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Bangladesh Experience on Completing Midterm Questionnaire in 2019



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Civil Registration Implementing Agencies in Bangladesh

- ◆ Office of the Registrar General, Birth and Death, Local Government Division.
- ◆ Law and Justice Division
- ◆ Directorate General of the Health Services
- ◆ Departments of Primary Education and Higher Secondary Education
- ◆ National Identity Office



Vital Statistics Producing Agencies in Bangladesh

- ◆ Bangladesh Bureau of Statistics (BBS), Statistics and Informatics Division.
- ◆ Directorate General of the Health Services.
- ◆ Bangladesh Bureau of Educational Information and Statistics (BANBEIS)



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International organization who are supporting
Bangladesh strengthen the Civil Registration System

- ◆ Vital Strategies, Bloomberg Data for Health Initiatives.
- ◆ UNICEF, Bangladesh.



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Experience on filling up birth and death registration info.

- ◆ The journey of institutionalizing CRVS in Bangladesh is new, though the Birth and Death Registration Act was promulgated in 1873. The affairs of Birth and death registration were conducted by union parishads manually in a fragmented way.
- ◆ A systemic approach was adopted after 2010 when a birth and death registration project was introduced under Local Government Division.
- ◆ In 2016 birth and death registration activities took very much comprehensive shape when the project was upgraded into a full-fledged Office of Registrar General (ORG).
- ◆ The project introduced the Birth and Death Registration Information System (BRIS) which functional but had limited capability to generate reports on different queries.
- ◆ In 2019, the system was replaced by an upgraded platform called Birth and Death Registration Information System (BDRIS) which was more efficient in generating reports, though with certain limitations.



Experience on filling up birth and death registration info.

- ◆ The staff of ORG faced difficulties in preparing reports as they had neither experience nor training in this matter. That's why a lot of query and data missing were found in initial draft of the report. That scenario was improved in 2019 but not to the satisfactory level.
- ◆ As per the Birth and Death Registration Act of 2004 (amended in 2013), the BRIS system was designed to collect data on birth registration within 45 days of occurrence. However, for the mid-term review questionnaire, data on birth registration within one year of occurrence was required, which posed a challenge in generating the necessary information from the system.
- ◆ However, the process of providing data for the issuance of official birth and death certificates is easy. Since the inception of BRIS, we are providing birth and death certificates immediately after completing the registration with minimum information.



Experience on filling up cause of death info.

- To identify the cause of death in hospitals the use of the MCCOD form and ICD-10 coding has been initiated since 2016 under the CRVS system Improvement Project funded by Vital Strategies.
- During 2016-2018 we introduced MCCOD initially in four tertiary level hospitals, that's why we could not provide data of the time period before 2017.
- At the beginning, very few doctors were trained on MCCOD as well as SMoL to send cause of death data using DHIS2. As workforce who are inserting data into the DHIS2 do not have much knowledge so we are getting very poor quality of cause of death data sometime data missing.
- Though we submitted the base line questionnaire (2015) before the midterm review that was the CRVS inception in Bangladesh but 2019 was the bench mark, we learn a lot in the perspective of Cause of Death reporting.



Experience on filling up vital statistics info.

- ◆ Until now, Bangladesh has relied on vital statistics produced through sampling methods. As of 2019, there was a lack of data on vital statistics generated from civil registration data, resulting in an empty section in the records



Working group/task force.

- ◆ In September 2014, Bangladesh established a CRVS Coordination mechanism, which includes
 - ◆ the CRVS Steering Committee,
 - ◆ CRVS Implementation Committee, and
 - ◆ two other committees.
- ◆ The CRVS Implementation Committee, consisting of 14 members and chaired by the Secretary of Coordination and Reforms, played a crucial role in completing the midterm reporting form.
- ◆ The committee organized various meetings and workshops with stakeholders, resulting in consensus on different aspects of reporting



Comprehensive assessment of CRVS data and data gaps

- ◆ Bangladesh conducted comprehensive assessment of CRVS data in 2014 with the help of ESCAP and WHO under the supervision of Directorate General of Health Services (DGHS).
- ◆ The assessment identified data gaps in CRVS. The comprehensive assessment help us to laid down the CRVS stone unturned in Bangladesh.
- ◆ The Assessment help us to find out the key areas where we have to improve urgently, we are trying to do accordingly, that's why CRVS activities in Bangladesh improving rapidly. The assessment identified data gaps in CRVS.



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Strategic action plan

- ◆ In 2014, Bangladesh conducted a comprehensive assessment of its CRVS data and developed a strategic costed action plan.
- ◆ We could not implement the strategic costed action plan fully due to insufficient funding for CRVS activities from then until now. However, we have partially and in a fragmented way implemented the plan
- ◆ Since 2016, we have received limited funding from Vital Strategies, which has provided some support for our CRVS activities.



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Administer the questionnaire

- ◆ In 2019, Bangladesh's CRVS activities were supervised by the fully functional CRVS Steering and Implementation Committees. The former directed stakeholders' engagement for completing the midterm review report, while the latter monitored the report's preparation through stakeholder consultation meetings.
- ◆ However, challenges such as insufficient technical expertise in the ORG office and limited CRVS knowledge of the newly appointed Registrar General were encountered.



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Administer the questionnaire

- ◆ After consulting with stakeholders, we sent out a questionnaire to CR agencies and requested that they send it to the CRVS Implementation Committee upon completion.
- ◆ The committee analyzed the report and solicited feedback from various stakeholders in a live meeting.
- ◆ After incorporating the comments and feedback, we finalized the report. Most of the CR agencies required 2-3 months to complete the finalization process.



Lessons learned

- ◆ By submitting the baseline questionnaire in 2015 Bangladesh is committed to complete the 100% birth registration within one year of occurrence by 2024 and as well as 50% death registration.
- ◆ After that Bangladesh engaged front line health worker in notification process of birth and death registration which is called Kaliganj model in 2017.
- ◆ Although we had submitted the baseline questionnaire in 2015, prior to the mid-term review, the year 2019 was considered as the benchmark for CRVS inception in Bangladesh. During this period, we gained valuable insights on the reporting of Causes of Death, which helped us to enhance our understanding and improve our practices in this regard.



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Validate the completed
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Validate the completed Questionnaire

- ◆ Along with the CRVS Implementation Committee's suggestion on questionnaire, we shared the draft report with the CRVS experts of different development partner like Vital Strategies, UNICEF and WHO to get their comments and feedback.
- ◆ Finally, CRVS Steering Committee analysed the midterm report at policy level and finalized it.



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Challenges

- ◆ Lack of appropriate birth and death registration system that produced the appropriate data.
- ◆ Lack of adequate expertise on CRVS
- ◆ Lack of technical human resources in CR agencies.
- ◆ After the CRVS inception in Bangladesh we got very little time to incorporate all the CRVS components including Cause of Death.
- ◆ Avoiding the traditional cause of death reporting and adapting the International Medical Certification of Cause of Death in facilities using ICD-10.
- ◆ Difficulty in introducing the new concept of Verbal Autopsy to identify the Cause of death in Community.



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