



**Fifth Conference of African Ministers Responsible
for Civil Registration**
Lusaka, 14-18 October 2019

CRMC5/2019/14

Strengthening linkages between civil registration and the health sector for better health and improved civil registration systems: the cases of Uganda and Liberia

Conference theme

*Innovative Civil Registration and Vital Statistics systems:
Foundation for Legal Identity Management*



APAI-CRVS
Everyone visible in Africa

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

I. Introduction

1. All the Ministerial Declarations¹ adopted by African Ministers Responsible for Civil Registration at their last four conferences have highlighted the importance of alignment, coordination, linkages, collaboration, data sharing and establishing strong working relationships between civil registration agencies and the health sector, with a focus on birth and death registration and recording causes of death. These Declarations were issued with an appreciation of the role of the health sector in improving civil registration services, on the one hand, and with a view to promoting the availability, accessibility and reliability of vital statistics, including health statistics, on the other hand. The Declaration of the Second Conference was also specific about devolving civil registration services to local levels through existing structures, particularly the health sector. That of the Third Conference highlighted the need to improve civil registration services at the most appropriate administrative level.

2. The present paper provides a summary of case studies from Uganda and Liberia that show the progress made in increasing collaboration between civil registration agencies and the health sector with a view to improving the quality and completeness of civil registration.

II. Health sector contributions to civil registration and vital statistics systems

3. The health sector, with its widespread network of health facilities and community health workers, offers untapped potential to leverage health services for the notification and registration of births and deaths. Interventions across the continuum of care involving reproductive, maternal, neonatal, child and adolescent health can help to ensure that all births and deaths in health facilities and at home are immediately notified to the civil registrar and that death notification includes cause of death. Health workers are also best positioned to create awareness of the importance of registration, as they can reach even the most marginalized populations.

4. There is a general imperative for the health sector to support the documentation and reporting of all deaths, whatever their cause. In support of care provision, hospitals and health centres capture essential information through patient records, admission and discharge registers, ward registers and laboratory records. These systems track disease-specific cases and maintain registers of deaths irrespective of cause. They also detail cause-specific mortality in accordance with international standards for cause-of-death reporting.

5. However, the involvement of the health sector in civil registration and vital statistics (CRVS) has been limited, with birth registration lagging far behind the provision of health services. To improve the involvement of the health sector, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) developed guidance on registration of births and deaths, which describes the roles that health officials can play in ensuring that vital events are known to the civil registration system so that they can be officially registered, and relevant certificates issued. This guidance is intended to assist health policymakers and programme managers in designing and operationalizing a system that leverages health-care provision across the continuum of care – from pregnancy and childbirth through adulthood and old age – to improve the coverage and quality of birth and death registration.²

¹ See www.apai-crvs.org/ministerial-conferences.

² *Registration of births and deaths: opportunities and guidance for the health sector – Guidance for health programme policymakers, managers and development partners*, WHO, UNICEF 2019, forthcoming.

III. Collaboration between civil registration and health

6. In recent years, civil registration agencies in many countries have been actively engaging the health sector to improve birth and death registration completeness and coverage, with the ultimate aim of protecting the rights of individuals; promoting good governance; and providing data for monitoring health and other indicators.

7. In many African countries there are relatively few service delivery points for the civil registration of births and deaths, in comparison with other social services such as health services. Owing to their nature, civil registration services are strictly offered by the public sector, with dedicated staff serving as civil registrars in accordance with the legislative frameworks guiding civil registration in each country. For its part, the health sector is mainly involved in providing a birth or death notification form that confirms the occurrence of an event, including the date and place of occurrence (mostly for events occurring in health facilities); recording the causes of death; and, in some cases, providing office space for civil registration services, as is the case in some countries (such as Botswana and South Africa). In other cases, for example in the United Republic of Tanzania, health officials (such as nurses offering child health services) have provisionally been assigned the status of civil registrars in order to register births up to 5 years of age and to issue birth certificates. Notified births and deaths are also included in health management information systems (for example in Ethiopia). These help with the monitoring, notification, registration and certification of these vital events.

8. The different scenarios currently in place in Africa are shown below. It is common practice for the health sector only to provide notification either by sending notification forms directly to the civil registration office, with the family having to follow-up as the informant of that birth or death to complement the report from the health facility (scenario 1), or by issuing notification forms to family members as proof of the occurrence of those vital events to facilitate registration (scenario 2).

9. However, there are limitations to these scenarios:

(a) In some cases, notification forms are not consistently issued to family members, particularly for deaths. The notifications are issued only on request by family members;

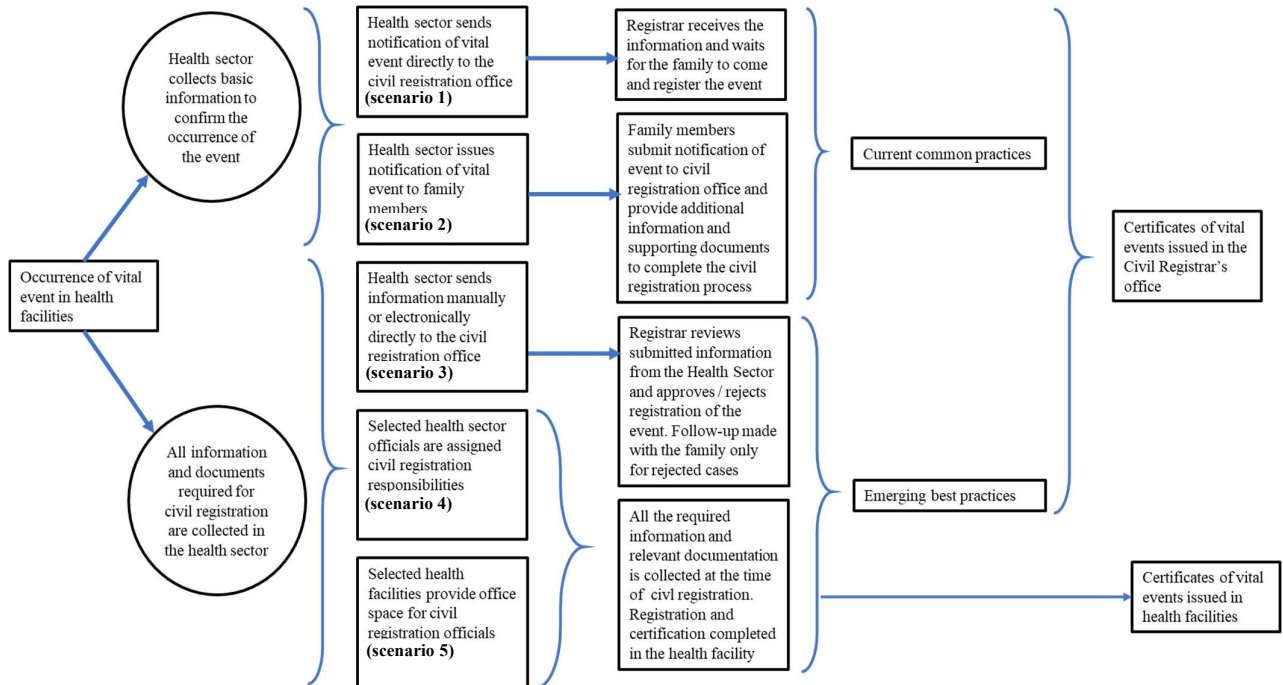
(b) Even when notification forms are issued, these are not always submitted during the civil registration process. In some countries, such as Ethiopia, while health facilities issue notifications to family members for births and deaths that occur in health facilities, most events are registered without the notification forms as this is not a strict requirement for registration;

(c) In countries like the United Republic of Tanzania, one copy of the notification form is sent directly to the registration office and one copy is issued to a family member but both copies are required for civil registration. This can be a lengthy and costly process;

(d) The issuance of a birth notification form can be mistakenly regarded as a birth certificate by the family members, as they are not aware of the necessary additional step of going to the civil registration office to have the birth registered and a birth certificate issued;

(e) In some countries, health facilities run out of printed copies of notification forms and families leave health facilities without them.

Role of the health sector in civil registration



10. Scenarios 3, 4 and 5 are emerging best practices in which the health sector assumed greater responsibilities that facilitate the civil registration process and improve both the coverage and completeness of civil registration. Scenario 3 relies on a proactive and direct notification system that links the health sector to the civil registration office (manually or electronically). In the case of scenarios 4 and 5, the entire registration process for births or deaths occurring in health facilities (or, in the case of births, even through child health services such as immunization) is undertaken at health facilities by health officials (scenario 4) or by civil registration officials located at health facilities (scenario 5).

11. The main advantages of scenarios 3, 4 and 5 are the following:

(a) Increased service delivery points for birth and death civil registration, thereby improving access to services;

(b) Convenience for family members, as requirements for civil registration are undertaken at the place of occurrence of birth and death and therefore do not require addition effort on their part;

(c) More timely registration, as births and deaths are registered soon after their occurrence at the place where they occurred;

(d) Any mistake in the notification process or in recording causes of death can be rectified easily at the source, which improves the accuracy of information collected.

IV. Case studies: emerging best practices

12. The case studies included in this paper presents the emerging best practices, focusing on scenario 3 (Uganda) and scenario 4 (Liberia).

4.1 Automatic registration from notification: the case of Uganda

13. Results of the 2016 Uganda Demographic and Health Survey indicated that nearly three in four births in Uganda (73 per cent) occurred in health facilities; 32 per cent of children aged below 5 years of age had their birth registered with the civil registration authority and 19 per cent had birth certificates; and 24 per cent of deaths of household members occurring in the 12 months preceding the survey were registered. Improving CRVS is a priority area in Uganda, and the National Identification and Registration Agency (NIRA), mandated to register births and deaths in 2015 through the Registration of Persons Act, has been making efforts to increase the completeness and coverage of birth and death registration.

14. As part of the World Bank's Reproductive, Maternal and Child Health Services Improvement Project for Uganda, Uganda received a total of \$10 million, from the Global Financing Facility Trust Fund and the International Development Association, to strengthen institutional capacity to deliver birth and death registration services and to scale-up those services in health facilities and communities. Through the Ministry of Health, as the implementing agency for the project, CRVS was specifically prioritized as part of strengthening health information systems to provide the necessary statistics on births and deaths for health services planning, disease surveillance and, more specifically, the delivery and monitoring of reproductive, maternal, newborn and child health services. The implementation of this project has also strengthened collaboration between NIRA and the Ministry of Health. Other partners supporting CRVS system strengthening in Uganda include UNICEF, Plan International, WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

15. As a result of collaboration between NIRA and the Ministry of Health, the latter has directed all district health offices, health facility in-charges and medical workers to ensure that all births and deaths occurring in their respective health facilities are recorded using manual and electronic systems and provided to NIRA. Additionally, they are required to use maternal and perinatal death surveillance and response platforms to share information on deaths and causes-of-death. The Ministry of Health is also a member of the national CRVS Task Force and NIRA has been involved in the revision of the relevant forms used at the Ministry of Health.

16. Uganda maintains a mobile vital records system, a birth notification system that directly links health facilities to NIRA to provide notification of births occurring in selected health facilities. This system is supported by UNICEF and currently captures births only. While sufficient information is collected at the time of birth notification, registration and certification cannot be completed before parents or other authorized individuals visit NIRA offices to finalize the processes. In many instances, parents finalize the registration process only if they required a birth certificate. However, NIRA has recently revised its business processes to have an online approval system whereby notified events in the database and information provided at the time of notification are reviewed centrally by NIRA, without having the parents physically present to undertake the registration process. Births and details of parents that can be verified electronically are automatically registered at no cost. Since February 2019, more than 600,000 children have been registered through this process, which is in line with scenario 3 as outlined above. The main advantages of these process are as follows:

(a) All the information required for birth registration is collected at the time of notification, using forms issued by NIRA for this purpose. This ensures accuracy of information on the place and date of birth which can easily be verified;

(b) Since NIRA also maintains the identification management system which contains parental details, the process of verification is simple where such details have been provided. Follow-up is required only in cases where details required are not provided or could not be verified. This improves completeness of birth registration;

(c) There is wider coverage of health facilities as compared to NIRA offices, which extends the coverage of civil registration service delivery points. A higher coverage of births in health facilities improves the coverage of birth registration and, to a large extent, eliminates the need for in-person verification steps;

(d) Parents do not have to go to NIRA offices to undertake birth registration if all details have been provided at the time of the notification. This saves individuals time and money by avoiding visits to NIRA offices, which sometimes require several trips to finalize the process.

17. The current limitations of this process are as follows:

(a) It is limited to the notification and registration of births, but plans are under way to include death registration;

(b) Not all cases can be verified automatically and therefore need to be followed up, which may delay the registration process;

(c) Since certificates require payment upon request, there are lower rates of birth certification. This demonstrates that payment for certificates may lead to low demand.

4.2 Civil registration services in the health sector: the case of Liberia

18. The registration of births and deaths in Liberia, including the recording of information on causes-of-death and the production of vital statistics, is the mandate of the Ministry of Health through the Bureau of Vital and Health Statistics. Liberia is one of the few countries in Africa where the civil registration of births and deaths falls within the Ministry of Health. The 2013 Liberia Demographic and Health Survey showed that one in four children aged below 5 years of age in Liberia had a birth certificate and 56 per cent of births in the five years preceding the survey took place in health facilities.

19. In Liberia, there are two separate birth registration systems under the Ministry of Health. One is a centralized system, based in Monrovia (Montserrado county), where birth registration services are provided for all ages and persons born in Liberia. The other system is decentralized in the remaining 14 counties, where there are county registrar offices that offer birth registration services only for children aged below 13 years. In addition, health facilities have registration officers who complete registration forms for births occurring in and outside of health facilities. The completed forms are subsequently collected by county registrar staff. These data are capture in a central birth registration information system before the registration process is finalized and the birth certificates issued. Death registration is only offered at the central level in Monrovia. This method of registration has had serious limitations for Liberia that have affected both the coverage and completeness of birth and death registration in the country.

20. The Republic of Liberia Investment Case for Reproductive, Maternal, Newborn, Child and Adolescent Health (2016–2020)³ identified priority areas for strengthening the CRVS system, including expanding registration points to cover all government health facilities in a phased manner and integrate birth and death registration processes. The Global Financing Facility Trust Fund allocated \$1 million to Liberia to improve its birth and death registration system through the Ministry of Health, with the aim of facilitating the availability of data for monitoring and evaluating reproductive, maternal, newborn and child health outcomes. Other partners supporting CRVS system strengthening in Liberia are UNICEF, WHO and Gavi Alliance.

21. In the recent past, concerted efforts have been made in Liberia to improve birth and death registration through the health sector. Birth registration services have been expanded to 22 hospitals (59 per cent of all hospitals in Liberia), one health centre and five health districts, which were provided with computers or laptops, printers, registration tools and office supplies to facilitate registration and issuance of certificates. Other efforts undertaken through the health sector include birth registration campaigns and the provision of birth registration services during maternal and child health outreach services; and capacity-building for medical practitioners in certificate of death certification, registrars in birth and death registration services, and community health workers and vaccinators. Additionally, starting from mid-2019, birth registration indicators have been included in hospital performance-based financing by incentivizing increased birth registration completeness in health facilities. Given the context in Liberia, where birth and death registration responsibilities fall within the Ministry of Health, current registration processes cover both scenarios 4 (with specific appointments for registrars) and 5. The main advantages noted from the improvement in birth and death registration processes in Liberia include the following:

(a) All processes of notification, registration and certification are in one place, which is convenient for declarants, and will improve the timeliness and accuracy of information collected;

(b) While currently limited to selected health facilities, the Ministry of Health is fully responsible for birth and death registration services, which can improve efficiency;

(c) Both birth and death registration services have been decentralized, which has improved access and the coverage of registration, particularly for deaths which could only be registered at the central level in Monrovia.

V. Key discussions points

- How involved should health officials be in support of civil registration services, beyond the notification process for births and deaths occurring in health facilities?
- Should the health sector take on the responsibilities of collecting additional information necessary to complete birth and death registrations, or can it completely take over the responsibilities of registration for births and deaths occurring in health facilities?

³ See www.globalfinancingfacility.org/sites/gff_new/files/Liberia-Investment-Case.pdf.

- What are the benefits of having birth and death registration responsibilities under the Ministry of Health?
 - Death registration continues to be lagging in civil registration. With most deaths occurring outside health facilities in many countries, how can the Ministry of Health help to accelerate death registration?
-