

Catholic Eparchial Secretariat Keren (CESK)

Emergency/ Development Department

Introduction

Catholic Eparchy of Keren is emergency prone area from long period of time. Its natural topography and climate could not support the inhabitants to secure household level food in the last two decades. Multiple emergency measures were taken by state and humanitarian organizations including the Catholic Church.

Currently department is mainly working on the supplementary feeding programs, hence the entire report presents the activities done in the supplementary feeding area. Supplementary feeding project has been one of the important food project implemented by CESK for the last ten years in Anseba region in most affected areas. These interventions assisted many people from reaching the border line and enabled them to keep their coping ability and survive.

CESK has been implementing DFID/CAFOD funded supplementary feeding program since 2008. Therefore, by the Cooperation and funding, ErCS through the Eparchies is in a position to support the neediest beneficiaries in the country.

In 2010 CESK has been implementing supplementary feeding programs in two phases (1st phase from August 2009 to April 2010 and 2nd phase from May 2010 to March 2011). Currently the program supports 4769 beneficiaries.

This program focuses on acutely malnourished

- Children under five years of age
- Pregnant and lactating mothers
- Other cases(TB., HIV/AIDS, twins....etc)

Admission criteria

1) Children under five

We use weight for height anthropometric measurements to determine the nutritional status of the children. Therefore, children with Z –score -3SD to -2SD are being admitted to supplementary feeding program (SFP). And children with Z-score <-3 SD (Severely malnourished) are referred for further treatment and management to nearby health facility.

2) Pregnant

On their 3rd trimester whose MUAC <21cm

3) Lactating mothers; Less than 6 months and whose MUAC is <21cm.

4) **Other cases:** Other children with social and medical problems but not admitted to the program were also admitted. These groups include;

- Children with chronic diseases like TB,HIV/AIDS
- Unaccompanied children or orphan
- Twinsetc.

Sites

In 2010 the program has been working on five sub zones .The program focuses on drought stricken areas assigned to us by the MoH Zoba Anseba as a priority areas. Therefore, totally there are 31 sites or distribution points with 4769 beneficiaries.

Sn	Sub zones	No. of Sites
1	Hagaz	7
2	Gheleb	4
3	Habero	7
4	Halhal	7
5	Hamelmallo	6

The goal of the program:

To prevent the moderately malnourished from becoming severely malnourished, and consequently, to reduce the prevalence of severe acute malnutrition and associated mortality

Major Achievements

1. **Screening:** when the first phase of the supplementary feeding program was phased out, we started an other similar program. Therefore, screening was conducted for the new sites. In the first phase sub zones of Hagaz, Hamelmalo, Habero and Gheleb were under the program. While in the second phase we dropped Gheleb and Hagaz and added halhal sub zone to Habero and Hamelmalo. Therefore, the screening was conducted to Halhal sub zone and to the new sites of Habero and Hamelmalo sub zone sites. The results were used as base line data of Nutrition in the area.



2. **Health education**

Health education was given before the weighting sessions and distributions. The topics focus on current observations of the field workers and most prominent and needy health topics. The topics were; hygiene and sanitation, Nutrition and malnutrition, beneficiary accountability, Hygienic

preparation of DMK, water treatment at home and other health topics like malaria, Diarrheas, HIV/AIDS and TB.

Topics	Number of sessions	Number of participants
Diarrhea	24	2400
Nutrition	28	3100
Sanitation and hygiene	36	4410
Beneficiary accountability	15	3250
Preparation of DMK	20	4105
Malaria	18	2650
TB	12	1893
HIV/AIDS	16	2534
Total	169	24,342



3. Distribution

Distributions were carried monthly after the selection of sites screening. Beneficiaries first get health education on selected topics then the anthropometric measurements were taken. The nutritional status was discussed with the beneficiaries or care takers. Finally the beneficiaries registered and put their signature on the registration book and take their monthly ration of DMK (locally made high energy supplementary food). The ration size is 12 kilo grams per month per beneficiary.

The number of mothers was increased as the total number of beneficiaries was also increased. Mothers also sign at the registration book and take their monthly ration of DMK.

Current number of beneficiaries

Beneficiary Category	No. Of beneficiaries
Children under five	4046
Lactating mothers	707
regnant mothers	409
Other case	57
Total	5,219



4. Field management learning

The field management learning was conducted every two months. The aim was to share field experiences and take measures to improve the implementation of the program. All the Nutrition project staffs were made to come together and share their experience, their opinion and their observation. Every one participated in the discussion and forwarded his/her opinion.

5. The Review of the Supplementary Feeding Program and situation need assessment

CESK has conducted program review after the end of the first phase (April 2010). The Review of the Supplementary Feeding Program and situation need assessment was conducted in May 2010 to review/evaluation the program. The review was focused on last supplementary feeding program coverage, distance to travel to the distribution centre, ration size, the impact of the program on the improvement of the children's health and nutritional status, the possible reasons for weight lose and retaining same weight and recommendations for the next SFP.

The assessment attempts to give objective information to variables such as;

- MUAC screening in new site
- The perceptions of main causes of malnutrition by mothers
- House hold food situation
- The community coping mechanisms
- Market food situation (market assessment)
- Current health and hygiene situation
- About the Proposed intervention(next phase)

Sites visited

The team has visited the four sub zones. Sites such as Adiomer, fana, Awenjeli, Aybaba, Qeroble, Gelet , Habero Teslim, Gizgiza Ajerbeb and Sanqa are visited and assessed.

Methodology

- Observation
- Questionnaire
- Interviewees
- FGD(focus group discussion)
- Contact with local administrators
- Coordination meetings with MoH

Target

- Women
- Children
- Local administrators



- Opinion leaders
- Health staff
- Health facilities in the area.

6. Monitoring

Monitoring was conducted every two months to ensure smooth implementation of the program. The monitoring team included the health coordinator of the program, supplementary feeding coordinator and the program coordinators.

Monitoring focused on the following key points;

- ☞ The impact of the project in beneficiary's life.
- ☞ The progress of the project
- ☞ The performance of the field workers
- ☞ The Monthly ration size given to them
- ☞ Maintain and enhance the relationship exist among field staff and beneficiaries.
- ☞ The approach of the field workers with the beneficiaries
- ☞ The Type and quality of the health education given the beneficiaries
- ☞ Conduct focus group discussion to undertake deeper beneficiaries' satisfaction and impact that this project is making.
- ☞ Ensure beneficiaries accountability

The information collected from the monitoring was used to improve the implementation of the program and achieve the set goal.



Monitoring team conducting focus group discussion

7. Challenges

Transportation problem: The team used the big truck to move to and from the site which is against the traffic law. In the truck only one person is allowed but we used to transport the whole team on the truck.

Rough roads: It was also very difficult to reach on time in the distribution sites due to the time consuming rough roads.

Shortage of fuel: There was shortage of fuel through the project life.

Delay of DMK: sometimes there was a delay of DMK from the factory which also delays distributions in the sites.

Lack of first aid kit: there was no first aid kit that would have been used in the field where there is a need.

Field accommodations: Since there was no pension in the areas where we spend over night there was a problem of accommodation.

Field meals: It was also very difficult for the field staffs to prepare their meals in the field.

Inaccessible sites: staffs were used to walk on foot carrying their equipments and spend over night in some inaccessible sites. This was painful adventure for the staffs.



Field staffs using donkeys' inaccessible sites field over night field meals

8. External evaluation

The first phase of the supplementary feeding project was evaluated by external experts. The findings were shared by all eparchial and field staff. The lessons learned from the previous project are adopted in the second phase.



CAFOD rep. who came to evaluate the SFP of CESK

Since the second phase project is on progress please stay tune to our interim and final reports.

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