Dabat HDSS site/Research center has the following three items for your attention:

- Held community days meeting with local communities, local Administration, higher governmental officials and the University community to share its key findings using local language
- Completed reconciliation process between the surveillance data and Re-census data
- Involved in six Ethiopian based HDSS site annual Joint data analysis

1. Held community days meeting with local communities, local Administration, higher governmental officials and University community to share key findings using local language

Dabat HDSS site is continuously working on generating good quality longitudinal data and increase access to information for informed and evidence based decision making by the local community, local administration and other higher governmental officials. The surveillance site held a community day meeting for two days from June 24 to 25/2016 to share key findings using local language.

Picture 1: participants during community days meeting, June 24/2016

Over 750 participants attended the meeting. Some of the key findings presented and shared during meeting were;

- Net-migration rates were negative in all the surveillance years,
- Out migration was higher among females and in the age group of 20-29 years.
- The crude birth rate (CBR) ranged from 25.2 in 2011 to 30.0 births/1000 population.
- Total fertility rate (TFR) ranged from 3.6 in 2011 to 4.4.
- The crude death rates (CDRS) were 7.6 in 2009, and 6.6 per 1000 population.
- Males mortality rate was somehow higher than females (7.1 and 6.5 per 1000 respectively).
- Infant mortality rate (IMR) decreased from 74.2 in 2009 to 60.0 per 1000 live births in 2012.
- Higher mortality rate were seen among under five children (26.8 per 1000 live births), and among people age 65 and above (40.3 per1000 people).
The major causes of death were communicable diseases which accounts 48% of all the deaths.

Key findings extracted from different research output in the Dabat HDSS site related to factors contributed childhood mortality:

- Children who didn’t breast feed or feed poorly
- Not taking TT vaccine
- Birth interval of less than two years
- Maternal lower educational status
- Poor accessibility and quality of health care service

Key findings extracted from different research findings in HDSS site related to childhood malnutrition:

- Low income families
- Families which have no latrine
- Family food source only from their own farm
- Children whose mothers are engaged in farming
- Children who didn’t take Vit-A
- Children who didn’t breast feed or feed poorly
- Children who had no balanced diet

Key findings extracted from different research findings in Dabat HDSS site related to Factors contribute for lack of balanced diet for children:

- Mothers with lower education status
- Mothers having poor knowledge about child care and nutrition
- Mothers who gave birth at home
- Mothers without ANC and PNC follow up
- Mothers engaged in farming

Based on these key findings the following Recommendations were communicated to participants:

- Increasing females participation in education
- Improving knowledge and practice of mother about health, child care and nutrition
- Increasing coverage of ANC and PNC follow up
- Increasing latrine coverage and utilization
- Increasing childhood immunization coverage
- Improving children nutrition
- Giving special care for low income families
- Improving health care accessibility and utilization
- Boosting the skill of HEWs regarding maternal health to improve ANC, delivery and PNC service

More importantly, as a sample intervention and community services activities, the surveillance site involved in solving critical health problems of the population living in the areas and shared during the meeting. Some of interventions were useful to reduce the morbidity and mortality due to infectious diseases and to increase the quality of life of the people in DHSS site. To decrease the burden of diarrhea and other infectious disease which attributed by open defecation, we have constructed communal latrines for those who are unable to construct by themselves.
Latrines constructed for selected Kebeles in town where open defecation and high infectious diseases transmission are higher

Water hygiene and sanitation was also found a major problem of the community and which is also responsible for different infectious diseases. In response to this problem, we developed two new springs and two deep wells. In addition to that, we have constructed animal drinking pool to avoid the pollution of water due to animals. (see pictures below)

Picture 3. Spring development, protected deep well, and animals drinking pool respectively
In addition to the above projects, training was given for local community members about water sanitation and hygiene, and personal hygiene (See Picture 03).
In the joint data analysis workshop core surveillance and VA data were considered for analysis separately. In core surveillance data analysis key findings such as population by residence, population pyramid, fertility rates, birth rate, migration rate, death rates, health institutional delivery and health professional attendance during delivery and place of deaths were findings identified and presented. In addition from VA data population affected and major cause of deaths were identified and presented in the analysis.