



COUNT EVERYONE

Cause of death documentation in public sector health facilities in Bihar and Uttar Pradesh



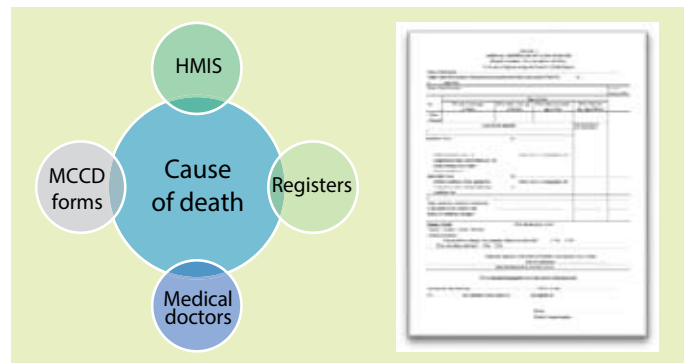
Very less number of deaths in these states have a medically certified cause of death (MCCD). Mode of dying is written by doctors instead of cause of death (CoD) which has no value in health decision making. As most deaths occur at home, a robust, timely and automated verbal autopsy method is needed to estimate CoD, in addition to MCCD for facility deaths. Opportunities are identified to improve CoD documentation.



What did we do?

Detailed interviews were conducted with medical doctors, and review of the process of cause of death (CoD) documentation was undertaken in public sector health facilities in 18 districts of Bihar and 5 districts of UP.

TYPE OF FACILITY	BIHAR	UP
District hospital	15	8
Sub-divisional hospital	14	0
Referral hospital	4	0
Community health centre	13	10
Primary health centre	23	7

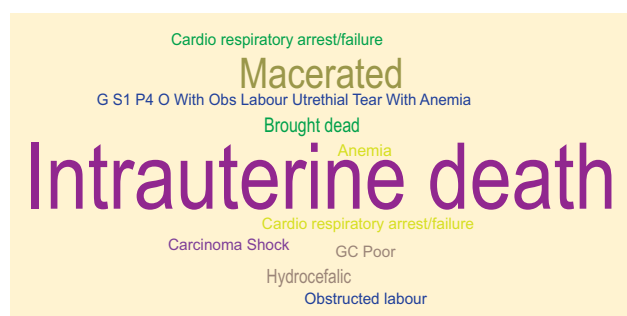


What did we find?

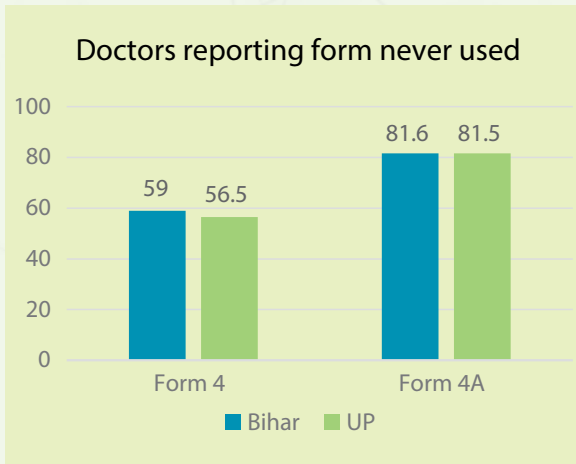
HMIS is not a good source of CoD as most rows are kept blank

17.1	Infant deaths within 24 hours (1 to 23 hours) of birth
17.2	Infant Deaths up to 4 weeks (1 to 28 days) due to
17.2.1	Infant Deaths up to 4 weeks due to Sepsis
17.2.2	Infant Deaths up to 4 weeks due to Asphyxia
17.2.3	Infant Deaths up to 4 weeks due to Other causes
17.3	Infant Deaths Between 1 month (more than 28 days) and less than 12 months due to
17.3.1	Number of infant Deaths (1-12 months) due to Pneumonia
17.3.2	Number of infant Deaths (1-12 months) due to Diarrhoea
17.3.3	Number of infant Deaths (1-12 months) due to Fever related
17.3.4	Number of infant Deaths (1-12 months) due to Measles
17.3.5	Number of infant Deaths (1-12 months) due to Others
17.4	Child Deaths between 1 year and less than 5 years due to
17.4.1	Number of Child Deaths (1-5 years) due to Pneumonia
17.4.2	Number of Child Deaths (1-5 years) due to Diarrhoea
17.4.3	Number of Child Deaths (1-5 years) due to Fever related
17.4.4	Number of Child Deaths (1-5 years) due to Measles
17.4.5	Number of Child Deaths (1-5 years) due to Others
17.5	Maternal Deaths (15 to 49 years) due to
17.5.1	Number of Maternal Deaths due to Bleeding
17.5.2	Number of Maternal Deaths due to High Fever
17.5.3	Number of Maternal Deaths due to Abortion
17.5.4	Number of Maternal Deaths due to Obstructed/prolonged labour
17.5.5	Number of Maternal Deaths due to Severe hypertension/fits
17.5.6	Number of Maternal Deaths due to Other Causes (including causes not known)
17.6	Total Facility Based Maternal Death Reviews (FBMDR) done
17.7	Other Deaths (except Infant, Child & Maternal Deaths) 5 years and above due to
17.7.1	Number of Adolescent / Adult deaths due to Diarrhoeal diseases
17.7.2	Number of Adolescent / Adult deaths due to Tuberculosis
17.7.3	Number of Adolescent / Adult deaths due to Respiratory diseases including infections (other than TB)
17.7.4	Number of Adolescent / Adult deaths due to Other Fever Related
17.7.5	Number of Adolescent / Adult deaths due to HIV/AIDS
17.7.6	Number of Adolescent / Adult deaths due to Heart disease/Hypertension related
17.7.7	Number of Adolescent / Adult deaths due to Cancer
17.7.8	Number of Adolescent / Adult deaths due to Neurological disease including strokes
17.7.9	Number of Adolescent / Adult deaths due to Accidents/Burn cases
17.7.10	Number of Adolescent / Adult deaths due to Suicide
17.7.11	Number of Adolescent / Adult deaths due to Animal bites and stings
17.7.12	Number of Adolescent / Adult deaths due to Known Acute Disease
17.7.13	Number of Adolescent / Adult deaths due to Known Chronic Disease
17.7.14	Number of Adolescent / Adult deaths due to Causes not known
17.8	Deaths due to Vector Borne Disease (all age groups)
17.8.1	Number of Deaths due to Malaria-Plasmodium Vivax
17.8.2	Number of Deaths due to Malaria-Plasmodium Falciparum
17.8.3	Number of Deaths due to Kala Azar
17.8.4	Number of Deaths due to Dengue
17.8.5	Number of Deaths due to Encephalitis Syndrome (AES)
17.8.6	Number of Deaths due to Japanese Encephalitis (JE)

Brought dead, cardio-respiratory arrest and intra-uterine death accounted for major CoD across the death, emergency and labour registers



Awareness and utilization of MCCD forms was poor by doctors

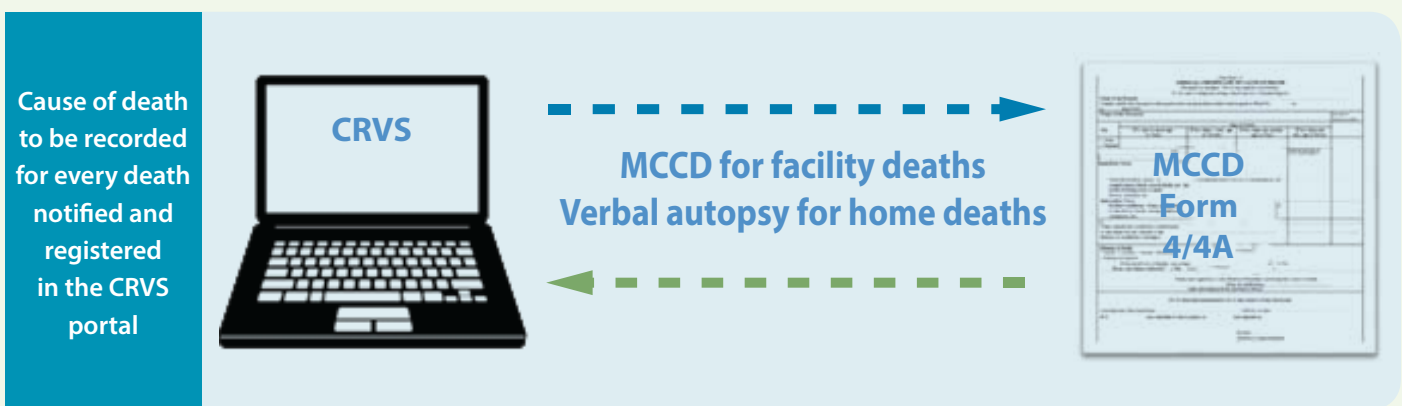
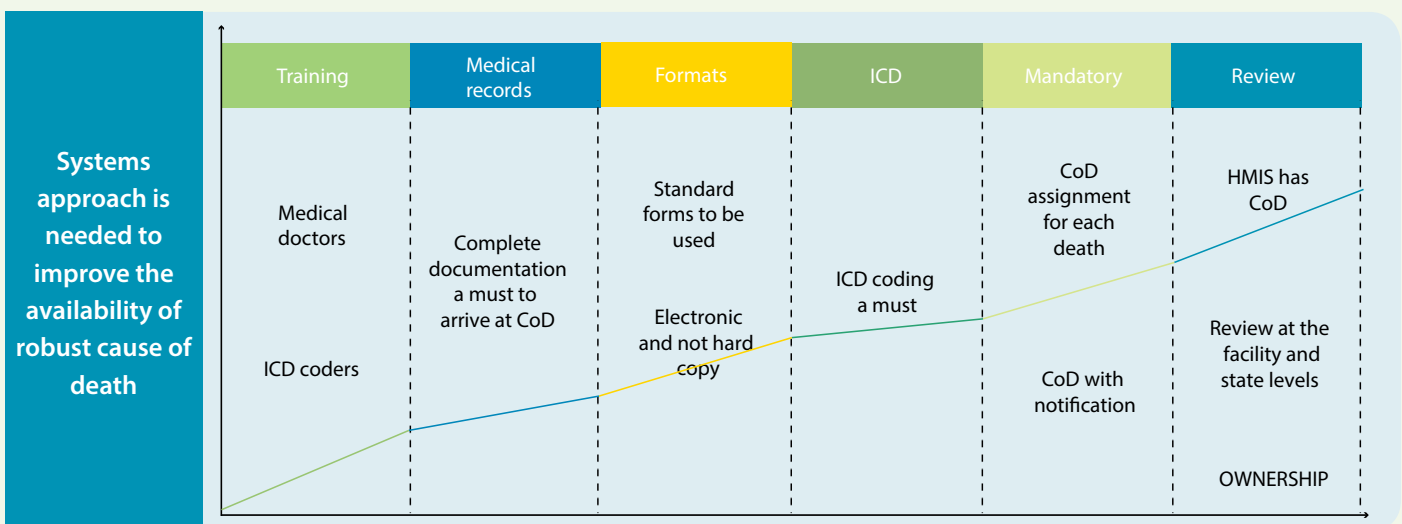


Similar reasons were given by the doctors for not documenting medically certified CoD in both the states

Issues concerning MLC

- Post mortem services not available
- Lack of proper medical equipment at the facility
- Lot of paper work involved
- Lack of refreshment training
- Insufficient time**
- Lack of proper format
- Lack of medical history-referral
- Difficulty in understanding the forms**
- Inadequate understanding of coding CoD

Way forward



About COUNT EVERYONE

The Public Health Foundation of India (Gurugram) was the technical lead of this study, which was done in collaboration with Sambodhi Research Pvt Ltd (Noida), CARE India (Patna) and Oxford Policy Management (New Delhi). COUNT EVERYONE was funded by the Bill & Melinda Gates Foundation, India office. The primary aim of this study was to generate information to improve birth and death registration, and cause of death documentation in Bihar & Uttar Pradesh.

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