CAN UGANDA ACHIEVE COMPLETE CIVIL REGISTRATION AND VITAL STATISTICS SYSTEM?

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Acronyms and Abbreviations

CR	Civil registration
CRVS	Civil registration and vital statistics
CRVS IS	Civil Registration Vital Statistics Information Systems
HIV and AIDS	Human Immunodeficiency Virus and Acquired Immuno Deficiency Syndrome
HMN	Health Metrics Network
ICT	Information and Communications Technology
IS	Information Systems
M-VRS	Mobile Vital Records System
SMS	Short Messaging Services
UN	United Nations
UNCoIA	United Nations Commission on Information Accountability for Women's and Children's Health
UNICEF	United Nations Children's Emergency Fund
USSD	Unstructured Supplementary Service Data
VRS	Vital Records System
VS	Vital Statistics
WHO	World Health Organization

Operational Definitions

Civil registration (CR): The continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events (live births, deaths, fetal deaths, marriages, and divorces) and other civil status events pertaining to the population as provided by decree, law or regulation, in accordance with the legal requirements in each country.

Vital Statistics (VS): The statistical output of a well-functioning CR system.

1.1 Introduction and Background

Civil registration and vital statistics (CRVS) systems are concerned with the legal registration and analysis of vital events in the population. Vital events include births, deaths, marriages, divorces, foetal deaths, annulments, judicial separations and adoptions, and through the registration process these events are made legal and legitimate (WHO) 2013).Civil registration (CR) is defined by the UN as:… "the continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events (live births, deaths, fetal deaths, marriages, and divorces) and other civil status events pertaining to the population as provided by decree, law or regulation, in accordance with the legal requirements in each country" (UN 2001).

Vital Statistics (VS) represents the statistical output of a well-functioning CR system. CR and VS systems are intrinsically interconnected, and their combined information systems (IS) are termed Civil Registration Vital Statistics Information Systems (CRVS IS) (WHO 2013)

Recommendation 1 of United Nations Commission on Information Accountability (CoIA) for Women's and Children's Health points to the key issue of systematic registration of vital events, stating: *"By 2015, all countries have taken significant steps to establish a system for registration of births, deaths and causes of death, and have well-functioning health information systems that combine data from facilities, administrative sources and surveys."*

In 2011 Uganda launched such a system code named Mobile VRS (Vital Records System). Although this seems to have yielded in the pilot areas covered, the coverage is still very low and the integration with other key sectors has not been fully utilized to achieve complete country coverage of CRVS.

2.0 Literature Review

CR is crucial for individuals to establish legal identity and to access public health services, while VS provides essential information about the demographics and health of the population, making policies more effective and responsive to the needs of society (WHO 2013). Within the domain of public health, data from the CRVS IS are critical,

allowing tracking of individual births and building profiles of mortality and causes of death. These data play a fundamental role in planning and monitoring of public health outcomes, for example relating to immunization planning, and monitoring of broader developmental process indicators such as for maternal and infant deaths, sex ratios and fertility rates. An effective CRVS can help ensure enrolment of every child into immunization programmes, and VS indicators can be tracked to better support the prevention of avoidable diseases. If drawn from a well-functioning CRVS system, these data also provide rigorous mortality data which are of significant public health concern, including those concerning the human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS), tuberculosis and malaria. (Setel PW et.al 2007)

Most low and middle income countries like Uganda have inadequate CRVS Information systems (IS), contributing to the unfortunate situation where many births and deaths are not being registered, described as the "scandal of invisibility" *(*Setel PW et.al 2007*)*. A well-functioning CRVS IS has in recent times been recognized as a key ingredient in strengthening CRVS activity in general, exemplified by the CoIA recommendations. There is emerging evidence that technology can play a critical role in ensuring that births, deaths and causes of deaths are registered and that quality information is available to inform country and global development priorities.

3.0 Statement of the Problem

Although Civil Registration records are recognized as the best source of Vital Statistics (WHO, 2013) such systems are often weak or incomplete in developing countries such as Uganda. Despite the high fertility rate (6% by 2012) and high infant and under five mortality (69/1000 live births) ,the Ugandan birth registration level estimates of 2002-2012 according to UNICEF was 29.9% of babies born were registered which is still a very low level according to the International standards. Child labor and child marriages by 15 years were estimated to be 25.4% and 9.9% respectively while marriages by 18 years was 39.7% in the period of 2002-2012.

Many barriers that lead to the gaps in CRVS in Uganda can be improved with emerging innovations that includes technology, particularly information and communications technology (ICT) as recommended by Health Metrics Network and WHO 2013. The ICT innovations are being used increasingly with success in developing countries to improve health, education and economic outcomes for some of the poorest people in rural areas. In 2011 Uganda launched such a system code named Mobile VRS (Vital Records System). This system uses USSD, SMS and a web-based interface to streamline, simplify and decentralize birth and death registration in Uganda. Although this has yielded in the pilot areas covered, the coverage is still very low and the integration with other key sectors has not been fully utilized to achieve complete country coverage of CRVS. Yet emerging country experiences show that CRVS systems tend to work most effectively and efficiently when integrated holistically with the systems of other sectors including health, education and social transfers (UNICEF 2013).

4.0 Study Justification

This study will systematically evaluate the quality and functioning of Mobile Vital Records System since its launch so as to obtain a clear and comprehensive understanding of the strengths and weaknesses of this system, and generate the evidence base for corrective action. Since its launch to our knowledge no studies have been conducted to evaluate the M-VRS performance and to understand the barriers hindering its maximum use in relation to not only birth registration but also other components of CRVS. With the evolving and new user friendly technology over the years and the ever increasing access to simple telephone hand set we hope our study finding will identify the gaps and ease the identification of which aspects of the M-VRS system may benefit from such technology. We hope the study will be an eye opener to how best we can integrate the system in the health sector which is a major entry point to both birth and death and cause of death registration. Further still we think the study will inform policy makers on which M-VRS registration practices are feasible and suite our community so as to either strengthen the existing one or introduce interventions which may suite the country. In general it's important for the country to know the how best we should improve the MVRS with a

goal of improving rates of birth, death and cause of death registration so as to achieve the benefits which come with registration.

5.0 Study Objectives

5.1 General objective

The study seeks to understand the current M-VRS and establish local challenges in regard to achieving complete Civil Registration using the mobile civil registration in Uganda.

5.2 Specific objectives

1. To review the Legal basis and resources used in the M-VRS system in Uganda
2. Understand registration practices, coverage and completeness of the M-VRS system
3. Evaluate data access, use and quality checks of the M-VRS system
4. Understand barriers to use of the M-VRS for all CRVS events
5. Establish level of integration of M-VRS in health systems and other vital sectors in Uganda.

6.0 Methodology

6.1 Study site and Population

The study will use M-VRS coverage as the areas for the study including all regional and district hospitals. The study will also consider the sub county local governments with this facility.

6.2 Data Management and analysis

We will use WHO and the University of Queensland's standards-based tool to help us comprehensively, cover the Mobile VRS system inputs, processes, and outputs, each of which contains analytical sub-components. This framework will help us to identify priorities for actions needed to improve the system. The tool clearly outlines a roadmap and a process to be followed for the evaluation as well as who should be part of the assessment and how to obtain the best results. Advice is also given on how to use the evidence to formulate a strategic improvement plan, how to implement it, and how to monitor progress of implementation. Our interest will be focused on evaluation of the Birth registration parameters of the tool.

A task team, made up of representatives of the various central agencies, districts that play different roles in birth, registration process and the production of vital statistics as well as supporting partners will be the assessment groups during the study .The questions in the tool are designed to incite a discussion among senior staff responsible for various aspects

of the civil registration and vital statistics systems. The group will meet and discuss each question before reaching a consensus on the overall country score

WHO assessment framework

Inputs	**Legal basis and resources for civil registration** A1 – National legal framework for civil registration and vital statistics systems A2 – Registration infrastructure and resources
Processes	**Registration practices, coverage and completeness** n B1 – Organization and functioning of the civil registration and vital statistics systems n B2 – Review of forms used for birth and death registration n B3 – Coverage and "completeness of registration" n B4 – Data storage and transmission
Outputs	**Data access, use and quality checks** n C1 – Data quality and plausibility checks n C2 – Data tabulation n C3 – Data access and dissemination

References

United Nations (UN). Principles and recommendations for a vital statistics system, Revision 2. UN, 2001.
WHO (2013) Civil Registration and Vital Statistics 2013: challenges, best practice and design principles for modern systems

Commission on Information and Accountability for Women's and Children's Health. Keeping
promises, measuring results. Geneva: World Health Organization; 2011.

Setel PW, Macfarlane SB, Szreter S, Mikkelsen L, Jha P, Stout S, AbouZahr C. A scandal of
invisibility. Making everyone count by counting everyone. Lancet. 2007;370:1569–77.

Family of International Classifications Network. Civil registration and vital statistics. Geneva: World
Health Organization; 2010 (FIC information sheet, April 2010).

Health Metrics Network. Systematic review of eCRVS and mCRVS interventions in LMICs. Geneva:
World Health Organization; 2013 (Draft report).

Toma J. Makannah (1981) Methods and Problems of Civil Registration Practices and Vital Statistics Collection in Africa Economic Commission for Africa Addis Ababa, Ethiopia

UNICEF (2013), Breaking with Broken Systems: EU/UNICEF Partnership for the Legal Identity of African, Asian and Pacific Children Civil Registration Study Tour in Uganda; Kampala, Uganda, 1-6 September 2013