

Summary: Improving the notification of community deaths

This *CRVS summary* is edited from 'Where there is no physician: Improving the notification of community deaths', a CRVS technical outcome series paper available at crvsgateway.info/Library~23

Key messages

- The occurrence of a death in the community, and the formal notification of that death event to a recognised, established government body or agency, is tremendously important.
- Notification is the gateway to all administrative, legal and statistical processes related to the vital event. However, countries often under-appreciate the policy value of compiling, transmitting, consolidating and using death notifications.
- At a foundational level, accurate and reliable counting of deaths and causal attribution of morbidity and mortality provide technical information that is essential for population health policy and planning, resource allocation, monitoring and evaluation, as well as redressing health inequities and responding to emerging health threats and epidemics.
- Notification of deaths, particularly deaths in the community, requires special attention and will likely need specific interventions tailored to each country.
- Two checklists have been developed for countries seeking to audit and improve internal notification of community deaths. These resources are meant to aid countries and their CRVS partners as they move towards improving notification and registration of community deaths.

Strengthening mortality data through counting deaths

Deaths usually occur in one of two places - in health facilities (ie hospitals or clinics), or in the community (ie the home). Currently, deaths that occur in health facilities are often formally notified to the civil registration authorities (**Box 1**), especially if the decedent was attended by a physician who completed a medical certificate of cause of death. However, some deaths in hospitals are not notified to authorities.

Additionally, while hospitals know about cases such as 'dead on arrival', 'gone home to die', and so on, they often do not capture these events in their notification systems.

However, this problem is even greater for deaths that take place in the community setting. Globally, an estimated two-thirds of all deaths occur at home (ie in the community), are not attended by a physician and remain unregistered.¹ Therefore, as most deaths occur in the community, scaling up formal notification of community deaths in civil registration and vital statistics (CRVS) systems is a crucial task facing many countries.

Box 1: Working definition of 'death notification'

"The capture and onward transmission of minimum essential information on the fact of death by a designated agent or official of the CRVS system using a CRVS authorised death notification form (paper or electronic) with that transmission of information being sufficient to support eventual registration and certification of death"

The importance of notifying community deaths

The occurrence of a death in the community, and the formal notification of that death, is tremendously important. A formal notification is an essential first step for deaths to be officially registered by the civil registrar and included in vital statistics. Notification is the gateway to all administrative, legal and statistical processes related to the vital event. Given that it leads to registration and eventual certification, notification also allows surviving next-of-kin to access ownership and property, business or inheritance entitlements, or other health, housing and social welfare rights and entitlements.

¹ de Savigny D, et al. Integrating community based verbal autopsy into civil registration and vital statistics (CRVS): system-level considerations. *Global Health Action* 2017; 10(1):1272882.

However, countries often under-value the importance of death notification information. Accurate and reliable counting of deaths is essential for morbidity and mortality information that governments can use for population health planning, resource allocation, monitoring and evaluation of programs, and redressing health inequities. In short, countries must be notified about events occurring in their diverse populations in order to develop effective public health and socioeconomic policies.

Examining community death notification practices: Process mapping

To improve information on deaths that take place in the community, countries will need to undertake a process mapping exercise for community deaths. A process map is a visual snapshot of the stakeholders, their end-to-end activities or processes, and the process requirements of the country's CRVS system. Process maps capture the complexity of CRVS systems in a single diagram that shows that stakeholders involved in a process and their interactions, responsibilities and tasks assigned.²

The process mapping exercise for community deaths should ideally be led or overseen by the National CRVS Steering Committee.

Examining community death notification practices: Country checklists

Through engaging in process mapping exercises with countries as part of the Bloomberg Philanthropies Data for Health (D4H) Initiative, two checklists have been both created and tested for countries seeking to audit and improve internal notification of community deaths.

The first checklist relates to broader process and systems questions, and checks the features of the notification process for deaths in the community (**Checklist 1**). These are the main features of the notification process for deaths in the community, and 17 questions are asked.

Checklist 2, on the other hand, checks the content of a country's formal notification form (if such a form exists) for deaths that occur in the community. As outlined in Checklist 2, countries will need to consider whether their official notification form contains seven elements to elicit key notification information for community deaths.

Community death notification in D4H countries

A process mapping exercise for community deaths was conducted in collaboration with CRVS country stakeholders from 16 low- to middle-income countries involved in the D4H Initiative. The process mapping exercise aimed to develop a visual snapshot of the stakeholders, their end-to-end activities, and current CRVS process requirements for community deaths in each of these countries.

Death notification processes

It was found that, overall, notification processes are poorly designed and not very well known by CRVS stakeholders. Some countries do not have any structured notification process for deaths that occur in the community. Clear processes for notifying community deaths are largely neglected in standard operating procedures (SOPs).

Death notification forms

The process mapping exercise examined whether an official notification form specifically for community deaths or an official death notification form exists in each of the 16 countries. Countries have several areas in need of improvement. For example, only six of the 16 countries have a form used for notifying deaths outside of health facilities, and five countries use proxies, such as an adapted version of the international Medical Certificate of Cause of Death.

Agents involved in death notification

Among the 16 countries included as part of the process mapping, the notification process and agents involved in notifying community deaths vary considerably. In most countries, it is not defined in the law or any other rules and regulations who should be involved in the notification of a death and precise responsibilities are poorly defined. Across the countries in which the CRVS system had an official notification step, a range of actors were authorised as notification agents. In most countries, multiple agents capture information about death events in different records.

² D Cobos Muñoz, D de Savigny. Process mapping and modelling: A tool for analysing and driving health systems change. In: D de Savigny, K Blanchet and T Adam (eds). Applied Systems Thinking for Health Systems Research: A Methodological Handbook. Open University Press, McGraw Hill Education: London, UK; 2017.



Active and passive notification processes

Death notification processes in most of the 16 countries were passive. Only five countries had some sort of active CRVS surveillance of death events occurring in the community. In passive systems, there are presently unmobilised, untrained, and unincentivised actors who could become agents in a more active notification system.

Link between notification and registration

The connection between the notification of a community death and its subsequent registration/certification currently relies heavily on the family of the deceased. Only five of the 16 countries had a direct link using institutional channels between the agent that notifies the death and the civil registry office that validates the information and officially registers the event.

Recommendations

Weaknesses in the critical initial step of the notification of community deaths are contributing enormously to low completeness rates in death registration and poor-quality mortality statistics. The following are some general guiding principles for countries and their partners to consider while moving towards improving notification and registration of community deaths:

- **Conduct** process mapping.
- **Promote** the use of alternative existing sources of information about deaths to co-opt into notification processes (eg community key informants, burial permit registers).
- **Promote** moving from passive to active notification processes.
- **Ensure** that the new notification process translates to fully registered and certified deaths in the civil registration system.
- **Ensure** that a unique identifier is recorded on the notification form and that it will follow the vital event throughout the entire administrative and statistical process.
- **Collect** information only once and ensure that it can be shared with all legitimate agencies/sectors.



Checklist 1. Main features of the notification for deaths in the community

| No. | Feature | Status |
|-----|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1 | Is it present in the process map? | Yes/No |
| 2 | Is there an official notification form specific for community (out of hospital) deaths | Yes/No |
| 3 | Is there an official death notification form? | Yes/No |
| 4 | Name of the official death notification form | [Insert country specific name] |
| 5 | Does the notification form have a unique ID or Serial Number? | Yes/No |
| 6 | Is the notification process described in an official document? | Yes/No |
| 7 | Are there standard operating procedures (SOPs)? | Yes/No |
| 8 | Number of agents/interactions involved for the declarant | [Insert number] |
| 9 | Health facility/system involved | Yes/No |
| 10 | Type of system for community deaths identification (passive vs. active) | Passive/Active/Mixed |
| 11 | Is the notification form detailed enough to register the death? | Yes/No |
| 12 | Can the notification form be used as a burial permit? | Yes/No |
| 13 | Is the burial permit issued with the notification form and not linked to registration? | Yes/No |
| 14 | Is the notification used to trigger verbal autopsy (VA)? | Yes/No |
| 15 | Who is the notification agent from the CRVS system for a death in the community? | [Insert name – Health staff? Local authority? Family?] |
| 16 | Who is the notification agent from the CRVS system for a death in a health facility? | [Insert name – Health staff? Other?] |
| 17 | Who makes the link between notification and registration? | [Insert specific individual, their role and/or agency – Health Staff? Family? Automated/direct? None?] |

Checklist 2. Checking content of a formal notification form for a community death

| Element | Is this content included? |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| On the form: | Administrative area to District, Sub-District, Community level (usually to census administration level 5); Unique serial number of the record (preferably automatically generated); Date of notification. |
| For the deceased: | Full name; Personal identification number (if available); Sex; Date of birth; Date of death; Age at death (if date of birth is not available); Place of death; Usual place of residence. |
| For the death event: | Date and time of occurrence; Place of occurrence; Cause of death – if medically attended; manner or mode of death if not attended. |
| For the declarant/informant: | Full name; Personal identification number; Usual place of residence; Occupation; Relationship to the deceased; Telephone number and contact details; Date of reporting. |
| Documentation presented by declarant/informant: | Additional comments or remarks; Declarant or informant's signature. |
| For the notification agent: | Signature testifying to being notified; Name; Title; Signature; Date. |
| Disclaimer: | Explaining that: The completed notification form does not have legal status and is not a death certificate; and Instruct how the declarant/informant proceeds to register the death officially at a civil registry office (if such is the policy) - otherwise the notification agent takes care of transmission of the form for registration. |

Summary

Notification of deaths, particularly deaths in the community, needs special attention and will likely need specific interventions tailored to each country. Process mapping makes clear whether or not a country has an active or passive system for identifying and notifying community deaths, and whether there is an official death notification form specific for community deaths.

The process mapping exercise carried-out as part of D4H revealed that the notification step is often poorly specified, highly variable in design, and sometimes missing completely from SOPs, forms and requirements. This weakness is particularly apparent in settings where the majority of deaths occur in the community and where there is no physician. As a result, these deaths are not officially registered. Countries can also use checklists to assess their death notification processes as they seek to improve the processes connecting notification with registration to strengthen CRVS performance and generate more reliable and complete mortality data.

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