

UPDATES ON STRENGTHENING CIVIL REGISTRATION AND VITAL STATISTICS (CRVS) SYSTEMS

OVERVIEW

This document provides an overview of the status of CRVS systems in GFF-supported countries, outlines technical and financial support provided to strengthen CRVS systems in selected countries, and highlights GFF partnerships at country, regional and global levels, including a summary of CRVS activities undertaken at global level. It also presents a summary of case studies from three countries (Rwanda, Liberia and the Democratic Republic of Congo) to showcase country-specific activities supported. The document was prepared jointly by the GFF Secretariat and the Centre of Excellence for CRVS Systems (COE).

SUMMARY OF FINDINGS

Strengthening of CRVS systems is a priority for the GFF, aimed at improving data sources for tracking and ultimately improving the health and well-being of women, children and adolescents; and also, as an area that has not been adequately funded in the past. The GFF Secretariat, in collaboration with the World Bank Group, COE, UNICEF, UNFPA, WHO, GAVI, Global Fund and other partners at global, regional and global levels, has provided extensive support for strengthening CRVS systems in low- and lower-middle income countries in the past four to five years. With technical assistance and advocacy to support CRVS within the health sector, the number of countries including CRVS in their Investment Cases has increased over time to 19 countries (out of the 27 initial countries). Substantial financing from the GFF Trust Fund, linked with IDA, has been allocated to 13 countries to strengthen CRVS systems, with amounts ranging from USD1 million to USD20 million per country. Additionally, results-based financing and program for results for CRVS have been introduced in some countries. Accordingly, some GFF-supported countries have made good progress towards developing well-functioning CRVS systems, including establishing decentralized electronic CRVS systems and expanding service delivery points; adapting international standards in CRVS processes; providing training and capacity building; and undertaking social and behavior change communication interventions in CRVS. The holistic approach the GFF has taken in strengthening CRVS systems, including strengthening the health sector's role in CRVS and improving the collaboration and coordination of financial and technical support with other partners to support country-led interventions, is key to building sustainable CRVS systems. More support is required to deepen the work in each country and to expand to more countries, including advocacy for increased national budgets for CRVS strengthening.

ACTION REQUESTED

The Investors Group is asked to take note of progress made in strengthening CRVS systems in GFF-supported countries and requested to support the GFF's advocacy towards strengthened partnerships at global, regional and country level for improved coordination, collaboration and alignment of resources to build well-functioning and sustainable CRVS systems.

INTRODUCTION

The Global Financing Facility (GFF) has prioritized the strengthening of civil registration and vital statistics (CRVS) systems with the aim of improving data sources for tracking and ultimately improving the health and well-being of women, children and adolescents. Well-functioning CRVS systems provide data that can be used to plan, monitor and evaluate reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) programs, including progress made in reducing maternal mortality ratio, neonatal and under-five mortality rates; and adolescent birth rate. Of the 230 Sustainable Development Goals (SDGs) indicators, 67 are most effectively measured using data provided by CRVS systems. GFF priority countries stand to benefit from stronger data collection systems.

CRVS systems register vital events and issue legal documents (e.g. birth, death and marriage certificates) that help protect the rights of women, children and adolescents. The priority vital events for the GFF are births, deaths with their causes, and marriages. Birth registration establishes a child's identity and family relations and facilitates access to health care, education and other social benefits. It is also the foundation of other systems, including identity management systems and national population registers. Coupled with marriage registration, birth registration also could contribute to the protection of young girls from early marriage, which often leads to early pregnancy and childbearing, heightening risks of adverse health outcomes for adolescent mothers and their children. Death registration is important for documenting the rights to inheritance, and benefits linked to widowhood or orphanhood, which are often associated with vulnerability and poor health outcomes.

Within the CRVS system processes, the health, local government, civil registration (CR) and national statistical sectors are inherently inter-dependent due to their specific roles: (i) the health sector notifies CR authorities of live births, fetal deaths and deaths occurring in health facilities, and the local government for events occurring in the community; (ii) the CR authorities register events and issue certificates using the notification forms issued by health and local government authorities; and (iii) the statistics sector produces vital statistics from the CR system which is used to inform the planning, monitoring and evaluation of health and other sectors and helps to identify vital events that take place outside the health system. As such, efforts aimed at strengthening CRVS systems necessarily need to adopt a multi-sectoral approach.

STATUS OF CRVS IN GFF-SUPPORTED COUNTRIES

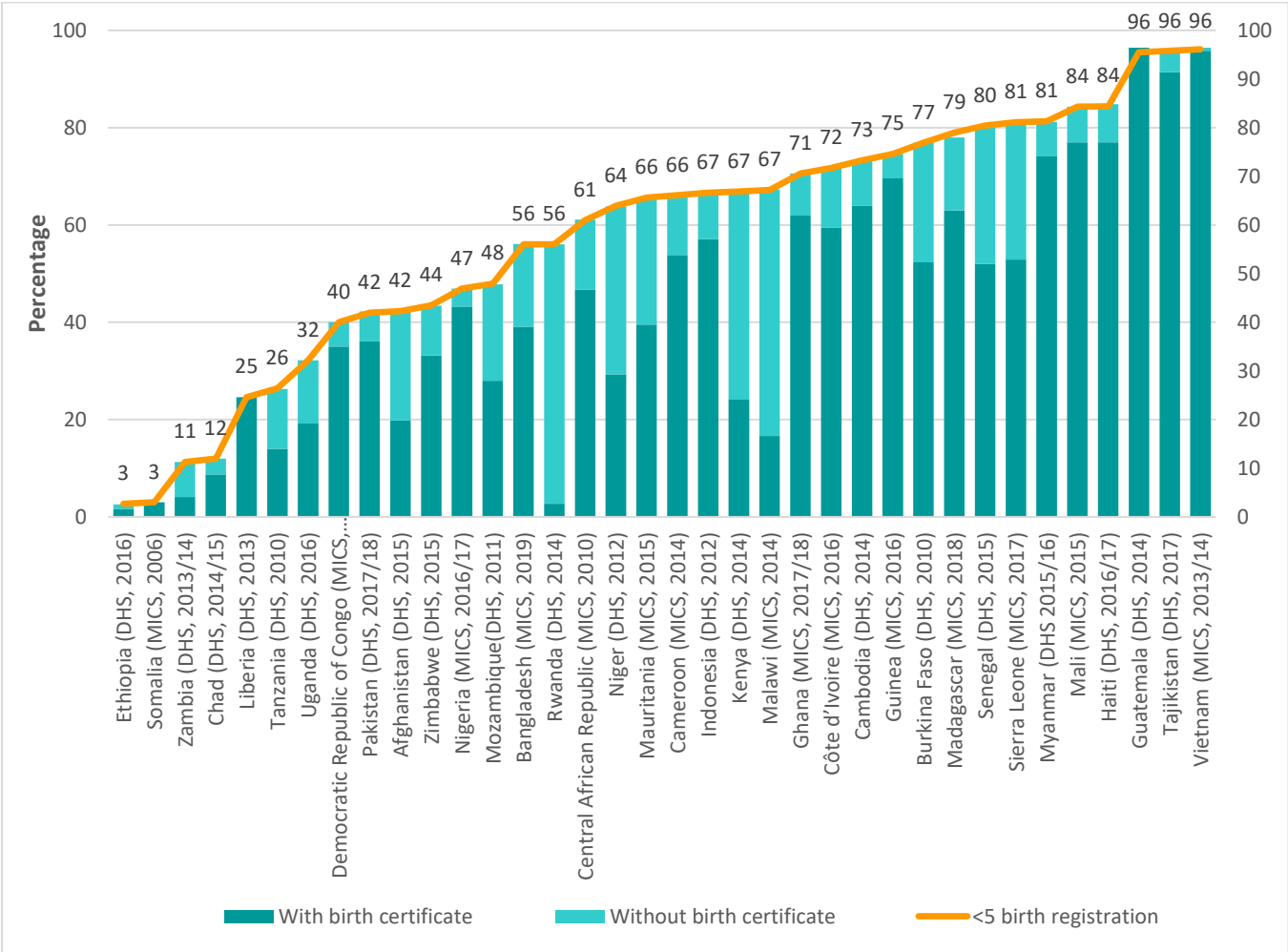
A well-functioning CRVS system registers all vital events with their characteristics, and records causes of death, issues vital events certificates and produces and disseminates vital statistics. While data generated from CRVS systems are the preferred source of statistics for monitoring fertility and mortality by cause, age and sex, many GFF-supported countries do not have well-functioning systems, although some progress has been noted for specific countries in the recent past.

Many low- and lower-middle income countries currently do not process data from their CRVS systems as the systems are mostly paper-based. As a result, they rely on survey data to assess the quality of their systems and for comparison with other countries. The statistics shown in Figure 1 derived from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) show data on the status of birth registration among children aged below five years in GFF-supported countries (with differing time periods due to availability of data). It is noted that the level of birth registration in some GFF-supported countries is very low (e.g. Ethiopia, Somalia,

Zambia and Chad), while others have near universal birth registration (e.g. Guatemala, Tajikistan and Vietnam). The results further show that while there were virtually no differences by sex (with differences between males and females at less than 3 percentage points per country), there are generally notable differences by type of place of residence, region, household wealth and educational level of the mother. For example, in Pakistan and Madagascar, the proportions of children aged below five years registered in urban areas were much higher than those registered in rural areas (Pakistan: 60% vs. 33%; and Madagascar 90% vs. 76%). Additionally, some countries had wide gap between children registered and those with birth certificate, indicating that not all children registered were issued birth certificates. For example, while 56% of children aged below five years were registered in Rwanda, only 3% had birth certificates.

Some countries have shown notable increases in birth registration in the past four to five years, including the Democratic Republic of Congo (from 25% to 40%), Bangladesh (from 20% to 56%) and Nigeria (from 30% to 47%). Ethiopia only started the official registration of vital events in August 2016 and based on recent information from the Immigration, Nationality and Vital Events Registration Agency, the absolute number of births registered annually has increased over time, from 426,474 in 2016 to 595,570 in 2019.

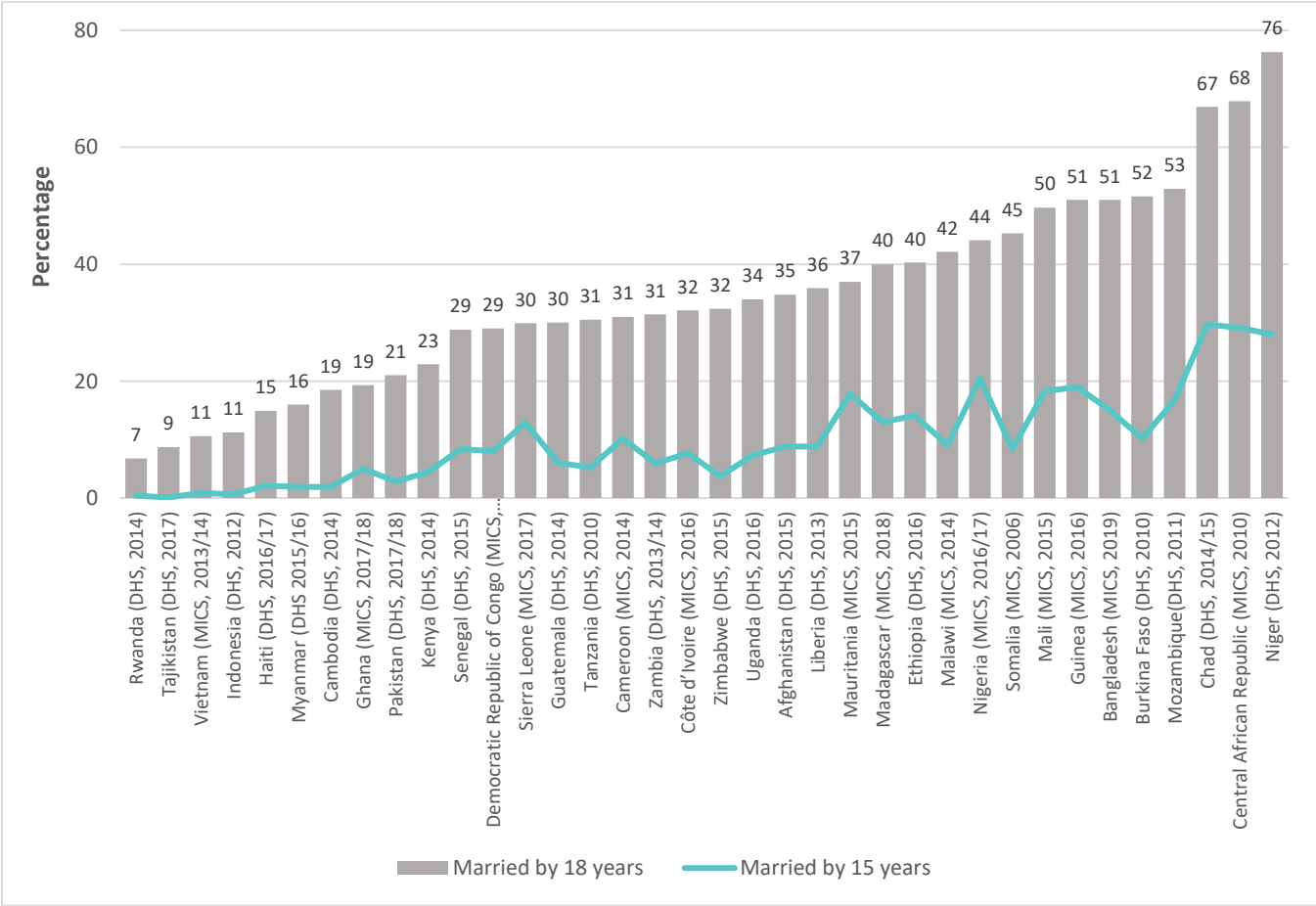
FIGURE 1: BIRTH REGISTRATION FOR CHILDREN AGED BELOW FIVE YEARS



Information on the status of death registration is limited among GFF-supported countries, and not usually collected in surveys as in the case for birth registration. Uganda collected data on the completeness of death registration in their most recent DHS, estimated at 24% in 2016. Other GFF countries with information on the completeness of death registration are Guatemala (92%), Tajikistan (82%) and Kenya (42%). Only Guatemala, Tajikistan and Kenya have statistics on causes of death classified according to the tenth revision of the International Classification of Diseases (ICD-10) available and currently producing vital statistics from their CR systems.

Data on marriage registration is not available, even though child marriage among girls is widespread in most of the GFF-supported countries (see Figure 2). Chad, Central African Republic and Niger have the highest rates of child marriages, both before 15 and 18 years. In these countries, at least two-thirds of adolescent girls aged 20–24 were married by 18 years and about 30% by age 15.

FIGURE 2: WOMEN AGED 20-24 MARRIED BY EXACT AGES 15 AND 18

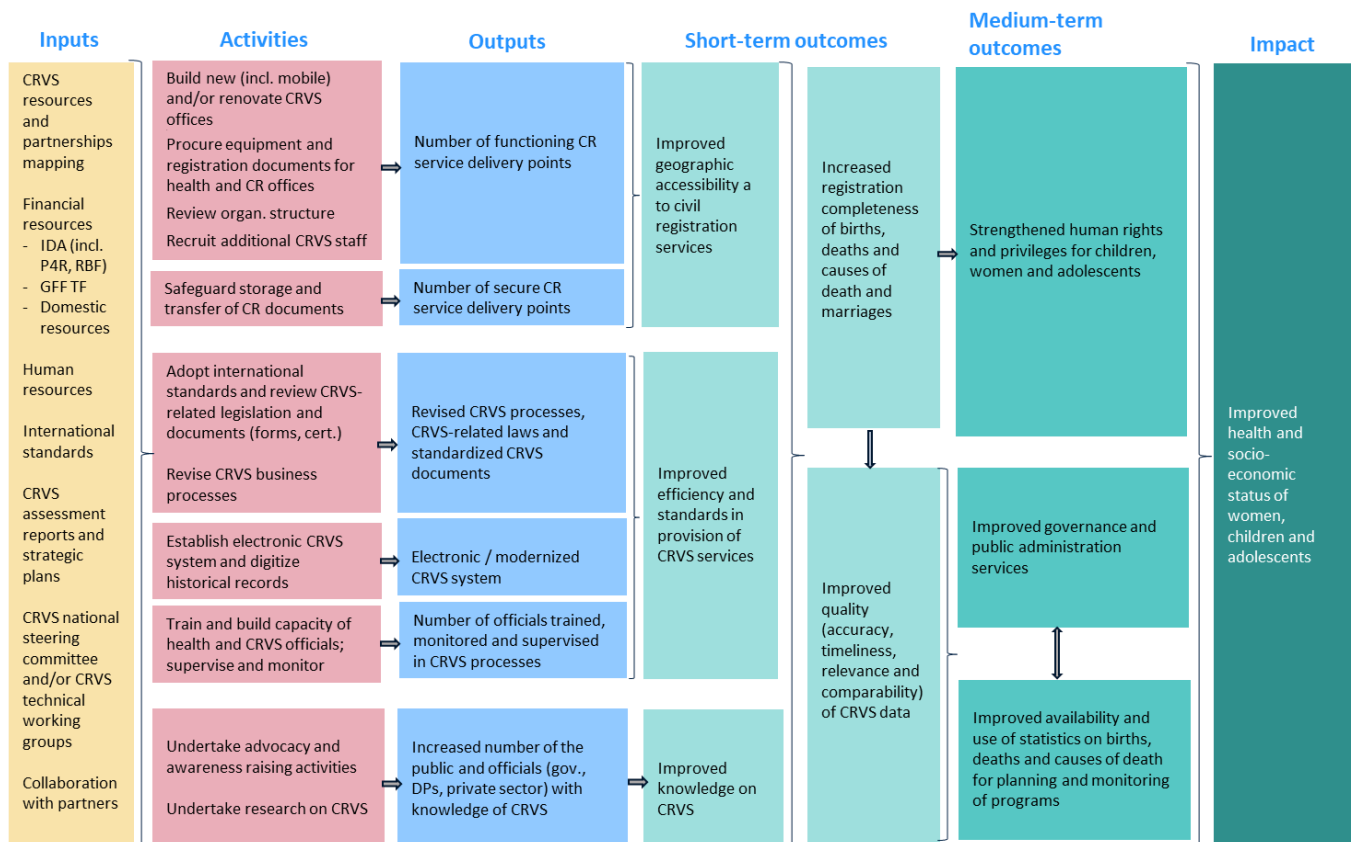


THE GFF'S AGENDA FOR STRENGTHENING CRVS

Over the past four to five years, the GFF has provided substantial support to countries to strengthen their CRVS systems, with the ultimate goal of improving the health and socio-economic status of women, children and adolescents by ensuring that CRVS systems are able to deliver on their three main functions: legal, administrative and statistical purposes. The GFF has thus provided technical assistance and financing for countries to undertake activities aimed at achieving identified short- and medium-term outcomes as outlined in the Theory of Change (see Figure 3).

The legal function ensures that with birth, marriage and death certificates issued through CR systems, the human rights and privileges for children, women and adolescents are protected, including enabling access to social services and prevention of child marriages. The registration of births, particularly through an electronic database with unique identification numbers issued at birth and updated accordingly with other vital events during the life course of individual, is the foundation for administrative databases and facilitates good governance and public administration. Improved CRVS systems are particularly useful for the GFF for provision of routine data to monitor health and other outcomes for children, women and adolescents both at national and subnational levels and on a continuous basis.

FIGURE 3: THEORY OF CHANGE FOR CRVS



The GFF's support for CRVS is based on a holistic system strengthening approach, with a focus on helping countries to establish sustainable CRVS systems. As such, the GFF process at country level reinforces dialogue among key CRVS stakeholders, including civil registration agencies, ministries of health, ministries of local government and national statistics offices. The GFF also facilitates collaboration between development partners, donors and civil society at country, regional and global levels to provide technical and financial support to strengthen CRVS systems, including the World Bank Group (WBG), Centre of Excellence for CRVS Systems (COE)¹, UNICEF, UNFPA, WHO, UNHCR, Global Fund, Gavi, Government of Canada, Italian Cooperation, European Union, CDC, Vital Strategies, Plan International, PATH and others. All these stakeholders are necessary to help countries to realize all the three main functions of a well-functioning CRVS system.

For example, the GFF process in Uganda has facilitated close collaboration between the National Identification and Registration Agency (NIRA), the Ministry of Health (MOH) in particular, the Local Government and the Uganda Bureau of Statistics. In addition, coordinated efforts have been undertaken with the WBG, UNICEF, Plan International Uganda, WHO and Global Fund. Through collaboration with these partners, a Baseline Survey on CRVS was undertaken; CRVS communication and CRVS strategic plans in the process of being prepared; business processes were revised between MOH and NIRA and data collection tools harmonized; training was undertaken on notification and registration of births and deaths and recording of causes of death; electronic systems for registration of events enhanced; service delivery points at the district and health facility level expanded; awareness raising campaigns undertaken; and meetings of the national CRVS task force composed of representatives from the government and development partners are being held regularly. Through these efforts, good progress has been made in Uganda towards achieving short-term objectives in line with the Theory of Change highlighted above, including increased geographic accessibility, improved knowledge and improved efficiency, which has led to improved completeness of birth and death registration.

Similarly, in Vietnam as part of advisory services and analytics supported by the GFF, there was close collaboration with the WBG, WHO, Global Fund, UNICEF, UNFPA, Vital Strategies and Melbourne University towards improving efficiency and standards in death registration and recording of causes of death. Activities supported included development of the MOH implementation plan for the National Action Program on CRVS; capacity building and training in cause-of-death certification and coding for the Ministry of Health; and capacity building for other officials in MOH, Ministry of Justice and the General Statistics Office.

¹ The COE was established by Global Affairs Canada at the International Development Research Centre in 2015, with total financing of CAD16 million over a five-year period as part of the GFF's contribution to the CRVS agenda. It contributes to the GFF's CRVS directly through technical assistance and as part of its mandate to facilitate access to information and expertise, including global standards, tools, research evidence, and relevant good practices for the CRVS community.

FINANCING AND TECHNICAL ASSISTANCE FOR CRVS IN GFF COUNTRIES

Priority areas for CRVS strengthening

The GFF advocates for inclusion of CRVS in RMNCAH-N Investment Cases and, in collaboration with other partners, provides technical assistance for prioritizing activities identified through a country-led consultative processes, mostly informed by national CRVS strategic plans where available, and aligned to RMNCAH-N priorities. National CRVS strategic plans are often not prioritized and have a huge financing gap, making it difficult to monitor progress as many activities remain unfunded throughout the strategic plan period. As part of the preparation of Investment Cases, CRVS activities are then reprioritized.

In total, 19 of the 27 initial GFF-supported countries have prioritized CRVS in their Investment Cases and 13 countries have received financing from the GFF TF specifically for strengthening CRVS systems. For the nine new countries, while consultations and preparations are still underway, discussions on CRVS strengthening have been undertaken for Chad, Ghana, Mauritania, Pakistan, Tajikistan and Zambia. Table 1 below provides a summary of CRVS priorities in Investment Cases or funded through the GFF TF.

Many countries are prioritizing the expansion of their CRVS services delivery points to increase coverage; establishment of electronic systems to transition from primarily paper-based systems and facilitate interoperability of the CR with other systems particularly other health information systems; adaptation of international standards; training and capacity building of civil registration and health officials performing civil registration related work; awareness raising for the public and decision-makers; and research studies to inform CRVS strengthening activities. Several countries plan to improve the recording of causes of death, occurring both at health facilities and in the communities where the majority of deaths occur. Additionally, stakeholder engagements and coordination has been recognized as a priority, especially on strengthening the role of the health sector in improving the overall CRVS system.

TABLE 1: CRVS PRIORITY AREAS IN INVESTMENT CASES

CRVS FOCUS	COUNTRIES
1. Expanding civil registration services	
Increase civil registration service points and/or mobile registration	Cameroon, DRC, Kenya, Uganda
Recruit additional staff	Liberia, Uganda
Use health facilities/schools for birth notification / registration	Kenya, DRC, Rwanda, Uganda, Madagascar
2. Advocacy and awareness creation	DRC, Liberia, Uganda, Rwanda
3. Recording of causes of death and application of the International Classification of Diseases (ICD)	Kenya, Mozambique, Uganda, Mali, Madagascar, Vietnam
4. Revision of legislative framework	Cameroon, Guinea, Liberia, DRC

CRVS FOCUS	COUNTRIES
5. Computerization, digitization, maintenance of databases	Cameroon, DRC, Guinea, Kenya, Liberia, Sierra Leone, Burkina Faso, Rwanda, Senegal, Madagascar, Nigeria
6. Interoperability of systems (mainly CRVS and DHIS)	Cameroon, Guinea, Mozambique
7. Stakeholder engagements and coordination	Guinea, Kenya, Liberia, Sierra Leone, DRC, Madagascar, Senegal
8. Monitoring and supervision	Kenya, Ethiopia, Uganda
9. Safe storage and transfer of forms	Ethiopia
10. Undertake CRVS-related research	Indonesia, Senegal, Uganda
11. Community level CRVS	Nigeria
12. Produce vital statistics from the CR system	Senegal

Funding model for CRVS strengthening

The GFF plays a critical role in contributing towards substantial financing for CRVS strengthening to supplement typically under-funded government resources allocated for CRVS as well as financial and technical assistance provided by other development partners. The CRVS agenda within the GFF is financed with funding from the Government of Canada, which contributed CAD100 million to the GFF TF specifically for CRVS strengthening activities. The resources from the Trust Fund (TF) are linked with financing from the International Development Association (IDA).

As shown in Table 2, the GFF allocated financing for CRVS strengthening to the following 13 countries: Burkina Faso, Cameroon, the Democratic Republic of Congo, Ethiopia, Guinea, Kenya, Liberia, Madagascar (in process), Mali, Mozambique, Rwanda, Senegal and Uganda as part of the GFF TF/WB co-financed projects. Additionally, as part of Advisory Services and Analytics (ASA), financial support from the GFF TF has been allocated to Vietnam. The amount allocated through the GFF TF and IDA ranges from USD1 million in Liberia to USD20 million in the Democratic Republic of Congo.

The GFF approach has also taken advantage of the World Bank Group financing instruments to incentivize civil registration results. As part of the GFF TF/IDA-financed projects, results-based financing and program for results are currently or in the process of being implemented for CRVS strengthening in several countries including Cameroon, Kenya, Liberia, Mozambique and Uganda, based on birth and/or death registration indicators. For example, Cameroon has allocated additional resources to incentivize results in civil registration through including birth and death registration indicators in the PBF. The project further included scale-up of activities to strengthen CRVS activities for refugees and host communities. Similarly, Kenya adopted a performance-based allocation to be paid to the Civil Registration Department per increase in birth registration rate, in addition to providing funding to support piloting a mobile CRVS office, activities aimed at linking birth registration with MCH services, and supportive supervision.

TABLE 2: FINANCIAL ALLOCATIONS FOR CRVS ACTIVITIES BY COUNTRY

		USD MILLION (for CRVS activities)		
Country	IDA/GFF TF-financed project	GFF TF	IDA	Total
1. Burkina Faso	Health Services Reinforcement	2.0	1.0	3.0
2. Cameroon	Health System Performance Reinforcement	2.0	2.0	4.0 + PBF
3. Democratic Republic of Congo	DRC Human Development Systems Strengthening Project – Additional Financing (AF)	10.0	10.0	20.0
4. Ethiopia	Health SDGs P4R (AF)	5.0	10.0	15.0
5. Guinea	Health Service and Capacity Strengthening	1.5	1.5	3.0
6. Kenya	Transforming Health Systems for Universal Care	0.2	1.2	1.4 (PBF)
7. Liberia	Health Systems Strengthening (AF)	1.0	0.0	1.0 + RBF
8. Madagascar	Digital Governance and Identification Management System	3.0	In process	In process
9. Mali	Accelerating Progress Towards Universal Health Coverage	1.5	2.0	3.5 (incl HMIS)
10. Mozambique	Primary Health Care Strengthening Program	5.9	5.3	11.2 (+ 9.5 from MDTF)
11. Rwanda	Strengthening Social Protection (AF)	3.0		3.0
12. Senegal	Investing in Maternal, Child and Adolescent Health	tbd	Tbd	tbd – (part of HMIS)
13. Uganda	Reproductive, Maternal and Child Health Services Improvement	5.0	5.0	10.0 + RBF
14. Vietnam	Programmatic Advisory Services and Analytics for Health	0.15	0.0	0.15

Among the GFF-supported countries, except for Madagascar, no country had used IDA financing specifically for CRVS system strengthening until the GFF’s initiative to support CRVS using the approach of linking GFF TF with IDA resources. While some countries adopted a 1:1 ratio of allocating GFF TF and IDA for CRVS (Cameroon, the Democratic Republic of Congo, Guinea and Uganda), others have allocated more from IDA as compared to the GFF TF (Ethiopia, Madagascar and Mali). Through the GFF’s mechanism of providing catalytic funding for CRVS, some countries have now increased their domestic funding for CRVS. For example, through the GFF/WB-supported project in Rwanda, the government contributed about USD6.5 million for CRVS strengthening, in addition to the grant of USD3 million from the GFF Trust Fund.

The GFF also supports knowledge and learning activities in CRVS including financial assistance for GFF-supported countries to attend conferences, training and knowledge exchange workshops. CRVS stakeholders from GFF-supported countries are also able to benefit from capacity building opportunities supported by a wide range of CRVS stakeholders. For example, the free CRVS e-Learning course that is hosted on the World Bank's Open Learning Campus, that is made up of both a self-paced course and a more advanced-level course that is virtually guided by international experts.

Collaboration with partners

Consultations are undertaken regularly with the partners to understand the CRVS landscape in GFF-supported country, identify areas already supported and monitor progress. To support implementation at country level, collaborative efforts are undertaken with partners at local, regional and global level to provide financial and technical assistance. Within the WBG, the GFF Secretariat works in close collaboration with the Health Nutrition and Population (HNP) Global Practice and the country offices which are responsible for the design and implementation support of GFF TF/World Bank-financed projects, including CRVS components. The GFF also collaborates with the Identity for Development (ID4D) Initiative to advance the work on civil registration and legal identity and contribute to CRVS/ID-related analytical work including case studies and country briefs.

The WHO and the Global Fund, in collaboration with the GFF, have also supported regional and country-specific trainings in death registration, cause-of-death recording for health facility and community deaths, coding and data analysis (e.g. Uganda, Liberia, Vietnam at regional level and including Cambodia, Indonesia and other countries). With grants provided by Gavi to strengthen the link between immunization and birth registration, the GFF collaborated with the WBG in Liberia and Ethiopia to provide technical assistance. Through this work, and in collaboration with UNICEF, Ethiopia piloted the use of existing community structures and immunization processes to strengthen the CRVS system. In Liberia, training across the country (except for Montserrado County) was provided for vaccinators and birth registration duty bearers on immunization in practice and birth registration services with the aim of integrating birth registration with childhood immunization services.

The GFF also initiates and maintains partnerships both at country, regional and global levels. For example, the World Bank country office in Tanzania, in collaboration with the GFF Secretariat and UNICEF initiated the establishment of a CRVS Partners Coordination Group composed of several development partners supporting CRVS, with the aim of promoting coordination and collaboration among development partners for the most effective use of resources and to exchange information to advance the system.

CRVS STRENGTHENING PROCESSES AND PROGRESS IN SELECTED COUNTRIES

As noted in Table 2, 11 of the 14 GFF TF/WB co-financed projects support CRVS strengthening activities through the health sector, except for Rwanda, the Democratic Republic of Congo and Madagascar (project preparation in progress), where the financing is linked to projects in Social Protection, Human Development (focused on the education sector) and Governance, respectively. Summaries of progress made in Liberia, Rwanda the Democratic Republic of Congo) are presented in this section to illustrate how CRVS is linked and is strengthened within the health, social protection and education sectors, respectively, within the broader Theory of Change shown in Figure 3 and in support of the three purposes of a functional CRVS system (legal, administrative and statistical).

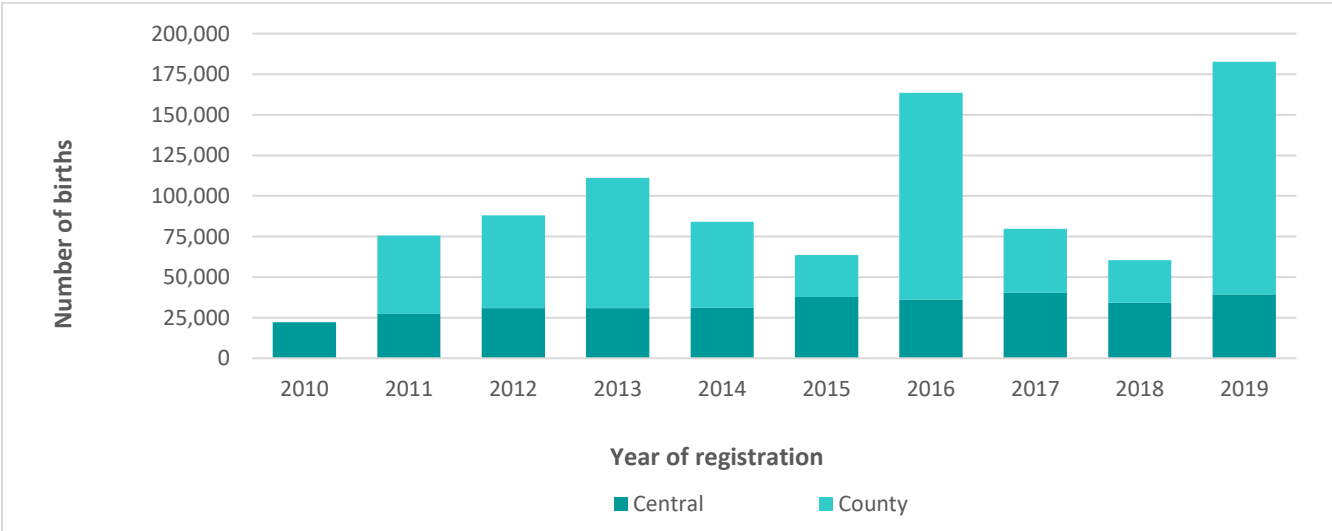
Liberia

The registration of births and deaths in Liberia falls within the Ministry of Health. Priorities for strengthening CRVS were included in the Investment Case based on the national CRVS investment case and subsequently, a CRVS component was included in the Health Systems Strengthening Additional Financing project. A total of USD1 million from the GFF TF was allocated specifically to strengthen the CRVS system, focusing on increasing the completeness of birth and death registration including causes of death, improving the CR information systems, and supporting monitoring, supervision and advocacy. This was to support ongoing work on birth registration undertaken by UNICEF and Plan Liberia. Additional support was also provided through the Gavi and WBG funding aimed at increasing birth registration through immunization services, as well as technical support from WHO for improving cause-of-death recording.

Since implementation, new fully equipped (e.g. computers, printers, scanners) birth registration centers were opened in 19 hospitals, three medical centers, four health centers and five districts offices thus expanding the geographic coverage of civil registration services. Several training and capacity building activities have been undertaken, including training vaccinators in birth registration, medical officers in cause-of-death certification and newly recruited staff on processes of birth and death registration processes. Additionally, IEC materials were produced and disseminated and awareness raising campaigns undertaken. Motorcycles were also procured to facilitate monitoring and supervision of registration processes. All death registration tools have been revised to comply to international standards and currently being printed; a death registration policy was developed; and the electronic death registration module is under development.

Activities undertaken have increased the geographic coverage of birth and death registration services, improved knowledge on CRVS among the general public and CR service providers and increased efficiency in registration processes. As a result, more than 180,000 births were registered in 2019, increasing three-fold from about 60,000 births registered in 2018 and having the highest number of registrations in the past 10 years (see Figure 4). About 78% of registration were undertaken in the counties due to decentralization of services, with a third registered in health facilities. The data on deaths were not yet available at the time of preparing this report.

Figure 4: Number of births registered by year: Liberia, 2010–2019



Key challenges that remain for Liberia are promoting death registration and recording of causes of death, particularly for community deaths; further expansion of CR services to cover more districts and health facilities (currently 29% of districts and only 3% of health facilities provide birth registration and certification services); archiving of historical records; and the production of vital statistics from the CR system to support the monitoring of health outcomes.

Rwanda

Rwanda received USD3million from the GFF TF to strengthen the CRVS system as part of the Strengthening Social Protection Project, aimed at improving the efficiency and effectiveness of Rwanda's social protection system for targeted poor and vulnerable groups, including the introduction of nutrition-sensitive direct support (NSDS) conditional cash transfers (CCTs), and home-based ECD. The CCT targets poor households with pregnant women and/or children aged less than 2 years in 17 priority districts, incentivizing antenatal and postnatal care and growth monitoring for young children. Home-based ECD is new modality under the public works scheme (known as expanded Public Works or ePWs) which offer year-round, flexible, part-time work opportunities to moderately labor-constrained poor households with caring responsibilities. The scheme brings multiple benefits not only to beneficiaries who are trained on positive parenting, hygiene, nutrition etc. and get employed and paid as caregivers in home-based ECD but also to the parents whose children have access to ECD services and hence can be engaged in other productive activities and to children who otherwise didn't have access to any ECD service. The Government of Rwanda provided USD6.5 million to support system development and procurement of equipment.

The project prioritized strengthening birth registration, birth certification, and the assignment of a unique national identifier at birth, in line with priorities identified in the National CRVS Strategic Plan and CRVS priorities included in the National Early Childhood Development Program (NECDP) Strategic Plan which serves as the Investment Case for Rwanda. These areas were prioritized to ensure that children have birth certificates, have unique identifiers, and can be uniquely identified or easily linked to their mothers to access various social services including the NSDS CCTs. The project also supports interoperability of civil registration, national ID, health and social protection information systems for seamless identification and delivery of benefits to eligible families and children. Additionally, the project supports improved knowledge on CRVS through awareness raising campaigns.

As part of the wider CRVS system strengthening program in Rwanda, the Law of Persons and Family was revised among others, to facilitate the registration of births, deaths and issuance of certificates at the level of health facility and Cell (lowest level of administration). The law has now been enacted by the Parliament and in the process of being published in the official gazette. To improve efficiency of birth and death registration services, digital birth and death registration modules have been completed and are ready to be deployed, including modules for registration of marriages and divorces and electronic document management system. The issuance of National Identification Number was approved by the national CRVS Steering Committee and will be issued for all births registered. The Government plans to complete the development of all other electronic civil registration modules that are fully interoperable with the National Population Registry and make them operational before the end of June 2021. Training in civil registration processes, roles and responsibilities and the importance of the CRVS, including its links to the NSDS and other programs has also been undertaken, including those in health facilities and cells. Additionally, awareness raising campaigns for the general public will be undertaken. Research to identify

knowledge gaps has already been completed and the design and implementation of communications and awareness raising campaigns underway.

Results on completeness of birth and death registration from implementation of these activities will be available following the issuance of ministerial instructions allowing registration of births, deaths and issuance of certificates at the level of health facilities. Challenges that remain include increasing the completeness of death registration and recording of causes of death specifically for deaths that occur in communities. Discussions are underway with the Government of Rwanda and other partners to address these challenges.

Democratic Republic of Congo

Strengthening CRVS in the Democratic Republic of Congo is included as a component in the Human Development Systems Strengthening Project (Additional Financing), with a total of USD20 million from the GFF TF and IDA. The project provides support for development of a CRVS strategic plan through a CRVS policy and program reform process; and for increasing birth registration through catch-up campaigns for children in schools. Catch-up campaigns are undertaken to increase the number of children who have birth certificates and also serve to collect data for the student registry, which will be established as part of the Education Management Information System. These activities are undertaken to complement ongoing activities on birth registration in health facilities supported by UNICEF and the Government of Canada. UNFPA is also one of the implementing agencies contracted by the project, including other private companies. A multisectoral approach is being undertaken for the design and implementation of the project, involving the ministries of Primary, Secondary and Vocational Education; Interior and Security; Justice; and Health.

Substantial progress has been made in implementation. To inform the CRVS policy and program reform, a diagnosis of the current CRVS system has been completed, including a synthesis of good practice in countries studied as part of the reform process. In addition, a mapping of service providers and census of civil registration facilities was undertaken to assess the current cost, efficiency, and volume of registrations.

Different approaches are being used for undertaking catch-up campaigns in urban and rural settings, serving children both in and out of school. For registration in the urban settings, the project acquired IT services, a high secured server, and tablets, and deployed devices to health facilities and civil registration agencies. In the rural settings, decentralized agencies responsible for civil registration use basic mobile phone SMS based tools to collect data. Digital systems have been put in place to connect health facilities to civil registration facilities to enable the immediate adjudication and delivery of birth certificates to parents. Staff from the CR office are incentivized to collect the necessary information during school registration and to deliver the birth certificates to the schools once they are issued. Since most of the children to be enrolled would have missed the 90-day window during which birth registration is free of charge, the project pays for a special court judgment to facilitate registration.

The project plans to register about 2.4 million children and issue 600,000 birth certificates at no cost to the parents by the end of December 2020. A total of 700 staff from the Ministry of Education, 94 from the Ministry of the Interior, and various cadres from Tribunals, Magistrates, and Court Clerks were trained to facilitate registration and issuance of certificates. While systems are now in place, the main challenge is expanding registration to cover the rest of the country.

SUPPORT FOR CRVS GLOBAL GOODS

The COE also supports GFF countries in facilitating access to CRVS system ‘global goods’ including knowledge, research evidence, good practice, and expertise available and specifically promoted to benefit the larger audience of GFF countries (as well as others). It also supports research and ensures that resources are accessible to both English and French-speaking GFF countries and broader CRVS community.

Brokering access to technical expertise and capacity building: The COE has developed a first-of-its kind Directory of Experts that now contains up of 159 professionals with wide range of CRVS expertise that has already been used by GFF-supported countries to source CRVS experts to provide country level technical assistance. A new online Directory will launch to strengthen the access to expertise and support for CRVS for countries and partners: <https://crvssystems.ca/directory>.

Knowledge generation, translation, and dissemination: An important ‘global good’ aspect of the COE’s work is to build a knowledge base, synthesize and disseminate good practices, and contribute to global tools and standards through: (i) generating, documenting and/or synthesizing knowledge so that new material is published; and (ii) contributing technical input to tools, standards, and other global guidance material developed by other CRVS stakeholders that are working directly with both GFF and non-GFF countries. These tools are knowledge products fulfil knowledge gap identified by the CRVS community while at the same time help strengthening the knowledge base in the field and exchange among stakeholders. These products are always built on country experiences so the benefit these countries as well as serve as a well-grounded learning tool for decision makers in other countries.

Published knowledge resources

- An online, searchable library of more than 200 publications, tools and other knowledge products in English, French (and in some cases Spanish) developed by a range of CRVS experts. These curated resources are all open access and can be found at: <https://crvssystems.ca/resource-library>
- A first-of-its kind bilingual (English and French) glossary of CRVS systems terms and definitions used globally in the CRVS community of practice: <https://crvssystems.ca/glossary>
- Country profiles that map CRVS systems, governance, operations and stakeholders. The profile of 12 GFF-supported countries are currently available online: <https://crvssystems.ca/country-profiles>
- Knowledge Briefs on Gender and CRVS is a series of 12 papers that further our understanding of the benefits and barriers to civil registration for women, girls and other vulnerable populations: <https://crvssystems.ca/news-and-events/weve-launched-second-knowledge-brief-gender-and-crvs>
- Compendium of Good Practices in Linking CRVS and Identity Management Systems offers insights into the unique history, administrative set-up and the link between CRVS and identity management systems in six countries around the world. A synthesis chapter compiles good practices and distills the key lessons: <https://crvssystems.ca/IDcompendium>

Research: The COE has developed a research agenda primarily focused on addressing research gaps in CRVS through supporting select research projects, with capacity strengthening components, that have wider relevance. In line with GFF's goal to generate timely and more reliable data the first theme focuses on the generation of data and evidence for policy change. Two research projects have been launched: (i) Censuses and Building a Culture of Vital Statistics Productions in collaboration with UNFPA; and (ii) Population Perspectives and Demographic Methods to Strengthen CRVS Systems in collaboration with the International Union for the Scientific Study of Population (IUSSP). The second theme seeks to enhance the understanding of barriers and driving factors for increasing demand for civil registration, especially for women and girls. Four research projects have been launched under this theme and will support the GFF implementation of the Investment Cases. The COE in partnership with the IUSSP developed and rolled out a CRVS Research Fellows program, to stimulate and support increased engagement of young demographers and population scientists in action-oriented research in support of CRVS and legal identity. Additionally, in partnership with UNFPA and United Nations Volunteers the COE developed and rolled out an innovative program for Population Data Fellows that aims to support governments in selected low- and middle-income countries to strengthen gender sensitive civil registration systems and build a culture of vital statistics.

CONCLUDING REMARKS

Many countries have made notable strides in for strengthening CRVS systems in low- and lower-middle income countries. Through the funding from GFF TF linked to IDA financing, countries have been encouraged to allocate more resources for CRVS, including using incentives such as results-based financing to improve CRVS systems. There has been an increase in the number of GFF-supported countries prioritizing CRVS in their Investment Cases and for those receiving financial and technical assistance for CRVS strengthening activities.

There has been expanded engagements within the World Bank, including Health, Social Protection and Governance Global Practices and the ID4D Initiative. The collaboration with the COE in particular, and with other development partners at country, regional and global levels have assisted in providing technical support including global standards, tools, research evidence, and relevant good practice for the CRVS community. GFF-supported countries have made good progress in strengthening CRVS systems as evidenced in Rwanda, Liberia and the Democratic Republic of Congo.

However, key gaps remain at country level particularly in death registration and recording of causes of death and development of electronic CRVS systems. Many countries allocate limited domestic resources for CRVS strengthening and thus continue to rely on donor funding and external technical support which does not support sustainable CRVS systems. A holistic approach in strengthening CRVS systems is required to ensure that countries have well-functioning CRVS systems, including strengthening the health sector's role in CRVS and improving the collaboration, coordination and alignment of financial and technical support from all partners to support country-led prioritized set of interventions. There is also a need to establish the best ways of leveraging resources from the private sector including private health insurance, life insurance companies and funeral undertakers.