

Civil Registration and Vital Statistics

Information on births and deaths by age, sex and cause 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.

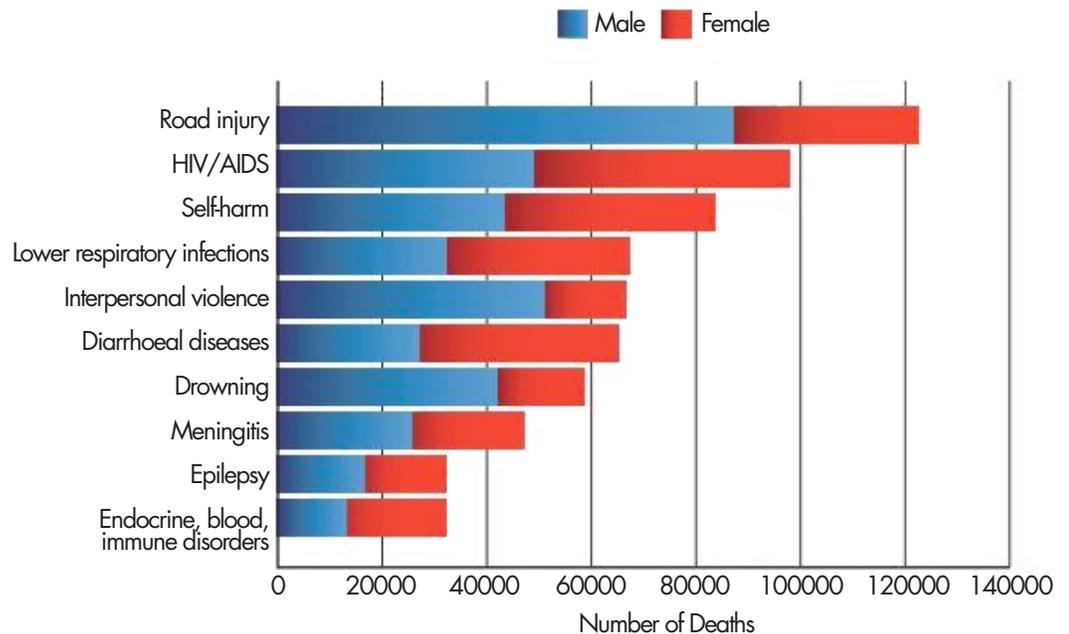
The essential role of civil registration and vital statistics (CRVS) is recognized by country and multilateral agencies working to improve global health. CRVS data are needed to monitor many of the United Nations goals for global health by the year 2030, known as the sustainable development goals, or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

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 (LMIC) countries 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 to enhance 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 with the SAVVY method, developed by MEASURE Evaluation and the US Census Bureau, with assistance from the World Health Organization (WHO). Designated by WHO as a stepping stone towards a functioning CRVS system, SAVVY provides estimates of vital statistics through a representative sampling of selected sentinel locations in the 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 to improve HIV/AIDS information available for evidence-based planning and M&E of HIV programs.

Data triangulation

- Where a complete CRVS system isn't fully functional, but there are multiple other sources of data, some death rates can be estimated by triangulation of the multiple 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 non-facility 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 it 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 health care coordination and accurate tracking of population registrations, thereby contributing to CRVS.

How can you access MEASURE Evaluation's resources?

MEASURE Evaluation tools and approaches are available free of charge on the project website: www.measureevaluation.org. Moreover, the project is available to tailor activities and tools to the particular needs of a country. To explore the possibilities, country governments should contact their local USAID mission. The missions, in turn, can contact the USAID AOR for MEASURE Evaluation, Lisa Maniscalco (lmaniscalco@usaid.gov).

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