# Bloomberg Philanthropies Data for Health Initiative Comprehensive Listing of All Indicators Measured in Baseline Evaluation and Initiative-Wide Reports

Final version, August, 2016

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| **Indicator** | **Indicator Definition** | **Data & Source** |
| System change: Registration of Births | # system-level changes adopted to comply with best practices (registration of births and deaths) | Government Inventory |
| System change: Registration of Deaths | # system-level changes adopted to comply with best practices (registration of births and deaths) | Government Inventory |
| System change: Cause of Death (health facilities) | # system-level changes adopted to comply with best practices (registration of births and deaths) | Government Inventory |
| System change: Cause of Death (out of health facilities) | # system-level changes adopted to comply with best practices (registration of births and deaths) | Government Inventory |
| Composite system functioning score – Notification and registration of births | Unweighted composite score based on answers for the 6 best practices   1. Legal requirement to notify and register all births 2. No fee to notify or register a birth 3. Health sector is responsible for notifying all health facility births 4. Government agency is responsible for notifying all home births 5. Births are considered registered when notified to and accepted by the CR system 6. Quality of human capacity in the CR system (TAG assessed) | Government Inventory |
| Composite system functioning score – Notification and registration of deaths | Unweighted composite score based on answers for the 7 best practices   1. Legal requirement to notify and register all deaths 2. No fee to notify or register a death 3. Health sector is responsible for notifying all health facility deaths 4. Government agency is responsible for notifying all home deaths 5. Deaths are considered registered when notified to and accepted by the CR system 6. Proof of registration of deaths or death certificate is required for burial 7. Quality of human capacity in the CR system (TAG assessed) | Government Inventory |
| Composite system functioning score – Determination and Reporting of Cause of Death in Health Institutions | Unweighted composite score based on answers for the 13 best practices   1. A national mortality group/committee meets regularly (at least 4x/year) 2. The country's most recent annual health sector review contains any line item or commitment to improving capture and/or quality of mortality data 3. Determination of underlying COD is required for all facility deaths 4. Medical certification of COD is required for all facility deaths 5. Health facilities are responsible for reporting COD to the civil registration system 6. International standard form of death certificate used 7. Practicing medical professionals are required to be trained/re-trained in certification of underlying COD (e.g., as pre-requisite for licensure or re-licensure) 8. Medical certification of COD is included in the curriculum for all medical students 9. Quality of human capacity in the health sector for ascertaining COD (TAG assessed) 10. An ICD strategy and system are in place and functioning in the country 11. A formal training program for ICD coders exists and is in operation 12. Either MMDS table or IRIS are used to determine UCOD 13. A system for regular quality audits of mortality data and coding is in place and functioning (measured based on # of assessments of coding quality during the last year) | Government Inventory |
| Composite system function score - Determination and Reporting of Cause of Death outside of Health Institutions | Unweighted composite score based on answers for the 4 best practices   1. A national VA committee meets regularly (at least 4x/year) 2. The VA system is required to report probable COD to the CR system 3. A functioning government-operated VA function exists within the CRVS system 4. There is a system for regular quality audits of VA data in place and functioning (measured based on number of quality assessments of VA data during the last year) | Government Inventory |
| % births notified by health system to CR system | Numerator: # of births notified by the health sector to CR  Denominator: # of births occurring in health sector | HIS for numerator & CR System for denominator |
| % deaths notified by health system to CR system | Numerator: # of deaths notified by the health sector to CR  Denominator: # of death occurring health sector | HIS for numerator & CR System for denominator |
| # registered deaths occurring outside of health facility | # deaths registered by CR system for which place of occurrence => location other than health facility | Annual number of registered deaths (latest five years) by: type of place of occurrence (i.e., home/hospital) |
| # registered deaths by other places of occurrence | # deaths registered by CR system for which place of occurrence is not location other than health facility | Annual number of registered deaths (latest five years) by: type of place of occurrence (i.e., home/hospital) |
| % facility deaths with medically certified CoD | Numerator: # facility-based deaths with medically certified COD  Denominator: # facility-based deaths | 5-yr consolidated annual number of deaths by cause reported by medically certified (Y/N) |
| % facility deaths with no medical certification of CoD | Numerator: # facility-based deaths without medically certified COD  Denominator: # facility-based deaths | 5-yr consolidated annual number of deaths by cause reported by medically certified (Y/N) |
| # deaths in target VA population with CoD ascertained using VA | # deaths in target VA population (e.g., out of facility deaths) that have a VA | Consolidated annual number of deaths by cause reported and whether or VA was source of CoD |
| # deaths in primary target population for VA | # deaths in target VA population (e.g., out-of-facility deaths) | Can be constructed as estimated total deaths derived from Melbourne estimated completeness) minus the number of facility deaths |
| % deaths in primary target population w/ COD ascertained w/ VA | Numerator: deaths in target VA population (e.g., out of facility deaths) that have a VA  Denominator: # deaths in target VA population (e.g., out-of-facility deaths) | Numerator: Consolidated annual number of deaths by cause reported and whether or VA was source of CoD  Denominator: estimated total deaths derived from Melbourne estimated completeness) minus the number of facility deaths |
| Quality of coverage of registration points | Number of registrars by administrative area | CR system |
| % births registered in the year of occurrence - UoM estimate | Melbourne-prepared % completeness of birth registration (derived) | UoM |
| % births registered in the year of occurrence - government estimate | Numerator: Number of births that occur and are registered in the relevant year  Denominator: Number of expected births for the relevant year | CRVS system |
| % deaths registered in year of occurrence - government estimate | Numerator: Number of deaths that occur and are registered in the relevant year  Denominator: Number of expected deaths for the relevant year | CRVS system |
| % registered deaths with COD | Numerator: Number of registered deaths with a COD  Denominator: Number of registered deaths | CRVS system |
| % deaths with COD coded to ill-defined causes | Numerator: Deaths coded to ICD, Ch. 18/Deaths without a specific COD  Denominator: All deaths with ICD-coded cause of death | ANACONDA outputs |
| # System change: Production of Vital Statistics | # system-level changes adopted to comply with best practices (regular and timely production of high quality, usable vital statistics   1. Published vital statistics disaggregate births (at least) by sex of child and geographic location 2. Published vital statistics disaggregate deaths (at least) by age, sex, geographic location and COD 3. Published vital statistics disaggregate COD data (at least) by age, sex and geographic location 4. COD data is nationally representative 5. Internationally recommended tabulations are published 6. # of assessments of quality of VS data over the last year 7. Quality of human capacity in the VS system (TAG assessed) 8. CR information regarding vital events is first computerized at or near the time when first reported/notified 9. Information on vital events is shared among agencies 10. Birth statistics are published at least annually 11. Death statistics are published at least annually 12. COD statistics are published at least annually 13. Maximum age of birth, death and COD data when first published is < 18 months | Civil Registration data (e.g., from CR publication/ website/procured locally); Locally reported; Local information and practice; TAG assessment |
| CRVS: Data Availability – births | Annual number of registered births (latest five years) by:   1. sex 2. age of mother 3. mother’s education 4. children born alive to mother 5. place of occurrence (geographic location) 6. type of place of occurrence (i.e., home/hospital) 7. other [Not to be tabulated; just record list of other information available] | Civil Registration data (e.g., from CR publication/ website/procured locally) |
| CRVS: Data Availability - deaths | Annual number of registered deaths (latest five years) by:   1. sex 2. age of decedent 3. decedent’s education 4. place of occurrence (geographic location) 5. type of place of occurrence (i.e., home/hospital) 6. other [Not to be tabulated; just record list of other information available] | Civil Registration data (e.g., from CR publication/ website/procured locally) |
| CRVS: Data Availability - causes of death | Annual number of registered deaths (latest five years) by cause by:  a) sex  b) age  c) place of occurrence (geographic location) | Civil Registration data (e.g., from CR publication/ website/procured locally) |
| Health Sector: Data Availability – births | Annual number of births reported by the health department (latest five years) by:   1. sex 2. age of mother 3. mother’s education 4. place of occurrence (geographic location) 5. children born alive to mother 6. children born to mother during her lifetime and still alive 7. previous foetal deaths to the mother during her lifetime 8. date of previous live birth 9. method of delivery 10. birth weight of baby 11. gestational age of child 12. number of ANC visits 13. gestational month that ANC began 14. type of birth (single, multiple, etc.) 15. other [Not to be tabulated; just record list of other information available] | MOH publication or website/local |
| Health Sector: Data Availability - deaths | Annual number of deaths reported by the health department (latest five years) by:  a) sex  b) age  c) place of occurrence (geographic location) | MOH publication or website/local |
| Health Sector: Data Availability - cause of death | Annual number of deaths by cause reported to the health department (latest five years) by:  a) sex  b) age  c) place of occurrence (geographic location) | MOH data (e.g., HMIS) – publication, website or other |
| Other routine or administrative sources of death data: Data Availability | Police  Coroners  Cemeteries  Religious authorities | Interviews with stakeholders |
| Other continuous sources of data (e.g. HDSS, SRS): Data Availability – births | Consolidated annual number of births reported (latest five years) by:   1. sex 2. age of mother 3. mother’s education 4. children born alive to mother 5. place of occurrence (geographic location) 6. type of place of occurrence (i.e., home/hospital) 7. other [Not to be tabulated; just record list of other information available] | MoH, national research bodies, or InDepth ishare may be a source of data |
| Other continuous sources of data (e.g. HDSS, SRS): Data Availability – deaths | Consolidated annual number of deaths reported (latest five years) by:   1. sex 2. age of decedent 3. decedent’s education 4. place of occurrence (geographic location) 5. type of place of occurrence (i.e., home/hospital) 6. other [Not to be tabulated; just record list of other information available] | MoH, national research bodies, or InDepth ishare may be a source of data |
| Other continuous sources of data (e.g. HDSS, SRS): Data Availability - cause of death | Consolidated annual number of deaths by cause reported (latest 5 years) by:  a) sex b) age | MoH, national research bodies, or InDepth ishare may be a source of data |
| Data Quality: Country -prepared completeness estimate – births | Country-prepared % completeness of birth registration   1. national 2. subnational, if available | Country |
| Data quality: Medical certification | % of registered deaths with a cause of death that is:   1. medically certified 2. not medically certified | CRVS |
| Data quality: Misclassification studies | Studies carried out in hospitals to verify quality of medical certification | Local information |
| Data quality: Misclassification studies | Average amount of misclassification of cause of death | Local information |
| Data quality: ICD classification | ICD classification in use (8,9 or 10) at:   1. Detail of ICD (3,4 or 5 plus digits) 2. Tabulation list or WHO simplified list 3. Age groups used for mortality data 4. ICD definition for live births and foetal deaths | Some derived other from local information |
| Data Quality: Late registration – births | Proportion of births registered more than one year after the child was born | Country |
| Data Quality: Late registration but within year of birth | Proportion of births registered outside the legal limit for registering but within their birth year | CR office |
| Data Quality: Late registration – deaths | Proportion of deaths registered more than one year after death | CR office |
| Data Quality: Late registration but within year of death occurring | Proportion of deaths registered outside the legal limit for registering but within one year after death | CR office |
| CRVS system structure | Business process maps of CRVS system architecture | EA analysis |
| CRVS and NID system linkage and integration | Is there a national ID agency and:  a) Is it linked to CR  b) How | Local information |
| CRVS legal/regulatory framework | Law/regulation stating that COD must be reported | Local statures/CRVS authority and MOH |
| CRVS legal/regulatory framework | Law/regulation stating that COD must/may be:   1. medically certified 2. determined through VA | Local statures/CRVS authority and MOH |
| Existence of legal and regulatory framework: legislation on CoD | Law/regulation stating that COD must be reported | Local statures/CRVS authority and MOH |
| Existence of legal and regulatory framework: Coronial system | Coronial or similar system for non-natural deaths | Local statures/CRVS authority and MOH |
| CoD reporting & certification practices: Certification training – students/interns | Average hours of training received by medical students/interns in certification according to ICD-compliant practices | Local information |
| CoD reporting & certification practices: Certification training - doctors | Training offered to doctors in certification according to ICD-compliant practices in continuing medical education | Local information |
| CoD reporting & certification practices: Certification training - doctors | Number of doctors having received training in the last two years in correct medical certification? | Department of Health |
| CoD reporting & certification practices: ICD training | Number of personnel who have been formally trained in ICD mortality coding in the last year two years a) locally b) internationally | Local information |
| CoD reporting & certification practices: ICD refresher training | Number of personnel who code who have received “refresher” training last two year | Local information |
| Planning | Date of most recent:   1. Rapid assessment 2. Comprehensive assessment 3. Strategic plan 4. Costed investment plan | Local information |
| Funding gap | Difference between budget request and funds actually allocated to CRVS | Local information |
| CRVS system oversight | Is there an inter-agency CRVS committee?   1. Composition of the committee 2. No. of meetings in past twelve months | Local information |
| Civil registration function – best practices | Compare current civil registration practices to the ten best practices defined in Annex A. | Local information and practice |
| Civil registration functioning – computers | Lowest administrative level at which civil registration offices have functioning computers | Local information |
| Health sector functioning in relation to CoD | SOPs, manuals, etc. for implementing key steps of abstracting data from the medical records | Local information |
| Health sector functioning – individuals responsible for medical records/HIS | Lowest health facility level at which there are designated individuals responsible for medical records and HIS | Local information |
| Health sector functioning – computers | Lowest health facility level at which functioning computers are available | Local information |
| Vital statistics – technical and operational resources for statistical operations | Existence of SOPs, manuals, etc. for implementing best practice on each key step of the production of vital statistics | NSO document review |
| Vital statistics – computer resources for statistical operations | All national and subnational offices have adequate numbers of functioning computers  Lowest health facility level at which there are designated individuals responsible for medical records and HIS | CRVS authority interviews |
| Vital statistics – in-country capacity | In country capacity exists to:   1. compile vital statistics according to global standards 2. check accuracy of the data and correct these 3. analyse and interpret the data 4. present and disseminate the data for maximum use | Assessed by TAG |
| Demand for civil registration and vital statistics: Incentives – births | Incentives used in the last 5 years to encourage birth registration | NSO document review and key informant interview |
| Demand for civil registration and vital statistics: Incentives – deaths | Specific incentives used in the last 5 years to encourage death registration | Local information |
| Demand for civil registration and vital statistics: barriers to registration | Main barriers to registration of vital events | Possibly focus group discussions (Basle team) |
| Demand for civil registration and vital statistics: Public awareness | National/local initiatives to increase knowledge in community of importance of CR and registration obligation | Local information |
| Demand for civil registration and vital statistics: Government ownership | Recent training provided to increase knowledge in government/CRVS workforce of importance of vital statistics | Local information |