	800

Motivating the peer groups

A) A general knowledge competition among the peer groups

The general knowledge completion was conducted on 28th of May at St. Antonyo Church hall for the peer groups of parish youths association of keren. The participants were from all the four youth association in the Keren. Five candidates (2 female and 3 male) represented each youth association and participated in the completion.

The aim of general knowledge completion is :

- ◆ To evaluate the peer education program that has been going on in keren since 2007.
- ◆ The motivate the newly established peer groups
- ◆ Promote the peer education program and evaluate the peer group progress
- ◆ To introduce suitable ground where the youth associations in Keren develop sense of working together.
- ◆ To develop a sense of Holy competition among the youths so those promote their knowledge and enhance behavioral change in sex and sexuality.
- ◆ To gain the parish priests cooperation in introducing and sustaining the peer education programs in the associations



The candidates in competition



the Audiences



Some of the individual prize winners



Some of the youth Association prize winners

The following table summarizes the first three winners and their prize

Rank	Name	Association	Type of prize
1 st winner	Shewit Araya	St. Antonio	A medium tape recorder
2 nd winner	Hidru Zerom	Holley trinity	Small tape recorder
3 rd winner	Samuel Tesfabrhan	De LaSalle	Camera + books
4 th winner	Merhawit Haile	De LaSalle	small radio + books
5 th winner	Tinsue Jimie	St. Michael	book
prizes for youth association winner			
1 st winner	St. Antonio	64 points	Football, basketball, volleyball and some books: equivalent to Nakfa 2000.
2 nd winner	De LaSalle	63 points	Football, basketball and some books: equivalent to Nakfa 1500.
3 rd winner	St. Michael	53 points	Football, basketball and some books: equivalent to Nakfa 1000.
4 th winner	Holley trinity	48 points	Football and some books: equivalent to Nakfa 700.

B) General Knowledge competition among Ghilass and Hagaz Junior school peer groups on the occasion of schooling closing day

The competition was conducted in two of the three currently active in peer education groups of Eparchial schools (Glass, Ashera and Hagaz elementary and junior schools.)

Students from the peer groups in each school nominated by the group members to participated in the competition. The General knowledge competition was conducted in each school closing day, where the parents, teachers, students, parish priests, sisters, local administration and other people from Zonal Assembly were present during the competition day.

The completion was aimed at:

- To evaluate how much they gained from the peer group sessions in this academic year
- To motivated their participation in the peer program of the next year
- The invitees or the parents could have some rehearsal of their existing HIV/ AIDS knowledge and increase their awareness

The prizes awarded include: hand watch, radio and academic books



3) On the occasion celebrating December 1st, world HIV/AIDS day

On the occasion of December 1st, world HIV/AIDS day, The peer education coordinators of the three Eparchial schools running peer education program had arranged a competition among the peers from the three schools.

This is competition was different from the others because:

- 1) The competition was arranged and conducted by the three peer coordinators with help or assistance from the CESK office.
- 2) Peer groups from the three schools come together and compete among themselves.
- 3) The competition was carried in Hagaz elementary and junior school.

CESK has only provided the winners with prizes. And the prizes included

Excel Camera, small radio, wall watch, quartz hand watch and Kuraz English Grammar respectively from first to fifth.

Activity 5 Saving and Credit Program

34 **PLWHA** are active clients of the saving and credit program. The amount of loan disbursed is about 100,000 Nakfa.

This component is aimed to help the infected and affected people 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 saving and credit activity 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

Other activities

1. Monthly Health education sessions

The HBC clients wait enthusiastically the monthly health education session day to come. Clients coming from Keren, Hagaz, Eladered and Adi Tekelezan sub zones start to gather early in the morning in front of the Eparchial hall. They know very well that this day is the day where they meet each other and share their life experiences gain some knowledge on the disease and get partners.

The monthly health education (get together) is aimed at discussing their current situation, share their experiences and suggest solutions for their own problems.

They get health education on different topics, such as: moral values, ARV and the consequence improper usage, positive living, life after death, opportunistic infections.....etc.

This helps them to come to normal life. In each month, the clients get health education by an expert for about three hours or more



Clients in monthly session

Table of Monthly meeting

Month	No. of participants			Topics given	Person given the topics
	M	F	Total		
January	20	40	60	Moral values	Abba Yonas Yohannes
February	35	104	128	Patients and catholic church	Sr. Minia Tsegay
March	40	79	119	Hope	Sr. Dr.Letemhreeet
April	35	80	115	ARV and its consequence	Dr.Tkeste
May	39	87	127	Positive living	Mss. Mislal
June	33	106	139	Moral in biblical prospective	Aba. Habte leul
July	39	97	126	Power of positive thinking	Girmay Tekie
August	34	93	127	The consequences of envy	Sr. Minia Tsegay
September	36	91	127	Love	Sr. Minia Tsegay
October	39	105	144	The consequences of sex	Sr. Minia Tsegay
November	38	87	125	Preparation fro the celebration	Clients and CESK
December	50	113	163	Brotherhood day celebration	
Total	438	1082	1500		

Brother Hood day Celebration on December13th, 2008

Every year the clients of the Home based care, celebrate December 1st world HIV/AIDS. This year's celebration was held on Saturday of 13th December, 2008 in the Eparchial hall. This is the fourth year celebration in the Eparchy.

Abba Habtay Bahlibi CEK Vicar General, Sr. Ifret Kiflom CESK Secretary General, representatives of the MoH, Ministry of labor and human welfare, VCT and HAMSET project and the CESK staff and about 165 clients and 2 other PLWHA but not the members our home based care program were participated in the ceremony.

Abba Habtay Bahlibi CEK Vicar General has opened by the celebration by prayer. On his opening remarks, Abba Habtay quota that: "How good it is, how pleasant, where the people dwell as one. Psalms: 133.1" and he advised that, this world is not our eternal habitat. We all have eternal life and habitat; therefore, we must live in harmony.

Sr. Ifert Kiflom, CESK Secretary General, has presented to the participants that the church's social-pastoral services originate from its vision; the church is working to see human dignity is respected, quality of life is improved and peace and justice are put in place. Moreover, she stated that the church has started the homed based care program from its own small budget as early as in 2001. She also briefed the aim, purpose and activities of the homed based care program.

The client also presented poet, testimonies and short life histories.

The representatives of MoH, Ministry of labor and human welfare, VCT and HAMSET project and priests and sisters has conveyed message of support.

Finally the participants had lunch together and after lunch there was a coffee ceremony where all clients and invited guests got an ample time to make conversation and acquainted with each other.

Appendix The list of peer facilitator and peer coordinators

No.	Name	place	Position
1	Simret Andemariam	Hagaz school	Peer coordinator
2	Yohana Mohammed	Hagaz school	Peer facilitator
3	Aster Berakhi	Hagaz school	Peer facilitator
4	Jemal Abeletif	Hagaz school	Peer facilitator
5	Seim Tesfamichael	Hagaz school	Peer facilitator
7	Letesilasie Reda	Hagaz school	Peer facilitator
6	Amanet Habtu	St. Michael youth	Peer coordinator
7	Lidya Teklebirhan	St. Michael youth	Peer facilitator
8	Saba Mihretab	St. Michael youth	Peer facilitator
9	Salem Abraha	St. Michael youth	Peer facilitator
10	Ruta Melake	De LaSalle youth	Peer coordinator
11	Henok Tsehaye	De LaSalle youth	Peer facilitator
12	Ismael Romodan	Gilas school	P coordinator
13	Samuel Tsegay	Gilas school	Peer facilitator
14	Abraha Ghergis	Gilas school	Peer facilitator
15	Yohana Medhanie	Gilas school	Peer facilitator
16	Yonas Nayr	Gilas school	Peer facilitator
17	Mahrezighi Awalom	Ashera school	Peer coordinator
18	Birhanu Goitom	Ashera school	Peer facilitator
19	Aklilu Eyob	Ashera school	Peer facilitator
20	Surafiel Ghebremedhin	Ashera school	Peer facilitator
21	Zekarias Redae	St. Trinity church	Peer facilitator
22	Veronica Almedom	St. Trinity church	Peer facilitator
23	Rora Yemane	St. Antonio	Peer facilitator

Constraints and challenges

- Shortage of fuel has limited our supervision and follow up plans for the peer education programs
- The steady increase in number of the program beneficiaries with limited resources.
- The sero-discordant client couples sexual life is a challenge to the Church as all and particularly to the HBC program.

Overhead plan for 2009

- Continue the social assistance for the clients
- Strengthen the monthly health education sessions
- Approach different donors to obtain funds for the Home based care project
- Give refresher training to the volunteer home based care providers.
- Strengthen and maintain the partner ship with MoH and BIDHO Anseba zone.