

Civil Registration and Vital Statistics

Information on births and deaths by age, sex, and cause of death is the cornerstone of public health planning. It is used to allocate resources and to determine which programs are effective. However, each year about 40 percent of births and two-thirds of deaths are still not registered.

The essential role of civil registration and vital statistics (CRVS) is recognized by country and multilateral agencies working to improve global health. CRVS data are needed to monitor many of the United Nations sustainable development goals for global health by the year 2030. And the reduction of maternal and child deaths is a top priority of USAID, as expressed in global goals for ending preventable child and maternal deaths and an AIDS-free generation (AFG).

CRVS is a bedrock for much of the data PEPFAR is requiring of countries to measure progress on 90-90-90 towards an AIDS-free generation: by 2020, 90 percent of everyone with HIV will know their status, 90 percent of those diagnosed will be on antiretroviral therapy, and 90 percent of those will have viral suppression. Civil registration of births and deaths provides a population denominator that informs size estimates of key populations, helps determine coverage of HIV care and treatment (HCT), helps countries track specific aspects of the HIV cascade such as “Test and Start,” and other measures. Without robust CRVS—the World Health Organization (WHO) defines “robust” as a system that accurately records at least 80 percent of births and deaths in the population—countries are handicapped in showing evidence that they are meeting PEPFAR targets.

What Role Is MEASURE Evaluation Playing?

MEASURE Evaluation is USAID’s primary mechanism for strengthening health information systems, including CRVS. The project has more than a decade of experience working closely with low- to middle-income countries (LMICs) to improve their CRVS systems.

Cause of Death Classification

- Causes of death are coded according to an international classification (ICD-10). MEASURE Evaluation has assisted



the countries of Kenya, Zambia, Tanzania, and Malawi in enhancing their ability to code causes of death according to ICD-10.

Cause of Death Estimation

- Another means of estimating death rates by particular causes is the SAVVY method, developed by MEASURE Evaluation and the U.S. Census Bureau, with assistance from WHO. Designated by WHO as a stepping stone toward a functioning CRVS system, SAVVY provides estimates of vital statistics through a representative sampling of selected sentinel locations in a country.
- Malawi is employing SAVVY while simultaneously strengthening its vital statistics system. MEASURE Evaluation is working with the country to implement a CRVS system in three demonstration districts, with a goal of improving HIV and AIDS information available for evidence-informed planning and monitoring and evaluation (M&E) of HIV programs.

Data Triangulation

- Where a complete CRVS system isn’t fully functional but many other sources of data exist, some death rates can be estimated by triangulation of these sources. For example,

MEASURE Evaluation worked with the Zambian government to estimate maternal mortality in four districts, by combining data from: (1) community-based maternal mortality surveillance; (2) health facilities; and (3) the 2007 Demographic and Health Survey.

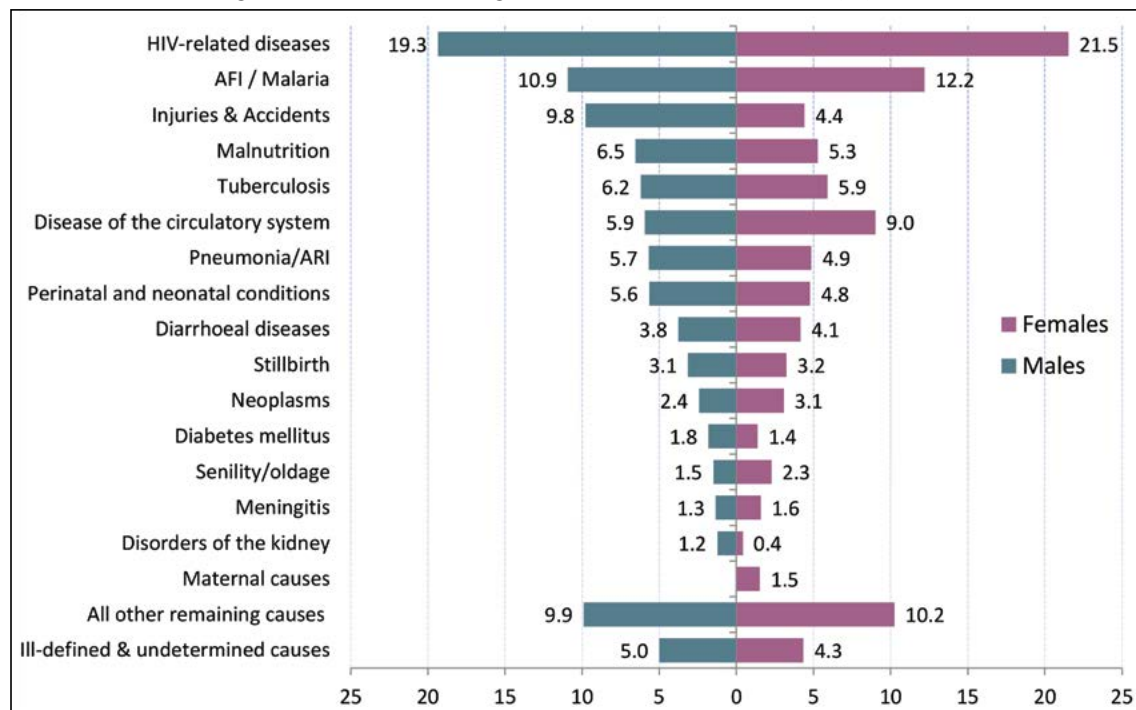
- Maternal mortality rates can also be estimated by combining census data with facility-based information on maternal deaths and verbal autopsy for information on deaths in nonfacility settings. MEASURE Evaluation has developed approaches to map rates based on these data, to show how maternal mortality rates vary within a country.
- The project is currently assessing the feasibility of using community-based polio surveillance workers to monitor and report pregnancy-related deaths in India.

Technological Innovations

- Health workers in two districts of Bangladesh collect birth and death data on computer tablets and transmit them for registration.
- To facilitate the coordination of various streams of data, MEASURE Evaluation is working with the Swaziland Ministry of Health to establish a system based on a unique patient identifier. With this, all health services for an individual can be tracked through all facilities. This system can ensure healthcare coordination and accurate tracking of population registrations, thereby contributing to CRVS.

Example of Data Triangulation:

Distribution of Leading Causes of Death among Males and Females in Zambia (%)



Source: SAVVY: *Sample Vital Registration with Verbal Autopsy 2010–2012*. Lusaka, Zambia: Government of Zambia, Central Statistical Office, August 2014. This analysis was developed with support from MEASURE Evaluation.

MEASURE Evaluation’s Services

To access the project’s capabilities statements, visit: <http://www.measureevaluation.org/about/services/capacity-statements>. To access MEASURE Evaluation resources, country governments should contact their local USAID mission. The mission, in turn, can contact the USAID AOR for MEASURE Evaluation, Lisa Maniscalco (lmaniscalco@usaid.gov). For more information, e-mail measure@unc.edu or go to our website:

www.measureevaluation.org.