

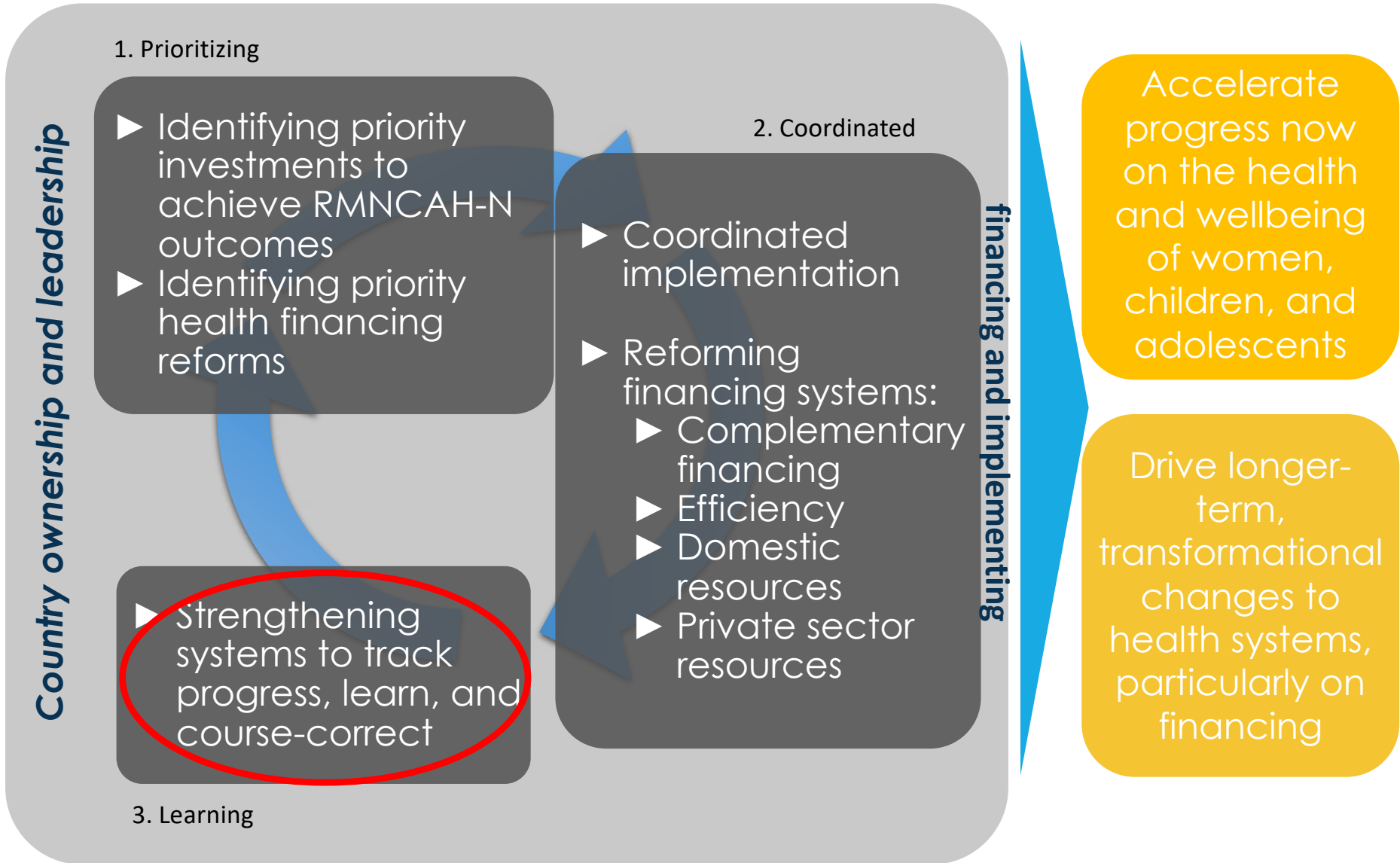


January 28 – February
1, 2018

Civil Registration and Vital Statistics



How the GFF drives results



- ▶ Better sustainable RMNCAH-N outcomes
 - Strengthening systems to sustain RMNCAH-N outcomes
- ▶ Increased value-for-money and total volume of financing from:
 - Domestic resources
 - Financing from IDA and IBRD
 - External Financing
 - Private sector resources
- ▶ Impoverishment prevented in case of illness

Background on Civil Registration and Vital Statistics (CRVS)

What is CRVS?

- ▶ **Civil registration (CR)** – the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of **vital events*** pertaining to the population
- ▶ **Vital statistics (VS)** – the collection of statistics on vital events in a lifetime of a person as well as relevant characteristics of the events themselves
- ▶ A **well-functioning CRVS system registers all births and deaths**, issues birth and death certificates and compiles and disseminates birth and death statistics, including cause-of-death information
- ▶ **Vital events***: births, deaths (+ causes of death), marriages, divorces, adoptions



Why is CRVS a priority for the GFF?

- ▶ Many GFF-supported countries have inadequate monitoring and evaluation systems
- ▶ CRVS is linked to a broader GFF agenda on improving data for decision-making.
 - CRVS best source of continuous and up-to-date information on births, deaths and causes of death
 - Data available at national and sub-national levels
 - Critical in monitoring country progress towards the SDGs
- ▶ GFF prioritizes CRVS as a previously under-funded data source, focusing on births; deaths and causes of death; and marriages

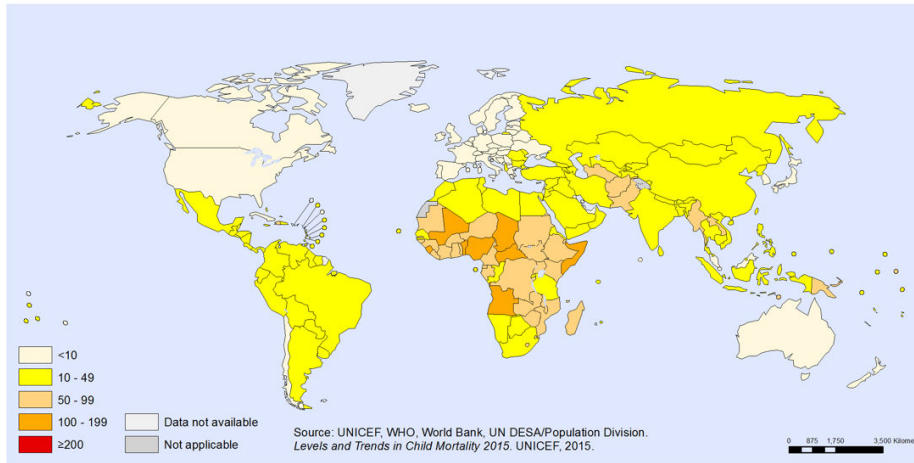
What is the importance of CRVS for RMNCAH-N?

- ▶ Protection of rights of women, children and adolescent
- ▶ Availability of continuous vital statistics data
 - Track progress for health indicators at sub-national, national and international levels (e.g., SDGs)
 - Provide denominators used for calculation of health-related rates and ratios (e.g., MMR; immunization rates)
 - Determine priorities for public health care
 - Track child marriages and facilitate enforcement of the minimum age at marriage
 - Decrease burden of countries to collect vital statistics from censuses and surveys
- ▶ Establish correct age of individuals
 - To assess children's nutritional status (in the calculation of prevalence of stunting)

- ▶ Core programmatic indicators to be included in country's Investment Case:
 - Maternal mortality ratio
 - Under-5 mortality rate
 - Neonatal mortality rate
 - Adolescent birth rate
- ▶ Many GFF-supported countries do not have functional CRVS systems
 - Low birth registration and lack of data on death registration and causes of death
 - Wide differences between birth registration and issuance of birth certificates
 - No vital statistics from the civil registration system produced

Data not available in high mortality countries

Under-five mortality rate (probability of dying by age 5 per 1000 live births), 2015



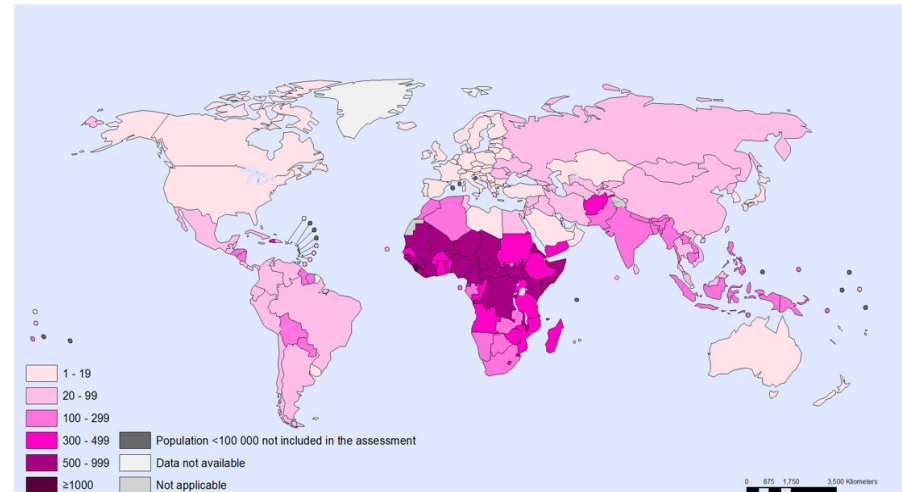
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Data Source: World Health Organization
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Maternal mortality ratio (per 100 000 live births), 2015

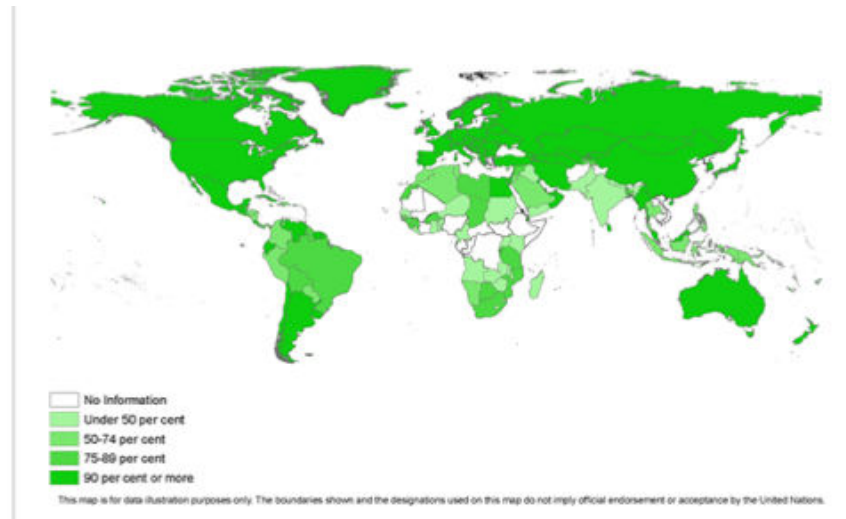


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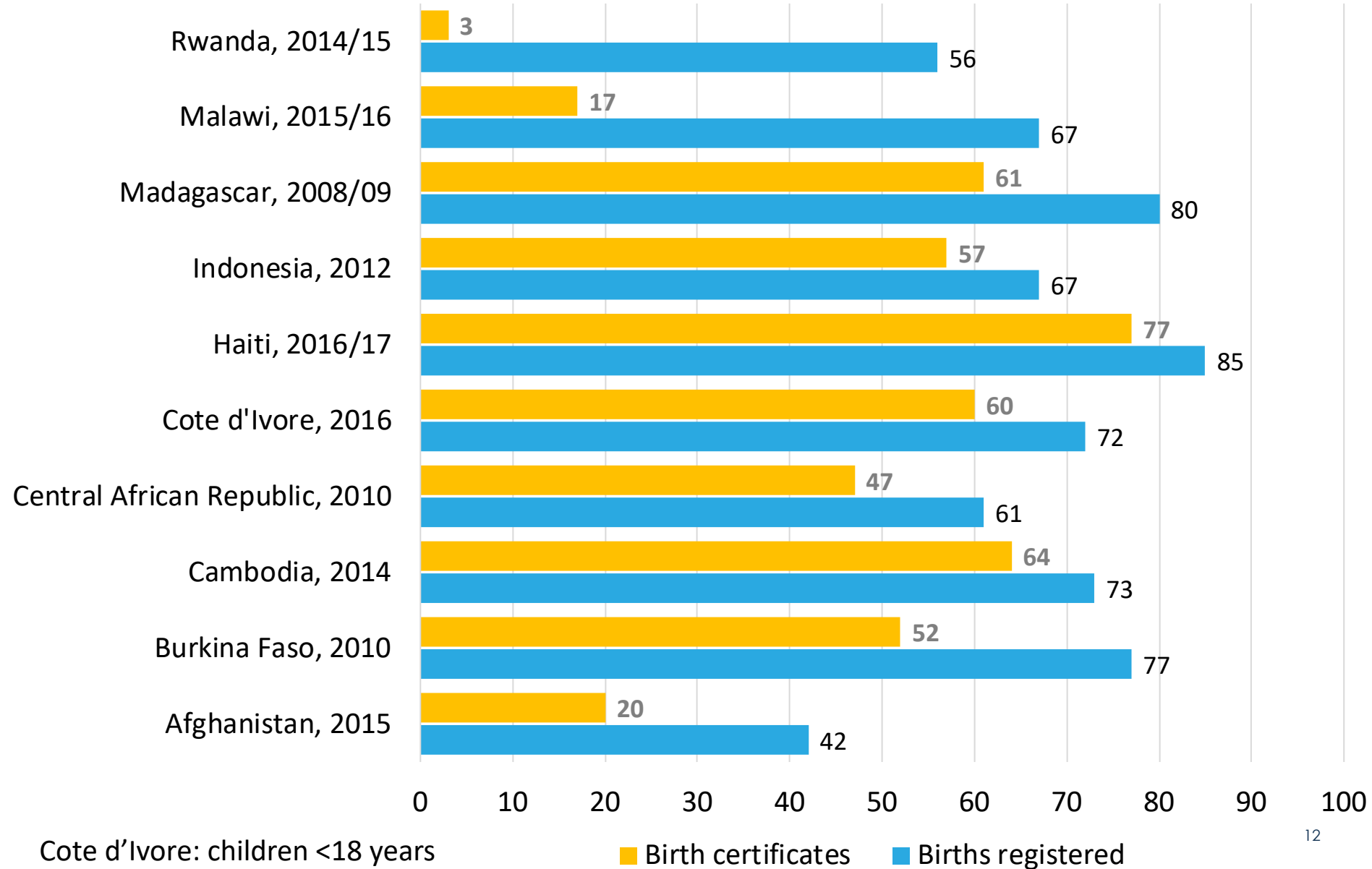
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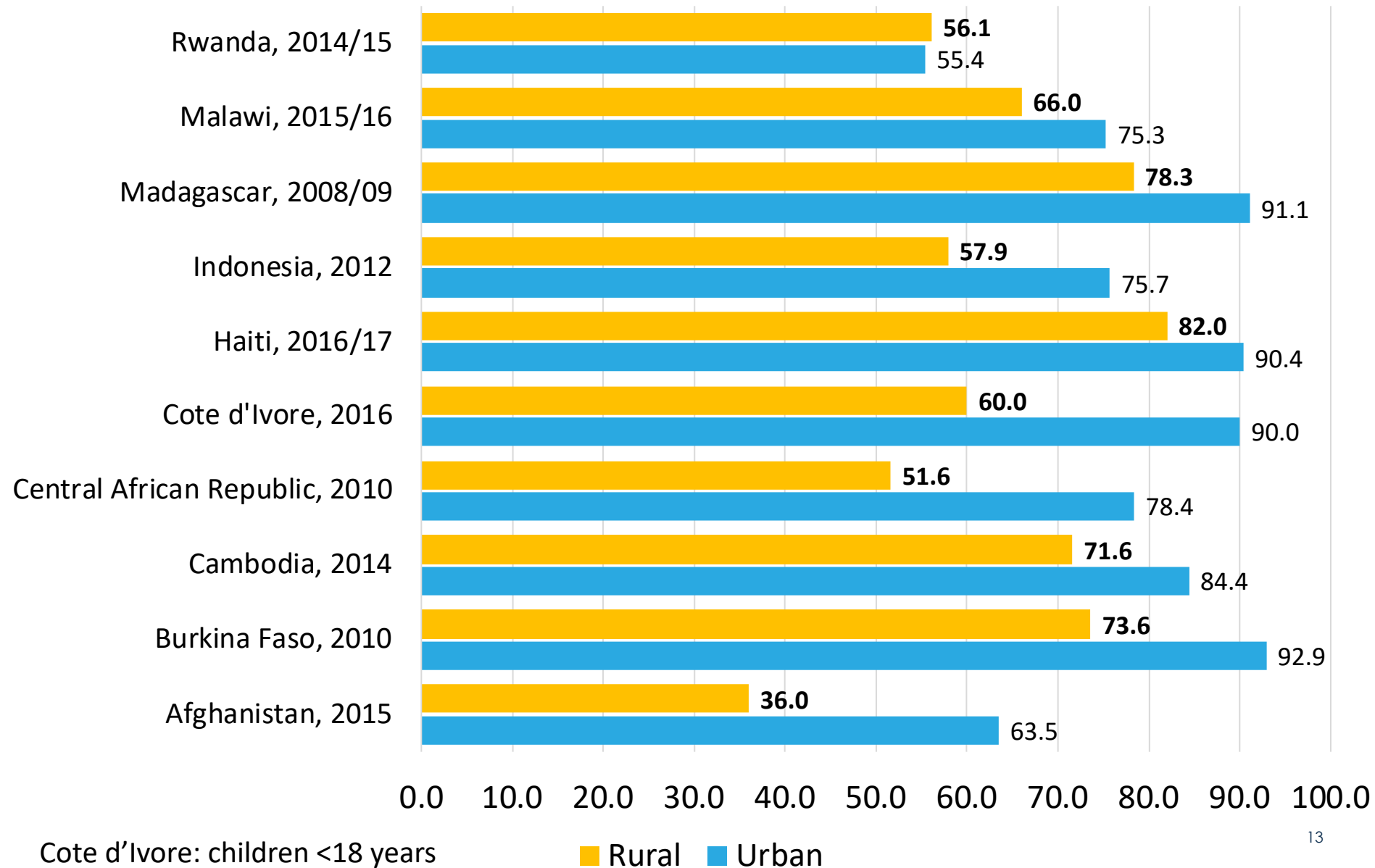
- ▶ Evidence that CRVS is positively associated with health outcomes
 - Children registered at birth were more likely to be immunized in Dominican Republic (Corbacho, Brito & Osorio, 2013)*
 - Countries with improved CRVS performance had low healthy life expectancy, U5M and MMR (Phillips et al., 2015)**
- ▶ Data from CRVS may also be used to provide signal of potential shortcomings in the health system
 - Monitoring of preventable deaths

Current status of new GFF-supported countries

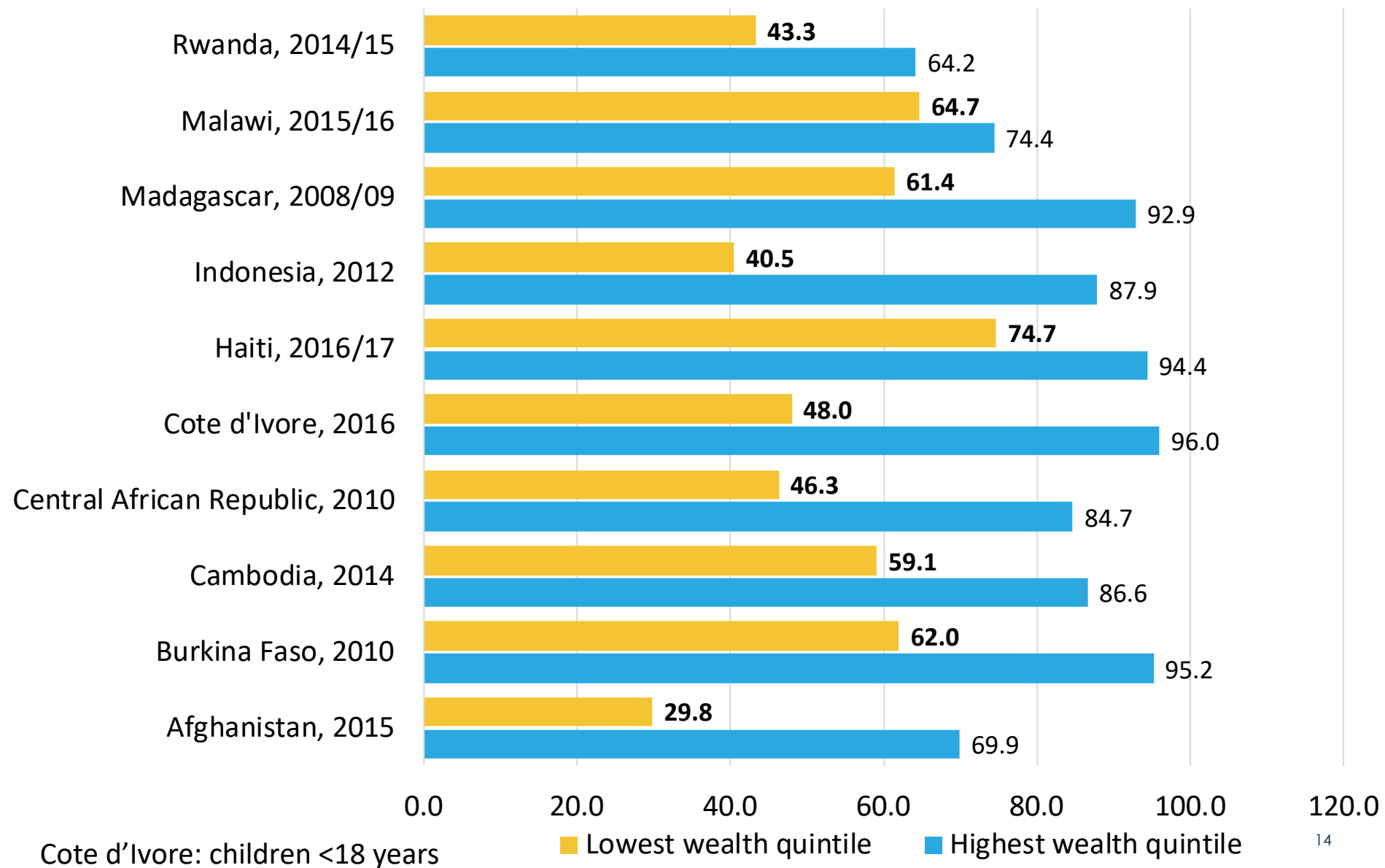
Current status: birth registration & certification (<5)



Rural-urban differences in birth registration (<5)



Wealth differences in birth registration (<5)

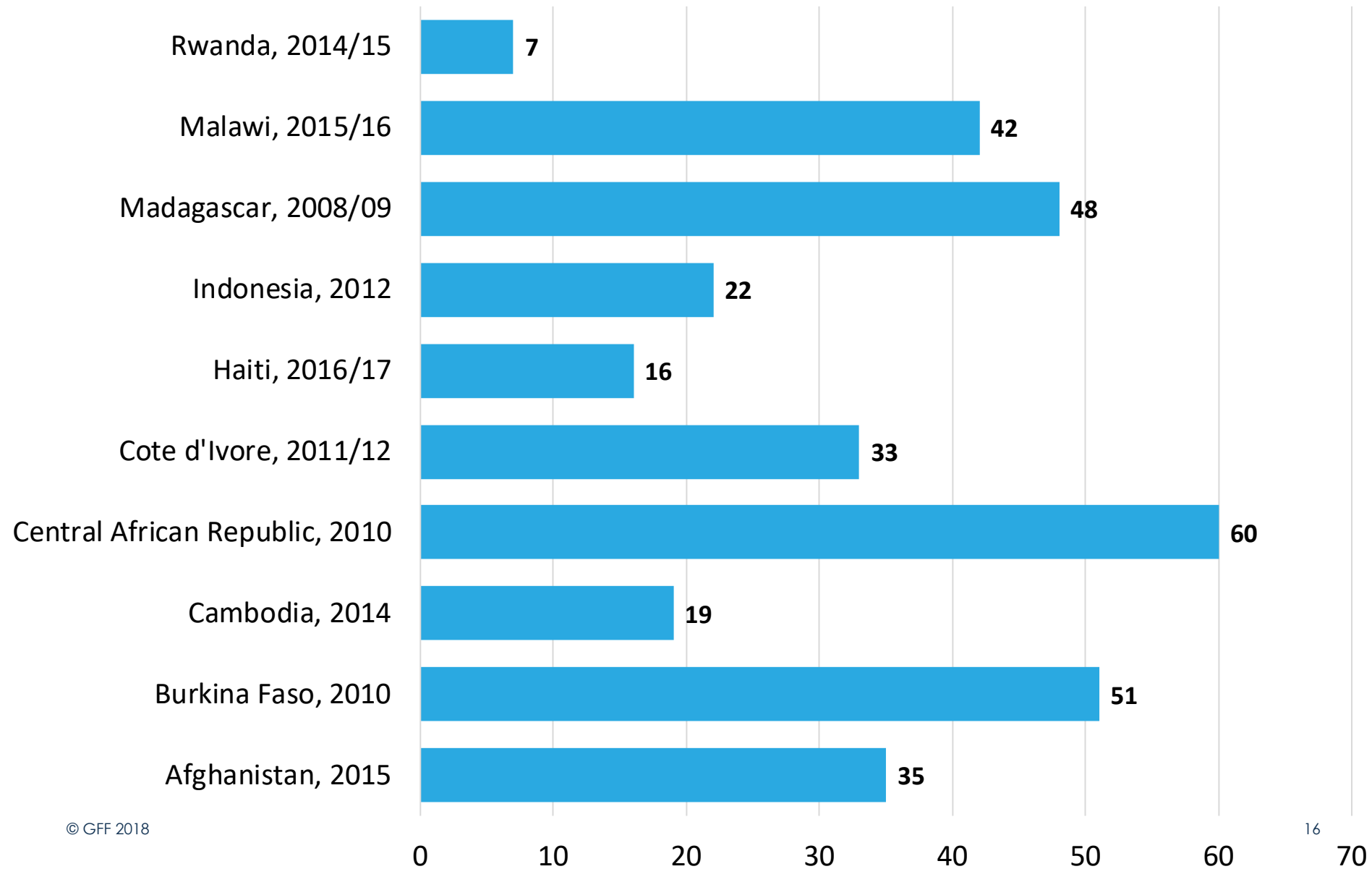


Current status: death registration and COD recording

*IMCCD – International Medical Certificate of Causes of Death

COUNTRY	DEATH REG. COVERAGE	COD BASED ON ICD
Afghanistan	No information	ICD not routinely used
Burkina Faso	No information	No information
Cambodia	47%	Simplified version of ICD, 2017
Central African Republic	No information	No information
Cote d'Ivoire	19%	No information
Haiti	No information	No information
Indonesia	No information	No information
Malawi	No information	IMCCD* form used
Madagascar	No information	No information
Rwanda	30%	No reliable COD recorded

Current status: Proportion 20–24 married by 18



Current status: other indicators

COUNTRY	VITAL STATISTICS FROM CR	MANUAL/ELECTRONIC REGISTRATION	CRVS ASSESSMENT (RAPID/COMPREHENSIVE)	STRATEGIC PLAN
Afghanistan	No	Paper-based	Comprehensive	2016–2020
Burkina Faso	Yes, pilot in Eastern region	Paper-based	Comprehensive	2017–2020
Cambodia	Yes, selected data	Paper-based	Comprehensive	2017–2026
Central African Republic	No	Paper-based	No information	No information
Cote d'Ivoire	Yes, incomplete	Paper-based & electronic	Comprehensive	No
Haiti	No	Paper-based	No information	No information
Indonesia	No	Paper-based	Completed	In progress
Malawi	No	Primary paper-based + electronic	Rapid	No
Madagascar	Yes, limited tabulations	Paper-based	Comprehensive	In progress
Rwanda	No	Web-based application system	Comprehensive	2017/18 – 2021/22

Integrating CRVS within RMNCAH-N

- ▶ CRVS part of the broader RMNCAH-N Investment Case (IC) for improving data systems for results monitoring
 - Requires proper integration within the IC
 - Engagement and close collaboration with civil registration agencies from the onset
- ▶ CRVS strengthening requires multi-sectoral approach
 - Processes: notification, registration and certification of events & production of vital statistics
 - Country-led consultative process including CRVS stakeholders
 - Identification of key stakeholders (CRVS technical team) for the IC from government and development partners

- ▶ **Prioritization process:**
 - Priority events: births, deaths and causes of death, marriages
 - Linked to the prioritization processes of the IC
 - Priorities informed by:
 - Nation health and development strategies and plans
 - CRVS strategic plans (where available)
- ▶ **Technical and other support provided to countries, if required**
 - GFF Secretariat / Center of Excellence for CRVS / Consultants

IC development: Lessons learnt (1)

- ▶ Communication needs to happen early in the process, with close collaboration throughout the IC process:
 - MOH and CRVS agencies + other CRVS stakeholders
 - Include CRVS in the Country Platform
- ▶ Establish (or use existing) technical subcommittee on CRVS:
 - Including representatives from RMNCAH and HMIS
 - For prioritization and to integrate CRVS in the overall IC
- ▶ May need a specific CRVS consultant to support IC development
 - Consultant for preparing overall Investment Case may not be well-versed with CRVS

IC development: Lessons learnt (2)

- ▶ Important to set realistic targets for CRVS, especially for indicators with very low levels
- ▶ Availability of comprehensive CRVS strategic plan facilitates the prioritization process
- ▶ Resource mapping for CRVS helpful in determining areas already supported; determine financing gaps; and re-prioritization
- ▶ CRVS data not processed
 - CRVS systems rely on surveys to estimate their status
 - Lack of baseline data for tracking progress in CRVS systems
- ▶ Prioritized areas for CRVS in ICs for initial countries focused on:
 - Increase birth and death registration rates
 - Improvements in causes of death
 - Transition from paper-based to electronic registration
 - Interoperability of CRVS system with other systems

CRVS priority areas in ICs – initial countries

FOCUS AREA	COUNTRY
1. Expanding CR services	
Increase civil registration service points + mobile registration	Cameroon, DRC, Kenya, Uganda
Recruit additional staff	Liberia
Use health facilities/schools for birth registration	Kenya, DRC
2. Advocacy and awareness creation	DRC, Liberia
3. Recording of causes of death and application of ICD	Kenya, Mozambique, Uganda
4. Revision of legislative framework	Cameroon, Guinea, Liberia, DRC
5. Computerization, digitization, maintenance of databases	Cameroon, DRC, Guinea, Kenya, Liberia, Sierra Leone
6. Interoperability of systems (mainly CRVS & DHIS)	Cameroon, Guinea, Mozambique
7. Stakeholder engagements and coordination	Guinea, Kenya, Liberia, Sierra Leone, DRC

Examples of high impact CRVS activities (1)

- ▶ Use of health facilities for civil registration
 - Birth registration: maternity, immunization, public health campaigns
 - Death registration: linkages with existing maternal, neonatal or perinatal deaths audits and reviews
- ▶ One-step process to notify, register and issue certificates



Examples of high impact activities (2)

- ▶ Targeting hard-to-reach areas with high number of births and low registration
- ▶ Innovations for CRVS
 - Use of performance-based financing
 - Mobile registration
 - Catch-up campaigns in schools
- ▶ Close supervision and monitoring of staff performance
- ▶ Use of community structures for events occurring in the community
 - E.g. Use of Community Health Assistant program for registration of community events in Liberia

- ▶ Countries explicitly including CRVS in the IC can receive financing from GFF TF and IDA/IBRD
- ▶ Projects approved in 2015–2017 with CRVS component
 - Health project: Cameroon, Ethiopia, Kenya, Liberia, Tanzania, Uganda
 - Human development: DRC

- ▶ Increase birth and death registration rates
 - Expansion of service delivery points
 - Community, health facilities, schools
 - Mobile technology
- ▶ Improvements in causes of death
 - Adoption of ICD-10
 - Development of training manuals
 - Training and sensitization of notification/registration personnel
- ▶ Interoperability of CRVS system with other systems

GFF TF/IDA projects: Lessons learnt

- ▶ MOH is more familiar with World Bank processes than CRVS agencies
 - Support may be required from MOH
 - Involve CRVS agencies in project preparation and other process when there is a CRVS component
- ▶ Financing may be channeled to CRVS agencies directly, in consultation with the Ministry of Finance
 - Type of lending instrument used (IPF/P4R) is important for financing arrangements for CRVS agencies and MOH

How does the GFF support countries?

- Advocacy for the inclusion of CRVS in the development of Investment Cases
- Provide technical support for CRVS
- Linked to World Bank projects, facilitates GFF and IDA / BIRD TF funding, specifically for strengthening CRVS
- Facilitate access to the technical expertise of the Center of Excellence for CRVS Systems (CoE)
- Knowledge and learning about CRVS

Learn More



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