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.

What did we find?

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

<table>
<thead>
<tr>
<th>TYPE OF FACILITY</th>
<th>BIHAR</th>
<th>UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>District hospital</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Sub-divisional hospital</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Referral hospital</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Community health centre</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Primary health centre</td>
<td>23</td>
<td>7</td>
</tr>
</tbody>
</table>
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.

## Way forward

### Systems approach is needed to improve the availability of robust cause of death

<table>
<thead>
<tr>
<th>Training</th>
<th>Medical records</th>
<th>Formats</th>
<th>ICD</th>
<th>Mandatory</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical doctors</td>
<td>Complete documentation a must to arrive at CoD</td>
<td>Standard forms to be used</td>
<td>Electronic and not hard copy</td>
<td>CoD assignment for each death</td>
<td>HMIS has CoD</td>
</tr>
<tr>
<td>ICD coders</td>
<td></td>
<td></td>
<td></td>
<td>CoD with notification</td>
<td>Review at the facility and state levels</td>
</tr>
</tbody>
</table>

### Cause of death to be recorded for every death notified and registered in the CRVS portal

- **CRVS**
  - MCCD for facility deaths
  - Verbal autopsy for home deaths

## 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

About COUNT EVERYONE

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