Large Scale DHIS2 Tracker implementation: Medically Certified Causes of Death module implementation in the public and private facilities

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Abstract

**Background:** Bangladesh has a long history of Birth and Death registration. Colonial British ruler enacted the Birth and Death Registration Act, 1873 in undivided Bengal of the then British India. It was an unsuccessful practice of 131 year. In 2004, a new law was enacted designating the local government bodies and Bangladesh Missions abroad as registrars. A project was undertaken to ensure hundred percent registrations of all births and deaths electronically. That was also not very successful, the % of death registration within 45 days is < 1% and Birth registration within 45 days is < 3% in 2015. Total number of death registered in 2015 is only 99,871 & number of birth registered in 2015 within 45 days is only 71,288.

Since the Ministerial Conference on CRVS, 2014 Bangladesh has progressed significantly to realize its CRVS++ model and thereby the goals set out in the Regional Action Framework. Along with the ongoing activities a Unique ID (UID) system has been developed and is being used; a separate entity, Office of the Registrar General, Birth and Death Registration has been established; the existing online birth and death registration system is being modified; completed review of the legal framework; developed Enterprise Architecture (EA) of the CRVS++ system; introduced on pilot basis the international standard Medical Certification of Cause of Death (MCCoD) in 4 hospitals as part of the National HMIS system in 2017. From 2018 it is being gradually scaling up in the Tertiary label hospitals, District Hospitals and Sub-district hospitals. It is also being scaling up in the private hospitals free of costs.

**Methodology:** HISP Bangladesh customizes DHIS2 based WHO MCCOD module to adopt local legal requirements and workflow process to support CRVS initiative in 2016. This tracker module was customized to capture detail information on the deceased and medically certified causes of Death and sending data electronically to the death registration system to register the death immediately. Besides SoML, this module capturers immediate and underline causes of death in ICD 10. This module also prepared data to do additional analysis in ANCODA.

**Conclusions:** DHIS2 based MCCOD module helps to improve death registration within 45 days significantly. Also it feeds the national HMIS system with proper death statistics in ICD10 and in SoML from which it is shared with Bangladesh Bureau of Statistics (National Statistics office). These data helping the policymakers and health planners to plan health interventions and planning based on the evidence. Bangladesh achieves health MDG and death statistics show the weak point where to look at to achieve Health SDG.

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