

RAPID ASSESSMENT REPORT
ARAETA, MAEKEL DENKALIA AND DEBUB DENKALIA
SUB-ZOBAs (DISTRICTS)
SOUTHERN RED SEA ZOBA (Region)



Part of the Assessment team with the Governor of Southern Red Sea (Mrs Tsegereda)

MOH, WHO, UNICEF, OCHA

RAPID ASSESSMENT REPORT FOR MAEKEL DENKALIA SUB ZONE (DISTRICT) IN SOUTHERN RED SEA ZONE

INTRODUCTION:

Southern Red Sea Zone is one of the priority areas targeted for special intervention under the CERF project. The area is bordered by both Djibouti and Ethiopia and lowest rainfall pattern in the country.

In order to assess the effect of the chronic shortage of rainfall in the area, 3 sub Zobas (Districts) were rapidly assessed. One of these districts was Maekel Denkalia with headquarters at Afambo on 7th of June, 2006.

The aim of the visit was to assess the threatening emergency conditions in the sub zone, the local preparedness, response capacity and areas that need external inputs.

Members of the team included:

1. Dr. Andrew Kosia – WHO Representative for Eritrea
2. Dr. Goitom Mebrahtu – Director DPC MOH Eritrea
3. Mr. Yonas Welderefael – Humanitarian Affairs Officer, OCHA
4. Dr. Eric Amuah – HSP (WHO Eritrea)
5. Mrs. Mulu Efrem – NPO EHA (WHO Eritrea)
6. Ms. Selam Zemicael – WHO Eritrea
7. Ms Seam Berhane – Information Assistant WHO Eritrea
8. Dr. A. Usman - Epidemiologist/EHA focal point WHO Eritrea

The methodology of the assessment comprised of development of rapid assessment tool, interview and observation

The assessment findings are implemented below:



The team arriving in Afambo

GENERAL INFORMATION:

Maekel Denkalia or Central Red Sea sub zone is a wide, rocky area on the Ethiopian border of Eritrea. The headquarters is Afambo, a village about 2 km from temporary security Zone. The Sub zone comprises of 7 village administrative areas (Kebabis) and 28 villages.

The total population is 13,488, with 15% (2,023) being children less than 5 years and 4% (540) infants. The Number of pregnant women is estimated at 670.

Most of the population migrates from September to February to other parts of Southern Red Sea and Ethiopia in search of water for their animals. There are no IDP camps in the sub zone. There are no NGOs working in the sub zone.

Access to the headquarters of the sub Zoba is by a 200 KM laterite road from Assab, the regional capital. There are no inaccessible populations in the area, but about 20% of the population is difficult to access and they have difficulty accessing health services due to distance, lack of transportation and rocky nature of the terrain.

Major modes of transportation are by the use of camel and donkeys or on foot.

Main source of livelihood is animal rearing.



Grazing land on the way to Afambo

STATUS OF HEALTH SERVICES:

The sub zone has 3 health stations located at Eddi, Belubi and Afambo. There are no hospitals or health centers. There is a maternity waiting home, but currently not functional.

The total number of health staff is 9, all of them male and comprise of 2 midwife/nurse, 6 health assistants and 1 laboratory technician.

There were 2 trained community health agents and 52 trained Traditional Birth Attendants (TBAs).

The health facilities offer inpatient/outpatient consultations and referral services to Assab (200 Kms away) using ambulance.

Information on health emergency is reported from the village to the health center by relatives or the village administrator either in person or by writing a letter. This

information is passed on to the zonal level by the health center focal person either through radio communication or by traveling in person.

There were no outbreaks recently reported.

There are no emergency stock of medicines and supplies, even though the pharmacy is stocked with routine essential medicines.

There is no emergency response team at the sub zonal level however, it exists at Zonal (regional) level but there is lack of emergency response plan and reserve emergency stockpiles against epidemics even at this level.

Maternal health services offered are ante natal care, delivery and post natal care. The ANC attendance for pregnant women is 45.8%. However the health facility delivery attendance is dismal at 8.3%. The PNC attendance is even lower at 1.5%.

The midwife/nurse, is trained to give some emergency obstetrics services such as manual removal o placenta, but is constrained by lack of equipment. The TBAs also lack delivery kits

Family planning services are offered but poorly utilized. For example, out of the 600 packets of condoms supplied in January this year, only 2 were utilized.

DOTS services for TB are available, TB patients get diagnosed and collect their medicines from the regional hospital and are observed at the health station for compliance with treatment.

The routine immunization coverage is generally low with BCG coverage – 74%, measles – 37.2%, DPT3 – 38.7% and TT2 (pregnant women) – 7.3%. Monthly outreach immunization services are carried out in the remote areas on monthly basis.

HIV/AIDS control services including VCT, PMTCT and post exposure prophylaxis are non available.

Health education services are not carried out due to the reasons of staff shortage.

MORBIDITY AND MORTALITY TRENDS:

The top causes of outpatient consultation reported in 2005 were: ARI (2470 cases and incidence of 18,312/100,000), diarrhoea (1522 cases and incidence of 11,284/100,000), skin infections (770 cases and incidence of 5008/100,000) and dysentery (379 cases and incidence of 2809/100,000)

Mortality data could not easily be obtained, as all deaths are not reported at the health facilities and there is no vital statistics registration system in place.

WATER AND SANITATION SITUATION:

The sub Zoba is experiencing an acute shortage of water supply. There are 2 major sources of water supply, water tankers and shallow wells dug in river beds.

Water is collected by women mostly on foot, either from the collection point dropped by the tanker (1- 2 Kms away) or the river beds (4 – 5 Kms).

The water from the tanker is chlorinated, but from river bed is not.

The average quantity is 2 jerry cans per household per day.

The digging of toilets in the households is not practiced. Practically all households do not have latrines. Digging materials and skills for digging are not available.

Refuse disposal is through open dumping and burning by the individual households.



Afambo community beyond the health station fence

MATERNAL AND CHILD NUTRITIONAL STATUS:

Nutritional problems are a major concern in this sub zone. The last nutritional survey was in December 2005. In the macro stratum that included Afambo, global acute malnutrition prevalence in children 6 to 49 months was 15.4%, stunting - 26.9% and malnutrition among mothers was 55.3%.

There are no therapeutic feeding centers in the sub zone. Supplementary food has been out of stock since 2 months.

The prevalence of vitamin A deficiency amongst school children was 15% and the prevalence of anaemia among school children and pregnant women was 53. %.

MAJOR PROBLEMS AND HUMANITARIAN NEEDS:

Persistent shortage of rainfall, poor water supply, poor sanitation and their related diseases are the major problems of the Sob Zoba.

The area has high prevalence of global acute malnutrition of 15.4% as shown by nutritional survey. In addition, chronic malnutrition and micronutrient deficiencies are major problems.

Despite efforts to provide outreach immunization services, the DPT3 and measles coverages are low but BCG coverage is high indicating high drop out rate.

Antenatal clinic attendance is low coupled with very poor hospital delivery and postnatal attendance. The capacities to provide emergency obstetric services are limited by lack of equipment.

Another major area of concern is the reliability of the health facility mortality statistics. With high prevalence of acute global and chronic child and maternal malnutrition, very low immunization coverage, low skilled delivery attendance, poor sanitation aggravated by chronic shortage of rainfall and poverty, high levels of maternal and child mortality would be expected. Yet the health facilities do not report deaths. This is because most of the deaths from the community are not registered.

Non availability of emergency response plan and emergency drug stockpiles for response is another major area of concern.

Rocky nature of the area makes it prone to injuries, but the health stations lack dressing set for wounds.

Poor nature of the shelter in the area exposes the population to bad weather.

IMMEDIATE SUPPORT NEEDED:

- Establish a therapeutic feeding center to improve nutrition services in the sub zone. This implies provision of basic supplies and equipment as well as training.
- Provision of supplementary foods
- Support catch up immunization campaign by providing some operational cost.
- Supply a stock of emergency drugs.
- Verify the extent of morbidity and mortality by conducting household mortality and morbidity survey.
- Address the crucial constraints of the health service delivery especially emergency obstetric kits and TBA kits
- Supply of dressing

OTHER SUPPORT NEEDED:

- Establish VCT services for HIV/AIDS in the sub zone.
- Strengthen the implementation of PHAST strategy in the Sub zone.

LOCAL RESPONSE CAPACITY:

The local response capacity is limited by lack of staff and in adequate logistics.

The regional emergency response team is inadequate to provide rapid and adequate response. There is need to build a sub zonal response team. The community health workers is however an important resource whose capacity could be built to provide emergency response including surveillance.

CONCLUSION:

There is humanitarian emergency in Maekel Denkalia sub Zoba, in the form of chronic shortage of rainfall coupled with poor water supply and poor sanitation leading to high levels of diarrhoeal diseases, malnutrition and micronutrient deficiency. This is

aggravated by poor obstetrics care and low immunization coverage. The impact of all these on child and maternal mortality could not be estimated due to lack of vital registration and none reporting of deaths to health facilities.

PLAN OF ACTION TO ADRESS THE ISSUES:

S/N	Issue to Address	Action/Activity	Responsible Agency	Time Frame
1.	Absence of therapeutic feeding services	<ul style="list-style-type: none"> • Provide basic supplies and equipment for therapeutic feeding • Provide training on therapeutic feeding 	MOH UNICEF MOH UNICEF	1 month
2.	Stock out of supplementary food	<ul style="list-style-type: none"> • Supply of supplementary foods 	MOH UNICEF	2 weeks
3.	High immunization drop out rate	<ul style="list-style-type: none"> • Support catch up immunization campaign by providing some operational cost 	MOH WHO UNICEF	1 month
4.	Lack of emergency stock of drugs	<ul style="list-style-type: none"> • Provide stock of emergency drugs. 	MOH WHO	2 weeks
5.	Lack of reliable mortality data	<ul style="list-style-type: none"> • Conduct household mortality and morbidity survey. 	MOH WHO	6 Months
6.	Lack of emergency obstetrics care equipment	<ul style="list-style-type: none"> • Provide emergency obstetric kits and TBA kits 	MOH WHO	2 weeks
7.	Lack of HIV/AIDS services	<ul style="list-style-type: none"> • Establish VCT center 	MOH WHO	3 Months
8.	Poor sanitation	<ul style="list-style-type: none"> • Implement PHAST strategy in the Sub zone 	MOH UNICEF	3 Months

RAPID ASSESMENT OF ARAETA SUB ZOBA IN SOUTHERN RED SEA

INTRODUCTION

A joint team of MOH, WHO, UNICEF, and OCHA conducted a rapid assessment of the emergency humanitarian needs in the Araeta sub-Zoba of the Southern Red Seas Zoba on the 5th of June 2006, with the following objectives:

1. To determine the impact of natural and man-made disasters, with particular reference to drought, on health in the sub-Zoba.
2. To determine the immediate needs of the sub-Zoba in combating these impacts
3. To propose appropriate interventions to alleviate the impact of the disasters on health in the sub-Zoba

The team consisted of the following:

1. Dr. Goitom Mebrahtu - Director of DPC in the MOH
2. Dr. Andrew Kosia – WHO Representative for Eritrea
3. Dr. Eric Amuah – WHO consultant for Health Systems
4. Dr. Magdi Bayoumi – Head of Health and Nutrition section, UNICEF
5. Ms. Selam Berhane – Information Assistant WHO, Eritrea
6. Dr. Filmon Haile – NPO, HIV/AIDS, WHO Eritrea
7. Ms. Mulu Efram

The following are the major findings:

GENERAL INFORMATION

Araeta is one of the four sub Zobas of SRS. Its main town is Tio and has 26 villages organized in 10 village administrative areas (Kebabis).

Total population is estimated at 23,000.00, with 3,460 children under 5. The number of infants (0-11months) 923 and number of pregnant women is 1154.

Fishing and animal rearing in the form of herdsman trade are the main sources of livelihood. Some areas of this sub Zoba are inaccessible. It is estimated that about 20% of the population are not accessible for at least one week in a year. Donkeys, camels and on foot are the main means of transportation. The terrene is between rocky and sandy. There are no IDPs in this sub zoba.



Some members of the assessment team at Tio

STATUS OF HEALTH SERVICES:

Health services are provided by 3 health stations at Autus, Ayumen and Egirolli and a mini hospital at Tio. There are three maternity waiting homes attached to the health facilities, but they are not functioning. Out of the 22 health workers 5 are female. The categories of the health workers are 4 Nurses, 4 nurse midwives, 11 assistant nurses, 2 lab technicians, and 1 doctor. In addition there are 30 community based GMP agents and 15 malaria agents. Complicated cases are referred to Assab hospital. There are 2 Ambulances functioning, but the communication is seen as services gap.

The major causes of the child morbidity and mortality are diarrhoea and ARI. Eye and skin infection are prevalent. Number of reported malaria cases is 35 and STD is 29. No outbreaks reported in the last one year. The immunization coverage of BCG,

OPV3+DPHTB3 and measles are 37%, 32% and 24% respectively. TT vaccination is very low. For both pregnant and WCBA

Maternal health services are ante natal care, delivery and post natal care. Number of ANC consultations over the last year was 510 (44.2%), and the number of deliveries by health facility staff was 57 (4.9%). The sub zoba trained 60 TBAs out of them 50 are active in attending deliveries at homes. One emergency obstetrics case was handled by the health facilities last year. Family planning services and condoms are available. All health facilities provide VCT services but not PMTCT services.

State of stockpiles against epidemic outbreaks is not available. The sub zoba doesn't have an emergency response team or plan.



Some members of the assessment team with the acting officer I/c of Tio hospitals

MORBIDITY AND MORTALITY TRENDS:

The morbidity and mortality data is not reliable especially in view of difficult access to most of the areas and limited services offered by the health facilities. Only 7 deaths were reported by health facilities in 2005. Four deaths were among children under 5 years. No maternal deaths were reported which gives great doubt about reliability of data.

WATER AND SANITATION:

The sub zoba has two water sources (dump, hole and spring). It is estimated that the average of 10 litres of Jerry cans of water are consumed per household per day. Water is collected by mothers and children. Average distance between settlement and water source is 15 – 30 km. The consumed water is not chlorinated except some of those brought by tracks. Almost none of household are using latrines. Sewage disposal is done in open field. No local skills are available for construction of latrines.

MATERNAL AND CHILD NUTRITION STATUS:

The last nutrition survey in Araeta sub zoba was conducted December, 2005. The results revealed a prevalence of global acute malnutrition among children less than 5 years of 16.1%, prevalence of chronic protein energy malnutrition among pregnant women of 46.2% and stunting prevalence among children of 48%.

Araeta sub Zoba has one therapeutic feeding center. Number of admitted cases of acute malnutrition under 5 children over the last 6 months is 21 children. There was no shortage of therapeutic or supplementary food. DMK and DSM are provided to mothers. All basic supplies and equipment for therapeutic feeding are available.

No data are available Vitamin A deficiency, Anemia or IDD.

MAJOR PROBLEMS AND HUMANITARIAN NEEDS

1. There is a need to support and strengthen integrated outreach programme since the population is scattered.
2. Due to persistent shortage of rain fall the high prevalence of both acute and chronic malnutrition should be urgently addressed through regular food supply, training health workers and establishment of additional therapeutic feeding center.

3. The issue of shortage of Emergency obstetric care services necessitate urgent intervention in terms of making basic supplies and equipment available training of health workers and make the waiting homes functional.
4. There is a need to strengthen the HMIS at zoba and sub zoba levels.
5. Water and sanitation system should be seriously looked at to introduce PHAST approach.
6. Establish functional VCT- PMTCT services.
7. Supply medium size generator for Tio health facility.

LOCAL RESPONSE CAPACITY:

The local response capacity is limited by lack of staff and in adequate logistics. The regional emergency response team is inadequate to provide rapid and adequate response. There is need to build a sub zonal response team. The community health workers is however an important resource whose capacity could be built to provide emergency response including surveillance.

CONCLUSION:

The humanitarian health emergency in Araeta sub Zoba is similar to the other 2 sub Zobas in the Southern Red Sea. The major humanitarian emergency is chronic shortage of rainfall coupled with poor water supply and poor sanitation leading to high levels of diarrhoeal diseases and malnutrition. This is aggravated by poor obstetrics care and low immunization coverage. The impact of all these on child and maternal mortality could not be estimated due to lack of vital registration and none reporting of deaths to health facilities.

RESPONSE PLAN:

Concern	Action (3 Months)	Responsible agencies
Poor vaccination coverage in a scattered population	Support and strengthen integrated outreach programme.	MOH/WHO/UNICEF
Persistent shortage of rainfall leading to high prevalence of both acute and chronic malnutrition	Regular food supply of supplementary food, training health workers and establishment of additional therapeutic feeding centre.	WHO/ UNICEF
Shortage of Emergency obstetric care	Making basic supplies and equipment available training of health workers and make the waiting homes functional.	MOH/WHO/UNFPA
Poor morbidity and mortality data quality and quantity	Strengthen the HMIS, IDSR and conduct mortality survey	UNICEF/WHO/ /MOH
Poor sanitary conditions	Introduce PHAST approach.	WHO/MOH/UNICEF
Poor HIV/AIDS control services.	Establish functional VCT-PMTCT services.	UNICEF/WHO/MOH
Poor electricity supply	Supply medium size generator for Tio health center.	UNICEF/MOH

RAPID ASSESSMENT OF DEBUB DENKALIA SUB-ZOBA EMERGENCY HUMANITARIAN NEEDS.

INTRODUCTION

A joint team of MOH, WHO, UNICEF, and OCHA conducted a rapid assessment of the emergency humanitarian needs in the Debub Denkalia sub-Zoba of the Southern Red Seas Zoba on the 7th of June 2006.

The main objectives of the team were:

1. To determine the impact of natural and man-made disasters, with particular reference to drought, on health in the sub-zoba.
2. To determine the immediate needs of the sub-zoba in combating these impacts
3. To propose appropriate interventions to alleviate the impact of the disasters on health in the sub-zoba

The team consisted of the following:

1. Dr. Goitom Mebrahtu - Director of DPC in the MOH
2. Dr. Andrew Kosia – WHO Representative for Eritrea
3. Dr. Eric Amuah – WHO consultant for Health Systems
4. Dr. Magdi Bayoumi – Head of Health and Nutrition section, UNICEF
5. Ms. Selam Berhane – Information Assistant WHO, Eritrea
6. Dr. Filmon Haile – NPO, HIV/AIDS, WHO Eritrea
7. Ms. Mulu Efram



Part of the assessment team with the Nurse I/c of Rahayta health station

GENERAL INFORMATION

Rahayta sub-Zoba is one of the 4 sub-ZOBAs in the Southern Red Sea Zoba and has border with Djibouti. Administratively, it consists of 10 Kebabis and 53 villages. It has a population of 15,939 of which 2,391 are children below 5 years and 616 are children from 0 -11 months. The number of pregnant women recorded is 797 per year. The major sources of livelihood of the population are fishing, trading, and animal husbandry. The major means of transport is primarily by animal and by foot. There are, however, few public transport, among which are those traveling to Djibouti.

Geographically, the area is a semi-desert which sandy soil and isolated rocks and stones. The major natural disaster is drought.

STATUS OF HEALTH SERVICES

There are 4 health facilities in the sub-Zoba. The headquarters of the sub-Zoba has 1 maternity waiting home in addition to the health station. It is essential for the

construction of maternity waiting rooms in the remaining health stations to improve the rate of deliveries in the health facilities.

With respect to human resources, the sub-Zoba has 9 health workers; 3 females and 6 males. The categories of health workers include 2 nurse midwives, 6 health assistants, and 1 registered nurse. The community health workers include 57 TBAs

The system of referral is from the community health workers to the health station and from the health station to the regional referral hospital in Assab.

The health care worker is well acquainted with the danger signs for the referral of complicated cases.

There is an urgent need to stockpile drugs for outbreaks of such diseases as measles, dysentery, and ARIs. There should also be an investigation of the diarrhoeal cases and an action planned and undertaken. The sub-Zoba has conducted 309 ANC consultations (38.8%) but only 57 (7.2%) deliveries in the health facilities. In addition, child spacing services are available, however, only condoms are distributed.

The immunization coverage is relatively high initially, with about 20% BCG-Measles dropout rate. The BCG coverage was 82.9%, OPV3 69.9%, measles 63.5% and TT2 25.6%.

The sub-Zoba has only one VCT centre, but no PMTCT services and the health care workers in the 4 health facilities provide HIV/AIDS STI prevention services.

There are no stockpiles of drugs for the management of outbreaks of disease, and no sub-Zoba response committee and plan.

MORBIDITY AND MORTALITY TRENDS:

There are no records of deaths reported either in the health station or the community for this year. There are no vital registration of deaths and births. This underscores the need for the improvement of data generation, collection, analysis and use at that level.

Examining the disease pattern in the sub-Zoba, it was observed that diarrhoeal disease topped the list with 3,000 cases reported only this year, of which 1,300 are children below 5 years. ARIs are second to diarrhoeal diseases with 2,900 cases so far this year. This is followed by cases of skin infections, 1,300, and dysentery 450 cases. There are also isolated cases of STDs, and malaria. The cases of measles reported have increased from 0 to 25 cases within the last 3 months.



Entrance to the Rahayta health Station



A group of women at the Rahayta health station

WATER AND SANITATION:

With respect to water and sanitation, the main sources of water are piped water, and wells. The whole community benefits from either of these sources of water. The distance to pipe borne water and wells is 5 kilometers on average. The water is normally collected by women and children either on foot or on animals, mostly donkeys. There is no chlorination of both sources of water. The main source of refuse disposal is through the use of the open field. The same applies to sewage disposal. 10% of the population uses latrines which are in households. There are indications that if the community is provided with the tools they will be willing to construct their own latrines and use them effectively. They therefore need the skills and the tools.



MATERNAL AND CHILD NUTRITION STATUS:

The last nutritional survey conducted in the sub-zoba was in December 2005. The area is in the same coastal cluster with Araeta and the results similar – a prevalence of 16.1% for global acute malnutrition among children less than 5 years, prevalence of chronic protein

energy malnutrition among pregnant women of 46.2% and stunting prevalence among children of 48%.

There is a need for the involvement of the community in nutritional surveys and the provision of feedback for action. Malnutrition is one of the health related impacts of drought in this sub-zoba. However, there are no therapeutic feeding centres and the supply of supplementary feeding is erratic. There is an urgent need to establish a therapeutic feeding centre with trained personnel, who will have the skills to make timely requisition for supplies, and also provide supplementary feeding supplies on time.

MAJOR PROBLEMS AND HUMANITARIAN NEEDS

The major concerns of the sub-Zoba and the responsible agencies are the following;

1. The unavailability of emergency obstetric care kit
2. Lack of refresher training for midwives in emergency obstetric care
3. The unavailability of maternity waiting rooms in the health stations to improve the rate of deliveries in the health facilities
4. The reluctance of members of the community to avoid FGM practices
5. The need for the improvement of data generation, collection, analysis and use at sub-Zoba level
6. The need to provide the skills and tools for latrine construction to the communities.
7. The need to involve the community in nutritional surveys and provide them with feedback for action
8. There is an urgent need to establish a therapeutic feeding centre with a trained personnel, who will have the skills to make timely requisition for supplies, and also provide supplementary feeding supplies on time
9. There is an urgent need to stockpile drugs for outbreak of such diseases as measles, dysentery, and ARIs
10. There should also be an investigation of the diarrhoeal cases and an action planned and undertaken

LOCAL RESPONSE CAPACITY AND COMMUNITY LEADERSHIP:

The local response capacity is limited by lack of staff and inadequate logistics.

The regional emergency response team is inadequate to provide rapid and adequate response. There is need to build a sub zonal response team.

In order to reduce the impact of the emergencies, mobilization of the community, including the utilization of the community opinion leaders, is crucial. In this regard, one strong opinion leader in this sub-Zoba is the Sultan for the Afars, who commands respect among this ethnic group from 4 countries. The joint assessment team paid a courtesy call on the Sultan and sought for his involvement in the implementation of the interventions. The Sultan accepted the call and pledged to do his level best to save the lives of the members of his community. The joint team crowned him “The Goodwill Ambassador” for the alleviation of emergencies including disease outbreaks in the sub-Zoba.

CONCLUSION:

The Rahayta sub-Zoba is experiencing some emergencies relating to drought. Major humanitarian emergency is chronic shortage of rainfall leading to high levels of diarrhoeal diseases and malnutrition. This is aggravated by poor obstetrics care and low immunization coverage. The impact of all these on child and maternal mortality could not be estimated due to lack of vital registration and none reporting of deaths to health facilities.

The second major concern is the threat of avian influenza, especially in view of diagnosing the disease in the next door Djibouti

RESPONSE PLAN:

Concern	Action (3 Months)	Responsible agencies
The unavailability of emergency obstetric care kit	Supply emergency kits and TBA kits	UNFPA/WHO
Lack of refresher training for midwives in emergency obstetric care	Organize refresher training for midwives in emergency obstetric care	WHO/ UNFPA
The unavailability of maternity waiting rooms in the health stations to improve the rate of deliveries in the health facilities	Ensure functionality of maternity waiting homes	UNFPA
The reluctance of members of the community to avoid FGM practices	Design a communication strategy to reach the communities	UNICEF/WHO/UNFPA/MOH
The need for the improvement of data generation, collection, analysis and use at sub-Zoba level	Strengthen IDSR, HMIS and conduct mortality survey	WHO/MOH
The need to provide the skills and tools for latrine construction to the communities.	Implement PHAST strategy	UNICEF/WHO/MOH
Lack of community involvement in nutritional surveys and lack of feedback of results	Involve the community in nutritional surveys and provide them with feedback for action	UNICEF/WHO/MOH
High prevalence of malnutrition	Establish a therapeutic feeding centre with trained personnel. Provide supplementary feeding supplies on time	UNICEF/MOH
Lack of emergency stock of drugs	Stockpile drugs for outbreak of such diseases as measles, dysentery, and ARIs	WHO/MOH
High prevalence of diarrhea diseases	Investigate diarrhoeal cases and plan and implement an action	WHO/MOH
Threat of Avian flu from Djibouti	Strengthen human and animal surveillance and community sensitization	MOH/MOA/WHO/ UNICEF