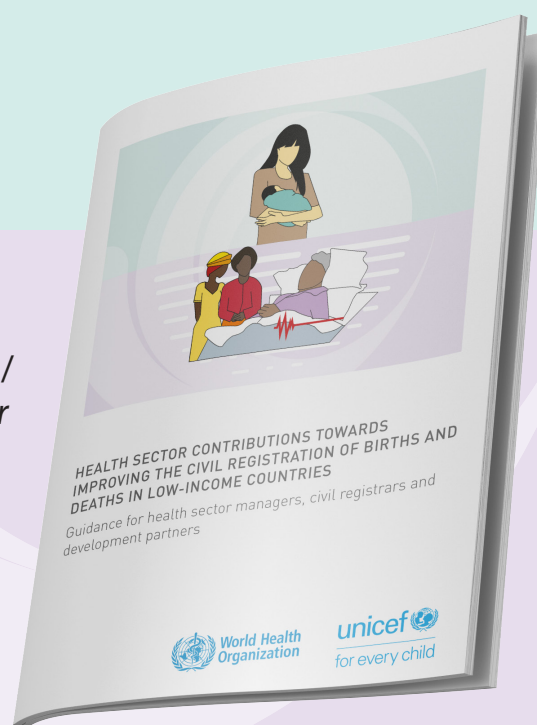


# The health sector in civil registration: options and methods to increase registration of live births, stillbirths and deaths

An addendum to the WHO/  
UNICEF guidance *Health sector contributions towards improving the civil registration of births and deaths in low-income countries*





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Civil registration is the continuous, permanent, confidential, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population, in accordance with the country's legal requirements.<sup>1</sup> Civil registration benefits individuals and their families by providing legal proof of the occurrence of a vital event, such as a live birth or a death, through issuance of a certificate. Such proof is of critical importance for individuals to access services. Further, civil registration also benefits the government of a country. The statistics derived from civil registration – including registration of live births, deaths, and stillbirths – provide valuable data on vital events. These data are crucial to good governance, administrative decision-making, strategy formulation, and public health policy and planning.<sup>2</sup>

Civil registration records can also help identify population sectors requiring intervention or services, such as infants in need of immunization or health care, new mothers requiring postpartum care, and households in need of public-health services.<sup>3</sup> Civil registration can draw the attention of stakeholders to emerging issues, such as an upsurge of deaths from an unexpected cause of death, through analysis of mortality data.

In numerous countries, family members – e.g., the parents of a newborn or the next of kin of the deceased – continue to bear the legal responsibility for declaring a live birth, stillbirth or death to the civil registrar. Yet family members may fail to report these events to the civil registrar for numerous reasons. New parents may be busy tending to the needs of their newborn. Individuals may be mourning the loss of a spouse or parent. Additionally, family members may not recognize the importance of civil registration for access to public and private services, or they may not be aware of the required processes. Sometimes family members face significant geographic, financial, or other barriers that prevent them from easily accessing civil registration services. For these reasons, when family members bear the legal responsibility for declaring a vital event, many such events go unregistered.

Over the last several decades, many countries have worked to address the problem of low registration rates by engaging the health sector to play a more proactive role in civil registration. Many countries now require the health sector to notify or declare vital events directly to the civil registrar or to facilitate the family's submission of the declaration to the civil registrar. This shifting of reporting responsibility recognizes that civil registration is a fundamental human right, and governments therefore have a duty to ensure the registration of all vital events in their territory.<sup>4</sup> The shift also recognizes that the health sector is strategically placed to notify or declare vital events to the civil registrar due to its involvement in the events themselves. The health sector can also play a role by providing on-site civil registration services at health facilities either through the deployment of civil registry staff or delegation of responsibility to health staff by the civil registry authorities. As such, the requirement that the health sector take a more proactive role in civil registration is a key approach to ensure proximity of and access to civil registration services. This approach also has the potential to make civil registration more equitable, as involvement of the health sector helps ensure that vital

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<sup>1</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, United Nations, 2014, page 202, available at: <https://unstats.un.org/unsd/demographic/standmeth/principles/m19rev3en.pdf>.

<sup>2</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, at pages 66-77.

<sup>3</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, paragraphs 287-289.

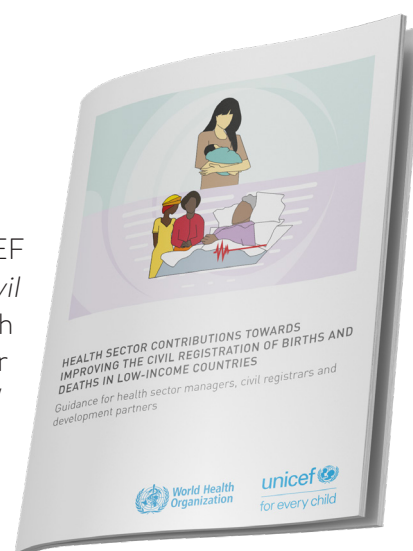
<sup>4</sup> Guidelines on a Legislative Framework for Civil Registration, Vital Statistics and Identity Management, United Nations, 2019, paragraphs 124-126.

events in marginalized populations are reported to the civil registrar through a standard operating procedure of health sector staff rather than relying on the effort of a possibly overburdened family. This is a step in the right direction toward ensuring all events are registered immediately after their occurrence or within the legally permissible time periods, savings families from the cumbersome and costly processes of late and delayed registration.

In many countries, many live births, stillbirths and deaths occur either in health facilities or under the care of a health worker. Even those events that occur without a health worker often involve interaction with the health system afterwards; for example, immunization shortly after the birth of a child, a maternal care visit shortly after a stillbirth, or certification of cause of death shortly after death. In addition, the health sector often has a high degree of coverage in all parts of a country (including very remote areas) through the presence of community health workers, enabling them to know of vital events in the community. Therefore, even if a country has a high rate of out of facility vital events – which may be the case for deaths in many low income countries – the health sector will be aware of the vital event.

In many cases, health workers already collect much of the core information<sup>5</sup> needed to register a vital event with the civil registration agency, such as that collected as part of reproductive, maternal, newborn, and child health and maternal and perinatal death review and response. Under such circumstances, only relatively minor adjustments and additions need to be made to existing data collection practices to furnish the civil registrar with the necessary details for civil registration.<sup>6</sup> Finally, health sectors usually have well established electronic or paper-based reporting structures and processes that can be utilized to report vital events to the civil registrar, which may not be the case for other community agents such as traditional village leaders. Consequently, a more proactive role for the health sector in civil registration has the potential to enable complete and timely civil registration and to make civil registration more equitable because of the sector's ability to reach more vulnerable and marginalized members of the population.

This guidance should be used as an addendum to the WHO/UNICEF guidance *Health Sector Contributions Towards Improving the Civil Registration of Births and Deaths in Low-Income Countries*,<sup>7</sup> which presents best-practice scenarios of the role of the health sector in live birth, stillbirth, and death registration. In line with WHO/UNICEF publication, this guidance advocates for a proactive role for the health sector in civil registration.



<sup>5</sup> See Principles and Recommendations for a Vital Statistics System, Revision 3, United Nations, 2014, paragraph 66, Table III.1, for recommended statistical topics to be collected through civil registration.

<sup>6</sup> Health Sector Contributions Towards Improving the Civil Registration of Births and Deaths in Low-Income Countries, WHO/UNICEF, 2012, page 18.

<sup>7</sup> Available at: <https://apps.who.int/iris/handle/10665/341911>.



## Purpose of this guidance

The purpose of this guidance is to help civil registration and vital statistics (CRVS) system stakeholders increase rates of vital event registration. Options and guidance are provided to improve the quality and timeliness of civil registration information by leveraging opportunities available in and with the health sector, including infrastructure and well-established data collection practices. The goal is for stakeholders in the Ministry of Health and the civil registration agency to use this resource together with the WHO-UNICEF guidance to establish a more proactive role for the health sector in the civil registration system, resulting in more efficient and complete registration service delivery. This may involve procedural and process changes, including in legal frameworks.

This guidance is not a comprehensive best practices guide. Many civil registration topics and best practices are beyond the scope of this document, such as place of registration, procedures for late and delayed registration, procedures to accommodate cultural naming practices, informants and processes for special circumstances (such as vital events that occur in airplanes, ships, and prisons), medical certification of cause of death, medicolegal death investigation, and registration of marriage and divorce. This document also does not explore ways to integrate other community level agents, such as village leaders and funeral service providers, into the civil registration system. It is intended solely to focus on improving the connection between the health sector and the civil registration system. For comprehensive guidance on CRVS best practices, see the UN Principles and Recommendations for a Vital Statistics System and the UN Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management.<sup>8</sup>

The options presented in this document apply to the registration of live births, stillbirths, and natural deaths (i.e., deaths that do not require referral to the medicolegal death investigation (MLDI) system for further evaluation). The registration of deaths referred to the MLDI system may follow different processes and procedures. For countries that do not register stillbirths through the civil registration system, but instead collect stillbirth data through the health sector reporting to the Ministry of Health, different procedures may be followed.<sup>9</sup>

The health sector roles described in this document apply to both public and private health facilities and staff. The options presented here apply to vital events that occur in health facilities and to vital events that occur in the community under the care of a health worker or where there is contact with a health worker after the occurrence of a vital event.<sup>10</sup> Community vital events that occur without any connection to the health sector may follow processes and procedures not described in this document (such as, for example, requirements for witness statements or other evidence).

The options presented here apply mainly to registration within the legally prescribed time period. Procedures for late and delayed registration may require additional documentation or evidence (such as a court order or witness statements) to satisfy registration requirements and may therefore follow different procedures. However, if the health sector has a proactive role, late and delayed registration will be less frequent due to the reduced dependence on families having to report their own vital events.

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<sup>8</sup> Available at: <https://unstats.un.org/unsd/demographic-social/standards-and-methods/?search=&Id=&Desc=Civil+Registration+and+Vital+Statistics&Title=&Year=&topics=>

<sup>9</sup> See GHAI Legal and Regulatory Review Toolkit for CRVSID, Chapter 4, for best practices on stillbirth registration and reporting, available at: <https://advocacyincubator.org/ghai-advocacy-tools/legal-and-regulatory-review-toolkit-for-crvsid/>.

<sup>10</sup> Health sector staff may be part of the public sector (i.e., a government entity) or part of the private sector (i.e., a private health facility or practice). Whether part of the public or private sector, the obligations described for the different roles of the health sector are applicable.





## How to use this guidance

This guidance presents options for the role of the health sector in the CRVS system, which is a critical component of efforts to increase the coverage and completeness of civil registration and strengthen the CRVS system. It also presents methods for co-locating civil registrars within health facilities, which can make reporting of vital events more convenient for the family and health officials. For each option and co-location method, this guidance presents a description of the roles and responsibilities of key actors – the family, health sector staff, and civil registration staff – for reporting vital events occurring in health facilities and in the community, as well as advantages and disadvantages for those processes.

Stakeholders should study these options and co-location methods carefully and select and adapt the one that works best in their own country context. Stakeholders may choose to select different options or co-location methods for different parts of the country – for example, in urban and rural settings. However, it is important to note that Options 2 and 3 (see below) represent international best practices as recommended by the UN<sup>11</sup> including WHO and UNICEF.<sup>12</sup> In order to increase coverage, completeness, and timeliness of civil registration of vital events, stakeholders are strongly encouraged to consider implementing Options 2 or 3, as Option 1 has been shown to have limited impact on these indicators.

After an option or co-location method or a combination thereof has been selected, stakeholders are encouraged to undertake a business process improvement exercise to help flesh out the details of the process and procedures. In addition, stakeholders should review their CRVS legal framework and make any necessary amendments to ensure that the chosen option or co-location method or a combination thereof aligns with the law. Stakeholders may find the CRVS Systems Improvement Framework and the Legal and Regulatory Review Toolkit for CRVSID useful for these purposes.<sup>13</sup> Stakeholders should ensure that the selected option or co-location method is sufficiently funded and logistically supported to operate effectively. Such mechanisms, including funding are beyond the scope of this document.

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<sup>11</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, paragraph 487.

<sup>12</sup> Health Sector Contributions Towards Improving The Civil Registration Of Births And Deaths In Low-Income Countries, WHO/UNICEF.

<sup>13</sup> CRVS Systems Improvement Framework, available at: <https://www.vitalstrategies.org/resources/crvs-systems-improvement-framework/>; Legal and Regulatory Review Toolkit for CRVSID available at: <https://advocacyincubator.org/ghai-advocacy-tools/legal-and-regulatory-review-toolkit-for-crvsid/>.



## Key terms and concepts

Before studying the options and co-location methods presented below, it is important to understand some key terms and concepts related to civil registration. In this document, we use civil registration terms and concepts as defined by the United Nations and other international organizations.

**Civil registrar:** the official authorized by law with the responsibility for carrying out the civil registration of vital events in a well-defined area (for example, an entire country, county, district, municipality, parish, etc.) and for recording and reporting information on those vital events for legal and statistical purposes.<sup>14</sup>

**Informant:** the individual or institution whose responsibility, designated by law, is to report to the local registrar the fact of the occurrence of a vital event and to provide all the key information on, and characteristics of, the event. Based on such a report, the event may be legally registered by the local civil registrar.<sup>15</sup>

The basic steps involved in civil registration of a vital event are: 1) an informant **declares** the vital event to the civil registrar (which constitutes **declaration** of the event); 2) the civil registrar **verifies** the vital event by reviewing documentary evidence presented by the informant; 3) the civil registrar **registers** the vital event by recording it into the official civil register on paper or electronically (which constitutes the official **registration** of the event), and 4) the civil registrar issues to the informant an official **certificate** of the vital event, which is an extract from the civil register containing some or all of the vital event information contained in the register (which constitutes **certification** of the event).<sup>16</sup> Registration and certification should be done simultaneously and be provided free of charge.<sup>17</sup>

When declaring a vital event to the civil registrar, the informant must submit some form of **proof of the occurrence of the vital event**. For live births,<sup>18</sup> stillbirths,<sup>19</sup> and deaths<sup>20</sup> that occur in a health facility, or in the community under the care of a health professional or of which a health professional is aware, this proof of occurrence of a vital event is a document signed by health sector staff. This document should include specified information about the event (e.g., date, place of occurrence) and biographical information (e.g., name of parents in case of a birth, and name of the deceased in case of death) drawn from medical or administrative records. Countries use different terminology for this document; for simplicity, in this guidance this document is referred to as “**proof of the event**”. It should be noted, that this “proof of event” should not be labeled as a certificate as this may cause confusion with the family.

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<sup>14</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, at page 202.

<sup>15</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, at page 204.

<sup>16</sup> Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management, United Nations, 2019, paragraph 15, available at: <https://unstats.un.org/unsd/demographic-social/standards-and-methods/?topics=Civil%20Registration%20and%20Vital%20Statistics> (“UN Guidelines on a Legislative Framework for Civil Registration, Vital Statistics and Identity Management”).

<sup>17</sup> U.N. Principles and Recommendations for a Vital Statistics Systems, Revision 3, para. 364.

<sup>18</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, at page 204.

<sup>19</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, at page 204.

<sup>20</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, at page 203.

In some countries, in addition to providing the proof of the occurrence of the vital event to the informant, the law also requires the health sector to **notify** the civil registrar directly of the vital event. UNICEF defines **notification** and **notifier** as follows:<sup>21</sup>

“The notifier is the individual (or institution) who in some countries is responsible by law for informing the registrar of the vital event. This [notification] report has no value other than as a control, and it cannot be turned into a legal registration record. It may lead the registrar to take steps towards creating such a legal record. The notification process is generally limited to live births, stillbirths and deaths. The notification role is usually played by health institutions and birth attendants, and in a limited number of cases a local government official such as a village chief.”<sup>22</sup>

While different countries use different terms for “declaration” and “notification”, in keeping with the UN and UNICEF definitions, in this document we use the term “declaration” to refer to the formal process of telling the civil registrar about the event by an informant, and it is only upon receiving the information submitted in the declaration from the informant that the civil registrar must register the event. We use the term “notification” to refer to information provided to the civil registrar about a vital event from the health sector, but the vital event cannot be registered based on this information alone. As noted in the UNICEF definition, the civil registrar uses the health sector notification as a way to verify and ensure the accuracy of the information about the event.

In all cases the informant must declare a vital event to the civil registrar within a legally specified time for **timely civil registration**. The time allowed should be as short as possible so as to facilitate current and accurate registration.<sup>23</sup> Registration time periods vary by country based on the legal framework, but are often between 14 to 45 days for birth registration and three to five days for death registration. Some countries also provide time periods for late and delayed civil registration. The UN defines **late civil registration** as the registration of a vital event after the legally specified time but within a specified grace period, which is often one year following the vital event.<sup>24</sup> The UN defines **delayed civil registration** as the registration of a vital event after the prescribed grace period.<sup>25</sup> In many countries, additional documentation may be required for late or delayed civil registration. From a statistical perspective, the sooner a vital event is officially registered, the timelier and more accurate the resulting statistics will be. This makes the statistics of greater value for decision makers.

As used in this guidance, the term **health sector staff** refers to individuals who work in a health facility as well as health professionals who work in the community. In health facilities, health sector staff include the head of the health facility, health professionals (such as doctors and nurses), and administrative staff such as records officers.<sup>26</sup> In the community, health sector staff include health professionals such as a doctors, nurses, midwives and other community health workers.

As used in this guidance, the term **civil registry staff** refers to those individuals who report directly to the entity responsible for civil registration, which includes the civil registrar, any deputy or assistant registrars, and administrative staff. The government entity responsible for civil registration varies by country and may involve entities at both the national and local levels. For example, some countries place their civil registration agency within the Ministry of Interior or Home Affairs, others within the

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<sup>21</sup> Note that the UN Principles and Recommendations define “notifier” differently than UNICEF, as: “The individual appointed by the local registrar to act as *intermediary* between the local registrar and the informant in providing all the information on and all the characteristics of an event that is to be legally registered by the local registrar.” (Page 205). In different country contexts, this intermediary could be the health sector, a village leader, or a public official. We use the UNICEF definition of “notifier” as this is the more commonly understood definition.

<sup>22</sup> UNICEF, *Passport to Protection: A Guide to Birth Registration Programming*, 2013, page 26, available at: <https://www.refworld.org/pdfid/52b2e2bd4.pdf>.

<sup>23</sup> *Principles and Recommendations for a Vital Statistics System*, Revision 3, paragraph 362, 363.

<sup>24</sup> *Principles and Recommendations for a Vital Statistics System*, Revision 3, page 204.

<sup>25</sup> *Principles and Recommendations for a Vital Statistics System*, Revision 3, page 203.

<sup>26</sup> *Principles and Recommendations for a Vital Statistics System*, Revision 3, paragraph 487.

Ministry of Justice, and others within the Ministry of Health. In other countries, the function of civil registration is the responsibility of local government officials, or the responsibility of a combination of national and local government officials. Regardless of where the civil registration agency resides within the government structure, in this guidance “civil registry staff” refers to those people who are responsible for the functions of registration and certification of vital events at the local level, while “health sector staff” refers to those people who provide health care during or after the occurrence of a vital event, who may be legally responsible to issue proof of, or notify or declare, a vital event. Consequently, even if the civil registration agency is situated within the Ministry of Health, as used in this guidance, the term “health sector staff” (e.g., doctors, nurses, and midwives) and the term “civil registry staff” (e.g., civil registrars and other support staff) refer to different people who perform different functions.



## Options for the role of the health sector and co-location methods

Below are presented three main options to integrate the health sector into the CRVS system. Each option describes the steps that must be taken by the three key actors – the family, the health sector staff, and the civil registry staff – in order to register a vital event. The role of the health sector becomes progressively more proactive from Option 1 to Option 3, and therefore the integration of the two sectors becomes increasingly stronger.

- In **Option 1**, the health sector has a passive role in the CRVS system. *The health sector is responsible only for issuing proof of the event to the family.* The family, as the legally designated informant, is responsible for declaring the vital event to the civil registrar for the purpose of civil registration.
- In **Option 2**, the health sector takes a more proactive role and there is stronger integration between the health sector and the CRVS system. In this option, *the health sector is responsible not only for issuing proof of the event to the family but is also responsible for notifying the vital event to the civil registrar.* However, the family remains responsible, as the legally designated informant, to declare the event to the civil registrar for the purpose of civil registration. Registration cannot occur until the family declares the vital event to the registrar.
- In **Option 3**, the health sector takes the most proactive role, creating the strongest integration between the health sector and the CRVS system. *The health sector is responsible, as the legally designated informant, for declaring the vital event to the civil registrar for the purpose of civil registration.* The declaration from the health sector also serves as proof of the event. The family is not required to declare the event or interact with the civil registrar for the vital event to be registered.

Below each of the options is described in detail (see also Annex A for an overview of the options).

This guidance also presents **two methods for co-locating civil registration services with health services (“co-location”)**. Co-location may be used in combination with any of the above options. Co-location makes civil registration more convenient for informants (family or health sector staff, depending on which of the above options is used), because it decreases the distance the informant must travel to declare the event to the civil registrar, which helps to ensure timely registration. Co-location may occur either through direct placement of civil registry staff within health facilities, or through delegation of civil registration powers to a designated health sector staff person or group of persons, as described in more detail below.

It is worth noting that the implementation of any of the Options and methods for co-location will depend on the CRVS legal framework and changes to that framework may be needed to increase the integration between the health sector and civil registration. The increased integration will require close collaboration between the two sectors. To facilitate the exchange between the sectors, the use of technology and unique identifiers for individuals and events can facilitate interoperability. Specifically also, the interoperability of data collection tools, i.e. the structure and design of registration forms, should facilitate easy extraction of relevant data captured through health sector and enable use for civil registration.

## Options for the role of the health sector

### Option 1: Passive role of the health sector

**Health sector issues proof of the vital event to the family. The family as informant is responsible for declaring the vital event.**

Option 1 is dependent on the active role of the family for the civil registration of a vital event.

*In-facility event:* In this option, if a vital event occurs in a health facility, the health sector staff issues the proof of event, with information drawn from the medical or maternity records, to a family member or other legally designated informant (hereinafter, “family member”). A family member must act as the informant and declare the event to the civil registrar (e.g., in person, by post, or online) by submitting this proof of event, along with any other required biographical information or documentation. The family member, as the informant, signs the declaration (physically or electronically) to affirm that the facts are as stated in the declaration. In this option, the family member must declare the event by interacting directly with the civil registrar (in person, by post, or online) in order for the civil registrar to register and certify the vital event.

*Community event:* For a live birth or stillbirth that occurs in the community, the health sector staff (inclining for example, community-based health worker) who attended the live birth or stillbirth, or who becomes aware of the live birth or stillbirth soon thereafter (for example, at a child immunization visit or maternal care visit), is responsible for issuing the proof of event to the family. For a death that occurs in the community, the doctor that recently cared for the deceased or other health sector staff that confirmed the death, is responsible for issuing the proof of the event to the family. A family member must act as the informant and declare the event to the civil registrar (in person, by post, or online) by submitting this proof of event, along with any other required biographical information or documentation, in order for the civil registrar to register and certify the vital event.

For in-facility and community vital events, issuance of the certificate to the family can occur in a number of ways, depending on the laws and context of the country. The civil registrar can inform the family (e.g., by text message or email) when the certificate is ready to be collected. The certificate can be sent to a health facility for collection by the family. Or the registrar can mail a paper certificate or send a digital certificate to the family via email or text.

Because this option requires action by the family, a vital event may go unregistered or may be registered late for numerous reasons. The family may not understand the registration process or may not understand the benefits of civil registration. This is particularly true for death registration, since the benefits (pension, life insurance, etc.) may not be applicable to a family. While a parent may understand the benefits of birth registration, the parent might decide to register the birth of their child only when the child is of school age and needs a birth certificate to enrol. For stillbirths or neonatal or infant deaths, parents may be reluctant to declare these highly traumatic events to the civil registrar. Or the family may not have convenient access to a civil registration office or be able to use the technology necessary for online registration. All these and other reasons may prevent or delay civil registration.

### Country example

In one Asian country, under a current sub-decree on civil status, the “parent” is responsible as the primary informant to declare the birth of their child to the local civil registrar. Alternative informants include “relatives or neighbors” who witnessed the birth. For in-facility events, health facility staff



## OPTION 1 Passive role of the health sector



\* Transmission of information in physical or electronic format.

### Advantages

None.

### Challenges

- Family/informant must be aware of the benefits and have incentives to register the vital events.
- Potentially inconvenient if family must report in person to the civil registrar's office (where online registration not available).
- Family/informant must have access to a civil registration office (either physically or the ability to access online).
- The civil registrar has limited means to verify the authenticity of the proof of event submitted by the family because the health sector has not submitted a copy directly to the civil registrar.
- Vital events go unregistered if family/informant fails to declare the event to the civil registrar.
- Registrar unaware of unregistered event because health sector staff have not notified the civil registrar of the event.

provide a “letter of birth” or “letter of death” to the informant, which the informant submits to the civil registrar. It is estimated that only approximately 75% of births and 30% of deaths are registered within one year of a vital event, which prevents the generation of timely and accurate vital statistics. The country is in the process of revising its legislation and regulations to address these low registration rates. Draft legislation will require the health sector to notify vital events to the civil registrar and provide a copy of the proof of the vital event to the informant, as in option 2 (see below).

## Option 2: More proactive role for the health sector

**Health sector issues proof of the vital event to the family and notifies the civil registrar of the vital event. The family, as informant, is responsible for declaring the vital event.**

Option 2 is dependent on the active role of both the family and the health sector for the civil registration of a vital event.

*In-facility event:* In this option, if an event occurs in a health facility, the health facility staff issues proof of the event, with information drawn from medical or maternity records, to the family and also notifies the civil registrar of the event, usually by submitting a copy of the proof of event in paper or electronic form. While the health sector staff reports information directly to the civil registrar in this option, this information alone is not sufficient for civil registration to take place because it does not serve as a declaration, which is necessary for the civil registration process. The family, as the informant, must declare the event by submitting the proof of event issued by the health sector and any other required biographical information or documentation to the civil registrar (e.g., in person, by post, or online). As the informant, it is the family that signs the declaration (physically or electronically) to affirm that the facts are as stated in the declaration. The civil registrar verifies the event by matching the proof of event submitted by the family to that submitted by the health sector staff, and then officially registers and certifies the event.

*Community event:* For a live birth or stillbirth that occurs in the community, the health sector staff who attended the live birth or stillbirth issues the proof of the event to the family. For a death that occurs in the community, the doctor that recently cared for the deceased or other health worker that confirmed the death issues the proof of event to the family. In addition, for a live birth, stillbirth or death, the health sector staff submits a copy of the proof of event (in paper or electronic form) directly to the civil registrar or, alternatively, to the local health facility that then submits the information to the civil registrar (in paper or electronic format). The family, as the informant, must submit the proof of event issued by the health sector staff and any other required biographical information or documentation to the civil registrar (in person, by post, or online). As the informant, it is the family that signs the declaration (physically or electronically) to affirm that the facts are as stated in the declaration. The civil registrar verifies the event by matching the proof of event submitted by the family to that submitted by the health sector staff, and then officially registers and certifies the event.

If following Option 2, the law must allow registration of vital events at the place of occurrence. If registration is required at the place of usual residence, the health sector staff would be required to notify registrars in many locations, which would present a challenge. The UN Principles and Recommendations and the UN Guidelines on the Legislative Framework for CRVS and Identity Management stipulate that it is best practice to permit registration at place of occurrence of the vital event.

In this option, matching of the proof of event submitted by the health sector and the family serves three purposes: 1) It helps verify that the accuracy and authenticity of the information and proof of event submitted by the family. This will help to prevent fraud. If there is no matching copy of the “proof of event” submitted by the health facility, the event is not registered. In that case, the civil registrar must follow up with both the family and the health facility to verify the occurrence and facts of the event. 2) It helps prevent duplicate registration. If a match has already been made to the proof of event submitted by the health sector, registration has already occurred and will not be repeated. 3) It allows the civil registrar to know which events are “unmatched” and remain unregistered, which enables the registrar, if resources are available, to follow up with the family and obtain the information to register the event. The matching of the proof of the event submitted by the health sector with the copy of the proof of event submitted by the family needs to include well-developed processes



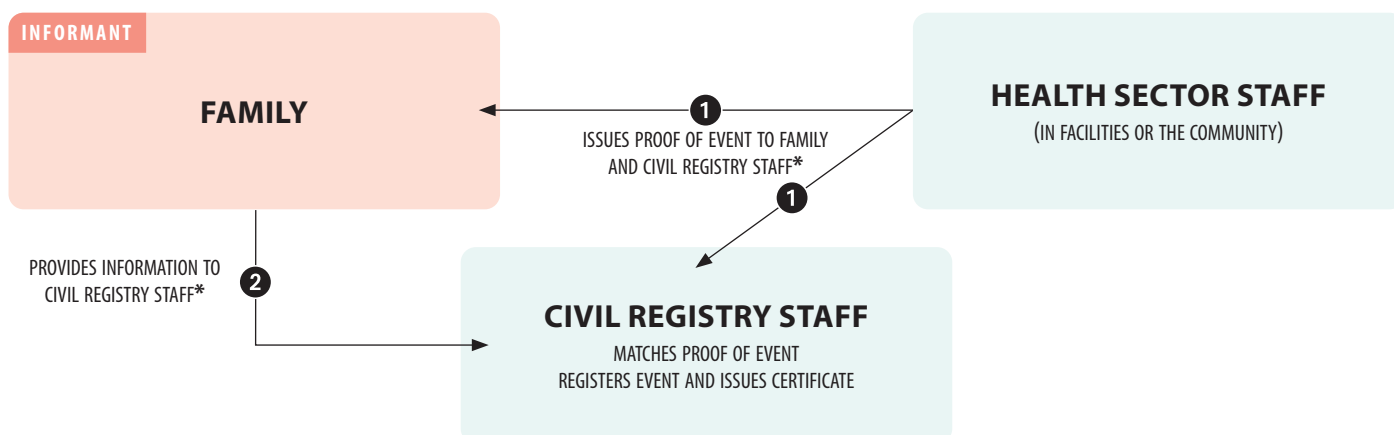
that ensure timely availability of submissions from the health sector. For example, the health sector can be required to notify the registrar within a short time frame (e.g., five days) and to submit the notification electronically, which enables the submission from the health sector to be available quickly if the family decides to proceed with civil registration shortly after the event. Processes should also facilitate the matching process by, for example, using identical unique numbers on the proof of the event submitted by the health sector to the civil registrar and on the proof of event submitted to the family, which the family can present at the time of the declaration. The establishment of data standards by countries, will also facilitate the necessary data sharing and matching.

However, because this option ultimately depends on the family’s active participation in the process, if the family fails to declare the event to the civil registrar, it will not be registered.



## OPTION 2

### More proactive role for the health sector



\* Transmission of information in physical or electronic format.

#### Advantages

- Registrar aware of unregistered vital event if the family fails to report to the civil registrar. Enables civil registrar to follow up with family (if resources permit).
- Enables generation of statistics regarding the number/percentage of unregistered vital events.
- Helps verification of authenticity and accuracy of information and prevents fraudulent or duplicate registration because proof of event submitted by health sector and family must be matched by the registrar.

#### Challenges

- Family/informant must be aware of the benefits and have incentives to register the vital event.
- Potentially inconvenient if family must physically report to the civil registrar’s office (where online registration not available).
- Family/informant must have access to a civil registration office (either physically or the ability to access online).
- Vital event goes unregistered if the family fails to act as informant and declare the event to the civil registrar and the civil registrar has insufficient resources to follow up.
- Family may declare the vital event before the health sector notifies the vital event. In this case, the civil registrar would verify the event only after receiving notification, which could delay civil registration by days or weeks. To avoid this disadvantage, the health sector can be required to report to the civil registrar electronically and with greater frequency or within a short time after the occurrence of the event.

This option requires training and legal empowerment of health sector staff. Monitoring and supervision of the health sector is also necessary with this option. However, given the limited number of health facilities within a jurisdiction, the civil registration agency can readily monitor and follow up with the health facilities to ensure they fulfill their duties.

### **Country example: New Zealand**

Under the Births, Deaths, Marriages and Relationships Act, the primary informant for a birth is the parent or parents of a child. The health sector – the head of a hospital for in-facility births, and doctors and midwives for community births – is required to submit a “preliminary notice” (i.e., notification) to the civil registrar.<sup>27</sup> The civil registrar matches the declaration of the informant to the preliminary notice of the health sector to verify the event and register the birth.

### **Country example: Cook Islands**

Under the Cook Islands Births and Deaths Registration Act, the health facility where a birth or stillbirth occurs must give notice of the event to the civil registrar within 48 hours of its occurrence. The notice must include the date of the birth or stillbirth and the name and address of the mother and father of the child. The mother or father of the child (born alive or stillborn), as the informant, must declare the birth or stillbirth to the civil registrar within 14 days (see sections 10 and 11 of the Act).<sup>28</sup> The notification by the health facility enables the civil registrar to verify the fact that the event occurred. It also enables the civil registrar to follow up if a parent fails to register the child. Specifically, under Section 13 of the Act, the Registrar-General may, at any time within two years after the date of the birth or stillbirth of the child, authorize any person (with knowledge of the event) to give the civil registrar the information required to enable him/her to register the birth or stillbirth, and to sign as informant.<sup>29</sup>

### **Country example: England and Wales**

Under the Births and Deaths Registration Act 1953 (Section 22), when the deceased has been attended during their last illness by a registered medical practitioner, the medical practitioner must complete a medical certificate of cause of death (MCCD), which serves as proof of the event. The medical practitioner must submit one copy of the MCCD to the civil registrar and give one copy of the MCCD to the family/informant (in a sealed envelope)<sup>30</sup>. The family/informant submits the MCCD to the civil registrar along with any other required information.<sup>31</sup> To verify information about the death, the registrar matches the MCCD submitted by the medical practitioner and that submitted by the family/informant.

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<sup>27</sup> New Zealand Births, Deaths, Marriages and Relationships Act, Sections 5A and 9, available at: <https://www.legislation.govt.nz/public/1995/0016/latest/DLM359369.html#DLM1805740>.

<sup>28</sup> Cook Islands Births and Deaths Registration Act, Sections 10 and 11, available at: [http://www.paclii.org/ck/legis/num\\_act/badra1973301.rtf](http://www.paclii.org/ck/legis/num_act/badra1973301.rtf).

<sup>29</sup> Cook Islands Births and Deaths Registration Act, Sections 13.

<sup>30</sup> U.K. Births and Deaths Registration Act 1953, Section 22, available at: <https://gro-extranet.homeoffice.gov.uk/wp-content/uploads/2013/10/Births-and-Deaths-Registration-Act-1953.pdf>.

<sup>31</sup> U.K. Births and Deaths Registration Act 1953, Section 16 and 22.

### Option 3: Most proactive role of the health sector

**Health Sector, as the informant, is responsible for declaring vital events to the civil registrar. No action required by the family.**

In Option 3, the health sector takes the most proactive role in ensuring the civil registration of live births, stillbirths and deaths. In contrast to the two options above, the responsibility to act as the legally designated informant is shifted to the relevant health sector staff and no action is required by the family to complete registration of the vital event.

*In-facility event:* In this option, the family provides relevant information to the health facility staff (with their signature, or other approved verification method, to affirm the veracity of the information). This information usually includes biographical information about the parents for a birth or stillbirth, the name of a child for a birth, and biographical information about the deceased for a death, as well as any relevant supporting documents (such as copy of ID card or ID number). Drawing upon medical or maternity records and complemented by the information provided by the family, the health sector staff – as the legally designated informant – declares the event to the civil registrar by submitting the declaration form (physically or electronically), providing all of the medical and biographical information required for civil registration.<sup>32</sup> The health sector staff signs the declaration form (physically or electronically) to attest that the information is true to the best of their knowledge. Using this information, the civil registrar then registers and certifies the event. The family does not need to interact with the civil registrar to complete civil registration. However, the family should be informed that the vital event will be registered and advised on procedures for receiving the certificate.

*Community event:* For a community live birth or stillbirth, the family provides relevant biographical information as well as any relevant supporting documents (such as copy of ID card or ID number) to the health sector staff who attended the birth. For a community death, the family provides the biographical information about the deceased as well as any relevant supporting documents (such as copy of ID card or ID number), to the doctor that recently cared for the deceased or other health worker that confirms the death. Drawing upon medical or maternity records and complemented by the information provided by the family, the appropriate health sector staff (e.g., birth attendant, doctor, or community health worker) acts as the informant and declares the event to the civil registrar (by submitting the declaration form physically or electronically), providing the medical and biographical information required for civil registration. The health sector staff signs the declaration form (physically or electronically) to attest that the information is true to the best of their knowledge. Depending on the most appropriate process for the local conditions, the health sector staff working in the community may provide the declaration to the local health facility, which then submits the information to the civil registrar. The family does not need to interact with the civil registrar to complete the civil registration; however, the family should be informed that the vital event will be registered and advised on procedures for receiving the certificate.

Here, as with the other options, for either an in-facility or a community event, the civil registrar may send the certificate to the family by mail, electronically, or via the health facility or health worker that acted as the informant, or another community level agent, or the family may pick up the certificate from the registrar.

Under this option, late and delayed registration is unlikely because civil registration does not depend on action by the family; instead, it is dependent upon health sector staff following established

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<sup>32</sup> As with Linkage Option 2, if implementing Linkage Option 3, the law must allow registration of vital events at the place of occurrence. To do otherwise would require the health sector staff to notify registrars in many locations, which would become unmanageable. The UN Principles and Recommendations and the UN GOLF stipulate that it is best practice to permit registration at place of occurrence of the vital event.

standard operating procedures. This option requires training and legal empowerment of health sector staff. Monitoring and supervision of the health sector is also necessary with this option. However, it is much easier to monitor a limited number of health facilities than it is to monitor the entire population to ensure that they comply with their individual civil registration obligations. Also note that, in the case of Option 3, the law must allow registration of vital events at the place of occurrence of the event (rather than or in addition to place of usual residence of the family of the newborn or the deceased).



### OPTION 3 Most proactive role of the health sector



\* Transmission of information in physical or electronic format.

#### Advantages

- Ensures registration of all vital events that occur: 1) in a health facility, 2) in the community attended by a health worker, and 3) in the community and of which a health worker becomes aware shortly after the event.
- Ensures timely registration of vital events that involve contact with the health sector.
- Does not require the family to be aware of the benefits or have incentives to register, or to have access to a registration office (either in person or the ability to access online). Provides a convenient process for the family.
- Helps prevent fraudulent or duplicate civil registration for all vital events that have contact with the health sector, because only the health sector staff may report those vital events to the registrar.

#### Challenges

- Misses those vital events that occur without any contact with the health sector; a process is still needed for the civil registration of those vital events.
- Requires monitoring and enforcement of health sector obligations. This option will only ensure complete registration if the health sector has complete knowledge of vital events and complies with legal requirements.

#### Country example: Commonwealth of the Northern Mariana Islands (CNMI) (in the Pacific)

Under the Vital Statistics Act of 2006, the head of a health facility or their designee is required, as the informant, to report to the civil registrar a birth that occurred in the health facility or on route to the health facility. For births that occur outside a health facility, the physician or birth attendant is the informant. If the birth was not attended by a healthcare worker, the mother or father is the informant.<sup>33</sup>

<sup>33</sup> CNMI Vital Statistics Act 2006, Section 9, available at: [http://www.cnmilaw.org/pdf/public\\_laws/15/pl15-50.pdf](http://www.cnmilaw.org/pdf/public_laws/15/pl15-50.pdf).

### Country example: India

Under the Registration of Births and Deaths Act 1969 (RBDA 1969), Section 8(1)(b), the person in charge of any hospital, health center, maternity or nursing home or other similar institution must declare a live birth, stillbirth or death that occurs in that institution to the civil registrar. No action is required by any family member to register the event. In accordance with Section 12 of the Act, as soon as the civil registration is complete, the civil registrar issues the certificate.<sup>34</sup>

The RBDA 1969, which is a national law, provides that the head of the household is responsible for declaring a live birth, stillbirth, or death that occurs at home. However, Section 8(2) of the Act authorizes state governments to require “any person specified by the State” to “give or cause to be given information” on at home births and deaths.<sup>35</sup> Some state governments have used this provision of the law to require community health workers to collect the signed declaration form from the informant (the family) and submit it to the local civil registrar. The certificate is then sent back to the family through the same channel. This is a hybrid of options 1 and 3. As in Option 1, the family is legally designated as the informant. However, as in Option 3, health sector staff are used to ensure that a declaration is submitted to the registrar for every vital event of which the health sector is aware.

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<sup>34</sup> India Births and Deaths Act 1969, Sections 8 and 12, available at: <https://www.indiacode.nic.in/handle/123456789/1682?locale=en#:~:text=India%20Code%3A%20Registration%20of%20Births%20and%20Deaths%20Act%2C%201969&text=Long%20Title%3A,and%20for%20matters%20connected%20therewith.>

<sup>35</sup> India Births and Deaths Registration Act, Section 8(2).

## Co-location of civil registration services within health facilities

Many countries find that locating a civil registrar within all or select health facilities helps overcome challenges the family/informant may face in reporting a vital event, such as traveling long distances, taking time off from work during business hours, or waiting in long lines. In many countries, the civil registration agency may not have sufficient resources to establish and equip civil registration offices in every village or town throughout the country. However, the health sector often has extensive reach with hospitals, health centers or health posts established throughout the country in both urban and rural settings. Therefore, locating a civil registrar within a health facility will make reporting a vital event more convenient and efficient.

Some countries co-locate a civil registrar within select urban health facilities with high volumes of live births, stillbirths, and deaths, which helps distribute the workload of urban civil registration offices, diminish long lines and waiting times, and facilitates efficient registration. Some countries co-locate a civil registrar within select health facilities that are in an area without a nearby civil registrar, which helps minimize the distance the informant must travel to declare a vital event. Other countries co-locate a civil registrar in all health facilities to take advantage of the reach of the health sector throughout the country.

In contexts where the family is the informant, co-locating the civil registrar in a health facility makes it easier for the family to declare a live birth, stillbirth, or death shortly after the event takes place at the health facility. Declaration may be made part of the discharge process to ensure that the family carries out the responsibility to declare the vital event. Co-location also facilitates registration of home births, as a parent can take advantage of health visits to the local health clinic (such as immunization and wellness checkups) to declare a birth to the co-located registrar. In contexts where the health sector staff is the notifier or informant, co-location facilitates civil registration as the health sector staff can readily notify or declare the event to the registrar in the facility where the event occurred or, for at-home vital events, to a nearby health facility.

Thus, co-location facilitates declaration and notification for both the family and the health sector staff. Co-location is particularly helpful in circumstances where paper registration forms and in-person processes are used because the informant and notifier can physically bring the forms to the registrar, conveniently located within the facility. In contexts where the informant and notifier can declare the event electronically, through an online civil registration system, co-location becomes less important.

For successful co-location, the law must allow registration of vital events at the place of occurrence, of the vital event (rather than or in addition to the place of usual residence of the family/informant).

Co-location may occur in two ways, as described below.

### Co-location Method A:

#### **Co-location of civil registry staff within a health facility.**

In this method, the head of the civil registration agency (or the minister in charge of the civil registration agency, depending on the legal framework) establishes a civil registration office within a health facility. This office is operated by staff who are part of the civil registration agency; established lines of reporting exist from the civil registrar within the health facility to the head of civil registration agency.

Additional civil registry staff may be required if the health facility registration office is in addition to other registration offices in the jurisdiction.

This method may be used with any of the three options described above.

### **Country example: Jamaica**

Under the Bedside Registration Programme, the Registrar General's Department has placed registration officers in hospitals to improve registration coverage. These registrars conduct birth registration at the bedside to ensure that mothers are not discharged without registering the birth of their child. This program increased the percentage of births registered within three months from 90% in 2005 (before Bedside Registration) to 99.7% in 2017 (after Bedside Registration).<sup>36</sup>

### **Country example: Belize**

In Belize, registration clerks, who are part of the Vital Statistics Unit of the General Registry, are located within each of the seven major hospitals of the country. Registration clerks are required to make daily visits to the maternity wards to encourage new parents to register their newborn before leaving the hospital. The registration clerk, using the "Live Birth Registration" form, captures all the relevant information from the parents and from authorized medical personnel. The information is thereafter recorded in a physical birth register and later entered into the electronic database system. The registration clerks register deaths upon receiving the original or a certified copy of the Medical Certificate of Cause of Death issued by a doctor. If a person dies at home, the family can declare the death to the registration clerk at the hospital. As with births, the information is initially recorded manually and later entered into the electronic system.<sup>37</sup>

## **Co-location Method B:**

### **Civil registration powers and functions are delegated to designated health sector staff.**

Under this method, the head of the civil registration agency or the minister in charge of the civil registration system, in accordance with specific procedures set out in the law, delegates registration powers and responsibilities to designated health sector staff at a health facility.<sup>38</sup> This method can only be undertaken if the law specifically empowers the head of the civil registration agency or responsible minister to delegate some or all registration powers.

Under this method, the civil registration office in the health facility is operated by the health sector staff designated as the civil registrar with delegated powers. This person may be a different person from the health sector staff that medically attends vital events in the facility (e.g., doctors, nurses, etc.) and may for example be an administrative staff member at the health facility. This person is not someone in the organizational chart of the civil registration agency with established lines of reporting. Therefore, when powers are delegated to health sector staff, the civil registration agency must put in place procedures to train and supervise the designated health sector staff, to ensure that proper registration and reporting procedures are followed. The health sector staff must also be provided with materials and equipment to register vital events.

In this method, the civil registration agency remains the custodian of all civil registration records. The health sector staff who has been delegated registrar powers must submit registration records (in paper or electronic format) to the civil registration agency on a regular and periodic basis. In these cases, the health sector staff role is usually limited to civil registration and certification of the

<sup>36</sup> Handbook on Civil Registration and Vital Statistics Systems: Management, Operation and Maintenance Revision 1, <https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Handbooks/crvs/crvs-mgt-E.pdf>, p. 31 Box 3.

<sup>37</sup> Civil Registration in Belize. UN Statistics Division, available at: <https://unstats.un.org/unsd/demographic/meetings/wshops/Guatemala/2016/docs/Session10-Belize.pdf>.

<sup>38</sup> This delegation of authority is distinct from a situation where, by law, the civil registration agency falls under the Ministry of Health and, therefore, there are civil registry staff located within the Ministry of Health. In any of the linkage options described in this document, the civil registry agency may be housed under the Ministry of Health.

vital event. Other functions, such as a name change, getting extra copies of certificates, etc., may be carried out by the principal civil registrar in the jurisdiction.

The civil registration agency might choose to delegate registration powers to health sector staff in circumstances where the civil registration agency does not have the resources to place its own staff in the facility.

This method may be used with any of the three options described above.

### **Country example: Rwanda**

To make civil registration more accessible to the population, Rwanda has designated health sector staff as civil registrars for births and deaths that occur in the health facilities throughout the country. Specifically, by Ministerial Order N° 001/07.01 of 27/07/2020, the Minister of Local Government (who is in charge of civil registration) vested civil registrar powers in the following health sector staff: the Director of the Unit of Nurses and Midwives in referral, provincial and district hospitals; the Head of the Health Centre; and the Head of private health facility or the officer with delegation at private health facilities.<sup>39</sup> These health sector staff are authorized to receive declarations of births and deaths, register births and deaths, correct civil registration entries, and issue proof of registration.<sup>40</sup> They are supervised by the civil registrar of the jurisdiction where the health facility is located.<sup>41</sup>

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<sup>39</sup> Rwanda Ministerial Order No. 001/07.01. of 27/07/2020, Article 2, available at: <https://www.refworld.org/docid/608741674.html>.

<sup>40</sup> Rwanda Ministerial Order No. 001/07.01. of 27/07/2020, Article 3.

<sup>41</sup> Rwanda Ministerial Order No. 001/07.01. of 27/07/2020, Article 8.



## Description of options combined with co-location methods

Any of the three options may be used in combination with either co-location method. The steps that are followed are the same as those discussed in the three options above, regardless of whether the co-located registrar is civil registry staff or designated health sector staff with delegated powers; the advantage is to have the civil registration services close to the families. The steps for civil registration with co-location are as follows.

*In-facility events:* If co-location is combined with Option 1 (health sector issues proof of vital event to the family; family is informant), the health sector staff that attended the in-facility event issues the family proof of the event. The family physically takes the proof of event to the registrar located in the health facility and declares the event. Based on the proof of event and any other required information submitted, the civil registrar registers and certifies the event.

If co-location is combined with Option 2 (health sector issues proof of the vital event to the family and notifies the civil registrar; family is informant), the health sector staff issues the proof of event to both the family and the co-located registrar. The family physically takes the proof of event to the co-located civil registrar and declares the event. The registrar matches the proof of event submitted by the family to that submitted by the health sector staff to verify the event, and then registers and certifies the event.

When co-location is combined with options 1 or 2, it is possible that the family could leave the health facility without reporting to the co-located civil registrar. Therefore, the health facility must put in place procedures to help ensure that the family reports to the civil registrar before leaving the facility.

If co-location is combined with Option 3 (health sector is informant; no action required by the family), the health sector staff is responsible for collecting biographical information from the family. Based on medical or maternity records and the collected biographical information, the health sector staff acts as the informant and declares the event to the civil registrar co-located in the health facility (either in person or electronically). Note that if the Option 3 is combined with Co-location Method B – where health sector staff are delegated civil registrar duties – the staff that acts as the informant should be different from the staff that acts as the civil registrar because one person should not act as both informant and registrar.

When co-location is combined with Option 3, there is much less risk that an event goes unregistered because this option does not rely on the actions of the family. It instead relies on standard operating procedures put in place for health sector staff in the health facility.

*Community events:* Co-location may also alleviate barriers to access to civil registration services for community events. Because health facilities are often more widespread than civil registration offices, co-location may ease the burden of travel on the informant, whether the informant is the family or health sector staff.

When co-location is combined with Option 1 (health sector issues proof of vital event to the family; family is informant), the community health sector staff issues proof of the event to the family. The family takes the proof of event to a co-located registrar in a nearby health facility<sup>42</sup> and declares the event. Co-location eases the travel burden on the family because the health facility may be easier to access than the civil registration office. However, the family must still be aware of the benefits of civil registration and have incentive to register.

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<sup>42</sup> The health facility should be within the same jurisdiction as the appropriate primary civil registration office. For example, if a vital event occurs within the jurisdiction of the civil registration office for District A, the health facility should be within District A.

When co-location is combined with Option 2 (health sector issues proof of the vital event to the family and notifies the civil registrar; family is informant), the community health sector staff issues proof of the event to the family and also submits proof of the event to the co-located registrar at the health facility. The family takes the proof of the event to the co-located civil registrar and acts as the informant and declares the event. The civil registrar matches the proof of the event submitted by the family to that submitted by health sector staff, and registers and certifies the event. When co-location is combined with Option 2, co-location eases the travel burden on both the family and the health sector staff responsible for declaring and notifying the event. However, the family must still be aware of the benefits of civil registration and have incentive to register

When co-location is combined with Option 3 (health sector is informant; no action required by the family), the community health worker is responsible for collecting biographical information from the family. Based on medical records and the collected biographical information, the health sector staff acts as the informant and declares the event to the co-located civil registrar in a nearby health facility. When co-location is combined with Option 3, there is much less chance that a community event goes unregistered because this option does not rely on the actions of the family, instead relying on standard operating procedures put in place for community health sector staff.

Co-location may also allow for easier civil registration of previously unregistered children during child immunization and wellness visits, as well as easier registration of previously unregistered deaths if health sector staff verifies the death through medical records or other means.

## Advantages and challenges of the two co-location methods

Co-location	Advantages	Challenges
<b>Method A</b> <b>(Co-location of civil registry staff within a health facility)</b>	<ul style="list-style-type: none"> <li>Overcomes challenges related to access to civil registration for events that occur: 1) in a health facility with a co-located civil registrar, and 2) in the community near a health facility with a co-located civil registrar.</li> </ul>	<ul style="list-style-type: none"> <li>When combined with Option 1 (health sector issues proof of vital event to the family; family is informant) or 2 (health sector issues proof of the vital event to the family and notifies the civil registrar; family is informant), it is possible that the family may leave the facility without declaring the vital event if the facility does not employ procedures to ensure that the family declares the vital event to the co-located civil registrar before leaving the facility.</li> <li>When combined with Option 1 (health sector issues proof of vital event to the family; family is informant), the co-located civil registrar is unaware of unregistered events.</li> <li>Requires recruitment of additional civil registration staff to be co-located at health facilities, to ensure that civil registration services are available at health facilities 7 days a week, during business hours (i.e. during the times that patients are discharged).</li> <li>Does not overcome access challenges for vital events that occur: 1) in a health facility without a co-located civil registrar, and 2) in the community where there is no nearby health facility with a co-located civil registrar.</li> </ul>

Co-location	Advantages	Challenges
<p><b>Method B</b> (Civil registration powers and functions are delegated to designated health sector staff)</p>	<ul style="list-style-type: none"> <li>Overcomes challenges related to access to civil registration for events that occur: 1) in a health facility with a co-located civil registrar, and 2) in the community near a health facility with a co-located registrar.</li> <li>The civil registration system utilizes the reach and resources of the health sector, which may be greater than that of the civil registration agency.</li> </ul>	<ul style="list-style-type: none"> <li>Places additional workload on health facility staff that are delegated civil registration powers. The health facility must ensure that a staff member with delegated powers is available at the health facility 7 days a week, during business hours (i.e., during the time that patients are discharged) to register vital events.</li> <li>Requires training and supervision of health facility staff that are delegated civil registrar powers, to ensure that registration procedures are followed and that records are transferred in a timely manner to the civil registration agency. Also requires dedication of equipment and resources to that staff.</li> <li>When combined with Option 1 (health sector issues proof of vital event to the family; family is informant) or 2 (health sector issues proof of the vital event to the family and notifies the civil registrar; family is informant), it is possible that the family may leave the facility without registering the event if the health facility does not employ procedures to ensure that the family declares the vital event to the co-located civil registrar before leaving the facility.</li> <li>When combined with Option 1 (health sector issues proof of vital event to the family; family is informant), the co-located civil registrar is unaware of unregistered events.</li> <li>Does not overcome access challenges for vital events that occur: 1) in a health facility without a co-located civil registrar, and 2) in the community where there is no nearby health facility with a co-located civil registrar.</li> </ul>

One of the most effective ways to increase rates of civil registration is to establish a more proactive role for the health sector in the civil registration system. In many countries, the role of the health sector in civil registration has traditionally been somewhat passive, as described in Option 1, where the health sector's role is limited to issuing proof of the occurrence of a vital event to the informant – commonly the family – which then has the legal responsibility to declare the vital event to the civil registrar. When the role of the health sector is limited like this, countries often experience low rates of civil registration.

In recent years, many countries have assigned the health sector a more proactive role. In some countries, the health sector must directly notify vital events to the civil registrar and the informant – commonly the family – must also interact with the civil registrar; this is described here as Option 2. This notification function by the health sector not only serves to validate information provided by the informant, it can also alert the civil registrar to unregistered vital events. More proactive still, some countries designate the health sector as the official informant, as in Option 3, whereby all required information is provided by the health sector to the civil registrar. Designating the health sector as the informant removes the reliance on the family – who may lack awareness or knowledge about civil registration or lack easy access to civil registration services. In countries where most vital events occur within health facilities or are attended by health care workers in the community, Option 3 results in very high rates of civil registration.

In addition to requiring a proactive role for the health sector, increasing access to civil registration service points can also facilitate complete civil registration. In systems that rely on the family to declare vital events, co-locating civil registration services with health services (co-location) can greatly increase access to these services. Co-location can be accomplished in one of two ways: 1) placing civil registration staff within health facilities, or 2) delegating civil registration functions and responsibilities to health sector staff. As discussed above, each of these co-location methods can be combined with any of the options for linking the health sector to the civil registration system, and each has its advantages and disadvantages.

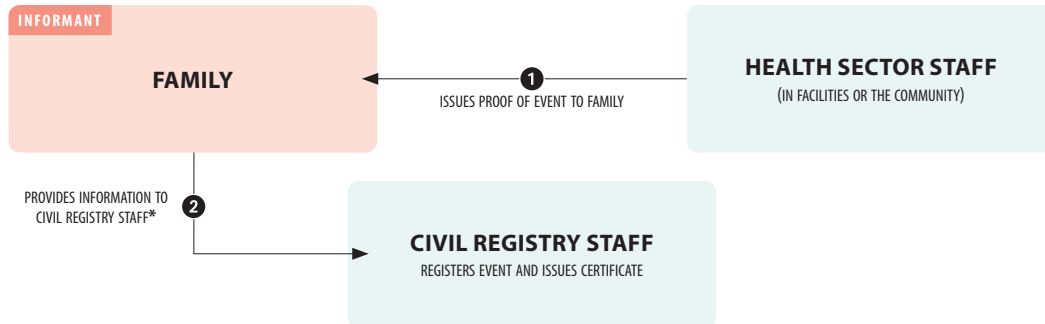
The options and methods chosen by a country will depend on the country's context and its goals. However, this guidance strongly encourages countries to consider adopting Options 2 or 3, and consider co-location methods. Whatever option and/or method is chosen, the stakeholders should undertake business process mapping to fully elaborate the processes for birth and death registration and to understand the strengths and challenges of the processes.



# Annex A. Overview of all options



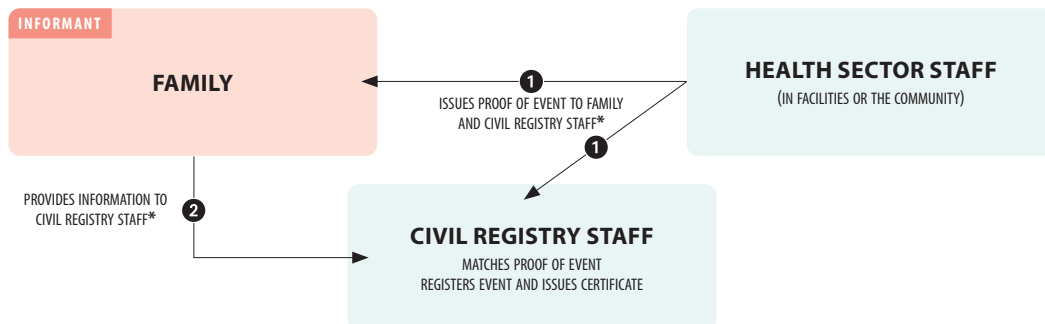
## OPTION 1 Passive role of the health sector



\* Transmission of information in physical or electronic format.



## OPTION 2 More proactive role for the health sector



\* Transmission of information in physical or electronic format.



## OPTION 3 Most proactive role of the health sector



\* Transmission of information in physical or electronic format.