

# Enhancing Death Registration Systems for Emergency Response (COVID-19)

MALAWI COUNTRY EXPERIENCE

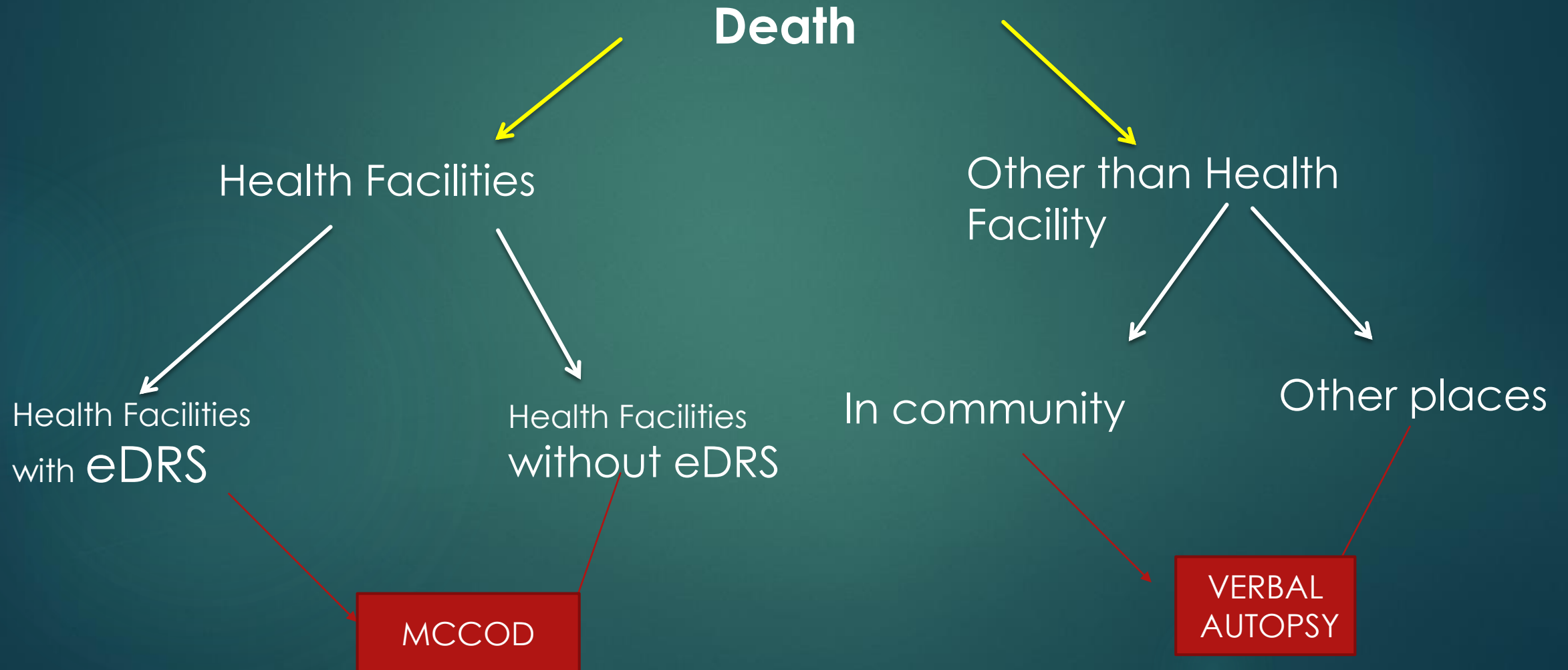
PRESENTATION BY THE NATIONAL REGISTRATION BUREAU (NRB) – MINISTRY OF HOMELAND SECURITY, MALAWI

JULY 2020

# DEATH REGISTRATION IN MALAWI

- ▶ Mandatory death registration has just been introduced and is currently operating in 12 of the 28 districts of the country.
- ▶ The focus is on death occurring in health facilities where clinicians certify the cause of death ie Medical Certification of Cause of Death (MCCOD)
- ▶ The plan was to introduce MCCOD in all districts and then move on to verbal autopsy for community death
- ▶ Clinicians in the 12 districts were trained in MCCOD and so they are able to do that
- ▶ WHO's Malaria Vaccination Implementation Programme forced NRB to introduce Verbal Autopsy in 9 of the 12 districts where death registration is mandatory
- ▶ This means mandatory death registration for facility and community death is operational in 12 districts

# Death Registration Process



# FACILITY DEATH REGISTRATION

- ▶ Death registration forms (NR10) are made available in all wards so registration takes place right there in the wards
- ▶ Any member of staff or a member of the deceased family is able to fill section 1 of the form which is biodata of the deceased
- ▶ Clinicians who attended the deceased fill section 2 of the form within 2 days
- ▶ Section 1 of the form is then entered into an electronic system and sent to NRB for the production of a death certificate
- ▶ Section 2 of the form where the clinician fills is sent to a Central Coding Unit for coding and production of cause of death statistics

# COMMUNITY DEATH REGISTRATION

- ▶ For community death registration form NR10C is used
- ▶ This form does not have section 2 where clinicians certify cause of death
- ▶ The form is administered by village heads/community leaders
- ▶ Village heads keep manual Village death registers where they record all deaths occurring in their villages,
- ▶ The forms are then sent to District Registration Offices for data entry and production of death certificates which applicants collect from the village heads

# LINKAGES TO THE CRVS SYSTEM

- ▶ The National Registration and Identification System [NRIS] comprises of death registration, birth registration, National ID and marriage registration
- ▶ All these systems are supposed to be linked
- ▶ Currently the linkage that is working is the one between National ID System and the Birth Registration System
- ▶ For every birth, a national ID number is issued and the child will use that number as a unique ID Number all his/her life
- ▶ The same number is used on the ID Card when the child turns 16
- ▶ For death registration the linkage is currently being worked on

# LINKAGES.....

- ▶ The proposed design of the linkage between National ID system and Death Registration System is that once one dies and the death is registered, the system issues a death certificate, automatically the ID number that was captured for deceased will be frozen from the National ID system and the number and ID can not be used by anybody especially where fraud is concerned
- ▶ There has been linkages with banks, insurance companies, immigration, Financial Intelligence Unit who all use the NRIS system to vet different processes
- ▶ The ID system is also being used in social economic processes like provision of safety nets and subsidy programmes

# PROGRESS AND RESULTS TO DATE

- ▶ To date mandatory birth registration has been introduced to all health facilities across the country and birth certificates with unique ID number are being issued to all newly born babies
- ▶ Mandatory Death registration has been introduced in 12 districts whilst in the remaining 16 districts death registration is on demand.
- ▶ The Central Coding Unit is producing cause of death statistics for these 12 districts but is reflective of the whole country
- ▶ This MCCOD data will in future be shared with Ministry of Health and District councils for proper interventions
- ▶ The linkage between birth registration and the national ID has proven to be a masterstroke
- ▶ The COVID-19 pandemic has affected the roll out of death registration to other districts
- ▶ Roll out of Mandatory Death Registration will continue once the pandemic is under control



# LONG TERM PLANS REGARDING DEATH REGISTRATION

- ▶ Roll out mandatory death registration to the remaining 16 districts of the country
- ▶ All health facilities should be doing medical certification of cause of death [MCCOD]
- ▶ Verbal autopsy should be conducted for sampled deaths in the communities
- ▶ A Verbal autopsy system is being designed and the plan is to roll it out once the COVID-19 pandemic is under control
- ▶ With this in place, it is hoped that all deaths in the country will be audited and causes of deaths will be disaggregated and data disseminated for planning and proper interventions

# COVID 19 SOFTWARE ADJUSTMENT AND EFFECTS

- ▶ Rolling out mandatory death registration across the country is now a priority in the battle against COVID-19
- ▶ NRB is working with the Ministry of Health to register all COVID-19 deaths
- ▶ The Ministry of Health will be sharing data of all those that test positive
- ▶ This data will be cross checked in the death registration system to come up with death rate in as far as COVID-19 is concerned
- ▶ In the end as a country we will be able to use this data to analyse the effects of COVID-19 socially and economically

# NR10 FORM



## NATIONAL REGISTRATION ACT / LAMULO LA KALEMERA WA DZIKO

### DEATH REPORT / KALATA YA CHIDZIWITSO CHA IMFA



35:23439

**WARNING:** In terms of section 43 of the ACT, any person, who furnishes false information or forges any document for the purpose of obtaining registration of death of a person shall be guilty of committing an offence. **CHENJEZO:** Malangana ndi gawo 43 ya lamulo la kalemera wadziko, aliyere wopeleka umboni wabodza, kapena makalata achinyanga ndi cholinga choti alimbetsa za imfa ya munthu adziwizitsa maulana.

**NOTE:** Please read instructions at the back of the form/Welanganj malangiza ali kuseli kwa fomayi.

NR-10

**SECTION-1: Particulars of Deceased / Mbiri ya Omwalira**

|  |   |  |                               |   |
|--|---|--|-------------------------------|---|
| PART 1<br>PERSONAL<br>DETAILS OF<br>DECEASED<br><br>GAWO<br>LOVAMBWA<br>MBIRI YA<br>MUNTHU<br>OMWALIRA | 1 | Surname/Dzina la bamba   | First name/Dzina loyamba      | Other names/Maina ena                                   |
|  | 2 | ID No./Nambala ya chiphaso cha dziko/chabodwa  | 3                             | Nationality/Ndi nzikaya dziko liti?                     |
|  | 5 | Date of Birth/Taliku labodwa: Day/Taliku   | Month/Mwezi                   | Year/Chaka  |
|  | 6 | Date of Death/Taliku lomwera: Day/Taliku   | Month/Mwezi                   | Year/Chaka  |
|  | 7 | Place of Death (Tick the appropriate option) <b>Malo omwalira (Sankhani malo amodzi oyenerera)</b> |                               |   |
| PART 2<br>DETAILS OF<br>PARENTS<br><br>GAWO LAOCHIMBI<br>MBIRI YA MANDILO                              | 1 | Mother's name: Surname/Dzina la bamba  | First Name/Dzina loyamba      | Other Names/Maina ena                                   |
|  | 2 | ID No./Nambala ya Chiphaso cha dziko   | 3                             | Nationality/ Ndi nzikaya dziko liti?                    |
|  | 4 | Father's name: Surname/Dzina la bamba  | First Name/Dzina loyamba      | Other Names/Maina ena                                   |
|  | 5 | ID No./Nambala ya Chiphaso cha dziko   | 6                             | Nationality/ Ndi nzikaya dziko liti?                    |
| PART 3<br>INFORMANTS<br>DETAILS<br><br>GAWO LAOCHITATU<br>MBIRI YA<br>WOLIMBETSA                       | 1 | Name: Surname/Dzina la bamba   | First Name/Dzina loyamba      | Other Names/Maina ena                                   |
|  | 2 | ID No./Nambala ya Chiphaso cha dziko   | 3                             | Relationship to the deceased/ Ubale ndi munthu omwalira |
| PART 4<br>CERTIFICATION<br>OF DEATH<br><br>GAWO LAOCHITATU<br>MBIRI YA<br>WOLIMBETSA                   | 4 | Address/Keyalo   | District/Boma                 | TA/Mfumu yakulu   |
|  | 5 | Postal Address/Keyalo  | Telephone No./Nambala ya foni |   |

**SECTION-2: Medical Certification of Death and Cause of Death (FOR HEALTH FACILITY DEATHS ONLY)**

|  |      |                                    |                |  |          |
|--|------|------------------------------------|----------------|--|----------|
| 1  | DEN: | Cause of death                     | Final ICD Code | Approximate interval between onset and death | ICD Code |
| Part I<br>Disease or condition directly leading to death*  | (a)  | Diagnosis (or as a consequence of) |                |  |          |
|  | (b)  | Diagnosis (or as a consequence of) |                |  |          |
|  | (c)  | Diagnosis (or as a consequence of) |                |  |          |
|  | (d)  | Diagnosis (or as a consequence of) |                |  |          |
| Part II<br>Other significant conditions contributing to the death, but not related to the disease or condition causing it. |      |                                    |                |  |          |
|  |      |                                    |                |  |          |

\*This does not mean the mode of dying, e.g. heart failure, respiratory failure, it means the disease, injury, or complication that caused death.

2 (a) Was an autopsy requested? Yes  No

(b) If yes, were the findings used for certification? Yes  No

3 Manner of death: Natural  Accident  Homicide  Suicide  Pending investigation

Could not be determined  Other  specify \_\_\_\_\_

4 If accidental death, how did it occur: Motor vehicle (driver)  Motor vehicle (passenger)  Motor vehicle (pedestrian)

Drowning  Other  specify \_\_\_\_\_

5 I certify that to the best of my knowledge and belief, the above named person died on the date and from the cause stated herein.

Date/Taliku \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ MCM Registration No. \_\_\_\_\_

Designation of medical certifier: Physician  Clinical Officer  Medical Assistant  Other  Specify \_\_\_\_\_

**SECTION-3 ACKNOWLEDGMENT OF RECEIPT / KUVOMEREZA KUTI NDALANDIRA**

**Acknowledge the receipt of Death Report of/Ndikutsimikira kuti ndalandira chidziwitsa cha imfa ya:**

Surname/Dzina la bamba \_\_\_\_\_ First Name/Dzina loyamba \_\_\_\_\_ Other Names/Maina ena \_\_\_\_\_

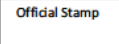
Date of birth/Taliku labodwa: Day/Taliku \_\_\_\_\_ Month/Mwezi \_\_\_\_\_ Year/Chaka \_\_\_\_\_, Sex \_\_\_\_\_

with ID No./Nambala ya chiphaso \_\_\_\_\_ Date of Death/Anomwalira pa: Day/Taliku \_\_\_\_\_ Month/Mwezi \_\_\_\_\_ Year/Chaka \_\_\_\_\_

as reported by /Iimene lopeledwa ndi \_\_\_\_\_ Signature/Sakanj \_\_\_\_\_ Date/Taliku \_\_\_\_\_ Death Register entry No. \_\_\_\_\_



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# NR10C



## NATIONAL REGISTRATION ACT / LAMULO LA KALEMBERA WA DZIKO

### DEATH REPORT / KALATA YA CHIDZIWITSO CHA IMFA

**WARNING:** In terms of Section 43 of the ACT, any person, who furnishes false information or forges any document for the purpose of obtaining registration of death of a person shall be guilty of committing an offence. **CHENEZO:-** Maling ana ndi gawo 43 ya lamulo la kalembere wadziko, aiyense wapelela umboni wabodza, kapena ma kalata achinyengo ndi chalinga choti aalebetsa za imfa ya munhu adzimbidwa mulandu.

**NOTE:** Please read instructions at the back of the form / Welengani imalangiso aI kuseli kwa fomayi.

**NR-10C**

**SECTION-1: Particulars of Deceased / Mbiru ya Omwalira**

|  |  |   |                                 |                           |  |                       |
|--|--|---|---------------------------------|---------------------------|--|-----------------------|
| <b>PART 1</b><br>PERSONAL<br>DETAILS OF<br>DECEASED<br><br><b>GAWO</b><br><b>LOYAMBWA</b><br><b>MBIRU YA</b><br><b>MUNTHU</b><br><b>OMWALIRA</b>   | 1  | Surname/Dzina la bambo  |                                 | First name/Dzina loyamba  | Other names/Maina ana  |                       |
|  | 2  | ID No./Nambala ya chiphaso<br>cha dziko/chobadwa  |                                 | 3                         | Nationality/Nzika ya dziko IB?                               |                       |
|  | 4  | Male/Mwamuna <input type="checkbox"/> Female/Mkazi <input type="checkbox"/>   |                                 |                           |  |                       |
|  | 5  | Date of Birth/Tsiku lobadwa: Day/Tsiku  |                                 | Month/Mwezi               | Year/Chaka   |                       |
|  | 6  | Date of Death/Tsiku lomwalira: Day/Tsiku  |                                 | Month/Mwezi               | Year/Chaka   |                       |
|  | 7  | Place of Death (Tick the appropriate option)/ Malo omwalira (Sanhahi i malo amodzi oyan ebra)   |                                 |                           |  |                       |
|  | <input type="checkbox"/> Health Facility/Kuchipatala    Name/Dzina _____ Address/Koyala _____<br><input type="checkbox"/> Home/Kunyumbe    District/Boma _____ TA/Mfumu ya kulu _____ Village/Town/Mudzi _____<br><input type="checkbox"/> Others (Give Details)/Malo ana (fotokozerani) _____   |   |                                 |                           |  |                       |
|  | 8 Manner of death/Anamwalira bwanji: Natural/Mwachhangedwe <input type="checkbox"/> Accident/Pangozi <input type="checkbox"/> Homicide/Anaphedwa <input type="checkbox"/><br>Subside/Anadzpha <input type="checkbox"/> Pending investigation/Akufuzabe <input type="checkbox"/> Could not be determined/Szkudzwa <input type="checkbox"/><br>Other/Zina <input type="checkbox"/> Specify/Fotokozerani _____  |   |                                 |                           |  |                       |
|  | 9 If accidental death/Ngati n di Ngati, how did it occur/inachitika bwanji: Motor vehicle/driver/ya Galimoto (Woyendetsa) <input type="checkbox"/><br>Motor vehicle (passenger)/ya Galimoto (Wokwera) <input type="checkbox"/> Motor vehicle (Pedestrian) ya Galimoto Oyenda pansa <input type="checkbox"/><br>Drowning/Anamila mmadzi <input type="checkbox"/> Other/Zina <input type="checkbox"/> Specify/Fotokozerani _____   |   |                                 |                           |  |                       |
|  | 10 Physical residential address/Malo kumene amakhala<br>District/Boma _____ TA/Mfumu ya kulu _____ Village/Town/Mudzi _____  |   |                                 |                           |  |                       |
|  | 11 Home address/Kumudzi kwaco:<br>District/Boma _____ TA/Mfumu ya kulu _____ Village/Town/Mudzi _____  |   |                                 |                           |  |                       |
|  | 12 In case this is death of a female, did the death occur while pregnant, at the time of delivery or within 6 weeks after end of pregnancy?<br>Ngati omwalira anali wa mkazi, pantha w yomwe anamwalirayo anali n di mmba, kapena anamwalira ntha w yobe leka, kapena pasanthe masabata a san u n di imodzi (6) kuchokera pantha w imene anabwera kapena pamene mim ba inachoka?<br>Yes/Ande <input type="checkbox"/> No/Ayi <input type="checkbox"/> Unknown <input type="checkbox"/> |   |                                 |                           |  |                       |
| <b>PART 2</b><br>DETAILS OF<br>PARENTS<br><br><b>GAWO LACHWIR</b><br><b>MBIRU YA</b><br><b>MAKOLO</b>  | 1  | Mother's name:<br>Surname/Dzina la bambo  |                                 | First Name /Dzina loyamba | Other Names/Maina ana  |                       |
|  | 2  | ID No./Nambala ya Chiphaso cha dziko  |                                 | 3                         | Nationality/ Ndi nzika ya dziko IB?                          |                       |
|  | 4  | Father's name:<br>Surname/Dzina la bambo    First Name /Dzina loyamba    Other Names/Maina ana  |                                 |                           |  |                       |
|  | 5  | ID No./Nambala ya Chiphaso cha dziko  |                                 | 6                         | Nationality/ Ndi nzika ya dziko IB?                          |                       |
|  | <b>PART 3</b><br>INFORMANTS<br>DETAILS<br><br><b>GAWO LACHITATU</b><br><b>MBIRU YA</b><br><b>WOLEMBETSA</b>  | 1   | Name:<br>Surname/Dzina la bambo |                           | First Name /Dzina loyamba                                    | Other Names/Maina ana |
| 2  |  | ID No./Nambala ya Chiphaso cha dziko  |                                 | 3                         | Relationship to the deceased/<br>Libale n di munthu omwalira |                       |
| 4  |  | Physical Address/Koyala<br>District/Boma _____ TA/Mfumu ya kulu _____ Village/ Town/ Mudzi _____<br>Postal Address/Koyala _____ Telephone No./Nambala ya foni _____ |                                 |                           |  |                       |
| 5 I certify that the above information is correct and I am aware that I could face criminal prosecution if this information is incorrect in material respect /<br>Ndi kuvomereza kuti umboni omwe ndikupelelelawa ndiwoona ndipo ndikudziwa kuti ndizimbidwa mlandu ngati umboni wu wabodza.<br>Date: Day/Tsiku _____ Month/Mwezi _____ Year/Chaka _____ Signature/Thumb mark of Informant/Sainani _____ |  |   |                                 |                           |  |                       |

### FOR OFFICIAL USE ONLY

**SECTION-2 ACKNOWLEDGEMENT OF RECEIPT / KUVOMEREZA KUTI NDALANDIRA**

Acknowledge the receipt of Death Report of/Ndikutsimikizira kuti ndalandira chidzwitso cha imfa ya:

Surname/Dzina la bambo \_\_\_\_\_ First Name/Dzina loyamba \_\_\_\_\_ Other Names/Maina ana \_\_\_\_\_  
 Date of birth/Tsiku lobadwa: Day/Tsiku \_\_\_\_\_ Month/Mwezi \_\_\_\_\_ Year/Chaka \_\_\_\_\_ Sex \_\_\_\_\_  
 with ID No./Nambala ya chiphaso \_\_\_\_\_ Date of Death/Anamwalira pa: Day/Tsiku \_\_\_\_\_ Month/Mwezi \_\_\_\_\_ Year/Chaka \_\_\_\_\_  
 Place of Death / Malo Omwalira \_\_\_\_\_ as reported by / Imene lapeleledwa n di \_\_\_\_\_  
 Signature/Sainani \_\_\_\_\_ Date/Tsiku \_\_\_\_\_ Death Register entry No. \_\_\_\_\_

Official Stamp

# TOP 10 CAUSES OF DEATH BY PROPORTION

