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Mortality at Kersa Demographic Surveillance and Health research Center field site.

This briefs the mortality of population in the Surveillance site.

The result is based on vital Registration (death) conducted from October 2007-September 30, 2008 at Kersa District, Eastern Hararge, Eastern Ethiopia.

Introduction

Whatever the prevailing mortality rate, the first year of life is one of high risks. This is particularly true at the time of birth and immediately following it. Infants aged less than a year old have a higher risk of dying than other children.

Information on infant and child mortality rates contributes to a better understanding of a country's socioeconomic situation and sheds light on the quality of life of the population. Childhood mortality in general and infant mortality in particular is often used as broad indicators of social development or as specific indicators of health status. Childhood mortality analyses are thus useful in identifying promising directions for health programs and advancing child survival efforts. It is also useful for population projections.

In developed countries, mortality rates decrease for all age groups during the 20th centuries due to socioeconomic development and control of infectious diseases and modern health care services. But the problem is intolerably high in most developing countries, like Ethiopia. However, since the last few years there is some change on the pattern of mortality in most developing countries.

As per the report of Federal Ministry of Health, infant mortality rate (IMR) declined from 105 per 1000 live births in 2003 to 77 per 1000 live births in 2006. Under 5 mortality rate declined from 240 per 1000 children in 2002 to 123 per 1000 children in 2006.

Maternal mortality in Ethiopia is high relative to developing countries. The maternal mortality ratio of Ethiopia for the period of 1998-2004 was 673 deaths

per 100,000 live births (7 deaths per 1,000 live births).

The mortality rates presented here computed from information gathered from one year death registration of Kersa Demographic Surveillance and Health Research Center (KDS-HRC) field site. There were a total of 492 deaths of all types of causes and age groups.

Percentage of child mortality in Kersa Demographic Surveillance and Health Research Center Kersa District, Eastern Hararge, Eastern Ethiopia, September 2008

	No (%)
Death	
Under 5 years	188
Five years and above	304
Place of death	
Health center	6
Home	434
Hospital	28
Others	16
Private clinics	4
Sex	
Male	281
Female	211

The crude death rate (CDR) of the population was 10.2 among 1000 population. The neonatal and infant mortality rate were 18.9 per 1000 live births and 66 per 1000 live births respectively. The age-specific death rates (ASDRs) were high in under five children which was 24.9 among 1000 of children of the same age groups; and it declines at school and productive age groups there after though the pattern is not the same among age groups it raise starting at age of 50-54 (figure 3). Maternal mortality rate (MMR) was 583 per 100,000 live births.

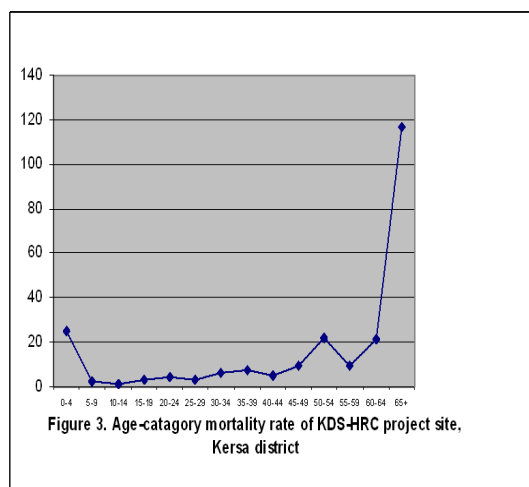


Fig : Age category mortality rate at Kersa District, Eastern Hararge, Eastern Ethiopia, September 2008

Infant, child and maternal mortality are not tolerable in the population. Especially child mortality is higher than even the national level, this may attribute to low environmental sanitation and high infection level in the population

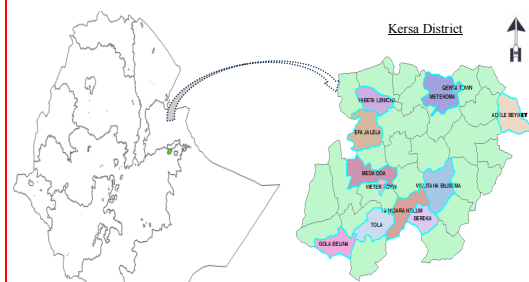
Policy Recommendations

The health care that a mother receives during pregnancy, at the time of delivery and soon after delivery is important for the survival and well being of both the mother and the child. Therefore, promotion of antenatal care, institutional or health personnel assisted delivery and postnatal care will reduce the problem.

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.



According to the first census there were 10,256 households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

