



Bloomberg
Philanthropies



DATA FOR
HEALTH INITIATIVE

CRVS Fellowship profile

Evaluating the death notification system in Sierra Leone,
James Fawundu

March 2021





Resources available from the University of Melbourne, Bloomberg Philanthropies Data for Health Initiative

CRVS course prospectuses

These resources outline the context, training approach, course content and course objectives for the suite of CRVS trainings delivered through the Bloomberg Philanthropies Data for Health Initiative. Each course focuses on a specific CRVS intervention or concept, and is designed to support countries to strengthen their CRVS systems and data.

CRVS Fellowship reports and profiles

The CRVS Fellowship Program aims to build technical capacity in both individuals and institutions to enhance the quality, sustainability and health policy utility of CRVS systems in Fellows' home countries. *Fellowship reports* are written by Fellows as a component of the program, and document, in detail, the research outcomes of their Fellowship. *Fellowship profiles* provide a summary of Fellows' country context in relation to CRVS, an overview of the Fellowship experiences, the research topic and the projected impact of findings.

CRVS analyses and evaluations

These analytical and evaluative resources, generated through the Initiative, form a concise and accessible knowledge-base of outcomes and lessons learnt from CRVS initiatives and interventions. They report on works in progress, particularly for large or complex technical initiatives, and on specific components of projects that may be of more immediate relevance to stakeholders. These resources have a strong empirical focus, and are intended to provide evidence to assist planning and monitoring of in-country CRVS technical initiatives and other projects

CRVS best-practice and advocacy

Generated through the Initiative, CRVS best-practice and advocacy resources are based on a combination of technical knowledge, country experiences and scientific literature. These resources are intended to stimulate debate and ideas for in-country CRVS policy, planning, and capacity building, and promote the adoption of best-practice to strengthen CRVS systems worldwide.

CRVS country reports

CRVS country reports describe the capacity-building experiences and successes of strengthening CRVS systems in partner countries. These resources describe the state of CRVS systems-improvement and lessons learnt, and provide a baseline for comparison over time and between countries.

CRVS technical guides

Specific, technical and instructive resources in the form of *quick reference guides*, *user guides* and *action guides*. These guides provide a succinct overview and/or instructions for the implementation or operation of a specific CRVS-related intervention or tool.

CRVS tools

Interactive and practical resources designed to influence and align CRVS processes with established international or best-practice standards. These resources, which are used extensively in the Initiative's training courses, aim to change practice and ensure countries benefit from such changes by developing critical CRVS capacity among technical officers and ministries.

Published by the University of Melbourne, Civil Registration and Vital Statistics Improvement, Bloomberg Philanthropies Data for Health Initiative.

Melbourne School of Population and Global Health
Building 379
207 Bouverie Street
Carlton, VIC 3053
Australia

CRVS-info@unimelb.edu.au
www.mspgh.unimelb.edu.au/dataforhealth

**Made possible through funding from
Bloomberg Philanthropies**
www.bloomberg.org

Suggested citation

Streatfield, A, Fawundu, J. *Fellowship profile: Evaluating the death notification system in Sierra Leone*, James Fawundu. CRVS Fellowship reports and profiles. Melbourne, Australia: Bloomberg Philanthropies Data for Health Initiative, Civil Registration and Vital Statistics Improvement, University of Melbourne; 2021.

Fellowship profile: Evaluating the death notification system in Sierra Leone, James Fawundu

From February to March 2021, James Fawundu from the National Civil Registration Authority in Sierra Leone undertook a remote Civil Registration and Vital Statistics (CRVS) Fellowship through the Bloomberg Philanthropies Data for Health (D4H) Initiative at University of Melbourne (UoM), evaluating the national death notification system in Sierra Leone.

This profile documents James' personal experiences and outcomes, and the broader impact his Fellowship might have on improving the quality of mortality data in Sierra Leone.

For more information on the CRVS Fellowship Program, including information on how to apply for a Fellowship, visit the CRVS Knowledge Gateway at <https://crvsgateway.info/fellowship>

Pre-Fellowship: Career overview

Graduating from Njala University in 2013 with a Bachelor of Arts in Education, James began working with the World Health Organization (WHO) as a District Supervisor, participating in the coordination of Bo district's Ebola response operation. He was soon promoted to the role of National Surveillance Program Officer, where he planned and monitored responses to disease outbreaks and the rollout of immunisation programs.

James then joined the Ministry of Health as the National Coordinator of public health NGOs across Sierra Leone, spending about eight months in this role before applying for – and receiving – a World Bank scholarship for a Master of Public Health at the James P Grant School of Public Health at BRAC University in Bangladesh. Upon his return to Sierra Leone, James began working as a Quality Assurance Manager with the National Civil Registration Authority (NCRA), a role in which he was responsible for ID management and registration of vital events, like births, deaths, marriages, and divorces.

After only seven months in this position, James took up the role of Birth and Death Manager (Epidemiologist) with the NCRA, where he still works today. His key focus is to ensure the completeness and accuracy of birth and death registration, which involves cross-checking death records from both hospitals and the community – records which James says are often not reliable (**Box 1**). For example, James stated that he'll occasionally review a death record only to find that the "decedent" is in fact, still alive; a phenomenon which he says is a common occurrence in Sierra Leone.

"We are not getting many death reports from communities or hospitals – our death data have low completeness... sometimes a person will already be buried before the death is even reported."



Figure 1: James at BRAC University, Bangladesh, where he received his Master of Public Health.



Poor completeness of death registration, and gaps in the notification system, are challenges for Sierra Leone. James commented that it is not uncommon to find records for “deceased” individuals who are actually still alive.

Box 1: CRVS in Sierra Leone

In order to maximise the health of its population, the Government of Sierra Leone is collaborating with the Bloomberg Philanthropies Data for Health (D4H) Initiative to strengthen its civil registration and vital statistics (CRVS) system. A strong CRVS system captures data on vital events in order to produce reliable health statistics – statistics which decision-makers rely on to inform priorities for effective health policy and planning.¹

Although Sierra Leone has made great progress in CRVS strengthening, challenges still remain, including poor coordination between ministries and incomplete birth and death registration data.² While Sierra Leone has laws mandating the reporting of any death to the local hospital or community health officer, in practice, many people are often buried before their death is reported, resulting in poor completeness of death registration data.³

Applying for the Fellowship

James heard about the CRVS Fellowship program through a colleague, and was motivated to apply to obtain skills and knowledge beneficial for expanding his career in civil registration and vital statistics. Given Sierra Leone’s current challenges with obtaining reliable mortality data, James decided to focus his Fellowship on evaluating the country’s death notification system (**Box 2**), with the aim to assess the current state of the system and ways in which it could be improved.

Box 2: What is verbal autopsy (VA)?

Notification is the formal communication of a death event to a recognised, established government body or agency. It is a tremendously important component of a functioning civil registration and vital statistics (CRVS) system, being the gateway to all administrative, legal and statistical processes related to the vital event. Death notification is typically required for the issuance of a burial or cremation permit, as well as for eventual registration and certification of death.⁴

- 1 Richards N, Sorchik R, Brolan C. *Why the Sustainable Development Goal agenda needs strong civil registration and vital statistics systems*. CRVS best-practice and advocacy. Melbourne, Australia: Bloomberg Philanthropies Data for Health Initiative, Civil Registration and Vital Statistics Improvement, University of Melbourne; 2018. Available at: <https://crvsgateway.info/file/16972/1967>
- 2 Centre of Excellence for CRVS Systems; UNECA. ‘Snapshot of civil registration and vital statistics systems of Sierra Leone’. 2019. Available at: https://crvssystemsc.ca/sites/default/files/assets/files/CRVS_SierraLeone_e_WEB.pdf
- 3 Jalloh, M. et al. National reporting of deaths after enhanced Ebola surveillance in Sierra Leone. *PLoS Neglected Tropical Diseases* 2020; 14(8): e0008624.
- 4 Cobos Muñoz D, de Savigny D. *Where there is no physician: improving the notification of community deaths*. CRVS analyses and evaluations. Melbourne, Australia: University of Melbourne, Civil Registration and Vital Statistics Improvement, Bloomberg Philanthropies Data for Health Initiative; 2018. Available at: <https://crvsgateway.info/file/16907/1785>

James understands the importance of training the physicians and health workers responsible for certifying deaths: “if we don’t address these challenges, CRVS will remain un-strengthened.”

Undertaking the Fellowship

Upon beginning his remote Fellowship, James visited a number of provinces across Sierra Leone to observe the death notification system at work and to see how death registration occurs in the field. To support his observations and learnings, he met regularly with his supervisor and staff from UoM via Zoom meetings to learn methods for estimating registration completeness, under five mortality and crude death rates. He also took an interest in life tables and business process mapping, with the goal of identifying important changes to improve Sierra Leone’s death notification system. Having learned these methods, James mentioned that in the future, indicators such as completion rates, under five mortality and death rates could be used by institutions involved in CRVS-strengthening:

“Key indicators like these are key to understanding what people are dying from, and are useful for institutions looking to strengthen CRVS.”

Throughout his time observing Sierra Leone’s death notification and registration system, James came to understand the role of accurate medical certification of cause of death (MCCOD) in producing reliable and useful death data (**Box 3**). James underscored the importance of training the physicians and health workers responsible for certifying deaths, stating that “if we don’t address these challenges, CRVS will remain un-strengthened.”



Figure 2: James conducting fieldwork in Sierra Leone.

Box 3: What is medical certification of cause of death (MCCOD)?

When a patient dies in a hospital or health facility, a medical certificate of cause of death (COD) should be completed.⁵ The medical death certificate is usually completed by a physician who attended to the patient or a physician who is familiar enough with the patient’s medical history to confidently ascertain the COD.⁶ To certify a death, the physician must first identify the disease or injury leading directly to death, and then trace back the sequence of events to determine the underlying COD.⁶

James observed that there are several components integral to the functioning of Sierra Leone’s CRVS system, with death registration being one of these. If there are lapses in any of the key components, the CRVS system overall will be weakened. By learning to identify gaps in notification and registration, James, along with other CRVS stakeholders, will be able to plan ways of addressing these gaps.

“If we can do this, CRVS in Sierra Leone will be stronger than ever before.”

5 The University of Melbourne. *Strategies for improving the quality of cause of death data in hospitals*. CRVS best-practice and advocacy. Melbourne, Australia: Bloomberg Philanthropies Data for Health Initiative, Civil Registration and Vital Statistics Improvement, University of Melbourne; 2017. Available at: <https://crvsgateway.info/file/16951/45>

6 Lomas HD, Berman JD. Diagnosing for administrative purposes: some ethical problems. *Social Science and Medicine* 1983; 17:241-244.

Moving forward

James now plans on sharing the knowledge he acquired from his Fellowship with his colleagues and supervisors. By presenting his work to the Ministry of Internal Affairs, Ministry of Local Government, and the Immigration Department, James aims to galvanise collaboration between the country's CRVS stakeholders:

"[CRVS] needs proper collaboration, and this Fellowship project will help with that."

Sierra Leone is now one step closer to generating accurate and timely mortality statistics. As gaps in the country's death notification system are progressively addressed, a stronger evidence base on which decision-makers can use to guide the formation of health program and policy will be formed, enabling the government to maximise the health and wellbeing of its population.

As for James' hopes for Sierra Leone going forward?

"I hope to see that we strengthen the CRVS system in my country, especially the few areas in which we have lapses. I want people to come to my country and see a positive case study providing lessons that can be replicated in other countries. I want people to say, 'oh, Sierra Leone has done something well in CRVS'. That's my hope."



Figure 3: James assessing death records.

The program partners on this initiative include: The University of Melbourne, Australia; CDC Foundation, USA; Vital Strategies, USA; Johns Hopkins Bloomberg School of Public Health, USA; World Health Organization, Switzerland.

Civil Registration and Vital Statistics partners:



For more information contact:

CRVS-info@unimelb.edu.au
crvsgateway.info

CRICOS Provider Code: 00116K

Version: 0221-01

Copyright

© Copyright University of March 2021.

The University of Melbourne owns the copyright in this publication, and no part of it may be reproduced without their permission.

Disclaimer

The University of Melbourne has used its best endeavours to ensure that the material contained in this publication was correct at the time of printing. The University gives no warranty and accepts no responsibility for the accuracy or completeness of information and the University reserves the right to make changes without notice at any time in its absolute discretion.

Intellectual property

For further information refer to: unimelb.edu.au/governance/statutes