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

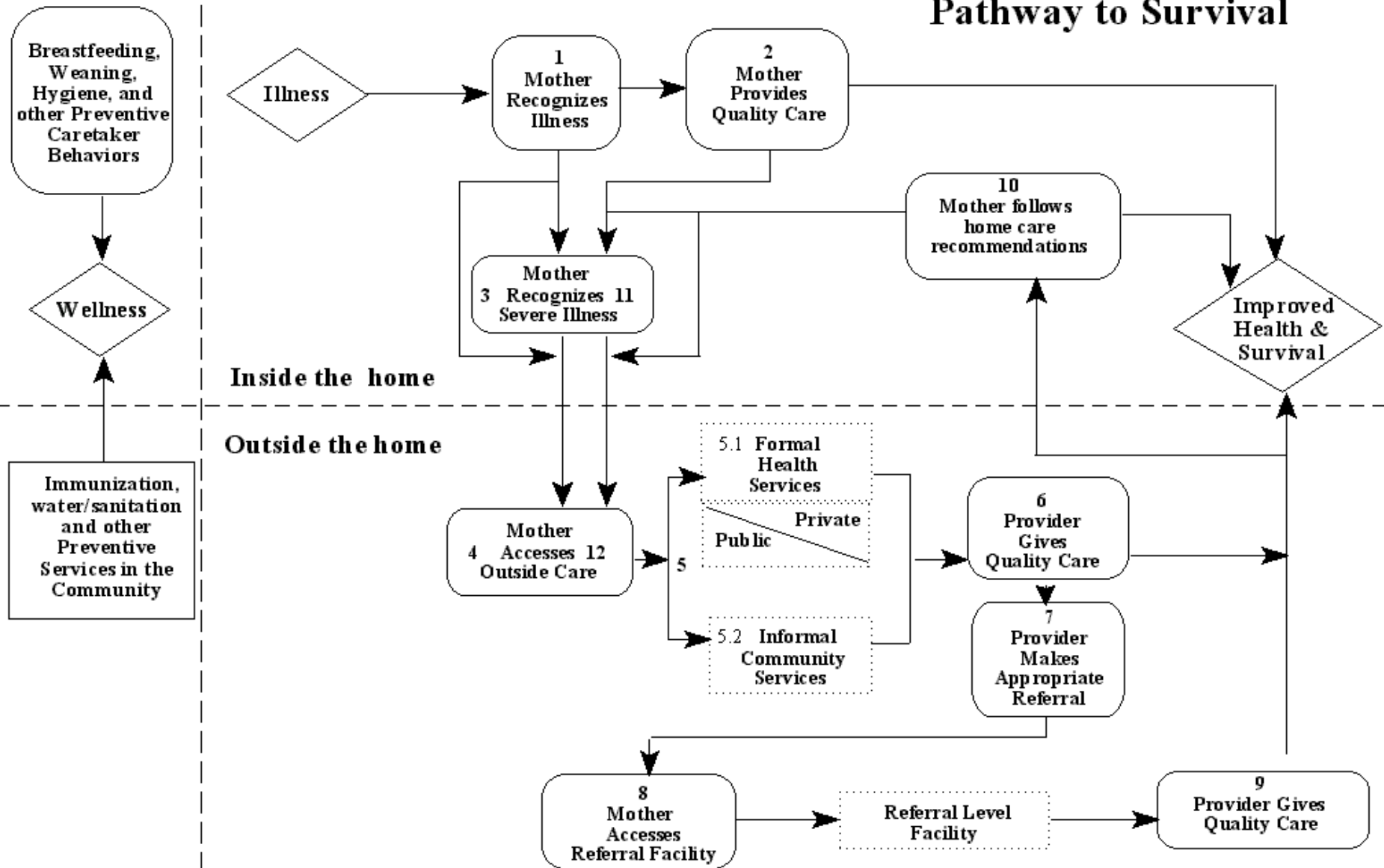## Failures in the Pathway to Survival

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

Conceptual Framework for CHERG Social Autopsy
Pathway to Survival

- 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

Wellness

Immunization, water/sanitation and other Preventive Services in the Community

Illness

1 Mother Recognizes Illness

2 Mother Provides Quality Care

10 Mother follows home care recommendations

Mother 3 Recognizes 11 Severe Illness

Inside the home

Outside the home

5.1 Formal Health Services

Private

Public

Mother 4 Accesses 12 Outside Care

5

5.2 Informal Community Services

6 Provider Gives Quality Care

7 Provider Makes Appropriate Referral

Improved Health & Survival

8 Mother Accesses Referral Facility

Referral Level Facility

9 Provider Gives Quality Care

CHERG Social Autopsy
Bases for the Content

◆ 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)

CHERG Social Autopsy
Content

Family (Cultural)

- Mother's age, education, literacy, marital status, age at marriage
- Household possessions (VA), husband's education, breadwinner's occupation
- Pre-pregnancy conditions, ANC provider(s), times & timing of last visit
- Knowledge/recognition of and careseeking for pregnancy, labor and delivery complications
- Delivery place, decision maker and factors constraining institutional delivery
- Home delivery and newborn care (SBA, delivery surface, cord care, bathing, warmth, breastfeeding)
- Infant/child care (smoke exposure, ITN, breastfeeding and nutrition, bottle feeding, pre-illness conditions)
- Newborn/infant/child illness recognition, health careseeking, compliance with treatment & referral advice
- Constraints to maternal and child health careseeking, and constraints to compliance with referral advice for maternal complications and treatment and referral advice for newborn and child illnesses

Community (Social)

- Residence place, duration of continuous residence, and time to reach usual health provider
- Social capital (community joint action, helpful persons/groups, denial of services)

Health systems

- ANC content (BP, urine & blood, counseling on food & careseeking), TT, ITN, malaria prophylaxis
- Delivery care (attendant, partograph use, hygiene, delivery surface)
- Newborn care (resuscitation, cord care, bathing, warmth, post-partum counseling, well-baby checks)
- Infant/child care (vaccinations, vitamin A)
- Quality of maternal and child health care and delivery of services (treatment, referral & reasons for referral for maternal complications and sick children)

CHERG Social Autopsy
Questionnaire Structure and Implementation

◆ 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

CHERG Social Autopsy Blended with GC13 VA SSA Planned VASA Study Sites & Platforms

- **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