New data collection on causes and determinants of child mortality

Assist selected countries to develop better estimates of the Causes of Child Mortality

and

Provide evidence on the Failures in the Pathway to Survival
Verbal and Social Autopsy

- **VA cause of death data** (NN, child, maternal, other adult)
  - Use: to identify health priorities, allocate sparse resources, evaluate health program impact

- **SA determinants of death data**: complement VA data
  - Broadens the concept of causation
  - Data: Modifiable cultural/behavioral, social, and health systems factors
  - Use: to increase health promotion, disease prevention, health care access, coverage and utilization
PtoS: Conceptual framework designed to support the implementation and monitoring of the IMCI strategy

- Highlights the essential steps needed to prevent illness and return sick children to health
  - Helps organize cultural, social and health systems factors
  - Affecting home and community care, health care access and utilization

3 Delays Model: Originally developed to conceptualize careseeking delays contributing to maternal deaths

- Incorporated in the PtoS, the delays help identify careseeking constraints for maternal and child illnesses
Pathway to Survival

Breastfeeding, Weaning, Hygiene, and other Preventive Caretaker Behaviors

Illness

1. Mother Recognizes Illness

2. Mother Provides Quality Care

3. Mother Recognizes Severe Illness

4. Mother Accesses Outside Care

5. Mother Accesses Referral Facility

5.1 Formal Health Services

5.2 Informal Community Services

6. Provider Gives Quality Care

7. Provider Makes Appropriate Referral

8. Mother Accesses Referral Facility

9. Provider Gives Quality Care

10. Mother follows home care recommendations

Improved Health & Survival

In the home

Outside the home

Immunization, water/sanitation and other Preventive Services in the Community
Conceptual framework (Pathway to Survival):

- Emphasizes illness recognition, health careseeking and constraining factors, quality of health care
- Includes health promotion and disease prevention
- Background and foundation factors not included
  - Background: education, occupation, income, beliefs, self-efficacy, societal structures & governance (accountability, responsiveness)
  - Foundation: social norms, social supports, social capital, social status (power and access)

Basis for preventive interventions (LiST, WHO interventions)
母子健康的社会解剖

**内容**

- 家庭（文化）
  - 母亲的年龄、教育、识字率、婚姻状况、结婚年龄
  - 家庭财产（VA）、丈夫的教育、面包赢家的职业
  - 孕前状况、产前检查提供者、检查时间及频率
  - 孕妇、分娩和产后并发症的识别和寻求护理
  - 分娩地点、决定者和影响制约机构分娩的因素
  - 家庭分娩和新生儿护理（助产士、分娩表面、脐带护理、沐浴、保暖、母乳喂养）
  - 婴儿/儿童护理（吸烟暴露、ITN、母乳喂养和营养、瓶喂、预-疾病状况）
  - 新生儿/婴儿/儿童疾病的识别和寻求护理，治疗和依从性与转诊建议
  - 对母子健康护理的制约因素，对母子并发症治疗和转诊建议的制约因素

- 社区（社会）
  - 居住地、连续居住时间及到达通常健康提供者的时间
  - 社会资本（社区合作行动、有帮助的人/群体、服务否认）

- 健康系统
  - 产前检查内容（BP、尿液及血液、关于食物及寻求护理的咨询）、TT、ITN、疟疾预防
  - 分娩护理（助产士、产程图使用、卫生、分娩表面）
  - 新生儿护理（复苏、脐带护理、沐浴、保暖、产后咨询、新生儿检查）
  - 婴儿/儿童护理（疫苗接种、维生素A）
  - 母子健康护理和提供服务的质量（治疗、转诊及转诊原因）
Models
- SA alone (to follow a VA interview)
- Blended (chronologically) with the GC-13 VA questionnaire

Traditional paper and pencil interview (PAPI)

CSPro-based computer-aided personal interview (CAPI) software application under development
- Follows all questionnaire skips
- Questions worded according to the respondent and child’s name, age, sex
- Reported VA symptoms inserted into careseeking questions
- Consistency checks & error messages with real time opportunity to correct
Niger (INS 25,000 HH National Mortality Survey)
- To study 550 neonatal and 550 1-59 month old deaths
- Initial data collection complete

Cameroon (PSI 18,000 HH 3 districts CCM evaluation survey)
- To study 300 neonatal and 600 1-59 month old deaths
- Initial data collection complete

Malawi (CIDA RMM 2 districts GS validation survey)
- Planned for late 2012