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Global Financing Facility and World Bank support for civil registration and vital statistics in Africa



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



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1. Introduction

The Global Financing Facility in support of Every Woman, Every Child is a partnership that mobilizes national 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 Facility's Trust Fund, which provides results-focused financing to support countries in achieving reproductive, maternal, newborn, child and adolescent health and nutrition goals.

The Global Financing Facility 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. Civil 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 Facility is aimed at financing the strengthening of CRVS systems as a contribution towards achieving the 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.

Of the 67 low-income and lower-middle income countries that are eligible to receive resources from the GFF Trust Fund, the following 16 countries receive support: Bangladesh, Cameroon, the Democratic Republic of the Congo, Ethiopia, Guatemala, Guinea, Kenya, Liberia, Mozambique, Myanmar, Nigeria, Senegal, Sierra Leone, Uganda, the United Republic of Tanzania and Viet Nam. As of November 2017, the following 10 countries had joined the Global Financing Facility: Afghanistan, Burkina Faso, Cambodia, the Central African Republic, Côte d'Ivoire, Haiti, Indonesia, Madagascar, Malawi and Rwanda.

The main purpose of the present report is to describe the support given or to be given to African countries for strengthening their CRVS systems through technical assistance and financing from the Trust Fund and the International Development Association (IDA) approved during the fiscal years 2015/2016 and 2016/2017. The status of birth and death registration in those countries is also highlighted in the report, including relevant information on marriages.

2. Why is civil registration and vital statistic important for reproductive, maternal, newborn, child and adolescent health and nutrition?

In addition to administrative and legal purposes, a key role of CRVS systems is to provide data that can be used to monitor and evaluate reproductive, maternal, newborn, child and adolescent health programmes, 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, for which reliable and regular information is required to monitor progress in the efforts to achieve them. The indicators can be determined on a regular basis at the subnational level from well-functioning CRVS systems.

The priority vital events for the Global Financing Facility are births and deaths, along with causes of death and 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 specified causes of death, including tuberculosis, HIV, cancer, diabetes and malaria. These indicators are useful for making timely evidence-based policy decisions and for monitoring and evaluation purposes.

In addition, the protection of the rights of women, children and adolescents is prioritized by the Global Financing Facility. Improvements in birth registration ensures that a large proportion of children realize their rights to a name and nationality, which, in turn, establishes their identity and gives them access to health care, education and other social benefits offered by the State. Coupled with marriage registration, birth registration can also protect young girls from early marriage, which is directly linked to early pregnancies and childbearing resulting in adverse health outcomes and limited socioeconomic prospects for adolescent mothers and their children. Target 5.3 of the Sustainable Development Goals, to achieve gender equality and the empowerment of all women and girls, is aimed 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 socioeconomic variables, can highlight inequalities and discrimination and help to determine priority groups that are disadvantaged.

To strengthen CRVS, cooperation with the multitude of stakeholders involved in civil registration through notification, certification and registration processes, as well as through the production and dissemination of vital statistics, is required. The Global Financing Facility process mostly promotes the strengthening of CRVS using the reproductive, maternal, newborn, child and adolescent health platform within the ministries of health as an entry point. In general, ministries of health contribute to CRVS through the notification of births, deaths and foetal deaths and in the certification of causes of death. Accordingly, they play a significant role in strengthening the overall CRVS system in each country in collaboration with a broader set of stakeholders and other sectors, in particular the ministries responsible for civil registration and those entrusted with producing vital statistics. The Global Financing Facility process at the country level has supported greater cooperation between the ministries of health and ministries and agencies responsible for CRVS.

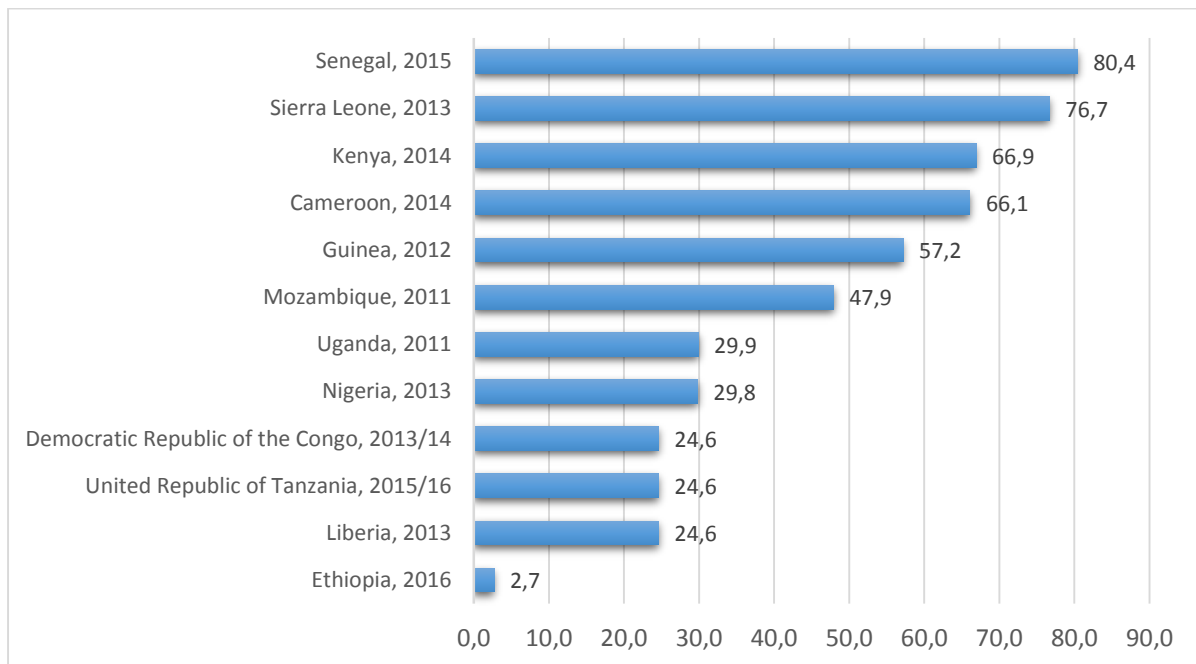
3. Status of civil registration and vital statistics in Global Financing Facility-supported countries in Africa

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 such systems are functioning in Global Financing Facility-supported countries¹ is based on data from surveys that mainly cover birth registration. Because of the unavailability of data directly from the civil registration system in most of the countries and to allow for comparison among all the Global Financing Facility-supported countries, information to measure birth registration is derived from demographic and health surveys and multiple indicator cluster surveys.

Birth registration is assessed by the proportion of children under five years of age whose births were registered with the civil registration authority in their relevant countries and the proportion issued with birth certificates. As noted in figure I, more than three quarters of the children in Senegal and Sierra Leone are registered, followed by Cameroon and Kenya with some two thirds of the children registered, and Guinea, where approximately 57 per cent of the children are registered. In the remaining countries, less than 50 per cent of the children are registered. Ethiopia, with a birth registration coverage of 2.7 per cent, launched its official registration system in August 2016.

¹ Information in this report is restricted to the Global Financing Facility-supported countries before the announcement of additional countries made in November 2017.

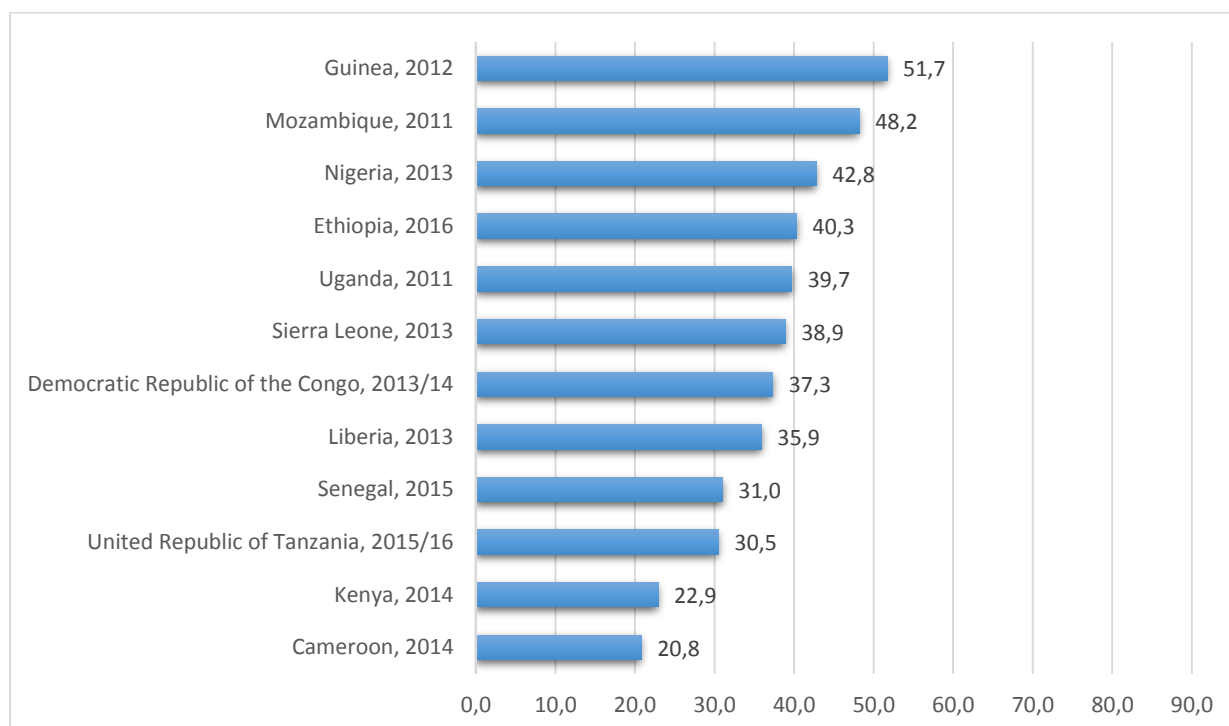
Figure I
Children below five years of age with births registered with the civil registration authority
(Per cent)



Source: Demographic and health surveys for all countries except Cameroon, from which the source is multiple indicator cluster survey.

Figure II

Women between 20 and 24 years of age who were first married by the age of 18
(Per cent)



Source: Demographic and health surveys for all countries except Cameroon, from which the source is multiple indicator cluster survey.

The 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 Global Financing Facility-supported countries is limited. In many countries, the information on death registration is non-existent, while in others only estimates are provided. Nevertheless, death registration was relatively high in Kenya, at an estimated 45 per cent in 2015.² In the most recent *World Health Statistics Report*,³ all Global Financing Facility-supported countries had no data on the completeness and quality of cause of death data during the period 2005–2015.

Information on the coverage of marriage registration is also non-existent for all Global Financing Facility-supported countries. Nevertheless, data from demographic and health surveys and multiple indicator cluster surveys from various countries show that many young girls are married before they reach 18 years of ages (see figure II) although it is not known what proportion of them are registered. More than 50 per cent of Guinean women between 20 and 24 years of age at the time of the survey (51.7 per cent) were married by 18 years of age. Early marriage was also relatively high in the Democratic Republic of the Congo, Ethiopia, Liberia, Mozambique, Nigeria and Sierra Leone, where at least one in three girls were married before they reached 18 years of age. Cameroon and Kenya had lower levels of child marriage. The registration of births and marriages is necessary for enforcing the laws against early marriage. A birth certificate provides

² See Civil Registration Services. Kenya vital statistics report, 2015. (Nairobi; Civil Registration Services, Statistics Division. Government of Kenya, 2016).

³ See World Health Organization, *World Health Statistics 2017: Monitoring Health for the SDGs, Sustainable Development Goals*. (Geneva: 2017).

proof of age and registration of marriage is one of the ways in which the prevention of underage marriages can be enforced.

4. Status of investment cases and priorities relating to civil registration and vital statistics

Investment in reproductive, maternal, newborn, child and adolescent health includes outlays required to strengthen data systems to better measure survey results, including those relating to CRVS. The Global Financing Facility supports the strengthening of CRVS systems by ensuring that the CRVS component is included in countries' investment cases in support of the provision of timely and accurate health data. Countries that explicitly include CRVS in investment cases are eligible to receive financing from the Trust Fund and IDA.

The Global Financing Facility 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 partners (including the Centre of Excellence for Civil Registration and Vital Statistics Systems), the Facility provides technical support to countries in developing CRVS components in investment cases through the analysis of the CRVS system and the identification of gaps and key interventions required to strengthen the system. All investment cases relating to reproductive, maternal, newborn, child and adolescent health prepared in Facility-supported countries in Africa (finalized or in draft) have included a CRVS component. The prioritization of activities relating to CRVS in the investment case is informed by the priorities pertaining to reproductive, maternal, newborn, child and adolescent health and the priorities set out 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 stakeholders involved in reproductive, maternal, newborn, child and adolescent health and representatives from CRVS stakeholders, in particular officials from the ministries or agencies responsible for civil registration, such as the ministry of home affairs, the ministry of justice, and the ministry of local government, and the national statistics office.

Priority areas identified for CRVS, in general, have focused on increasing birth and death registration coverage, including causes of death. To achieve this, some countries intend to expand their civil registration service points by, for example, renovating or constructing new offices (Cameroon, the Democratic Republic of the Congo and Uganda), recruiting additional staff (Liberia), introducing mobile registration services (Kenya and Uganda) and using health facilities for registration (Kenya and Mozambique). Some other countries (e.g., the Democratic Republic of the Congo and Liberia) have taken the view that advocacy and awareness-raising is an important area through which birth and death registration coverage can increase. In addition, the collection of information on causes of death and the application of the tenth revision of the International Statistical Classification of Diseases and Related Health Problems 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 Global Financing Facility-supported countries, birth and death registration processes are paper-based, and data are not captured in an electronic system. Accordingly, Cameroon, the Democratic Republic of the Congo, Guinea, Kenya, Liberia and Sierra Leone have prioritized the computerization and digitization of historical records in their investment cases, along with maintenance of their national CRVS databases. Other countries have prioritized making their data systems interoperable, especially between their CRVS system and the district health information system (e.g., Cameroon, Guinea, Mozambique and Uganda).

The importance of the health sector in strengthening CRVS is underscored in most investment cases. For example, the investment case for Kenya focuses on improving birth registration through maternal and child health services, namely, undertaking birth registration during delivery, post-natal care and the provision of immunization services. The importance of stakeholder engagement and the coordination of activities relating to CRVS at the country level has also been highlighted as a priority area in Guinea, Kenya, Liberia and Sierra Leone.

5. International Development Assistance and Global Financing Facility-Trust Fund-financed projects with a civil registration and vital statistics component

Through World Bank projects, countries can leverage financing from the Trust Fund and lending facilities from IDA and the International Bank for Reconstruction and Development to specifically fund CRVS activities. This is done through a World Bank country office, with support from the Global Financing Facility secretariat, following the World Bank processes and procedures.

Between 2015 and October 2017, seven projects with a CRVS component have been approved by the Board of the World Bank, mainly as a component within health projects, except for the project involving the Democratic Republic of the Congo, which included CRVS as part of efforts to strengthen human development systems. The source of financing (the Trust Fund and IDA) for CRVS and other activities is decided at the country level.

This section features areas prioritized for the strengthening of CRVS in the seven countries for which financing from the Trust Fund and IDA was approved by the Board of the World Bank during the period indicated above.

5.1 Cameroon

In the mid-1990s, Cameroon had relatively high coverage of birth registration among African countries, estimated at approximately 85 per cent. Death registration coverage was 30 per cent.⁴ Birth registration coverage, however, has declined since then and the current coverage rate for death registration is unknown.⁵ In 2014, some two thirds of the children of Cameroon under five years of age were registered with the civil registration authority.

Through the IDA and Trust Fund-financed project,⁶ the country aims to strengthen its CRVS system by increasing the registration rates for births and deaths as one of the components of the health system performance project. The CRVS-specific activities to be undertaken under the project include increasing the number of registration centres and registration officials, adopting international standards for the registration of events and the archiving of registration records. In addition, as part of performance-based financing, the project includes increasing birth

⁴ See Civil Registration Centre for Development, Civil registration support in Cameroon: evaluation of UNICEF-support 2002-2011 (Yaoundé and The Hague, The Netherlands, CRC4D, 2011).

⁵ See International Institute for Vital Registration and Statistics, Organization of national civil registration and vital statistics systems: an update. IIVRS Technical Papers no. 63, December 1995. Available at www.cdc.gov/nchs/data/isp/063_organization_of_the_national_civil_registration_and_vital_stat_system_an_update.pdf.

⁶ See World Bank, Cameroon: Health System Performance Reinforcement Project (Washington, D.C.: World Bank Group, 2016) Available at: <http://documents.worldbank.org/curated/en/779101467993176397/Cameroon-Health-System-Performance-Reinforcement-Project>.

registration rates through performance-based financing indicators at the community, health facility and district levels; piloting and scaling-up DHIS-2, a health information system, and linking data with the CRVS system and the performance-based financing portal; and training and capacity-building for the performance-based financing programme, which includes the auditing of birth and death registration and maternal death.

CRVS activities in Cameroon already undertaken as part of this project include the preparation of the investment case with a CRVS component, including the identification of priorities-related to CRVS to be financed through the project. The project has provided technical support to facilitate the prioritization process and the inclusion of a civil CRVS component in the overall reproductive, maternal, newborn, child and adolescent health investment case, in collaboration with the Centre of Excellence for Civil Registration and Vital Statistics Systems. Training on performance-based financing has also been conducted for staff from the civil registration office.

5.2 Democratic Republic of the Congo

In the Democratic Republic of the Congo, coverage of birth registration is low: only one in four children below the age of five was registered with the civil registration authority in 2013/2014. Similar to the situation in Cameroon, the coverage of death registration is unknown. The United Nations Children's Fund (UNICEF)⁷ has been supporting the country in efforts to strengthen the CRVS system 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 the Congo, the IDA and Trust Fund-financed project⁸ will undertake activities to reform the system and increase birth registration through the implementation of a comprehensive CRVS assessment and the development of a costed national CRVS strategy and implementation plan. This process will be supported by a multi-stakeholder advisory group that is comprised of key CRVS stakeholders within and outside the Government, including development partners. A legal review, based on the CRVS strategy, will subsequently be carried out as part of 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 information necessary during school registration and to deliver the birth certificates to the schools once they are issued; supporting communication campaigns aimed at informing parents of the importance of the project and processes to be followed; and providing birth registration services free of charge.⁹ Although the focus of the project will be on schoolgoing children, it will also cover younger children who are not yet in school. Parents will be requested to register all their children. The project will be undertaken in phases, increasing the number of schools covered over time.

⁷ See United Nations Children's Fund, UNICEF annual report 2015: Democratic Republic of Congo. Available at www.unicef.org/about/annualreport/files/Democratic_Republic_of_Congo_2015_COAR.pdf.

⁸ See World Bank. 2016. *Congo, Democratic Republic of - Human Development Systems Strengthening Project: additional financing*. Washington, D.C.: World Bank Group. Available at <http://documents.worldbank.org/curated/en/286411467987906150/Congo-Democratic-Republic-of-Human-Development-Systems-Strengthening-Project-additional-financing>.

⁹ The project will offset the costs associated with fees charged for late birth registration after 90 days of life.

5.3 Ethiopia

Ethiopia launched the official registration of births, deaths, marriages and divorces in August 2016 by enacting a law in 2012 that makes the registration of those vital events compulsory, permanent and universal. It subsequently established a vital events registration agency in 2013. Accordingly, the results of the 2016 demographic and health survey indicated that only 3 per cent of children under the age of five had their births registered with the civil registration system. Registration of vital events is mainly paper-based.

The Ethiopia Health Sustainable Development Goals Programme for Results¹⁰ includes a component of strengthening the CRVS system and prioritizing the establishment of an electronic civil registration system to be implemented by the vital events registration agency. The project will provide technical assistance and capacity-building and the procurement of information and communications technology equipment. The project will also procure such things as motorcycles, a field vehicle and filing cabinets for the CRVS office. Motorcycles and a field vehicle are needed to transport staff involved in supervising and monitoring the registration activities, as well as for transferring registration documents between various levels of administration (*kebeles*, *woredas*, zones and regional and federal offices). The filing cabinets are needed for storing and archiving registration documents. To publicize the new registration process in the country, the project will also support advocacy and public awareness campaign activities, which will include setting a CRVS communications strategy and the preparation, procurement and distribution of information, education and communication materials.

5.4 Kenya

Kenya is one of the Global Financing Facility front-runner countries. Among the Facility-supported countries in Africa, it is the only one where statistics on birth and death registration are derived from the civil registration system, and annual reports on vital statistics are produced. Some two thirds and nearly half (45 per cent) of births and deaths, respectively, are registered within six months of the occurrence.² The recording of information on causes of death, in accordance with the tenth revision of the International Statistical Classification of Diseases and Related Health Problems, however, is almost non-existent.

Accordingly, the health project in Kenya¹¹ is financing the linking of birth registration services with maternal and child health services to leverage the births that take place in health facilities (61 per cent of all births) and the high immunization rates for children between 12 and 23 months of age (96 per cent received the Bacillus Calmette–Guérin vaccine for tuberculosis and 79 per cent received all basic vaccinations). The project also supports raising the awareness of county health management teams involved in implementing the maternal and child health strategy and the orientation and training of reproductive, maternal, newborn, child and adolescent health staff on the strategy. The project will also support efforts to strengthen the capacity of registration officials in monitoring and supervising registration processes to improve data quality.

¹⁰ See World Bank, Ethiopia - Health Sustainable Development Goals Program for Results Project: additional financing (Washington, D.C.: World Bank Group, 2017). Available at: <http://documents.worldbank.org/curated/en/657791494554504414/Ethiopia-Health-Sustainable-Development-Goals-Program-for-Results-Project-additional-financing>.

¹¹ See World Bank, Kenya - Transforming Health Systems for Universal Care Project (Washington, D.C.: World Bank Group, 2017). Available at <http://documents.worldbank.org/curated/en/215261467995371106/Kenya-Transforming-Health-Systems-for-Universal-Care-Project>.

Other activities of the project include improving the collection and coding of causes of death, focusing on facilitating the adoption and use of the World Health Organization international medical certificate of causes of death; preparing training materials for cause-of-death certification and tenth revision of the International Statistical Classification of Diseases and Related Health Problems 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 neighbouring counties that have low population density, difficult terrain and are situated a long distance from registration offices. The project also includes a performance-based component, which offers incentives to the civil registration services to improve coverage of birth registration.

5.5 Liberia

Liberia has low birth registration coverage (25 per cent) 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 Liberia health systems strengthening project¹² were identified in the reproductive, maternal, newborn, child and adolescent health investment case, which was based on the CRVS investment case. The latter 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 reproductive, maternal, newborn, child and adolescent health target counties (Rivercess, Gbarpolu and Sinoe), which will be scaled up to the capacity of 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 training for registration officials and the 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 to roll out and institutionalize systematic maternal death audits and associated causes of death at health facilities and to ensure that the deaths and their causes are registered in the CRVS system. This component will also include training on the tenth revision of the International Statistical Classification of Diseases and Related Health Problems.

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 awareness-raising 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 community health assistant programmes. Under the project, birth and death registration will be carried out for events that occur in the community, with priority given to maternal and neonatal deaths. The project will also include performance-based financing to target health facilities to incentivize birth and death registration. The performance-based financing will also include

¹² See World Bank, Liberia - Health Systems Strengthening Project: additional financing (Washington, D.C.: World Bank Group, 2017). Available at: <http://documents.worldbank.org/curated/en/473661488078030716/Liberia-Health-Systems-Strengthening-Project-additional-financing>.

incentives for conducting maternal and neonatal death audits at secondary levels, linked to the CRVS system.

5.6 United Republic of Tanzania

With birth registration at 25 per cent among children under five years of age, the United Republic of Tanzania has one of the lowest birth registration coverage rates among the Global Financing Facility-supported countries. This can be attributed to the low uptake of birth registration, in part because of a staff shortage at the registration insolvency and trusteeship agency and lack of funding for its operation; long distances to registration centres; long and complicated registration processes; a lack of awareness among the communities about the importance of birth registration; and limited demand for registration documents. Similar to other Facility-supported countries, information on death registration and causes of death is almost non-existent. Except for pilot areas supported by Global Affairs Canada and implemented by UNICEF and the Government, the registration of births is mostly paper-based and there is a very large backlog of forms that have not been integrated into an electronic system. Under the Programme for Results Health Project¹³ of the United Republic of Tanzania, health facilities in the project areas will be required to register births and deaths (including cause of deaths).

5.7 Uganda

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

Accordingly, the objective of the IDA and Trust Fund-financed project¹⁴ is to support the National Identification Registration Authority to scale up birth and death registration services at the health facility and community levels to accelerate coverage rates. To achieve this objective, the project includes establishing mobile outreach services in 63 districts where the electronic vital records system is operational and scaling 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 tenth revision of the International Statistical Classification of Diseases and Related Health Problems coding.

¹³ See World Bank, Tanzania - Strengthening Primary Health Care for Results Program Project (Washington, D.C.: World Bank Group, 2015). Available at: <http://documents.worldbank.org/curated/en/243871468179947102/Tanzania-Strengthening-Primary-Health-Care-for-Results-Program-Project>.

¹⁴ See World Bank, Uganda - Reproductive, Maternal, and Child Health Services Improvement Project. (Washington, D.C.: World Bank Group, 2016). Available at: <http://documents.worldbank.org/curated/en/854971471534008736/Uganda-Reproductive-Maternal-and-Child-Health-Services-Improvement-Project>.

Support will also be provided to develop birth and death registration protocols and training manuals, curricula on cause of death certification and tenth revision of the International Statistical Classification of Diseases and Related Health Problems coding and norms and standards for cause of death reporting in health facilities and in communities. This will be supplemented with training facility-based and community-based registration staff in registration procedures and clinical staff and maternal and perinatal death audit committees on cause-of-death reporting, according to International Statistical Classification of Diseases and Related Health Problems guidelines.

Other activities include developing a CRVS 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 has been significant investment in CRVS, leveraging financing from IDA and the Trust Fund, which is expected to accelerate efforts to strengthen CRVS in Africa and in low-income and lower-middle-income countries in other regions. As observed from the financing support extended to the seven African countries, the availability of financing will make it possible for countries to expand their 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 and vital statistics from the civil registration system will be produced. In addition, some countries have prioritized the interoperability of systems and the customization of the district health information system module for cause-of-death certification and tenth revision of the International Statistical Classification of Diseases and Related Health Problems coding. Some projects include maternal and/or neonatal and perinatal death audits, an area that can be used to improve coverage of death registration for maternal, neonatal and perinatal deaths by ensuring that processes are in place to have the 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 their civil registration system. Nevertheless, through the financing support available, it is expected that more countries will have this information in a few years, which will be facilitated through the development of death registration forms and medical certificates of causes of death based on international standards, the development of manuals and training given to certifiers and tenth revision of the International Statistical Classification of Diseases and Related Health Problems coders.

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

There has been considerable interest from national Governments in the work of the Global Financing Facility in CRVS. The opportunities to expand it are significant. New partner investment is required to scale up CRVS in existing and new Facility-supported countries, including the formulation 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 aimed at strengthening CRVS systems. To achieve sustainable financing to strengthen CRVS systems, the following should be considered: increasing national government resources, the alignment of external resources for efficiency and partnerships with the private sector.

