

PROJECT PROPOSAL

**APPLICANT – CATHOLIC EPARCHY OF KEREN,
P.O.BOX 460
KEREN - ERITREA,
EAST AFRICA,**

PROJECT TITLE – Construction of Staff quarters Halhal Health Center

PERSONS INCHARGE

**Sr. Lilly Joseph Head Nurse
And
the Health department
of the
Catholic Eparchial Secretariat of Keren (CESK)**

INTRODUCTION

1. GENERAL BACKGROUND -

Eritrea, after the struggle of 30 years of war, became an independent sovereign state in 1993. In spite of recent border conflict with Ethiopia, a strong determination to develop Eritrea is evident everywhere and with limited external assistance, the Government and the people have done much to reconstruct their country. The results of their efforts are visible in new schools, clinics, housing, roads and in general improved well-being. Nevertheless, Eritrea still ranks among the poorest countries in the world with low literacy rates, poor access to services and a continuing food deficit. Its economy and social infrastructure have been devastated by war.

Farming and pastoralism are the main stay of economy, engaging more than 80% of the population. However, the productivity is very low. Even in the years of good rains, Eritrea experiences food deficits that are bridged with imports. Only 3.2 million hectares of the land are suitable for agriculture, of which a mere 14% is actually under cultivation. Production includes barley, wheat, maize, durra, sorghum, taff, pulses, cotton oil seeds, fruits and vegetables as well as rapeseed, sesame, linseed and groundnuts. Crops are mainly rain-fed and agricultural activities are concentrated in the central highlands and the southwestern lowlands.

The government's recent Interim Poverty Reduction Strategy Paper (I-PRSP) shows that in rural areas 65 percent of the population is classified as poor and 39 percent as extreme poor. In practice, this means that rural households spend 71 percent of their household budget on food (compared with 66 percent nationally and 50 percent in Asmara). Poverty is most acute in the arid lowlands, which are poorly served by clinics, schools and other infrastructure, and where infant and maternal mortality rates are higher than national averages. However, the largest number of the poor is found in highland areas, [Halhal is one of the highland areas] which are much more densely populated. Almost all the rural population supports themselves through different combinations of animal husbandry and crop production, with studies showing that owning livestock is an important source of wealth. Studies also show that the better-off families support themselves through trade and other services as well.

1.1 HEALTH SITUATION

These levels of poverty are reflected in very poor health indicators. The 2002 UN Human Development Report shows that in 2000 life expectancy in Eritrea was 52 years. This is slightly above life expectancy in other Sub-Saharan African countries (reflecting the impact of HIV/AIDS elsewhere in Africa) but it is well below the average of 59 for other low-income countries. The depth of poverty has its greatest impact in terms of children's health status.

Eritrea's infant and under-five mortality rates, estimated at about 135 and 203 per 1000 live births respectively, are among the worst in Africa. Measles, diarrhoeal diseases,

acute respiratory infections, Malaria and Malnutrition are the main killers. The immediate causes of inadequate child feeding relate to the late weaning and low energy of weaning foods as well as frequency of feeding. The main underlying cause of weaning inadequacy is household food insecurity. About 80% of Eritrean children between 9 – 11 years of age are iodine deficient, while among infants 55% have low iron levels and 7% with low Vitamin A levels.

The maternal mortality is high among women – about 710 per 100,000 live births, meaning some 1,000 women die every year from pregnancy related causes, and childbirth, The life Time Risk of an average Eritrean woman dying from pregnancy or childbirth complication is 1 in 23. Less than 20% of women receive antenatal care and only 6% deliver under the supervision of a trained personnel. The practices of female circumcision and infibulations, maternal malnutrition, early marriage and high fertility exacerbate the risk of maternal morbidity and mortality. The average life expectancy is 46 years. The Ministry of Health is taking systematic measures to improve the health of its citizens thorough all available means. In fact, what it is doing in this direction is noteworthy.

1.2 GEOGRAPHICAL LOCATION OF HALHAL

Eritrea has 6 regions or Zobas. Halhal is one of the Sub Zones of Anseba Zone. Anseba Zone area is 21,500 Sq.Kms. 428 villages, and its population is 473,246. It has one referral hospital, 2 community hospitals, 6 health centers, and 23 health stations.

The Community Hospital of Halhal is situated in Anseba zone, 141 km west of Asmara (the capital) at an elevation of 2100 meters above the sea level. Halhal is isolated by 46 km. from the closest city Keren. The Health Center caters to a population of 10,955 people. It also serves as a referral center for a population of 27,170 people. Halhal has 3 administrative units, 9 villages and 1865 households.

Ethnic groups and religion:

The ethnic groups include: Blin, Tigre and Tigrina.

The predominant religion is Islam.

A BRIEF HISTORY OF THE COMMUNITY HOSPITAL AT HALHAL

The Catholic Eparchy of Keren was delivering health services in this area ever since 1988, but at the level of a health station. It is located in a very remote and mountainous area that lacks every facility of life including transportation. The nearest hospital is at Keren, 46 kms. away. The Church realized the felt need of the time and took up the challenge of constructing a Health Center. It was thus that the Halhal Health Center was constructed in the year 1996. Initially this was the only Health Facility catering to a population of over 20,000 people. Presently there are two more Health Facilities (Health Stations) opened by the Government at Melebso (23 kms. away from Halhal) and at Gabey Alabu (8 kms. away from Halhal). A lot of people who fled to Sudan at the time of

war are now returning and the population is on the increase and so the health problems too.

As of now Halhal Health Center is renamed as a **COMMUNITY HOSPITAL** because of the various activities that it carries out. It has 25 beds for inpatients, a laboratory and twenty-four hours of service availability for all emergencies including delivery services. It also serves as a referral Hospital for Melebso and Gabey Alabu Health Stations. At the request of the MOH (Ministry of Health), this Hospital also functions as a regional store for the vaccines and other materials necessary for the EPI (Expanded Program of Immunization) programs, supervises the activities of both the Health Stations.

PROJECT ORIGIN

Halhal Health Center has been rendering services to the people since 1988. And the population it had to serve was smaller. Now the displaced people are still returning and the population is on the increase and so the Health problems. In the beginning it had sufficient staffs to work round the clock. Due to various reasons like lack of transportation and accommodation, the number of staff has been reduced to minimum. At present there are fifteen staffs that are staying half a kilometer away from the HC.

This project originates from the need of having sufficient staff, and it is necessary to provide them with proper accommodation and also to keep them updated with on going trainings.

PROJECT JUSTIFICATION-

The justification for this project obviously emerges from the existing constrains and problems which make the proper running of the clinic difficult. It is explained as given below.

Halhal being a remote area there are no trained local personnel to carry out the health services in the clinic. Thus to meet the requirements of medical staffs in the clinic depends on far away cities like Asmara and Keren which are distance away from the project area. Halhal lacks the minimum facilities like food, shelter, transport, and communication. So it is difficult for the people from the cities to adjust and to accommodate in this rural situation. Adding to it is the minimum salary scale. Due to these reasons either the persons do not accept the offer or if they accept they do not persevere longer, which has reduced the number of staff to the minimum. It has resulted in the overload of work on the existing staffs.

Presently the staff stay in a rented house, which is far from the health center, it is an impediment to give immediate attention to the emergency cases. Halhal being a rural area there are emergency cases at night like snake bite and deliveries which needs immediate and prompt attention and so it is important to keep the staff in the vicinity of the HC. Because due to lack of sufficient medical personnel we do not have sufficient staffs to allot round the clock especially at night. And so if the staffs are accommodated in the same compound the emergencies can be attended immediately which will reduce the strain and stress of the patients and companions while waiting for the staff's arrival. Keeping in mind the reality of Halhal and the difficulties faced by the staff it is important

to provide them with quarters, light and other facilities, which will attract the staff to accept the offer and to remain for a longer period. This justifies that the requested need is an urgent one.

The country lacks sufficient trained personnel like doctors and specialists, and the staffs are with minimum qualifications. The ministry of Health arranges various trainings for the staffs in the health facility as well as outside to give them ongoing training and to update them with knowledge for better services to the people. The Health Center conducts trainings for the sub-region for all the health and community purposes. It also carries out the daily health education sessions for the out patient department, which is one of the priorities of MOH. But it does not have a proper infrastructure to meet all the above-mentioned needs. Presently the trainings are carried in one of the rooms of the HC with a capacity to accommodate 20 to 25 people. There are times this same room is used for 50 to 75 people. At times this makes it inconvenient for other activities of HC to function simultaneously. A multi purpose hall will be a solution to this problem.

PROJECT DESCRIPTION

AIM – To provide proper health services to the people of Halhal catchments area.

OBJECTIVES:

- To raise the health center to a better functioning
- To update the HC with sufficient staff.
- To reduce the strain and stress of the patients in the emergency cases at night.
- To enhance the process of Health Education and trainings.

OUTCOME

Sufficient Infrastructure to accommodate the staff

The increasing population of Halhal receives sufficient medical care

Stability and adequate number of staffs in the HC

Staffs with minimum qualifications will become efficient and competent with ongoing trainings

Community will have a hall for meetings and trainings

ACTIVITIES

The staff quarters will provide proper accommodation and security to the staffs.

Being in the vicinity of the Health Center the patients will have more access to the staff and can receive immediate attention on emergencies.

The Health Center will function properly with the help of adequate staffs.

The community will have a hall at the sub zone level to conduct meetings and trainings.

All sorts of trainings pertaining to the Health Center like Daily health education, Staff trainings, staff meetings, and celebrations will be conducted in the hall.

During all these meetings and trainings the trainees will have and better facilities with the hall.

MONITORING AND EVALUATION:

Timely implementation of the project will be done by the incharge of the project from the Eparchy of Keren. Time to time the person incharge from the Eparchy of Keren will make the supervisory visit to the project site. The director of Halhal Health Center will see to the day today supervision with the help of the Health Center supervisor.

SUSTAINABILITY

The people of Halhal though being poor can contribute interms of labor. From the part of the Health Center it can ask the staff to pay a minimum amount of rent for the quarters.

BUDGET: 1,481,485.00 Nakfa (equivalent to 87,146.18 Euro)
Local Contribution 50, 000 Nfa (equivalent to 3,030 Euro)

Requested: **59, 683 Euro.**

CONCLUSION

We want you, to join hands with us in our struggle to reach out to the most needy. In this era of Globalization and consumerism, we want to do our mite for the people who do not have the bare necessities.

We wish our VISION for a healthy community might become a reality due to the generosity of the partners like you. It is an invitation to become channels of healing in collaboration with us.