CATHOLIC EPARICHIAL SECRETARIAT KEREN

HEALTH DEPARTMENT

Health Facilities
2010 Annual Report

Halhal Health Center

Report written by:
Araya Tesfagabir
Health Dept. Head
December 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 86,000 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 beliefs. St. George health station (Waliku), 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 year from January to December 2010. This report is mainly focused on the monthly reports analyses and compilation of the annual reports of the eight facilities. The health facilities provide a diversity of services thus including all these services in this report made the document very big. As the health facilities report is usually numerical, most of the document is summarized in tables and graphs to make it easy for the readers of this document.

Main Activities (Services) of Eparchial Health Care Facilities	
Health Center	**Health Station**
❖ 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 and TB clinic ❖ VCT service and PMTCT ❖ Supplementary feeding ❖ Therapeutic feeding	❖ OPD ❖ Injection, dressing and medication ❖ Antenatal, delivery and postnatal ❖ EPI and growth monitoring ❖ Immunization ❖ Supervision and sanitation ❖ Health education (IEC) ❖ Outreach program ❖ Drug dispensing ❖ Ambulance service ❖ Laboratory (RDT) ❖ C-IMCI ❖ OTP ❖ Peer education

Eparchial Health Care Facilities Profile

The eight Eparchial health facilities have a total of **85,806** 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	22237
2.	Boggu H/S	Hagaz	10 km	5	3,775
3.	Ashera H/S	Hagaz	25 km west	6	4,181
4.	Ghilas H/S	Hagaz	20 km	6	7850
5.	Halhal H/C	Halhal	45 km	15	11,949
6.	St. Lucy H/C	Hamelmalo	13 km	16	16438
7.	Feledarib H/C	Hamelmalo	13 km	22	7,074
8.	Medhani-alem H/S	Elabered	10 km	5	12302
	Total			**93**	**85,806**

1. OPD services

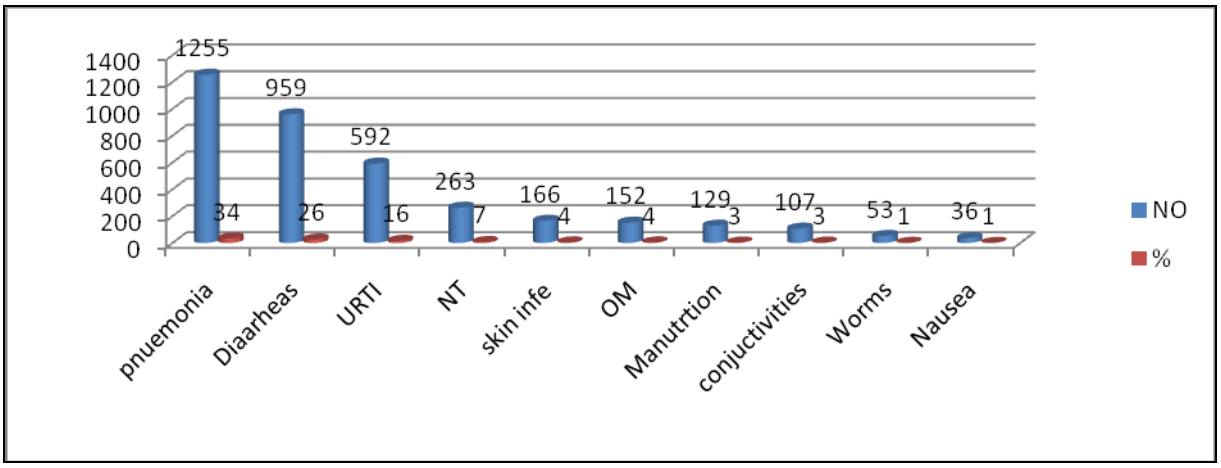
The OPD services are open from 8:00 AM to 4:00PM. The OPD has different services for different age's groups. Generally there is an OPD for adult (>5years) and OPD for children<5 years. Usually the OPD for children is integrated with IMCI management tools and protocols. The table below summarizes the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

Health Facility	< 1 year			1-4 years			>5 years		
	OPD	Referrals	Death	OPD	Referrals	Death	OPD	Referrals	Death
Feledarid H/C	454	9	0	1,338	12	0	6,155	109	0
Hamelmalo H/C	608	1	0	1,363	5	0	8623	44	0
Halhal H/C	546	0	0	1232	5	1	7110	56	0
Boggu H/S	105	0	0	287	1	0	1,494	7	0
Ashera H/S	319	0	0	950	4	0	3670	22	0
Glass H/S	266	1	0	768	4	0	5246	12	0
H/mentel H/S	326	9	0	897	31	0	2517	35	0
St. George H/S	952	8	0	2497	12	0	11,410	125	0
Total	**3,576**	**28**	**0**	**9,332**	**74**	**1**	**46,225**	**410**	**0**

OPD summary
Total OPD**:** 59,133
Total Referrals: 512
Total death: 1

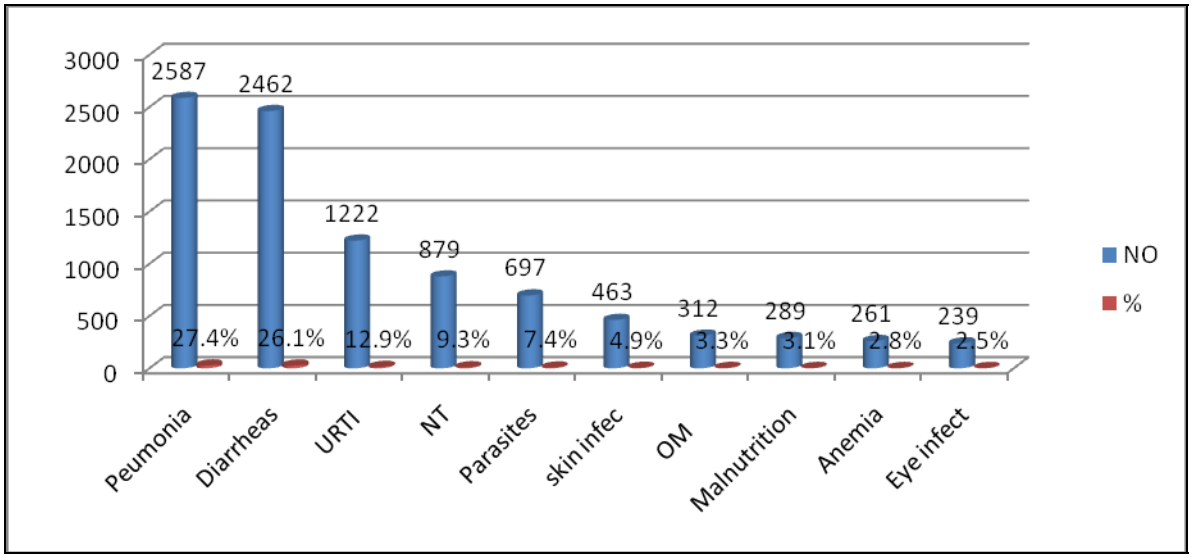
Top diseases in OPD

1.1 Under one year



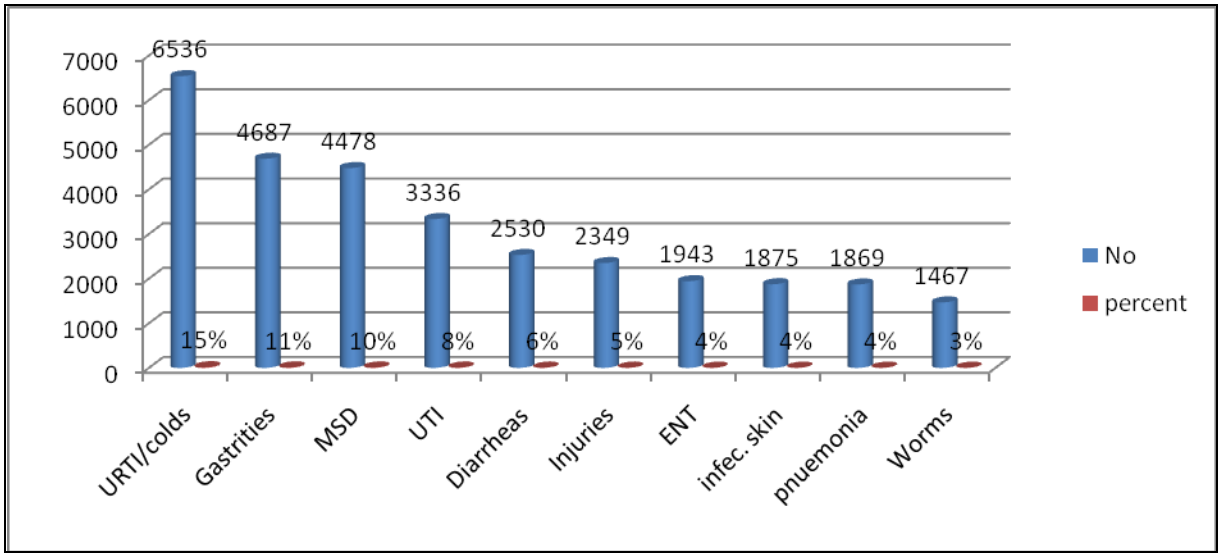
IMCI OPD

1.2 1-4 years



Top ten diseases in the age group of under one year and 1-4 years are always more or less same. Pneumonias, diarrheas, URTI and ENT are the most common causes of OPD visits in these groups. The communicable and preventable diseases still are the top causes of illness in the health facilities.

1.3 Above 5 years



In the age group of greater than 5 years, the most common causes of OPD visits are upper respiratory tract infection /common colds, Gastritis, musculoskeletal disorders…etc. The top causes of OPD visits are still communicable diseases. The non communicable diseases like Asthma, hypertension, Diabetes mellitus are not problems in the health facilities.

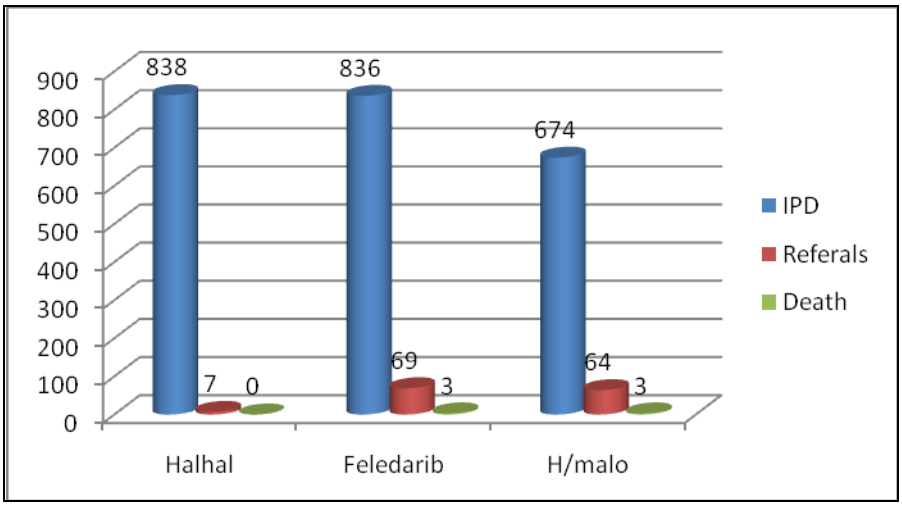
2. IPD services for the three health centers

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 is the number of death in the health facility. In this reporting period there were **six** deaths reported. Totally **2348** patients got admission services, **135** 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	73	9	2	156	10	1	607	50	0
HamelmaloH/C	89	5	2	110	9	0	475	50	1
Halhal H/C	100	0	0	163	0	0	575	7	0
Total	**262**	**9**	**4**	**429**	**19**	**1**	**1657**	**107**	**1**

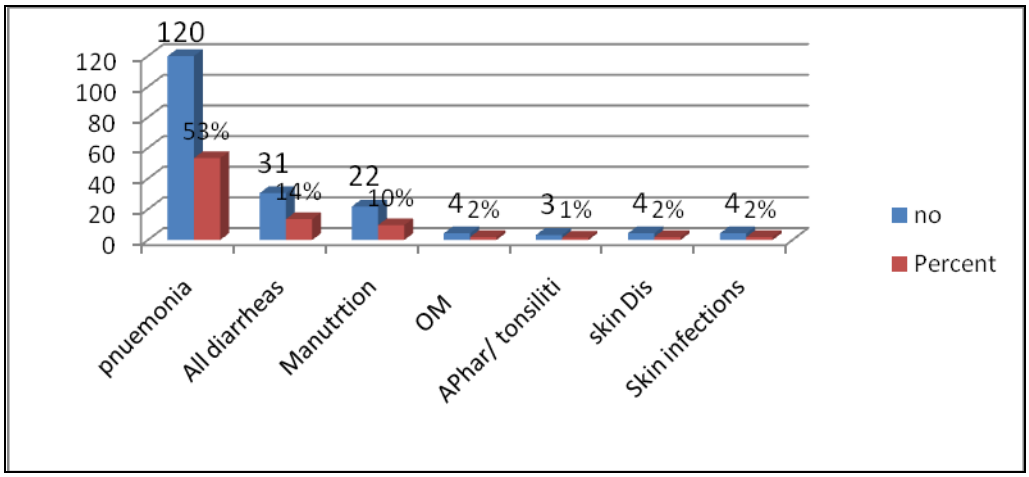
Total IPD Admissions: **2348**
Total IPD referrals: **135**
Total deaths: **6**



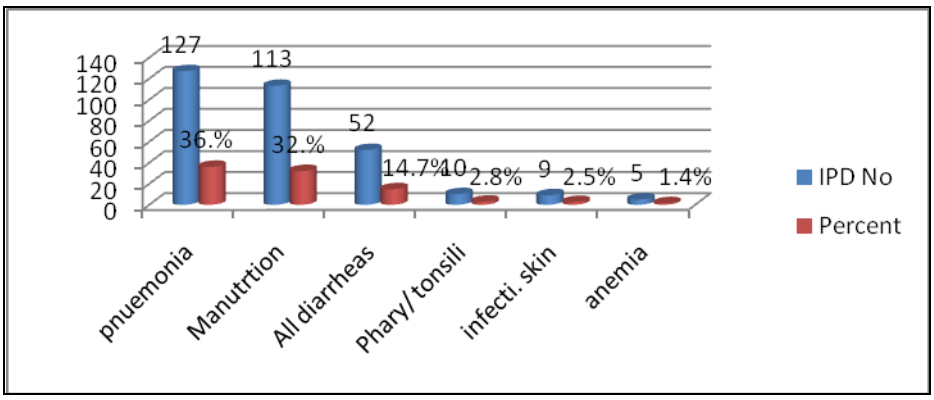
Top five causes of IPD admission in health centers

The table summarizes and presents the different causes of admissions in the three age group categories to make it easy for readers of the report.

1. Under 1 year

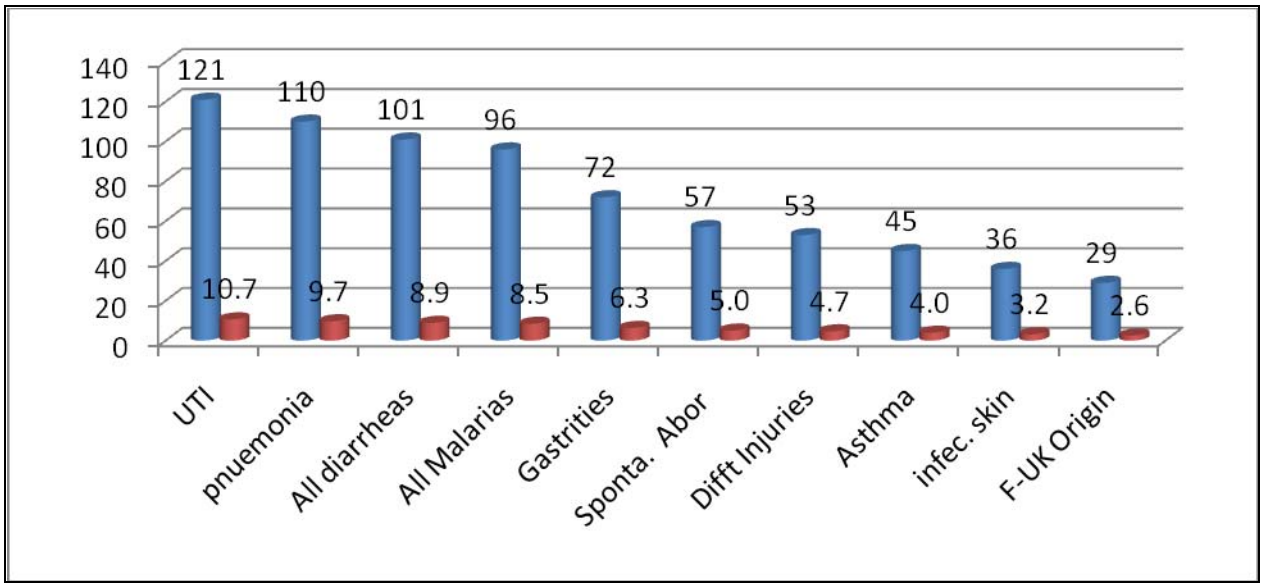


2. Top causes of admission in 1-4 years



Diseases like pneumonia, malnutrition, diarrheas are the top causes of admission in the children. These diseases are infectious and preventable.

2. Top ten causes of admission in adults



The different causes for admission in the adults are urinary tract infections, pneumonia, diarrheas……etc. 29 patients were also admitted for fever of unknown origin because any feveril illness should be strictly followed as it could be malaria.

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
48,705

The dressing, injections and medication given to different age groups in different times in the eight health facilities are presented in the above table.

4. Mother and Child health Care Program

4.1 Child immunization;

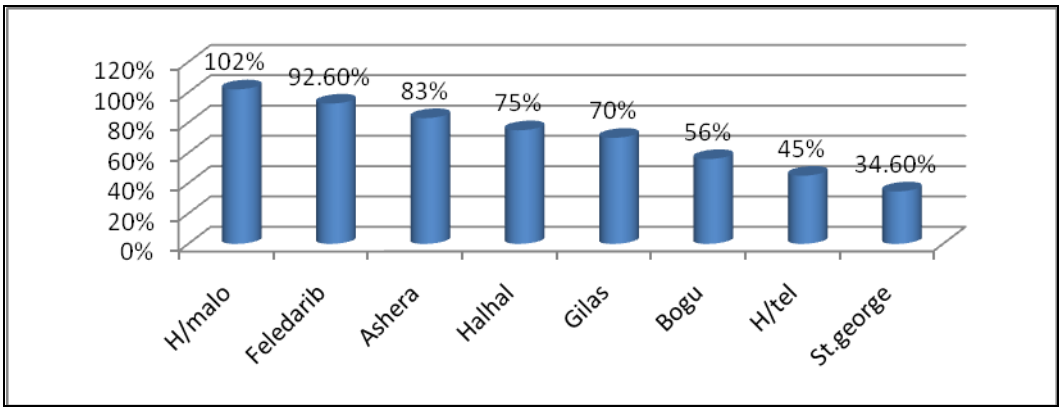
Each health facility has its catchment population. Every year each health facility assesses and calculates number of target children for immunization and sets goal of the years or target for the year. At the end of the year, each health facility has to evaluate whether or not it achieved its target for immunization. The zonal target for immunization this year was to raise immunization coverage rate from 61 to 70%. Our health facilities achieved the target set by the Ministry of health for the year.

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

Vaccines	NO	Coverage rate in all HFs
BCG	2244	75%
OPV0	777	……
OPV/DPTH1	2227	74%
OPV/DPTH2	2260	75%
OPV/DPTH3	2256	75%
Measles	2295	76%
Fully immunized	2265	75%

The overall immunization coverage for the eight health facilities is 76%. This result is obtained by the calculating the number of children in the catchment area. The calculations not are always correct; sometimes under estimates the number of children to be immunized and other times over estimates it, therefore, resulting in low coverage rate. The 76% coverage rate is resulted from over

estimation of the number of children be to immunized. Otherwise the immunization coverage rate is expected be to higher than this.

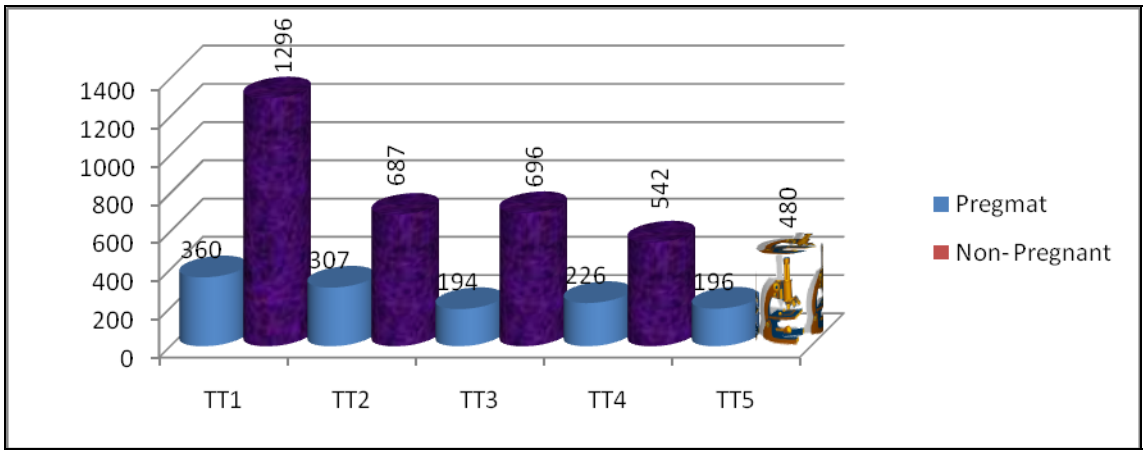


The graph shows the immunization coverage rate for each health facility. Some health facilities achieved more than their target due to some other children coming from outside their coverage area while others did not achieve their target due to over estimation of the number of children be to immunized and also may be some of their catchment area children going to other health facilities for immunization.

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. Most of the pregnant mothers that attend ANC have 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



The Overall TT2 Immunization coverage is for pregnant 10% and 6% for non pregnant mothers.

4.3 Antenatal care (ANC) and delivery services

The zonal ministry of health target for the year was to increase the ante natal care from 50 to 60% and fourth visit from48 to 50%. The ANC and delivery coverage is very good at the health facilities. Though the frequency of visits from first to fourth decreased from 83% to 35%, the overall ANC attendance is still good. Health facilities could identify high risk pregnancies and give more attention and treatments.

The health facility delivery rate is always low. The target was to increase health facility delivery rate from 23 to 30%. But the health facilities did not achieve this target for the women still prefer home delivery to health facility delivery. This year health facility delivery rate was 25%. This means only 25% of all expected deliveries took place in the health facilities. In this area there should be additional efforts to convince the mothers to come to health facility for safe deliveries.

Table below summarizes the ANC and delivery services

S.n	Services	No. of women	Coverage rate in %
1	No. of AN Newly Registered	3139	83
2	No. of High Risk Pregnant Reg.	720	19
3	No. of second visits (2nd	2146	57
4	No. of third visits (3rd)	1507	40
5	No. of fourth visits (4th)	1328	35
6	Total AN received iron	6634	……..
7	No. of normal deliveries in HF	749	25
8	abnormal (V+F+B) deliveries	13	……
9	Total HF delivery	762	25
10	Total Live birth at H/F	751	98.5
11	Still births at facility	11	1.5
12	Low birth weigh	36	4.7

13	Maternal death at H/F	2	0.26
14	# of refer. to other H/F	69	9
15	New born death at Facility	8	1

The still birth rate, maternal death at facility and new born death were very low indicating good performance of the health facilities.

4.4 NNT protection at birth

NNt protection at birth means at least a pregnant mother should take TT_2 during delivery. Those about 99% of the mothers were protected against TT.

Protected	2,267
Not protected	14
Un known	4

5. Growth promotion and monitoring services

Growth monitoring results in the health facilities does not indicate the malnutrition rate in the area. This is because only sick children come to the health facility for treatment and their nutritional status does not represent the nutritional status of the area.

Targeted supplementary feeding beneficiaries

For all ages and sexes	Total children seen
From 2009	485
Total admission this year	652
Total cured	96
Total defaulters	16
Total Referred to OTP	2
Non respondent	22

5.1 Blanket Supplementary food distribution

The blanket supplementary food distribution took place for six months in each health facility at different times this year. The food was Unimix and was provided by the Ministry of health. The monthly ration was 8 kilos for each beneficiary.

The table summarizes food distribution for the taget benficiaries

For all ages and sexes	Total
Children	15634
Pregnant	1722
Lactating	1079
Total	**18,435**

Therefore, **18,435** beneficiaries were benefited from the blanket supplementary food distribution.

5.2 Therapeutic Feeding

For all ages and sexes	M. Deari Feledarib H/C	St. Lucy H/C Hamelmalo	Asterio Mariam Halhal H/C	Total
Total admission	67	48	47	162
Total cured and discharged	23	24	41	88
Total Referred out	32	23	2	57
Total defaulters	2	2	2	6
Total death	3	0	2	5

Children severely malnourished and with some medical complications were admitted to therapeutic feeding the following health centers.

Children admitted for therapeutic feeding in Mariam Deari and Asterio Mariam H/Cs

This year there were **five** deaths due to severe malnutrition with other disease complications in the therapeutic feeding ward in the above mentioned health facilities. But the cure rate was 54%.

5.3 Community based therapeutic feeding program/ outpatient therapeutic feeding program

The health facilities run community based therapeutic feeding program for children severely malnourished but has no other health complications. The children should be closer to the health facility to reduce defaulter rate and enhance follow ups by the health facilities. This program is run

by the trained volunteer community members. These children were treated with plump nuts given weekly. The plump nuts were given to the health facilities by Ministry of health Anseba Zone.

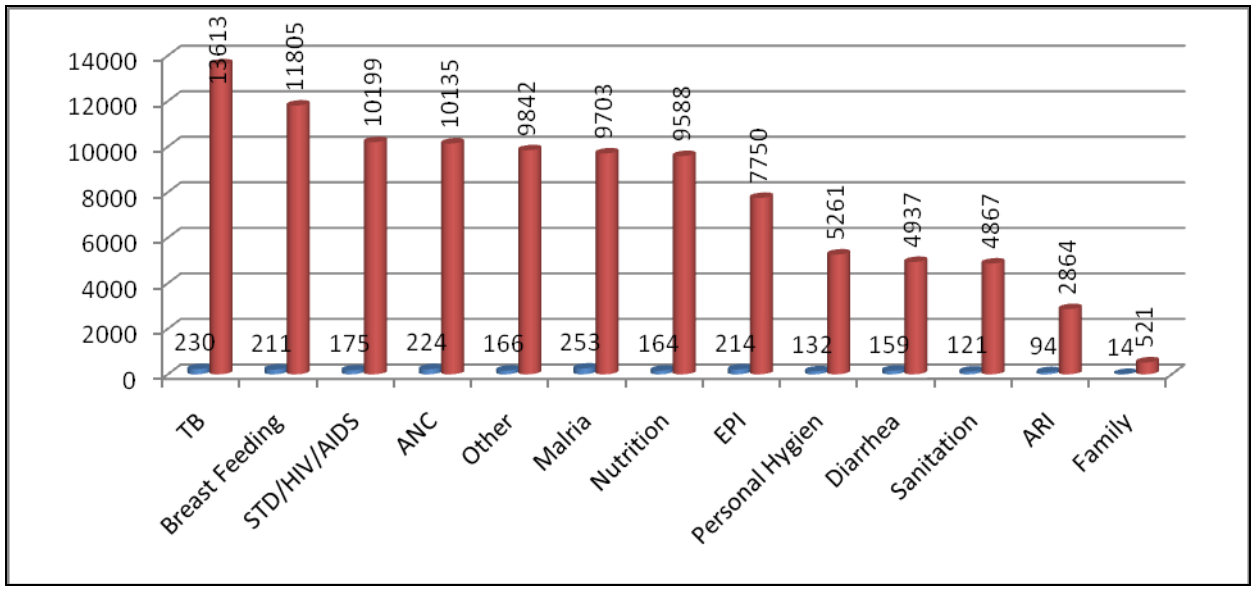
The trained community members treated the following children in all health facilities.

For all ages and sexes	
Total admission this year	157
Total cured	95
Total defaulters	3
Total death	0
Still in the program	26

Totally 157 children were admitted to the program and 95 of them were cured and discharged.

6. Health education

This year about 2,156 health sessions were conducted and 101,085 participants attended the sessions in the health facilities. The topics presented are listed below in the graph. The lowest number of sessions given is for family planning as it was last year.



Health education in Feledarib H/C and Gilas H/S

7. VCT and PMTCT (given only in the following HFs)

H/F		Fele H/C	Hame H/C	St.Geo H/S	Halhal	Total
No of all ages Newly tested		472	380	70	249	**1171**
No. of all ages new reactive results (VCT)		1	1	1	1	**4**
PMTCT pregnant	Counseled	535	458	659	389	**2041**
	Tested	535	458	659	389	**2041**
	Positive	0	1	2	0	**3**

HIV reactive rate in VCT: **0.34%**
HIV reactive rate for pregnant (PMTCT):**0.15%**

The HIV /AIDS infection rate is usually determined by survey conducted on the pregnant mothers (PMTCT). During the reporting year out of 2041 pregnant mothers only 3 mothers were found to be living with the viruses. This is only **0.15%** of the population; which is promising results that indicate the infection rate is decreasing. The infection rate in the VCT is also **0.34%** which is also promising.

8. School health program

Health facilities treat school children coming with a referral slip from their respective schools. This is based on the agreement made with the Ministry of education and ministry of health. Over 1000 children were received free treatments.
Most common diseases in students

- Upper respiratory tract infections
- Eye infections
- Ear infections
- Skin infections
- Wounds

9. Malaria

The Zonal action plan states the health facilities to reduce malarial disease in health facility by 10% and in community by 5 %. This year the malaria prevalence was more than the past years and this is because of the good rains of the season and frequent travel to Malaria areas. There were a total of 448 malaria cases this year and this means thought there was no death due to malaria, the prevalence of malaria was very high compared to the past years and health facilities could not achieve the plan of 10% reduction.

For all ages and sexes	Total
P. falciparum	341
P. vivax	107
Total	**448**

There were also malaria control activities like; re-impregnation of mosquito bed nets a, distribution of bed nets to every pregnant mother and sale of bed nets to the community. Weekly sanitation campaigns to destroy malaria breeding sites were also taken place in every health facility.

9.1 Community Village Malaria Agents

Each health facility has trained village malaria agents in the surrounding villages. These agents are trained and equipped with malaria drugs like Amedoquin and Artisunate and they also have RDT for rapid testing malarial cases. They have treated and referred malarial cases to the health facilities. The table below summarizes the malaria cases **diagnosed and treated** by the village malarial agents;

For all ages and sexes	Total
P. falciparum	60
P. vivax	12
Total	**72**

There were also the so called "**The community health action group leaders".** They were also helpful in giving health education to the community and collaborating in arranging weekly campaigns.

10. C-IMCI (community- integrated management of childhood illnesses)

These community health promoters give health education for different disease like TB, safe mother hood, HIV/AIDS, malaria, FGM and sanitation. They are also called C-IMCI volunteers, they treated the following diseases.

Number of villages with C-IMCI services	14
No. of C-IMCI volunteers	24
No. of children treated by the volunteers	1544
Home visits made	725
Referred to health facilities	62

The drugs used by the volunteers are paracetamol, co-trimexazole, ORS and Zinc

11. Peer groups; are formed in each health facilities catchment area and they give peer education services on HIV/AIDs, TB and STD

12. IDSR (Integrated diseases Surveillance and Research)

Each health facility has IDSR focal person to follow up any disease outbreak occurrences and any unusual diseases seen in the community. The IDSR focal person follows and takes samples for Measles, AFP and NNT and sends the blood sample to the National laboratory for confirmation.

This year all the sent samples for the above disease were negative.

The main IDSR diseases which health facility follows strictly are:

Blood Diarrhea
Malaria in all ages
Pneumonia
Diarrhea with no dehydration
Diarrhea with some dehydration
Diarrhea with severe dehydration
Male urethral discharge
Genital ulcer
Vaginal discharge
Measles (Suspected
Dengue fever
HIV

13. Tb clinic

Health facilities with laboratory services like St. George, Mariam Deari Feledarib, St. Luci Hamelmalo and Asterio Mariam Halhal diagnose and treat TB patients. Other health facilities with no laboratory services send suspected TB cases to health facilities with lab services and follow up diagnosed cases in their catchments area.

New TB diagnoses by (St. George, Mariam Deari, St. Lucy and Asterio Mariam Halhal)

Tb category	**Total**
P S positive	**35**
P S negative	**14**
Extra pulmonary	**18**
Total	**67**

The 67 new cases and others were regularly taking their medicine under follow up of the health facilities.

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

The laboratory services are only given in the above mentioned health facilities. About **16,820** patients in the OPD were registered in the laboratory register for different tests and **33,835** different tests were made. The laboratory tests range from simple urine analyses to complex differential counts and bacteriological analyses. **448** patients also got laboratory services in the inpatient department.

	Feledarib H/C	**Hamelmalo H/C**	**Halhal H/C**	**St.George H/S**	**Total**
OPD: Registered Patients(tested)	3233	4371	2621	6595	**16,820**
OPD total testes made	6036	7493	5329	14977	**33,835**
IPD Registered patient for lab	203	226	19	0	**448**
IPD total testes	257	512	27	0	**796**

Lab services in St. George H/S

15. Pharmacy services

The most used top ten drugs in the Eparchial health facilities were the following;

S.no.	The most exhausted drugs in the Eparchial clinics
1	Antibiotics
2	Multi vitamins
3	Analgesics and antipyretics
4	Anti acids
5	Syringes and needles
6	ORS
7	iron +Folic acid
8	Ant fungal ointments
9	IV fluids
10	Dressing materials

16. Other Activities

- Out reach
- National Immunizations days
- MUAC screening
- Malaria Bed net distribution and Re impregnation

Challenges/Short comings

- Lack of enough medicines
- Shortage of qualified health workers
- Shortage of fuels in the health facilities
- Lack of supportive supervision due to lack of vehicles
- The health education for family planning is very weak
- Salary scale out dated and some health facilities don't comply with the scale.
- The health department could not carry out training on family planning based on "Catholic Church's Social teaching".

Overhead plan

Revise salary scale.
Look options for conducting "Human resource management" training for health facilities.
Secure medicine need of the health facilities.

CATHOLIC EPARICHIAL SECRETARIAT KEREN

HEALTH DEPARTMENT

HIV/AIDS Desk

HIV/AIDS Desk

2010 Annual Report

Ajerbeb Catholic community attending HIV/AIDS campaign

HIV/AIDS Program

Introduction

This report presents the major activities carried out by the HIV/AIDS program from January 2010 to December 2010. Generally, the program has 250 beneficiaries of people living with HIV/AIDS and it gives services to all people regardless of their religion and ethnicity. Based on the statistics of the program the clients' religion is from the four religions in the region (Orthodox, Muslim, Catholic and Protestants). The major activities conducted in the year are presented under the following major heading.

The CESK HIV/AIDS program has two main services:

1. Preventative services like campaigns, workshops, trainings and peer education and
2. Rehabilitative services like Home based care provision, counseling and consultation services, social, moral and psychological supports to the PLWHA.

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

1. Home based care
2. Orphan care
3. Counseling and consultation services
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 and reduce its transmission by increasing the community's ability to cope with the disease and provide social services to assist those infected / affected by the disease.

Major Achievements

Activity 1: Home Based care Support

This activity consists of two main activities: monthly ration distribution and home based care provision.

a. **Monthly ration**: Clients got monthly food aid. The type and amount of food they got was eight **kilos of wheat** and **six kilos of DMK** (Local produced high energy food used for supplementary food for malnutrition) on monthly basis. Thought the amount of food given to the clients was reduced due to shortage of budget and increase of food prices, it is still very vital in the clients live. With currently economic situation in the country where there is very low employment and health status of clients, some clients totally depend on this food aid.

The table shows the monthly ration type and size distributed to the clients in 2010

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
July	36	143	179	1432	716
August	36	143	179	1432	716
September	33	141	174	1392	696
October	32	142	174	1392	696
November	37	139	176	1408	704
December	33	140	173	1384	692
Total	**448**	**1642**	**2090**	**23,965 kg**	**10,430 kg**

b. Volunteer home based care provision (VHBC): Thought there are about 250 clients in the programs, the home based care services are given only to the neediest clients. This service is given to bed ridden and morally frustrated clients. The services given ranges from helping domestic chores to moral, spiritual and psychological support.

The volunteer home based care providers are catechists and laity who are committed to help the patients. Currently eight volunteer home based care providers are actively participating in the care of the needy clients. This service was given to 45 clients. Number of clients in need of the home services is many but due to lack of volunteer home based care providers, this service is given to limited number of clients.

Services given by Volunteer home based care providers

S/N	Services given	Number of times the services give
1	Moral & Psychological support	203
2	Spiritual support	282
3	Nutrition sessions	198
4	How to care the sick person to the family members	58
5	Moral, Spiritual & Psychological support to Orphans	163
6	Bed ridden patients	4 female and 2 male
7	Death	0

Training: The volunteer home based care providers get workshops and training to help them in their work and raise their moral and spirituality. This year they got five different workshops on different topics related to their work. Since the home based care providers are volunteers, they are not paid, therefore the program covers the transportation expenses for the volunteers as an incentive.

Activity 2: Orphan Care Program

Children, whose parents have been members of the CESK HIV/AIDS program, are accepted in this orphan care program after the death of both parents. Due to scarcity of funds we don't accept orphan children due other reasons than AIDS or orphan children whose parents were not members of the program before their death. In this case we have 20 females and 14 males under the age of 18 years.

The orphan children get monthly food aid equal to that of other beneficiaries. The type of food they get is eight **kilos of wheat** and **six kilos of DMK** every month.

The health status: We believe most of them are free from the virus. Five children out of the 34 are living with the HIV virus but they did not start the ARV drug yet.

Education: Two female orphan children completed the secondary education and joined a college for further education. Three other female orphan children left school due to different reasons but mainly due to lack of support, supervision and follow up from the care takers. The CESK HIV/AIDS program staffs are trying to convince the two girls to go back to school next year but the third one cannot go to school because she failed two times in the secondary school and anyone who failed twice in secondary or junior school is dismissed from school and cannot join any school in Eritrea.

One male left school to join an athletic club. The rest are attending their education. Last two years, the orphan children were supported by the Caritas Denmark's orphan care project but the project was phased out in May 2010 and the Caritas could not further renew it, therefore, currently the children are only supported with monthly food aid and moral and psychological support. Last year we used to provide the children with clothes, school materials, school fees, house rents for some children only and trauma workshop funded by the caritas Denmark project.

Up to May 2010, the program was at a position to meet its objectives. The whole package support that should have been provided to the children is now not met due to lack of further funds.

Orphan children with clothes funded by Caritas Denmark on the occasion of Easer March 2010

Activity 3: consultation and counseling

The lay counselor provides consultation services for clients. Clients get this service whenever they wanted it at any time. The counseling and consultation topics depend on the need and current situation of the clients.

Number of clients got counseling and consultation in these six months

Months	**Number of clients**
January	239
February	249
March	246
April	230
May	244
June	238
July	245
August	245
September	247
October	153
November	165
December	176
Total	**2527**

Activity 4: Health Awareness and peer education

1. 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 on March 2010 in the presence of His Excellency Abune Kidane, the Eparch, Parish priests, parents and representatives from line ministries. The peer group were said to be successful if they all visit Voluntary testing and counseling center to know their HIV status and show some positive behavioral changes. This group of 30 peers knew their HIV status and pledged to keep the result as it is. Therefore, the official ceremony was aimed to encourage other parish youths to establish peer education groups and know their HIV status.


Drama show


H.E. Abune Kidane

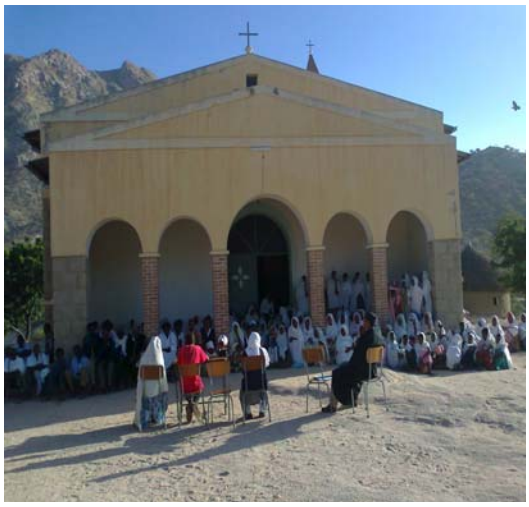

Certificate of chastity


MoH representative

2. Health awareness campaigns: The CESK HIV/AIDS program has conducted extensive campaigns in the parishes. The aim of the campaign was:

- ✓ Raise a parish youth's awareness about HIV/AIDS/TB and Malaria so that parish youths will be safe and lead the campaigns in their respective parishes.
- ✓ That the HIV/AIDS infection has spread to all villages in the country, therefore, our awareness should also increase in order to fight against the spreading disease.
- ✓ That the youths in the parishes play their role in the care of the People living with HIV/AIDS that live in their Parish or village.
- ✓ Promote the understanding and confidence in abstinence among youth rather than condom use.
- ✓ To promote the capacity and skills of youth to openly discuss issues related to sexuality, HIV and AIDS.
- ✓ Encourage the youth to attend Volunteer counseling and testing center (VCT) to know their status.
- ✓ Enhance the youth behavioral change process.

No	Parish	Number of youth attended the campaign
1	Feledarib	51
2	Bambi	62
3	Halibmentel	160
4	Ferhen	40
5	Eden	58
6	Dorok	98
7	Ajerbeb	140
8	Gilas	70
9	Boggu	128
Total		**807**



Testimony sessions: The two people living with HIV/AIDS witnessed that ***"it is possible to live with HIV/AIDS and be productive"***. These people are from the Zonal Bedho Association (people living with HIV/AIDS) presented their short life story, how they caught by HIV, how they get to know their HIV status, what they felt at first and how they became testimony givers. Furthermore, they explained HIV transmission routes, ways that HIV do not transmit, the general perception of the population about HIV, living with HIV and Stigma and discrimination on PLWHA. They also explained that what should be the role of the parish youths and how they could help PLWHA.

After the sessions Questions and discussions followed.

Challenging questions from youth

1. You told us that the best prevention is abstinence before marriage and be faithful after marriage. But we know this since our child hood age. Our problem is how to abstinence, we need to teach us on: the techniques, psychological support and behavioral change process and so on. Therefore we can practice the abstinence.
2. We are afraid to go to VCT for testing, therefore, how the church can help us to break through the fear.



Testimony sessions in Ajerbeb testimony sessions in Eden Habinmentel

Parish youth leaders' workshop: A two days workshop for the parish youth leaders and representatives was conducted on 5-6th of October 2010.The aim of the workshop was to increase the knowledge on HIV/AIDS ,TB and Malaria of the parish youth leaders and representatives and make an schedule comfortable to all the parishes for testimonial sessions. Brief and summarized topics on HIV/AIDS, TB and Malaria were presented during the workshop.


Parish youths after the workshop youths at discussion

Production of Brochures: About 715 brochures were produced by the Health department to help disseminate information through written materials to large number of population. The brochures were distributed after every campaign in the parishes. One brochure was concerning HIV/AIDS and the second was about Malaria and Tuberculoses.

Activity 5: Micro Credit

This year totally **37** clients of the CESK HIV/AIDS program got an access to micro credit scheme. The small scale micro credit scheme is aimed at improving clients' living standard by making profits being involved in small scale business. Moreover, it was also aimed at developing self-reliance and sense of ownership and productivity. Most of the micro credit clients are in a good position, they were able to get some profits and return the loan in the scheduled time. The micro credit loan ranges from 3000-5000 Nakfa and has a nominal interest of 1% monthly. Totally about 75,000 Nakfa is revolving among the clients. Most of the clients are female headed households.

This year one client has disappeared with his loan of 3000 Nakfa. He is living in another Zoba and has no plan to return the loan.

Monthly education

CESK HIV/AIDS program had arranged monthly education sessions where all the program beneficiaries come together and discuss their current situations, share their experiences and suggest solutions for their own problems.
Different topics on health, psychological, moral and spiritual issues were presented by different expertise every month. The monthly health education sessions are the most valuable in the Zoba. People living with HIV/AIDS who are not members of our program also attended the sessions. Clients wait eagerly the monthly sessions to share their experience, see their friends and overall to gain from the sessions. The clients say, the monthly sessions are our spiritual fuel and source of power and we recharge our spiritual and moral life every month here in the Eparchial hall.

Table of monthly education attendants and topics presented

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	Dignity and humans	Abba Z/haymanot Sium
June	26	38	104	142	How to avoid problems and live successful live	Abba Dawit Tekle
July	17	30	93	123	How to avoid problems and live successful live	Abba Dawit Tekle
August	21	25	80	105	How to discuss with your self	Misghina Ghilazghi
September	18	32	90	122	Positive life	Abba Yonas
October	23	25	88	113	The role of calmness in one's life	Ghirmay Tekie
November	20	28	88	116	Love yourself	Sr. Elsa Hidrom
December	18	46	131	177	Brothers day celebration	
Total		**401**	**1109**	**1510**		

Brothers' Day

On the occasion of December first world HIV/AIDS day, The CESK HIV/AIDS clients used to celebrate it in a different day as "Brothers Day". This year the celebration was held on 18th of December in the Eparchial hall on the presence of H. E Abune Kidane Yibyo, Bishop of the Catholic Eparchy of Keren, H.E Abune Yohannes, Orthodox bishop of Zoba Anseba , The head of

Religious Affaries Zoba Anseba, representatives of Ministry of labour and Human walfare, Ministry of Health , Hospital Keren, VCTs in Keren, Red Cross, Parish Priests, Administrators of the six zones of Keren town , CEK and CESK staff members and CESK HIV/AIDS clients.

The CESK HIV/AIDS program commenced its 7th anniversary of brothers' day. Different programs were presented by the clients and CESK. Some of them were as follows;

- Poems
- Testimonies by the clients
- Short drama on discrimination
- General knowledge and other competitions
- Awarding exemplary a successful women in micro credit scheme
- Supporting and encouraging messages by the invitees
- Lunch together
- And lastly a coffee ceremony

Govt. officials enjoying the drama

Bishops and Religious Affairs Rep.

H.E. Abune Kidane and H.E. Abune Yohannes jointly blessing the participants

Clients were also able to present their concerns to the representatives of the administration on different issues and especially on discrimination on house rents and children in schools.

Monitoring

Monitoring was regularly done for the activities mentioned above. Each activity has its own monitoring tools and forms. The department has developed standard monitoring tools for the 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 of different goods
- Lack of vehicle and fuel for home visits in the sub zones
- Shortage of volunteer Home based care providers to meet the high need of clients
- Lack and shortage of medicine

Recommendations

As CESK is involved in 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.

The Orphan care project funded by the Caritas Denmark has helped a lot in the children's life. Unfortunately Caritas Denmark could not continue the project therefore; it had ended in May 2010. The project had provided the orphan children with school materials, food, clothes and house rents. Since the project ended, the children are now in need of help in order to continue their education. Therefore, desperately CESK is looking for donors willing to support the orphan children.

Plan

- Purchase grains for the monthly food support provided to clients.
- Look for volunteer home based care providers
- Look for donors for the orphan care project.