



## Appropriate planning leads to easy implementation

### I. Introduction

1. Following the 1<sup>st</sup> Conference of Ministers Responsible for Civil Registration<sup>1</sup>, point 8.1 of the declaration of Ministers, whereby the Ministers declared to ensure the implementation of policies in country to facilitate the implementation of plans to improve CRVS systems. As a follow up to the 1<sup>st</sup> Conference, within the 2<sup>nd</sup> Conference, the Ministerial declaration, positioned as a way forward, the initiation of comprehensive civil registration and vital statistics assessments in all African countries, so as to obtain the full and current picture of the status of CRVS in country.
2. From this process quite a number of countries developed investment cases for the improvement of their CRVS systems, however of these only few are actually implementing reforms. We are now at the 4<sup>th</sup> Conference of Ministers responsible for Civil Registration and Vital Statistics and it is time to move from the plan to the implementation of our reforms. Countries should start to look at the available mechanisms within their context so as to ensure that they are able to deliver on operational or investment cases developed as a consequence of the recommendations from the country comprehensive assessments on CRVS.

### II. Issues for discussion

1. The Sustainable Development Goals (SDGs)<sup>2</sup>, in particular, Goal 16: “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 as target 16.9: to provide legal identity for all, including birth registration by 2030. 12 out of the 17 SDGs require CRVS data to measure their indicators and 67 out of the 230 SDG indicators could be completely or partially calculated using data from CRVS system, hence the unique nature and positioning of the CRVS system that provides legal advantages for individuals and administrative and statistical advantages for most of the sectors of a national government.
2. Countries have taken different steps at different levels so as to achieve this right for all children. Case studies from Mozambique, have shown an increase in registration rates following the integration of birth registration during the National Child Health Weeks, whilst in Ethiopia on August 2016, the country announced the permanent, compulsory and universal registration and certification of vital events. Further to this, in July 2017 the parliament approved an amended proclamation (No 1049/2017)

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<sup>1</sup> Declaration of African Ministers Responsible for Civil Registration. Retrieved from: <http://www.apai-crvs.org/taxonomy/term/31>

<sup>2</sup> United Nation, (2015). *Transforming our World. The 2030 Agenda for Sustainable Development*, A/RES/70/1

which means the CRVS system/law has become inclusive of refugees; and (2) in addition to the existing obligation of health facilities to notify birth occurring in facilities, health extension workers are similarly obligated to notify births occurring outside of health facilities.

**Question:** Within the framework of the national CRVS system, what are the available mechanisms that could be considered as ‘game changers’ to improve the standard and coverage of the system? For example, use of technology, interoperability with health, generation vital statistics.

3. The importance of ensuring all children are counted, so as to safeguard their rights, is well formulated in theory, but not in action as still more than one in four children worldwide are not being registered (Figure 1)<sup>3</sup>. This statistic is more relevant in Eastern and Southern Africa and West and Central Africa where less than 45% of children under-5 are registered. The majority of the countries in the relevant African regions, have established a policy and legal framework for ensuring access to the registration of vital events; however, factors such as lack of joint/shared accountability framework to put the policies in practice and, limitations in government resources have significantly constrained the achievement of results at scale.

**Question:** Taking into account your own country dynamics what are the major bottlenecks hindering respective countries from achieving universal registration of birth?

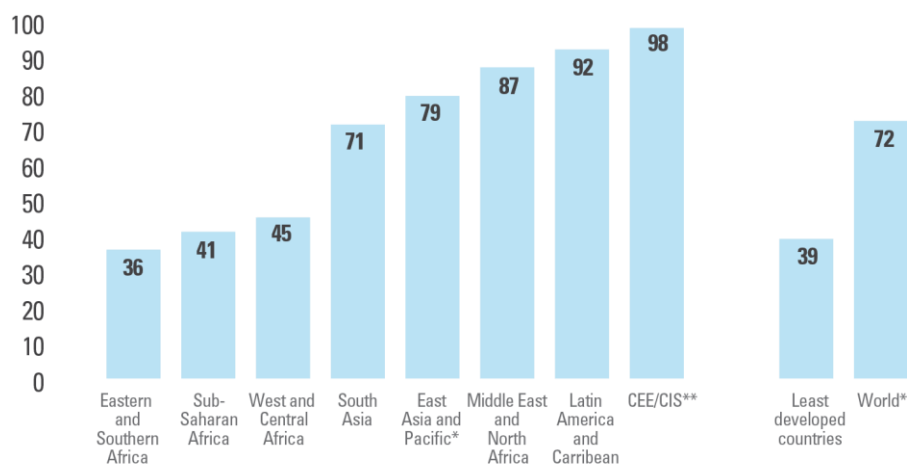


Figure 1 - Source: UNICEF global databases 2016, based on DHS, MICS, other nationally representative surveys, censuses and vital registration systems, 2010–2015.

<sup>3</sup> UNICEF (2016). Is every child counted? Status of data for children in the SDGs. Retrieved from: <https://data.unicef.org/wp-content/uploads/2016/09/SDGs-and-Data-publication.pdf>

### III. Presentations

During this parallel session Ethiopia and Mozambique will share the measures taken since the last Ministerial Conference to improve the system? What is working and what is not? And what are the next steps.

#### Ethiopia

##### A. Background

Ethiopia has one of the lowest rates of birth registration in Africa with only 3 percent of the births of children under the age of 5 years registered with civil authorities (Ethiopian Demographic Health Survey, 2016). There are a number of reasons for this, including government capacity. A key impediment has however, had been the lack of a comprehensive law that made registration of vital events compulsory. As part of efforts to address this, the Government of Ethiopia (GoE), with the support of UNICEF and other UN agencies, began a major push towards establishment of a conventional civil registration system following the first African Ministerial Conference in 2010. In 2012, the GoE adopted a federal law governing civil registration and vital statistics (CRVS), otherwise known as Proclamation No 760/2012 - the Registration of Vital Events and National Identity Card.

Since 2012, progress has been made at 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, adoption of regional laws, development of a National Costed Investment Plan and national strategy on CRVS and registration instruments, training of registrars and equipping registration centres with vital supplies were amongst the key preparations undertaken before launching the conventional civil registration system nation-wide on 6 August 2016. Other developments that complemented these efforts and from the health sector included integration of CRVS into the Health Information System at national level as part of the Health Sector Transformation Plan (2016-2020). The Government commitment at the highest level to accelerate the coverage and utilization of civil registration services has further been manifested in the insertion of a 50 percent birth registration target in the country's Growth and Transformation Plan II (GTP II) by 2020.

##### A. Strategies to deliver scalable results in the Ethiopia's CRVS system.

Ethiopia has benefited from the experiences and lessons learned from other countries in Africa to develop and revise the policy and legal framework. Here follow several key strategies to help achieve scalable results in CRVS in Ethiopia:

First, Ethiopia's civil registration system is anchored within an existing decentralised government administrative structure, with over 18,506 urban and rural *kebeles* (*the lowest tier of the government structure*) legally mandated to serve as registration centres and the kebele manager with the function of civil registrar. While such an approach makes it possible to deliver registration services at the community level (each kebele reaches between approximately 1000-2000 households), it has also brought about a significant gain in

avoiding the extra financial costs associated with establishment of a separate infrastructure and human resource structure to run the civil registration system.

As noted above, the civil registration system aims at capitalising 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 different levels. The proclamation governing the CRVS system (Proclamation No. 760/2012 and 1049/2017) clearly stipulates the responsibility of the health sector to notify births occurring in health facilities, as well as births occurring at community level (outside of health facilities). To operationalise this, a memorandum of understanding was signed between the two sectors at both federal and regional level in July 2015.

As part of efforts to operationalise efforts from the health sector, and at the policy operationalisation level, birth and death notification business process guidelines and birth and death notification forms were developed by the Federal Ministry of Health (FMOH). The health workforce was oriented on them for events that happen at health facilities. The community level notification business process is also part of the law. Implementation modalities are under discussion, however, clear roles have been established for the health extension workers (HEW) for community awareness supported through integrated birth registration messages in the family health guide, a key tool to deliver health messages to families .

At the community level, also building on the contributions of the health sector, there are a minimum of two HEW at *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, the HEW are aware of births and deaths occurring in households and in health facilities. Accordingly, they are playing an important role in sensitizing community members (primarily pregnant mothers) to register the births of their children soon after birth (i.e. ‘on time’ registration).

These approaches are proving to be successful in rural areas, which is where the vast majority of the population (and therefore births) take place. Country-wide, there are 38,000 HEW, which presents a significant opportunity to scale up coverage of the registration of vital events, notably births and deaths. It is recognised that this potential could be better utilized through joint initiatives and possible linkages of health service deliveries like EPI and other maternal and child health routine outreach services and birth registration.

Finally, complementing the role of the HEW, there are a number of well-established community structures and mechanisms indigenous to Ethiopia. These include community care coalitions, *edir*, *mahiber*, *equbs*<sup>4</sup> and *one-to-five practices*<sup>5</sup> across Ethiopia. These

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<sup>4</sup> 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, where Mahiber is more or less get together once a month or so while equb has economic objective.

<sup>5</sup> One-for-five; a cell of five people from the same neighbourhood that informally look after each other’s interest. They were originally organized by rural and small town kebeles to promote health and development

existing structures and strategies help diffuse information when *kebeles* conduct awareness 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.

As part of the panel discussion Ethiopia will expand on the strategies elaborated above and update on the key areas of progress made since the last Ministerial conference, opportunities identified and being utilised to improve the standard and coverage of registration, as well as remaining challenges at different levels. Among the challenges are the following:

- High turnover of kebele manager (civil registrar) thereby disrupting the continuity of and quality of civil registration services
- Despite demand building efforts, including efforts of HEW and community structures awareness on the benefits of the system, especially in rural areas, is still a gap.
- Limited government resources including logistics constraints, which in turn compromises the standard of the services being provided.
- Most regions have imposed fees to be charged to get certificates. This is a disincentive for many, particularly those economically less secure households with many children.

## Mozambique

According to the Mozambican Civil Code, children'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. Yet, despite the importance of registering births in almost all aspects of life, almost 48% of children under 5 (DHS, 2011) have been registered. Death registration currently stands at 13%, (DNRN/National Bureau of Statistics, 2014) and the causes of over 300,000 deaths are still unknown. Factors contributing to low rates of civil registration in Mozambique are varied and complex, but 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 as often the first time children need to present a birth certificate is at the time of enrolling in primary schools.

Currently, Mozambique is in the process of rolling out a modernized civil registration system that documents all of the vital events in a person's life, assigns a Unique Number to be used across the life of a person hence paving the way for a state of the art CRVS system linked to ID management with interoperability to the health sector and the National Institute of Statistics as part of eGovernance.

The main milestones, principles and approaches of this process are:

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initiatives. The group creates greater interaction between members and generates a greater sense of community spirit. They are often harnessed to communicate key messages concerning health and well-being. In recent years they have also been used to communicate issues around harmful social norms that result in FGM/C and child marriage, as a strategy to change the harmful norms and practices.

- a. Evidence based planning:** The Government of Mozambique was one of the first Lusophone countries in Africa to conduct a comprehensive assessment of its civil registration and vital statistics system using the tool developed by the APAI-CRVS RCG. Key bottlenecks and findings of the assessments have led to the development of the costed operational plan for CRVS 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 government. Two important recommendations of the CRVS assessment were to;
- (1) digitize the CRVS system and;
  - (2) increase interoperability with other line ministries
- b. Sustainability and government ownership:** The Government of Mozambique has been in the driving seat in every aspect of CRVS systems reform. The creation of the inter-ministerial group with all key ministries and departments involved in CRVS boosted intersectoral collaboration especially at the phase of assessment and planning. Political Momentum and Commitment must be sustained and link with SDG monitoring could further elevate the importance of CRVS work in the broader governance agenda.
- c. Interoperability and synergies between sectors (multi-sectorial approach)** – the current CRVS programming in the country builds on the added value of each of the sectors and keep on identifying entry points to improve CR outcomes
- a. Child Health weeks - – challenges on sustainability.
  - b. Sensitization and Registration and Health posts and through community health workers
  - c. Involvement of private sector through Public Private Partnerships (PPP)- This partnerships has resulted since in the provision of free birth certificate (approx. 300.000) and civil identification cards (approx 100.000) and through its positive result, inspired other similar partnerships in the country
  - d. Involvement of telecommunication commission and telecom companies to support the Civil Registration efforts
- d. Development of digitized CRVS system with linkages to the Health Sector and Statistics:** The government of Mozambique, with UNICEF support, designed the electronic Civil Registration and Vital Statistics System (eCRVS) with in-built opportunities for interoperability as part of the Government's e-Governance framework and plan to for interoperability with other government data bases and digitized systems. The eCRVS is a system that uses USSD, SMS, web-based and offline interfaces to streamline, simplify and decentralize registration of vital events and beyond being the source for vital statistics and legal documents, generates the Single Citizen's Identification Number. The system is has been tested in 36 Conservatories (*major registration centres*) and 96 Posts for Civil Registrations (*sub registration centres*)
- e. Formulation of new birth and death registration forms** that include and capture all variables for civil registration and vital statistics. These have been designed with the involvement of the 3 line agencies responsible for Civil Registration that is; Ministry

of Justice through the National Directorate of Registry and Notary, Ministry of Health and National Institute of Statistics.

- f.** Introduction of birth and death **notifications** to be implemented, inter alia, by health staff as well as local/ community leaders. Innovative ways have been devised to improve the experiences of community services at the registration centres. For example, chiefs can notify the birth or death in a village through a mobile phone via a USSD (Unstructured Supplementary Service Data ) session upon which they receive the personal number of the child. 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 of Mozambique is undertaking legal and policy reforms including the Civil Registration Code. The revised legal framework will include, the possibility to register a child without a name, the notification of births and deaths by community leaders and health personnel (through the use of SMS technology), introduce the use of technologies in registration and notifications at the registration centers(at conservatories and postos), removal of the territorial barriers (which means that a citizen is not required to deal only with the conservatory where they were registered) and the generation of an NUIC (Single Citizen's Identification Number).
- h. Other innovations and initiatives** include; the creation of Civil Registration Call Center to support eCRVS system users and general public in matters relating to Civil Registration, the use of USSD/ SMS by the general public to ascertain the status of their registrations, interoperability with Ministry of Health- DHIS2 and Statistics system and Community mobilization and awareness
- i. Leverage on and develop complementary approach** with other system development processes: development of the Sample Registration System that is being developed with funds from Gates Foundation and that could be able to give quick wins such as reliable estimates of births, deaths and fertility rates disaggregated by province until the CRVS system will take over this role once the coverage is acceptable.
- j.** In 2016 the MoH started developing the **investment case** for reproductive, maternal, neonatal, child and adolescent health including CRVS with the main objective of measuring impact of interventions on the reduction maternal and child mortality and on fertility rates. GFF and other funding mechanisms will complement domestic resources to expand access to civil registration and operationalize the changes introduced with the new law (in the final stages of approval)

## **Challenges, lessons learned and way forward**

- Strong Government leadership and priority definition is needed to leverage all incoming resources/donor attention towards system building (avoid duplication, dispersal, creation of parallel systems)
- Adjust the National Operational Plan for the new country context as well as SDGs
- Definition of a sustainable system wide collaboration between health and civil registration (some initiatives ongoing with promising results, however there is a need to elevate this to next level and create synergies in multiples levels of the two systems. (inclusion of civil registration posts within the main Health Facilities, working with Community health workers and other health staff as notifiers, integrate eCRVS with DHIS2, immunization campaigns, cause of death surveys etc)
- Promote joint resource mobilization
- Invest in demand creation and partner CSOs and Churches
- Advocate for the production of first national Vital Statistics Report
- Creation of intersectoral coordination mechanisms at the Government and Donor levels
- Use of in-house solutions to ensure systems continuity and support
- Data flow between health, justice and INE and capacity development of INE to produce annual statistical reports of vital events