Improving civil registration of births and deaths: How can the health sector contribute?

23 June 2021, 8:00-9:30 a.m. EDT
Improving civil registration of births and deaths: how can the health sector contribute?

HOUSEKEEPING RULES

Interpretation is in English, French and Spanish

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2. (Optional) To hear the interpreted language only, click Mute Original Audio.

If you have a problem for interpretation, share it in the chat box (and our team will respond with the solution).

Everyone is on mute, except the speakers.

You will have the opportunities to ask questions to the panel in the Q&A box. Our team will take the questions to share with the panel in our Q&A section.
Agenda

Opening remarks

Samira Asma
Assistant Director-General, WHO

Aboubacar Kampo
Director, Health Section, UNICEF

Philip Setel,
Vice President, Public Health Programs,
Vital Strategies

CRVS in Practice and Operational Guidance

Anir Chowdhury
Policy Advisor of a2i,
Government of Bangladesh

Carla AbouZahr
Consultant, WHO and Vital Strategies

Country experiences and Q&A

Bangladesh
Rwanda
United Republic of Tanzania

Engagement of partners

Gavi, The Vaccine Alliance
UNLIA
GFF
Africa CDC

Closing remarks
Improving civil registration of births and deaths: how can the health sector contribute?

OPENING REMARKS

Samira Asma  
Assistant Director-General, Data, Analytics and Delivery for Impact Division, WHO

Aboubacar Kampo  
Director, Health Section, Program Division, UNICEF

Philip Setel  
Vice President Public Health Programs, Vital Strategies
Improving civil registration of births and deaths: how can the health sector contribute?

CRVS LEADERSHIP IN PRACTICE AND OPERATIONAL GUIDANCE

Anir Chowdhury
Policy Advisor of a2i, Government of Bangladesh

Carla AbouZahr
Consultant to WHO and Vital Strategies
Guidance on Health Sector Contributions to Improving Civil Registration

Carla AbouZahr
Guidance on Health Sector Contributions to Improving Civil Registration

Wednesday, June 23, 2021
8:00 New York City / 14:00 Geneva / 20:00 Manila

Presented by: Carla AbouZahr

Development team:
Debra Jackson, Doris Ma Fat, Remy Mwamba, Danzhen You, Lucia Hug, Carla AbouZahr, Balagopal Gopalan, Raj Mitra, Hannah Blencowe and Fern Greenwell
collaboration between health and CRVS for mutual benefit, leveraging opportunities across the continuum of care from birth to death.

Main aim of the guidance

Design and operationalize:

https://www.youtube.com/watch?v=iUF2eY-OfMs
Contents of the operational guidance

1. Introduction, background, context and rationale
2. Enabling health sector contributions to birth and death registration
3. Operational guidance for the health sector on birth/stillbirth registration
4. Operational guidance for the health sector on death registration
5. CRVS systems and digital technologies

Glossary and Annexes
3. Operational guidance for the health sector on birth registration
Missed opportunities:
Birth registration lags behind maternal health services and immunization coverage
Health information routinely collected by RMNCH programmes supports birth and stillbirth notification.

Register linkages using mother’s name, ID, address, phone number etc.

- **ANC register**
  - Name and ID of mother
  - Contact details
  - Address
  - Gestational age

- **Delivery register**
  - Name and ID of mother
  - Contact details
  - Address
  - Pregnancy outcome
  - Date of delivery
  - Place of delivery

- **Maternal death register**
  - Name and ID
  - Date of death
  - Place of death
  - Cause of death
  - Status of infant

- **Live birth register**
  - Date of birth
  - Place of birth
  - Sex
  - Name of infant
  - Name and ID of mother
  - Contact details
  - Name and ID of father
  - Contact details

- **Postpartum/postnatal register**
  - Name of infant
  - Date of birth
  - Name and ID of mother
  - Place of birth

- **Immunization register**
  - Name of child
  - ID or birth registration number
  - Date of birth
  - Sex
  - Name and ID of parents
  - Place of usual residence

- **Neonatal death register**
  - Name of child
  - Date of death
  - Age, sex
  - ID or birth registration number
  - Cause of death (NCOD)
  - Name and ID of parents
  - Place of usual residence
  - Birth registration status

Register linkages also include using child’s name and ID where available.
Generic processes for vital events registration

Scenarios for birth/stillbirth registration

1. Registration of live births occurring in a health facility
2. Registration of live births in the community with the support of RMNCH programme staff
3. Opportunities for registration of births during immunization visits and other contacts with health services
4. Notification and registration of stillbirths
4. Operational guidance for the health sector on death registration
Death registration lags behind birth registration

![Bar chart showing the percentage of births and deaths registered in various countries.](chart.png)

- **Bhutan**: 63% births, 78% deaths
- **Ghana**: 25% births, 71% deaths
- **India**: 89% births, 85% deaths
- **Kenya**: 39% births, 74% deaths
- **Maldives**: 100% births, 85% deaths
- **Zimbabwe**: 49% births, 30% deaths

Legend:
- Orange: % of births registered <1 year
- Dark blue: % of deaths registered
Health information routinely collected supports death and cause of death notification

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<th>Hospital admissions and discharge registers</th>
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<td>Name</td>
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<td>Cause of death (MCCD)</td>
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<th>Hospital mortuary registers</th>
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<th>RMNCH register</th>
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<tr>
<td>Abortion</td>
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<td>Fetal death</td>
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<td>Stillbirth</td>
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<td>Maternal death</td>
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<th>Disease surveillance registers</th>
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<td>Date of death</td>
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<td>Name</td>
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<td>Disease diagnosis</td>
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<td>Cause of death (MCCD)</td>
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<th>Cancer registries</th>
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<td>Cancer diagnosis</td>
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<tr>
<td>Cause of death (MCCD)</td>
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<th>Police records</th>
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<td>Date of death</td>
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<td>Sex</td>
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<td>Manner of death</td>
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<td>Cause of death (when determined)</td>
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<td>Place of usual residence</td>
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<td>ID if available</td>
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Scenarios for death registration and cause of death

1. Death in a health facility with a doctor present
2. Death in a health facility due to natural causes where no doctor is present
3. “Dead-on-arrival” when a doctor is present
4. Death in the community, no doctor present
5. Death in the community, no doctor present, where a verbal autopsy is conducted
6. Death due to unnatural causes involving a medico-legal enquiry
7. Stillbirth occurring in the community or health facility
Mutual benefits for health and CRVS
Health contributes to and benefits from CRVS
Premises and principles

**Release the potential of health systems for CRVS**

- Births and deaths often take place with the support of health agents.
- Health workers are frontline workers reaching out to the population
- Health systems routinely collect data on births, deaths and causes of death.

**From passive to active notification of vital events**

- Shift the burden of notification from families.
- Work with health agents for active notification of vital events and improved timeliness and data quality.

**Move information, not people**

- Collect information once and at source.
- Use for multiple purposes – for health, civil registration, statistics, population registers, national UID.
UNICEF and WHO wish to thank the following organizations for their financial support in the development and publication of this report:

*Bloomberg Philanthropies; Gavi, the Vaccine Alliance; and the Bill & Melinda Gates Foundation*
COUNTRY EXPERIENCES
Improving civil registration of births and deaths: how can the health sector contribute? Challenges, good practice, future plans

Mohammed Shahidul Islam, Deputy Secretary of Cabinet Division, Bangladesh

Josephine Mukesha, Director General, National Identity Agency, Rwanda

Emmy Hudson, Acting Administrator General Registration, Insolvency, Trusteeship Agency (RITA)
Improving Civil Registration of Births and Deaths: How Can the Health Sector Contribute?

- Bangladesh Experience -

Mohammed Shahidul Islam
Deputy Secretary of Cabinet Division
Government of Bangladesh
Birth and Death Registration Act, 2004 (amendment 2013) mandates civil registration but completeness of timely registration of birth and death remained low.

Under the Act, 2004 the Office of the Registrar General for Birth and Death Registration was established in 2013 and operational in 2016.

Cabinet Division of Bangladesh starts coordinating the CRVS activities in 2015.

Bangladesh has a population of 160 million and an estimated 2.88 million birth and 800’000 death each year.

In 2015, only about 0.5 million births and 0.1 million deaths were registered.

Launched the Kaliganj Model in Kaliganj Sub-District in 2016.

Coordination Mechanisms:
  - CRVS Steering Committee chaired by the Cabinet Secretary of Bangladesh Government
  - CRVS Implementation Committee chaired by Secretary Coordination and Reforms, Cabinet Division

CRVS Steering Committee defined the CRVS++ policy / strategy and CRVS system architecture in 2019
Kaliganj Model

Filling up birth & death registration application form by

Verified by at H&FWC/CC

Submit the forms to

HA

Asstt. Health Inspector

FWA

Family Planning Inspector

Union Council/ORG

Notification

Collect Registration Number

BRN

Issue and distribute registration certificate to Family Member

Insert the BRN on EPI Card
### “Features of Kaliganj Model”

| Team members are well positioned to identify births and deaths in the community. |
| Collaboration with Extended Program on Immunization (EPI). |
| Access to early childhood vaccinations by the babies’ unique birth registration number. |
| Established coordination and interoperability at the sub-national level. |
| Strong political commitment. |
| Active engagement of local leaders. |
Next Steps

• Fully implement the monitoring and evaluation framework to track progress on birth and death registration
• Expand improvement efforts to urban areas
• Generating public demand for registration
• Raising awareness about the benefits of registration
• Strengthening monitoring and supervision at sub district level
• Introducing Birth and Death registration target in District and Sub-district level Annual Performance Agreement (APA).
• Introducing Unique ID at birth and to establish interoperability with other agencies.
• Take further steps to improve cause of death information

Conclusion

All-of-government leadership and the health sector can enable CRVS system strengthening
Thank You!
Improving Civil Registration of Births and Deaths: How Can the Health Sector Contribute?

- Rwanda Experience -

Josephine Mukesha  
Director General, National Identity Agency, Rwanda
Strengthening CRVS system in Rwanda: A Multi-Sectoral Approach
Outline

01 CRVS improvement process in Rwanda

02 CRVS governance and coordination

03 Drivers for change & lessons learnt
1. CRVS improvement process in Rwanda

CRVS situational analysis, Assessment and Strategic Planning

- Unconducive Policy and legislative environment
  - Revision of the legal framework
  - Revisions of Business Process mapping and SoP

- Absence of the CRVS organizational Structure to trigger and drive change
  - Putting in place CRVS coordination and governance structure

- Limited resources
  - Securing resources (GoR, DP)
2. CRVS Governance and Coordination

CRVS National Level Coordination Committee
(MINALOC, MIGEPROF, MINIJUST, MOH, MINECOFIN, MINICT)

CRVS Steering Committee
PSs and DGs

National Mortality Committee

CRVS Core Technical Team

CR Committee at LG
3. CRVS system: Drivers for Success and lessons

- Strong political will and leadership support in strengthening CRVS system (e.g., CRVS incorporated in national performance contracts, Financing from GoR (68%) and DPs [GFF through the WB (32%)])
- Strong and functional CRVS coordination mechanism. E.g., Social clusters (Ministers), National CRVS steering committee (PS, DGs, ES), CRVS technical committee, Mortality committees and other sub-committees at local level
- Digitalization and interoperability of CRVS system with other systems
- Strong collaboration of key CRVS stakeholders in the CRVS improvement process (e.g., MoH, MINALOC, MINIJUST, MIGEPROF, NIDA, NISR, RBC)
- Regular monitoring of birth and death registration at HF and feedbacks
- Technical and financial supports from donors (WB/GFF, Bloomberg D4H, WHO)
- Availability ICT infrastructures services and uptake at national level
- Locally developed and customized system
- Operational guidelines and SOPs; and continuous training of registration teams
Thank You!
Improving Civil Registration of Births and Deaths: How Can the Health Sector Contribute?

- Tanzania Experience -

Emmy Hudson
Acting Administrator General Registration, Insolvency, Trusteeship Agency (RITA)
THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF CONSTITUTIONAL AND LEGAL AFFAIRS
REGISTRATION INSOLVENCY AND TRUSTEESHIP AGENCY

Linking CRVS to Health Facilities through Decentralization: An Innovative Approach
Linking CRVS to Health Facilities through Decentralization: An Innovative Approach
Birth registration in mainland Tanzania

<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
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<tbody>
<tr>
<td>CRVS system is centralized</td>
<td>Decentralized system (HFs and Ward Offices)</td>
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<tr>
<td>Is a three-step process and involves multiple visits</td>
<td>One stop process – registration and certification done simultaneously</td>
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<tr>
<td>High fees and significant the indirect costs (cost of transport, loss in wages, etc.)</td>
<td>Free registration for children U5 and the 1st copy of the certificate free of charge</td>
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<tr>
<td>Low awareness/utility of birth certificates</td>
<td>Act amended to govern the new system</td>
</tr>
<tr>
<td>Less than 13% of U5 children have a birth certificate</td>
<td>5.9 million children issued birth certificates in 20 regions; certification rates in excess of 80%</td>
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Decentralized system to be rolled out in the remaining 6 centralized regions by 2022
Registration points increased to 7,433 from 97

Registration officers increased to 15,568 from 97

Average distance reduced to 5-6 km from 80 to 140 km

Fee and fine waiver: USD 10 million

Due to one-stop process: USD 52 million saved by families

5,160 HFs and 11,352 health staff work as registration assistants
Strategies that brought CRVS and Health sector closer

Use of mother and child health cards as proof of birth: ‘one-step, one-visit:
• helped make the process ‘one-step, one-visit’
• simplified the process of late/delayed registration
• enabled integration of BR and Electronic Immunization Registry (at pilot stage)

Embedding birth registration services in maternity and RCH wards
– ensures mothers need not travel exclusively for availing BR services
– helps to net newborns in 6 weeks of birth

Utilizing infrastructure, human resource and integrating BR into routine work of the health sector -
ensures no extra cost to the CR system

Well-delineated roles and responsibilities of Health, CR and PORALG (initially through an MOU)
Coordination is the key...

Rollout steps

- Initial consultation meeting
- High-level meeting
- Launch event
- Joint evaluation meeting
- Periodic review meetings

Coordination hierarchy - CRVS

- PMO: Overall coordination
- MoCLA: Policy and guidance
- PORALG: Coordination & supervision
- LGAs: Implementation
- MoHealth: Facilitator cum user
- DPG-CRVS: Technical & financial support
Leadership matters the most...

- PMO monitors the progress regularly
- Regular updates to Parliament and periodic visits by the Parliamentary Committee
- Minister, PS, DPS, and other officers from MoCLA involved in all high-level events including the launch and provide oversight support
- PORALG issues strategic directives to ensure a seamless integration of CR into routine work of the LGAs and financial self-sufficiency
- MoHealth provides policy directions for inclusion of CR activities in the health sector
- LGAs (RCs, RASs, DCs, and DEDs) ensure implementation at the local level
Hon’ble Ministers during the launch events
Thank you
Improving civil registration of births and deaths: how can the health sector contribute?

Question and Answer Segment

Please find the answers from slide 52

Please put your questions in the Q&A box
## ENGAGEMENT OF PARTNERS

Investing in the road to progress

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Gustavo Correa</td>
<td>Gavi, The Vaccine Alliance</td>
</tr>
<tr>
<td>Srdjan Mrkic</td>
<td>United Nations Statistics Division. for the UN Legal Identity Agenda (UNLIA)</td>
</tr>
<tr>
<td>Maletela Tuoane-Nkhasi</td>
<td>Global Financing Facility for Women, Children and Adolescents (GFF)</td>
</tr>
<tr>
<td>Dr. Mohammed Abdulaziz</td>
<td>Africa Centres for Disease Control and Prevention (CDC)</td>
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CONCLUDING REMARKS

Gopalan Balagopal
Thank you!
Guideline document: Health sector contributions to improving the civil registration of births and deaths in low-income countries

Questions are answered here

**Question 1 (from Aly Sadek):**
Is it necessary to mention immediate, intermediate and underlying cause of death in the death certificate and if just one cause to be mentioned what it will be? (underlying or what)? Also, what is the document stated that the member states have to follow this? Thank you

**Answer**
Hi Dr. Aly, the document refers the users to the ICD rules, the global standards for mortality statistics. The ICD instructs the medical certifier to complete the immediate, intermediate, and underlying causes of death on the international medical certificate of death. The 1967 WHO Nomenclature Regulations oblige Members to comply, as far as possible, to compiling mortality and morbidity statistics in accordance with the current revision of the International Statistical Classification of Diseases, Injuries, and Causes of Death.

**Question 2 (from Dr Rakesh mani Rastogi):**
Mr. Anir, despite of your leadership and ample IT support from almost last decade why Bangladesh still struggling in making their way not only in birth and death registration but in cause of death too.

**Answer**
With support from Bloomberg Philanthropies/Vital Strategies, we have been able to institute Medically Certified Cause of Death system and Verbal Autopsy in communities which have helped improve recording of CoD. This is still very much in its early stage piloting in a few sub-districts. Wide capacity development and more financial resources are needed to expand this countrywide to see commensurate results for CoD capturing.

**Question 3 (from Mohd. Aziz Khan):**
Bangladesh said they did almost 95% birth registration which is great but what was the progress of death registration?

**Answer**
In the Kaliganj sub-district, the coordination between Health and Local Government improved death registration from nearly 2% to over 70% in two years. We are expanding that model to all of Bangladesh.
Question 4 (from Hassan Muhammad Mustapha):

We are making an effort to raise awareness about obtaining a birth certificate, but the problem is that the employees take an amount of money for wrapping the certificate. The government says getting a birth certificate is free.

Answer

"Some countries charge a 'transaction cost' for processing the certificate. The transaction fee should be waived for families who are retrieving the original version of the certificate. In many countries the law provides that the first copy of the birth certificate is made available to the applicant free of cost. Any charges that may be collected in such countries for this service are illegal and government should counter these practices through communications to the public that this is a free service and also check any illegal practices that may be taking place through appropriate inspection and enforcement measures."

Question 5 (from KRISHNAN NARAYANAN UNNI):

Birth and death registration is a legal recording of facts that has to be done carefully without errors. In Health systems, names and addresses are not that important as the concern is to provide health services. So, it is difficult to expect the health personnel, especially in developing countries where they are heavily stressed, to devote enough attention to the correctness of the information recorded. The issue is more common in areas with a lot of diverse cultures and languages with people sometimes misunderstanding the communications. In India we had noticed that the Registrar gets a lot of requests for correction of information provided by the hospital. Are there any similar experiences in other countries?

Answer

"We are linking birth registration with immunization towards a digital immunization system. In both, names are important. We are also exploring child biometric options around immunization time; with technical support from GAVI and ID2020, we can create very accurate birth registration. The guidance notes the critical importance of recording information for CRVS carefully and accurately as these are legal documents. It is also important to standardize and simplify data collection instruments across programmes and languages so that core data items are collected in the same way and can be shared, preferably electronically. In addition to standardizing and simplifying data collection instruments, it will be necessary to work with health staff involved to emphasize the importance of recording key information items such as name, date of birth, age, sex, place of occurrence and usual residence very carefully so as to avoid errors when sharing with the civil registrar. When data sharing is through electronic transfer, this enables a mapping of current IT systems that may feed into the overall architecture, including, health information systems; civil registration IT systems; and ID registration. The next steps involve the redesign and implementation of an "integrated CRVS system" for the management of individual birth and death records that draw upon data collected in the health sector. This standardization helps reduce errors and improve reporting standards. It may also be considered that the spelling of names of the child, the parents, their identity numbers, the addresses in the place of usual residence, phone numbers and other such information where errors are likely to occur should be obtained in writing from the parents who will need to sign on the form used for this purpose to certify to their accuracy before application is processed by the health facility for registration."
Question 6 (from Niklas Danielsson):

Immunization programs (EPI) often reach more children than any other PHC services in low- and middle-income countries. In particular, EPI frequently reaches twice as many children with the first dose of DTP at 6 weeks of age as the number of children who are born in health facilities in LMICs. When frontline health workers are capacitated to issue birth certificates, timely birth registration rates can double, as shown in some trials. Yet, progress in allowing midwives and frontline and community health workers to issue birth certificates has been very slow. What are the most important reasons for why FHWs and CHWs are not capacitated to register births? How can this be resolved?

Answer

In our experience, it’s feasible but has to be done in a manner that favors institutionalization, sustainability and scale. This means lots of internal advocacy, leadership and multi-sectoral coordination, community awareness raising, and revision to laws, regulations, standard operating procedures and/or CHW/FLW job descriptions. Of course, this is quite generic, and every context will require its own strategy and approach. Another reason why FHWs and CHWs are not capacitated for the final registration though they are used as informants for the process of registration, is that registration is a “quasi-judicial function” when the “registrar” may have to use his/her knowledge of the community when disputes arise or when undue pressure is brought to bear on the registration process for any illegal purpose. Field level health workers may be handicapped in this respect while more senior Medical officers in charge of the health facility could better resist pressures or adjudicate on disputes.

Question 7 (from Niklas Danielsson):

Electronic registration of births with the help of mobile phones and tablets effectively increases registration rates. Electronics Immunization Registries (EIR) are typically operated on smartphones and tablets in LMICs and could easily be used for also for birth registration with the right app loaded. Open source software (apps) for vaccination and birth registration over the mobile network are well established, more or less “off-the-shelf”. Equipping frontline health workers with handheld devices for recording vaccinations, growth monitoring, malaria prevention and other preventive health services has the potential to accelerate birth registration. How can EPI and CRVS programs align and work together around equipping FHWs and CHWs with appropriate work tools and setting up nationwide registration systems operated over the mobile network?

Answer

Dr. Niklas, you are right. As you pointed out, the widespread digital technology provides a great potential to ensure interoperability can be established between EMR/EIR and CRVS. This why it is critical to ensure using open-source platforms which share the same data-standards.

In Bangladesh, we feel the future lies in linking EPI and CRVS electronically using technologies that make sense in the context of the country. This will invariably use the mobile network and potentially biometric verification systems as well.
Question 8 (from Jan Zada):
Thanks to the presenters, world leaders, donor organizations and individuals who are contributing to the global cause of Vital Events Registration and revamping digitalization of the CRVS globally. Well I am just visualizing once the CRVS system is globally deployed and implemented and everyone across the globe have equal access to the benefits and get facilitated from the CRVS system. My question is how much the global leaders authorities and implementing partners are committed and trusting the global system that will help and support global implementation of the CRVS system....thanks"

Answer
The big concerns of the global leaders are health service delivery and SDG achievement. CRVS has not been as mainstream as National ID systems, and the major reason is that the former has not been linked directly and clearly as well as the latter to health service delivery by different govt and non-govt organizations and to SDG achievement. We consider the strategic positioning of CRVS as a clear enabling of service delivery and SDG achievement as a must. We could add that civil registration is a core governance function in every country and the country needs to find resources to fund these functions. International organizations and donor organizations can provide some additional support or fill in technology gaps or share good practices from other countries, but unless the core functions are supported from the countries own resources there is no guarantee that the systems will sustain through time.

Question 9 (from Sultana Khanum):
Antenatal care could be an important starting point towards birth registration whether birth takes place at home or in hospital

Answer
Exact. Antenatal care registers contain a lot of information on the mother, expected date of delivery - a starting point to track all potential births to ensure they are notified. In addition, it is crucial to link the antenatal care record with the delivery record and with postpartum/postnatal care. This creates a longitudinal database that enables health managers to track births and deaths and well as other health outcomes of pregnancy and childbirth. The first point of contact should happen with the pre-natal contact with the pregnant woman. The face-to-face contact with a trusted health care provider can motivate the woman and her family about the importance and ease of doing the registration of the baby at the time of birth and inform the family about the documentation they will need to have ready to have the process complete so that the mother can leave with the birth certificate when she leaves the facility
Question 10 (from Md. Moyeen Uddin):
Counting everyone leaving no one behind is a difficult but must to do task. Government wills and commitments are vital for its successful implementation. How efficiently WHO and UNICEF could involve members states to this significant journey?

Answer
WHO, UNICEF and Vital Strategies are working to keep this issue high on the agenda at global and regional meetings of development partners (APAI-CRVS ministerial meeting, #NoName Campaign, UN-ESCAP Get Everyone In the Picture, UN legal Identity Agenda, etc.). It is essential to have good country examples of progress, such as is happening in Bangladesh, Tanzania, Rwanda etc.

Question 11 (from Aly Sadek):
Still the question is for you Doris: Also we find the % of completeness of COD in the annual WHStatistics Report (2017 till 2021) is low for Kuwait although we have 100% coverage and the % of ill-defined codes (R-codes are <10% or in fact didn't exceed 2.8% for several years. So what is the reason for that? Thank you

Answer
We are aware of your concern and we are looking into it. We (WHO) will follow up with you separately by email.

Question 12 (from Paula Nhambirre):
I would like to hear from a more the Tanzania experience in terms of the experience on setting up BR in HF in terms of numbers of HF, health workers feedback on the "additional task"; and data quality.

Answer
In the old centralized system in mainland Tanzania, Health Facilities have been issuing notifications of births to parents or other authorized informants. However, under the new simplified birth registration system, HFs have been delegated registration and certification responsibility. Consequently, there was no need for a formal notification system as HFs have all the necessary information required for proof of birth. Instead, mother and child health cards are used as proof of birth. So, in terms of workload, registration and certification have replaced notification with no extra burden. Also, RITA trains at least 2 health staff per health facility and 4 to 5 in bigger health facilities to commensurate with the number of babies born/vaccinated in the new system. Designated health staff undergo a three-day training on the birth registration process. However, HFs sometimes delay data uploading, mainly as only one mobile phone was provided to each health facility. Therefore, RITA has started providing more than one mobile phone to bigger HFs and encourage health staff to upload data using computers/personal phones. There is a detailed training manual to guide the entire process, including data uploading. Besides, RITA undertakes periodic data quality checks specifically at the start of the work(rollouts) and provides feedback. The online data validation module added in 2017 compares data sent through mobile phones with data in the scanned birth registration forms. The findings are shared periodically with the respective registration units. As a result of the above measures, the quality of data captured through mobile phones has substantially improved over the years. Nevertheless, this area requires continuous monitoring, given frequent transfers of health staff engaged in the registration work and otherwise.
Question 13 (from Kamal Pal):
Question for Bangladesh: What were the challenges faced during integration of Health & Local Government in Kaliganj and later elsewhere during scaling up to 83 sub-divisions?

Answer
We faced several challenges like: lack of health worker at community level, lack of citizen awareness, shortage of field worker knowledge, lack of coordination and monitoring at sub district level, lack of demand, and Low internet bandwidth.

Question 14 (from):
If the stakeholders are sharing the same data (Statistical department, Registration department as well as the authority responsible for civil ID), how can the coverage of registration be calculated at the national level?

Answer
It is important to know which institution is the official voice of the government when publishing statistics on births and deaths. The said institution should be the responsible for calculating the registration coverage using standard demographic techniques.

Question 15 (from Niklas Danielsson):
In most LMICs countries, birth registration has financial costs as well as opportunity costs for parents. Even in countries where birth registration is free of charge within a certain period of time after birth, there is often a fee if parents do not register within that period. But birth registration has many benefits for governments, benefits worth paying for. Q: Are there low- and middle-income countries that have incentivized birth registration beyond and above the disincentive of checking birth certificates at school start?"  

Answer
In Bangladesh, birth registration number is required for a number of services beyond school start such as stipends, savings certificates, passports, and many others.

Question 16 (from Rania Saad):
While doing a harmonization and linkage in one public health area such as road traffic deaths for example and if CRVS in that country is under-going improvement in digitalization while the other data sources are using traditional tools, how can this be managed?

Answer
Not all institutions have the same digital maturity. If this work is going to be repeated year after year, then both parties should coordinate some efforts to ensure they can build a link in the longer term to avoid manual work.
Question 17 (from Niklas Danielsson):
Checking birth registration and vaccination status at school start is an effective way of increasing birth registration and vaccine uptake but comes with the risk of raising barriers to education for disadvantaged children. Therefore, measures must be in place to ensure that birth registration and vaccination status checks at school start are non-discriminative.

Q: How can school start checks of birth certificates and vaccination status be made non-discriminative in order to protect disadvantaged children?

Answer
Birth registration should happen immediately after birth. However, if birth registration has not been completed prior to a child enrolling in school, he/she should not be deprived of schooling because of lack of a birth or vaccination certificate. In these cases, entry to school is a good opportunity to work with families to better explain the importance of immunization and of having a birth certificate for the child’s future health and development. The health and education department should work together in this regard. Furthermore, birth registration should be free of charge for all families.

Question 18 (from Paula Nhambirre):
One question for Bangladesh, in the Kaliganj Model, could you elaborate on the "access to early childhood vaccinations by child unique birth registration number"? Is it a mandatory requirement to access vaccines or?

Answer
In the vaccination card health worker have to input the birth registration number in Bangladesh. The birth registration number is not mandatory because vaccination is another important action for babies' health. It is not mandatory to provide birth registration number at their first visit of vaccination. They can provide it later.

Question 19 (from Ram Prasad Gautam):
One of the issues around registering birth at health institution while delivering a child is of cultural aspect, where the naming ceremony of a child takes place only after 11 days of birth in most communities. So, is there any similar cases and suggestion to address this issue?

Answer
In countries where the naming of the child is determined later, it is possible to use the names of the parents for registration and the final name can be added later. This is addressed in the guidance. "In many countries, the child is not named immediately after birth and the registration laws do not allow registration of birth without a name. This often results in delayed registration or non-registration. In such circumstances, where the law permits, the child can be registered under the name of the mother or father and the name can be revised following the naming ceremony."