

Improving Birth and Death Registration and CoD by Linking Health and Local Govt.

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CRVS Regional Steering Group Meeting, Bangkok
October 18-20, 2017

Problem with Incentive for Registration: Why Should I do it?



Significant progress:

- ▶ 131 years 1873-2004: 8%
- ▶ 12 years 2004-2016: 87%

However,

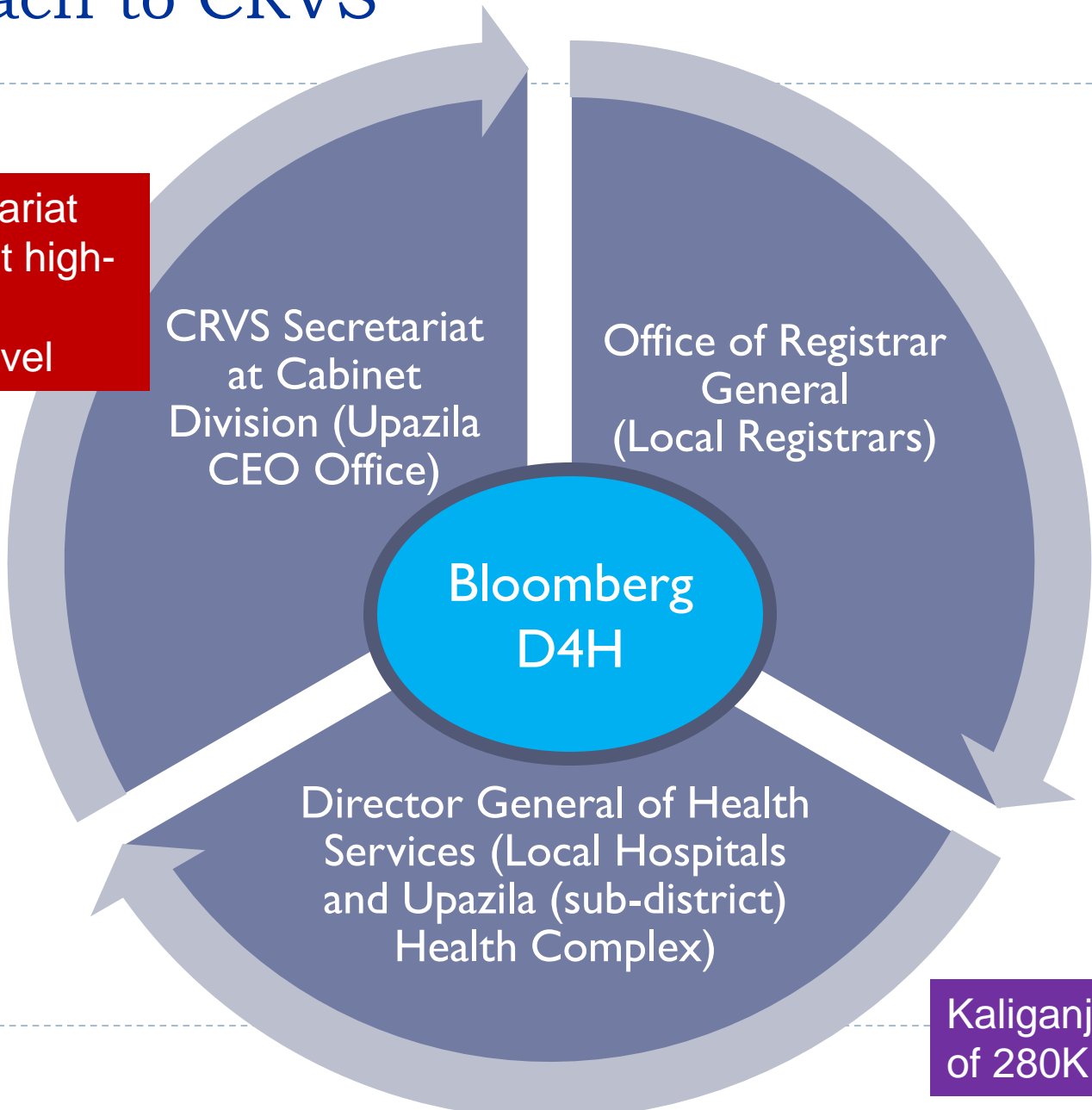
1. Registration within 45 days after birth: 3-4% (goes up to 80% at school enrolment)
2. Death registration very low and late
3. CoD recording negligible (death registration needed for inheritance, CoD not needed!)



Kaliganj Model: Whole-of-Government Approach to CRVS



CRVS Secretariat coordinates at high-level and operational level



Kaliganj: sub-district of 280K people

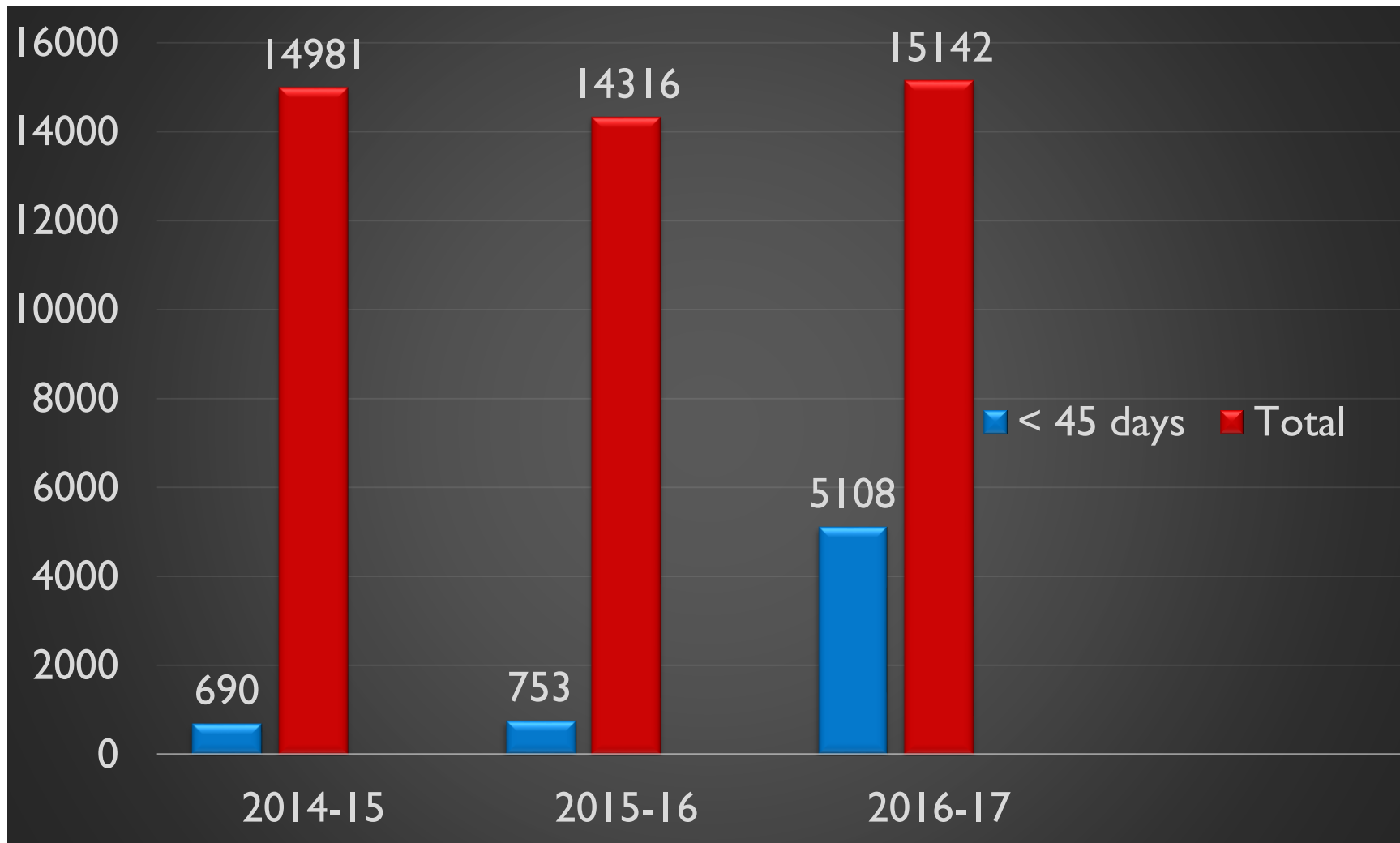
Interventions



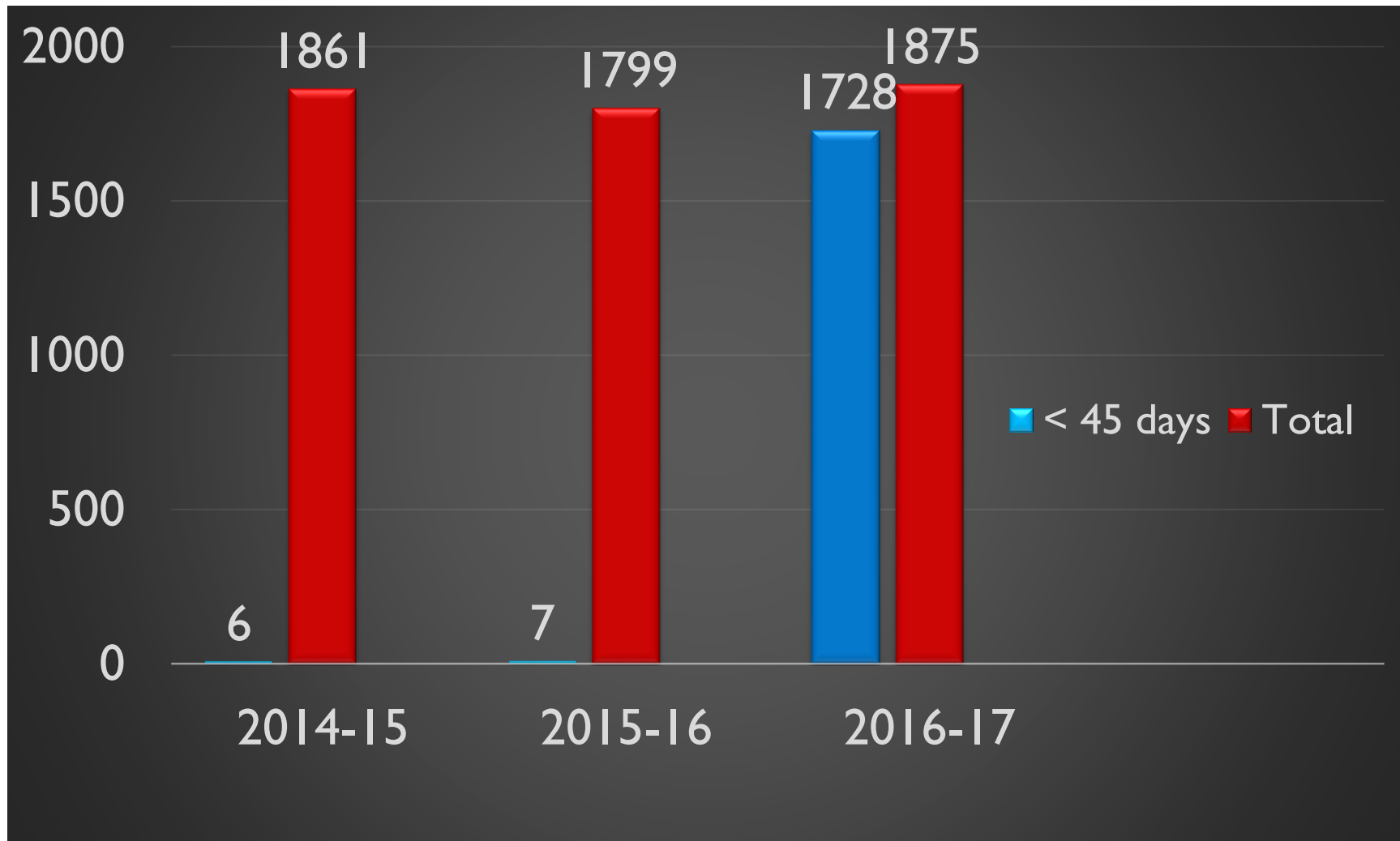
1. **Notification** by health workers sent to registrars
2. International Standard of **Medical Certificate of CoD** and improve medical certification of CoD in hospitals
3. **VA** using tablets where medical certificate is not possible
4. **Capacity development** of 1,300 physicians on MCCoD, 140 staff on VA, 10 staff on ICD-10 coding, 17 personnel on Startup Mortality List (SMoL)
5. **HR support by D4H**: 3 consultants on CR working with CRVS Secretariat at Cabinet Division and 3 on VS at DGHS
6. **Local coordination** by Upazila (sub-district) Administration
7. More actionable **data visualization**



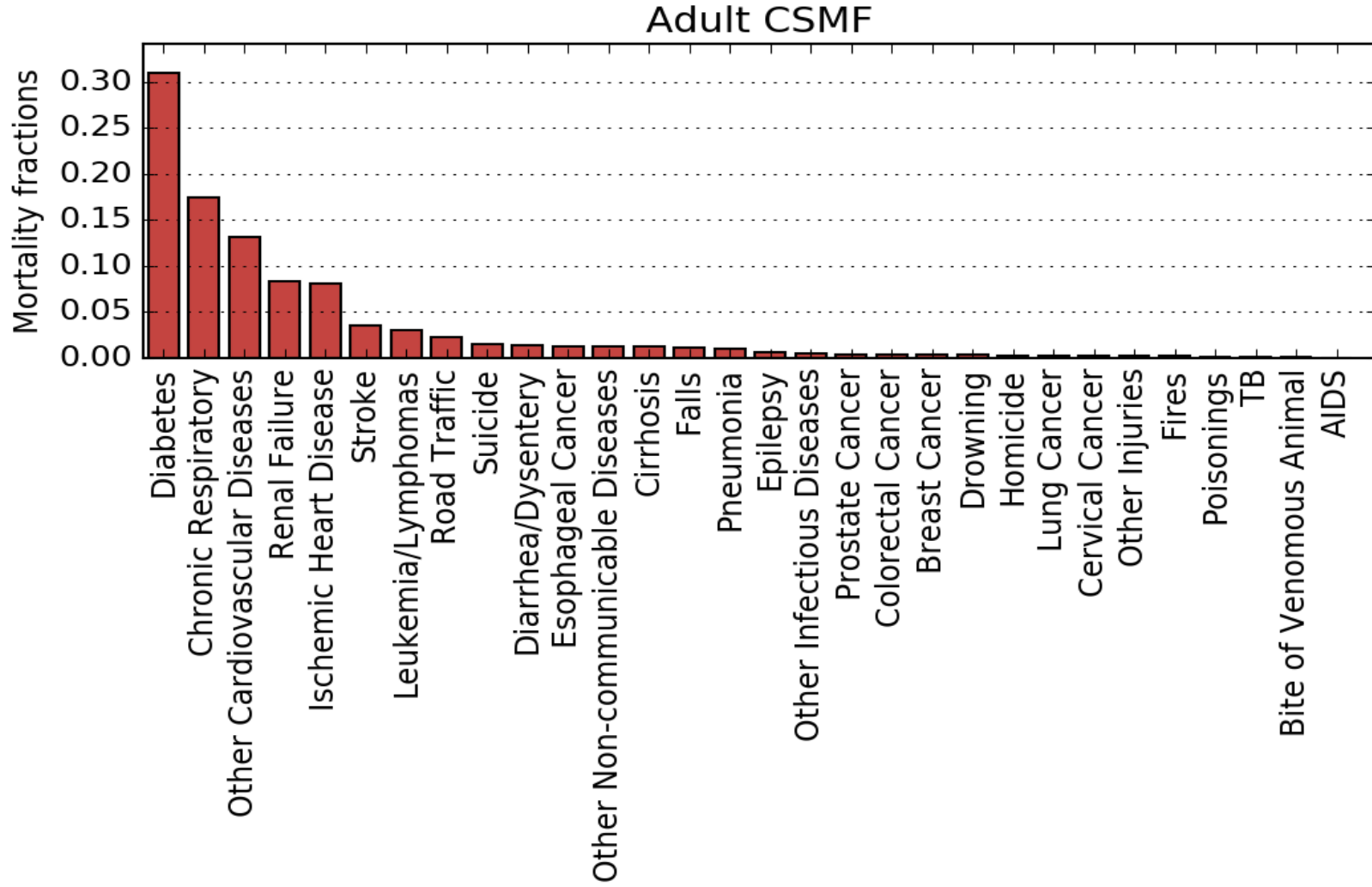
Result: Increased Birth Registration within 45 Days



Result: Increased **Death** Registration within 45 Days



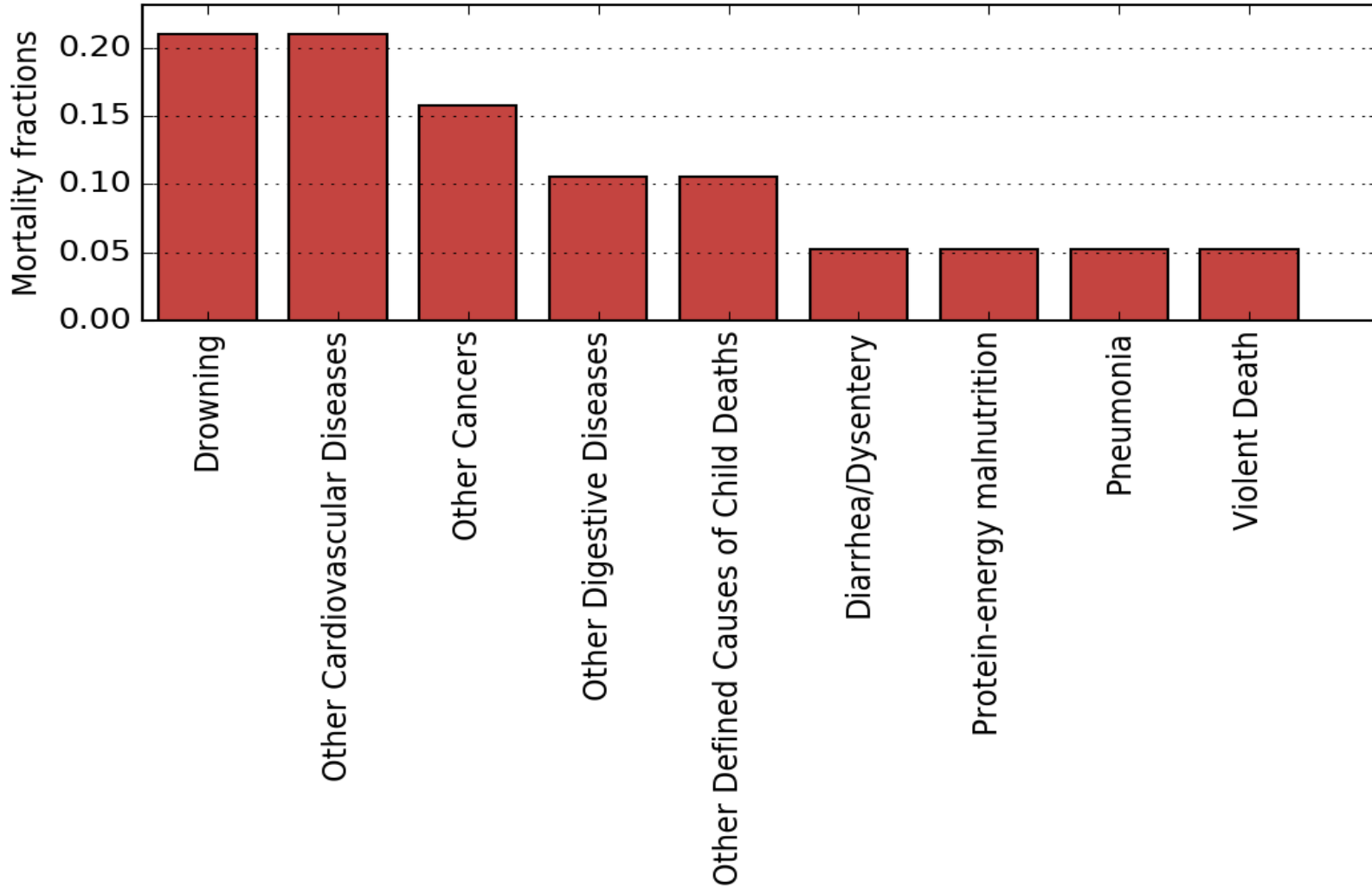
Result: Availability of Intl. Standard Underlying Cause of Death Data: Adult



Result: Availability of Intl. Standard Underlying Cause of Death Data: Child

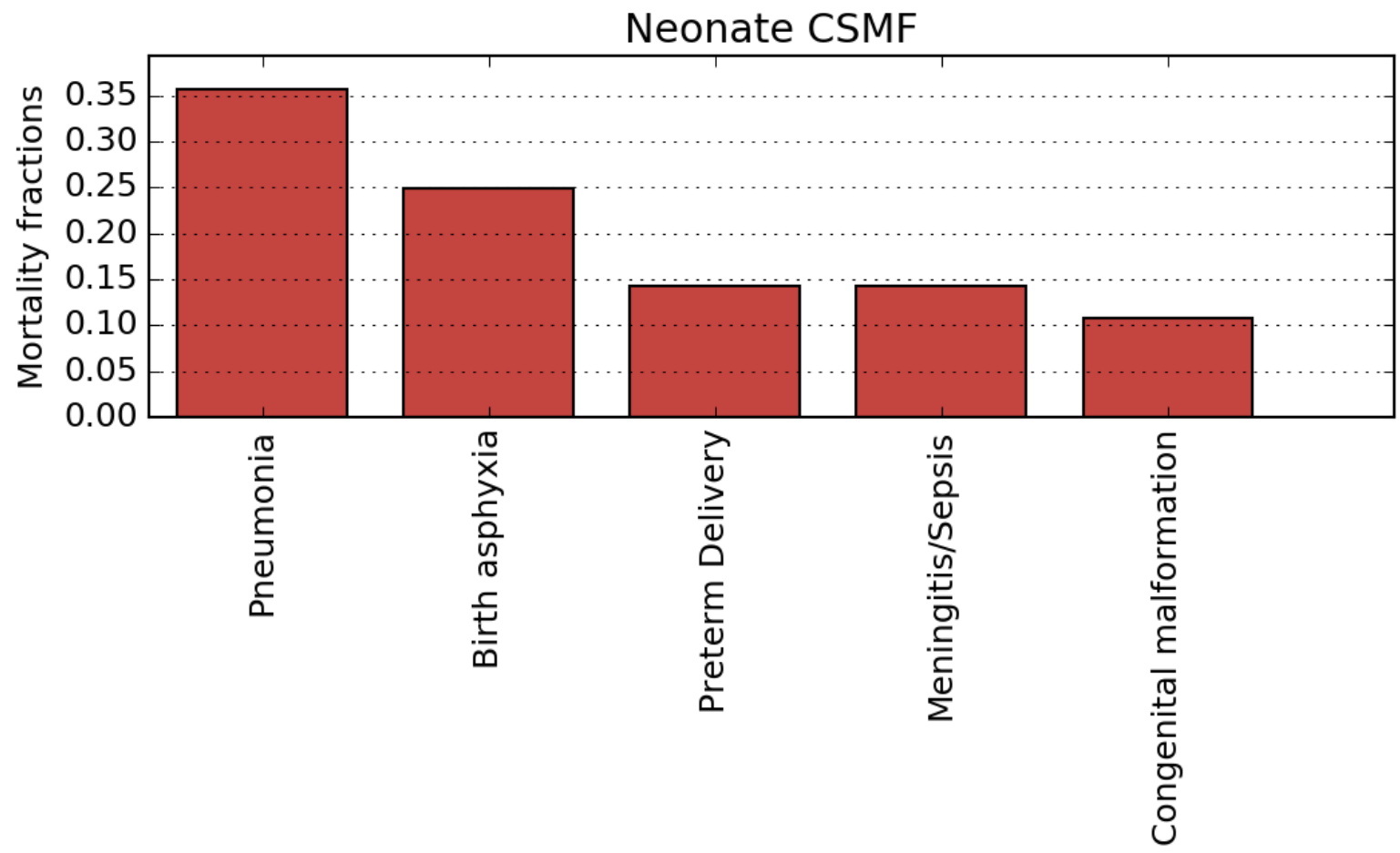


Child CSMF





Result: Availability of Intl. Standard Underlying Cause of Death Data: Neonate



Results



- ▶ In 9 months, in 4 hospitals 2,600 MCCoD issued and transferred to SMoL module in DHIS-2; a total of 2,200 VA
- ▶ Unprecedented confidence that health system and local government agencies can work together to ensuring timely birth and death notification and registration
- ▶ Important role of district and sub-district administration in the whole-of-government coordination (peers don't coordinate well!)
- ▶ Policy level recognition for ascertaining underlying CoD
- ▶ Health Ministry decided to incorporate CoD in undergraduate medical curriculum and create permanent post of coders
- ▶ Scale up Kaliganj model in 11 sub-districts and 8 tertiary level hospitals



Extensive Partnerships Creating Multiplier Effect



- Better resource (financial + HR) utilization
- Wider ownership

Political Vision
+
Bureaucratic
Machinery

Must have

Whole-of-
Government

South-South
and Triangular
Cooperation

- No need to reinvent the wheel
- Learning from other people's mistakes is 'cheaper'