Civil Registration and Vital Statistics

January 28 – February 1, 2018
How the GFF drives results

1. Prioritizing
   - Identifying priority investments to achieve RMNCAH-N outcomes
   - Identifying priority health financing reforms
   - Strengthening systems to track progress, learn, and course-correct

2. Coordinated
   - Coordinated implementation
   - Reforming financing systems:
     - Complementary financing
     - Efficiency
     - Domestic resources
     - Private sector resources

3. Learning

Accelerate progress now on the health and wellbeing of women, children, and adolescents

Drive longer-term, transformational changes to health systems, particularly on financing
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
Association between CRVS and health indicators

- 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

* https://publications.iadb.org/handle/11319/3662
** http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60172-6.pdf
Current status of new GFF-supported countries
Current status: birth registration & certification (<5)

- **Rwanda, 2014/15**: 3 births registered, 56 birth certificates
- **Malawi, 2015/16**: 17 births registered, 67 birth certificates
- **Madagascar, 2008/09**: 61 births registered, 67 birth certificates
- **Indonesia, 2012**: 57 births registered, 67 birth certificates
- **Haiti, 2016/17**: 77 births registered, 85 birth certificates
- **Cote d’Ivoire, 2016**: 60 births registered, 72 birth certificates
- **Central African Republic, 2010**: 47 births registered, 61 birth certificates
- **Cambodia, 2014**: 64 births registered, 73 birth certificates
- **Burkina Faso, 2010**: 52 births registered, 77 birth certificates
- **Afghanistan, 2015**: 20 births registered, 42 birth certificates

Cote d’Ivoire: children <18 years

- **Birth certificates**
- **Births registered**
Rural-urban differences in birth registration (<5)

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>2014/15</td>
<td>56.1</td>
<td>55.4</td>
</tr>
<tr>
<td>Malawi</td>
<td>2015/16</td>
<td>66.0</td>
<td>75.3</td>
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<td>Madagascar</td>
<td>2008/09</td>
<td>78.3</td>
<td>91.1</td>
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<td>Indonesia</td>
<td>2012</td>
<td>57.9</td>
<td>75.7</td>
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<tr>
<td>Haiti</td>
<td>2016/17</td>
<td>82.0</td>
<td>90.4</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>2016</td>
<td>60.0</td>
<td>90.0</td>
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<td>78.4</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2014</td>
<td>71.6</td>
<td>84.4</td>
</tr>
<tr>
<td>Burkina Faso</td>
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<td>73.6</td>
<td>92.9</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>2015</td>
<td>36.0</td>
<td>63.5</td>
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Cote d'Ivoire: children <18 years

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<tr>
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<th>Urban</th>
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<td>Rwanda, 2014/15</td>
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Wealth differences in birth registration (<5)

- Afghanistan, 2015: 29.8% (Lowest), 69.9% (Highest)
- Burkina Faso, 2010: 62.0% (Lowest), 95.2% (Highest)
- Cambodia, 2014: 59.1% (Lowest), 86.6% (Highest)
- Central African Republic, 2010: 46.3% (Lowest), 84.7% (Highest)
- Cote d’Ivoire, 2016: 48.0% (Lowest), 96.0% (Highest)
- Haiti, 2016/17: 74.7% (Lowest), 94.4% (Highest)
- Indonesia, 2012: 40.5% (Lowest), 87.9% (Highest)
- Madagascar, 2008/09: 61.4% (Lowest), 92.9% (Highest)
- Malawi, 2015/16: 64.7% (Lowest), 74.4% (Highest)
- Rwanda, 2014/15: 43.3% (Lowest), 64.2% (Highest)

Cote d’Ivoire: children <18 years

- Lowest wealth quintile
- Highest wealth quintile
## Current status: death registration and COD recording

*IMCCD – International Medical Certificate of Causes of Death

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>DEATH REG. COVERAGE</th>
<th>COD BASED ON ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>No information</td>
<td>ICD not routinely used</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>No information</td>
<td>No information</td>
</tr>
<tr>
<td>Cambodia</td>
<td>47%</td>
<td>Simplified version of ICD, 2017</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>No information</td>
<td>No information</td>
</tr>
<tr>
<td>Cote d’Ivore</td>
<td>19%</td>
<td>No information</td>
</tr>
<tr>
<td>Haiti</td>
<td>No information</td>
<td>No information</td>
</tr>
<tr>
<td>Indonesia</td>
<td>No information</td>
<td>No information</td>
</tr>
<tr>
<td>Malawi</td>
<td>No information</td>
<td>IMCCD* form used</td>
</tr>
<tr>
<td>Madagascar</td>
<td>No information</td>
<td>No information</td>
</tr>
<tr>
<td>Rwanda</td>
<td>30%</td>
<td>No reliable COD recorded</td>
</tr>
</tbody>
</table>
Current status: Proportion 20–24 married by 18

- Rwanda, 2014/15: 7
- Malawi, 2015/16: 42
- Madagascar, 2008/09: 48
- Indonesia, 2012: 22
- Haiti, 2016/17: 16
- Cote d'Ivore, 2011/12: 33
- Central African Republic, 2010: 60
- Cambodia, 2014: 19
- Burkina Faso, 2010: 51
- Afghanistan, 2015: 35
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>VITAL STATISTICS FROM CR</th>
<th>MANUAL/ELECTRONIC REGISTRATION</th>
<th>CRVS ASSESSMENT (RAPID/COMPREHENSIVE)</th>
<th>STRATEGIC PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>No</td>
<td>Paper-based</td>
<td>Comprehensive</td>
<td>2016–2020</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Yes, pilot in Eastern region</td>
<td>Paper-based</td>
<td>Comprehensive</td>
<td>2017–2020</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Yes, selected data</td>
<td>Paper-based</td>
<td>Comprehensive</td>
<td>2017–2026</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>No</td>
<td>Paper-based</td>
<td>No information</td>
<td>No information</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>Yes, incomplete</td>
<td>Paper-based &amp; electronic</td>
<td>Comprehensive</td>
<td>No</td>
</tr>
<tr>
<td>Haiti</td>
<td>No</td>
<td>Paper-based</td>
<td>No information</td>
<td>No information</td>
</tr>
<tr>
<td>Indonesia</td>
<td>No</td>
<td>Paper-based</td>
<td>Completed</td>
<td>In progress</td>
</tr>
<tr>
<td>Malawi</td>
<td>No</td>
<td>Primary paper-based + electronic</td>
<td>Rapid</td>
<td>No</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Yes, limited tabulations</td>
<td>Paper-based</td>
<td>Comprehensive</td>
<td>In progress</td>
</tr>
<tr>
<td>Rwanda</td>
<td>No</td>
<td>Web-based application system</td>
<td>Comprehensive</td>
<td>2017/18 – 2021/22</td>
</tr>
</tbody>
</table>
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
Incorporating CRVS in the Investment Case (2)

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
<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expanding CR services</td>
<td>Cameroon, DRC, Kenya, Uganda</td>
</tr>
<tr>
<td>Increase civil registration service points + mobile registration</td>
<td></td>
</tr>
<tr>
<td>Recruit additional staff</td>
<td>Liberia</td>
</tr>
<tr>
<td>Use health facilities/schools for birth registration</td>
<td>Kenya, DRC</td>
</tr>
<tr>
<td>2. Advocacy and awareness creation</td>
<td>DRC, Liberia</td>
</tr>
<tr>
<td>3. Recording of causes of death and application of ICD</td>
<td>Kenya, Mozambique, Uganda</td>
</tr>
<tr>
<td>4. Revision of legislative framework</td>
<td>Cameroon, Guinea, Liberia, DRC</td>
</tr>
<tr>
<td>5. Computerization, digitization, maintenance of databases</td>
<td>Cameroon, DRC, Guinea, Kenya, Liberia, Sierra Leone</td>
</tr>
<tr>
<td>6. Interoperability of systems (mainly CRVS &amp; DHIS)</td>
<td>Cameroon, Guinea, Mozambique</td>
</tr>
<tr>
<td>7. Stakeholder engagements and coordination</td>
<td>Guinea, Kenya, Liberia, Sierra Leone, DRC</td>
</tr>
</tbody>
</table>
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
Key CRVS activities in GFF TF/IDA-funded countries

- 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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