

*Draft*

**ASSESSMENT OF BIRTH AND DEATH RECORDING  
ACTIVITIES IN REPRODUCTIVE HEALTH AND  
DISEASE CONTROL PROGRAMME OF BRAC**

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## EXECUTIVE SUMMARY

This report attempts to determine the accuracy of recording births, deaths and stillbirths in all the 30 areas of 10 thanas former Women's Health and Development Programme (presently Reproductive Health and Disease Control Programme - RHDC) in 3 regions. One unit (village) having 250-300 households were randomly selected from each area. The survey was conducted during April-May 1995.

### Key Findings

In RHDC, the RED POs found 871 (TG 524, NTG 347) live births while the programme recorded 89.3% (778) of the live births. Difference in recording of live births was 10.7% compared to 28.5% in the 1992 survey. Difference in recording was lower among the TG population (8.0%) than the NTGs (14.7%). Difference in recording of live births was highest in Mymensingh (16.9%) and lowest in Bogra region (3.4%).

The rate of stillbirths was 3.1% which was higher than that of the 1992 survey (2.0%). But difference in recording of stillbirth was lower (42.9%) than that of the 1992 survey (60.0%). Difference in recording was highest in Mymensingh (64.3%) and lowest in Dinajpur region (20.0%).

In RHDC, a total of 304 (TG 161, NTG 143) deaths were recorded by the RED POs while the programme recorded 75% (228) of the deaths. Difference in recording of deaths was 25.0%, which was lower than that of the 1992 survey (33.1%). Difference in recording was lower among the TG population (21.1%) than the NTGs

(29.4%). Difference in recording of deaths was found to be highest in Mymensingh (30.6%) and lowest in Bogra region (11.8%).

Difference in recording of deaths was highest (35.2%) among the population aged 50 years and above and lowest (7.6%) among children aged 29 days to 1 year.

Programme did not record a total of 73 death cases during the specified time. Of them, 43 (56.6%) cases were within the population aged 50 years and above.

Three cases of deaths were recorded by programme in Dinajpur region which was not in existence in the field. There was no such case in the 1992 survey.

The overall scenario suggests that though improvement in birth and death recording has taken place but still there is much to do by the programme in recording the births and deaths.

#### **Recommendations for the programme:**

1. Regular household visits by the POs need to be ensured through action plan and supervision.
2. The supervisors should regularly check updating of different registers.
3. For birth recording, the POs should strictly follow the couple and pregnancy registers to keep track of the expected birth events.
4. For death recording, the POs should maintain regular contacts with information network, such as Gram (village) Committee (GC) members, trained traditional birth attendants (TBAs) and Shasthya Shebikas (SSs).

## INTRODUCTION

Reproductive Health and Disease Control (RHDC) programme formerly known as Women's Health and Development Programme (WHDP) has been implementing multifaceted health related activities in ten thanas of Bangladesh since 1991. The ultimate goal of the programme is to improve the quality of life, particularly in terms of health status of the most vulnerable and neglected segment of society, particularly landless women and children (BRAC, 1991). Apart from routine collation of service statistics to track the progress of the programme, the programme has been collating information on births and deaths events. This has been done to assess the demographic changes as a result of the programme activities and to set targets for various services. Thus, birth and death registration has been an important element of the programme. Discrepancies and inaccuracies in recording births and deaths may create problems in setting targets and providing services to the people resulting in variation in the programme achievements. Therefore, it is important to know the accuracy of birth and death registration system of the programme. The Research and Evaluation Division (RED) has been doing periodic assessment on the accuracy of the registration system being carried out by the programme. In April-May 1995, a study was carried out to assess the accuracy of the birth and death registration system of the programme.

## METHODS AND MATERIALS

All the 30 areas of WHDP (presently RHDC) thanas were surveyed. One unit (village) having 250-300 households was randomly selected from each area. Data was collected on live births, stillbirths and deaths occurred during last one year (March 15, 1994 to March 14, 1995). Four field-based female PO of the Research and Evaluation Division collected the data during April-May 1995. They were divided in two teams headed by a male Research Assistant. The male Research Assistants supervised the work of the interviewer at the field level. The author and 1st co-author also supervised their work and later on consulted with respective area personnels and compared with the programme records. Data were edited, coded and analyzed manually and by using computer facilities at the Research and Evaluation Division.

### Terminologies:

**Target group (TG):** A household having less than 50 decimals of land excluding homestead, and any member aged 12 years or above who sells manual labour for at least 100 days a year for survival is designated as "target group".

**Non-target group (NTG):** A household having 50 or more than 50 decimals of land excluding homestead land and any member aged 12 years or above who does not sell manual labour for at least 100 days a year for survival is designated as "non-target group".

**Eligible respondent:** An eligible respondent might be a member of the household, the household head or his wife, or a regular adult household member (staying at least one night in almost every week in the household), who had maximum information of the household.

## RESULTS

Table 1 shows the results of live births recording in Mymensingh region. The RED POs found a total of 419 (TG 251, NTG 168) live birth during the specified time while the programme recorded 83.1% (348) of the total live births. Difference between RED and programme record was 16.9%. This was better than that observed in the 1992 survey (34.4%). Difference was lower among the TG population (12.4%) than NTGs (23.8%). The same trend was also found in the 1992 survey (TG 22.9%, NTG 46.2%).

**Table 1: Accuracy of birth recording in Mymensingh region by thana.**

Thana	Population type	Status of birth recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Trishal	TG	39	31 (79.5)	8 (20.5)	4 (33.3)
	NTG	33	24 (72.7)	9 (27.3)	11 (57.9)
	Total	72	55 (74.4)	17 (23.6)	15 (48.4)
Mymensingh Sadar	TG	71	59 (83.1)	12 (16.9)	7 (23.3)
	NTG	42	33 (78.6)	9 (21.4)	2 (13.3)
	Total	113	92 (81.4)	21 (18.6)	9 (20.0)
Fulpur	TG	91	89 (97.8)	2 ( 2.2)	5 (17.9)
	NTG	58	45 (77.6)	13 (22.4)	19 (65.5)
	Total	149	134 (89.9)	15 (10.1)	24 (42.1)
Muktagacha	TG	50	41 (82.0)	9 (18.0)	6 (23.1)
	NTG	35	26 (74.3)	9 (25.7)	11 (36.7)
	Total	85	67 (78.8)	18 (21.2)	17 (30.4)
All	TG	251	220 (87.6)	31 (12.4)	22 (22.9)
	NTG	168	128 (76.2)	40 (23.8)	43 (46.2)
	Total	419	348 (73.1)	71 (16.9)	65 (34.4)

\*Figures in parentheses indicate the percentage.

Difference in recording was highest in Trishal thana (23.6) and lowest in Fulpur thana (10.1%) (Table 1). In 1992, it was highest in Trishal (48.4%) and lowest in Mymensingh Sadar thana (20.0%). In

all the thanas, difference was lower among the TG population than the NTGs. In 1992, similar trend was observed in all the thanas except for Mymensingh Sadar thana.

In Bogra region, the RED POs found 232 (TG 146, NTG 86) live births during the specified time while the programme recorded 96.6% (224) of the live births (Table 2). Difference between RED and programme record was 3.4% which was much lower than that of the 1992 survey (22.1%). Difference was higher among the TG population (4.1%) than the NTGs (2.3%). But in the 1992 survey, it was similar (22.1%) for both TG and NTG populations.

Table 2: Accuracy of birth recording in Bogra region by thana.

Thana	Population type	Status of birth recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Bogra Sadar	TG	52	50 (96.2)	2 (3.8)	5 (33.3)
	NTG	22	20 (90.9)	2 (9.1)	4 (40.0)
	Total	74	70 (94.6)	4 (5.4)	9 (36.0)
Kahaloo	TG	25	25 (100.0)	-	-
	NTG	20	20 (100.0)	-	2 (14.3)
	Total	45	45 (100.0)	-	2 (5.9)
Gobindaganj	TG	69	65 (94.2)	4 (5.8)	10 (30.3)
	NTG	44	44 (100.0)	-	4 (19.0)
	Total	113	109 (96.5)	4 (3.5)	14 (25.9)
All	TG	146	140 (95.9)	6 (4.1)	15 (22.1)
	NTG	86	84 (97.7)	2 (2.3)	10 (22.2)
	Total	232	224 (96.6)	8 (3.4)	25 (22.1)

\*Figures in parentheses indicate the percentage.

Difference in recording was highest in Bogra Sadar thana (5.4%) while in Kahaloo thana all the births were recorded (Table 2). In 1992, it was also highest in Bogra Sadar (36%) and lowest in Kahaloo thana (5.9%). Among the NTG population, difference was

observed only in Bogra Sadar thana. Among the TG population, difference was highest in Gobindaganj (5.8%) followed by Bogra Sadar thana (3.8%).

In Dinajpur region, the RED POs found 220 (TG 127, NTG 93) live births during the specified time while the programme recorded 93.6% (206) of the live birth (Table 3). Difference between RED and programme record was 6.4% which was lower than that of the 1992 survey (25.7%). Difference in recording was lower among the TG population (3.9%) than the NTGs (9.7%). Similar trend was observed in the 1992 survey (TG 19.5%, NTG 32.8%).

Table 3: Accuracy of birth recording in Dinajpur region by thana.

Thana	Population type	Status of birth recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Dinajpur Sadar	TG	56	54 (96.4)	2 ( 3.6)	6 (18.2)
	NTG	36	35 (97.2)	1 ( 2.8)	7 (19.4)
	Total	92	89 (96.7)	3 ( 3.3)	13 (18.8)
Parbatipur	TG	23	23 (100.0)	-	4 (20.0)
	NTG	22	17 (77.3)	5 (22.7)	11 (73.3)
	Total	45	40 (88.9)	5 (11.1)	15 (42.9)
Fulbari	TG	48	45 (93.7)	3 ( 6.3)	5 (20.8)
	NTG	35	32 (91.4)	3 ( 8.6)	4 (25.0)
	Total	83	77 (92.8)	6 ( 7.2)	9 (22.5)
All	TG	127	122 (96.1)	5 ( 3.9)	15 (19.5)
	NTG	93	84 (90.3)	9 ( 9.7)	22 (32.8)
	Total	220	206 (93.6)	14 ( 6.4)	37 (25.7)

\*Figures in parentheses indicate the percentage.

Difference in recording was highest in Parbatipur (11.1%) and lowest in Dinajpur Sadar thana (3.3%) (Table 3). Similar trend was also found in the 1992 survey. In Parbatipur thana, all the births among the TG population were recorded. In Fulbari thana, difference



was lower among the TG population (6.3%) than the NTGs (8.6%), while in Dinajpur Sadar thana the situation was reverse (TG 3.6%, NTG 2.8%).

In RHDC, the RED POs found 871 (TG 524, NTG 347) live births during the specified time while the programme recorded 89.3% (778) of the live births (Table 4). Difference between RED and programme record was observed to be 10.7% compared to 28.5% in the 1992 survey. Difference was lower among the TG population (8.0%) than the NTGs (14.7%). Similar trend was observed in the 1992 survey (TG 21.6%, NTG 36.6%).

**Table 4: Accuracy of birth recording in RHDC by region.**

Region	Population type	Status of birth recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Mymensingh	TG	251	220 (87.6)	31 (12.4)	22 (22.9)
	NTG	168	128 (76.2)	40 (23.8)	43 (46.2)
	Total	419	348 (83.1)	71 (16.9)	65 (34.4)
Bogra	TG	146	140 (95.9)	6 (4.1)	15 (22.1)
	NTG	86	84 (97.7)	2 (2.3)	10 (22.2)
	Total	232	224 (96.6)	8 (3.4)	25 (22.1)
Dinajpur	TG	127	122 (96.1)	5 (3.9)	15 (19.5)
	NTG	93	84 (90.3)	9 (9.7)	22 (32.8)
	Total	220	206 (93.6)	14 (6.4)	37 (25.7)
All	TG	524	482 (92.0)	42 (8.0)	52 (21.6)
	NTG	347	296 (85.3)	51 (14.7)	75 (36.6)
	Total	871	778 (89.3)	93 (10.7)	127 (28.5)

\*Figures in parentheses indicate the percentage.

Difference in recording was highest in Mymensingh (16.9%) and lowest in Bogra region (3.4%) (Table 4). The 1992 survey also showed similar trend. Difference in recording among the TG population was found to be higher in Bogra region. On the contrary,

it was in higher among the NTG population in Dinajpur and Mymensingh regions.

Table 5 shows the results of survey on stillbirth. A total of 28 stillbirths (TG 21, NTG 7) were found by the RED POs while the programme recorded 57.1% (16) of the stillbirths. The rate of stillbirths was 3.1% which was higher compared to the 1992 survey (2.0%). Difference between RED and programme record was lower (42.9%) than that of the 1992 survey (60%). Difference in recording was higher among the TG population (47.6%) than the NTGs (28.6%). Reverse trend was observed in the 1992 survey (TG 40%, NTG 80%).

Table 5: Accuracy of stillbirth recording in WHDP regions.

Region	Population type	Status of stillbirth recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Mymensingh	TG	12	5 (41.7)	7 (58.3)	-
	NTG	2	0	2 (100.0)	1 (100.0)
	Total	14	5 (35.7)	9 (64.3)	1 (100.0)
Bogra	TG	5	3 (60.0)	2 (40.0)	2 (50.0)
	NTG	4	4 (100.0)	-	3 (75.0)
	Total	9	7 (77.8)	2 (22.2)	5 (62.5)
Dinajpur	TG	4	3 (75.0)	1 (25.0)	-
	NTG	1	1 (100.0)	-	-
	Total	5	4 (80.0)	1 (20.0)	-
All	TG	21	11 (52.4)	10 (47.6)	2 (40.0)
	NTG	7	5 (71.4)	2 (28.6)	4 (80.0)
	Total	28	16 (57.1)	12 (42.9)	6 (60.0)

\*Figures in parentheses indicate the percentage.

Difference in recording of stillbirths was highest in Mymensingh (64.3%) and lowest in Dinajpur region (20.0%) (Table 5). In 1992, difference in recording of stillbirths was highest in Bogra region (62.5%). While in Dinajpur region there was no stillbirth to record.

All stillbirths among the NTG population in Bogra and Dinajpur regions were recorded. Among the TG population, difference in recording of stillbirths was highest in Mymensingh (58.3%) and lowest in Dinajpur region (25.0%).

Table 6 shows the results of survey on deaths in Mymensingh region. A total of 147 deaths (TG 80, NTG 67) were recorded by the RED POs while the programme recorded 69.4% (102) of the deaths. Difference between RED and programme was almost similar to that of the 1992 survey (30.6% vs. 31.1%). Difference in recording was higher among the NTG population (38.3%) than the TGs (23.8%). Similar trend was observed in the 1992 survey.

Table 6: Accuracy of death recording in Mymensingh region by thana.

Thana	Population type	Status of death recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Trishal	TG	12	7 (58.3)	5 (41.7)	2 (40.0)
	NTG	14	3 (21.4)	11 (78.6)	3 (75.0)
	Total	26	10 (38.5)	16 (61.5)	5 (55.6)
Mymensingh Sadar	TG	32	25 (78.1)	7 (21.9)	2 (11.8)
	NTG	15	12 (80.0)	3 (20.0)	2 (40.0)
	Total	47	37 (78.7)	10 (21.3)	4 (18.2)
Fulpur	TG	23	20 (87.0)	3 (13.0)	1 (25.0)
	NTG	20	13 (65.0)	7 (35.0)	3 (50.0)
	Total	43	33 (76.7)	10 (23.3)	4 (40.0)
Muktagacha	TG	13	9 (69.2)	4 (30.8)	2 (18.2)
	NTG	18	13 (72.2)	5 (27.8)	4 (44.4)
	Total	31	22 (71.0)	9 (29.0)	6 (30.0)
All	TG	80	61 (76.2)	19 (23.8)	7 (18.9)
	NTG	67	41 (61.2)	26 (38.8)	12 (50.0)
	Total	147	102 (69.4)	45 (30.6)	19 (31.1)

\*Figures in parentheses indicate the percentage.

Difference in recording was highest in Trishal (61.5%) and lowest in Mymensingh Sadar thana (21.3%) (Table 6). Similar trend was observed in the 1992 survey. In Mymensingh Sadar and Muktagacha thanas, difference was higher among the TG populations. While in Trishal and Fulpur thanas, it was higher among the NTG populations. In the 1992 survey, difference was higher among the NTG population than the TGs in all the thanas.

In Bogra region, the RED POs found 85 (TG 42, NTG 43) deaths during specified time while the programme recorded 88.2% (75) of the death (Table 7). Difference between RED and programme record was 12.8%, which was lower than that of the 1992 survey (38.2%). Difference was lower among the TG population (9.3%) than the NTGs (16.3%). Similar trend was found in the 1992 survey (TG 30%, NTG 50%).

Table 7: Accuracy of death recording in Bogra region by thana.

Thana	Population type	Status of death recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Bogra sadar	TG	17	15 (88.2)	2 (11.8)	3 (75.0)
	NTG	8	4 (50.0)	4 (50.0)	2 (50.0)
	Total	25	19 (76.0)	6 (24.0)	5 (62.5)
Kahaloo	TG	5	4 (80.0)	1 (20.0)	-
	NTG	10	10 (100.0)	-	2 (66.7)
	Total	15	14 (93.3)	1 (6.7)	2 (22.2)
Gobindagonj	TG	20	19 (95.0)	1 (5.0)	3 (30.0)
	NTG	25	23 (92.0)	2 (8.0)	3 (42.9)
	Total	45	42 (93.3)	3 (6.7)	6 (35.3)
All	TG	42	38 (90.6)	4 (9.5)	6 (30.0)
	NTG	43	37 (86.0)	6 (14.0)	7 (50.0)
	Total	85	75 (88.2)	10 (11.8)	13 (38.2)

\*Figures in the parentheses indicate the percentage.

Difference in recording was highest in Bogra Sadar (24.0%) and lowest both in Kahaloo and Gobindaganj thanas (6.7%) (Table 7). Similar trend was found in the 1992 survey. Among the NTG population, difference in recording was observed in both Bogra Sadar (50.0%) and Gobindaganj thanas (8.0%), while all the deaths were recorded in Kahaloo thana. Among the TG population, difference in recording was highest in Kahaloo (20.0%) and lowest in Gobindaganj thana (5.0%).

Table 8 shows the results of the survey on deaths in Dinajpur region. The RED POs found a total of 72 (TG 39, NTG 33) deaths during specified time while the programme recorded 70.8% (51) of the deaths. Difference between RED and programme record was 29.2%, which was lower than that of the 1992 survey (30.4%). During this survey, difference in recording was lower among the TG population (28.2%) than the NTGs (30.3%). Reverse situation was found in the 1992

Table 8: Accuracy of death recording in Dinajpur region by thana.

Thana	Population type	Status of death recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Dinajpur Sadar	TG	16	11 (68.7)	5 (31.3)	-
	NTG	14	8 (57.1)	6 (42.9)	2 (100.0)
	Total	30	19 (63.3)	11 (36.7)	2 (50.0)
Parbatipur	TG	5	3 (60.0)	2 (40.0)	1 (50.0)
	NTG	5	4 (80.0)	1 (20.0)	-
	Total	10	7 (70.0)	3 (30.0)	1 (50.0)
Fulbari	TG	18	14 (77.8)	4 (22.2)	2 (50.0)
	NTG	14	11 (78.6)	3 (21.4)	1 (25.0)
	Total	32	25 (78.1)	7 (21.9)	3 (37.5)
All	TG	39	28 (71.8)	11 (28.2)	5 (41.7)
	NTG	33	23 (69.7)	10 (30.3)	2 (18.2)
	Total	72	51 (70.8)	21 (29.2)	7 (30.4)

\*Figures in parentheses indicate the percentage.

survey (TG 41.7%, NTG 18.2%).

Difference in recording was highest in Dinajpur Sadar (36.7%) and lowest in Fulbari thana (21.9%) (Table 8). Similar trend was observed in the 1992 survey. Difference in recording was higher among the NTG population in Dinajpur Sadar thana and TG population in Parbatipur and Fulbari thanas.

During this survey, we found three deaths were recorded by the programme in Parbatipur thana, but we did not find any existence these deaths. There was no such incidence found in the 1992 survey.

In RHDC, 304 (TG 161, NTG 143) deaths were recorded by the RED POs while the programme recorded 75.0% (228) of the deaths (Table 9). Difference between RED and programme record was 25.0%, which was lower than that of the 1992 survey (33.1%). Difference in recording was lower among the TG population (21.1%) than the NTGs (29.4%). Similar trend was observed in the 1992 survey (TG 26.1%, NTG 42.9%).

Table 9: Accuracy of death recording in RHDC by region.

Region	Population type	Status of death recording			Difference in 1992
		RED record	Programme record	Difference in recording	
Mymensingh	TG	80	61 (76.2)	19 (23.8)	7 (18.9)
	NTG	67	41 (61.2)	26 (38.8)	12 (50.0)
	Total	147	102 (69.4)	45 (30.6)	19 (31.1)
Bogra	TG	42	38 (90.5)	4 (9.5)	6 (30.0)
	NTG	43	37 (86.0)	6 (14.0)	7 (50.0)
	Total	85	75 (88.2)	10 (11.8)	13 (38.2)
Dinajpur	TG	39	28 (71.8)	11 (28.2)	5 (41.7)
	NTG	33	23 (69.7)	10 (30.3)	2 (18.2)
	Total	72	51 (70.8)	21 (29.2)	7 (30.4)
All	TG	161	127 (78.9)	34 (21.1)	18 (26.1)
	NTG	143	101 (70.6)	42 (29.4)	21 (42.9)
	Total	304	228 (75.0)	76 (25.0)	39 (33.1)

\*Figures in parentheses indicate the percentage.

Difference in recording was highest in Mymensingh (30.6%) and lowest in Bogra region (11.8%) (Table 9). In the 1992 survey, it was highest in Bogra (38.2%) and lowest in Dinajpur region (30.4%). In all the regions, difference in recording was lower among the TG population than the NTGs. Similar trend was found in all the regions except for Dinajpur region in the 1992 survey.

Table 10 shows the results of survey on deaths by age group. Difference between RED and programme record was highest among the population aged 50 years and above (35.2%) and lowest among children

Table 10: Accuracy of death recording in RHDC by age group.

Age group	Population type	Status of death recording		
		RED record	Programme record	Difference in recording
0 - 28 days	TG	39	30 (76.9)	9 (23.1)
	NTG	20	16 (80.0)	4 (20.0)
	Total	59	46 (78.0)	13 (22.0)
29 days - 1 year	TG	24	23 (95.8)	1 (4.2)
	NTG	17	15 (88.2)	2 (11.8)
	Total	41	38 (92.7)	3 (7.3)
1 - 4 years	TG	25	19 (76.0)	6 (24.0)
	NTG	4	2 (50.0)	2 (50.0)
	Total	29	21 (72.4)	8 (27.6)
5 - 14 years	TG	12	10 (83.3)	2 (16.7)
	NTG	9	6 (66.7)	3 (33.3)
	Total	21	16 (76.2)	5 (23.8)
15 - 49 years	TG	15	14 (93.3)	1 (6.7)
	NTG	17	14 (82.4)	3 (17.6)
	Total	32	28 (87.5)	4 (12.5)
50+ years	TG	46	31 (67.4)	15 (32.6)
	NTG	76	48 (63.2)	28 (36.8)
	Total	122	79 (64.8)	43 (35.2)
All	TG	161	127 (78.9)	34 (21.1)
	NTG	143	101 (70.6)	42 (29.4)
	Total	304	228 (75.0)	76 (25.0)

\*Figures in parentheses indicate the percentage.

aged 29 days to 1 year. Difference in recording was lower among the TG population than the NTGs in all age groups except children aged 0-28 days.

The data shows that 43 (56.6%) out of 73 death cases which were not recorded by programme was among the population aged 50 years and above (Table 10).

#### DISCUSSION AND CONCLUSION

This survey looked at the accuracy in births and deaths recording of the programme and compared it with the 1992 survey. The results reveal that the overall performance of all types of recording has improved over time, improvement in recording of births was significant. Accuracy in stillbirths and deaths recordings has also improved but not significantly.

Difference between RED and programme record in case of live births has been reduced to 10.7% in 1995 from 28.5% in 1992. This indicates better performance of programme recording. If this trend can be maintained the RHDC programme will be able to set more accurate target for different health services for children, such as vaccination, Vitamin A capsule, growth monitoring, etc.

The improvement in case of stillbirth recording was not as sharp as it was in case of live births, although difference in recording declined from 60.0% in 1992 to 42.5% in 1995. Stillbirth is not important for service delivery directly. This event is recorded in Birth and Couple registers. It helps track live births and deaths. Otherwise, there will be possibility of false birth and death recording.



Difference in recording of deaths also been declined to 25.0% in 1995 from 33.1% in 1992. This means that one-fourth of the deaths are still under-recorded by the programme. Since the programme is concerned with the reduction of maternal, infant and child mortality, inaccurate recording of deaths will fail to assess the trends of deaths in the programme thanas leading to improper target setting and service delivery. Study findings show that 43 (56.6%) out of the 76 death cases which were not recorded by the programme was among the population aged 50 years and above. Thus, if we can reduce difference in recording among this age group the overall difference in recording will reduce to a reasonable limit.

We found differences in accuracy between TG and NTG population in recording of live births, stillbirths and deaths in different thanas of RHDC. BRAC provides services only to TG population except in pilot thanas. Thus it was assumed that there would be less under-recording in case of TG population. But in some thanas, we found wide differences in recording of births and deaths. This is a very crucial issue for the programme and necessary efforts should be made to reduce difference in recording of births and deaths in case of TG population. Difference in recording of births and deaths of both TG and NTG population are important to reveal the overall births and deaths situation. Because, if births and deaths are recorded in the TG population, it will represent only a part of the whole picture. If the programme wants to examine the overall situation, it will be difficult to do so with the data collected from a part of the total population.

The possible reasons behind difference in recording of births and deaths are thought to irregular updating of the registers by the POs, and weak supervision and workload on the POs and lack of incentives for the information networks developed by the programme at the community level.

The overall scenario suggests that though improvement in birth and death recording has took place but still there is much to do by programme in recording of births and deaths.

**Recommendations for the programme:**

1. Regular household visit by the POs need to be ensured through action plan and supervision.
2. The supervisors should regularly check updating of different registers.
3. For birth recording, the POs should strictly follow the couple and pregnancy registers to keep track of the expected birth events.
4. For death recording, The POs should maintain regular contact with information network, such as Gram (village) Committee (GC) members, trained traditional birth attendants (TBAs) and Shasthya Shebikas (SSs).

**Reference:**

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