



**Fourth Conference of African Ministers
responsible for Civil Registration
Experts meeting
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Civil registration and vital statistics: from planning to implementation



APAI-CRVS
Everyone visible in Africa

**Decade for Repositioning
of Civil Registration and
Vital Statistics in Africa
2017-2026**



I. Introduction

1. In paragraph 8.1 of the ministerial declaration that emerged from the first Conference of Ministers responsible for Civil Registration,¹ the ministers committed themselves to ensuring the implementation of policies in African countries to facilitate the implementation of plans to improve civil registration and vital statistics (CRVS) systems. In the ministerial declaration from the second Conference, the initiation of comprehensive civil registration and vital statistics assessments in all African countries was positioned as a way forward in order to obtain a full and current picture of the status of CRVS in the countries.

2. From the rapid and comprehensive assessment of CRVS systems by countries, a number of them developed investment cases (strategic plans) to improve their CRVS systems. Only a few of them, however, are actually implementing reforms. In advance of the fourth Conference of Ministers responsible for Civil Registration and Vital Statistics, it is time to move from the planning to the implementation of reforms. Countries should begin to look at the mechanisms available in their context so as to ensure that they are able to deliver on operational or investment cases developed as a consequence of the recommendations that emerged from the country-specific comprehensive assessments of CRVS.

II. Issues for discussion

3. Sustainable Development Goal 16, to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels, includes a target (16.9) to provide legal identity for all, including birth registration, by 2030. A total of 12 of the 17 Goals require CRVS data to measure their indicators, and 67 of the 230 indicators could be calculated in full or in part using data from CRVS system, hence the unique nature and positioning of the CRVS system, which provides legal advantages for individuals and administrative and statistical advantages for most of the sectors of a national Government.

4. Countries have taken steps at various levels to achieve birth registration rights for all children. Case studies from Mozambique have shown an increase in registration rates following the integration of birth registration during National Children's Health Weeks. In August 2016, Ethiopia announced the permanent, compulsory and universal registration and certification of vital events. Further to this, in July 2017, the Ethiopian parliament approved an amended proclamation (No. 1049/2017) to have the CRVS system/law become inclusive of refugees and, in addition to the existing obligation of health facilities to register births occurring in these facilities, to have health extension workers similarly register births occurring outside the facilities.

Question: Within the framework of the national CRVS system, what are the mechanisms available that could be considered to be “game changers” to improve the standard and coverage of the system (e.g., use of technology, interoperability with health and the generation of vital statistics)?

5. The importance of ensuring that all children are counted so as to safeguard their rights is well formulated in theory but not in practice, given that more than one in four children

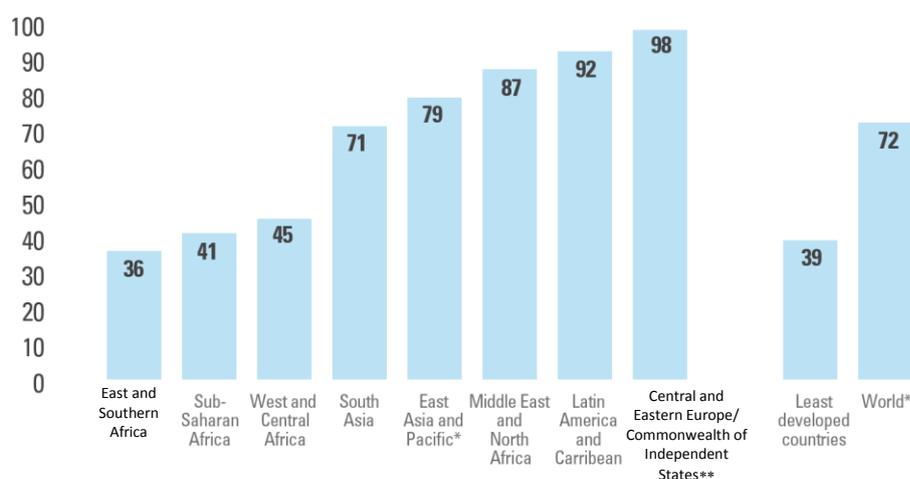
¹ Available at: www.apai-crvs.org/taxonomy/term/31.

worldwide are not being registered (see figure below).² This statistic is more relevant in Africa excluding North Africa, where less than 45 per cent of children under the age of five are registered. The majority of the countries in this region have established a policy and legal framework for ensuring access to the registration of vital events. Factors such as the lack of a joint/shared accountability framework to put the policies in practice and limitations in government resources, however, have significantly constrained the achievement of results at scale.

Question: Taking into account the country dynamics, what are the major bottlenecks hindering the achievement of the universal registration of birth?

Figure

Percentage of major bottlenecks hindering regions from achieving the universal registration of birth



Source: United Nations Children’s Fund global databases for 2016, based on demographic and health surveys, multiple indicator cluster surveys, other nationally representative surveys, censuses and vital registration systems during the period 2010–2015.

III. Presentations

6. During this parallel session on moving from planning to implementation Ethiopia and Mozambique will share the measures taken since the third Conference of Ministers to improve their CRVS system They will discuss what is working and what is not, as well as next steps.

Ethiopia

Background

7. Ethiopia has one of the lowest rates of birth registration in Africa, with only 3 per cent of the births of children under the age of five registered with civil authorities.³ There are a number of reasons for this, including government capacity. A key impediment, however, has

² See United Nations Children’s Fund, *Is Every Child Counted? Status of Data for Children in the SDGs* (New York, 2016). Available from: <https://data.unicef.org/wp-content/uploads/2016/09/SDGs-and-Data-publication.pdf>.

³ 2016 Ethiopia demographic and health survey, which was implemented by the Ethiopian Central Statistical Agency from 18 January to 27 June 2016.

been the lack of a comprehensive law making the registration of vital events compulsory. As part of efforts to address this, the Government, with the support of the United Nations Children's Fund (UNICEF) and other United Nations agencies, began a major push towards establishment of a conventional civil registration system following the first Conference of Ministers, held in 2010. In 2012, the Government adopted a federal law governing CRVS (Proclamation No. 760/2012 - the Registration of Vital Events and a National Identity Card).

8. Since 2012, progress has been made at the national and regional levels towards the establishment of a standardized vital events registration system in the country. The formation of federal and regional vital events councils and boards of management, the adoption of regional laws, the development of a national costed investment plan and a national strategy on CRVS and registration instruments, the training of registrars and the equipping of registration centres with vital supplies were among the key preparations undertaken before the launch of the conventional civil registration system nationwide on 6 August 2016. Other developments that complemented these efforts were from the health sector, which included the integration of CRVS into the health information system at the national level as part of the health sector transformation plan for the period 2016-2020. The Government's commitment at the highest level to accelerate the coverage and utilization of civil registration services has further been manifested by setting a 50 per cent birth registration target in the country's second growth and transformation plan, to be achieved by 2020.

Strategies to deliver scalable results in the Ethiopia's civil registration and vital statistics system

9. Ethiopia has benefited from the experiences and lessons learned from other countries in Africa to develop and revise its policy and legal framework. Several key strategies to help to achieve scalable results in CRVS in Ethiopia are discussed below.

10. First, Ethiopia's civil registration system is anchored to an existing decentralized government administrative structure, with more than 18,506 urban and rural *kebeles* (the lowest tier of the government structure), which are legally mandated to serve as registration centres, which have a manager who functions as a civil registrar. While such an approach makes it possible to deliver registration services at the community level (each *kebele* reaches between approximately 1,000 and 2,000 households), it has also avoided the extra financial costs associated with the establishment of a separate infrastructure and additional human resources to run the civil registration system.

11. As noted above, the civil registration system is aimed at capitalizing on existing government and community structures and services at multiple levels. For example, one of the strategies is the integration of birth notification responsibility into the health sector at various levels. In the government proclamations governing the CRVS system (Nos. 760/2012 and 1049/2017), the responsibility of the health sector to register births occurring in health facilities and those occurring at the community level (i.e., outside health facilities) is clearly stipulated. To operationalize this, a memorandum of understanding was signed between the health sector and the Ministries of Health and of Planning (representing civil status registration) at the federal and regional levels in July 2015.

12. As part of efforts to implement the memorandum of understanding in the health sector and at the policy operationalization level, birth and death notification business process guidelines and birth and death notification forms were developed by the Ministry of Health.

The health workforce was trained on them with regard to events that happen at health facilities. The community level notification business process is also part of the law. While implementation modalities are under discussion, clear roles have been established for the health extension workers in terms of community awareness, supported through integrated birth registration messages in the family health guide, which is a key tool to deliver health-related information to families.

13. At the community level, and building on the contributions of the health sector, there are a minimum of two health extension workers at the *kebele* level responsible for delivering a package of 16 health-care interventions, such as reducing infant, child and maternal mortality, promoting and delivering vaccinations and promoting good hygiene and sanitation practices. Given their close engagement with community members, especially mothers and children, these workers are aware of births and deaths occurring in households and in health facilities. Accordingly, they are playing an important role in raising the awareness of community members (primarily pregnant mothers) of the importance of registering the births of their children soon after birth (i.e., “on time” registration).

14. These approaches are proving to be successful in rural areas, which is where the vast majority of the population (and therefore births) take place. There are 38,000 health extension workers nationwide, which presents a significant opportunity to scale up coverage of the registration of vital events, notably births and deaths. It is recognized that this potential could be better utilized through joint initiatives and possible linkages of health service deliveries such as an expanded programme on immunization and other routine maternal and child health outreach services and birth registrations.

15. Lastly, and complementing the role of the health extension worker, there are a number of well-established community structures and mechanisms indigenous to Ethiopia. These include community care coalitions, *edirs*, *mahibers*, and *equbs*,⁴ and one-to-five practices⁵ throughout Ethiopia. These existing structures and strategies help to circulate information when *kebeles* conduct awareness-raising and educational campaigns on the registration of vital events. When the influence of these structures are harnessed effectively, they can further serve to notify occurrences of vital events, thereby contributing to increased coverage of registration.

16. As part of the panel discussion in the parallel session, Ethiopia will expand on the strategies elaborated above and provide an update on the key areas of progress made since the third Conference, on opportunities identified and being utilized to improve the standard and coverage of registration and on remaining challenges at various levels. Among the challenges are the following:

(a) High turnover of *kebele* managers, thereby disrupting the continuity and quality of civil registration services;

⁴ *Edirs* are groups of households, mostly neighbours, that support each other mostly at times of death in a family and during the ensuing culturally accepted bereavement period. *Mahibers* and *equbs* have similar objectives: a *mahiber* is a gathering once a month or so, while an *equb* has an economic objective.

⁵ That is, a cell of five people from the same neighbourhood who informally look after one other's interests. They were originally organized by rural and small town *kebeles* to promote health and development initiatives. The group creates greater interaction between members and generates a greater sense of community spirit. They are often conduits for communicating key messages concerning health and well-being. In recent years, they have also been used to communicate issues of harmful social norms that result in female genital mutilation and circumcision and child marriage, as a strategy to change these norms

(b) Notwithstanding demand-building efforts, including efforts of health extension workers and community structures, awareness of the benefits of the system, especially in rural areas, is low;

(c) Limited government resources, including logistics constraints, which in turn compromise the standard of the services being provided;

(d) Most regions have imposed fees to be charged to obtain certificates. This is a disincentive for many people, especially those living in economically less secure households with many children.

Mozambique

17. According to the Civil Code, a child's legal existence and direct claim to citizenship and rights, benefits and obligations derive from having a legal identity in the form of a birth certificate. Notwithstanding the importance of registering births in almost all aspects of life, only 48 per cent of children under the age of five⁶ have been registered. While the factors contributing to low rates of civil registration are varied and complex, they include the high cost in time, resources and distance and the lack of knowledge of the importance of the civil registration of such events. Communities lack incentives to register children immediately after birth, given that often the first time that children need to present a birth certificate is at the time of enrolling in primary schools.

18. Mozambique is in the process of rolling out a modernized civil registration system that documents all the vital events in a person's life and assigns a unique number to be used throughout the life of a person, which will pave the way for a state-of-the-art CRVS system linked to identification management, connected to the health sector and the national institute of statistics as part of the e-Governance initiative.

19. The main milestones, principles and approaches of this process are the following:

(a) Evidence-based planning: the Government of Mozambique was one of the first Lusophone countries in Africa to conduct a comprehensive assessment of its CRVS system using the tool developed by the African Programme on Accelerated Improvement of Civil Registration and Vital Statistics regional core group. Key bottlenecks and findings of the assessments have led to the development of the costed operational plan for CRVS for the period 2015-2019, in which all core areas for a CRVS system are mapped out and costed, including agreement on the needs and allocation of technical assistance seconded to the Government. Two important recommendations of the CRVS assessment were to the following:

- (i) Digitize the CRVS system;
- (ii) Increase interoperability with other line ministries;

⁶ 2011 Ethiopia demographic and health survey, which is part of the worldwide MEASURE demographic and health survey. The survey was implemented by the Ethiopian Central Statistical Agency.

(b) Sustainability and government ownership: the Government has led every aspect of CRVS system reform. The creation of an interministerial group with all key ministries and departments involved in CRVS enhanced intersectoral collaboration, especially at the assessment and planning phase. Political momentum and commitment must be sustained, and a link to the monitoring of the achievement of the Sustainable Development Goals could further elevate the importance of CRVS work in the broader governance agenda;

(c) Interoperability and synergies between sectors (multisectoral approach): current CRVS programming in the country builds on the added value of each sector and continues to identify entry points to improve civil registration outcomes;

(i) Children's Health Weeks: challenges of sustainability;

(ii) Awareness-raising and registration and health posts through community health workers;

(iii) Involvement of the private sector through public-private partnerships. One partnership has resulted since in the provision of free birth certificate (some 300,000) and civil identification cards (approximately 100,000), and its positive results have inspired similar partnerships in the country;

(iv) Involvement of the telecommunication commission and telecom companies in supporting civil registration efforts;

(d) Development of a digitized CRVS system, with linkages to the health sector and statistics: the Government, with UNICEF support, designed the e-CRVS system with built-in opportunities for interoperability as part of the Government's e-Governance framework and plan for interoperability with other government databases and digitized systems. It is a system that uses USSD, SMS, web-based and offline interfaces to streamline, simplify and decentralize the registration of vital events. Beyond being the source for vital statistics and legal documents, it generates the Single Citizen's Identification Number. The system has been tested in 36 major registration centres and 96 subregistration centres;

(e) Formulation of new birth and death registration forms that include and capture all variables for CRVS. These have been designed with the involvement of the three line agencies responsible for civil registration: the Ministry of Justice through the national directorate of registries and notaries, the Ministry of Health and the national institute of statistics;

(f) Introduction of birth and death notifications to be implemented, among other things, by health staff and local/community leaders. Innovative ways have been devised to improve the experiences of community services at the registration centres. Parents and family members subsequently receive an SMS informing them when their children's certificates are ready;

(g) Adjustment of legal and policy framework: the Government is undertaking legal and policy reforms, including to the Civil Registration Code. The revised legal framework will include the possibility of registering a child without a name, the notification of births and deaths by community leaders and health personnel (through the use of SMS technology), the introduction of the use of technologies in registration and notifications at the registration centres, the removal of territorial barriers (which means that a citizen is not required to deal

only with the major registration centre at which they were registered) and the generation of a Single Citizen's Identification Number;

(h) Other innovations and initiatives, including the creation of a civil registration call centre to support e-CRVS system users and the general public in matters relating to civil registration and the use of USSD/SMS by the general public to ascertain the status of their registrations, through the interoperability with the Ministry of Health DHIS2 and statistics system and community mobilization and awareness;

(i) Leverage and develop a complementary approach with other system development processes: a sample registration system is being developed with funds from the Bill and Melinda Gates Foundation that could provide reliable estimates of births, deaths and fertility rates disaggregated by province until the CRVS system assumes this role once the coverage in the entire county in terms of the registration of vital events is acceptable;

(j) In 2016, the Ministry of Health began to develop an investment case for reproductive, maternal, neonatal, child and adolescent health, including CRVS, with the main objective of measuring the impact of interventions on the reduction of maternal and child mortality and on the impact that the implementation of the strategic plan is having on fertility rates. The Global Financing Facility in support of Every Woman, Every Child and other funding mechanisms will complement national resources to expand access to civil registration and operationalize the changes introduced with the new law on CRVS, which is in the final stages of approval.

Challenges, lessons learned and way forward

The following are some of the challenges, lessons learned and ways forward in terms of moving from planning to implementing CRVS activities contained in the strategic plans of Ethiopia and Mozambique:

(a) Strong government leadership and priority definition in the implementation of CRVS activities is needed to leverage all incoming resources/donor attention towards system-building. (Governments should avoid duplication, dispersal and the creation of parallel systems);

(b) Align national development plans with CRVS strategic plans and global development objectives, such as the Sustainable Development Goals and the African Union's Agenda 2063;

(c) Definition of a sustainable system-wide collaboration between health and civil registration (some initiatives are ongoing, with promising results; however there is a need to elevate this to the next level and create synergies in multiple levels of the two systems);

(d) Promote joint resource mobilization;

(e) Invest in demand creation and partner with civil society organizations and churches;

(f) Advocate for the production of a first national vital statistics report for Ethiopia and Mozambique;

(g) Create intersectoral coordination mechanisms in line ministries and local governments directly involved in CRVS activities, and at donor levels;

(h) Use of in-house solutions to ensure systems continuity and support;

(i) Promote data flow between the health, justice and other ministries and the national institute of statistics and the capacity development of these offices to produce annual statistical reports of vital events.