Global Financing Facility and World Bank Support for Civil Registration and Vital Statistics in Africa

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1. Introduction

The Global Financing Facility in support of every woman every child (GFF) is a partnership that mobilizes domestic resources, international donors and the private sector to accelerate improvements in the quality of life of women, adolescents and children. It is complemented by resources from the GFF Trust Fund (GFF TF), which provides results-focused financing to support countries in achieving reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N) goals.

The GFF also helps countries to prioritize areas that have not been funded adequately in the past, such as civil registration and vital statistics (CRVS); family planning; and nutrition. CRVS has been prioritized as a component of a country's health information system through which progress made in ending preventable maternal, newborn, child and adolescent deaths can be monitored. In addition, the GFF aims to finance the strengthening of CRVS systems as a contribution towards universal registration of births, deaths and causes of death by 2030 and in supporting efforts to protect the basic human rights of women, adolescents and children.

Out of the 67 low- and lower-middle income countries that are eligible to receive resources from the GFF TF, the following 16 countries are currently supported: Bangladesh, Cameroon, Democratic Republic of Congo, Ethiopia, Guatemala, Guinea, Kenya, Liberia, Mozambique, Myanmar, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda and Vietnam.

The main purpose of this document is to describe the support provided by the GFF for strengthening CRVS systems through technical assistance and financing from the GFF and International Development Association (IDA) approved during 2015/16 and 2016/17 focusing on support provided to African countries. The report also highlights the status of birth and death registration in these countries, including relevant information on marriages.

2. Why is CRVS important for RMCNAH?

The importance of CRVS systems is the provision of data that can be used to monitor and evaluate RMNCAH programs, including progress made in reducing the maternal mortality ratio, infant and under-five mortality rates; and the adolescent birth rate. In addition, these indicators are targets for the Sustainable Development Goals (SDGs) for which reliable and regular information is required to monitor progress. These indicators can be determined on a regular basis at lower levels of administration from well-functioning CRVS systems.

The priority vital events for the GFF are births and deaths, including causes of death, as well as the registration of marriages. Data derived from the registration of births and deaths (including causes of death), provide information that can be used to calculate health indicators such as life expectancy; fertility and mortality rates and ratios; death rates due to communicable and non-communicable diseases and injuries; and death rates associated with other causes of death which may be of interest, such as tuberculosis, HIV, cancer, diabetes and malaria. These indicators are useful for making timely evidence-based policy decisions and for monitoring and evaluation purposes.

Additionally, the protection of the rights of women, children and adolescents is prioritized by the GFF. Improvements in birth registration ensures that a large proportion of children realize their rights to a name and nationality, thus establishing their identity and facilitating access to health care, education and other social benefits offered by the government. Coupled with marriage registration, birth registration also protects young girls from early marriage, which is directly linked to early pregnancies and childbearing, with adverse health outcomes for adolescent mothers and their children; and limited future socio-economic prospects. Target 5.3 of the SDGs aims at eliminating all harmful practices, such as child, early and forced marriage. Death registration is important for establishing rights to property and inheritance and access to social benefits associated with orphanhood or widowhood. Real-time data, disaggregated by gender and other socio-economic variables, can highlight inequalities and discrimination and help to determine priority groups that are disadvantaged.

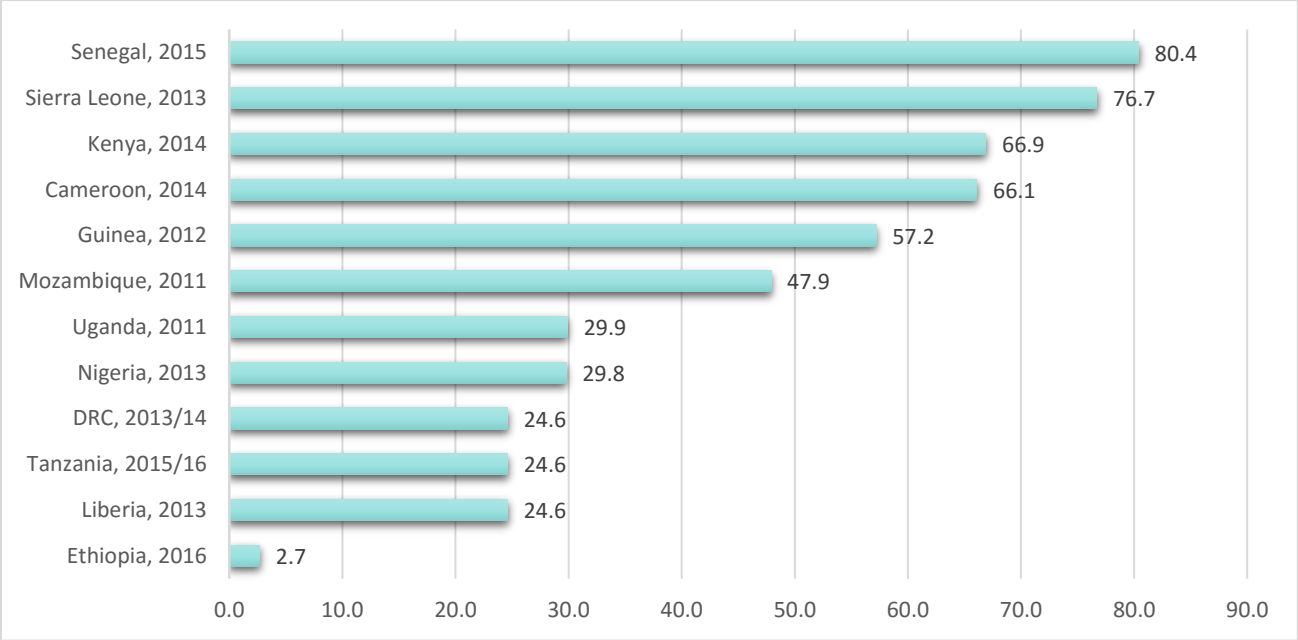
Strengthening CRVS includes a multitude of stakeholders involved in civil registration through the notification, certification and registration processes, as well as through the production and dissemination of vital statistics. The GFF process mostly promotes the strengthening of CRVS using the RMNCAH platform within the Ministries of Health (MOH) as an entry point. The MOH generally contributes to CRVS through the notification of births, deaths and fetal deaths and in the certification of causes of death. Therefore, the MOH has an important role in strengthening the overall CRVS system in each country in collaboration with a broader set of stakeholders and other sectors, particularly the ministries responsible for civil registration and those responsible to produce vital statistics. The GFF process at country level has reinforced dialogue between the ministries of health and ministries and agencies responsible for CRVS.

3. Status of CRVS in GFF Countries in Africa

A well-functioning CRVS system registers all births and deaths; issues birth and death certificates; and compiles and disseminates vital statistics, including cause-of-death information. Information to assess how well the CRVS systems are functioning in GFF countries is based on data from surveys, mainly covering birth registration coverage. Due to the unavailability of data directly from the civil registration system for most of the countries and to allow for comparison across all the GFF countries, information to measure birth registration is derived from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

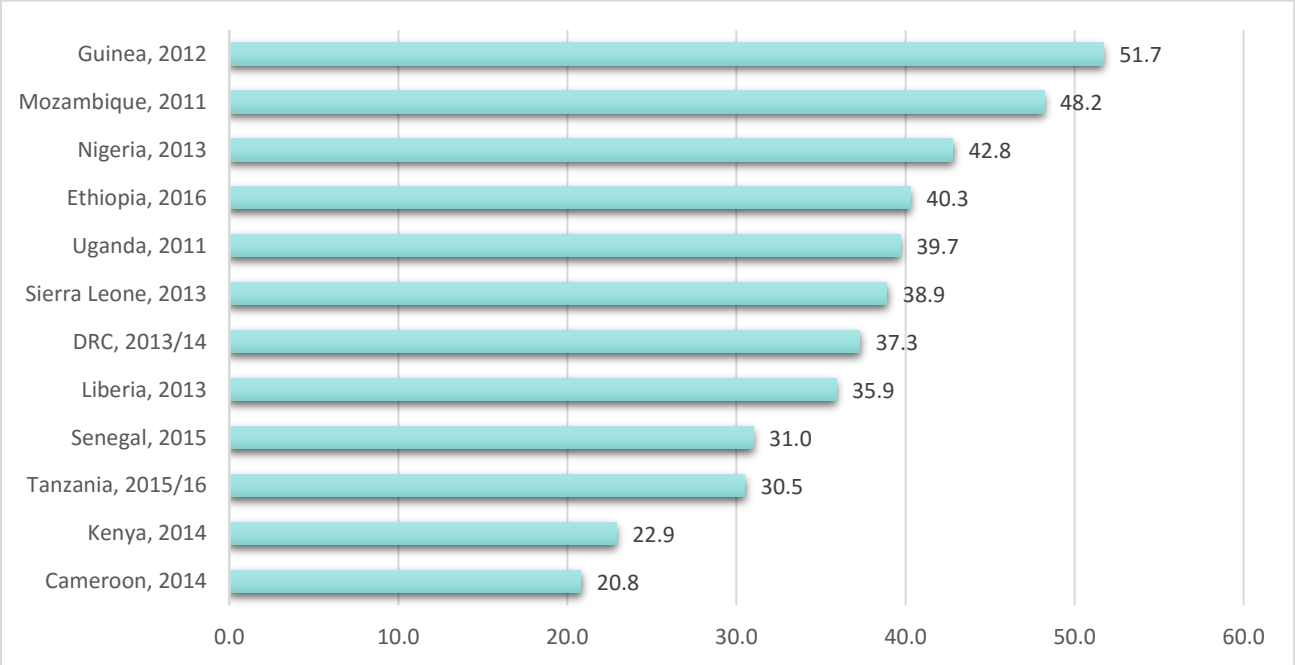
Birth registration is assessed by the proportion of children below age five whose births were registered with the civil registration authority in their respective countries and the proportion issued with birth certificates. As noted in Figure 1, more than three-quarters of children in Senegal and Sierra Leone are registered at birth, followed by Cameroon and Kenya with about two-thirds of children registered and 57% registered in Guinea. The remaining countries have birth registration of less than 50%. Ethiopia's case is an exception as the country started its official registration system in 2016.

FIGURE 1: PERCENTAGE OF CHILDREN AGED BELOW FIVE YEARS WITH BIRTHS REGISTERED WITH THE CIVIL REGISTRATION AUTHORITY



Source: Demographic and Health Surveys for all countries except Cameroon where the source is Multiple Indicator Cluster Surveys

FIGURE 2: PERCENTAGE OF WOMEN AGED 20-24 WHO WERE FIRST MARRIED BY EXACT AGE 18



Source: Demographic and Health Surveys for all countries except Cameroon where the source is Multiple Indicator Cluster Surveys

There is limited information on deaths and causes of death available to make a comparable assessment of the status of death registration and recording of causes of death in GFF-supported countries. In many countries, the information on death registration is non-existent while in others only estimates are provided. However, death registration was relatively high in Kenya, estimated at 45% in 2015[1]. In the latest World Health Statistics Report,[2] all GFF countries have no data on the completeness and quality of cause of death data for 2005–2015.

Information on the coverage of marriage registration is also non-existent for all the GFF-supported countries. However, data from DHS and MICS from different countries show that many young girls get married before they reach their 18th birthday (see Figure 2) although it is not known what proportion of these are registered. Over half of Guinean women aged 20–24 at the time of the survey (51.7%) were married by age 18. Early marriage was also relatively high in Mozambique, Nigeria, Ethiopia, Uganda, Sierra Leone, Democratic Republic of Congo and Liberia, where in all these countries, at least one in three girls were married before they reached 18. Kenya and Cameroon had lower levels of child marriage. The registration of both births and marriages is necessary for enforcing the laws against early marriage: a birth certificate provides proof of age and registration of marriage is one of the ways in which prevention of underage marriages can be enforced.

4. Status of Investment Cases and CRVS priorities

The RMNCAH investment cases include outlays that need to be made to strengthen data systems for the better measurement of results, including CRVS. GFF supports the strengthening of CRVS systems by ensuring that CRVS components are included in countries' investment cases for the provision of timely and accurate health-related. Countries that explicitly include CRVS in investment cases are eligible to receive financing from the GFF TF and IDA.

The GFF plays an advocacy role at the country level to highlight the importance of CRVS in monitoring health indicators and in protecting the rights of children, adolescents and women. In collaboration with other partners (including the Centre of Excellence for CRVS), the GFF provides technical support to countries to have strong CRVS components in investment cases through the analysis of the CRVS system and the identification of gaps and key

[1] Civil Registration Services (Kenya). 2016. Kenya Vital Statistics Report, 2015. Civil Registration Services, Statistics Division. Government of Kenya. Nairobi, Kenya.

[2] World Health Organization (WHO). 2017. World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization.

interventions required to strengthen CRVS. All RMNCAH investment cases that have been prepared in GFF-supported countries in Africa (finalized or in draft) have included a component of CRVS. The prioritization of CRVS activities within the IC is informed by RMNCAH priorities as well as priorities set in the national CRVS strategic plan (where available). The preparation of the CRVS component of the investment case is a consultative process that includes key RMNCAH stakeholders, as well as representatives from CRVS stakeholders, particularly officials from the ministries or agencies responsible for civil registration (e.g. Ministry of Home Affairs, Ministry of Justice, and Ministry of Local Government); and agencies responsible for vital statistics (National Statistics Offices).

Priority areas identified for CRVS generally focused on increasing birth and death registration coverage, including causes of death. To achieve this, some countries (Cameroon and Democratic Republic of Congo) aimed at expanding civil registration service points through renovating or constructing new offices; recruiting additional staff (Liberia); and using health facilities for registration (Kenya and Mozambique). Additionally, advocacy and awareness creation was realized as an important area through which birth and death registration coverage can increase (Democratic Republic of Congo and Liberia). The collection of information on causes of death and the application of International Classification of Diseases, 10th revision (ICD-10) was prioritized in Kenya, Mozambique and Uganda and the revision of the legislative framework to facilitate the registration process was identified as a key area in Cameroon, Guinea and Liberia.

In many GFF-supported countries, both birth and death registration processes are paper-based and data are not captured in any electronic system. As such, Cameroon, Democratic Republic of Congo, Guinea, Kenya, Liberia and Sierra Leone prioritized computerization and digitization of historical records in their investment cases as well as maintenance of national CRVS databases. Other countries also included the interoperability of data systems, especially between the CRVS system and the District Health Information System (DHIS) (Cameroon, Guinea and Mozambique).

The importance of the health sector in strengthening CRVS is underscored in most of the investment cases. For example, the investment case for Kenya aims at improving birth registration through maternal and child health services (i.e. undertaking birth registration during delivery, post-natal care and immunization services). The importance of stakeholder engagements and coordination of CRVS activities at the country level was also highlighted as a priority area (Guinea, Kenya, Liberia and Sierra Leone).

5. IDA/GFF TF-financed projects with a CRVS component

Through World Bank projects, countries can leverage financing from the GFF TF and lending facilities from IDA/International Bank for Reconstruction and Development (IBRD) to specifically fund CRVS activities. This is done through the World Bank country office, with support from the GFF Secretariat, following the World Bank processes and procedures. During FY2016–17, the GFF provided technical support within the World Bank in the preparation of project appraisal documents (Ethiopia and Liberia). The GFF also provided support for the implementation of CRVS activities within the projects (Democratic Republic of Congo, Kenya and Liberia).

As of October 2017, seven projects with a CRVS component were approved by the World Bank Board between 2015 and 2017, mainly as a component within health projects, except for Democratic Republic of Congo, which included CRVS as part of human development systems strengthening. Except for the projects in Democratic Republic of Congo, all projects are effective and are therefore in the process of implementation. The source of financing (IDA or GFF TF) for CRVS and other activities is decided at the country level, with some countries (e.g. Cameroon, Democratic Republic of Congo, and Uganda) following the 1:1 ratio of allocating IDA and GFF TF financing for CRVS.

This section features areas prioritized for the strengthening of CRVS in the seven countries for which financing from IDA/GFF TF was approved by the World Bank Board in 2015–2017 as discussed in Section 5.

5.1 Cameroon

Around the mid-1990s, Cameroon was one of the countries in Africa with relatively high coverage of birth registration, estimated at around 85%. Death registration coverage was 30%[3]. However, birth registration coverage declined over time and the current coverage rate for death registration is unknown[4]. In 2014, about two-thirds of Cameroonian children below age five were registered with the civil registration authority.

Through the IDA/GFF TF-financed project, the country aims to strengthen the CRVS system through increasing registration rates for both births and deaths, as one of the components of the Health System Performance Project. Financing for CRVS-specific activities to be undertaken under the project include increasing the number of registration centers and registration officials; adopting the international standards for the registration of events; and the archiving of registration records. Additionally, as part of performance-based financing (PBF), the project includes increasing birth registration rates through PBF indicators at the community, health facility and district levels; piloting and scaling-up DHIS-2 and linking data with the CRVS system and PBF portal; and training and capacity building for the PBF program (includes birth and death registration and maternal death audits).

CRVS activities in Cameroon that have already been undertaken under this project include the preparation of the investment case with a component of CRVS, including the identification of CRVS priorities to be financed through the project. The project provided technical support to facilitate the prioritization process and the inclusion of a CRVS component in the overall RMNCAH investment case, in collaboration with the Centre of Excellence for CRVS

[3] Civil Registration Centre For Development (CRC4D). 2011. Civil Registration Support in Cameroon: Evaluation of UNICEF-support 2002-2011. CRC4D, The Hague, The Netherlands.

[4] International Institute for Vital Registration and Statistics (IIVRS). 1995. Organization of National Civil Registration and Vital Statistics Systems: An Update. IIVRS Technical Papers, No. 63, December 1995. Maryland, USA.

Systems. Training on PBF has also been done for staff from the civil registration office (BUNEC – Bureau National de l'Etat Civil).

5.2 Democratic Republic of Congo

The Democratic Republic of Congo is one of the countries with low coverage of birth registration in Africa: only one in four children below age five was registered with the civil registration authority in 2013/14. Like the situation in Cameroon, the coverage of death registration is unknown. UNICEF[5] has been supporting the country to strengthen the CRVS system in the Democratic Republic of Congo, mainly through linking birth registration with maternity services and vaccination campaigns; and expanding sites for registration services.

To strengthen the CRVS system in the Democratic Republic of Congo, the IDA/GFF TF-financed project will undertake activities to reform and strengthen the CRVS system and increase birth registration through implementing a comprehensive CRVS assessment and developing a costed national CRVS strategy and implementation plan. This process will be supported by a multi-stakeholder advisory group from key CRVS stakeholders within and outside of the government, including development partners. A legal review, based on the CRVS strategy, will subsequently be supported by the project.

Other activities include supporting catch-up campaigns on birth registration by working with pre-primary and primary schools to increase the number of children who have a birth certificate through incentivizing staff from the civil registration office to collect the necessary information during school registration and to deliver the birth certificates to the schools once they are issued; supporting communication campaigns aimed at informing parents about the importance of the project and processes to be followed; and providing birth registration services free of charge (the project will off-set the costs associated with fees charged for late birth registration [after 90 days of life]). Although the focus of the project will be on school-going children, it will also cover younger children who are not yet in school. Parents will be requested to also register their other children who have not been registered. The project will be undertaken in a phased manner, increasing the number of schools covered over time.

5.3 Ethiopia

Ethiopia launched the official registration of births, deaths, marriages and divorces in August 2016, having enacted a law that makes registration of these vital events compulsory, permanent and universal in 2012 and subsequently establishing the Vital Events Registration Agency (VERA) in 2013. Accordingly, the 2016 Ethiopia Demographic and

[5] UNICEF. 2015. UNICEF Annual Report 2015: Democratic Republic of Congo. Available from https://www.unicef.org/about/annualreport/files/Democratic_Republic_of_Congo_2015_COAR.pdf [Accessed June 21, 2017].

Health Survey reported that only 3% of children below age five had their births registered with the civil registration system at the time of the survey. Registration of vital events is mainly paper-based in Ethiopia and there is no information available on the recent status of the registration of all vital events, including births, deaths and causes of death.

Given that the official registration process in Ethiopia began in August 2016 and is mainly paper-based, the health project under which CRVS is included has mainly prioritized building an electronic civil registration system in the country to be implemented by VERA. The project will support building a centralized civil registration system through technical assistance, capacity building and procurement of information and communication technology equipment.

Another activity that will be supported by the project is the procurement for CRVS office support, which includes motorcycles, a field vehicle and filing cabinets. Motorcycles and a field vehicle are required to facilitate supervision and monitoring of registration activities and for the transfer of registration documents between different levels of administration (kebeles, woredas, zones, regional and federal offices). Filing cabinets will be procured for secure storage and archiving of registration documents. With the new registration process in the country, the project will also support advocacy and public awareness campaign activities, which will include the preparation of a CRVS communications strategy and the preparation, procurement and distribution of information, education and communication materials.

5.4 Kenya

Kenya is one of the GFF front-runner countries, which has set an example of incorporating CRVS in the RMNCAH investment case. There is good collaboration between the MOH and the Civil Registration Services (CRS), with the MOH having a unit responsible for coordinating CRVS activities within the ministry. Kenya has a relatively good CRVS system in terms of registration coverage of both births and deaths. Among the GFF-supported countries in Africa, it is the only country where statistics on birth and death registration have been derived from the civil registration system and annual reports on vital statistics produced. About two-thirds (66%) and nearly half (45%) of births and deaths, respectively, were registered within six months of the occurrence[6]. However, recording of information on causes of death per ICD-10 is almost nonexistent.

Accordingly, the health project in Kenya is financing the linking of birth registration services with maternal and child health (MCH) services to leverage the 61% of births taking place in health facilities and high immunization

[6] Civil Registration Services (Kenya). 2016. Kenya Vital Statistics Report, 2015. Civil Registration Services, Statistics Division. Government of Kenya. Nairobi, Kenya.

rates for children aged 12-23 months (96% received the Bacillus Calmette–Guérin vaccine for tuberculosis and 79% received all basic vaccinations). The project also supports (i) the sensitization of County Health Management Teams (CHMTs) in MCH strategy and (ii) the orientation and training of RMNCAH staff on the strategy. The project will also support strengthening the capacity of registration officials to monitor and supervise registration processes to improve data quality.

Other activities include improving the collection and coding of causes of death, focusing on facilitating the adoption and use of the WHO international medical certificate of causes of death; preparing training materials for cause-of-death certification and ICD-10 coding; and training certifiers and coders in health facilities. To improve registration in hard-to-reach areas, a mobile registration office will be piloted to cover counties in arid and semi-arid land and other neighboring counties that have low population density, with difficult terrain and are situated long distances away from registration offices. The project also includes a performance-based component, which incentives the CRS to improve coverage of birth registration.

5.5 Liberia

Liberia is one of the countries with low birth registration (25%) and essentially no information on mortality and causes of death in the civil registration system. Key challenges include a fragmented registration system; inadequate logistics and human resource capacity; and a combination of paper-based and digitized registration processes with very limited connectivity.

Priority areas for CRVS to be financed under the project were identified in the RMNCAH investment case, which was based on the CRVS investment case, which was finalized in 2015. The focus of the support to be provided will be on improving birth and death registration services in general, beginning in three RMNCAH target counties (Rivercess, Gbarpolu and Sinoe), which will be scaled-up to other counties depending on the availability of additional funds. Key activities that will be supported include the development of uniform birth and death registration forms and associated manuals and undertaking training for registration officials; and development and implementation of a detailed, costed plan for death registration and for determining causes of deaths for deaths occurring in health facilities. A critical aspect of this activity will be rolling out and institutionalizing systematic maternal death audits and associated causes of death at health facilities and ensuring these deaths and their causes are registered in the CRVS system. This component will also include training in ICD-10.

The project will also cover the development and implementation of an integrated civil registration management information system that will include all births and deaths and causes of death; the review of CRVS-related laws and raising awareness and advocacy aimed at improving coverage of birth and death registration; and support for national coordinating efforts and project management involving key CRVS stakeholders from the government.

Support will also be provided specifically for birth and death registration through the community health assistant (CHA) program. Under the project, CHAs will carry out both birth and death registration for events that occur in the community, with priority given to maternal and neonatal deaths. The project will also include PBF to target health facilities to incentivize birth and death registration. The PBF will also include incentives for maternal and neonatal death audits at secondary levels, linked to the CRVS system.

5.6 Tanzania

With birth registration at 25% among children under age five, Tanzania has one of the lowest birth registration coverage rates among the GFF countries. Reasons for low uptake of birth registration include lack of financial and human resources for the Registration Insolvency and Trusteeship Agency; long distances to registration centers; long and complicated registration processes; lack of awareness among the community about the importance of birth registration; and limited demand for registration documents. Like other GFF countries, information on death registration and causes of death is almost nonexistent. Except for pilot areas supported by UNICEF and the World Bank, registration of births is mostly paper-based, with a huge backlog of forms that have not been captured into an electronic system.

In the Program for Results health project of Tanzania, health facilities are to register births and deaths (including cause of deaths) as part of the results-based financing program. Performance indicators for health facilities are to be developed to incentivized CRVS-related activities at the facility level.

5.7 Uganda

Birth registration coverage in Uganda is estimated as 30% among children below age five, while death registration is estimated at less than 1%. The legal framework governing CRVS, the Registration of Persons Act, was enacted in 2015. Under this law, the National Identification Registration Authority (NIRA), which is responsible for the registration of births and deaths, was established. As another newly established civil registration agency, the key priorities for NIRA are to set up registration offices to increase coverage; ensure that the registration tools are developed in line with international standards; and train registration officials in different areas of the registration processes.

As such, the IDA/GFF TF-financed project aims at supporting NIRA to scale-up birth and death registration services at the health facility and community levels to accelerate coverage rates. This will be done by establishing mobile outreach services in 63 districts where the electronic vital records system is operational and scale up the electronic system to the remaining districts; expanding birth registration to lower levels of care in public and private hospitals in all districts; and expanding mobile outreach services to remote and underserved communities. Support will also be provided to enhance the civil registration system by designing a death registration module within the existing electronic vital records systems to train users and to develop a customized District Health Information System module for cause-of-death certification and ICD coding.

Support will also be provided to develop registration documents including birth and death registration protocols and training manuals; curricula on cause of death certification and ICD-10 coding; and norms and standards for cause of death reporting in health facilities and in communities. This will be supplemented with training facility- and community-based registration staff in registration procedures; and the training of clinical staff and maternal and perinatal death audit committees on cause-of-death reporting according to ICD guidelines.

Other activities include developing and disseminating a CRVS strategy and communication strategy and the establishment of a monitoring and evaluation system for CRVS and promotion of the use of CRVS data for planning and accountability purposes

6. Concluding Remarks

There have been significant investments in CRVS, leveraging financing from both IDA and the GFF TF, which is expected to accelerate the strengthening of CRVS in Africa and other low- and lower-middle-income countries. As observed from the financing support from the seven African countries, the availability of financing will make it possible for countries to expand civil registration offices; develop electronic systems; and improve death registration and cause-of-death recording.

Through the development of electronic systems, databases will be established from which the status of the registration system can be assessed, as well as the possibility of producing vital statistics from the civil registration system. Additionally, some countries have prioritized the interoperability of systems and the customization of the District Health Information System module for cause-of-death certification and ICD coding. Some projects include maternal and/or neonatal/perinatal death audits – an area that can be used to improve coverage of death registration for maternal and neonatal/perinatal deaths by ensuring that processes are in place to have these deaths registered and their causes of death duly recorded.

While there is some indication of progress made in birth registration, figures for coverage of death registration and causes of death are hard to come by. Very few countries in Africa can provide statistics on mortality and causes of death from the civil registration system and through the financing support available, it is expected that more countries will have this information in a few years through activities that include the development of death registration forms and medical certificates of causes of death based on international standards; the development of manuals; and training for certifiers and ICD coders.

Projects in different countries use innovative ways to increase coverage of vital events. An important innovation is the use of PBF in CRVS to incentivize institutions to deliver on birth and death registration. Lessons that will be drawn from the application of PBF in civil registration will be important for other countries in Africa in terms of the actual process of applying PBF and how incentives can work to improve CRVS systems. It will also be important to learn from the collaboration between civil registration office and the ministries of health in operationalizing the PBF.

There has been considerable interest in the GFF's CRVS work from country governments and opportunities to expand it are significant. New partner investments are required to scale up CRVS across existing and new GFF countries, including the establishment of innovative ways to accelerate birth, death and marriage registration.

It is imperative that close collaboration among ministries of health, ministries or agencies responsible for civil registration, national statistics offices, other relevant government departments, development partners and the private sector be established or maintained to increase financing towards strengthening CRVS systems. In line with the GFF model of increasing financing for RMNCAH, there needs to be consideration for increased financing for CRVS through domestic government resources; the use of IDA; the alignment of external resources; and the procurement of resources from the private sector.

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