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

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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

CRVS Secretariat at Cabinet Division (Upazila CEO Office)

Office of Registrar General (Local Registrars)

Director General of Health Services (Local Hospitals and Upazila (sub-district) Health Complex)

Bloomberg D4H

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

- 2014-15: 6
- 2015-16: 7
- 2016-17: 1728

Total:
- 2014-15: 1861
- 2015-16: 1799
- 2016-17: 1875
Result: Availability of Intl. Standard Underlying Cause of Death Data: Adult
Result: Availability of Intl. Standard Underlying Cause of Death Data: Child

[Bar chart showing mortality fractions for different causes of death for children]
Result: Availability of Intl. Standard Underlying Cause of Death Data: Neonate
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

Political Vision + Bureaucratic Machinery

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

Must have

Whole-of-Government

South-South and Triangular Cooperation

• No need to reinvent the wheel
• Learning from other people’s mistakes is ‘cheaper’