# Overseeing the National CRVS Improvement Program in Mainland Tanzania

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# Tanzania at a Glance

- Population: 50 mil

- Births - 2.1mil per yr

- Deaths – 450,000 per yr

- U5 deaths- 135,000 per yr (about 1/3rd)

- Neonatal deaths – 50,000 per year

# CRVS Overview

- Centralised system – 13% registration

- Three steps, multiple visits

- Distance: Registrars are at the District HQ – distance up 200 km

- Cost: Prohibitively high - but fees have been waived for births of under-five children but not for deaths

- Low Awareness/ Demand for birth and death certificates

- Death Registration – Not much focus

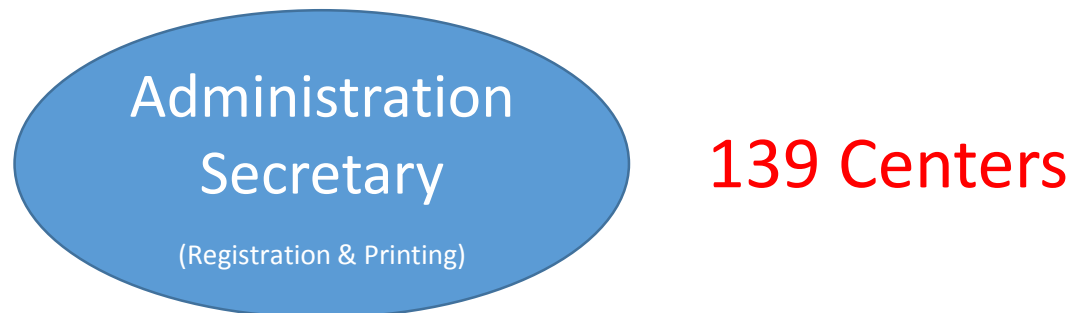# Integration with the Health Sector and Missed Opportunities

- Coverage of mothers with any ANC -  98%

- Mothers with 4+ ANCs - 51%

- Mothers protected against TT - 88%

- Children born at health facilities- 60%

- Children with at least one vaccination - 98%

- Children fully vaccinated – 75%

- Children who were given BCG – 96%

- Children who were given Measles – 86%

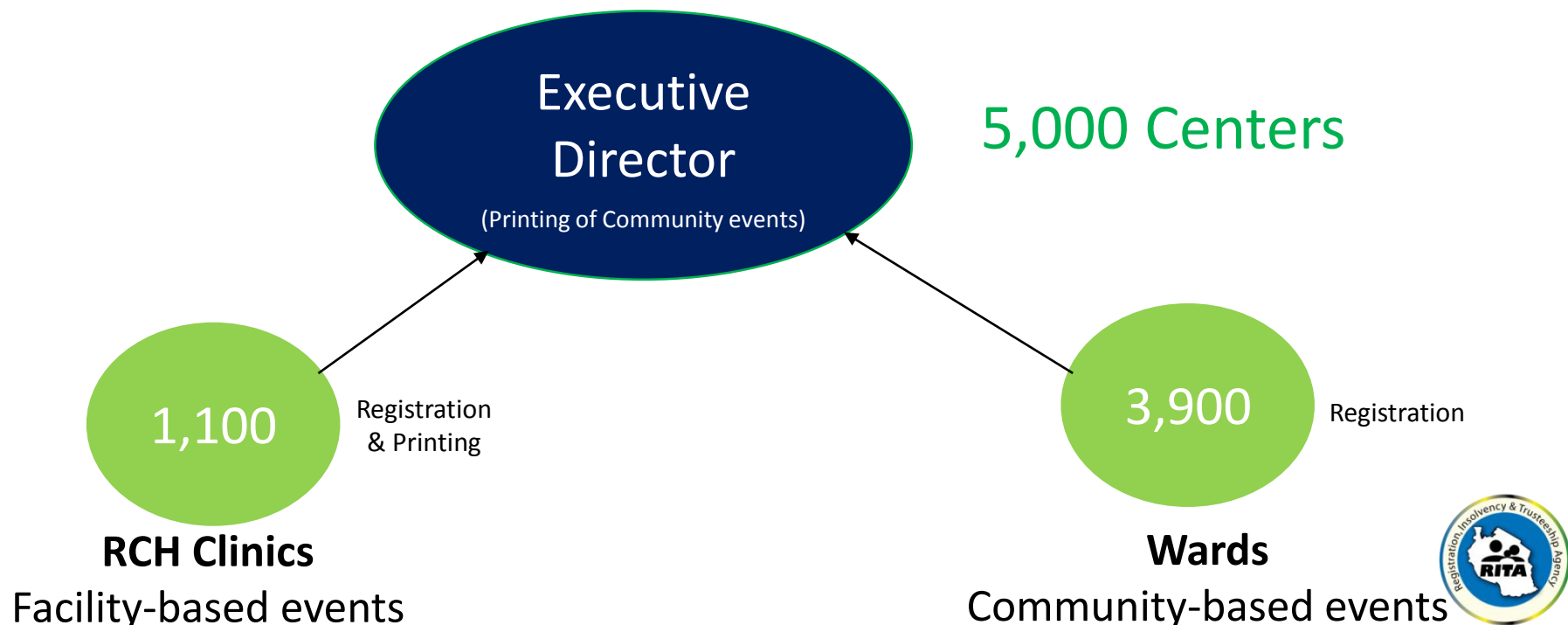- Children with immunisation cards – 88%

# Existing Vs Proposed CRVS System

- Existing Centralised – District level

**Administration Secretary**

(Registration & Printing)

139 Centers

- Proposed Decentralized – Council level

**Executive Director**

(Printing of Community events)

5,000 Centers

1,100 — Registration & Printing

**RCH Clinics**
Facility-based events

3,900 — Registration

**Wards**
Community-based events

# Decentralised Birth Registration System – Way Forward

- Currently focus on U5s, but registration for all other ages on going

- The new U5 Birth Registration Initiative (UNICEF):
  - Currently in operation in 7 regions namely Mbeya, Songwe, Mwanza, Iringa, Njombe, Geita and Shinyanga
  - Aims: accessibility and affordability

- U5BRI 6 goals:
  1) Bringing registration closer to the community by declaring the Health Facilities and the Ward Executive Offices as registration points. For example, children in in these 7 regions now have access to more than 2500 registration points compared to the 42 registration points earlier.

  2) Delegating the task of registration to the Local Government Authorities.

- U5BRI 6 goals:

  3) Making the registration process 'one step, one visit' rather than the present 'three steps, multiple visits' so that the registration and certification take place concurrently.

  4) Waiving the fee for registration and certification and the first copy of the birth certificate is given free of cost

  5) Creating awareness among the general public about the importance of birth registration and certification.

  6) Using mobile phone technology to ensure instant transfer of data to facilitate a real-time tracking of progress.

# Progress So Far, New CRVS Strategy

| Region Covered | U5 % Registered 2012 | U5 Population 2017 | U5 Registered 2017 | U5 % Registered 2017 |
|---|---|---|---|---|
| Mbeya | 11.0% | 276,642 | 234,212 | 84.7% |
| Songwe | 11.0% | 193,224 | 152,918 | 79.1% |
| Mwanza | 12.1% | 563,405 | 193,656 | 34.4% |
| Iringa | 11.4% | 135,108 | 140,071 | 100% |
| Njombe | 8.7% | 96,259 | 100,495 | 100% |
| Geita | 8.6% | 385,519 | 70,669 | 18.3% |
| Shinyanga | 9.4% | 314,538 | 100,119 | 31.8% |
| ALL | 10.5% | 1964695.562 | 992,140 | 50.5% |

# Progress So Far, New CRVS Strategy

- Decentralisation, making registration free if registered within the normal reporting period and free first copy of certificate

- No more notification process for events in health facilities

- Simplifying the notification process for community births

- Legal amendments – to incorporate these changes

- CRVS advocacy strategy

- **Using CHWs for:**
  - **notification of community events**
  - **Conducting Verbal Autopsy interviews**

- Plan to shift to A4 size paper based registration and certification formats with adequate security features - to cut down the cost

- Revision of forms to generate vital statistics for reporting on SDGs

# Challenges

- In adequate resources

- Low priority at all levels

- Lack of proper linkages with other systems

- Over emphasis on investing in other sources and systems – ad hoc surveys, building parallel systems.

Asanteni Sana