



# The Vital Statistics Journey

A case study of  
**Mozambique**



Prepared by the GITEV  
(Inter-Institutional Working Group on Vital Statistics)

A CRVS project sponsored  
by Canadian DFTAD and WHO





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## Executive summary

Mozambique has over time been devastated by several phenomenon such as colonization (until 1975), civil war (1976-1992) and natural disasters, which caused massive defection of qualified personnel, destruction of infrastructures, displacement of people from one region to another and hence, the loss and deterioration of registration of population and registration of newborns. Despite those hostile scenarios, the government of Mozambique multiplied its initiatives for increasing and improving systems of population registration and enhancing vital statistics within the country.

Currently, Mozambique intends to be in the forefront on improving Registration of Population and Vital Statistics Systems as result of the deliberations passed by the Conference of African Ministers responsible for population registration as well as deliberations passed by the African Symposiums on Statistics, using information and communication technologies or designing an integrated system for registration of population and vital statistics.

**Almost 2 500 000 children under the age of 5 have not been registered to date and the causes of over 300 000 deaths are still unknown.**

**Mozambique aims to implement well-coordinated, targeted high-impact interventions to improve its CRVS systems .**

Total population (2014) <sup>1</sup>	25 041 922
% Under 15 (2014)	45.0
Population under 5	4 632 756
% of under 5 registered	48%
Life expectancy at birth (2011)	52.4
Estimated % of deaths reported nationally by cause-of-death	7%
Proportion of institutional deliveries (2013)	69%

### The historic background: getting data from Civil Registration

The concern with CRVS in Mozambique goes back to the colonial period when by 1866 Portugal “imported” its Civil Code to the overseas provinces. The independence, declared in June 25th, 1975, had the challenge of eradicating the racial base of CRVS and expanding it to reach the whole territory, but in a situation of illiteracy and lack of quali-

<sup>1</sup> Source: INE and MoH, 2014

fied staff. One year after the proclamation of independence, CRVS was menaced by a 16-years lengthy civil war with high death toll, destructions of infrastructures and huge internally displaced people and refugees. During that period, natural disasters, mainly floods, also ravaged the country. The war associated with these extreme events not only made people lose their documentation but also rendered difficult the expansion and registration of civil events. The urban-rural bias in civil registration characterized that period of war and extended up to more recent periods.

The government efforts to get information concerning new births and causes of death either by systems of routine information from 1979, by census (1980) or by conducted surveys, reached partially the proposed objective, partly due to the destabilization. The registration of deaths including the causes, marriages and divorces also experienced problems especially in rural areas.

By 1992, when civil war ended with the General-Peace-Agreement signed in Rome, the country embarked in a process of reconstruction of the sector of CRVS. Mobile brigades were dispatched even to rural areas to reach those who had lost documents due to civil war. A simplified process of registration helped the government to “give” citizenship to some of its people with the rights implied though with difficulties. The 2000 floods posed another challenge to the sector including the floods that followed (UNICEF, 2005). These challenges were reflected in statistical data on the registration of births. In fact, in the first years of this decade, only 6% of children under 5 years old had a birth certificate.

In order to deal with these new challenges, the government set out several initiatives and reforms. The Civil Registration Code, Family Law, the National Action Plan for Birth Registration of 2004, the projects to develop the systems of civil registration including Information and Communication Technologies (ICTs), namely the Electronic Unique Identification Number (E-NUIC) and Hospital Deaths Registration System (SIS-ROH) by the Ministries of Justice and Health were intended to reverse that scenario, by expanding it to the registration of births all over the country. In 2008, the Multiples Indicators Cluster Survey (MICS) pointed out that 31% of children under 5 years old were registered, 39% in urban areas while 28% in rural areas. Three years later, in 2011 the percentage increased to 49% but with rural bias (INE, 2013).

In short, Mozambique has a legal base and policies for civil registration and vital statistics embodied in the constitution, family law, civil code, population policy, strategy of electronic government and strategic plan of the Information system for health. Civil registration and vital statistics are a multi-sectorial endeavor involving the Ministries of Justice, Health, Interior (home affairs) and the National Institute of Statistics among others. They are coordinated through the GITEV (Inter-Ministerial Working Group on Vital Statistics).



Members of the GITEV during the training to conduct the national CRVS assessment. September 2013

### Political Commitment

In Mozambique, the Ministry of Justice coordinates the efforts of the Government to strengthen CRVS systems. But due to the complexity of the process, more sectors are involved such as the Ministry of Health, the National Institute of Statistic (INE) and the Ministry of Home Affairs. Recognizing that other institutions deal with data relevant to CRVS, namely the municipality authorities, the Technical Secretariat of Electoral Administration (STAE), the National Institute of Social security (INSS), etc. the government is engaged in creating synergies in order to capitalize these data.

At national level, the government is committed in creating a framework of interaction among those actors. The article 371 of Civil Registration Code (CRC), for example, points out that the data related to births, marriages and deaths should be sent compulsorily to the INE. Besides this the process leading to the ID and Passport not only shows ministerial coordination but also that these data can be shared in a profitable manner. Considering also that the traditional practices still relevant in the country from 1994 the government recognized the role of traditional authorities<sup>2</sup>. This recognition allows, though tentatively, the government to “grasp” CRVS data derived from traditional marriages and burials.

Mozambique is also working with United Nations (UN) on this issue, through the United Nations Children Funds (UNICEF) and the World Health Organization (WHO) using the “One UN approach.” Agreements with the UN not only help to increase the coverage of birth registrations but also are important in promoting a more conscious society about the relevance of birth registration. In 2012, for instance, the Netherlands, through UNICEF donated USD 120 million; as a result, 12 million children were registered. United Nations are also strongly engaged in the “Health Week” which, beside vaccinations of children comprises the registration. This campaign is praised because of its coverage. 332 171 children under 5 years old were registered during the last National Health Week.

<sup>2</sup> Lei 3/94, a Lei 2/97, Decreto-Lei n.º 15 de 20 de Junho de 2000.



At the international level, from 2009 to date, Mozambique has attended international conferences and workshop designed to improve CRVS. In Addis Ababa, UNECA and BAD established the basis and devised strategies for improvement of CRVS. The involvement of the country in conferences of African Ministers of justice also shows the commitment of Mozambique for the improvement of CRVS. The ministers recognized the need for reforms of the systems of CRVS by complete assessment and development of concrete strategies and action plans. The Inter Ministerial Working Group for Vital Statistics (GITEV) is the result of the recommendations of these ministerial conferences including the national assessment.

### **Taking the Initiative – Leveraging Support**

Mozambique embarked in a process of reform of CRVS since 2000. These initiatives followed by internal debates and other experiences highlighted the need for the recognition and institutionalization of traditional and religious marriages, their transcription and the elimination of discrimination of illegitimate and legitimate children. This stance resulted from the need to adjust local practices and capitalize them to strengthen CRVS. Certainly, these reforms were backed by donors.

Because since 1975 Mozambique initiated extensive programs of vaccination of children that were also praised by WHO, the government sought to take advantage of them by including births registrations. The so called “Health Week” which proofed to be an excellent opportunity to increase the registration of children under 5 years old.

The mobile brigades backed by donors, in spite of some limitations, try to reach rural areas where no registration posts are available.

The issue of CRVS in Mozambique is also linked to concerns of international bodies with information and accountability. In fact, Mozambique has completed its rapid assessment of CRVS systems using tools developed by WHO and the University of Queensland (UQ). These efforts are aligned with the work of the Commission on Information and Accountability (COIA) for Women’s and Children’s Health, which prioritizes CRVS strengthening. With certain regularity, though not at the desired pace, the Ministry of Health and INE are striving to publish data on Vital Statistics of the country.

## Interview with Neidi de Carvalho (UNICEF's Children Protection Officer)

In order to implement substantial improvements to the Civil Registration and Vital Statistics Systems (CRVS), the Government of Mozambique has mobilized support from its international cooperation partners, of which UNICEF Mozambique is top of the list. These partners have pledged necessary support for the implementation of a project to notify births through a Short Text Messaging Service (SMS).



*“For the pilot phase, we chose Nampula province, as the second highest populated province, and then Zambezia province. The process will use community and religious leaders.”*

The selected leader will be responsible for notifying by text messaging the Registration Officer about all newborns in his community, so that the Registration Officer may know when to program the registration process.

*“The process will be conducted in a strict observance of the legislation in force, given that Mozambican Civil Code does not allow electronic registration or text-messaging (SMS) registration”,* said Neidi de Carvalho.

Through the project, it is intended to obtain the real figures of newborn children in Mozambique to compare to those children who have in fact been registered.

## Opportunities and challenges

OPPORTUNITIES	CHALLENGES
<p><b><i>INSTITUTIONAL OPPORTUNITIES</i></b></p> <ul style="list-style-type: none"> <li>▪ Government commitment towards CRVS agenda in the context of Reduction of Poverty - health and civil registration is key priority of sector areas</li> <li>▪ Existence of sound, budgeted, integrated Health Systems plan and Ministry of Justice integrated programme-specific plans</li> <li>▪ CRVS Operational plan under development</li> <li>▪ Established coordination forums between Government and development partners.</li> </ul> <p><b><i>OPPORTUNITIES AT COMMUNITY LEVEL</i></b></p> <ul style="list-style-type: none"> <li>▪ Decentralization of services (e.g., creation of District Directorates of the Ministry of Justice)</li> <li>▪ Involvement of community leaders and Community Health workers on notification of vital events</li> <li>▪ Community sensitization through the national health weeks</li> <li>▪ Use of ICT (Information and Communication technologies) at community level</li> <li>▪ Committees of Maternal deaths created at different levels (from community to central level)</li> </ul>	<p><b><i>INSTITUTIONAL CHALLENGES</i></b></p> <ul style="list-style-type: none"> <li>▪ Coordination among role players involved in CRVS could be improved (different organizational cultures, lack of staff)</li> <li>▪ Under investment in human resources and infrastructure development.</li> <li>▪ Inadequate equipment and materials</li> <li>▪ Dependency on external assistance (specially on the health sector)</li> </ul> <p><b><i>CHALLENGES AT COMMUNITY LEVEL</i></b></p> <ul style="list-style-type: none"> <li>▪ Significant health inequalities across regions</li> <li>▪ Low population coverage of both health and civil registration services</li> <li>▪ Poor coverage of registration of births and vital statistics</li> <li>▪ Lack of interest by parents to register their children for not seeing immediate benefits of birth registration combined with poor demand of services</li> <li>▪ Opportunity costs (transportation, travel,...)</li> <li>▪ Social and cultural factors that prevent immediate registration</li> <li>▪ Low household knowledge about health in general</li> <li>▪ Underutilization of community involvement in health and civil registration</li> </ul>

### Challenges: emerging concerns, various perspectives

Civil Registration and Vital Statistics in Mozambique are, as cited above, a complex process. The low levels of coverage that characterize Mozambique are caused by a diversity of factors. Some births and deaths occur outside the hospitals and are not registered. The causes of mortality are less known in a situation where the registration is weak and the formularies are inadequate. Traditional and religious practices also contribute because sometimes they “escape” the registration. This situation poses too many challenges to the country.



The national mortality system based on hospitals deaths, SIS-ROH, installed in provincial capitals and in principal hospitals and being expanded to the districts poses challenges related to deaths and burials that occur outside hospitals. Given this situation, there is a need to address these deaths to create a framework of interaction between rural communities and registration services. This interaction also should be extended to births so that they can be reported in time from the locality to the registration centers (registration posts or mobile brigades).

Another challenge is related to socio-cultural aspects that interfere in the registration of births. This situation highlights the need of a better understanding of them in order to increase the coverage of births registration. Available evidences shows that some parents do not see registration as important unless they want to enroll their children at schools. Issues related to heritage, the right of a name and nationality are not considered relevant.

As the country is embarking in a process of informatization (database, e-NUIC) in a situation of unskilled personnel, there is a need for capacity building. Previous interventions by partners of cooperation proved to be useful but they have to be extended. There is a need of a training plan so that the staff can aptly deal with ICTs.

Because floods are recurrent with their resettlement program, the country faces a challenge related to the loss of documentation and distances created by new resettlement programs to the registration centers. A process more flexible and closer to the affected communities that may allow mitigating the effects of floods in CRVS is relevant to the country.

## A Public partnership to improve vital statistics: In-Hospital Deaths Registration System

A public-private partnership between the MOH, NGOs and academic institutions was created to support the efforts to collect information about causes of death. A South African NGO (Jembi) provided technical and financial support to the process. A national project of the University Eduardo Mondlane (MOASIS) supported the development, implementation and maintenance of IT solutions; and several international donors supported the initiative (WHO, CDC, HMN). This approach ensures national ownership and support national-scale projects; leverages national resources for development; and allows collaboration with international organizations.

### Progress

SISROH is a System of Registration of Deaths in Hospital on Individual Basis. The system was produced following the need of collecting data related to the Causes-of-Deaths in hospital during the year 2007 and in sequel to a request made by the MoH. MoH recognized the need for statistics on Causes-Of-Death and started the revision of the mortality system within the health sector. In 2008, the system was developed in order to include death registration forms, death frequency, conformity to law and legislation and adoption of international standards.

In that context, a commission tasked to work on International Classification of Diseases (ICD-10) was created in the Ministry of Health of Mozambique (MoH). The new Death Certificate (DC) was approved in 2009 as well as the death causes and SISROH was introduced as the data management software in all hospitals countrywide. Training of provincial trainers in ICD-10, CO, and SISROH software, training of medium-level statisticians and provincial physicians and gradual implementation of SISROH in hospitals began in 2010.

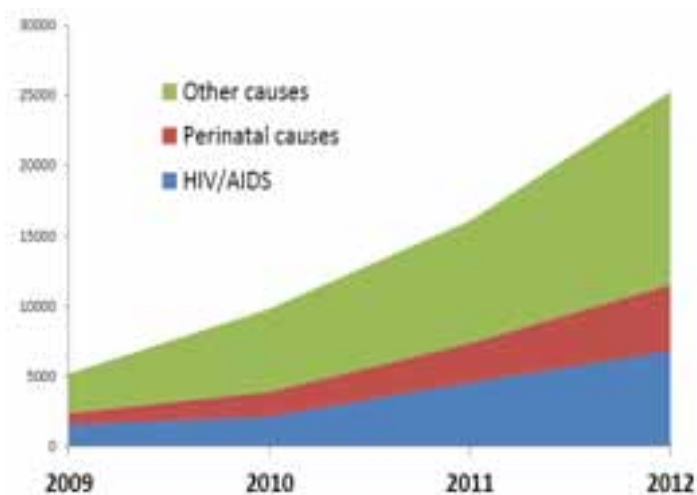
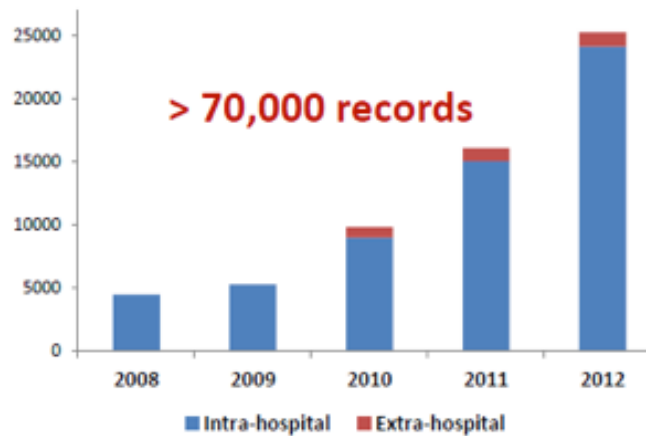
Implementation of a standardized codification process of departments and services begun in 2012, including maternal and fetal mortality, out-of-hospital deaths and publication of national data. Yet, during the year of 2012, it was possible to register the deaths occurred out of Maputo Central Hospital. However, within the context of this process, the government is intending to progress into the registration phase of both, intra and extra hospital in coordination with institutional partners that comprise the GITEV.

#### Progress in 2013 includes

- Expansion to 34 hospitals
- Registration of extra-hospital deaths certified by Forensic Medicine (81% due to accidents/violent causes)
- Improved timeliness of data availability at central level

Success factors include the use country tailored solutions; the strategy using a phased implementation towards specific objectives; and the cooperation mechanism (public-private partnership).

The table below shows products of the SISROH following: 1) analysis of hospital deaths by cause, 2009-2011; 2) number of deaths recorded by type (2008-2009); 3) trend of causes of death in Mozambique, 2009-2012.



## CRVS – The roadmap

In spite of all the efforts made up to today, CRVS in Mozambique still presents gaps. The coverage of these events has not reached desired levels. Given this situation, the government seeks strategies to strengthen CRVS. This can be met by:

- (i) Expanding the coverage through rehabilitation and building new facilities such as conservations, civil registration posts, mobile posts, and accentuating the campaign of “Health Week” in rural and urban areas. This move will have to take into consideration the asymmetries between rural and urban areas. Meeting also the expansion of coverage by events notification via SMS and the gradual use of ICT.
- (ii) Civic education campaigns to promote birth and death registration, including the use of incentives.
- (iii) Strengthening departments of vital statistics within the Ministries of Health, Justice and Statistics Units, among others.
- (iv) Providing the necessary equipment such as computers, fax, telephone, mobile, forms (certificates), etc. Updating the certificates so that they can meet the standards of the International Classification of Diseases (ICD-10), for example. This should go in parallel with capacity and institution building.
- (v) More involvement of traditional and religious authorities, including community health workers, who have a role in reporting vital events.

### The future

For the future, Mozambique intends to continue expanding the coverage of CRVS. Previous positive interventions in the sector are to be replicated throughout the country. Regional and international experiences that showed best results are to be adapted to local circumstances. And a greater commitment to ICT will enable the country to create more flexible, reliable and efficient CRVS.

The country also intends to make regular assessments of CRVS. These assessments will give an updated picture of the country so that CRVS can be used strongly in decision making.

Partners and donors will be mobilized through a coordinated and harmonized approach. Mozambique will implement well-coordinated, targeted high-impact interventions to improve its CRVS. These actions are included in the investment case and the operational plan under development.



