

GFF SUPPORT FOR STRENGTHENING CIVIL REGISTRATION AND VITAL STATISTICS

OVERVIEW

This paper focuses on one key element of how the GFF contributes to improving results measurement, through the strengthening of civil registration and vital statistics (CRVS) systems in low- and lower-middle income countries. It highlights the importance of CRVS and the current status of CRVS systems in GFF-supported countries. Additionally, the paper provides information on partnership engagements between the GFF and other CRVS stakeholders at national and global levels in supporting country-led CRVS priorities. It concludes by summarizing the general contribution of the GFF in supporting improvements in CRVS systems.

SUMMARY OF FINDINGS

The GFF has prioritized strengthening CRVS systems as a basic human right and as an important data source for tracking and ultimately improving the health and well-being of women, children, and adolescents. In many GFF-supported countries, CRVS systems are weak, with low coverage of birth registration; almost non-existent information on death registration and causes of death; and no production of statistics from the civil registration system.

Many low- and lower-middle income countries face substantial financing gap for strengthening CRVS, with most GFF-supported countries requiring high or moderate investments to have well-functioning CRVS systems. The GFF processes have supported growing momentum towards strengthening CRVS systems at country level and facilitated coordinated partnerships between governments and development partners to support country-led priorities and plans. Support has been provided to specific countries to have strong components of CRVS in Investment Cases and to reinforce dialogue between the ministry of health and ministries or agencies responsible for CRVS. Significant investments have been made in CRVS as a result of GFF processes, particularly through a significant expansion of the number of countries choosing to use financing from the International Development Association (IDA), as well as contributions from the GFF Trust Fund.

ACTION REQUESTED

This paper is for information only.

RESULTS MEASUREMENT FOR THE GFF

The GFF mobilizes smart, scaled and sustainable financing to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, children, and adolescents thereby preventing up to 3.8 million maternal deaths, 101 million child deaths, and 21 million stillbirths in high-burden countries by 2030¹. Currently, the GFF focuses on 16 countries: Bangladesh, Cameroon, Democratic Republic of Congo (DRC), Ethiopia, Guatemala, Guinea, Kenya, Liberia, Mozambique, Myanmar, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda, and Vietnam.

Results are at the heart of the GFF's approach. In order to track progress made in ending preventable maternal, newborn, child and adolescent deaths on a regular basis, the GFF has established indicators to be included in each country's Investment Case. These indicators are classified into two broad categories: **core indicators** (core impact level and core health financing) and **additional indicators** (programmatic, health financing, health system strengthening, and monitoring and evaluation system)². This approach is embedded within the monitoring framework of the "Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)" in an effort to ensure close correspondence with the overall reporting process for the Sustainable Development Goals (SDGs). The measurement of these indicators requires appropriate monitoring and evaluation tools. These can include the following:

- Routine administrative data sources (e.g., district health information systems and civil registration and vital statistics [CRVS] systems);
- Facility surveys (e.g., Service Availability and Readiness Assessment [SARA], Service Provision Assessment [SPA], and Service Delivery Indicators [SDA] survey);
- Population-based surveys (e.g., Demographic and Health Surveys [DHS] and Multiple Indicator Cluster Surveys MICS); and
- Demographic and health surveillance systems.

Many GFF-supported countries have inadequate systems to track progress and the GFF has prioritized the strengthening of national data systems. Compared to other data sources, CRVS systems have the potential to provide much better measurement of mortality, including comprehensive data on the causes of death in children, women and adolescents. It is the only data system that can provide continuous data disaggregated at the lowest level of geography in real time.

According to the GFF results measurement framework, there are six **core impact level indicators** to be included in each Investment Case results framework: maternal mortality ratio, under-5 mortality rate, neonatal mortality rate, adolescent birth rate, percentage of women of reproductive age who have their need for family planning satisfied with modern methods and prevalence of stunting among children aged below five years.

Four of these indicators can be derived directly from a well-functioning CRVS system in real time and at the lowest level of geography. In addition, data from the registration of births can provide denominators for **additional programmatic indicators** such as percentage of children fully immunized and proportion of infants who were breastfed within the first hour of birth. In light of these important contributions, the GFF has prioritized the strengthening of CRVS systems as a historically under-funded data source to improve decision-making for RMNCAH programming.

¹ Global Financing Facility 2015. Business plan. Available on www.globalfinancingfacility.org.

² GFF-IG3-5 Results Measurement Available on www.globalfinancingfacility.org

BACKGROUND ON CRVS

Civil registration is defined as “the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of **vital events** pertaining to the population, as provided through decree or regulation in accordance with the legal requirements in each country”³. **Vital events** include births, deaths (and their causes), fetal deaths, marriages, judicial separations, divorces, annulment of marriages, adoptions, legitimations and recognitions. The registration of vital events has two main purposes: (i) to provide legal documentation of identity and civil status as determined by the laws in each country; and (ii) to derive data for the production of vital statistics on a regular basis.

Legal documents derived from civil registration are the foundation of human and civil rights of individuals. They prove identity, citizenship and rights over property and thereby provide access to services or other entitlements⁴ such as education, health, cash transfers and inheritance. Through the registration of births, legal documentation of identity and civil status are provided; death registration provides legal evidence of the fact and circumstances of death which can be used for purposes of inheritance, insurance claims and other death benefits; and marriage and divorce records provide documentation for the establishment of the civil status of individuals for claims for tax benefits, provision and allocation of housing and changing nationality on the basis of marriage⁵. Registration of both births and marriages can also be used to determine eligibility for marriages based on age, thereby providing evidence against early marriage to protect the rights of young girls in particular.

Vital statistics derived from a well-functioning civil registration system is the ideal source from which to derive accurate, complete, timely and continuous information on vital events⁶. Examples of vital statistics that can be derived from civil registration include absolute numbers of births, deaths, marriages and other vital events; age specific and total fertility rates; crude birth and death rates; infant and under-five mortality rates; maternal mortality ratio; and life expectancy at birth. Linked to death registration, information on causes of death can also be derived, including deaths due to communicable and non-communicable diseases and injuries; and from specific causes such as tuberculosis, HIV disease, diarrhea, malaria, cancer and diabetes mellitus.

At the local and national levels, vital statistics have public health importance as well as social, political, and economic benefits⁷ which include estimating the size and growth of a population; implementing and evaluating public, maternal and child health and other programs; understanding the economic and social dimensions of a population; and producing development indicators⁸. Vital statistics can therefore be used by governments to plan

³ United Nations. 2014. Principles and Recommendations for a Vital Statistics System. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M, No. 19, Rev.3, p. 65. Available from <http://unstats.un.org/unsd/demographic/standmeth/principles/M19Rev3en.pdf> [Accessed 08/10/2016].

⁴ Setel PW, Macfarlane SB, Szreter S, Mikkelsen L, Jha P, Stout S & AbouZahr C. 2007. A scandal of invisibility: making everyone count by counting everyone. *The Lancet*, Who Counts? 1, DOI:10.1016/S0140-6736(07)61307-5. Available from <http://www.who.int/healthinfo/statistics/WhoCounts1.pdf> [Accessed 10/19/2016].

⁵ United Nations. 2001. Principles and Recommendations for a Vital Statistics System. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M, No. 19, Rev.2. Available from http://unstats.un.org/unsd/publication/SeriesM/SeriesM_19rev2e.pdf [Accessed 10/19/2016].

⁶ United Nations. 2014. *op cit*.

⁷ Mahapatra P, Shibuya K, Lopez AD, Coullare F, Notzon FC, Rao C & Szreter S. 2007. Civil registration systems and vital statistics: successes and missed opportunities. *The Lancet*, Who Counts? 2, DOI:10.1016/S0140-6736(07)61308-7. Available from <http://www.who.int/healthinfo/statistics/WhoCounts2.pdf> [Accessed 10/19/2016].

⁸ United Nations. 2014. *op cit*.

adequately for the current and future needs of the population through developing and implementing evidence-based policies and programs⁹.

With a specific focus on the health sector, a well-functioning CRVS system (registering all births and deaths; issuing birth and death certificates; and compiling and disseminating vital statistics, including cause-of-death information) provide the “gold standard” for the measurement of child, adolescent and adult mortality, including comprehensive data on the causes of death¹⁰. It provides data that can be used for planning, monitoring and evaluation of health programs; and for tracking health indicators at national and sub-national levels. At the global level, the importance of CRVS is recognized in a number of sustainable development goals (SDGs), in particular Goal 3 for monitoring health-related indicators; Goal 16 on birth registration and measurement of violent deaths; and Goal 17 for availability of high-quality, timely and reliable data¹¹.

STATUS OF CRVS IN GFF-SUPPORTED COUNTRIES

It is estimated that globally, almost half of all children and two-thirds of annual deaths are not registered with civil registration authorities¹². Consequently, many low- and lower-middle income countries do not have adequate CRVS systems in place, with progress much slower with the registration of deaths and their causes. Figure 1 summarizes the current status of birth and death registration and cause-of-death statistics¹³. In many of the GFF-supported countries, birth registration coverage is classified as either very low or low. For most of these countries, like other low- and lower-middle income countries, there are generally no data on death registration and correspondingly no data on causes of death. Consequently, most countries have not published any vital statistics from the civil registration system.

With the current status of death registration and causes of death, data to track progress made in ending preventable deaths for many of the GFF countries cannot as yet be derived from the CRVS system. Alternative data sources such as population census and household-based surveys are often used to provide vital statistics, but these sources cannot provide complete and detailed data on a continuous basis. In addition, these sources cannot be used to provide legal identity of individuals to enable them to realize their legal and human rights.

⁹ United Nations Economic Commission for Africa. Not dated. Making everyone visible: Why improving civil registration and vital statistics in Africa is important. Available from http://www.uneca.org/sites/default/files/uploaded-documents/Statistics/CRMC3/making_everyone_visible_en.pdf [Accessed 10/19/2016].

¹⁰ Every Woman Every Child. 2016. Indicator and monitoring framework for the global strategy for women’s, children’s and adolescents’ health (2016-2030). Available from <http://www.who.int/life-course/publications/gc-Indicator-and-monitoring-framework.pdf> [Accessed 10/19/2016].

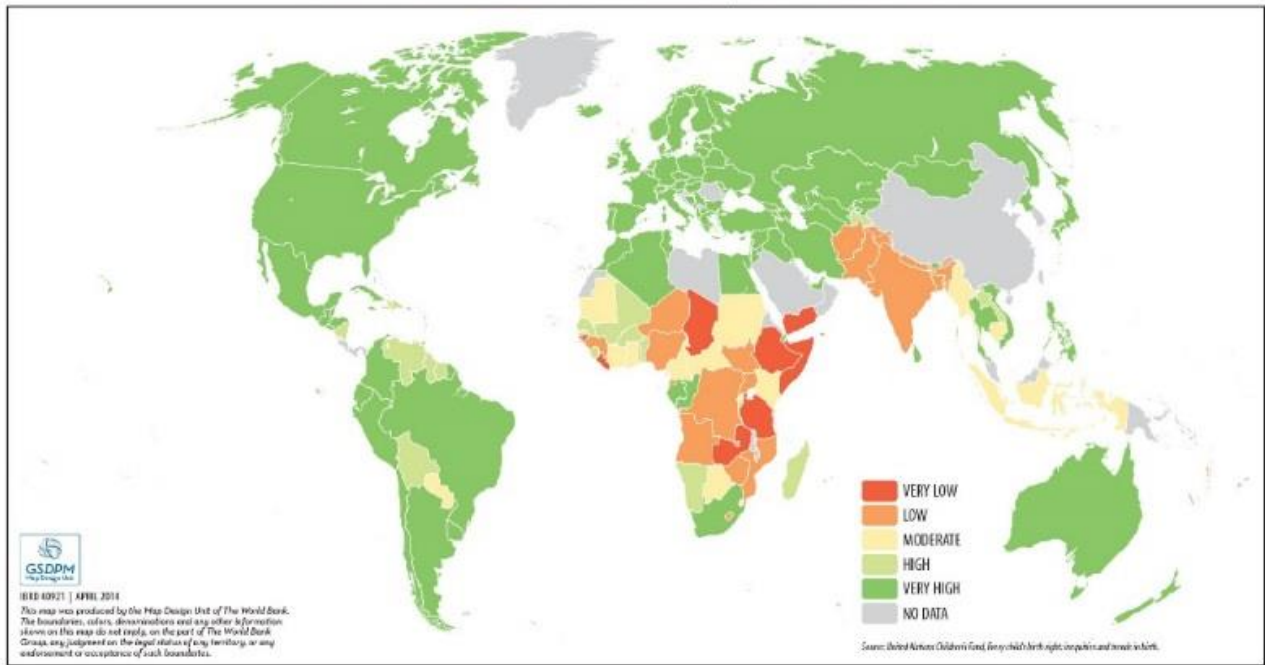
¹¹ Pacific Community. 2016. Civil Registration and Vital Statistics (CRVS) and the Sustainable Development Goals (SDGs). Available from <http://www.pacific-crvs.org/82-news-and-updates/167-civil-registration-and-vital-statistics-crvs-and-the-sustainable-development-goals-sdgs> [Accessed 9/13/2016].

¹² WHO. 2014 Civil registration: why counting births and deaths is important. Available from <http://www.who.int/mediacentre/factsheets/fs324/en/> [Accessed 10/19/2016].

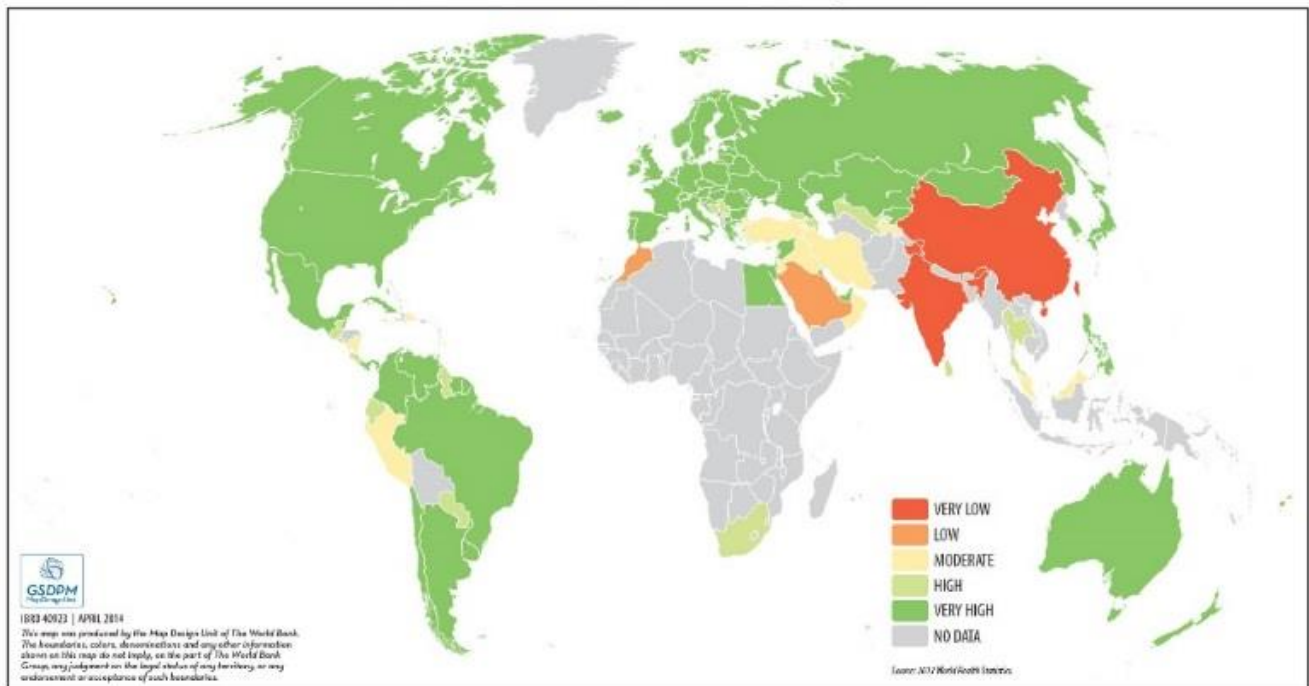
¹³ World Bank and World Health Organization. 2014. Global Civil Registration and Vital Statistics Scaling up Investment Plan 2015–2024. Available from <http://www.worldbank.org/content/dam/Worldbank/document/HDN/Health/CRVS%20Scaling-up%20plan%20final%205-28-14web.pdf> [Accessed 9/13/2016]

FIGURE 1: STATUS OF BIRTH AND DEATH REGISTRATION

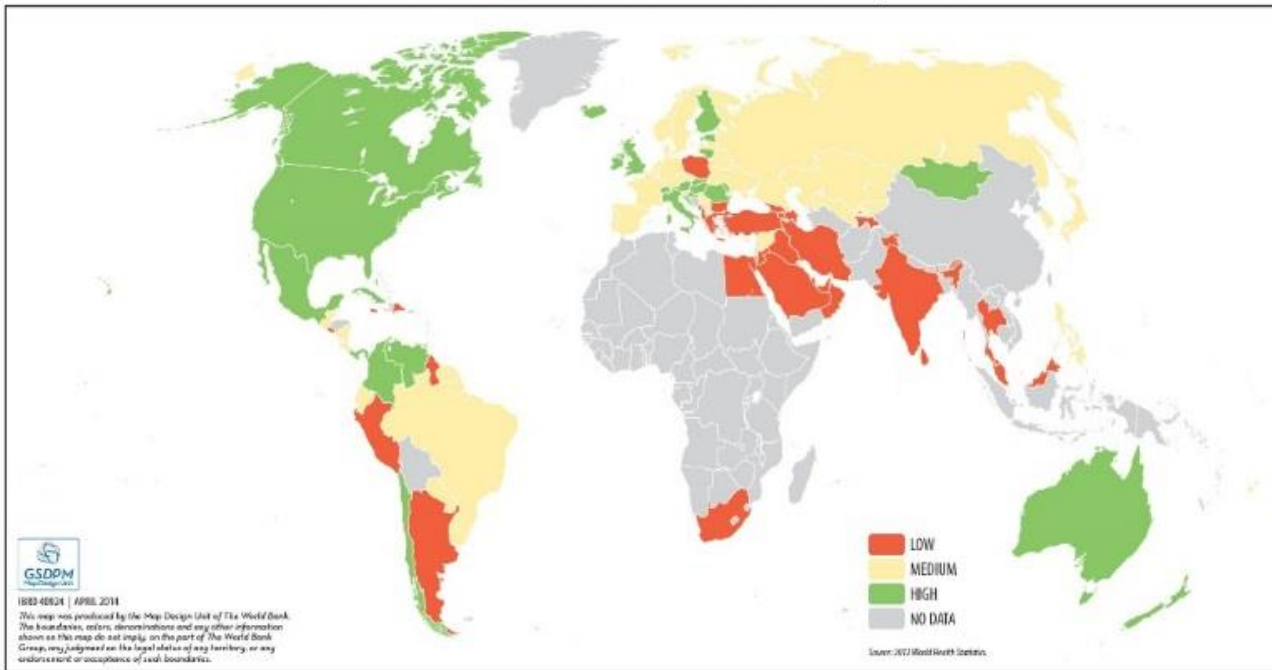
BIRTH REGISTRATION COVERAGE, DECEMBER 2013



DEATH REGISTRATION COVERAGE, 2013



QUALITY OF CAUSE-OF-DEATH STATISTICS, 2012



REQUIREMENTS FOR STRENGTHENING CRVS IN GFF-SUPPORTED COUNTRIES

There is a good cause to prioritize the strengthening of CRVS given the importance of accurate and timely data for informed decision-making, which is necessary for health planning, monitoring and evaluation. For GFF-supported countries, this is particularly important for measuring results in RMNCAH programs, and as a contribution towards providing legal identity for all, including universal birth registration by 2030.

There is also evidence that CRVS has had some positive health outcomes in other settings. For instance, children registered at birth were more likely to be immunized in Dominican Republic, which indicates the effect of the lack of legal identity on access to health services such as immunization¹⁴. Additionally, registered deaths and their causes can provide information to measure the functioning of health systems. For example, monitoring of amenable and preventable deaths can be used to “provide a warning signal of potential shortcomings in health systems”¹⁵.

The importance of CRVS systems in addressing basic human rights and provision of data for evidence-based decision making is growing in many countries, particularly in low- and lower-middle income countries where these systems are mostly weak. There have been calls for concerted efforts at national, regional and global levels to build functional, integrated and sustainable CRVS systems, and individual countries are making efforts to strengthen CRVS systems to achieve universal registration by 2030. At the political level, Ministers responsible for civil registration in Africa and Asia and the Pacific have acknowledged the importance of CRVS and declared 2015–2024 as “the Decade of Civil Registration” with the goal of registering all vital events during this period^{16, 17}. The Ministers in the Americas held their first meeting in September 2016 and committed to universal civil registration of births and deaths. The commitment of strengthening CRVS systems at this high political level and country leadership are important for ensuring that CRVS systems at country level are sustainable.

Many countries have now completed comprehensive or rapid assessments of their CRVS systems and prepared national CRVS strategic plans with the aim of achieving universal registration of births, deaths and causes of death, marriages and divorces as key priority vital events. Other countries have also included fetal deaths, adoptions and other vital events. However, given the current state of many CRVS systems in low- and lower-middle countries in particular, investments required for strengthening these systems are substantial.

The World Bank and the World Health Organization, in consultation with other organizations, prepared an investment plan for global CRVS for 2015–2024 with the goal of estimating additional financial resources required to reach targets aimed at reaching universal civil registration of births, deaths and other vital events, and accessing legal proof of registration for all individuals by 2030¹⁸.

¹⁴ Corbacho A, Brito S & Osorio R. 2013. Does birth under-registration reduce childhood immunization? Evidence from the Dominican Republic. Available from <https://publications.iadb.org/bitstream/handle/11319/4660/IFD%20WP%20Does%20Birth%20Under-registration%20Reduce%20Childhood%20Immunization.pdf;jsessionid=69E0BA75D9A015011D7E88089405D799?sequence=1> [Accessed 10/20/2016].

¹⁵ Eurostat. 2017. Amenable and preventable deaths statistics. Available from http://ec.europa.eu/eurostat/statistics-explained/index.php/Amenable_and_preventable_deaths_statistics#Data_sources_and_availability [Accessed 10/20/2016].

¹⁶ United Nations Economic and Social Commission for Asia and the Pacific. 2014. State of civil registration and vital statistics in Asia and the Pacific and overview of supporting initiatives. Available from <http://www.getinthepicture.org/sites/default/files/resources/State%20of%20CRVS%20in%20AP%20and%20overview%20of%20supporting%20initiatives.pdf> [Accessed 10/19/2016].

¹⁷ United Nations Economic Commission for Africa. 2015. Ministers propose 2015-2024 as decade on civil registration. Available from <http://www.uneca.org/stories/ministers-propose-2015-2024-decade-civil-registration> [Accessed 10/19/2016].

¹⁸ World Bank and World Health Organization. 2014. *op cit*.

Table 1 shows the estimated financing required for 2015–2024 to establish functional CRVS systems in 73 countries of the Commission on Information and Accountability for Maternal and Child Health (COIA). In total, US\$3.8 billion is required, with a financing gap of about US\$2 billion over the ten-year period. The financing gap is mostly required for the development of systems (80% of the financing gap), with the remainder required for recurrent costs; technical support and capacity building; and monitoring and evaluation.

COIA countries were also classified according to their level of need for financing required for strengthening CRVS systems based on birth registration coverage (see Annex 1). Accordingly, the CRVS investment needs of GFF-supported countries fell into the following categories:

- **High:** Bangladesh, DRC, Ethiopia, Liberia, Nigeria, Tanzania and Uganda (+ 13 other countries);
- **Moderate:** Cameroon, Kenya, Mozambique, Senegal, Guinea, Myanmar and Sierra Leone (+ 27 other countries); and
- **Low:** Vietnam and Guatemala (+17 other countries).

TABLE 1: ESTIMATED FINANCING GAP FOR 2015–2024 SCALING UP INVESTMENT PLAN (US\$ MILLION)

| Costs | Required resources | Available resources | Financing gap |
|--|--------------------|---------------------|---------------|
| Development costs | 2,281 | 677 | 1,604 |
| Recurrent costs | 1,201 | 1,152 | 49 |
| International support to CRVS, including knowledge sharing and strengthening the evidence base | 228 | 0 | 228 |
| Monitoring and evaluation | 114 | 0 | 114 |
| Total | 3,824 | 1,829 | 1,995 |

PARTNERSHIPS TO SUPPORT THE STRENGTHENING OF CRVS SYSTEMS

Partnerships are at the heart of the overall GFF approach, and that is equally true in the context of CRVS. Financing for CRVS comes first and foremost from national governments. The establishment of the GFF has increased international support for this agenda, including as a result of dedicated financing being available from the GFF Trust Fund. To complement this, the GFF leverages additional resources from the International Development Association (IDA) and International Bank of Reconstruction and Development (IBRD), from other external sources, and from the private sector. Countries qualify for additional resources of up to US\$10 million from the GFF Trust Fund when matched with IDA/IBRD financing, if they explicitly include CRVS in their Investment Case. The final amount is based on the resource gap and the amount of IDA/IBRD allocated to CRVS.

Support for CRVS at country level is also provided by development partners and donors, including United Nations children Fund (UNICEF); World Health Organization (WHO); United Nations Population Fund (UNFPA); Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); Global Alliance for Vaccines and Immunization (Gavi); Global

Affairs Canada (GAC); United States Centers for Disease Control and Prevention (CDC); United States Agency for International Development (USAID); World Bank Group; PLAN International and PLAN at country level; MEASURE Evaluation; PATH; and others.

The participation and level of support provided by development partners and donors differ per country. UNICEF in particular has provided substantial financial and technical support in many countries to promote birth registration while WHO has mainly provided technical support in death registration and causes of death. Box 1 gives an example of how stakeholders are working together to support CRVS in Mozambique.

With regard to the private sector, countries have received support from mobile phone companies which facilitates mobile notification or registration of events through providing an electronic platform for CRVS. For example, in Tanzania, TIGO has partnered with the government to upload records of all birth registrations to a centralized system through SMSs sent on mobile phones.

At global level, the support provided to countries to improve CRVS systems include the establishment and updating of international standards and tools; undertaking implementation research; and creating a platform for sharing lessons learnt and best practices¹⁹. For example, the GFF is supported by the Centre of Excellence for strengthening CRVS (see Box 2).

¹⁹ World Health Organization. 2014. Civil registration and vital statistics investment planning: Report of a technical consultation. Available from http://www.who.int/healthinfo/civil_registration/crvs_meetingreport_april2014.pdf [Accessed 10/20/2016].

BOX 1: CRVS PARTNERSHIPS IN MOZAMBIQUE

Mozambique is one of the first countries in Africa that took a heed of the recommendations of African Ministers responsible for civil registration to undertake comprehensive CRVS assessments and prepare costed national CRVS strategic plans. The assessment was undertaken in 2013 and the investment plan finalized in 2014. The total budget required to strengthen CRVS was estimated at around US\$ 31 million in 2014. Birth registration for children aged below five years is 48% (28% with birth certificates) and death registration 12%. Cause-of-death statistics is derived only from hospital deaths (9% of all deaths). Three key priority areas for CRVS are:

- 1) Increasing coverage of birth and death registration;
- 2) Generating vital statistics from the civil registration systems; and
- 3) Developing legislation and increasing awareness of CRVS

CRVS activities are undertaken mainly by three ministries: Ministry of Health (MISAU) to provide notification of births and deaths and medical certificate of causes of death for events that occur in health facilities; Ministry of Justice (MINJUST) for the registration of vital events; and National Statistical Institute (INE) for the production of vital statistics. The country is currently piloting the eCRVS system for electronic registration of vital events and awaiting finalization of the legal framework to facility this process.

CRVS activities in the country are facilitated by an Inter-Ministerial Working Group (GITEV) led by MINJUST and includes officials from MISAU, INE, Ministry of Interior and Ministry of Public Administration. Plans are underway to also include the Ministry of Science, Ministry of Foreign Affairs and the University of Eduardo Mondlane.

The United Nations (UN) organization are also coordinated to provide the necessary support for CRVS in Mozambique and formed the UN Task Team on CRVS. The Task Team is chaired by UNICEF and includes officials from UNHCR, WHO, UNFPA and UNDP. Some of the activities of the team include technical support on the CRVS assessment, investment plan and operational plan; coordination of support for CRVS and a harmonized advocacy agenda among UN agencies; and ensuring integration of CRVS into UN planning exercises.

WHO and UNICEF have recently coordinated the development and submission of a CRVS proposal to Global Affairs Canada, with the objectives of supporting the strengthening of the legislation and increasing awareness of the importance of CRVS; and increasing registration of births and deaths. The project has been approved with a total funding of C\$19 million over a period of five years. The project is implemented by UNICEF and WHO.

As part of GFF processes in Mozambique, CRVS has been identified as a priority area for strengthening monitoring and evaluation systems in the country. Immediate plans in this regards include a discussion to outline priorities and activities to be included in the RMNCAH Investment Case and revise the operation plan and to establish a working group to prepare a write-up of costed CRVS activities and priorities for the Investment Case.

BOX 2: THE CENTRE OF EXCELLENCE FOR CRVS SYSTEMS

The Centre of Excellence for CRVS was established by Global Affairs Canada at the International Development Research Centre (IDRC) in December 2015 to serve as a global resource hub that actively supports national efforts to develop, strengthen, and scale-up CRVS systems. It works in close collaboration with the GFF to strengthen CRVS in selected low- and lower-middle income countries.

At the global and regional level, the Centre of Excellence partners with existing stakeholders to cultivate a community of practice to find sustainable solutions to CRVS challenges. It advocates the importance of CRVS systems for improved RMNCAH results; facilitates access to information by curating tools and standards, documenting good practices, and making resources easily accessible through an online platform; and encourages and supports peer learning and exchange opportunities.

At the country level, the key role of the Centre of Excellence is to support the development and implementation of CRVS components in the Investment Cases. The Centre has commissioned a study to unpack the decision-making process that was pursued in Kenya in the preparation of the CRVS component of the Investment Case, to distill key challenges, opportunities and lessons learned. It has also convened international and key national stakeholders in Cameroon to undertake a Business Process Mapping and Analysis exercise. The Centre of Excellence has also engagement with Uganda to identify and connect with key government stakeholders, including the National Identification and Registration Authority (NIRA), National Planning Authority, and Ministry of Health, as well as with other CRVS development partners already active in Uganda such as UNICEF, WHO and Plan International.

GFF SUPPORT FOR STRENGTHENING CRVS SYSTEMS

While countries have their individual CRVS investment plans with specific goals and targets, the global CRVS investment plan focused investments the registration of births, deaths (focusing on maternal and newborn deaths) and causes of death (for deaths occurring in health facilities and in communities). Essentially, the plan proposes that countries should aim to reach universal birth registration by 2030, in line with SDG 16.9; and to have all maternal and newborn deaths reported, registered and investigated as well as all hospital deaths officially certified. Issuance of birth certificates is also prioritized.

The GFF is one of the opportunities through which birth and deaths registration as well as collection of information on causes of death can be strengthened. GFF supports the strengthening of CRVS systems by ensuring that CRVS components are included in countries' Investment Cases for provision of timely and accurate health-related. The GFF plays an advocacy role at country level to highlight the importance of CRVS in monitoring health indicators and in supporting the realization of basic human rights. Priority areas for the GFF in support of RMNCAH programs are birth and death registration including cause of death, as well as registration of marriages with the aim of improving adolescent health through ending child marriages. In collaboration with other partners, the GFF provides technical support to countries to have strong CRVS components in the Investment Case through analysis of the CRVS system and identification of gaps and key interventions required to strengthen CRVS.

The Investment Case broadly identifies investments that will make the most difference in the health of women, adolescents and children. The preparation of the Investment Case is a consultative process that involves key RMNCAH stakeholders as well as technical subgroups working on specific components of the Investment Case (e.g., CRVS and health financing). The strengthening of CRVS systems is included as an integral part of Investment Cases to facilitate improvements in data systems. The prioritization of CRVS activities within the Investment Case is informed by priorities set in national health and development strategies and plans, including those in national CRVS strategic plans; and aligned to RMNCAH priorities. An example of the process of integrating CRVS in the Investment Case for Liberia is provided in Box 3.

BOX 3: INTEGRATING CRVS IN THE INVESTMENT CASE IN LIBERIA

Through a consultative process of conducting a comprehensive bottleneck analysis of RMNCAH in Liberia facilitated by the Ministry of Health, it was agreed that there was a need to consolidate RMNCAH efforts if the high maternal and neonatal mortality trends were to be reversed. Further consultations and deliberations concluded that having a functional CRVS system as a key area of investment would be crucial for continuous monitoring of progress towards reducing mortality. Therefore, strengthening the CRVS system was identified as one of the five priority investments for RMNCAH. CRVS was prioritized as a basic social service to its citizens; and for the monitoring and evaluation of health outcomes including maternal mortality ratio, infant and child mortality rates, adolescent birth rates and immunization rates.

Both birth and death registration rates are low in the country, with limited information on causes of death collected. As a result, vital statistics has not been derived from the civil registration system. However, there have been improvements in birth registration in the recent past, with coverage increasing from 4% in 2007 to 25% in 2013. Death registration is estimated at less than 5%.

Priority areas for CRVs included in the Investment Case were identified primarily from the national CRVS investment case completed in December 2015. They include supporting the strengthening of the registration of births and deaths, including causes of death, covering events that occur in health facilities as well as those that occur in the community. Registration of marriages will also be prioritized in light of avoiding early marriages that are directly related to early childbearing and poor adolescent health outcomes. Other priority areas include improving civil registration information systems; strengthening legislation and raising awareness and advocacy; and coordinating national efforts and project management.

The CRVS priority areas were aligned to RMNCAH programs and incorporated in the Investment Case. The consolidated Investment Case was endorsed by Senior Management Team in the Ministry of Health and subsequently endorsed at the Validation Meeting attended by stakeholders, county health teams and administrators from six focus counties. From the Investment Case, CRVS had the largest financing gap of US\$ 1,760,286. The total financing gap for the national CRVS investment for 2016–2020 was estimated at US\$ 3,021,615.

The GFF process at country level has reinforced dialogue between the ministries of health and ministries and agencies responsible for CRVS. In most GFF-supported countries, as in many parts of the world, CRVS falls outside the ministry of health, with limited collaboration on CRVS-related issues across ministries. Thus, the Third

Conference of African Ministers Responsible for Civil Registration highlighted the importance of the health sector in delivering civil registration services and called for the establishment of strong working arrangements with the health sector to improve the delivery of civil registration services²⁰. This third conference was the first to be attended by Ministers of health, following a resolution taken at the Second Conference to invite their counterparts from the health sector.

The strengthening of CRVS, which with the GFF process requires alignment to RMNCAH programs will assist in improving efficiency in the delivery of registration services. Based on Investment Cases that have been finalized or are at the final stages of preparation, there is focus on increasing birth and death registration and collection of information on causes of death. For example, the Uganda Investment Case includes the training of clinical staff and Maternal and Perinatal Death Audit Committees on cause-of-death reporting according to International Classification of Diseases (ICD) guidelines. This is aligned to prioritization of reducing maternal and child deaths in the country, and will consequently improve death registration and, in particular, cause-of-death statistics. In addition, birth registration will also be improved through developing and implementing a plan for using immunization processes as well as community maternal and child health outreach services for community births in Liberia. Investment Cases also focus on linking health information systems to CRVS systems to strengthen data systems in the country and improve the notification and registration of births and deaths.

Furthermore, the GFF has facilitated the process of reprioritizing CRVS activities within broader national CRVS plans/investment cases, which usually have substantial financing gaps. Through this process, countries are able to increase significantly financing for CRVS through leveraging on financing from the GFF Trust Fund and lending facilities from IDA/IBRD. Consequently, countries are able to make some progress in strengthening CRVS as many of them have prioritized CRVS for RMNCAH results monitoring. Even when countries had plans to improve their CRVS systems, they have been unable to make any progress due to lack of additional resources required. For example, DRC has managed to secure a total of US\$20 million (US\$10 million of which was from the GFF Trust Fund) for CRVS to be used for activities to increase the coverage of birth registration through the education sector and for supporting a process of reform leading to a costed revised national strategy and implementation plan.

The GFF process has also facilitated collaboration between development partners and donors in support of CRVS activities at country level. Through the process of preparing the Investment Case, domestic and other resources available for CRVS (financial and technical) in the country are established, as well as the identification of other partners involved in CRVS. In addition, the prioritization of CRVS activities for the Investment Case involves multiple stakeholders as CRVS cuts across many sectors. These activities assist in bringing together key CRVS stakeholders and facilitate the integration and coordination of activities aimed at improving CRVS systems in countries.

Notwithstanding the positive issues highlighted above, it is challenging for the GFF process to meet the high expectations at country level for substantial financial support required for strengthening CRVS systems. The main risk for CRVS in the GFF process is insufficient financing, given other priorities in the RMNCAH program. Furthermore, while some progress will be made in improving CRVS through the GFF, with the current level of birth and death registration, it may take some years for the CRVS system to be fully functional to provide the core impact level indicators for RMNCAH results monitoring. These challenges require that the CRVS agenda within the GFF context be highly focused and well prioritized, rather than trying to address of the myriad needs.

²⁰ United Nations Economic Commission for Africa. 2015. The third conference of African Ministers responsible for civil registration: Yamoussoukro declaration. Available from http://www.uneca.org/sites/default/files/uploaded-documents/Statistics/CRMC3/crmc3-final_resolution_third_ministerial_conference_on_crvs_en.pdf [Accessed 10/20/2016].

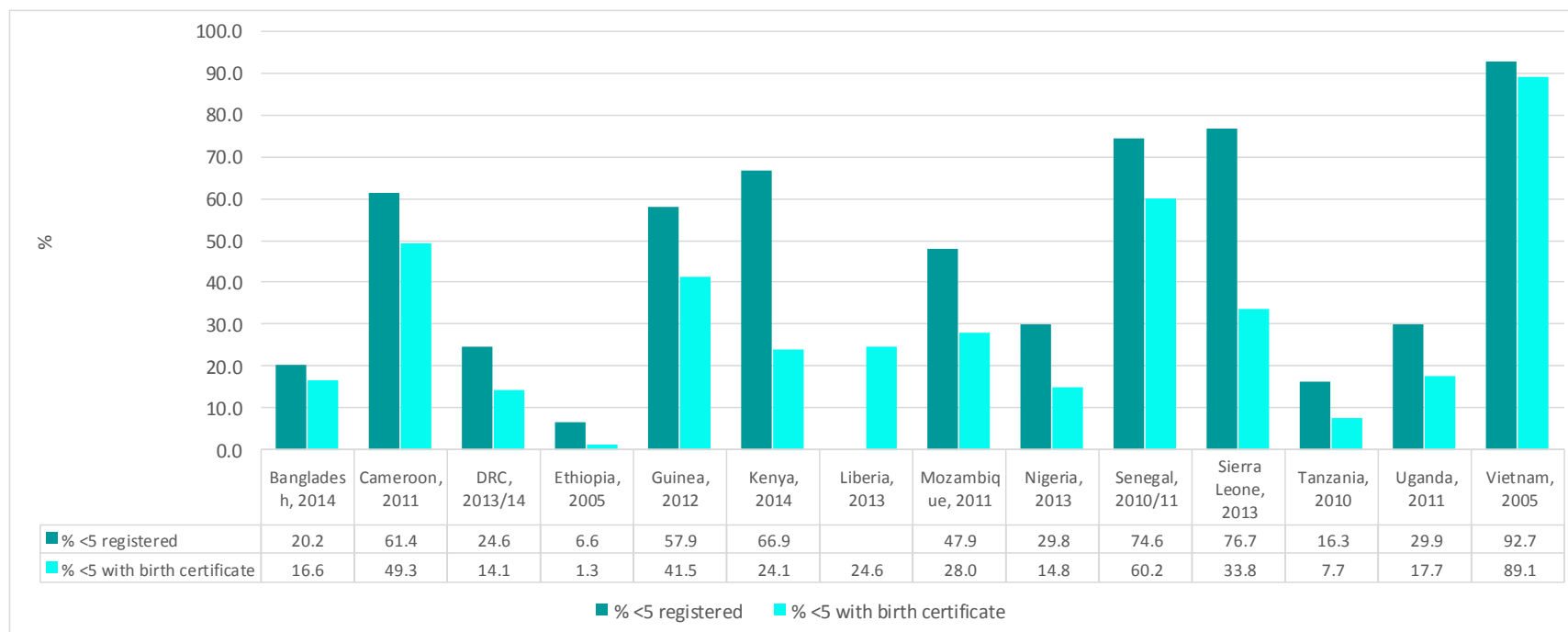
CONCLUSION

Through the engagements of the GFF at country level, there is growing momentum towards strengthening CRVS systems and building coordinated partnerships among development partners and donors to support country-led priorities and plans. The GFF process has resulted in significant investments in CRVS, including through IDA financing and GFF Trust Fund resources, to improve CRVS system. Countries are also focusing on strengthening connections between CRVS systems and the health sector, which has been a missing link for many countries. However, more efforts are still required as significant challenges remain in CRVS, especially for death registration and causes of death.



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ANNEX 1: PERCENTAGE OF CHILDREN AGED BELOW FIVE YEARS WITH BIRTHS REGISTERED WITH THE CIVIL REGISTRATION AUTHORITY AND ISSUED BIRTH CERTIFICATES*



* No comparable information available for Guatemala and Myanmar
 Source: Demographic and Health Surveys