

# Catholic Eparchial Secretariat Keren (CESK)

HIV / AIDS Project

Semi- Annual General Report



Wesbensireku Parishioners in testimonial campaign

**Submitted to:**

**Partner:** CAFOD

**Period:** January - June 2011

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## Introduction

CESK had successfully conducted the HIV/AIDS activities in the last ten years in the Eparchy. In these six months period the activities were also carried to the level of the client satisfaction. As usual the CESK HIV/AIDS program has five sub components; these are home based care, Orphan care, Counseling and consultation, Health awareness and peer education and Micro credit scheme.

Totally there are about **215** clients who regularly benefit from the above mention sub components. Almost all the clients are in good condition. They are able to support themselves and care for their children. Most of them are under the treatment of ARV drugs; and their CD4 count indicates they are at good condition and practically they enjoy good health. These could be the work of the partners like Ministry of Human welfare, Bidho association of PLWHA and the Catholic Church.

There are also **34** orphan children who benefit from the program. These children does not mean that they are the only children orphaned by AIDS in the Eparchy, but these children's parents died while they were clients of the CESK HIV/AIDS program. When the beneficiary parents die their children were continued in the program as orphans. These children also benefit from the program as the other clients do. Social supports, counseling and consultation were given to the children monthly.

In this reporting period, there are 13 new admissions. These new admissions are among the most vulnerable and needy clients.

### Activity 1: Home Based care Support

Under this sub component lie the monthly social supports and volunteer home based care provision. In this reporting period clients were able to utilize these activities. The social support in includes the monthly provision of food ration to the clients and orphan children. The ration they provided with were **8 kilos of wheat** and **6 kilos of DMK** monthly.

The monthly ration was given to all the HIV/AIDS program clients as it was difficult to distinguish clients according to their wealth status. All clients may not be at same status health wise or even economically but it is also very difficult to get their status, therefore, all clients in the program made to benefit all together.

As food is basic to the life of the clients, most of the budgets was spent to purchase food and were managed to distribute the food monthly.

**Six months food distribution table**

Months	Sex		Total	Total Grains distributed in kg	Total DMK distributed in kg
	Male	Female			
January	36	145	181	1448	1086
February	36	143	179	1432	1074
March	34	146	180	1440	1080
April	33	147	180	1440	1080
May	34	147	181	1448	1086
June	34	147	181	1448	1086
<b>Total</b>	<b>207</b>	<b>875</b>	<b>1082</b>	<b>8656</b>	<b>6492</b>

In these six months **86.56 quintals of grains** and **64.92 quintals of DMK** was distributed to the clients.

**2) Volunteer home based care provision (VHBC):** The home based care was given only to the needy clients as the need is many and numbers of the volunteers are limited. Bed ridden clients or clients that need moral, spiritual or psychological support are given priority.

There are *seven volunteers* giving home based care to the clients. The numbers of clients getting these services are 24.

In this reporting period, volunteers made 49 visits to the homes of the.

Services provided by VHBC providers	Number of visits
Physical support	22
Moral and psychological support	32
Spiritual support	24
Health education for client's family on how to care PLWHA	16
Health Education on Nutrition and nutrients	31
Number deaths this month	1
Moral and psychological support for orphan	7
Total	132

The volunteers give moral, psychological, spiritual supports. Moreover, they also given domestic supports like cleansing the compound, making hair, cooking.....etc.

With the start of ARV, most of the bed ridden clients improve and leave home in search of work. Therefore, the volunteers complain that they cannot find their clients at home. Other clients as they live in rental house, change residence which is also difficult for the volunteers to find them and given the services.

The number of volunteers was reducing from time to time and finally now we have seven active volunteers. We cannot substitute them or further train new volunteers as we could not get volunteers.

### **Activity 2: Orphan Care**

34 orphan children whose parents died while they were the beneficiaries of the CESK HIV/AIDS program benefit from the program. These orphans are from 19 households, meaning 19 households lost both their parents.

Four orphan children household live independently alone, the older taking care of the smaller siblings. These are ten children. These children are the ones that need more support and help as they are the weakest in school and they are ones that left school due to different reason but mostly lack of care taker and follow ups.

The rest, 24 children live with their close relatives or other care takers; therefore, they are better in school and also health wise.

The two female who were attending a college are still in the college in the 2<sup>nd</sup> year program. From the three female children who last year left school, one has returned to school and she is attending the school. And one male left school in this year.

One of the orphan children has gone to SAWA to complete 12<sup>th</sup> grade and CESK has helped him with 2 bed sheets, 6 pieces of soap 4 kg of sugar and 10 kg of DMK.

Another orphan child who is also going to SAWA to complete the 12<sup>th</sup> grade got 10kg of DMK and 4 kg of Sugar.

Five children are living with the HIV and they did not start the ARV drug yet. The children are getting *8 kilos of wheat and 6 kilos of DMK* monthly.

**NB:** As the CESK could not find donor for the orphan project which had been supported by the Caritas Denmark for the two years (2009 and 2010), we could not provide school materials, clothing and house rents or other vocational training to the orphan children this year.

### **Activity 3: Consultation Services**

The CESK counselor is dedicated to provide consultation services to the clients. The lay counselor don't perform HIV test in the Office, therefore, she is engaged in providing consultation services to the people already know their HIV status in the office and at their home. About 1080 people got the consultation services. The topics are based on the client current need or area of concern, however, most common topics include; micro-credit scheme clients concern, knowing their children's HIV status, Marriage, stigma and discrimination by the community.....etc.

#### **Number of clients got counseling in these six months**

<b>Months</b>	<b>Number of clients</b>
January	180
February	187
March	180
April	189
May	181
June	163
<b>Total</b>	<b>1080</b>

### **Activity 4: Health Awareness and peer education**

#### **4.1 Health Education Campaign:**

The health education campaigns were conducted in 5 parish areas in this reporting period and a total of 489 youths reached through the campaigns. The campaigns were both educative and informative. A clear and precise presentation on HIV/AIDS, STD, Tb and Malaria were presented. Information about CESK home based care programs, Zonal Bidho association (Association PLWHA), causes and consequences of discrimination to PLWHA and others were disseminated. At the end of each session the floor was open for questions and answers.



#### **4.2 Testimonial sessions**

In this six months period we were able to reach six *parishes* for the purpose of providing testimony sessions to the parishioners (Men, women, children and youths). The sessions were arranged in collaboration with the parish priests. The parish priests were made to inform the laity about the testimony sessions ahead before a week. They also tell the parishioners that, they all should attend the sessions and gain something from them. The sessions were conducted just after the completion of the Holy Mass, where all the people who attended the Mass also made to attend the sessions for about one hour. The people wait eagerly because for most of them it their first time to witness PLWHA.



Wesbensirekhu



Hashela

In the testimonial sessions, basic facts about HIV/AIDS, living with HIV, causes and consequences of discrimination to the PLWHA.....were presented. Over 1000 parishioners attended the sessions.

#### **4.3 Youth seminal at Eparchial level**

The youth seminar was conducted at the Catholic Eparchial conference hall, where parish youth leaders were participated from the *12 campaign sites*. *Totally about 43* people participated in the seminar.

**The aim of the seminar was;**

- To evaluate the campaign and testimonial sessions conducted from June 2010 to May 2011 in the 12 targeted parishes.
- To share lessons learned and experiences obtained from the campaigns.
- Share the achievements of the campaigns
- Get feedback from the youths on the campaign
- And assess the need for further similar or different types of campaign in the near future.



### Topics presented in the seminar

- Presentation of the campaign report by the CESK health department
- Group discussion on the presentation
- Presentation by the youth leaders from the 12 parishes about the campaign ( achievements, shortcomings , behavioral change on the parish youths, influence of the campaign on the youths)
- General knowledge competition
- Conclusion was given by the health department
- Finally recommendations were collected and the seminar was officially closed.

The participants forwarded their strongly appreciation on the testimonial sessions given to the parishioners. They said, a lot of people have gained good knowledge and exposure to the people living with the virus. In the testimony different groups like youths, men and women participated together and shared their experience. It was also first time for the youths to sit with their parents and this helped to break the silence in the family and started talking about HIV/AIDS and sex and sexuality for their first time.

Finally the participants recommended that the health department to continue similar testimonial sessions.

### 4.4 General knowledge competition

The general knowledge competition was conducted on the occasion of “youth seminar at the Eparchial level. 12 youths represented the 12 targeted parishes were participated in the competition. The questions were prepared the CESK health department. The questions included HIV/AIDS, TB, Malaria, STDs and behavioral change process. Each candidate was asked 5 questions and those who answered most won the first three prizes. This competition added spices to the seminar and created sense of good competition among the parish youths.

Standing	Parishes	Name of the winners	Prizes
1 <sup>st</sup>	Eden	Mathews Habte	Radio with USB and memory card receiver
2 <sup>nd</sup>	Ajerbeb	Kidane Bahlibi	Radio and Hand watch
3 <sup>rd</sup>	Halibmentel	Aman Adgoy	Camera



**1<sup>st</sup> winner**



**2<sup>nd</sup> winner**



**3<sup>rd</sup> winner**

### **Activity 5: Micro Credit**

Fourteen clients have got micro credit loan from the CESK office to undertake small scale business. The micro credit scheme is meant to acquaint clients with the business world so that they can work and get some incomes for their kids and reduce the frustrations and depressions caused by the HIV related stigma and discrimination and lack of incomes.

The amounts of money they take depend on their requisition. But generally ranges from 3000 to 5000 Nakfa returnable in six months with 1% nominal interest rate.

These fourteen clients took 54,000Nakfa to make business. Most of the clients were able to make good profit but some clients spent the loan to solve their current economic problems rather than making business. These clients could not return the money after six months because they already spent it.

Some other clients take the loan and change residence and quit coming to the HIV/AIDS program. But with all these constraint CESK is able to run the micro credit program successfully.

#### **Summary table for the micro credit scheme.**

		<b>Given to</b>	<b>Returned</b>
1	Micro credit given to the clients in 2011	54,000.00	
2	Total amount returned from those who took loan in 2011	...	14,000.00
3	Total amount returned from those who took loan in 2010	....	25,500.00
	<b>Total</b>	<b>54,000.00</b>	<b>39,500.00</b>

### **Monthly education**

CESK HIV/AIDS program had monthly education sessions where all the program beneficiaries and other PLWHA not in the program gather and get education on different topics, discuss their current situations, share their experiences and suggest solutions for their own problems

The monthly gathering of the clients for different health and other topics is one of the most fruitful programs CESK under takes. The topics presented in the monthly education are divided in to three major areas: *Spiritual, Psychological/moral and Health*. In each area CESK looks an expert and conducts it monthly. The clients love very much the monthly sessions. Because, it is there that they can get different sessions monthly, get partners and know each other and get spouses. They also help each other's problem by contributing some amount of money as needed. Generally this is the best opportunity for the clients to start living positively with the virus.

**In six months the following topic were given by the following experts.**

Month	Date	No. of participants			Topics given	Person given the topics
		M	F	Total		
January	15	27	99	126	Evaluation and planning	Evaluation of 2010
February	19	30	95	125	"Love"	Abba Merhawi Habtay
March	19	33	114	147	Nutrition for PLWHA	Eng. Eskinder Berhane
April	9	28	99	127	ARV adherence	Sister Mitsilal and Sister Hirty
May	21	23	79	102	Peace, Justice and reconciliation	Abba Habteluel
June	18	23	91	114	Eternal life	Misghina Ghilazghi
<b>Total</b>		<b>164</b>	<b>577</b>	<b>741</b>		

## Monitoring

The work is regular is dedicated to the help clients need to positive living. CESK has monitoring for and tools. In the monthly ration, clients are made to sign every month; therefore, we are able to know who is coming and who is not coming for the monthly ration. In the monthly education clients also have an attendance sheet and those clients that did not attend the education were asked why they could not attend it. In general each sub program has its monitoring forms. The results of the monitoring tools and forms were used to improve our performance and were also shared with the clients in the monthly food distribution and monthly education sessions.

## Challenges/constraints

- The delay of funds release by the donors
- High magnitude of demands vs. limited resources.
- Government policy that restricted Church vehicle made its impact that we could reach the clients in the sub zones and could not make home visits.
- Lack of volunteer Home based care providers to meet the high need of clients. We tried many times to get volunteers but we could find. The reason could be fear of the disease and that the work is volunteer in this time of hardship and economic recession.



## **Conclusion**

Though it is very difficult to provide help continuously for many years, but CESK has made it true through the help dedicated donors and partners. Thanks to CAFOD that many needy and desperate clients were helped and orphan has got the daily food. The lives of the HIV/AIDS program clients has completely change and almost all clients now look forward for better life and live positively with the HIV. This is made possible through the continuous consultation and monthly education and the provision of social and economic supports. Lives of many clients have positively changed but a lot of clients could not find the opportunity to join the CESK HIV/AIDS program for lack of enough resources. Therefore, the financial support of the donors is still very basic and vital.