



AN EVALUATION OF THE
PROGRESS, QUALITY, AND IMPACT
OF THE
MEASUREMENT OF DEMOGRAPHIC CHANGE PROJECT
(VISTIM)

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(VISTIM)

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During The Period:
April 13-17, 1981
May 11-15, 1981

Supported By The:
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
(ADSS) AID/DSPE-C-0053

AUTHORIZATION:
Ltr. AID/DS/POP: 6/25/81
Assgn. No. 582087

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ABBREVIATIONS

AAVRPHS	American Association for Vital Records and Public Health Statistics
AID	Agency for International Development
APHA	American Public Health Association
CBS	Central Bureau for Statistics
CY	Calendar Year
FY	Fiscal Year
HSD	Health Statistics Division
INE	National Institute of Statistics (Peru)
ISPC	International Statistical Programs Center
MCH	Maternal and Child Health
NCHS	National Center for Health Statistics
OCAM	Organization Commune Africaine et Maruicienne
OIS	Office of International Statistics
RSSA	Resources Support Services Agreement
UN	United Nations
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VISTIM	Vital Statistics Improvement
WHO	World Health Organization

I. INTRODUCTION AND BACKGROUND

I. INTRODUCTION AND BACKGROUND

This report contains the findings of a mid-course, intensive evaluation of the project known as "Measurement of Demographic Change II." This project is being carried out by the National Center for Health Statistics (NCHS) under the auspices of the Agency for International Development (AID). Begun on February 1, 1979, the project is scheduled to terminate on January 31, 1984. The project is generally referred to as VISTIM (Vital Statistics Improvement).

Methodology

The methods used to evaluate VISTIM were as follows:

- Review of background documents pertaining to the project; compilation and review of available documents and reports on different aspects of the project.
- Meetings and discussions with staff at AID, the Office of International Statistics (OIS), and NCHS who are directly concerned with the VISTIM project.
- Conversations and correspondence with U.S. and United Nations (U.N.) officials on parts of the VISTIM program in which they collaborated.
- Meetings and discussions with U.S. experts on the significance of the project.
- Site visit to Peru to observe and evaluate the in-country project that is regarded by VISTIM staff as a prototype.

Documents Reviewed

The following documents were compiled from AID and NCHS files and reviewed:

- "Scope of Work for Evaluation of the Measurement of Demographic Change (VISTIM) Project"

- RSSA, HEW/NCHS, 2-27, Measurement of Demographic Change II
- Project Paper, "Measurement of Demographic Change II (93~~5~~²-0621)" (authorizing a grant of \$4,995,000)
- AID expenditure reports
- "Evaluation of the Measurement of Demographic Change Project," National Center for Health Statistics, August 1978, APHA
- "The VISTIM Program of the Office of International Statistics," National Center for Health Statistics (undated)
- Activities of VISTIM, Office of International Statistics, National Center for Health Statistics, 1979
- "Vital Statistics Improvement Program (VISTIM), Review of Activities," 1980 (in draft)
- "Mid-Project Report for the Vital Statistics Improvement Program (VISTIM) to the AID, February 1, 1979 to January 31, 1981" (received April 10, 1981)
- "Summary of Consultation Provided by the American Association for Vital Records and Public Health Statistics, Final Report," April 30, 1980
- List of participants at OCAM conference (Organization Commune Africaine et Mauricienne)
- "Final Summary of Considerations and Agreements of the Iber-American Conference, Peru," November 1980
- Iber-American Meeting on Strategies for Improving Vital Registration Systems
- Agenda, Joint Seminar on the Training of Civil Registration Personnel Trainers, Bangui, May 1980
- By-Laws, American Association for Vital Records and Public Health Statistics
- Methods of civil registration; modular course of instruction (training manual); related correspondence
- "Vital Registration Systems in Five Developing Countries: Honduras, Mexico, Philippines, Thailand, and Jamaica," October 1980

- File on regional conferences
- File on studies of legal aspects of VISTIM project
- File on Jamaican VISTIM project
- File on Peruvian VISTIM project
- File on Thailand VISTIM project
- Ecuadorean contract for VISTIM project
- File on proposed VISTIM project for Indonesia
- Computer printout of selected data on Peru, Population Reference Bureau
- "International Statistical Training Programs," U.S. Bureau of the Census, August 1980-August 1981
- AAVRPHS subcontract, VISTIM
- Memorandum, to Hartford from Lawson, on 1981 funding for the VISTIM project, December 1980
- Letter to Dr. Stephen C. Joseph, AID, from Dr. Ruth Hanft, HRS, January 1981 (includes related memos)
- Letter and related information to Benjamin Gura from International Statistical Programs Center (ISPC), U.S. Bureau of the Census (This letter summarizes ISPC collaboration with VISTIM on training activities.)
- Letter to Dr. Stephen C. Joseph, AID, from Forrest E. Linder, International Institute for Vital Registration and Statistics, January 1981 (This letter urges reconsideration of the decision to terminate the VISTIM project in FY 1981.)
- Letter to Benjamin Gura from Terrance Tiffany, USAID/Jamaica (This letter describes the success of the VISTIM project in Jamaica and the Jamaicans' interest in a continued program.)

Officials and Experts

The officials and experts with whom meetings and discussions were held on the VISTIM project included the following:

AID

- John E. Lawson, Jr., DS/POP/DEMO
Richard Cornelius, DS/POP/DEMO
Terrance Tiffany, USAID/Jamaica

- NCHS

Robert Hartford
Frances Notzen
George Gay
Robert Israel

- U.S. Bureau of the Census

Nancy J. McGirr

- International Institute for Vital
Registration and Statistics

Forrest E. Linder
Iwao Moryuma

- American Association for Vital Records
and Public Health Statistics

Vito M. Logrillo

- United Nations

Edison Wibmer
Roque Garcia Frias

Scope of Evaluation

The evaluator was informed that he should feel free to investigate any aspect of the project which he deemed to be relevant and to make any recommendation which might reasonably be permitted by the project authorization documents.

More specifically, the evaluator was requested to focus on:

- the progress of the National Center for Health Statistics in carrying out the terms of the agreement;
- the quality, relevance, and effectiveness of project inputs, in particular:
 - the regional conferences;
 - the training manual; and
 - the in-country VISTIM projects; and
- the effect that termination of AID support would have on in-country VISTIM projects.

Current Status of the Project

The responsibility for carrying out the second phase of the VISTIM/NCHS project, "Measurement of Demographic Change II," rests with the Office of International Statistics, National Center for Health Statistics. The project began on February 1, 1979 and is scheduled to terminate on January 31, 1984.

The VISTIM/NCHS project is designed to improve vital statistics systems in selected developing countries so that the data that are generated can be used to measure demographic change. To achieve this objective, the following activities were planned:

- 5 regional conferences on vital statisticians;
- 10 regional or local training workshops;
- development and application of innovative procedures and methodology;

- up to 20 man-months of technical assistance;
- design, implementation, and monitoring of VISTIM projects in 9 countries to improve registration systems and practices.

VISTIM/NCHS' progress in carrying out these activities has been satisfactory.

AID was to provide nearly \$5 million to the project. A schedule of funding was prepared for this purpose. However, in December 1980, the AID advised the NCHS that, because of budgetary constraints, only \$100,000 would be provided in Fiscal Year (FY) 1981. It also stated that this would be terminal funding to phase out the project.

Many of the short-term objectives of the activities that are under way will be achieved. However, the full impact that would have resulted if the five-year project had been completed will not be felt. The achievement of the goals of the project will also be limited by the termination of VISTIM/NCHS.

At this time, the technical assistance and guidance provided through VISTIM/NCHS are extremely important to the Jamaican and Peruvian in-country projects. Furthermore, funds are needed during Calendar Year (CY) 1982 to enable the Peruvian in-country project to be continued and its methodology applied to the nationwide system.

It is recommended that ways be found to continue the VISTIM project, in some form, to avoid future start-up costs, and the loss of experience gained, and to enable interested developing countries to benefit from the knowledge that has been acquired. In conjunction with the NCHS, AID should review the in-country projects proposed for Ecuador, Indonesia, and Brazil. Contractual obligations, U.S. foreign policy interests, and technical matters should be considered.

Inputs

A. Budget and Funding

A total of \$4,995,000 was to be provided by AID to the NCHS for Phase II (February 1, 1979 - January 31, 1984) of the VISTIM project. Funds were to be made available as follows: FY 1979, \$900,000; FY 1980, \$700,000; FY 1981, \$1,169,000; FY 1982, \$1,106,000; FY 1983, \$1,120,000.

To date, AID has provided the following sums: FY 1979, \$895,100 (\$882,300 in cash and \$12,800 in equipment); FY 1980, \$700,000 (\$685,000 in cash and \$15,000 in equipment). AID has advised the NCHS that, because of budgetary constraints, it plans to provide only \$100,000 in FY 1981. That sum is to be regarded as terminal funding for the project.

B. Technical Services

To the extent possible, the members of the small, central staff of VISTIM provide technical assistance for different project activities. Their assistance is supplemented in specialized areas of vital registration by other NCHS personnel, and through a contract that VISTIM maintains with the American Association for Vital Records and Public Health Statistics (AAVRPHS). The technical services provided under this project are considered to be of high quality

C. Commodities

Data-entry and microfilm equipment has been provided to the Jamaican project. The Peruvian project has received data-entry equipment, a program-mable central processor, a Wang computer and peripherals, microfilm equipment, photocopiers, typewriters, and desk calculators. The Thai project has received electric typewriters, an overhead projector, and microfilm equipment.

All the commodities appear to have been selected wisely. The data processing equipment has contributed substantially to the reduction of backlogged data. The microfilm equipment is needed to develop archives to facilitate access to vital certificates.

D. Training

The regional conferences, training workshops, and training courses have proven to be useful in the exchange of technical information and in the preparation of technical staff.

The training manual and other publications are excellent instructional materials which also contain useful information. However, the training manual needs to be revised on the basis of recent experiences in its use.

Outputs

A. Regional Conferences

The two regional conferences took place in accordance with output projections. Participating in the conference for francophone Africa (May 1979) were representatives from 14 countries and 8 agencies. Sixty-five representatives from 17 nations and 11 agencies participated in the Iber-American Conference (November 1980).

B. Regional and Local Training Workshops

The training programs which were conducted satisfied the outputs projected. Two workshops were held in Africa (May and June 1980). Training programs have been conducted in connection with the in-country VISTIM projects in Peru and Thailand. On the basis of a Memorandum of Understanding between the NCHS and the U.S. Census Bureau, the Census Bureau has been training foreign nationals in vital registration practices since 1979. Preparations have been made to conduct a pilot training program in mid-1981 in connection with the VISTIM/Jamaican project.

C. Innovative Procedures and Methodology

The following principal innovative approaches have been successfully pursued by the NCHS on behalf of the VISTIM project:

- Preparation and use of a manual on registration practices for training indigenous registrars. The manual has been translated into French. Although promised, the translation of the manual into Spanish has not been undertaken.
- Preparation and publication of the study entitled "Vital Registration Systems in Five Developing Countries: Honduras, Mexico, Philippines, Thailand, and Jamaica."
- Provision of data processing equipment and software to process and access records and data of VISTIM in-country projects.
- Provision and installation of microfilming equipment to VISTIM in-country projects to maintain national archives of vital certificates.
- Improvements in the design of forms to facilitate the collection and compilation of data in VISTIM field projects.
- Design of prototypical national demonstration areas for regional and national use.

D. Technical Advisory Assistance

Nine person-months of technical advisory services were provided through the American Association for Vital Records and Public Health Statistics. VISTIM staff provided 12 person-months of technical services. Other NCHS personnel provided 5 person-months. A total of 26 person-months of services was provided, far exceeding the projected outputs for this period.

E. In-Country VISTIM Projects

VISTIM field projects are operational in three countries: Jamaica, Peru, and Thailand. A VISTIM contract has been approved for Ecuador. Preparations to undertake a VISTIM project in Indonesia have been initiated. The University of Sao Paulo, Brazil, has submitted for VISTIM funding a pilot project on lay reporting of causes of death.

Other countries under consideration for new VISTIM projects are Bolivia, Nigeria, and Turkey. The successful negotiation of these contracts would enable VISTIM to carry out field projects in a sufficient number of countries.

External Factors

A. Project Setting

Often, three different government agencies are involved in the operation of a vital statistics system: the Ministry of Interior, the Ministry of Public Health, and the National Statistical Office. For a VISTIM in-country project to be successful, these agencies must become collaborators. Presumably, the agencies did not work together in Thailand. Although the objectives of the in-country project were realized, they tended to be more limited than would have been desired.

The time and effort required to obtain the various approvals and authorizations from host government agencies may be underestimated. If insufficient time is provided, implementation schedules cannot be adhered to. For example, the VISTIM project in Peru suffered a delay of nearly six months; it was not able to implement fully the proposed new system in the demonstration areas until October 1979.

B. Validity of Assumptions

VISTIM in-country projects are intended to improve an existing registration system or to establish a model system. The selection of countries for systems improvement is based on the following criteria: at least 50 percent of the births or deaths are registered, or 90 percent of births or deaths are registered but the published data on those births or deaths are two or more years old. The implementation of model systems is also intended to be directed at countries which register at least 50 percent of births or deaths in urban areas, but a smaller percentage in rural areas.

These are useful as general criteria because they are helpful in identifying countries where registration problems exist and can be resolved by practical means. It should be recognized, however, that there are other considerations, such as internal security and host country priorities, that must be taken into account.

Sometimes, an in-country project may be developed which is much more comprehensive and far-reaching than originally contemplated by the VISTIM program design. Indonesia provides an example. This country does not have at this time a vital registration system; however, such a system could be established by government decree in the areas concerned.

C. Infrastructure Problems

In Jamaica, electrical power fluctuations have delayed work in progress and destroyed the data files that were being built on disks. Since this phenomenon also occurs in other developing countries, it would be worthwhile to determine what has been done to resolve this problem.

D. Termination of VISTIM

The AID decision to phase out VISTIM in FY 1981 has created a number of problems that require resolution. For example, a contract has been approved for a three-year project in Ecuador, but funds have been approved only for the first year.

Jamaica wishes to continue its project, which is largely financed by Title I funds, until 1984.

Peru is preparing to reorganize its national civil registration system during the next several years.

Indonesia appears to be very interested in launching a major in-country VISTIM project. Exploratory visits have been made under VISTIM auspices. The host government, USAID/Indonesia, and the U.N. seem to be enthusiastic about the undertaking.

AID should formulate a course of action that will enable countries to benefit from the experience gained from the VISTIM project. AID should also reconsider and modify its decision to terminate VISTIM to conserve investments in the project.

Purpose of the Project

The primary purpose of this project is to improve vital registration systems in selected countries so that the data that are generated can be used to measure demographic change. By and large, the VISTIM project has been successful in achieving this purpose. The VISTIM field projects have facilitated the production of backlogged input data on births and deaths and are thus an important component of the effort to improve data analysis. The VISTIM projects also have identified the problems that need to be resolved to improve data quality and coverage. With this information, countries can begin to plan appropriate data compilation strategies.

Goals of the Project

A principal project goal is to provide the information needed to make informed decisions about family planning programs and public health, nutrition, and maternal and child health (MCH) programs.

It is felt that, together, the various VISTIM activities have been contributing to this goal.

Beneficiaries

The beneficiaries of the VISTIM project are divided into two categories: special and general. The special beneficiaries are the registrars and statisticians who are responsible for the vital registration system in their countries. Government decisionmakers who are concerned with the different kinds of programs that affect the national welfare also have been benefiting from the project.

The general beneficiaries are the citizens of the countries. They are being helped in various ways. For example, microfilm equipment is being used to develop national archives; with this equipment, the general beneficiaries should have ready access to their birth records. As compilation of data on causes of death improves, appropriate public health measures can be taken more quickly.

Lessons Learned

The following lessons have been learned from the VISTIM project.

1. In-country field projects should not be initiated unless there is a contractual commitment of funds to cover the full project period.
2. More time and effort should be allowed to obtain host governments' approvals of in-country projects.
3. The awarding of sub-contracts to highly qualified organizations, such as the AAVRPHS, is both useful and economical.
4. The combination of VISTIM activities--conferences, training, technical services, and field projects--makes for a well-rounded and sound development strategy.

II. DETAILED EVALUATION OF VISTIM/NCHS

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Description of Project

This report contains the findings of a mid-course, intensive evaluation of the second phase of the project known as "Measurement of Demographic Change II, 932-0621." The first phase of this project began in June 1976. Subsequent to an evaluation of the first phase, conducted in August 1978, the second phase was initiated in February 1979. In this regard, the Resources Support Services Agreement (RSSA) between AID and the National Center of Health Statistics authorized the NCHS to undertake Phase II of the project during the five-year period beginning on February 1, 1979 and ending on January 31, 1984. The project is referred to here as the Vital Statistics Improvement Program of the NCHS (VISTIM/NCHS).

Contractual Scope of Work

The Office of International Statistics, NCHS, has the responsibility for carrying out the VISTIM/NCHS project. AID funding provides for a small central staff in the OIS to direct the project and to perform other services on its behalf. Currently, this staff consists of a project director, a demographic statistician, and a secretary. In addition, the NCHS has made available the part-time services of another demographic statistician.

The VISTIM/NCHS project is designed to improve vital statistics systems in selected developing countries so that the data that are generated can be used to measure demographic change. To achieve this objective, the following activities were planned:

- regional conferences;
- regional or local training workshops;
- development and application of innovative procedures and technology;
- short-term technical advisory assistance; and
- design, implementation, and monitoring of VISTIM projects in selected developing countries.

As defined in the contractual scope of work, the implementation plan called for the following activities in the period between February 1978 and January 1984:

- Five regional conferences to exchange information and ideas relating to the problems, significance, and potential of vital statistics and vital registration systems for measuring demographic change. The conferences, for vital statisticians of foreign countries, were to be held in the following regions: Asia (1982); Latin America (1981, 1984); and Africa (1980, 1983).
- Ten short, but comprehensive, workshops designed to provide practical training in registration procedures for indigenous registration personnel. The workshops were to be held in the following regions: Asia (1979, 1981, 1983); Latin America (1979, 1981, 1983); Near East (1982); and Africa (1980, 1981, 1983). A training manual for use in the workshops was to be developed during the first phase of the project. The manual was to be translated into French and Spanish during the second phase.
- The development of innovative procedures and technology to resolve procedural and methodological problems (e.g., improvements in the design of forms and the installation of indexing systems to facilitate access to records) and to introduce modern data processing equipment and computer software.
- Up to 20 man-months of technical advisory assistance.
- Nine VISTIM in-country projects to improve existing registration systems or to establish model registration systems.

Resources

In accordance with the project paper, a total of \$4,995,000 was to be provided by AID to the NCHS to carry out the activities during the second phase of the project. Funds were to be made available, as follows: FY 1979, \$900,000; FY 1980, \$700,000; FY 1981, \$1,169,000; FY 1982, \$1,106,000; and FY 1983, \$1,120,000.

To date, AID has provided the following sums: FY 1979, \$895,100 (\$882,300 in cash and \$12,800 in equipment); FY 1980, \$700,000 (\$685,000 in cash and \$15,000 in equipment). With respect to FY 1981, AID has advised the NCHS that, because of funding constraints, it plans to provide only \$100,000, which should be regarded as terminal funding to phase out the project.

Activities

To date (March 1981), the following activities have been carried out by VISTIM/NCHS in collaboration with interested agencies:

A. Regional Conferences

Two regional conferences on vital registration practices were conducted. In Africa, the OCAM Seminar on the Reform of Civil Registration was held in Mauritius in May 1979. This conference was financed by VISTIM and the United Nations Fund for Population Activities (UNFPA). Thirty-two representatives from 14 French-speaking nations participated. Twelve representatives from 8 regional and international agencies also took part in the proceedings.

In the American region, the Iber-American Meeting on Strategies for Improving Civil Registration and Vital Statistics was conducted in Leona, Peru, in November 1980. This was the second such meeting in the region to be sponsored by VISTIM/NCHS. Sixty-five persons representing 17 nations and 11 international agencies participated.

The African and American regional meetings were held in accordance with the contract schedule. They may be considered to have been successful in fulfilling their objectives.

B. Regional and Local Training Workshops

Two training courses were held in the African region, in collaboration with OCAM, in April and May 1980. One course was held in Bangui, Central African Republic, and the other in Cotonou, Benin. A third workshop is being contemplated for the American region and would be conducted in 1981 in Jamaica. The purpose of these courses is to train instructional teams who, in turn, will train local registrars. In Peru, training also was provided to registrars and auxiliary registrars in connection with the VISTIM demonstration project. In the Asian region, training was provided in Thailand to registration personnel participating in the VISTIM demonstration project.

On the basis of a Memorandum of Understanding between the National Center for Health Statistics and the Bureau of the Census, the latter agency has been providing training to foreign nationals in civil registration and vital and health statistics since 1979. The NCHS has accepted into its training program foreign participants who are studying at the Census Bureau. The organization has arranged to send these persons for special instruction to state offices of vital statistics.

A basic document used in the training activities is the 20-chapter manual on registration practices. The manual was developed as a special project under the auspices of VISTIM/NCHS.

On the basis of the information provided, the training activities may be considered to have been successful in achieving the objectives contemplated in the contract. The African and Jamaican workshops should produce valuable multiplier effects. Among the indications of such effects are the requests from the French-speaking African countries for follow-on assistance in planning national-level courses for local registrars. Jamaica is proceeding to develop training programs for local registrars. The satisfactory development of the Peruvian project has been predicated on the training provided to the registrars in the demonstration areas.

The Bureau of the Census organized a course on civil registration and vital statistics methods on behalf of the NCHS. The Census Bureau believes that that course "fills a gap in the practical, long-term training needs of foreign statisticians."

The number of training workshops and comparable training activities has been sufficient to meet the stipulations of the contract for 1979, 1980, and part of 1981.

Innovative Procedures and Technology

The following principal innovative approaches were pursued by VISTIM/NCHS on behalf of this project: preparation and use of a manual on registration practices for training indigenous registrars; preparation and publication of a cross-country study entitled "Vital Registration Systems in Five Developing Countries: Honduras, Mexico, Philippines, Thailand and Jamaica"; provision of data processing equipment and software to process and access records and data of VISTIM in-country projects; provision and installation of microfilming equipment to maintain a national archive of vital certificates for legal purposes; improvements in the design of forms to facilitate the collection and compilation of data; and design of prototypical national demonstration areas for regional and national use.

A. Training Manual

The manual on civil registration practices and vital statistics methods was developed by VISTIM/NCHS under a contract with J. Robb Associates, a minority-owned small business. The organization and writing style of the manual are admirably suited to providing local registrars with an improved understanding of the background to and principles of civil registration practices and vital statistics methods.

The manual contains a comprehensive presentation of practices and methods. However, it is expected that, on the basis of experience in using the manual, some of the chapters (e.g., Chapter 7, "Data Description and Presentation") will need to be modified and expanded. The manual should be edited for style. It is understood that the manual will be supplemented by technical materials used by each country to train local registrars.

The manual has been translated into French and was used successfully in the two African workshops conducted in 1979. The English version has been used in Census Bureau Course 303, "Civil Registration and Vital Statistics Methods."

The manual has not been translated into Spanish because of the desire to modify the English version to make it more suitable to Latin America. Nevertheless, it is suggested that a Spanish translation be developed as soon as possible. Because the manual is organized into modules, modifications may be introduced as they are developed in both French and Spanish.

The instructional style of the manual facilitates a ready understanding of the topics. Each unit is introduced by a short statement about the instructional goals which is followed by a substantive presentation. Also presented are review questions, exercises, points for discussions, and, in some units, suggestions for additional reading. The approach taken in the manual is to be recommended.

B. Study of Vital Registration System in Five Developing Countries

By mutual agreement of VISTIM, AID, and the World Health Organization (WHO), the vital registration systems of five developing countries were selected for study. These countries were: Honduras, Mexico, Philippines, Thailand, and Jamaica. The studies were conducted by experts assembled by the Health Statistics Division (HSD) of the WHO. In addition, a comparative analysis was prepared that identifies common problems among the five countries.

The NCHS recently published the results of this study, which may be considered to be an important contribution to the improvement of vital registration systems in developing countries. The study will probably be distributed widely. It is recommended that it also be used with the training manual as an instructional tool.

C. Data Processing Equipment and Software

Data processing equipment and software have been provided to the VISTIM projects in Jamaica and Peru. This has been a worthwhile investment because the large backlog of untabulated data has been a major problem in these countries. Where such equipment is available, there has been a considerable improvement in the availability of vital statistics.

D. Microfilming Equipment

Microfilm-processing equipment was provided to the VISTIM projects in Peru and Thailand to assist those countries in maintaining centralized archives of vital certificates for legal purposes.

The introduction of microfilming equipment into the vital registration systems of developing countries is unique. The equipment should be useful in accessing vital records. The installed systems should be prototypes for other countries.

E. Improvements in Design of Forms

Efforts have been made to improve the designs of forms. In the Jamaican project, duplicate data-entry activities were eliminated by combining statistical and legal data on a single record which could be filed on computer tape and subsequently split into legal and statistical data files. In the Peru project, the registration certificates were improved. The so-called "registry books" were eliminated in the demonstration areas because they represented duplicated effort.

F. Demonstration Areas

Ideally, the concept of the demonstration area, as applied to VISTIM country projects, calls for a design of different kinds of areas (urban, rural, mountainous, jungle, etc.) to develop and illustrate civil registration techniques. On the basis of the results of efforts in a demonstration area, the ongoing system may be improved, or a new, national system may be organized.

This approach has been used in Peru with evident success. The country is taking steps to install a new national system on the basis of the VISTIM experience. However, the demonstration area project in Thailand was limited to one area because of internal security problems. As a consequence, the goals that were to have been achieved were necessarily more limited than was originally anticipated.

Technical Services

The VISTIM project is conducted by a small core staff of NCHS personnel. To the extent possible, members of this staff provide technical assistance for different project activities. Of necessity, technical assistance must be supplemented by additional technical support in specialized areas of vital registration. Such support is provided largely through a contract that VISTIM maintains with the American Association for Vital Records and Public Health Statistics. This association consists of professional persons who are involved in vital records or public health statistics programs at the state or local level in the United States and Canada. The association maintains a roster of highly qualified and experienced specialists who constitute an excellent source of outside technical assistance to field projects.

A wide variety of short-term technical assistance services to field projects has been provided by the association. For example, vital statistics systems have been reviewed, VISTIM field projects have been evaluated, micro-film systems have been developed and installed, data have been reviewed and assistance with processing operations has been provided, and technical materials for regional conferences have been prepared. Association staff made 16 visits to provide consultative assistance to Peru, Haiti, Jamaica, Somalia, Mexico, Thailand, and Indonesia.

The association is highly regarded, and its membership is considered to be the best technical talent in the United States. The arrangement with this organization is an economical way of obtaining the services of qualified technical talent whenever it is needed. VISTIM feels that the quality of services obtained through this contract has been exceptionally high and that the assistance provided by the association has been a key factor in the progress of the field project.

Nine person-months of technical advisory services were provided through the association. VISTIM staff provided 12 person-months of technical services. Other NCHS personnel provided 5 person-months of services. A total of 26 person-months of services were provided, far exceeding projected inputs.

VISTIM In-Country Projects

In-country VISTIM field projects are operational in three countries: Jamaica, Peru, and Thailand. A contract has been approved for Ecuador. Preparations to undertake a project in Indonesia have been initiated. A pilot project on the design of lay reporting to obtain symptoms of causes of death was submitted for VISTIM funding by the Department of Epidemiology, University of Sao Paulo, Brazil. VISTIM/NCHS has also indicated that Kenya, Zimbabwe, Bolivia, Nigeria, Turkey, Egypt, Ivory Coast, Philippines, and Honduras might be countries where VISTIM projects could be implemented. A new VISTIM project with the Ministry of Interior in Thailand has been suggested.

The successful negotiation of contracts for additional countries would enable VISTIM to carry out field projects in a sufficient number of countries, as specified in the scope of work. However, in December 1980, AID indicated that it planned to provide only \$100,000 to the VISTIM project for Fiscal Year 1981 and that this allotment would represent terminal funding.

Brief comments on the three operating VISTIM in-country projects are given below.

A. Jamaica

A project was initiated in Jamaica in 1978. USAID/Jamaica would like to see this project continue through 1984 and expand in new directions. Title I funds, and not VISTIM funds, are used for project activities. VISTIM is responsible for providing technical assistance. The registrar-general of Jamaica is the project director and is responsible for managing the effort.

By providing needed data-entry equipment, VISTIM has enabled Jamaica to reduce a serious bottleneck in the compilation and publication of vital data. The form for computer records has been improved and duplicate processing has been eliminated. It is anticipated that VISTIM/NCHS will provide assistance to develop a manual for training local registrars and other officers, to conduct a public education program, and to improve staff capabilities to prepare data analyses and reports.

The vital statistics expert who evaluated the project in August 1980, the registrar-general's office, and USAID/Jamaica consider this project to have been successful in achieving its objectives. There are sound grounds for recommending the continuation of the Jamaican project beyond FY 1981.

B. Peru

In 1976, the National Institute of Statistics (INE) of Peru was given a mandate to develop a modern vital registration and statistics system. The NCHS was requested to provide assistance for this purpose, and a VISTIM in-country project was initiated in July 1978. The project will extend

over a 41-month period through December 1981. The purpose of the project is to develop a new, model vital registration system in three geographically and culturally distinct areas of Peru. The project will be a demonstration in the coastal, jungle, and altiplano regions. The results should provide the basis for implementing and maintaining at the national level the new system which the INE desires.

At the national level, an evaluation of the existing system was carried out in collaboration with VISTIM/NCHS. Computer equipment was made available to the INE, and data processing procedures were improved. With this equipment, a three-year backlog of unpublished data has been reduced substantially. VISTIM has provided microfilm equipment which should enable the INE to collaborate in the organization of a national archive to access vital certificates quickly.

The procedures instituted in the demonstration areas have resulted in improved coverage and better quality data. The analytical approach of the managers to demonstration area projects has also revealed problems that must be resolved to substantially improve data quality. These problems include underreporting of births and deaths; need to improve reporting of causes of death; and need to facilitate transmission of vital certificates for data compilation. Steps have been taken to reduce these problems.

USAID/Peru, experts from the United Nations, and staff of the INE and VISTIM/NCHS consider the VISTIM/Peru project to be a successful and superior activity. As part of this project, a draft law to establish a national civil registration system has been prepared and is being submitted for appropriate action. USAID/Peru is sympathetic to desires to continue VISTIM/Peru with some modifications. The continuation of VISTIM/Peru in Calendar Year 1982 would make possible the application of the methodology to the nationwide system. The evaluator recommends that the project be continued.

The project has had a number of administrative problems, most of which have been resolved.

The Peru project is regarded as prototypical by VISTIM staff.

C. Thailand

The implementation of the VISTIM project in Thailand called for the close collaboration of three agencies: the Ministry of Public Health, the Ministry of Interior, and the National Statistical Office. This collaboration has not been as satisfactory as some would have desired. VISTIM staff have indicated that, at times, USAID/Thailand has failed to provide adequate support.

The project began on September 30, 1978 and ended on June 30, 1981. The purpose of the VISTIM project was to expand registration services in rural areas, train registration personnel, and create centralized data files for both legal and statistical use. Because of internal security considerations, only one demonstration area was organized. The inclusion of reforms was not considered to be a feasible objective for the VISTIM project.

VISTIM provided the Ministry of Interior with microfilm equipment to facilitate the establishment of a national file on births and deaths. It is hoped that future generations will be able to obtain copies of birth and death records when they are needed. It has not been possible to organize an appropriate indexing system to access such records. It is hoped that the data from the demonstration area will be available by late April 1981. The data will be used to determine how effective efforts in the demonstration area have been in improving registration and in achieving the other objectives of the VISTIM project.

Proposed Projects

In view of the AID plan to phase out the VISTIM program in FY 1981, special determinations must be made about the VISTIM projects contemplated for Ecuador, Indonesia, and Brazil. These determinations should be made on the basis of AID's legal and moral obligations, technical considerations, and U.S. foreign policy interests. The three proposed VISTIM projects are described briefly below.

A. Ecuador

A contract has been signed that covers the three-year period January 1981-December 1983. Funds have been provided for the first year.

The design of the proposed project is similar in concept to that for the Peruvian project for which three different kinds of demonstration areas will be selected. The civil registration system in Ecuador is well established, it is thought. The country is building a national archive of certificates, all of which will be put on microfilm.

The AID should review its obligations to this project and determine, on the basis of consultation, and through negotiations with the interested parties, what mutually satisfactory arrangement can be made.

B. Indonesia

A project plan is being developed in collaboration with the Central Bureau of Statistics (CBS) in Indonesia for a three-year VISTIM project in the province of East Java (population: 29 million). Indonesia has no vital registration system. It is anticipated that a model system will be developed to permit a new portion of the province to be brought into the system each year. This would be much more comprehensive in its geographic and population coverage than other VISTIM projects. If it is implemented successfully, a system will be in operation to provide important data on births and deaths that reflect changes in population.

An exploratory visit by VISTIM staff resulted in offers of collaboration and financial assistance from USAID/Indonesia and the U.N. The CBS has agreed to full participation in the project.

The special interests of the U.S. in the development of Indonesia should be considered. The estimated costs to AID would be \$450,000. It may be that the collaborating agencies would be prepared to underwrite a greater part of this project than has been contemplated.

C. Brazil

The Department of Epidemiology, University of Sao Paulo, Brazil, submitted a proposal for a \$34,000 pilot project. The objective would be to develop a lay reporting system on symptoms to determine the approximate cause(s) of death where medical attention is not available. A large grant proposal for efforts in other areas in Brazil would be submitted for consideration and initiation after the pilot project.

This project has important technical considerations. AID may want to consider whether other agencies would be prepared to pursue follow-on studies, if AID were to provide funds for the pilot program.

III. THE VISTIM PROJECT IN PERU:
A SITE VISIT

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Background

Purpose of Site Visit

The consultant Benjamin Gura, visited the INE, the national statistical office of Peru, on May 1-9, 1981. This visit was made in connection with the mid-course, intensive evaluation of the project, "Measurement of Demographic Change II." Generally known as the VISTIM project, the effort is being conducted by the Office of International Statistics, National Center for Health Statistics.

The official estimate of the 1980 population of Peru is 17,775,000 persons. This estimate is based on a projection of the intercensal rate between the 1962 and 1972 censuses. However, the 1974 national demographic survey and the 1977-1978 National Fertility Survey have indicated that a declining growth rate should result in lower estimates of population.

The last three population censuses of Peru were taken in 1940, 1961, and 1972. The 1981 census will take place in July.

Peru is divided into 25 departments which, in turn, consist of 153 provinces. The provinces are divided into 1,680 districts. The districts are divided further into an unspecified number of small, populated areas.

The National Institute of Statistics (INE)

The INE is the principal statistical agency in Peru. Its headquarters comprises six directorates, six offices, three committees, and an inspector-general. Leadership in the INE is provided by a chief and a technical director. The six directorates are: Censuses and Surveys, Economic and Social Indicators, National Accounts, Informatics, Basic Statistics, and Demography. The six offices provide support and technical assistance. The three committees have consultative functions.

The VISTIM/Peru project is situated within the Directorate of Demography and consists of the following units:

<u>Unit</u>	<u>Chief</u>	<u>Staff</u>
Direccion	Yolanda Cespedes*	4
Field Operations	Teodora Morales	(3 demonstration area chiefs, 3 field inspectors, 9 2 office workers, and 1 chief)
Technical Unit	Jose Galvez Brandon	8 (including a lawyer)
Information	Santiago Alejandro*	11 (including an editor, coders, and a programmer)
OGA	Lydia Trinidad	1 (small administrative office)

*These are directorate chiefs; they are not paid out of VISTIM/Peru funds.

Evaluation Methods

The evaluative method included discussions and meetings with officials concerned with the VISTIM/Peru project. In addition, the reports and documents generated by this project were compiled and reviewed. Visits were made to the different offices that used VISTIM-required equipment. The use of this equipment was observed.

A. Discussions and Meetings

Discussions and meetings on the VISTIM/Peru project were held with the following officials and technicians:

- AID

John E. Lawson, Jr., AID Project Officer, USAID/Washington

Helene Kaufman, Population Officer, USAID/Peru

- NCHS

Robert B. Hartford, Chief Project Officer, VISTIM/NCHS

- INE/Peru

Graciela Valdez, Chief, INE

Eduardo Mostejó, Technical Director, INE

Esteban Franco Cosquillo, Chief, Office of Technical
Cooperation and Training

Yolanda Cespedes, Director, Directorate of Demography

Jose Galvez Brandon, Chief, Technical Support Unit (VISTIM)

Alfredo Ledesma, Demographer, Technical Support Unit (VISTIM)

Maritza Silva Soto, Lawyer, Technical Support Unit (VISTIM)

Santiago Alejandro, Director, Directorate of Informatics

Rolando Zavala, Programmer, Technical Support Unit (VISTIM)

German Carrasco, Archives and Microfilm, Technical Support
Unit (VISTIM)

B. Review of Documents

The documents which were compiled for review were as follows:

- General

1. Scope of Work for evaluation of the Measurement of Demographic Change (VISTIM) project
2. Mid-project report on vital statistics improvement program (VISTIM) for AID, February 1, 1979 to January 31, 1981, NCHS

3. Basic contract and four amendments for VISTIM/Peru between INE and NCHS
4. Organization chart, INE, March 1981 (proposed)
5. Documents used in the fieldwork for VISTIM/Peru
6. Instructions to field staff to improve data quality.

● Deliverables

1. Final project plan
2. Questionnaire and analytical plan for mail-out survey to registrars
3. Draft designs for tabulations and publications
4. Draft of training manual for registrars
5. Preliminary report on results of mail-out survey
6. Preliminary report on visits to registration sites
7. Preliminary evaluation report of field demonstration activities
8. Evaluation report of site visits during the first year (January-March 1979 and April-August 1979)
9. Draft proposal for field survey
10. Standard annual vital statistics publications--births (1975, 1976, 1977) and deaths (1975 and 1976)--in preliminary tabular form
11. Interim report for the basic contract, July 28, 1978-December 31, 1979 (summarizing accomplishments and specifying remedial measures)
12. Final evaluation report (for the first period of fieldwork in the four demonstration areas: September 1, 1979-December 31, 1979)
13. Progress report (evaluation) for the period January 1, 1980-April 30, 1980

14. Report (evaluation) on supervisor of site visits to demonstration areas during July 1, 1979-June 30, 1980
15. Interim final report, 1980 (including reports on salaries).

The results of this evaluation are presented in the section entitled "Principal Findings and Recommendations."

Description of Project

VISTIM Goals

The VISTIM/NCHS project, the first phase of which began in February 1976, was designed to improve vital statistics systems in developing countries so that the data generated could be used to measure demographic change. An important component of this undertaking has been the selection of designated developing countries in different regions of the world to demonstrate and implement more efficient procedures and technology in in-country VISTIM projects.

Ongoing VISTIM Country Projects

To date, three in-country VISTIM projects are under way--in Jamaica, Peru, and Thailand. The Peruvian project was selected for the site visit because it is considered to be prototypical of the range and scope of in-country efforts. The Peruvian project will be referred to here as VISTIM/Peru to distinguish it from VISTIM/NCHS.

VISTIM/Peru

In collaboration with VISTIM/NCHS, the INE agreed to organize an in-country project (VISTIM/Peru) for which a contract with VISTIM/NCHS was signed. The scope of work called for VISTIM/Peru to develop and implement a new, or model, system of birth and death registration in three geographically and culturally distinct areas of Peru--on the coast, the jungle, and the altiplano.

Two major kinds of activities were to be undertaken: the design and implementation of the new system in the demonstration areas and, following an evaluation of the results in the demonstration areas, national implementation of the new system based on subsequent recommendations. It was expected that the benefits of the new system would be demonstrated in significant improvements in registration coverage, data quality, data flow, and data processing and publication.

The techniques, methods, and innovations used in the demonstration areas would be required to be feasible for a national-level program. Certain aspects of the new or model system--improvements in data management and data use--were to be extended to the national level before completion and evaluation of the demonstration project.

Duration and Cost

The VISTIM/Peru project covers a 41-month period, July 20, 1978-December 31, 1981. A total of \$646,562 (exclusive of equipment) has been provided to execute the contract. Of this amount, however, \$591,652 were targeted for project activities; \$55,000 were targeted for logistical support on behalf of the Iber-American Meeting on Strategies for the Improvement of Vital Statistics Registration (November 1980). The VISTIM/Peru project also received data processing and office equipment.

The funding for the project was to be made on the basis of VISTIM/Peru's submission, by the designated delivery dates, of so-called deliverables to VISTIM/NCHS. (These deliverables are reports that document the different steps in the project.) A list of 22 such reports was provided. The reports were to be delivered between July 31, 1978 and December 31, 1981.

Civil Registration Process

The civil registration process at the national level requires the certification of vital events on a form provided by the INE. The form is then taken to the registrar who enters the information in two sets of a Book of Records (original and duplicate). The original is maintained in the office of the registrar. The copy is sent to the Supreme Court for the region where the office of the registrar is situated. The certificate, or form, is then sent by the registrar to an area hospital center, where it is compiled and tabulated. The hospital center forwards all certificates to the INE for compilation and tabulation of vital statistics.

Problems Requiring Resolution

Coverage of vital events under the national system in Peru is far from complete. The INE estimates that approximately 20 percent of all births and 30 percent of all deaths are not certified. Of the certified events, only about 60 percent are medically attended, with a concentration of the attended events in the Lima metropolitan area. The INE thinks that the apparent undercoverage of vital events is due, in part, to the fact that many completed certificates never arrive from district registrars. Approximately one-fourth of the registrars do not forward the certificates, although they are required to do so.

When the project began, there was no central agency for civil registration, nor was there a central civil registration file for Peru. The INE was given a mandate to develop a new vital registration system for the country, and, subsequently, it contacted VISTIM for assistance. In result, under a contract between the INE and the NCHS, a centralized file was developed and a central office was established.

Principal Findings and Recommendations

Summary

This is an innovative project with a creative approach. The project should achieve its short- and medium-term objectives. VISTIM/Peru should be given the opportunity to ensure that the long-term objectives are realized.

The project has suffered from a number of administrative difficulties, most of which have been resolved. These difficulties appeared when project payments were tied to specific deliverables, project checks were lost in the mail, and some changes were made in personnel.

Achievements

The VISTIM/Peru project has been successful in fulfilling its objectives of installing a new civil registration system in three demonstration areas and illustrating the benefits of that system. It has been effective in its efforts to transfer the benefits of the new system from the demonstration areas to the national system.

At this time, two versions of a draft law to reorganize the national registration and vital statistics system have been prepared by VISTIM/Peru.

One of these versions will be submitted to the Ministry of Justice for subsequent legislative or executive approval. This process may be completed before December 31, 1981.

The VISTIM/Peru staff members are well qualified, dedicated, and objective. The documentation they have produced is comprehensive and complete, and includes in-depth analyses of work in the demonstration areas.

Coverage, Quality, and Timeliness

The number of registrar offices has been increased from 35 to 78, and the number of registrars to 99. With these changes area coverage has been increased. Nevertheless, in a number of small, populated places, reporting problems persist. These problems are recognized and steps are being taken to resolve them.

A quality-control procedure involving editing in the field and office has been introduced. Both the quality and the consistency of data have been improving.

In the demonstration areas, medical certification information and registration information are combined in a single form to record births and deaths. The certificates for births and deaths are well designed and have resulted in economies of effort. The expansion of the demonstration area process to a national system should minimize the duplication that now occurs when duplicate sets of registration books are prepared.

The tabulations for the demonstration areas are being produced, as planned, each quarter and semi-annually. Tabulations through December 1980 have been completed.

An annual series has been published on behalf of the national system of births for 1975, 1976, and 1977. Tabulations of deaths are available in preliminary form for 1975 and 1976. It should be remembered, however, that these birth and death statistics are products of the current national system, and may, therefore, be deficient.

Microfilming of the certificates from the demonstration areas is current with receipts. This work, which is being conducted systematically, will become the basis for a useful archive.

The VISTIM-acquired data processing and office equipment is being put to good use. INE personnel are satisfied with the different kinds of equipment they have acquired.

Technical Assistance

VISTIM/NCHS had provided 91 person-days of technical assistance to VISTIM/Peru as of January 31, 1981. Of this, 65 person-days were provided directly by VISTIM/NCHS; 26 person-days were provided by members of the American Association for Vital Records and Public Health Statistics. INE, as well as USAID/Peru, feel that this assistance has been useful in furthering the objectives of the project. In particular, Robert B. Hartford, the chief project officer of VISTIM/NCHS, was considered to have made important contributions.

Future Activities

The INE would like the VISTIM/Peru project to be continued in the demonstration area through 1982. It also would like to expand the demonstration to certain frontier areas, and to obtain VISTIM's support to reorganize the national civil registration system that is to be implemented under the proposed new law.

USAID/Peru regards as superior the results and efforts of the VISTIM/Peru project, and it is sympathetic to desires to continue the effort. It believes, however, that more attention should be given to demographic analyses of data, particularly in areas where AID-assisted projects are in operation.

USAID/Peru and the INE are discussing the continuation of the VISTIM/Peru project in the demonstration areas and the expansion of the project to a number of other demonstration areas where AID-assisted programs are under way. The two groups are considering providing training courses for registrars under the reorganized national system if the project is continued. An INE coordinator would be needed to direct this program. The assistance of VISTIM/NCHS would be needed also. It is hoped that funding could be shared by the central AID project of VISTIM/NCHS and USAID/Peru, and that Title I funds available for Peru could be channeled into the effort.

In the opinion of the evaluator, the VISTIM/Peru project will not be able to continue in 1983 without financial support from AID. Project staff will be transferred to other INE activities, and, under the proposed new law, the implementation at the national level of VISTIM/Peru's recommendations might not be carried out successfully.

The INE has submitted a project proposal to the UNFPA for assistance to reorganize the national civil registration system on the basis of VISTIM/Peru's recommendations. The evaluator has been informed by INE that the UNFPA probably will not consider this proposal for funding before 1983.