

# India - Survey of Cause of Death (Rural) Maharashtra, 2001-2011

**Public Health Department - Government of Maharashtra**

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# Overview

## Identification

### ID NUMBER

ind-cghr-scd-2001-2011-v01

## Overview

### ABSTRACT

The Survey of Causes of Death (SCD) collected fertility and mortality data from rural households of Maharashtra. Field agents visited villages twice a month, and they interviewed family members when deaths have occurred in the households. Medical officers assigned the cause of death based on verbal autopsies. The SCD scheme was discontinued at the national level in 1997, but the state of Maharashtra continued using the survey to analyze mortality trends in rural areas.

Objective of the Scheme:

- The important objective of the Scheme is to build-up the statistics on Most probable Cause of Death according to age & sex in selected villages by adopting "Lay - man diagnosis reporting (Post Death Verbal autopsy) method through post death enquiry based on sign & symptoms, condition, duration & anatomical site of the disease of the deceased person reported by family members .
- To collect the data on fertility along with the mortality information & examine the status of fertility.
- To produce district wise all fertility & mortality rates based on information collected under the Scheme.
- Evaluation of Civil Registration System.

## Coverage

### GEOGRAPHIC COVERAGE

Maharashtra

## Producers and Sponsors

### PRIMARY INVESTIGATOR(S)

Name	Affiliation
Public Health Department	Government of Maharashtra

## Metadata Production

### METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Centre for Global Health Research	CGHR	University of Toronto, Canada; St. Michael's Hospital, Canada	Metadata Production

### DATE OF METADATA PRODUCTION

2016-06-27

### DDI DOCUMENT VERSION

Version 1.0. This is the very first version of this DDI document

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# Sampling

## Sampling Procedure

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1. ORGI introduced the Model Registration Scheme in 1965 at 10 states and Maharashtra was included in second phase i.e. 1967 and Headquarters villages of 600 PHCs spread over breadth and length of the State were covered under it. Subsequently, the scheme got renamed as "Survey of Cause of Death- Rural (SCD- R) in 1982.
2. ORGI (govt. of India) discontinued the scheme in the year 1997 and merged it in to SRS. However, Maharashtra continued it as a State Scheme in order to derive the vital rates and mortality rates pertaining to Rural area of the State.
3. The year 2003 witnessed shift of sampling frame of SCD-R from Headquarters villages of 600 PHCs to other villages in the jurisdiction of these same 600 PHCs and around 1.3 Million State rural population got encompassed. World Bank Assisted Maharashtra Health Systems Development Project offered a financial Assistance to revamp this scheme (1999 to 2006).
4. Till 2006, only 600 villages used to be covered under SCD. The cause of death certified by the Physician were taken as they are and those unattended deaths were subjected to abridged Verbal autopsy which were used by MO PHC s for arriving at ICD X code (regrouped to reduce them to 109). The results have been documented in an annual report. We are in receipt of the following
  - a. annual reports of 2001, 2002, 2003, 2004, 2005, 2006,
  - b. Training Manual of SCD R, inclusive of list of 109 diseases..
  - c. Formats used by HWs, Compiled by HA, Reported by MO PHC and DHO, C form,
5. In order to enhance the adequacy of sample size, the scheme was expanded to envisage 1800 villages in 2007 i.e. addition of 1200 villages (Around 4 Million population). While selecting these 1200 additional villages in remaining 1200 PHCs following procedure was followed:
  - a. All sub centers in each of remaining 1200 PHCS were arranged alphabetically.
  - b. Every second sub center was picked.
  - c. All villages in each of these 1200 Sub centers were arranged alphabetically.
  - d. Every second village was picked. (327 out of 1800 selected villages are from Tribal area.)
  - e. Exclusion: Village above 5000 population

## Questionnaires

No content available

## Data Collection

### Data Collection Dates

Start	End	Cycle
2001	2011	N/A

### Data Collection Mode

Face-to-face [f2f]

#### DATA COLLECTION NOTES

I. Trained HW working in the selected villages keeps Enlisted Physical dwelling and household register, visits the houses bimonthly and collect data on births and deaths. In case of deaths, they collect the information on symptoms and signs, disease, duration of illness of the deceased. De Jure method of data collection is adopted (both deaths of residential people in the jurisdiction of the study area as well as out side the study area and that of visitors/in migrants are also included) . The probable Cause of Death is arrived at.

II. Health Workers (ANM and Male worker) submit the information to HAs of PHC every month (Form A and Form B) , who compile the information of HWs and prepare its monthly report. (The forms are enclosed in Annexure I)

III. Health Assistants (Male and Female) conduct half yearly household survey to detect any omissions if any.

IV .MO PHC verifies the cause of death forms (C form) and gives ICD X code to the death (short listed 109 causes of XIX major Groups from ICD X as given in Annexure II)). However, the cause of death in case of Institutional death is taken as it is.

V. MOs of PHC offer refresher courses to HWs and HAs to sharpen their skills in administering VA tool and obtaining the narrative from the relatives of the deceased.

VI .DHO monitors and supervises the scheme

VII. Dy. Director HIVS Pune is overall in charge of the Scheme at the State level.

## Data Processing

No content available

## Data Appraisal

No content available