#### 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,

- 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

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CRVS Secretariat coordinates at high-level and operational level

CRVS Secretariat at Cabinet Division (Upazila CEO Office)

Office of Registrar General (Local Registrars)

Bloomberg D4H

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

Kaliganj: sub-district of 280K people

#### Interventions

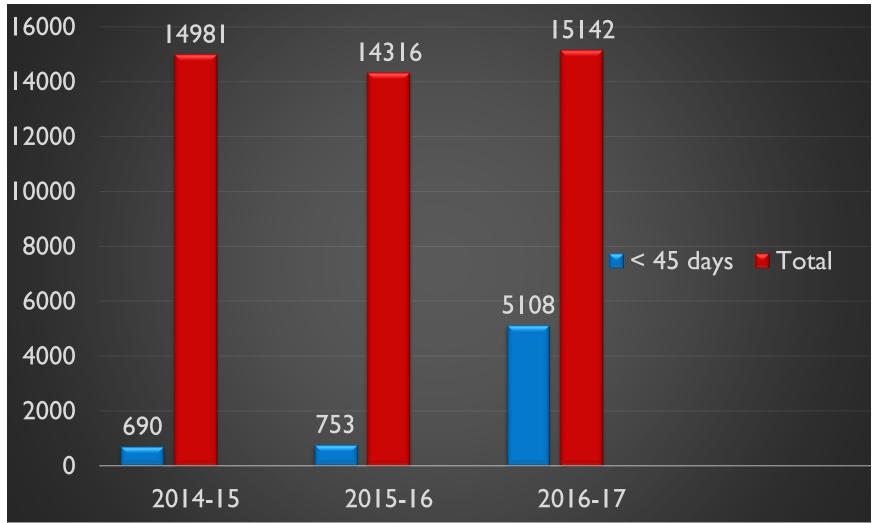
- 1. Notification by health workers sent to registrars
- International Standard of Medical Certificate of CoD and improve medical certification of CoD in hospitals
- 3. VA using tablets where medical certificate is not possible
- 4. Capacity development of 1,300 physicians on MCCoD, 140 staff on VA, 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

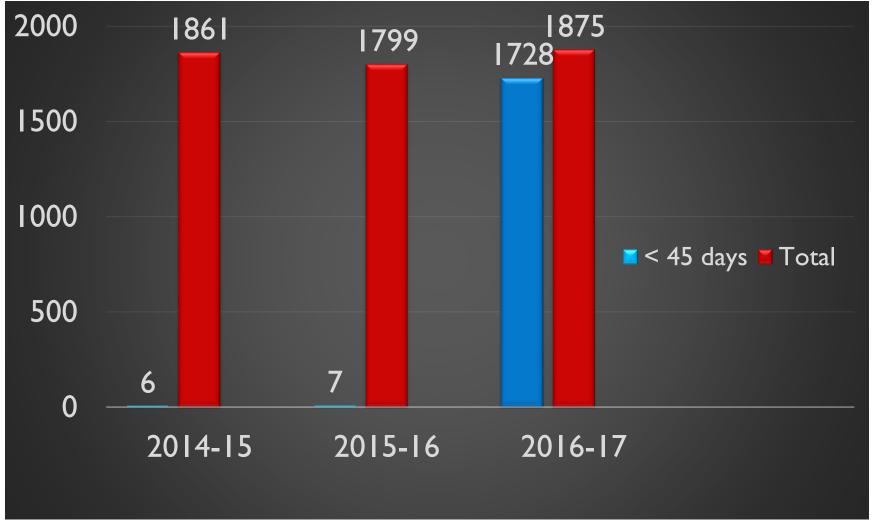






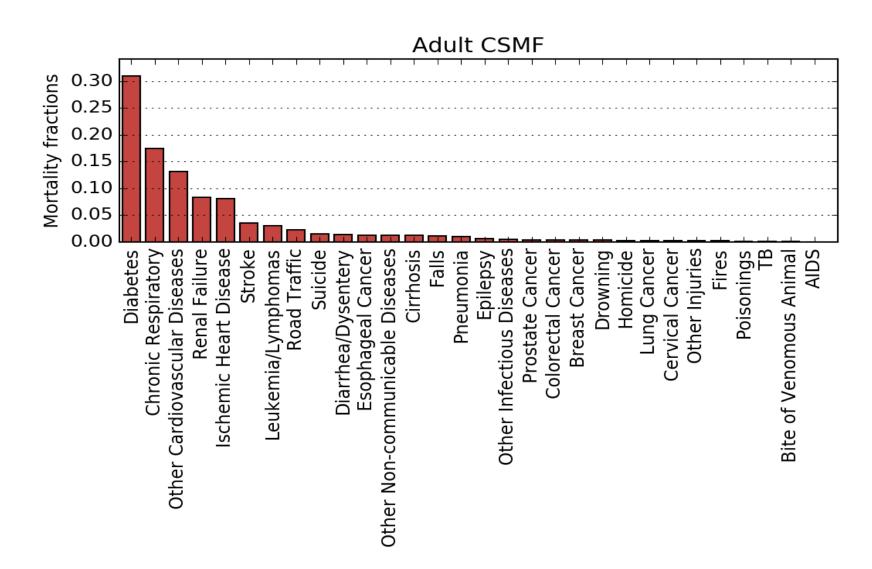
## Result: Increased Death Registration within 45 Days



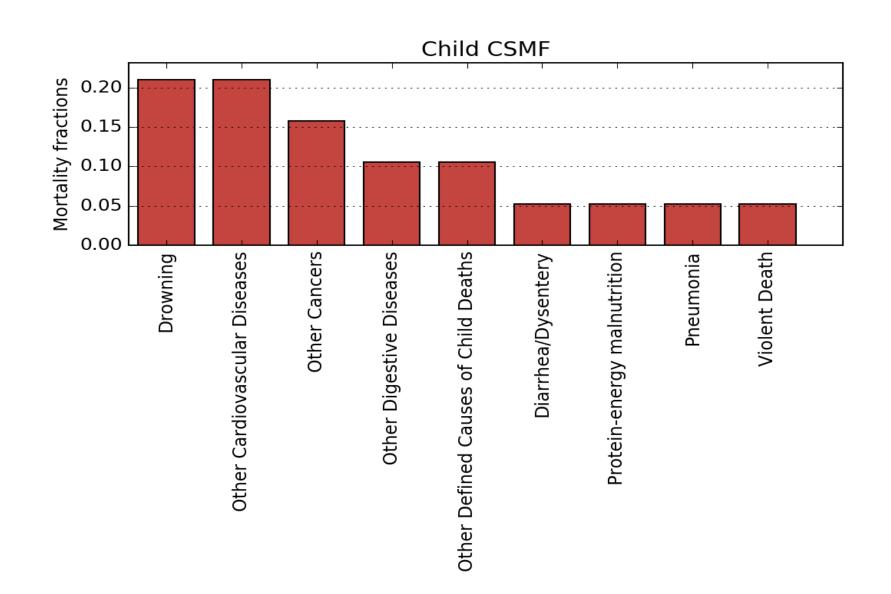




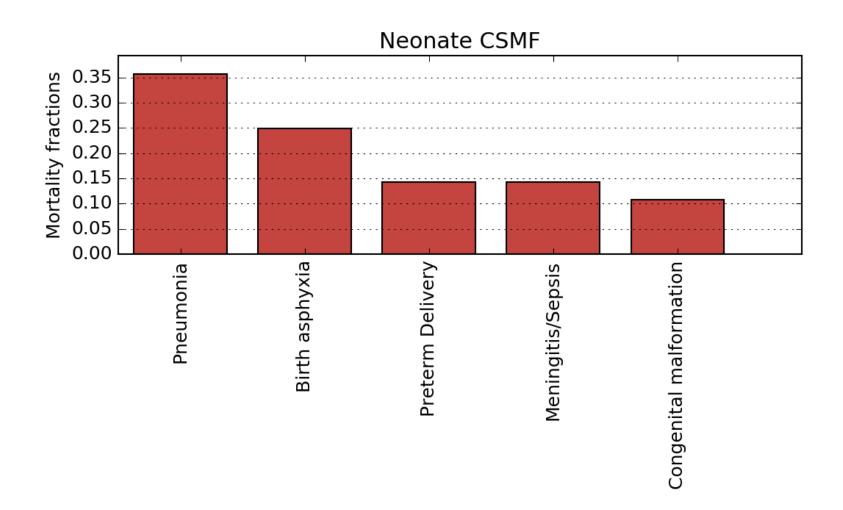
### Result: Availability of Intl. Standard Underlying Cause of Death Data: Adult



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



### 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

Whole-of-Government

South-South and Triangular Cooperation

No need to reinvent the wheel

Must have

 Learning from other people's mistakes is 'cheaper'

